

The IPRO Hospital Quality Improvement Contract (HQIC)

Learning & Action Network (LAN)

Partnership in Action: Bedside Shift Change and Reporting

December 16, 2021



- Healthcentric Advisors ■ Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

HQIC

Hospital Quality Improvement Contractors

CENTERS FOR MEDICARE & MEDICAID SERVICES

iQUALITY IMPROVEMENT & INNOVATION GROUP



Recording Notice

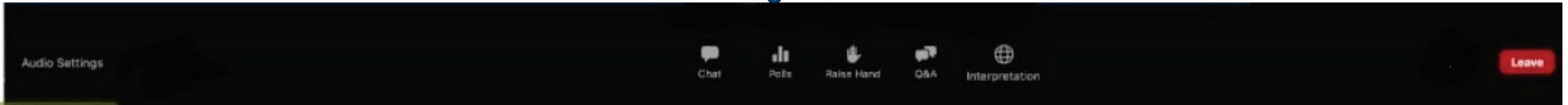


This session is being recorded. All materials and a link to the recording will be distributed to registrants after the event.

Overview of Tools (Bottom of Screen)



Click here to view and respond to polls



Click here to participate in the chat



Introduction to the AIR Team



Thomas Workman, PhD

*Project Director and
Principal Researcher*



Lee Thompson, MS

Principal TA Consultant



Melissa Henry, MPP

Researcher



Chandler Hill

Research Assistant



Margaret Quinn-Gibney

*Project Manager and
Research Assistant*

Learning Objectives

- Increase understanding of the intent of PFE Practice 3
- Increase the ability to implement bedside shift change and reporting in partnership with patients and families
- Learn more about available resources and tools to help hospitals overcome top barriers to implementing bedside shift change and reporting

Creating a Common Language and Goal: Defining PFE Practice 3



Definition. In at least one unit at the hospital, patients and/or their care partners are included in nurse shift change huddles or conversations with clinicians about their care, treatment, and tests.

Intent:

- *Include patients and care partners as active participants* in as many conversations about their care as possible throughout the hospital stay.
- They should *have the opportunity to question, correct or confirm, and learn more about the next steps* in their care as it is discussed between nurses changing shifts and/or clinicians making rounds.
- Patients and care partners should *be encouraged and prompted by clinical staff to be active participants* in these meetings to whatever degree they desire and to add to the information being shared between nurses or other clinicians.

The Goals and Practice of Bedside Shift Change Reports

Bedside Shift Change Reports with patients and family members can help:

Patients and family members	Clinicians and hospital staff
<ul style="list-style-type: none">● Hear what has occurred throughout the shift and learn about next steps in their care.● Ask questions, correct errors, and provide input based on their preference and values.● Increase knowledge of their condition and treatment so that they can participate in their care to the extent they want.● Understand that they are important members of the care team.	<ul style="list-style-type: none">● Reinforce teamwork and ensure that every member of the team shares knowledge that contributes to safe and effective care.● Increase patient and family participation, knowledge, and satisfaction.● Create a heightened awareness of individual patient needs that can be proactively addressed throughout the shift.● Improve time management and accountability between nurses.

Example from the Field:

Anne Arundel Medical Center



Patients and Nurses give their thoughts on Bedside Shift Report at AAMC:

- “When you think about **the information belonging to the patient**, and not belonging to the nurses and the medical staff, that’s a change in our way of thinking. And having the thought that **it’s the patient’s right to hear whatever we’re saying about them.**” (Mary Hantske, RN)
- “The concept of bedside shift report allows for **being taken from one set of arms to another.**” (Karen Goldman, AAMC Patient Advisor)
- “One little thing actually creates a cascade of events that **helps you feel more comfortable in general asking questions about your health.**” (Charlene Van Meter, AAMC Patient Advisor)



What does successful implementation of PFE Practice 3 look like?

Five Suggested Steps to Implement PFE Practice 3

- Secure buy-in from leadership and staff
- Determine scope and logistics of implementation
- Pilot shift change huddles or bedside reporting with patients and care partners in one unit or department for a defined period of time
- Identify opportunities for improvement and refine the process
- Expand the process to other units or departments and evaluate for continuous improvement

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Practice 3: Shift Change Huddles and Bedside Reporting

Introduction

Meaningful person and family engagement (PFE) at multiple levels (i.e., point of care, policy and protocol, and governance) helps hospitals address what matters most to patients and families, and it improves hospitals' ability to achieve long-term improvements in quality and safety. This guide provides hospital leaders and staff with practical, step-by-step guidance to successfully implement PFE Practice 3: Shift Change Huddles and Bedside Reporting, one of five PFE best practices in the CMS-funded Hospital Quality Improvement Contract (HQIC) program (see Exhibit 1). For more detailed information about PFE and the five PFE best practices, please refer to the [Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity](#).

