A Structured Bedside Handoff Report and its Impact on Patient Experience

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Gary Nelson Hicks

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Scholarly Project Chair Approval:

Dr. Candi Payne, DNP, MSN, CMSRN Date

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ABSTRACT

Over the past decade, a fast-moving industry has challenged hospital health systems. Today, hospitals are measured on the effectiveness of healthcare delivery ensuring efficiency, quality, and safety. In addition to the delivery of effective healthcare, hospitals are now accountable for the overall patient experience, a system known as value-based purchasing. Value-based purchasing directly impacts the overall financial status of any healthcare organization and is based on data collected from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Nursing practice can significantly influence the overall impact and outcomes of value-based purchasing by helping with an improvement of HCAHPS. One component of nursing practice that can help to ensure a positive outcome for both value-based purchasing and overall patient experience requires a modification to traditional practice. The existing way of nurse-to-nurse reports, typically occurring within a location on the nursing unit that does not include the patient, can be adjusted to a nurse-patient-nurse handoff report that occurs at the bedside.

Keywords: Handoff report, nursing bedside report, patient experience, value-based purchasing, HCAHPS, patient satisfaction, patient-centered care

Dedication

I would like to dedicate this scholarly project to my parents. Without your ongoing support and encouragement along with your teaching's that hard work pays off, this project would not have been. I love you both and miss you dad. It is my hopes that this project helps the nursing profession understand the importance of evidence-based practice and helps to change nursing practice to achieve better outcomes for the patients we serve.

Acknowledgements

Foremost, thanks to God and my Lord and Savior Jesus Christ. You have given me the strength and power to be successful during this program while working, supporting family, and dealing with the daily challenge's life brings us. Thanks to my parents and my partner in life for the ongoing support and encouragement during the challenging times. A huge thank you to my chair, Dr. Candi Payne for your support and guidance throughout this process. Also, a big thank you to my mentor and preceptor Dr. Michelle D'Alessandro for your leadership, guidance and support throughout my practicum and helping me make a difference within the nursing profession. I appreciate the support and guidance from the entire staff at Liberty University School of Nursing to help me achieve what I thought was once impossible.

Section One

Introduction

The Centers for Medicare and Medicaid Services (CMS) first reported on hospital quality measures on a website known as Hospital Compare in conjunction with the Hospital Quality Alliance (HQA). The HQA's mission was to improve care through information, a collaboration with Medicare in December 2022 (Centers for Medicare & Medicaid Services [CMS], 2021). Through the implementation of the Hospital Compare initiative, HQA's intent was to help make it easier for consumers to make informed health care decisions and to support efforts to help provide increased quality throughout hospitals in the United States (CMS, 2021).

As quality initiatives continued to evolve, the Hospital Assessment of Healthcare Providers and Systems (HCAHPS) was developed in 2008. The data published by HCAHPS began to standardize instrument and data collection methodology for measuring patients' perspectives on hospital care (CMS, 2021). As data evolution continued, CMS began to report data on the hospital's 30-day mortality for heart attacks, heart failures, and pneumonia (CMS, 2021). In 2011, CMS began to publish data regarding hospital-acquired infections to inform the consumer about these infections in the hospital and allow consumers to have the ability to choose a healthcare institution based on risk of illness while hospitalized.

Background

In 2013, CMS initiated the Value-Based Purchasing (VBP) Program as part of Medicare's initiative to ensure quality healthcare and reduce the financial waste associated with poor healthcare delivery. The VBP adjusts payments to hospitals under the Inpatient Prospective Payment System, which is based on the quality of care they deliver (Thompson, 2021). The VBP program rewards acute care hospitals with incentive payments based on the quality of care they provide, rather than just the quantity of services they provide. Currently, nearly 3,000 hospitals

across the country participate in this program. Hospital value-based purchasing is funded through a reduction from the hospital's Diagnosis-Related Group (DRG) payments, and this money is withheld from hospitals based on the organization's total performance scores (Thompson, 2021).

The HCAHPS survey evaluates the care delivered by recently discharged patients and focuses on aspects of their hospital experiences. The core of the survey contains 19 items that ask "how often" or whether patients experienced a critical aspect of hospital care, rather than if they were "satisfied" with their care as well as 10 official questions related to overall quality of care received. Three supplemental screener items that direct the patient to relevant questions within the survey are included in the survey. In addition, hospitals are required to add supplemental items after the 29 official HCAHPS questions (Hospital Consumer Assessment of Healthcare Providers Systems [HCAHPS], 2021). A bedside handoff report is defined as a process of exchanging vital patient information, responsibility, and accountability between the off-going and oncoming nurses to ensure safe continuity of care and the delivery of best clinical practice (Dorvil, 2018).

Problem Statement

Patient engagement is a key element in increasing patient experience. The new rules of engagement have garnered new attention as an indicator of provider performance and an important dimension of value-based health care under the Affordable Care Act. HCAHPS scores reflect patients' perspectives on several aspects of care: communication with doctors and nurses, the responsiveness of hospital staff, pain management, communication about medications, discharge preparedness/information, and cleanliness of the hospital environment (Korda, 2012). Patient experience scores significantly impact hospital reimbursement as measured by HCAHPS. Based on survey responses, hospitals have an estimated risk of losing an average of $500,000 to $850,000 annually per hospital. In addition, satisfied patients tend to adhere to prescribed

treatment plans and maintain relationships with their healthcare providers, which results in a reduction in readmission rates (Korda, 2012).

Hospital reputation is also at stake based on patient experience scores. Since data is now published publicly, consumers have more access to deciding where they get their healthcare. Healthcare providers that work in hospitals with high satisfaction scores typically see a reduction in malpractice claims, higher satisfaction within the workplace, and reduced staff turnover. This project focused on a medical-surgical unit (3 West) that admits both general medical-surgical patients, orthopedic injuries, and post-surgical orthopedic patients. The 3 West Orthopedic unit's HCAHPS Top Box scores have fluctuated over the past two years, ranging between 38th to the 42nd percentile but the organizational strategic goal is to have all units at a minimum Top Box score at or above the 75th percentile.

Failure to standardize and implement bedside shift reports without having an increased emphasis on patient participation is detrimental, leading to an increased readmission rate and an increased risk of mortality. However, empowering patients to be engaged in preparedness for discharge and ensure adequate support upon discharge will result in reduced readmission and mortality rates.

Purpose of the Project

The purpose of this project is to standardize the bedside shift handoff on a general medical-surgical unit that has consistently fallen below the top box scores on the HCAHPS scores. McAllen et al. (2018) developed two scripts, one for medical-surgical units and one for surgical units. This project outlined topics to be discussed during bedside handoff, including Introduction, Situation, Background, Assessment, and Recommendation (ISBAR) that has detailed information related to content in each category similar to McAllen's tool. However, this

project focused on two specific HCAHPS domain questions. This project will add a component to the bedside shift handoff, the discharge topic. Therefore, changing the bedside shift handoff to Introduction, Situation, Background, Assessment, Recommendation, and Discharge (ISBARD). The discharge section of the bedside shift handoff tool will focus on the level of support once discharged, and the second on preparing the patient for discharge to ensure services (i.e. oxygen, wound care) are set up prior to actual discharge time. Therefore, the implementation of the bedside shift handoff tool (see Appendix F) will include the two identified discharge questions in an attempt to increase patient experience scores in the discharge domain by 20%. The two questions addressed in the discharge domain are:

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
2. When I left the hospital, I clearly understood the purpose of my medications.

Clinical Question

In the management of adult-medical surgical patients, does the inclusion of patients in a bedside shift handoff report as compared to a standard (nurse-to-nurse) handoff report increase patient experience scores from a current score of 38th - 42nd percentile to a minimum score at or above the 75th percentile of the HCAHPS Top Box in the discharge domain?

