



Patient and Family Engagement (PFE) Quickinar Series, Session 7

How Shift-Change Huddles and Bedside Reporting Can Improve Patient Outcomes

OBJECTIVES

- Identify the Centers for Medicare & Medicaid Services (CMS) metric for shift-change huddles and bedside reporting.
- Describe how to engage staff in bedside reporting.
- Identify the importance of a shift huddle and bedside reporting.
- Discuss multiple rounding processes in the bedside report.
- Identify opportunities to engage patient and care partners in the shift-change report.

CMS Metric for Person and Family Engagement

PFE Metric 3

Shift-Change Huddles and Bedside Reporting

Intent: Include patients and/or care partners in as many conversations about their care as possible throughout the hospital stay.

Why Are Shift-Change Huddles and Bedside Reports Important in Everyday Practice?



- An effective partnership is developed with the patient and care partner.
- Provides a way to transfer information between nurses to prevent medical errors and adverse events.
- Transfer of care is structured and relevant.
- Patients and their care partners can make sure transitions in care are safe and effective.
- Goal is to improve hospital quality and safety for all patients.

What Must Be in Place to Meet This Metric?

- At least 1 unit, nurse shift-change huddle or clinician report, occurs at the bedside and involves the patients and/or care partners.
- Shift-change huddles and bedside reporting should be possible in all hospital types and structures.
- Alternatives:
 - Hospital may offer other ideas to accommodate patient and care partner participation.
 - Example: Care partner could participate on the phone or virtually.



What Are the Benefits for Patients and Care Partners?

- Learn what has occurred throughout the shift and what the next steps are in the care regimen.
- Create an environment and opportunity to ask questions, correct errors, and offer input.
- Gain knowledge regarding the patients' condition and become more active participants in their care.
- Develop mutual trust between patients, care partners, and staff.



How Do Shift-Change Huddles and Bedside Reporting Benefit Clinicians and Staff?



- Creates awareness of the patient's individual needs.
- Creates trust and accountability between nurses that work being left for the next shift is addressed.
- Identifies errors early to prevent continuation through multiple shifts.
- Decreases after-shift clarification calls.

Getting Started— Implementing the Nurse Bedside Shift Report

Step 1: Form a multidisciplinary team to identify areas of improvement.

- Assess family presence or visitation policies.
- Assess current views on nurse shift changes.
- Recognize challenges in changing staff behavior.
- Set aims to implement the nurse bedside shift report.
- Determine which nursing units to begin:
 - Critical care.
 - Intermediate care.
 - General wards.

Getting Started (cont.)

Step 2: Decide how to implement the nurse bedside shift report strategy.

- Identify the logistics for your hospital.
- Decide how to use and adapt the tools in this strategy.



Getting Started (cont.)

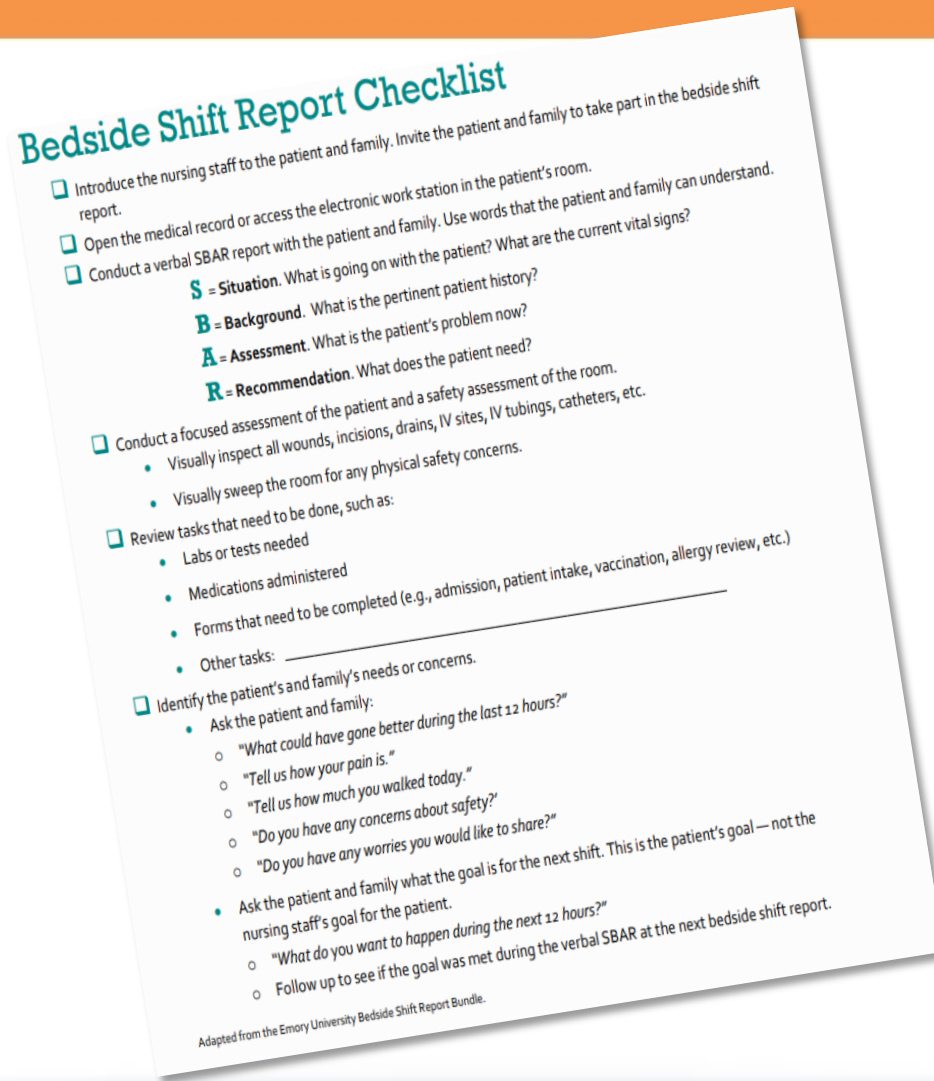
Step 3: Implement and evaluate the nurse bedside shift report strategy.

