REVOLUTIONIZING NURSING HANDOFF REPORT

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DEFINITIONS:

- Handoff Report: Nursing handoff done with SBAR format ***WITHOUT*** a physical and/or visual presence of the patient at the bedside.
- Bedside Report (BSR): Nursing handoff is done with SBAR format ***WITH*** a physical and/or visual presence of the patient at the bedside.

SIGNIFICANCE TO NURSING:

- Nurses give handoff reports at the nurse's station without a physical and/or visual presence, which can lead to errors in communication (Ghonem & El-Husany, 2023).
- A physical and/or visual presence of the patient will help recognize miscommunications caught in the report (Bressan et al., 2019).
- ICU nurses adopted BSR, which has nurses doing handoff reports with physical and/or visual presence at the bedside with the patient, which decreases patient complications and increases patient satisfaction scores (McGinn, 2017).
- With BSR, patients and families can communicate their concerns at the bedside (Rifai et al., 2020).

REVIEW OF LITERATURE:

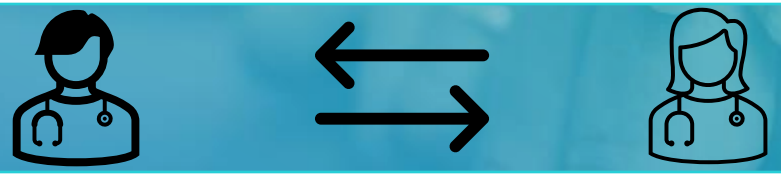
- BSR has longevity in increasing patient satisfaction scores in a study done over two years (Kullberg et al., 2019).
- BSR increases patient satisfaction scores in adjunct with nurse leaders making patient rounds (Elue et al., 2019).
- BSR increases patient satisfaction by improving patient perception (Rifai et al., 2020).
- BSR decreased patient complications, including length of stay, falls, hospital-acquired pressure injuries (HAPUs), and unplanned readmissions (Malfait et al., 2020).
- BSR decreases falls through focused assessments and hourly rounding (Sun et al., 2020).
- BSR, with structured reports, helps decrease falls, pressure injuries, and medication errors (Hada & Coyer, 2021).

PROJECT OBJECTIVE

Implement BSR in all in-patient units to ***decrease patient falls by 25% and increase patient satisfaction scores by 25%.***

QSEN FOCUS:

- Patient-centered care: BSR will make patients feel heard and address their needs to provide personalized care (Elue et al., 2019).
- Teamwork and collaboration: BSR enhances communication between the patient and the healthcare team (Elue et al., 2019).
- Safety: BSR prevents patient complications from occurring due to the safety checks of another nurse. This prevents inconsistencies, including preventable mistakes that can impact the patient's health (Malfait et al., 2020) (Sun et al., 2020).



NURSING IMPLICATIONS:

PRESENCE OF NURSING LEADERSHIP AT BEDSIDE
- With BSR, nursing leadership comes to the patient's bedside during rounds.
- Increases patient's perception of visibility and accessibility regarding their care. (Elue et al., 2019).

PHYSICAL AND VISUAL PRESENCE:
- Physical and/or visual presence encourages patients to make their concerns known (Sun et al., 2020).

FOCUSED ASSESSMENTS:
- Information endorsed in BSR includes safety checks involving fall risks, current medications, drains, ID bands, and focused assessment to decrease falls in the patient's environment (Hada & Coyer, 2021) (Kullberg et al., 2019).

BEDSIDE REPORT PROTOCOL

- Nurses will do BSR at the patient's bedside, ensuring physical and visual presence.
- Once the BSR is done for the corresponding patient, nurses will co-sign that the BSR has been done on the computer in the patient's room.

PROJECT PLAN AND TIMELINE:

KEY ROLES
- Nurse managers: Facilitate the corresponding unit's implementation of BSR for their handoff and designate nurse "champions."
- Unit nurse "champion": Designated nurses in their corresponding unit to serve as a resource for any questions regarding BSR and review the data regarding falls and patient satisfaction scores.

TIMELINE (4 MONTHS)
- 1st Month (collecting data):
  - Collect data on the hospital's current standings on patient falls and patient satisfaction scores
  - Nurse leadership will announce the implementation of BSR over the next three months; managers will then assign nurse "champions."
- 2nd-4th months (Implementation of BSR):
  - BSR effectiveness will be evaluated by the nurse "champions" by looking at patient satisfaction scores and fall data.
  - Nurse "champions" and leadership will report their data and discuss any modifications and suggestions for structuring BSR according to their unit's corresponding needs.
- End of 4th month (evaluation):
  - Determine if the 25% decrease in patient falls and 25% increase in patient satisfaction scores occurred.