Incorporating Patient and Family Advisors (PFAs) into the training process can help clinicians and staff better understand where opportunities for change exist and how to engage and become more comfortable with including patients and families in bedside conversations.

Exhibit 1. Five Practices for Patient and Family Engagement

FIVE PRACTICES FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2020)

AMERICAN INSTITUTES FOR RESEARCH | AIR.ORG

Strategy 3: Nurse Bedside Shift Report

	Use this tool to	Description and formatting
Tool 1 Nurse Bedside Shift Report: What is it? How can you get involved?	Inform the patient and family about what bedside shift report is and how they can take part	<ul style="list-style-type: none"> Given to patients on the day of admission, this handout explains what bedside shift report is, what patients and family or friends should expect, and what they need to do. It should accompany a verbal explanation by bedside nurse. Format: Tri-fold brochure. The electronic version of the tri-fold checklist provides information about how to fold the brochure by indicating the front and back covers.
Tool 2 Bedside Shift Report Checklist	Train and remind nurses of the critical elements of bedside shift report	<ul style="list-style-type: none"> Made available at training and all shift changes, this checklist highlights the six elements required to complete bedside shift report. As they would like, nurses can write on the form during bedside shift report. Format: 1-page handout
Tool 3 Nurse Bedside Shift Report Training	Prepare nurses to conduct bedside shift report	<ul style="list-style-type: none"> Slides and talking points to train nurses to conduct a bedside shift report and to help them understand how to engage patients and family members in the process. Format: PowerPoint presentation with embedded video



<https://youtu.be/22omJXNfWkM>

Partnering with Patients and Families to Reduce All-Cause Harms in Direct Care

Invite

- Explain the risk
- Explain the hospital's work to reduce the harm
- Invite both the patient and family caregiver to be active partners to avoid the harm

Prepare

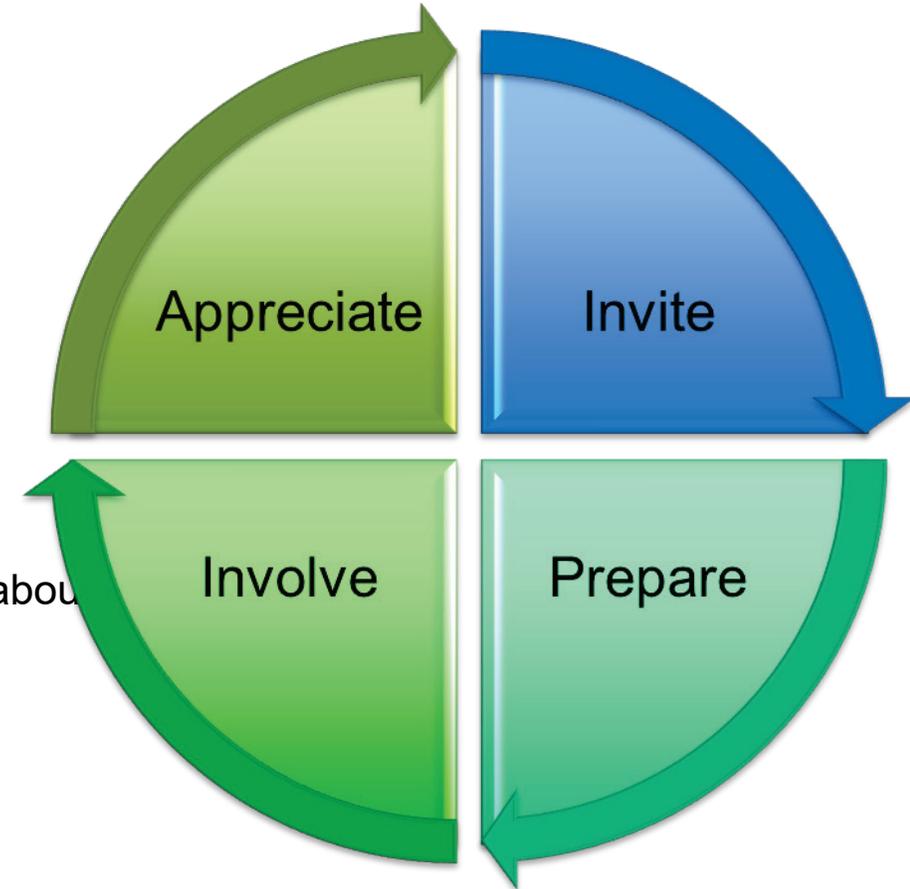
- Educate about signs and symptoms
- Demonstrate desired responses and actions
- Identify and solve barriers together

