

# 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



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

HQIC  
Hospital Quality Improvement Contractors  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP



## 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.

*This activity should be possible in all hospital types and structures. However, a hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes, offer options for care partners to participate via phone or video conference).*

## Intent of PFE Practice 3

The intent of this practice is to 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.

## Benefits of PFE Practice 3

Bedside shift change reporting facilitates the transfer of critical information between staff, patients, and care partners to improve communication, prevent potential safety events and medical errors, improve time management and accountability between nurses—and, ultimately, improve patient, family and staff satisfaction.

## CARE PARTNERS

Care partners are family members and friends who have been identified by patients, and together with staff, are integral members of the health care team. Care partners assist by sharing information, participating in aspects of care, and helping make decisions. They are essential to ensuring high-quality, safe transitions to home and ongoing care and recovery after a patient leaves the hospital.

## Five Suggested Steps to Implement PFE Practice 3

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

### Step 1. Secure buy-in from leadership and staff

Securing support and buy-in from leaders and hospital staff is an important step in developing a plan to implement (or do) and study the PFE practice.

- **Get commitment from leaders.** Discuss with leaders the importance and benefits of engaging patients and their care partners in shift change huddles. Educate leaders about how you plan to implement and evaluate this new process and invite their input. Share testimonies from other hospitals who have seen quality and safety improvements by moving shift change huddles to the bedside.
- **Have hospital and clinical leadership introduce the concept of including patients and care partners in shift change huddles and explain why it is important.** Allow staff to express concerns they may have about the new process and reassure them that they will have adequate training to prepare them for more patient-centered bedside shift reports.
- **Work through potential obstacles that may arise or concerns from staff.** For example, staff may be concerned about violating HIPAA if they are performing shift change huddles in the presence of family members or other patients if they are in a shared room. Because it is part of treatment and normal operations, it is not a violation of a patient's privacy. However, staff do need to be careful not to

---

*We recommend using the Plan-Do-Study-Act (PDSA) cycle to implement PFE Practice 3. PDSA is a method to test a change that is implemented by creating a plan, testing the plan, observing and learning from the test, and determining what modifications are needed to improve the outcome. For more information on the PDSA cycle, visit the Institute for Healthcare Improvement's [website](#).*



disclose any new, sensitive information (such as a new diagnosis) in front of family members without first getting the patient’s permission.

- **Secure necessary resources for implementation.** Another key aspect of the plan is to secure the necessary resources to pilot shift change huddles or bedside reporting with patients and their care partners including costs for printing, training clinicians, nurses and staff, and evaluating progress.

## Step 2. Determine scope and logistics of implementation

- **The goal is to have bedside shift change reporting used throughout the hospital, wherever possible, but consider starting with one unit or hospital within a larger system.** Identify a smaller group of early adopters within the unit to help plan for and pilot the new process. Include patient and family advisors in the planning group.
- **Establish a protocol and process.** Steps to conduct the bedside shift change report, like those available in the box to the right, can be used to establish a process to integrate bedside nurse shift change reporting into existing workflows.
- **Make sure to budget the necessary hours needed to train staff for the implementation of bedside shift change reporting that engages patients and their care partners.** Consider using a “train-the-trainer” model in which early adopters who have been trained in and have mastered the process subsequently train other staff as implementation expands. Other costs may include printing or purchase of materials to help clinicians implement the process such as educational handouts or technology to help patients and families engage in conversations at the bedside.

### ESSENTIAL ELEMENTS OF BEDSIDE REPORTING

- Introduce the nursing staff, patient, and family to one another.
- Invite the patient and (with the patient's permission) their care partner or other family to participate. Let the patient and care partners know when their input will be requested and when to ask questions.
- Open the electronic health record at the bedside.
- Conduct a verbal report using the SBART (situation, background, assessment, recommendation, thank) format in words the patient and family can understand.
- Conduct a focused assessment of the patient and a room safety assessment.
- Review tasks to be done.
- Identify patient's and family's goals, needs and concerns.

- **Identify point person(s) for training.** Who will be leading the training and who will be monitoring implementation? This may be the same person or different people.
- **Consider other changes or resources that may be needed to include patients and their care partners in conversations at the bedside including:**
  - **Reviewing visitation policies.** Care partners and family are defined by the patient. Care partners should not be considered “visitors,” but should be viewed as essential members of the care team. Determine whether policies need to be revised so that there is clear guidance for the presence and participation of care partners. A separate visitation policy is useful for those who visit the patient and care partners.
  - **Providing language and translation services.** For every new policy, ensure that any non-English-speaking population is receiving adequate explanation in their native language.
  - **Considering using audio or video telephones to bring care partners to the meeting if they cannot be physically present.**
- **Define process and outcome measures of success.** Work with hospital administrators, staff, and patient and family advisors to identify meaningful measures of success such as HCAPS scores or incidents of specific safety issues the hospital is trying to address such as falls or infection rates. Develop ways to collect general feedback on how the new process improved engagement of staff, patients, and care partners.
- **Gather input from key management, front line staff and advisors.** Do a final check-in with all stakeholders who will be involved in this change, or who may have useful input, including patient and family advisors. Take time to listen to their input and make sure their needs and concerns are reflected in the protocol.

