Bedside Report and Patient Complications – A Systematic Review

By Francis D. Cacacho, BSN, RN, CCRN

Background

- As a new graduate nurse, I observed that nursing units give handoff reports differently, the ICU delivers handoff reports while being physically and visually present to the patient, compared to medical-surgical units that aren't.
- Nursing school teaches us to give handoff reports using the SBAR format. (Ghonem & El-Husany, 2023)
- Being physically and visually present at the bedside for bedside reports helps catch inconsistencies in reports from the off-going nurse and serves as a safety guard.



Purpose

- Bedside report (BSR): Being physically and visually present at the patient's bedside during the handoff report following the SBAR format.
- Handoff report: Report using the SBAR format but not physically or visually present at the patient's bedside.
- Identify the effects of bedside reports on patient satisfaction and complications compared to handoff reports.

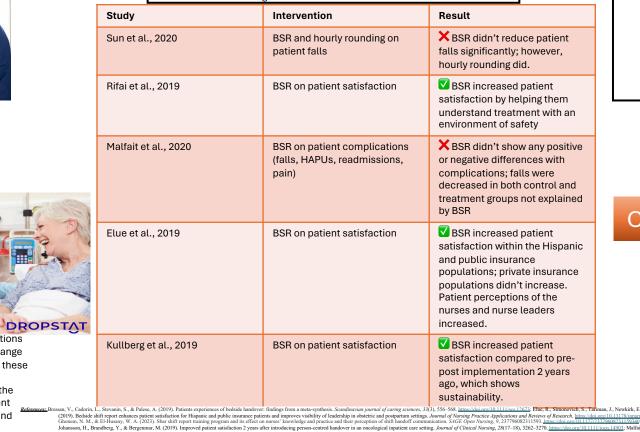
Research Problem & Question

- Inconsistencies in handoff reports can create patient complications and decrease patient satisfaction. (Bressan et al., 2019) The change in practice from handoff reports to bedside reports can prevent these inconsistencies.
- Does taking bedside reports physically or visually present with the SBAR format compared to not being physically or visually present with the SBAR format decrease patient errors, complications, and mortalities to the patient during their hospital admission with increased patient satisfaction?

Theoretical Framework

Swanson's Middle-Range Theory of Caring: Maintaining belief, knowing, being with, doing for, and enabling aspects to conceptualize patient care beyond the traditional nurse-patient dynamic. (Kavanaugh et al., 2006)

- Maintaining belief: Doing more than just taking report with the SBAR format without being physically or visually present.
- Knowing and being with: Being with the patient helps see their perspective.
- Doing for and enabling: Nursing assessment skills at the bedside report to determine the patient's physical needs in the long run.



Review of the Literature and Results

- Three of the five studies reviewed BSR on patient satisfaction, and two reviewed BSR on patient complications.
- Malfait et al., 2020 and Sun et al., 2020 didn't affect patient complications.
- Elue et al., 2019; Kullberg et al., 2019; and Rifai et al., 2019 showed positive effects on patient satisfaction.
 Gaps:
 - Sun et al., 2020 only collected data in 15-minute intervals instead of constant observation; this could've swayed results for falls.
 - Rifai et al., 2019, said low scores could have resulted from confusion about what to say in front of the patient in BSR.
 - Elue et al., 2019 said that more research needs to be done on patient satisfaction in different populations.
 - Malfait et al., 2020 state that BSR effectiveness needs to be considered on other variables, including patient acuity.



Conclusion

- Studies have shown that BSR doesn't affect patient complications; however, a physical presence with the patient has been proven to decrease falls. (Sun et al., 2020)
- BSR has been shown in studies to affect patient satisfaction positively.
 - Patients felt safe and understood with their treatment. (Rifai et al., 2019)
 - Patient's perceptions of the nurses and nurse leaders increased. (Elue et al., 2019)
- Moving forward with future practice:
 - BSR should be in our daily workload to improve communication. (Rifai et al., 2019)
- ssm, V., Cadorin, L., Stevanin, S., & Palese, A. (2019) Patients experiences of bedside handover: findings from a meta-synthesis. Scandinavian journal of carring sciences, 33(3), 555–568. https://lines.phg/doi.org/10.1116/sci.12622 Bure, R., Simonovyer, S., 1an, J., Newkirk, E. A., & Neechof, M. (2019) Patients experiences of bedside handover in minimal process of bedside shift report and body in minimal process of bedside shift report and body in minimal handover. Platform in the future to build from the SBAR formal process of bedside shift report and body in the first of the process of bedside shift report and body in the first of the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the process of bedside shift report and body or one relations. A matched committee the proces