Section Two: Literature Review

Search Strategy

Academic, peer-reviewed journals were used to establish the literature review. The online search engines used included the Jerry Falwell Library search database, EBSCOhost, CINAHL, Google Scholar, and PubMed. Keywords were used to conduct the literature search, including “bedside shift report,” “bedside handoff,” and “change of shift.” The search was conducted in the

English language and over the past five years. During the literature review, a total of 18 articles related to shift handoff were found; however, after a review of the articles, it was found that eight of the articles were focused on hospital readmission rates and the impact of readmission, and only 10 were found to be relatable to this study as they focused on patient experience and the overall impact of HCAHP scores and bedside handoff.

Critical Appraisal

Implementing and sustaining an effective bedside shift handoff is an essential component of effective patient communication and experience. The intent of this research review was to identify the most effective and efficient way to perform bedside handoff reports, and using a CINHAL search, there was a lack of sufficient research to support an effective and efficient way to implement and sustain bedside handoff. Bringing the nurse to the patient's bedside for the handover is a positive move in terms of the goals of increasing effective communication and patient participation and reducing risk (Forde et al., 2020).

An effective bedside shift handoff offers significant patient-centered advantages. Grimshaw et al. (2016) stated that the advantages of performing bedside handoff were superior when compared to the conventional way of performing handoff. However, as much of the research indicated, there is an increased amount of resistance to transitioning from the traditional method to the bedside handoff method. However, Grimshaw et al. noted that despite the issues identified by nurses, including additional time for bedside reporting, modified bedside shift report still requires a small amount of report outside of the room to minimize sensitive matters that the patient may not be aware of because their provider may not have spoken to the patient prior to the handoff taking place or the rise of patient confidentiality when operating bedside handoff in semi-private rooms. Despite the challenges and issues raised by nursing, the benefits

of bedside handoff outweighed any issues related to performing handoff at the bedside (Grimshaw et al., 2016, p. 68)

Bedside handoff is developed to not only improve communication among nurses and patients, but handoff can also be an effective measure of quality. According to Ofori-Atta et al. (2015), “the goal of the nurse bedside handoff strategy is to help ensure the safe handoff of care between the nurses by involving patient and family” (p. 3). The Agency for Healthcare Research and Quality (AHRQ) cites institutions that noticed improvements in their HCAHPS scores after implementing a standardized bedside handoff. Emory Healthcare System, which includes three hospitals, received an overall score of 98% on patient experience. MetroHealth Medical Center in Ohio found that implementing a standard bedside shift handoff built a stronger partnership between the patients and families (Ofori-Atta et al., 2015, p. 3).

Bedside shift handoff using a standard format helps to reduce errors in communication by allowing oncoming nurses to be better informed about the patient; this helps improve efficiency by improving staff teamwork and saving nurse time (Ofori-Atta et al., 2015). Ofori-Atta et al. (2015) noted that hospitals that implement bedside shift reports see patient experience scores reflecting the patient's more positive experience, decreased medication errors, decreased sentinel events, and less nurse overtime by nearly 100 hours in the first two pay periods, leading to increased nurse satisfaction.

Synthesis

Adopting a standard bedside shift handoff takes a focused and concerted effort from the nursing team. Bedside handoff promotes a sense of security for patients and improves the overall safety in delivering nursing care. Adopting a new process of bedside shift handoff tool needs to be patient-centered. Incorporating the ISBAR tool utilized by McAllen et al. (2018) and adding

the discharge preparedness and discharge domain will require the nurse's practice to shift, allowing for more patient involvement with the handoff communication and process. Increased involvement of the patient and family in the delivery of handoff communication allows for an increase in overall patient experience and an increase in overall patient experience on the HCAHPS scoring.

Conceptual Framework

This project used The Iowa Model of Evidence-Based Practice as its conceptual framework, and permission to use this model has been granted (see Appendix B and C). The Iowa Model highlights the importance of considering the entire healthcare system from the provider to the patient to the infrastructure that helps to guide practice, decision-making, and evidence-based practice from both the clinician and systems perspective (Buckwalter et al., 2017).

Utilizing the Iowa model, the identifying triggering issue/opportunity is the decrease in patient experience score due to a lack of patient involvement in their care and treatment plan. Currently, HCAHP scores for the discharge domain consistently fall below the national level. The University of Maryland's current Discharge Top Box scores range from the 38th to 42nd percentile, and national Top Box scores range from 84th to 89th percentile. As a result of the decreased Top Box scores related to patient experience, the organization is taking a significant financial loss of nearly three million dollars annually.

Exploring the question, "does the inclusion of patients in a bedside shift handoff report as compared to a standard (nurse-to-nurse) handoff report increase patient experience scores from a current score of 38th to 42nd percentile to a minimum score at or above the 75th percentile of the HCAHPS Top Box in the discharge domain?" is a priority for this organization because of the

loss of revenue and need to increase patient experience. Team development will consist of identified super users of the new bedside shift handoff tool to help support the project and the identified team on the successful conversion from nurse-to-nurse (standard report) to the implementation of the nurse-patient-nurse bedside shift handoff report (see Appendix F).

An in-depth literature review reported that the use of bedside shift handoff has been shown to increase patient experience and nurse satisfaction. There is limited literature to show the increase in a specific area of the HCAHPS score in a specific domain related to patient experience scores.

This conversion to beside shift handoff report was piloted prior to going live and implementing this project. The significance of the pilot was to give the nursing staff the opportunity to practice the new handoff structure and to understand how to incorporate the patient into the handoff process. In addition, the pilot allowed the nursing team the opportunity to adopt the new process and the new standard for handoff reports. To help aide in a successful transition, the project lead developed a video to demonstrate the appropriate process of performing a successful beside shift handoff for a standardized handoff, a handoff in which the patient does not want to participate, and a handoff shift report in a semi-private space where patient privacy is a concern. Nursing staff performed stimulated experiences prior to the trial implementation. In addition, the project lead developed a bedside shift handoff tool as a reference that details what topics should be included in each section of the handoff. The project lead met with team members prior to the pilot to explain the current ranking on HCAHPS and distribute a survey to understand the nursing staff's understanding of the HCAHPS scoring and if the team is aware of where their unit lies not only nationally but compared with other units within their own organization. Reporting to senior leadership was conducted quarterly following

the implementation. In addition, senior leadership were briefed on each step of the implementation of the project and any feedback received from the nursing teams. The change to the bedside shift report is an appropriate evidence-based strategy to improve the overall patient experience as well as help to decrease the number of negative consequences such as increased readmission, the increased negative reputation of the organization, and continued loss of revenue. By adopting and hardwiring the implementation of bedside shift handoff reports and promoting bedside shift handoff reports and the engagement of nursing staff, HCAHPS scores will demonstrate an improvement in patient experience as well as an improvement in overall quality.

Moving shift change reports to the bedside is a significant change to nursing practice, and it will create a new culture in the organization. However, the significance of the shift is to improve patient experience and increase overall HCAHPS scores to allow for improved patient safety and increased quality. Implementing bedside handoff requires numerous practice changes. Ensuring a successful implementation and sustainment of the project requires nursing input and for nurses to see the value in changing their practice. The Iowa Model allows for a systematic approach to ensuring and promoting excellence in healthcare delivery.

Summary

Research has shown that implementing a bedside shift handoff is best for the delivery of patient-centered care. Although implementation is necessary, taking a standardized approach remains a key driver to success. Successful implementation should include staff nurses in the implementation process and sustainment. During the implementation phase of the bedside handoff, organizations need to support both the patient and the team members implementing this

new bedside handoff transition and work to make necessary modifications to meet organizational goals while maintaining efficiency and promoting patient experience.

Section Three: Methodology

Design

The project of implementing bedside handoff reports to improve patient experience scores on the HCAHPS survey used a quasi-experimental pilot design to collect and analyze data. This design allowed the researcher to implement a standardized, structured bedside handoff tool that addressed two specific discharge domain questions.

