HCH 4 Bedside Report Tip Sheet

Overcoming barriers

“Bedside report takes too long”
- Off going staff should remind patient and family that bedside report will occur at shift change and staff may be momentarily indisposed, offer to complete any tasks prior to beginning report
- Interruptions from patient and family: Return to the conversation when you have time
  - “I’m really interested in talking to you more about this, would it be okay if I finish getting report on my other patients and then I’ll be back to spend more time with you?”
- Bathroom/Water refills: Make sure you have picked up your phone before beginning your report, your HCA will be available during this time to assist the patient. If the HCA is busy with another patient, consider calling the charge nurse (day shift).
  - “If you are able to wait just a minute, Becca will be right in to help you while Mikka and I finish going over everything I need to know to take good care of you today”
- Per national studies (Baker), each bedside report should take only about 3-5 minutes. Given the complexity of HCH 4 patients, we expect each report to take about 8 minutes. Even if you have 5 patients, this totals just 35 minutes. The intent is to use bedside report to actually decrease your total report time by limiting distractions, focusing on only the essential aspects of report rather than social and emotional issues, and addressing any missing charting.

HIPAA
- Off going staff should remind patient that bedside report will occur at shift change, because their health information will be discussed they may want to ask visitors to leave for a short time
- Making patients aware of when bedside report occurs will give them the opportunity to plan visitations accordingly

Sensitive Information
- Bad news that has not yet been shared with the patient should not be disclosed at bedside report. You should also be mindful of sensitive information that patient may not be fully aware of, should not be shared in front of visitors, or the oncoming nurse has more detailed questions about.
  - This type of information can be passed on outside the room prior to report, or by pointing to written information while in the patient’s room.

“My patient is sleeping and I don’t want to disturb them”
- We all intend to give our patients the most rest possible, but we also often remind them that the hospital isn’t the best place for this. Our foremost intention is to keep our patients safe and just the same as we wake them up for vital signs, we must recognize the need to intervene for bedside report.

Fearing change
- We recognize that change isn’t easy. It is difficult to lose control over your preferred method for shift report and there is a comfort in routine, even if this routine is ineffective. This adjustment will take time- a 6month timeline has been laid out to evaluate success.
- The past failures of bedside report implementation may have left you feeling pessimistic, but we have done our research and are committed to making this a success.
- We are ALL ears to feed back, please let us know what’s working and what’s not.