### **Step 3. Pilot bedside shift change reporting in one unit or department for a defined period of time**

Begin using bedside shift change reporting in one unit. Remember that the purpose of bedside shift change reporting is to actively engage patients and care partners in their care, and to help them communicate about their needs, concerns, goals and preferences. This can only happen if the patient and their care partners fully understand what is happening and why it is happening.

- **Train nurses and staff on the new process.** Train nurses to use language that patients can understand, and to check in regularly with the patient to see if they have any questions or have anything they would like to contribute to the

conversation. Evaluate the training and take time to address staff questions or concerns.

- **Prepare patients and families for the interactions.** Patients and families also need training on how they can use the bedside shift change report to ask questions, verify what has occurred during the past day or night, and express any concerns or wishes for the coming shift. Arrange for translators as needed so non-English speaking patients and families can participate.
- **Provide support for nurses during the first few weeks of implementation.** Encourage mentorship from early adopters, charge nurses or PFE leaders who can address questions, including concerns about speaking in front of the patient or family. Remember that this is a cultural shift, and it will take some time for everyone to adjust to the new normal.

#### **Step 4. Identify opportunities for improvement and refine the bedside shift reporting process**

Study your collected data after the pilot period to identify what works well and what needs to be improved. Make any necessary adjustments to the process.

- **Refine the process as needed.** Study your data and use feedback from nurses, patients, and their care partners to refine the bedside shift report process and make it better. Encourage brainstorming among staff to problem solve any issues or concerns that arise and express gratitude for their hard work to make the change a success. Seek input from patient and family advisors who may have participated as inpatients in the process.
- **Prepare for hospital wide implementation.** Identify and train champions in each of the remaining units that will utilize the process. Consider and prepare for challenges that may arise in other clinical areas.

#### **Step 5. Expand bedside shift change reporting to other units or departments and evaluate for continuous improvement**

Implement the practice in additional units of the hospital, using your pilot data to build support. Be sure to adapt the protocol to the specific needs of each unit, and evaluate as you go to identify lessons learned and make improvements as needed.

- **Expand to other units.** Once successfully implemented on one unit, begin the process of expanding bedside shift change reporting to other units (or hospitals, if implementation began in a single hospital within a larger system). Be mindful about how to educate and engage new stakeholders in the change.

- **Evaluate implementation.** Create a plan for monitoring the process over time and adapt the process as needed. Consider placing a “feedback box” in the waiting room or gathering feedback from patients and families during the discharge process and follow-up calls. Track and compare the predefined measures of success over time, including HCAHPS scores before and after implementation to determine whether engagement in conversations at the bedside made a difference in patients’ experiences and satisfaction.

### **When to Report “Yes, Our Hospital is Meeting PFE Practice 3”**

In a minimum of one unit, nurse shift change huddles or clinician reports/rounds occur consistently at the bedside and involve the patient and/or care partners.

## **Lessons From the Field: Emory Healthcare**

Emory Healthcare expanded bedside shift report from one unit or hospital to a whole system. They first began performing bedside shift report when a nurse champion brought the idea to a governance structure within one of their geriatric hospitals, where clinical staff gave input into care on the floor. The idea slowly but steadily caught on, as one after another staff member began performing bedside shift report. Due to this success, Emory planned to expand the new process to its other hospitals. What they learned, however, was that standardization was imperative, and that nurses needed to do more than read about the new process to become fully supportive. Emory Healthcare invested in a week of training for the unit nurses, both in groups and one on one, and continued observations of the new process so that the nurses could receive feedback during the first few weeks of performing the bedside shift report. They also identified new champions for each floor to foster enthusiasm and support for the new effort. Only after this investment in training had been made did the staff truly embrace the idea of patients participating in bedside reporting. Emory Healthcare claims that success is due to support, monitoring and education of the nursing staff.<sup>1</sup>

---

<sup>1</sup> Agency for Healthcare Research and Quality. Strategy 3: Nurse bedside shift report implementation handbook. Rockville, MD: Agency for Healthcare Research and Quality; 2017. 20 p. Available from <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>

## Resources to Implement PFE Practice 3

- [Guide to Patient and Family Engagement in Hospital Quality and Safety: Strategy 3. Nurse Bedside Shift Report](#) (AHRQ)
- [Nurse Bedside Shift Reporting Quality Checking Tool](#) (Planetree)
- [Better Together Campaign](#) (Institute for Patient- and Family-Centered Care)

Sources for this guide include the following:

- Planetree. Bedside shift report quality checking tool. Derby, CT: Planetree; 2017. Available from: <https://resources.planetree.org/wp-content/uploads/2017/04/6.-Bedside-Shift-Report-Quality-Check.pdf>
- Agency for Healthcare Research and Quality. Nurse bedside shift report implementation handbook. Rockville, MD: Agency for Healthcare Research and Quality; 2017. 20 p. Available from: <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>
- American Institutes for Research. Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity. Washington, DC: American Institutes for Research; 2021. Available from: <https://hqic-library.ipro.org/2021/03/31/hospital-roadmap-for-person-and-family-engagement-pfe-achieving-the-five-pfe-best-practices-to-improve-patient-safety-and-health-equity/>