The development of a bedside shift report was developed with the input from staff and leadership for a structured script. The script is based on the topics of Acknowledge, Introduction, Situation, Background, Assessment, Recommendation, and Discharge preparedness (ISBARD). The acknowledge section of the bedside shift report allows for patient awareness, getting the patient prepared for the report to occur. The introduction section (managing up phase) occurs by the off-going nurse giving an introduction to the oncoming nurse. Next, in the explanation phase both nurses explain to the patient, stating, “We are going to complete shift change handoff, which we always do at your bedside to make sure you receive the best and safest care. We invite you to join in to discuss your care.” The next section is the identification section. In this section, both nurses verify the patient’s identification using the patient bracelets and any other alert bracelets as applicable. In the situation section, the nurses discuss code status, admission date, and current clinical condition. The background section of the bedside handoff report allows for relevant medical history. In the assessment section, the nurses report assessment findings by exception. In the recommendation section (the plan of care and patient goals), the nurses and patient discuss any planned milestones, imaging studies, and/or procedures. The discharge

section helps to meet the patient experience domain of the HCHAPS survey. In the discharge section, the disposition and anticipated date of discharge are discussed. Here, the nurse asks the patient if there is sufficient caregiver support at the time of discharge. In the discharge readiness phase, using the whiteboard, the nurse updates the whiteboard and evaluates any notes from the interdisciplinary team that need to be addressed prior to discharge. Issues related to home oxygen, medication management, or equipment delivery may need to be addressed. Finally, both nurses perform a safety check, and both RNs together check fall risk (bed/chair alarm, non-skid socks in place, bed properly connected, call bell within reach), restraints/suicide/sitter safety, IV and PCA/PCEA (medication, tubing, iv site, pump settings), wounds, drains/devices, airway, and isolation precautions (correct signage in place).

Historically, the standard ISBAR tool was developed to help facilitate effective communication between nurses and other members of the interdisciplinary healthcare team when communicating information about a client during handover. The ISBAR provides a framework so that communication can be focused, concise, and complete (Pun, 2023).

Using an organizational assessment, strengths and weaknesses revealed that the transition from the standard report using the nurse-to-nurse report to the bedside handoff to include nurse-patient-nurse is feasible and meets the organizational objectives related to patient experience compliance. Approval by leadership was granted, as indicated in the Institution’s Permission Grant Letter (see Appendix G) and education was provided to the nursing team using a PowerPoint slide presentation to explain the purpose of the project, the implementation timeline of the project, evaluation methods of success, and current discharge domain standings in relationship to other hospitals. Bedside handoff report champions were identified and charged with helping the ongoing education and support once go-live occurs.

Nurses who volunteer as bedside shift handoff champions have demonstrated an effective shift change handoff report using a video-based educational tool. This tool allows for nurses to understand how to effectively perform a bedside report under normal condition and demonstrates an effective handoff report as well as an effective shift change handoff report when dealing with difficult patient or a patient that does not want to cooperate in bedside handoff reporting.

During the transition phase and roll out of this pilot project, support and clarification from this author as well as bedside handoff champions was available during the reporting phase. During the transition, the author tested the change using the Plan, Do, Study, Act (PDSA) cycles and evaluated the change in practice in real-time and if necessary, adjusted throughout the implementation of the project.

Measurable Outcomes

The effectiveness of transitioning was evaluated using unit-based HCAHP scores in the domain of discharge. Evaluation effectiveness was monitored monthly to meet organizational goals. The organizational goal set for the fiscal year 2024 is to have the Discharge Domain at or above the 75^{th} percentile Top Box of the HCAHPS score. This scholarly project is a pilot project and if successful, will be implemented in all adult medical-surgical units to improve and increase the HCAHPS discharge domain for all inpatient units across the hospital system.

The Top Box raw score is defined by the Centers for Medicaid and Medicare as the most positive response. A positive response is a survey response of *Strongly Agree* to the domain question being asked. Top box raw score for the nine HCAHPS measures are used in the hospital Value-Based Purchasing (Chiu et al., 2022).

Setting

This project was applied in a community-based, non-profit health system with a mission to be the preferred, integrated health system creating the healthiest community in Maryland. The mission of the University of Maryland Upper Chesapeake Health is "to purposefully advance the shared principles that are the foundation of our work." These principles include, compassion, high-quality care, commitment to community, health care transformation, and discovery-based medicine. This project supports the organization's mission by implementing an evidence-based strategy that focuses on compassion, high-quality care and health care transformation. Specifically, this project was implemented on a 28-bed medical-surgical unit known as 3-West which currently specializes in orthopedic surgery. This unit's patient experience scores are consistently below the national and regional scores. Over the past six months, patient experience discharge domain overview has ranged between 68.42% - 72.43%, whereas the organizational goal is for the discharge domain to be at or above the 75% of the HCAHPS Top Box.

Readmission rates for the 3 West population are nearly 12%, and the organizational goal is less than 3%. Identified causative factors for readmission are related to lack of discharge follow-up with their primary care provider post-discharge, decreased compliance with rehabilitation, and overall poor communication with nurses on HCAHPS.

Key stakeholders for this project include but are not limited to the Chief Nursing Officer (CNO), 3 West Nurse Manger, 3 West Nursing Team Members, Quality Improvement Team Members, Patient Experience Steering Committee Members, Physicians, University of Maryland Upper Chesapeake Senior Leadership team, University of Maryland Upper Chesapeake Board of Directors, patients, and families. This project received approval from the University of Maryland Upper Chesapeake Health's Chief Nursing Officer (see Appendix G) to conduct the scholarly project on 3 West Orthopedic Unit.

Population

The University of Maryland Upper Chesapeake Health has a total of 253 licensed beds with a total of 16,921 admissions annually, performing nearly 9,103 surgical procedures annually. The 3 West unit admits nearly 2200 patients annually post-orthopedic surgery. This project was implemented on all patients admitted to the 3 West unit, both orthopedic surgical patients and non-surgical patient populations. In fiscal year of 2023, the University of Maryland Upper Chesapeake Health had an average daily census for inpatients of 214 days, and the average daily census for observation patients totaled 27 days. The total number of Emergency Department visits total to date is 47,590.

A randomized selection process initiated by the Press Ganey survey group dictated the number and patient population that was involved in the HCAHPS statistical analysis. Statistically, the number of surveys depended on the total number of admissions and discharges in the 3 West unit, so survey scores were variable.

Ethical Considerations

The DNP project team (student and project chair) successfully completed research ethics training to ensure the protection of human subjects. The project was submitted and approved by the lead institution Institutional Review Board (IRB) (see Appendix H) and the Institutional Review Board at the University of Maryland Upper Chesapeake Medical Center (see Appendix I). Data was collected; however, no patient information was collected, and the data collected was for public review so there was no need for additional security measures.

Per Liberty University policy and to meet IRB requirements, both the project Chair and the student successfully completed the Biomedical Research- Curriculum and the Biomedical

and Health Sciences Course Learner, Basic training provided by the CITI Program (see Appendix D).

Christian Worldview

Caring for patients occurs at the intersection of human suffering and hope. Rieg et al. (2018) notes that the concept of caring has been evaluated as a human trait, moral imperative, interpersonal relationship, and therapeutic intervention. Caring can be defined as the "watchful attention to and meeting the needs of another person and is seen as the essence of nursing, and nursing as a caring discipline" (p. 170).

Nurses focus on two elements in caring for patients; these elements involve compassion and stewardship. For Christian nurses, care delivery needs to be one that provides high quality at a low cost for those in need, and they, as good stewards in the care of patients, need to ensure that they advocate for law makers to pass healthcare laws that allow for healthcare delivery to be accessible to all at a cost that everyone can afford (Myers, 2018)

Data Collection

Data was collected quarterly for analysis. Data was collected from Press Ganey's Discharge Domain Data for 3 West. Press Ganey data allowed for the researcher to analyze the inpatient data collection reporting discharge date, benchmark period, sample size, and peer group size. This project examined the HCAHPS Top Box scores for inpatient discharge data.

Tools

The data collection tool included weekly reports from Press Ganey Inpatient Discharge Data for the University of Maryland Upper Chesapeake Health's inpatient unit, 3 West. In addition, quarterly audits were run from the EPIC patient documentation system to analyze the

number of charted bedside shift handoff documentation by the registered nurses. EPIC has a bedside shift handoff validation tool built into each patient's chart.