Involve

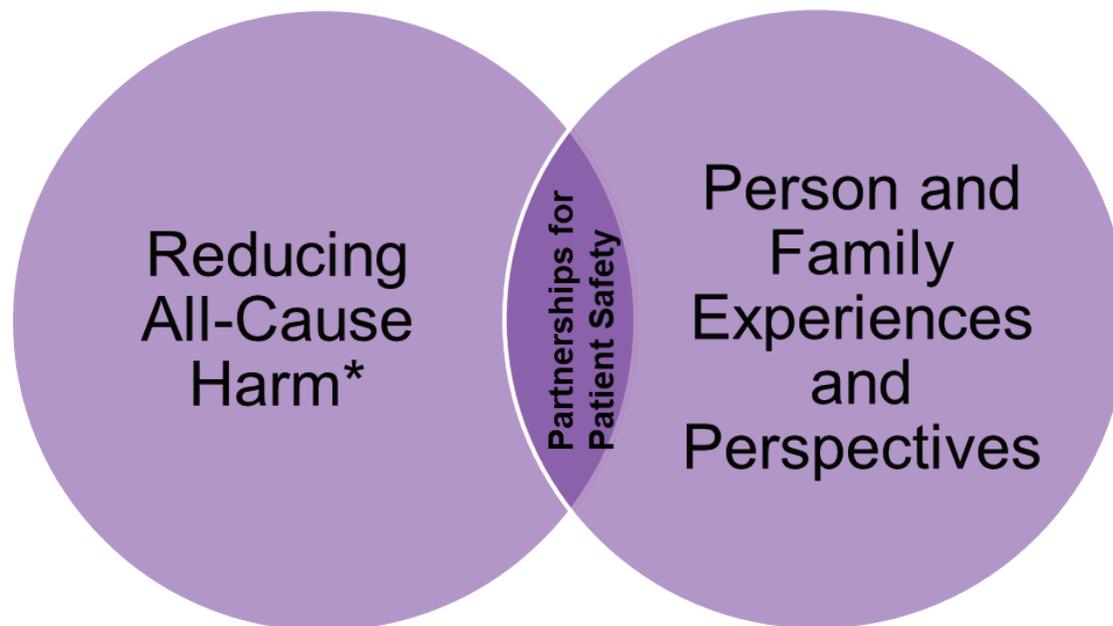
- Include patient/family member in all conversations about safety, care, and treatment by their preferred name
- Ask for questions, comments, and concerns

Appreciate

- Thank the patient and family for questions, comments, and corrections
- Express gratitude for partnership
- Include patient/family member in celebrating success



Person and Family Engagement— The Role of Partnership in Quality Improvement



Meaningful partnerships between **clinicians, patients, and families** can reduce all-cause harm and improve patient safety. Partnerships result when patients and families: (1) participate in developing their **care and treatment goals**; (2) participate in **making decisions** about their care and treatment; and (3) contribute to developing and using **patient-centered strategies and solutions** to improve the quality and safety of care.

*CMS Hospital Quality Improvement Contract (HQIC) Priority Focus Areas (2020-2024): Pressure Injuries, Central Line-Associated Blood Stream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), C. diff/Antibiotic Stewardship, Sepsis, Readmissions, Adverse Drug Events, and Opioid Stewardship/Behavioral Health.

How Can Bedside Nurse Shift Change Reports Reduce Harms?



Having patients/family participate in shift change discussions on relevant harms can:

- Keeps patients and family aware of their impact on successful treatment/recovery
 - Explaining why we are talking about your catheter, bed position, medications, and other items
- Builds partnership with families to prevent harms before they develop or occur
 - Reminding the patient/family member about early signs or potential harms and what they can do if they see/experience them
- Enables the patient to take an active role in their care
 - Reviewing how the patient helped avoid one or more harms last night and what they can do today

- What **benefits** have you or others experienced as a result of engaging patients and families in shift change huddles at the bedside?
- What **concerns** do you have about conducting shift change huddles at the bedside with patients and families?
- What have you found works best to **create buy-in** at your hospital for partnering with patients and families for this practice?

Moving Forward in Action: Steps Your Hospital Can Take Today

- Assess the status of bedside shift reports: How are patients and families engaged as partners?
- Begin having conversations about the value of patient partnership when changing shifts.
- Collect feedback from nurses, patients and families about what is working and what could be improved during shift changes huddles at the bedside.
- Review existing resources, including the [AHRQ Guide](#), for tools and step by step guidance and tailor as needed.
- ***Remember to start small!***



- **Implementation Guides for all 5 PFE Best Practices**
 - Available soon from the HQIC Resource Library or your HQIC Coach
- **Technical assistance from the American Institutes for Research**
 - How can we help you? Let's set up a call!
- **AHRQ Guide to PFE in Hospital Quality and Safety**(Strategy 3: Nurse Bedside Shift Report: <https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy3/index.html>)

QUESTIONS?

THOMAS WORKMAN
PRINCIPAL RESEARCHER

301.592.2215

TWORKMAN@AIR.ORG

MELISSA HENRY
RESEARCHER

650.843.6357

MHENRY@AIR.ORG

THANK YOU TO OUR PARTICIPANTS!

This material was prepared by the IPRO HQIC, a Hospital Quality Improvement Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. IPRO-HQIC-Tsk56-22-155