The impact of nurse-to-nurse bedside communication on patient satisfaction and resource use

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Healthcare organizations are complex adaptive systems
Communication

…two way process of reaching mutual understanding, in which participants not only exchange information but also create a shared opinion.
Communication and patient safety

- Significant proportion of patient safety incidents are related to communication inefficiencies:
  - Between health care professionals – clinical and non-clinical
  - Between health care staff and patients

- Communication failures result of:
  - Poor structure of message
  - Lack of planning
  - Lack of key information
  - Poor organizational prioritization
  - Desired result not achieved

- Communication failures result in:
  - Higher (preventable) readmission rates
  - Increased costs (direct and indirect)
Study at the Ghent University Hospital
Ward of Thoracic, Vascular and Plastic Surgery

The impact of nurse - to - nurse bedside communication on patient satisfaction and resource use.
Aim of the study

To assess the impact of bedside shift handovers on patient and nurse satisfaction and costs.
Background

Ineffective communication among care professionals has been demonstrated to be associated with the occurrence of adverse events, including higher readmission rates and costs.

The bedside shift handover is a unique way of nurse-to-nurse communication between shift changes.

The main aim is to transfer essential patient information to ensure high quality care as well as to enhance patient satisfaction and empowerment.
Methods

The study was performed at the department of Thoracic, Vascular and Plastic Surgery of Ghent University Hospital, a tertiary care referral centre with 1,062 beds, in Belgium. Bedside shift handovers used the SBAR (Situation Background Assessment Recommendation)- method and was organized in two parts/phases:
Methods

Phase 1

First, all patients were briefly discussed among staff members (i.e. nurses with morning and evening shift).
Methods

Phase 2

Second, patients were visited by the individual nurses, responsible for the individual patient during the morning and the subsequent evening shift.

Confidential issues were discussed outside the room, inside the room there’s a handover with the patient and essential visitors. In this way, privacy is ensured.

Bedside, these nurses assigned to the particular patient, exchanged all necessary patient information using the SBAR-method.
Phase 2: part outside the room & inside the room
SBAR

**Situation**
Briefly describe the situation. Give a succinct overview.

**Background**
Briefly state pertinent history. What got us to this point?

**Assessment**
Summarize the facts. What do you think is going on?

**Recommendation**
What are you asking for? What needs to happen next?

Use SBAR to Create a Shared Mental Model for Communication

Use SBAR as a way to structure your conversations with colleagues and other health care providers. Be prepared and practice using SBAR whenever you can.

**Helpful Tips**

What is the goal of your communication?

Start by introducing yourself by name and location when appropriate.

When making a recommendation, close the loop and make sure both parties agree on the next steps.

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Results

• 31 patients and 26 nurses participated to the survey.
• Patients mention to feel safer when hearing the kind of information that is shared among nurses being responsible for them.
• Nurses mention:
  • to feel safer when having seen the patient already at the beginning of their shift
  • to feel themselves better and sooner involved in the care process
  • that this type of shift handover is perceived as a more professional way of sharing information
• Bedside shift handovers saves ± 260 hours of nurse working time annually, corresponding to an amount of $ 6.618, based on the evolution of “overtime” before and after introduction of bedside shift handovers. With linear extrapolation to the entire hospital this would mean a potential cost saving of about $ 218.837
Conclusions

• The implementation of bedside patient handover between nurses was associated with ↑ patient and nurse satisfaction

• There is indirect evidence of a cost saving potential through improved use of nurse time as a resource

• The results of this study led to practice changes in the organization of information transfer between nurses in the unit.

• This recommendation however requires prospective validation but is based on a theoretical framework
Top reasons for bedside report

1. Patient safety
2. Patient satisfaction
3. Builds teamwork, ownership, and accountability
   → benefits nursing staff
1. Patient safety

Bedside shift report decreases the potential for near misses through a transfer of responsibility and trust by using standardized communication”. SBAR

Improves “patient safety by incorporated safety checks into report, such as ensuring there is a suction machine at the bedside and noting allergy alerts”.

The patients report to feel safer because they hear what has been said about them to the nurse who takes over the shift and they can correct the content if necessary.
2. Patient satisfaction

- “Reassures patients that the nursing staff works as a team, and patients witness a safe, professional transfer of responsibilities”.

- Patients feel more empowered.

- Patients are more involved.

- Patient becomes an additional resource in diagnosis and treatment.
3. Benefits for the nursing staff

- Oncoming nurse can visualize patients immediately and prioritize care for the shift.

- Accountability between shifts is promoted.

- Improves the relationships of staff between shifts and builds a “teamwork” environment.

- They can stop in time.
Challenges for implementation of bedside report

- Letting go and allowing change
- Cynicism and pessimism
- Fear that report will take longer
- Confidentiality and privacy
- Lack of a shared vision
Tips for success

- “Be sensitive to privacy and information shared in front of patient. Discuss sensitive information away from patients bedside.” Especially in shared rooms.

- Educate the incoming nurses about how to give report.

- Exclude opinions and stories, report is a time for facts.
Bedside report

- Objective information
- Takes less time
- Involved the Patient
- What you see is what you get = no surprises
- Safer
- Cost effective

Resume
Thank you for your attention!

Stop thinking
and just
DO IT!