A survey tool (see Appendix E) was developed and implemented to assess bedside shift handoff readiness. The tool evaluated where nurses were in the transition and the way in which the handoff report was implemented. The survey determined what nurses see as a barrier to successfully making the transition; in addition, nurses were surveyed to understand if they have their baseline understanding of what is included in a bedside shift report and the level of research knowledge related to bedside shift handoff. In addition, the survey assessed the registered nurse's understanding of their current HCAHPS discharge domain results with comparison data to other units within the organization in other hospitals.

A competency evaluation tool was developed to assess superuser competency prior to implementing the project and supporting the team during the transition from the standard bedside shift report to the new bedside handoff report. Competency took place in the simulation lab at the University of Maryland Upper Chesapeake Health.

To help facilitate an effective bedside shift handoff, a Standard Process Description: Shift Change Handoff tool (see Appendix F) was developed to help navigate the registered nurse through the bedside shift report process. The tool breaks down each topic to be covered during the handoff report and includes sample topics to be discussed while reviewing that topic with the patient and second registered nurse. The Shift Change Handoff Tool (see Appendix F) was developed following an evidence-based standardized communication tool known as ISBAR (Introduction, Situation, Background, Assessment, and Recommendation). The newly-developed tool is known as ISBARD (Introduction, Situation, Background, Assessment, Recommendation, and Discharge). A similar tool was developed and used by McAllen et al. (2018) when the author

performed a study titled, *Moving Shift Report to the Bedside: An Evidence-Based Quality Improvement Project*. The validity testing of the modified tool took place during the trial phase and rollout of this project to be used for future implementation of handoff rollouts throughout the system.

The SBAR communication tool is a quality improvement tool that has been successfully validated and is a reliable tool used in the reduction of adverse events within the hospital setting (Coolen et al., 2020). The SBAR tool has been adopted from other disciplines and ensures that effective communication related to patient safety occurs.

Intervention

Implementing a bedside shift handoff has been shown to impact patient experience scores. This scholarly project developed a standardized process for implementing a bedside shift handoff and evaluated the effectiveness through the increase in patient experience scores surveyed by Press Ganey. Specifically, this project focused on the discharge domain of the HCAHPS survey, examining two specific areas of the survey. First the project focused on if the patient felt that they were adequately prepared for discharge prior to being discharged and second, if there a caregiver or support person that will help to ensure the patient gets to follow-up appointments, picking up medications at the time of discharge, and help with treatments necessary to reduce readmission. A study conducted by McAllen et al. (2018) showed that improvement in patient experience after the implementation of BSR with the average Press Ganey® score for the eight increasing from 87.7% to 91.6%. HCAHPS showed improvement, but the changes were not statistically significant.

This project's intervention began with the organization's strategic initiatives and goals set for successful outcomes related to patient experience scores, specifically related to the discharge

domain. After a review of the organization's initiative and goals, data was collected, and it was determined that 3 West- Orthopedic has consistently fallen below the organizational goal and failed to meet the Top Box Score from the Press Ganey Survey Scores. Approval from the senior leadership team was obtained to focus on 3 West for project implementation.

Once approval was obtained, a standardized tool was developed to help guide the registered nurses to successfully implement the conversion from the standard nurse-to-nurse end-of-shift report that occurs at the nurse's station to a shift change handoff report that takes place at the bedside that includes the patient. To ensure success, prior to implementation, the scholarly project was presented to the nursing staff with data from the literature review, and current HCAHPS discharge domain status was provided as well as the organization’s goal and outcome measures. The presentation also allowed staff to understand how they compare with other hospitals that are of similar size and patient population. The meeting allowed for questions and ensured the need to make the conversion was clear.

Following the staff meeting, unit super users were identified to help ensure and hold accountable the staff doing the bedside shift report. These superusers also acted as content experts and helped to participate in the conversion process by assisting the educating nursing staff on a successful conversion. Superusers practiced for competency in the simulation center. Once superusers felt comfortable with the bedside shift handoff report and competency was validated, they participated in developing multiple videos for staff to review for success. Videos were developed to show the standard bedside shift report, including a video to show how to perform a bedside shift report with a patient that is not willing to participate in the handoff process and how to give a shift handoff report when in a semi-private space and there is concern about patient confidentiality.

Prior to implementation, questions and data obtained from the nurse survey were reviewed and addressed. A follow-up meeting was held with the nursing team to address their concerns and hesitancy about the project.

Institutional Review Board (IRB) approval was granted (see Appendix I) by the University of Maryland Upper Chesapeake Health as per the policy of the University of Maryland Upper Chesapeake Health. Liberty University IRB request was submitted and approved as per Liberty University policy (see Appendix H). Following approval from both IRBs, a discussion with the Nurse Manager and the Chief Nursing officer occurred to determine the go-live date. Once the go-live date was determined, the Vice-President of Patient Experience was briefed on the project and the need for quarterly reports to be submitted to the project lead.

Following approval, the implementation of the project began. Implementation of this project began in September, 2023. Nurses were observed in real-time for any final clarification of bedside shift handoff. Superusers, Nurse Managers, Chief Nursing Officer, and the project lead conducted periodic checks. A follow-up meeting with superusers, team members, Nurse Manager, and the project lead identified any challenges or obstacles to the sustainment of the project.

Data was collected weekly on Top Box scores using the Press Ganey survey results. Data was grafted and shared with the Patient Experience Steering Committee, Patient Safety and Quality Committee, and the Senior Leadership Team.

Eligible/Exclusion Criteria

The University of Maryland Upper Chesapeake Health did not exclude anyone from receiving the CMS survey to measure outcome data on the effectiveness of implementing bedside shift reports. However, the CMS sampling protocol specifies specific sampling

protocols. Those eligible to participate in the survey included all payer types, patients 18 years or older at the time of admission with an admission of at least one overnight stay in the hospital, non-psychiatric MS-DRG/principal diagnosis at discharge, and patients that were alive at the time of discharge (CMS, 2021). Exclusions to receiving the survey include “no-publicity” patients, court/law enforcement patients, patients with foreign home addresses, patients discharged to hospice care, and patients who are excluded because of state regulations.

Timeline

Project Title	Action Plan	Implementation Date
Organization Strategic/Operating Plan and Goal Review	Evaluate organization Strategic and Operating plan and goals.	May 2023
Identify hospital unit to implement scholarly project	Review Press Ganey scores for discharge domain per unit and identify a unit that is consistently below the organizations operating plan goal.	May 2023
Communicate with Senior Leadership team	Discuss rational and for unit selection and share Press Ganey survey findings. Get approval to move forward with scholarly project on the identified unit	May 2023
Develop a standardized reference tool to describe each section of bedside shift report.	Develop the Standard Process Description: Shift Change Handoff tool	June 2023
Staff Meeting with Stakeholders	Meet with staff to discuss the why, when and how of converting to bedside shift report. Staff will presented with Literature review during the meeting	June 2023
Develop and administer survey	Provide survey to nursing team to learn level of knowledge on Discharge Domain from Press Ganey, current data on unit's outcome data and knowledge about handoff shift report. Survey will include constraints, obstacles to moving to a bedside handoff report	July 2023
Identification of superusers	Superusers will help to educate staff on proper implementation of bedside shift report. Competency superusers on bedside shift handoff	August 2023
Video Development	Develop teaching videos for staff to review on proper standard shift handoff report, patient not willing to participate in shift handoff report, and semi-private room handoff report.	July 2023
Follow up team meeting	To discuss and review survey results.	August 2023
Obtain IRB approval	Submit for IRB approval for scholarly project at Liberty University and University of Maryland Upper Chesapeake Health.	October 2023
Implementation of scholarly project	Begin implementation of project.	October 2023

Project Title	Action Plan	Implementation Date
Pull quarterly data	Obtain Press Ganey data for 1st quarter	January 2024
Pull quarterly data	Obtain Press Ganey data for 2nd quarter	April 2024
Meet with Senior Leadership to discuss quarterly findings		May 2024
Submit final scholarly proposal		May 2024

Feasibility Analysis

Implementation of this scholarly project is a key strategic goal to meeting organizational goals and objectives. The resources required for this project were staff non-productive time for the 3 West unit. This non-productive time allowed for training of superusers and staff to practice the effective bedside handoff report. The possibility of cost related to video production by the marketing team was investigated for cost.

