

## CHANGE OF SHIFT REPORTING

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### NURSING

- Accurate and complete communication of patient care information between nurses at shift change (clinical handoff) is critical to patient safety, yet often does not occur.
- **Poor communication leads to adverse events:** Communication breakdowns found to be the root cause of more than 60 percent of sentinel events

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### STANDARDIZED APPROACH

- Improves Communication
- Can be Monitored and Measured
- Is Completed at *Every* Change of Shift
- Face-to-Face Interaction
  - Nurse to Nurse
  - Charge Nurse to Charge Nurse

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### SCHEDULE

- Report begins PROMPTLY at the beginning of a shift
- *Note:* If a nurse is delayed/late to the unit, the charge nurse will obtain report for the incoming nurse after first obtaining his/her own shift report. The charge nurse will communicate this information to the incoming nurse upon arrival to the unit

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### REQUIRED INFORMATION (1)

- Patient Name, room number, age and admission date
- Diagnosis
- Code Status (Do Not Resuscitate?)
- Allergies
- Medication Review
- Isolation Precautions

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### REQUIRED INFORMATION (2)

- Skin/Wound Issues
- Safety Concerns
- Central Lines
- Catheters
- Restraint or 1:1/Constant Observation order and date of current order
- Focused patient history
- Abnormal vital signs

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### REQUIRED INFORMATION (3)

- If on Telemetry, most current Rhythm
- Untoward Events that occurred during the shift
- Plan of Care for the on-coming shift (Scheduled tests, procedures, pending lab work, follow-up consents, orders, etc)
- Abnormal lab or diagnostic test results
- Discharge/transfer information

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### CHARGE NURSE SHIFT REPORT

Purpose - To communicate overall staffing and patient care issues prior to the beginning of a shift.

- Staffing expectations/issues
- Acute Patient Status- who is high acuity/safety concerns
- Potential admissions/discharges/transfers
- Significant untoward events during shift

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### BEDSIDE SHIFT REPORTING

Nurse shift changes require the successful transfer of information between nurses to prevent adverse events and medical errors.

Patients and families can play a role to make sure these transitions in care are safe and effective.

**IDEA: PATIENT-CENTERED CARE**  
*The patient is an important part of the healthcare team!  
The patient can share important information with the nurses*

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### FAMILY INVOLVEMENT

- The patient can invite a family member or friend to stay during nurse bedside shift report.
- Nurses will only talk about the patient's health with others when the patient clearly gives permission

**CAUTION**  
**RESPECT PATIENT**  
**PRIVACY!**

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### In-Room Report

1. Position self at head of bed as near patient as possible, speak clearly.
2. Introduction of oncoming nurse to patient
3. State reason for admission/surgery
4. Perform pain assessment
5. Discuss significant events for shift (nausea, vomiting, ambulation issues)
6. Review/assess all lines, drains, pumps, IV fluids and urinary catheter
7. Involve patient and ask:
  - Is there anything else you would like to say?
  - Do you have any questions?
  - Do you need anything now?
8. Let patient know you will be back in to see them

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### Out-Of Room Report

1. Negotiate undone tasks
2. Discuss any psychosocial issues
3. Identify additional care/consults needed

\*\*\*MENTORING – Teaching opportunity for all nurses

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## Challenges

- Nurses late for shift and starting report late
- Uncomfortable waking patients
- Multiple-bed rooms do not provide enough privacy and confidentiality
- Determining what are key data points for review
- Takes too much time. Hard to only spend 2-3 minutes per patient

Culture change takes time: requires education, vigilance, and encouragement.

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## ENVIRONMENTAL SERVICES

### Supervisor-to-Supervisor Report at Each Shift Change

- ✓ Areas on Standard Schedule that were missed
  - Absent Worker
  - Unusually heavy volume of patient turn-overs
- ✓ Emergency Clean-Ups
  - Example: Pipe burst, Trash spill
- ✓ Quality Concerns
  - Areas noted during hospital rounds

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