Best evidence statement (BES) Increasing patient satisfaction by moving nursing shift report to the bedside

Guideline Developer(s)
Cincinnati Children’s Hospital Medical Center

Date Released
2013 Aug 12

Full Text Guideline

Evidence Supporting the Recommendations

References Supporting the Recommendations
(Retrieve&d=pubmed&dopt=Abstract&list_uids=22866433)

Type of Evidence Supporting the Recommendations
The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Implementation of the Guideline

Description of Implementation Strategy

Applicability Issues
Recommendation adherence will require the support of administration, unit managers, and nursing leaders to act as champions of change. It will be important for this support team and nursing staff to
understand and be able to articulate the identified goals and outcomes to be achieved by implementing bedside nursing report to the nursing staff. Creating a standardized reporting sheet, which will include a head to toe assessment report, electronic medical record check, patient plan of care check, safety check, and introductory cues for communicating with the patient and family, will support the implementation of this change. In addition, patient assignments should be allocated to the same nurse if possible, to help with clustering report. Providing staff with adequate time to become accustomed to the new report methods and also encouraging their feedback can help resolve issues and identify areas of concern and assist them in the transition.

**Implementation Tools**

Audit Criteria/Indicators

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**Benefits/Harms of Implementing the Guideline Recommendations**

**Potential Benefits**

Increased patient/family satisfaction during hospitalization

**Potential Harms**

Not stated

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**Rating Scheme for the Strength of the Recommendations**

Table of Language and Definitions for Recommendation Strength

<table>
<thead>
<tr>
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<th>Definition</th>
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**Note:** See the original guideline document for the dimensions used for judging the strength of the recommendation.

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**Qualifying Statements**

**Qualifying Statements**

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not
preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

**Methodology**

- **Methods Used to Collect/Select the Evidence**
  Searches of Electronic Databases

- **Description of Methods Used to Collect/Select the Evidence**
  **Search Strategy**
  - **Databases**: PubMed, Cochrane Library, CINAHL, OVID MEDLINE
  - **Search Terms**: Nursing; handoff; shift report; patient satisfaction; bedside handoff
  - **Limits, Filters**: English language, Search dates: 2006 to 2013
  - **Date last searched**: February 26, 2013

- **Number of Source Documents**
  Not stated

- **Methods Used to Assess the Quality and Strength of the Evidence**
  **Weighting According to a Rating Scheme (Scheme Given)**

  **Rating Scheme for the Strength of the Evidence**
  **Table of Evidence Levels**

<table>
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  †a = good quality study; b = lesser quality study

- **Methods Used to Analyze the Evidence**
  **Systematic Review**

- **Description of the Methods Used to Analyze the Evidence**
  Not stated

- **Methods Used to Formulate the Recommendations**
  **Expert Consensus**

- **Description of Methods Used to Formulate the Recommendations**
  Not stated

- **Cost Analysis**
  One published study showed that bedside shift report was shown to decrease overtime by nurses.

- **Method of Guideline Validation**
  **Peer Review**

- **Description of Method of Guideline Validation**
  This Best Evidence Statement (BEST) has been reviewed against quality criteria by two independent
Identifying Information and Availability

- **Bibliographic Source(s)**
  Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Increasing patient satisfaction by moving nursing shift report to the bedside. Cincinnati (OH): Cincinnati Children’s Hospital Medical Center; 2013 Aug 12. 4 p. [6 references]

- **Adaptation**
  Not applicable: The guideline was not adapted from another source.

- **Source(s) of Funding**
  Cincinnati Children's Hospital Medical Center
  
  No external funding was received for development of this Best Evidence Statement (BEST).

- **Guideline Committee**
  Not stated

- **Composition of Group That Authored the Guideline**
  Team Leader/Author: Sarah Barker, RN, BSN
  
  Team Members: Kathleen Dressman RN, MS, Senior Clinical Director, TCC, A7C1 Complex Pulmonary; Deborah Warden RN, BSN, Clinical manager, A7C1 Complex Pulmonary
  
  Support/Consultant: Patti Besuner RN, MN, EBP Mentor, Center for Professional Excellence, Research, & Evidence Based Practice

- **Financial Disclosures/Conflicts of Interest**
  Conflict of interest declaration forms are filed with the Cincinnati Children’s Hospital Medical Center (CCHMC) Evidence-Based Decision Making (EBDM) group. No financial conflicts of interest were found.

- **Guideline Status**
  This is the current release of the guideline.

- **Guideline Availability**
  Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site.

  Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

- **Availability of Companion Documents**
  The following are available:
  - Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children’s Hospital Medical Center; 2009 May 7. 1 p. Available from the Cincinnati Children's Hospital Medical Center (CCHMC) Web site.
  - Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children’s Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site.
  - Table of evidence levels. Cincinnati (OH): Cincinnati Children’s Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site.

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  In addition, suggested process or outcome measures are available in the original guideline document.

- **Patient Resources**
  None available
Scope

**Disease/Condition(s)**
Any disease or condition requiring hospitalization

**Guideline Category**
Management

**Clinical Specialty**
Nursing
Pediatrics

**Intended Users**
Advanced Practice Nurses
Hospitals
Nurses

**Guideline Objective(s)**
To evaluate, among patients and families, if implementation of bedside nurse to nurse shift report versus a non-bedside nurse to nurse shift report increase patient/family satisfaction during hospitalization

**Target Population**
All hospitalized patients; if under age of 18, with caregiver present

*Note:* Patients/parents electing not to participate were excluded.

**Interventions and Practices Considered**
Bedside nurse to nurse shift reporting

**Major Outcomes Considered**
- Patient/family satisfaction during hospitalization
- Medication errors
- Patient falls

**Recommendations**

**Major Recommendations**
The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a–5b) are defined at the end of the "Major Recommendations" field.

It is recommended that nurses perform bedside shift to shift report to increase patient/family satisfaction (Maxson et al., 2012 [4a]; Radtke, 2013 [4a]; Sand-Jecklin & Sherman, 2013 [4a]; Tidwell et al., 2011 [4a]; Thomas & Donohue-Porter, 2012 [4b]).

Definitions:

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**Clinical Algorithm(s)**

None provided

**Institute of Medicine (IOM) National Healthcare Quality Report Categories**

**IOM Care Need**

Getting Better

**IOM Domain**

Effectiveness

Patient-centeredness

Safety
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