Press Ganey data is already covered by the organization so no additional cost is indicated for obtaining quarterly reports. The corporate account of Survey Monkey was utilized to conduct the 3 West survey data therefore, no additional expenses were required.

Data Analysis

Survey Results

The staff completed a pre-implementation survey in order for the researcher to determine where staff were prior to implementation of the project and to see where the team identified gaps in knowledge about effectively implementing bedside shift hand off, criteria that is necessary in bedside shift handoff, identified obstacles for success, and understanding value-based reimbursement and the impact it has on their unit and the hospital. Data collection and analysis of the survey was completed by the project manager.

The survey yielded a small number of results with a return of 12 participants out of 40. However, survey results were still received despite the deadline. After a review of the existing survey results, nearly 83% reported performing bedside shift handoff at the bedside approximately 75% of the time with the remainder of the responses (16.67%) reporting they only complete bedside shift handoff when being observed or never. Of those surveyed, nearly 50% reported that they felt performing bedside shift handoff was too time consuming, and 83.33% reported concern around patient privacy. Nearly 58.33% of the survey responses indicated that they had no understanding of how their unit compares to other units within the hospital, and nearly 91.67% have no understanding of where their unit stands in comparison with other like hospitals in terms of the discharge domain.

In terms of understanding value-based reimbursement, nearly 50% indicated they had some idea of how value-based reimbursement works where nearly 41.67% had no understanding of how value-based reimbursement works. When asked if the team member understood how value-based reimbursement impacted hospital revenue, 41.67% had some understanding of the impact whereas 50% have no understanding of the impact.

The University of Maryland Upper Chesapeake Health's strategic goal was initially set to obtain the 50th percentile (at or above the 75th Top Box Score) when team members are asked if they were familiar with the organizations strategic plan; however, nearly 83.33% indicated they did not know the strategic goal set by the organization. After review of this information, follow up education was delivered at a staff meeting to help team members obtain a better understanding related to the identified deficits found in the survey results.

Superuser Competency

A competency assessment tool was developed to verify that superusers understood and comprehended the process of implementing and successfully performing a successful bedside shift handoff report. In addition, an understanding of the Press Ganey survey results was reviewed with the team to allow them to understand the baseline data prior to the implementation of the beside-shift handoff report project. The superusers were also briefed on quarterly data to understand the success or necessary modification of the project during the implementation phase of the project.

Measurable Outcomes

The measurable outcomes for this project were set by the organization based on organizational strategic goals. Currently, the organization's goal for the fiscal year 2024 is to have the Discharge Domain at or above the 75th percentile of the HCAHPS Top Box Discharge Domain of the Press Ganey survey. In addition, the organization has set an organizational goal of having bedside shift handoff completed on every patient during every shift.

Section Four: Results

This evidence-based project was to determine if implementing specific discharge questions to a standardized bedside shift handoff report would increase the discharge domain on the Press Ganey HCAHPS scores to meet the organization's fiscal year 2024 objective to increase the discharge domain to at or above the 75th percentile. The project implemented the Shift Change Handoff Report. The project implemented the addition of the discharge questions to the Shift Change Report for 12 weeks. Understanding that patients receiving an HCAHPS survey are unknown, the implementation of this project impacted all patients admitted to the 3 West inpatient medical-surgical unit.

Survey data was obtained from Press Ganey on a weekly basis, reporting survey results for patients selected to complete the Press Ganey HCAHPS survey. The number of survey responses varied weekly with the highest survey response number of 30 and the lowest response number of 16. Survey data were analyzed and categorized into three reports. The first report explored the overall response to both questions, the report titled Discharge Information Domain Performance, and the second report's responses focused on the domain statement, "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital," and the third report focused on the statement, "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health."

In the survey results for both survey domain questions in September, 2023 through December, 2023, an average of 82.91% of the responses indicated that during the bedside shift handoff report, both survey questions, "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital" and "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health" were always addressed. However, the overall HCAHPS rating was only 39.50%, falling extremely short of the set goal of being at or above the 75th percentile (see Figure 1). Notably, the overall responses increased at the beginning of this study and continue to be a steady response rate at or above 80%.

The second survey results examined the results of how well the nurse utilized bedside shift handoff to focus on the domain question, "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital." Based on the data collected, 82.16% of the time the

nurse always addressed the question, giving an overall HCAHPS rating of 19%, falling extremely short of the set goal of being at or above the 75th percentile (see Figure 2).

The final survey results examined how well the nurse utilized bedside shift handoff to focus on the domain question, "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health, based on the twelve-week survey results." Survey results indicated that on average, nurses always addressed the question during bedside shift handoff nearly 83.67%. However, survey results indicated that the 3 West nursing team ranked in the 91.5% percentile, exceeding the organizational goal of meeting the 75th percentile (see Figure 3).

Discussion

Implications for Practice

Implementing an effective bedside shift handoff report offers an open and effective communication between the patient, family, and nurse. During an effective bedside shift handoff, addressing the preferences of the patient, family member, or caregiver when deciding the healthcare needs allows for the patient to address issues or concerns following discharge. Addressing these issues will decrease the length of stay for the patient and the issues that may arise after discharge. In addition, an effective shift handoff report will reduce hospital readmission rates due to a lack of follow up for post-discharge appointments and for patients unable to access medications post discharge.

This project gives nurses a standardized tool that allows for an effective bedside shift handoff. This handoff changes nursing practice while allowing patients to feel they are part of their care plan and discussions around the management of their care. Bedside shift handoff

allows for a survey of safety that provides patients with consistent, safe, and quality care, therefore giving patients a sense of comfort.

This project will allow patients to answer *always* to questions associated with the discharge domain over time. A change in responses of the discharge domain HCAHPS scores will allow the organization to increase revenue by nearly $500,000 to $800,000 dollars annually as well as improve the public perception of the care received at the University of Maryland Upper Chesapeake Health.

Limitations associated with this project include the number of survey responses collected. Currently, the numbers are very low and inconsistent. Because of such a low number, there is not good representation on the overall population of patients on 3 West. In addition, this project only represents the patients on one unit; therefore, it does not provide an overall analysis of how the discharge domain is represented across all nursing units at the University of Maryland Upper Chesapeake Health.

In addition, there is a limitation related to nurse buy-in. Although the nurses have been educated on the overall benefits of an effective bedside shift handoff, the financial advantages to improving the discharge domain, and the importance of improving patient safety and efficiency in care, nurses remain resistant to changing their practice.

Sustainability

The change in nursing practice will continue with support and observation by the author and nursing leadership. Once nursing practice has successfully changed and the nursing team is performing bedside shift handoff using the ISBARD tool, the leadership team will continue to monitor HCAHPS survey results. The organizational plan is to take the new ISBARD tool and implement the practice of bedside shift handoff across all inpatient nursing units.

Dissemination Plan

Based on the implementation process, this similar roll out to other units will be used. In addition, statistical data related to implementation will be shared with other inpatient units. In addition, the process for project roll out and implementation plan will be shared along with discharge domain data reports. Discussions with senior leadership will take place to determine the next steps and location for implementing bedside shift handoff. A report will be sent to the Patient Safety and Quality Council as well as the Patient Experience Committee. This project offers significant opportunity for other organizations to implement and adopt a standardized tool that focuses on patient safety, reduction in readmission, and an increase in patient experience scores. To help communicate this project and its benefits, this project will be submitted to the 2024 Maryland Patient Safety Conference, a conference that focuses on tackling patient safety priorities with a team approach. In addition, this information is value based and the project's outcomes warrant publication in nursing and leadership journals to guide nursing practice.

Conclusion

This project demonstrated that a consistent bedside shift handoff tool offers an opportunity to improve patient safety and improve quality care. An effective bedside shift handoff offers patients an opportunity to be involved in their treatment plan and pose questions related to their care delivery. In addition, an effective bedside shift report that focuses on discharge offers the opportunity to improve patient experience HCAHPS scores to improve hospital perception related to quality, thus allowing the organization an opportunity to increase fiscal revenue based on patient experience scores.