- Inform staff of changes.
- Train staff.
- Conduct the bedside shift report.
- Assess implementation intensely during the first 2 weeks, and then periodically.
- Get feedback from nurses, patients, and care partners.
- Refine your process.

Addressing Nurses' Concerns With the Nurse Bedside Report

- Violating HIPAA.
- Taking longer to complete the shift report.
- Dealing with sensitive information.
- Reporting in front of visitors.
- Negotiating interactions with family members.
- Disturbing the patient.
- Fearing change.

Example of a Bedside Shift Report Checklist



Shift-Change Huddle

- Communicate critical information to mitigate risk on the unit.
- 5 to 7-minute brief meeting at the beginning of the shift.
- Team members are all standing and directly involved, including both RNs and ancillary staff.
- Create an interactive environment where team members feel they can speak freely.
- Start off with a staff member recognition, a “save” on the unit, or a unit initiative that is working well.
- Team members are made aware of safety issues and any strategic initiatives intended to improve the quality, safety, and experience of the patient.

Example of a Shift-Change Huddle

Change of Shift Huddle: (Unit Name)			
<u>Date:</u>	<u>Time:</u>		
<u>Charge Nurse</u>			
<u>1. Safety Concerns Observed in Past Day</u>			
<u>Patient</u>			
<u>Staff</u>			
<u>Physician</u>			
<u>2. Census</u>	<u>Pending Admissions</u>	<u>Pending Discharges</u>	<u>Discharges</u>
<u>3. Shift Safety Risks</u>			
<u>Equipment Issues</u>			
<u>Room Issues</u>			
<u>Patients</u>			
<u>4. Updates on outstanding concerns</u>			
<u>5. Unit Operations</u>			
<u>Clinical Status Concerns</u>		<u>NPO</u>	
<u>DNR/Special Codes</u>		<u>Isolation</u>	
<u>Name Alerts</u>		<u>Procedures</u>	
<u>Falls/Flight Risk</u>		<u>Urinary Catheters</u>	
<u>Sitters/Telesitters</u>		<u>Central Lines/Piclins</u>	
<u>Chair/Bed Alarms</u>		<u>Transfusions</u>	
<u>Confused</u>		<u>Infusions</u>	
<u>Feeders</u>		<u>Non-English Speaking</u>	
<u>6. Patients/Families Needing Special Support</u>			
<u>7. Announcements</u>			

Key Concepts

- Include patients and/or care partners in as many conversations about their care as possible.
- Bedside reports and shift huddles provide a way to transfer information that can help prevent medical errors and adverse events.
- Shift huddles are brief, 5 to 7-minute meetings at the beginning of the shift that communicate critical information.



Join Us for the Entire PFE Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

8. Adverse Event Transparency



Adverse Event Transparency: Supporting Patients, Families, and Staff

Thursday, May 18, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Discuss the importance of adverse event transparency.
- Identify the impact of adverse events to patients, families, and staff.
- Demonstrate how programs like Communication And Optimal Results (CANDOR), can assist in supporting patients, families, and staff through an adverse events.

1. Intro to PFE



2. Achieving Patient/Family Centered Care



3. Preparing for PFE Programs



4. PFE to Prepare for Hospital Admission



5. PFE to Prepare for Hospital Discharge



6. Role of PFE in Readmission Prevention



7. Bedside Hand Off to Improve Patient Outcomes



8. Adverse Event Transparency



9. Role of the PFE Advisor



10. Selecting/Training/Engaging Advisors



11. PFE in Critical Access & Small Rural Hospitals



12. PFE in Acute Care Hospitals



Check Out the Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

- 1. Health Equity, Hospitals, and CMS Reporting ▼
- 3. Health Equity as a Strategic Priority ▼
- 5. Social Determinants and Social Drivers of Health ▼
- 7. Culturally Competent Data Training ▼
- 9. Health Equity Interventions ▼
- 11. Community Paramedicine ▼
- 13. Community Engagement—Health Equity ▼

9. Health Equity Interventions ▲

9. Interventions to Address Disparities in Health Equity
Thursday, May 11, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Discuss how to design interventions to address disparities in health outcomes.
- Review HSAG HQIC tools and resources to assist in identifying interventions to address health disparities.
- Identify the importance of the patient and family advisory council (PFAC) in health equity interventions.

- 2. Engaging Leadership in Health Equity ▼
- 4. Collecting and Validating REaL Data ▼
- 6. Screening for Social Drivers ▼
- 8. Analysis and Stratification of Health Equity Data ▼
- 10. Best Practices in Health Equity Interventions ▼
- 12. Identifying Community Health Disparities ▼

QUESTIONS?



Thank you!

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