In an effort to successfully improving HCAHPS scores, the hospital will implement this project throughout all nursing units at a local level using the ISBARD tool. In addition, this project will be presented and results reported to the entire hospital system (14 hospitals) for consideration for adapting this structured bedside shift handoff tool to enhance the patient experience and improve HCAHPS scores across the entire healthcare system.

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Appendix A
Article Critique and Leveling Matrix

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
Simultaneal, K., Fakhryan, R., Nurlela, M., Idawati, M.,Iriyanti, Z., Muzaffar, S.D.,Fitri, A. & Alli, S. (2023). Bedside Handover using patient family centered care on patient safety and patient satisfaction: A systematic Review. *Journal of Positive Psychology $ Wellbeing*, *7*(2), 534-546	Analyze The relationship between bedside handover using patient-centered care on patient safety and patient satisfaction	Systematic Review	Systematic Review	Implementation of bedside handover reduced patient safety incidents and increased patient satisfaction and improved the quality of patient safety and patient satisfaction	Level 1: Systematic Review	Only provided a descriptive analysis of bedside handover	Does provide some good foundational information even though the level is a 6.
Chen, H., Cates, T., Taylor, M., & Cates, C. (2020). Improving the us hospital	The purpose of this paper is to examine whether patient	A total of 2711 acute care hospitals were	Partial least squares (PLS) modeling	Data from the Hospital Compare database for acute care	Level 1: meta analysis		No, although the data collected reflects the significance of

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
reimbursement: How patient satisfaction in hcahps reflects lower readmission. *International Journal of Health Care Quality Assurance*, *33*(4/5), 333–344. https://doi.org/10.1108/ijhcqa-03-2019-0066	readmission rates are associated with patient satisfaction and Medicare reimbursement rates in the US hospitals.	analyzed for this study. Data included patient satisfaction scores, hospital 30-day readmission ratios for heart failure and pneumonia patients and related payments	via Smart-PLS	programs, the Medicare Hospital Readmissions Reduction were associated with higher satisfaction scores			increased patient satisfaction scores, this study looked more towards readmission not overall patient satisfaction.
Kullberg, A., Sharp, L., Johansson, H., Brandberg, Y., & Bergenmar, M. (2019). Improved patient satisfaction 2 years after introducing person-	Investigate patients' satisfaction with care, 2 years after the introduction of person-	Patient satisfaction was measured with the EORTC IN-PATSAT3	Survey-based design used with one data collection period. Patient	Compared to the previous study, statistically significant improvements in patient satisfaction	Level 4: Cohort Study	Limited population of patients that participated in the study and patients were in a palliative state of care at	Yes. This study provides an opportunity to help get both nurses and axillary help to understand and

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
centered handover in an oncological inpatient care setting. *Journal of Clinical Nursing*, *28*(17-18), 3262–3270. Retrieved May 31, 2023, from https://doi.org/10.1111/jocn.14903	centered handover (PCH) in an oncological patient setting and described patients' perceptions of individualized Forcare.	2 questionnaire, and individualized care was assessed with the Individualized Care Scale. A total of 120 adult patients with cancer were invited to participate from August 2017-March 2018. Of these, 90 chose to	satisfaction scores were compared with baseline data from a previous study that had been conducted in the same nursing units.	were observed in the subscales "Exchange of information between caregivers" and "Nurses' information provision" postimplementation of PCH.		time of survey study.	support implementation of bedside shift report.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		participate. The STROBE checklist for cross-sectional studies was used when preparing the paper.					
Forde, M. F., Coffey, A., & Hegarty, J. (2020). Bedside handover at the change of nursing shift: A mixed-methods study. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.15403	To describe the structures, processes and content of bedside handover at the change of nursing shift in an acute-care context	Conducted in Ireland, a private acute-care 345 bed hospital with six diverse clinical areas encompassing both medial and surgical wards.	Convergent Triangulation Design using both qualitative and quantitative data	Observed to be mainly conducted at a fast-pace. Analysis of the audio recordings provided evidence that the dialogue during handover was nurse-determined and the	Level 5: Systematic review of descriptive & qualitative studies	Study was a private hospital which may be considered a limitation in terms of generalizability and transferability. Use of audio recording may have exposed	Yes. Research shows effective strategies to implement a bedside shift report using specific struct

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
				outgoing nurse appeared to influence the degree of patient participation.		additional insights	
Becker, S., Hagle, M., Amrhein, A., Bispo, J., Hopkins, S., Kogelmann, M., Porras, E., & Smith, M. M. (2020). Implementing and sustaining bedside shift report for quality patient-centered care. *Journal of Nursing Care Quality*, *36*(2), 125–131. Retrieved May 30, 2023, from https://doi.org/	To investigate two evidence based models to determine which allows for a more robust sustainability to bedside shift report	A midwestern federal medical center, newly licensed nurses were interested in ensuring the practice and standardization of bedside shift report on all units.	I(3) model for advancing quality patient centered care was used for planning. This model provides 3 algorithms to guide the user through the steps for inquiry, improveme	Implementation was completed in 4 months for 11 units. After 15 months, there was consistent BSR on 82% of the units and improved patient satisfaction with nurses taking time to listen	Level 4-Cohort Study	Multiple units with unique patient populations, leadership uncertainty, resistance to change on units were BSR was not previously sustained and staff with varied experiences using BSR.	Yes. Study provides relative information on strategies to implement BSR successfully as well as identified barriers of BSR. Implementing and sustaining an effective BSR were also identified.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
10.1097/ncq.0000000000000509		A total of 16 veterans were interviewed in 2017 (reimplementation) to understand their perceptions of BSR. Additional 18 clinical staff registered nurses were interviewed for their perceptions	nt, and innovation.			Concerns with nurses were confidentiality and perceived length of time for report which dissipated after the first few months of BSR.	
Grimshaw, J., Hatch, D., Willard, M., & Abraham, S. (2016). A qualitative study of the change-of-	Identify factors and acute care nurses' perceptions	Open interviews on 7 acute care nursing	Qualitative, in-depth interviews on 7-acute care units	Study shows that there bay be benefits for nurse leasers as well as	Level 6: Qualitative study	Increased staff residence Staff unfamiliar	Yes. Research study data analysis identified 5 different

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
shift report at the patients' bedside. *The Health Care Manager*, *35*(4), 294–304. Retrieved May 30, 2023, from https://doi.org/10.1097/hcm.0000000000000125	influencing the frequency and consistency of change-of-shift report at the bedside	units 53 patient reports involving 38 nurses from 7 medical surgical units in 3 acute care facilities in the Western United States		staff nurses in acute care environments through a better understanding of shift change-of-shift report at the bedside. Themes deduced from the research participants fell into 5 general groupings. Participants indicated that bedside reporting can take or does take more		with in-depth interviews at this organization	themes that were identified and can help with implementation of BSR for this particular study.

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
				time; however, most responded that the hand off at the bedside promotes continuity of care and patient involvement.			
Walsh, J., Messmer, P. R., Hetzler, K., O'Brien, D. J., & Winningham, B. A. (2018). Standardizing the bedside report to promote nurse accountability and work effectiveness. *The Journal of Continuing*	Examine the effects of an educational learning activity on bedside handoff reporting related to accountability and work effectiveness. Activity was	184 RNs working in medical-surgical units	Demographic questionnaire, the Specht and Ramier Accountability Index-Individual Reference and the Conditions for	For Medical-Surgical units, showed significant differences were seen No significant difference was found with accentuality	Level 3: Controlled Cohort	Decreased survey participation pre and post testing	Yes. Article provided a sample tool to use to help educate staff on BSR.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Education in Nursing, *49*(10), 460–466. Retrieved May 29, 2023, from https://doi.org/10.3928/00220124-20180918-06	used at change of shift between frontline nurses, with future interprofessional implementation		workplace Effectiveness Questionnaire II (administered, pre-post educational implementation.				
Sand-Jecklin, K., & Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. *Journal of Clinical Nursing*, *23*(19-20), 2854-2863.https://doi.org/10.1111/jocn.55	To explore the benefits of bedside nursing shift report.	Seven medical-surgical units in a large university hospital.	Quasi-experimental pre and postimplementation design	Statistically significant improvements postimplementation in four patient survey items specifically improved in the areas of patient safety and involvement of in care and nurse	Level 3-Controlled Trial	Participant sampling due to using a convenience sample. Nurse survey did not collect identifier and no limitations were imposed on the number of surveys submitted.	Yes, the survey demonstrated effective information about strategies and areas of opportunity for implementation of bedside report (Hicks, 2023)

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
				accountability.			
Scheidenhelm, S., &Reitz, E. O. (2017). Hardwiring Bedside Shift Report. The Journal of Nursing Administration, 47(3), 147–153. Retrieved January 24, 2023, from https://doi.org/10.1097/NNA.0000000000000457	To increase nurse compliance with bedside report and increase patient satisfaction scores.	The facility in this project implemented bedside report in 2009 using video education for the implementation strategy. Subsequently, issues of inconsistency in both frequency and quality of bedside report seemed to	A quasi-experimental, between-group, reimplementation and postimplementation comparison of patient satisfaction scores from returned surveys on 2 units in a 149-bed community hospital. We also compared nurse compliance	Five months after using a change management strategy to "hardwire" (ingrain systems and tools) bedside report, nurse compliance with bedside report and patient satisfaction scores improved in both intervention units.	Level 3 Controlled Trial	Researchers conducted this project at 1 community hospital on 1 OB unit and 1 MS unit. This limits generalizability to other facilities and patient populations. We recommend repeating the study in other facilities, including other samples. We also only randomly observed	Yes, article allows for details around implementation of a change manage strategy and standardized approach to bedside reported that helped with compliance (Hicks, 2023)

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		be related to a lack of nursing leadership support, not holding staff accountable, and failing to address staff barriers, as well as a less than effective implementation plan.	with bedside report reimplementation and postimplementation.			nurse compliance with the bedside report process. The actual compliance with the process is difficult to measure due to the inability to monitor every nurse on every shift. Other factors may influence patient satisfaction so we cannot generalize increased compliance with bedside report is	

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
						solely responsible for the significant improvement. Further research controlling for other patient satisfaction factors may address this limitation.	
McAllen, E., Stephens, K., Swanson-Biearman, B., Kerr, K., & Whiteman, K. (2018). Moving shift report to the bedside: An evidence-based quality improvement	Create a defined bedside shift report as the accurate and timely communication between nurses and also between the nurses and the	A Midwestern, 532-bed, acute care, tertiary, Magnet® designated teaching hospital identified that fall rates were	A quality improvement project	The audit results revealed a combined compliance rate of 94% (n= 157). Overall time of the shift report, from the time the first nurse	Level 4-case-control	A limitation of this project was that the evidence-based quality improvement design prevents generalization of findings to other settings; however, the	Yes, this quality improvement project developed 2 scripts that were used by the nurses at the time of bedside shift report. This provides a

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
project. *OJIN: The Online Journal of Issues in Nursing*, *23*(2). https://doi.org/10.3912/ojin.vol23no02ppt22	patient. Patient participation in the report is paramount to delivery of safe, high quality care. F	above the national average. Patient satisfaction, as measured by Press Ganey®, consistently scored below the target range of 90%, and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)		started report until all nurses had completed report, was measured pre-implementation and postimplementation of BSR. A total of 94 shift reports, 46 before and 48 after BSR implementation, were observed and timed. There was no statistically significant difference between mean time for report before and		knowledge gained may be transferred to other units or hospitals. The project had other limitations. Since an environmental scan for safety was part of bedside shift report, fall rates were used to measure patient safety. However, results of the nurse surveys suggested that improvements to communicatio	guide to help develop a standard shift report tool for this project (Hicks, 2023)

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		scores for questions related to nursing communication were below 85%, or the 90th percentile. Nurse satisfaction scores, as measured by the National Database of Nursing Quality Indicators (NDNQI), were 69.7%, below the overall		after implementation of bedside shift report. Actual times for report were as follows: general surgery unit: 35.1 pre and 35.1 post; orthopedic unit: 31.5 pre and 29.6 post; and neuroscience unit: 51.8 pre and 51.6 post. Patient falls decreased by 24% in the four months after BSR implementatio		n and teamwork, which affect patient safety, may have also been realized	

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		goal of 75%		n compared to pre-implementation falls. The orthopedic unit experienced the greatest reduction in the number of falls at 55.6%, followed by the neuroscience unit at 16.9%, and the general surgery unit at a 6.9% reduction. Patient falls results are presented in			

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
Malfait, S., Eeckloo, K., Van Biesen, W., & Van Hecke, A. (2019). The effectiveness of bedside handovers: A multilevel, longitudinal study of effects on nurses and patients. *Journal of Advanced Nursing*, *75*(8), 1690–1701. Retrieved January 27, 2023, from https://doi.org/10.1111/jan.13954	To investigate the effectiveness of bedside handovers. For nurses, effects on nurse–patient communication, individualized care, coordination of the care process, job satisfaction, intention to leave, patient participation and work interruptions were measured. For patients,	12 nursing wards in seven hospitals were initially willing to enter in the study as intervention wards (e.g. to be included as experimental ward). Seven of these 12 wards implemented the intervention by successfully and included,	Longitudinal, controlled, multicentered study	No overall effects could be found for both patient and nurses. For nurses, patient participating increased, and work interruptions decreased.	Level 3- Contolled trial	Detailed information on adjustments to the study protocol should be given to keep on ensuring the quality of the study. During the study, the nurse's response rates decreased. Especially at T2, response rates were under 70%. Although such declines in response rates are usual	No, study did not provide any relevant data or process that ensured a successful approach to bedside shift report (Hicks, 2023)

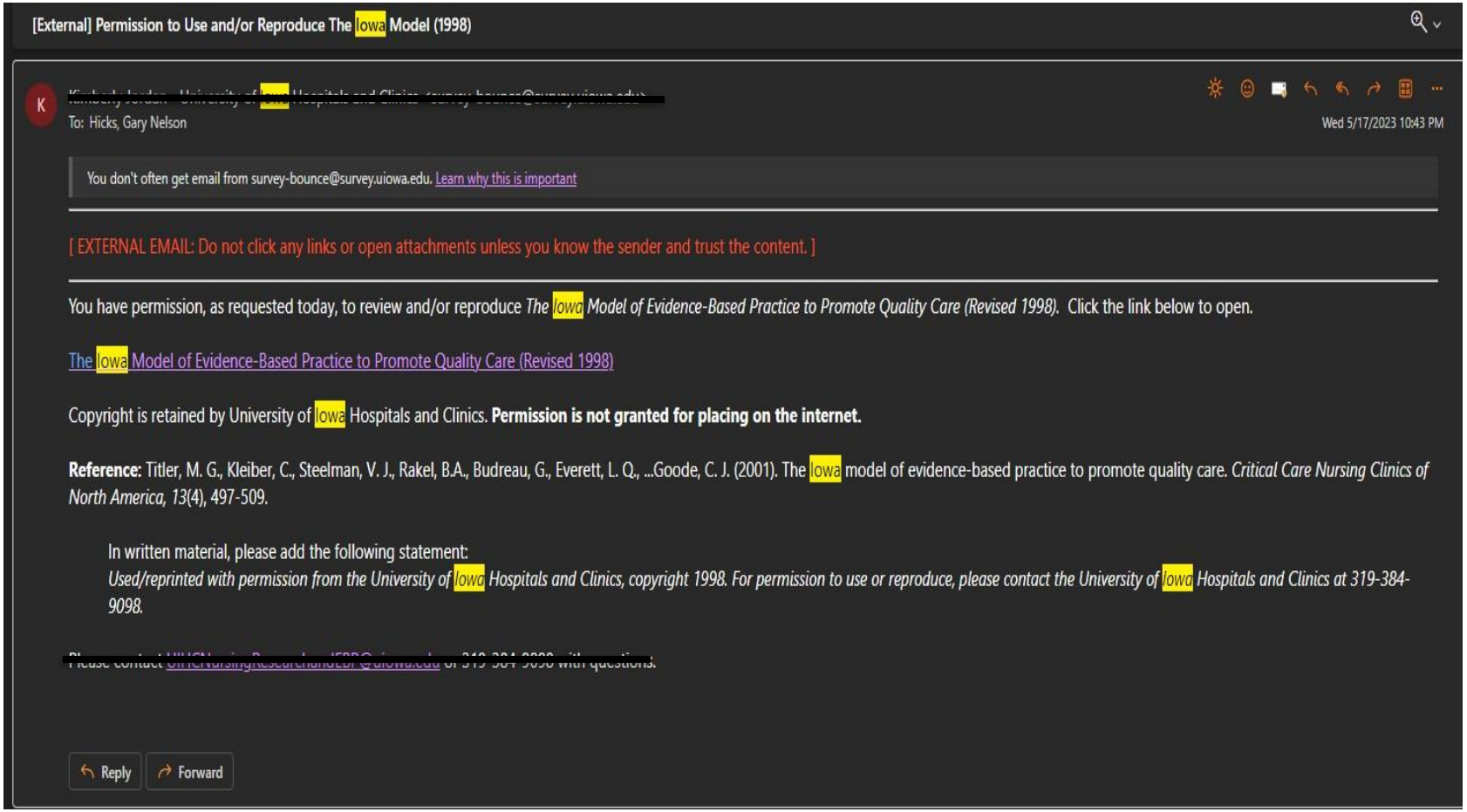
Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	effects on patient activation, individualized care and quality of care were measured	two medical rehabilitation wards, two geriatric wards and three surgical/medical wards. These wards were divided amongst five hospitals. Five wards of these 12 wards failed to implement the intervention				for longitudinal studies	

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		successfully. In each participating hospital, a minimum of one control ward was also included. Therefore, six control wards in five hospitals were also included: two medical rehabilitation wards, two geriatric wards and three					

Article Title, Author, etc.	**Study Purpose**	**Sample**	**Methods**	**Study Results**	**Level of Evidence**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
		surgical/medical wards					

Appendix B

Iowa Model of Evidence-Based Practice to Promote Quality Care- Permission Granted Notification



[External] Permission to Use and/or Reproduce The Iowa Model (1998)

K [redacted]

To: Hicks, Gary Nelson

Wed 5/17/2023 10:43 PM

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The Iowa Model of Evidence-Based Practice to Promote Quality Care (Revised 1998)

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Reference: Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B.A., Budreau, G., Everett, L. Q., ...Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical Care Nursing Clinics of North America, 13*(4), 497-509.

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[redacted]

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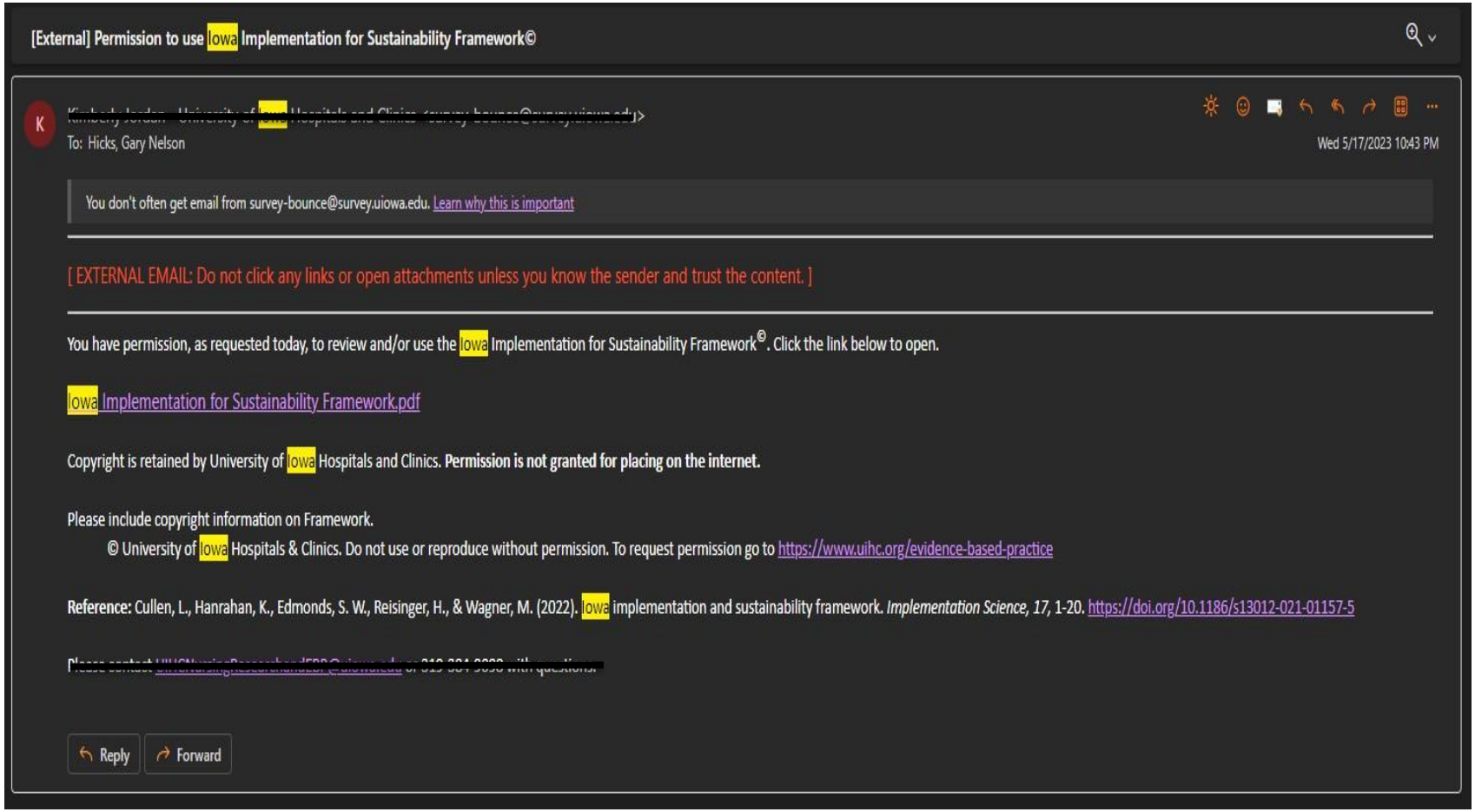
Appendix C

Iowa Implementation for Sustainability Framework- Permission Granted Notification



[External] Permission to use Iowa Implementation for Sustainability Framework©

K [redacted]

To: Hicks, Gary Nelson

Wed 5/17/2023 10:43 PM

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Reference: Cullen, L., Hanrahan, K., Edmonds, S. W., Reisinger, H., & Wagner, M. (2022). Iowa implementation and sustainability framework. *Implementation Science, 17*, 1-20. https://doi.org/10.1186/s13012-021-01157-5

[redacted]

Reply Forward

Appendix D

Collaborative Institutional Training Initiative (CITI) Certificate

CITI PROGRAM

Completion 25Ju-
Expiration 25Ju-
Record 5597310

This is to certify

Gary

Not valid for renewal certification through

Has completed the following CITI Program

Biomedical Research -
(Curriculum)
Biomedical & Health Science
(Course Learner)
1 - Basic
(Stag)

Under requirements set

Liberty

CITI
Collaborative Institutional Training Initiative

10 NE 3rd Avenue3, 2
Fort Lauderdale, FL 33301
www.citiprogram.o

Verify www.citiprogram.org/verify/?w717b1824-a9ff-418f-8303-4908eccdc934d-

Appendix E

Pre-Scholarly Project Discharge Domain Survey

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https://umms.surveymonkey.com/r/MMSPLQ7

Appendix F

Standard Process Description: Shift Change Handoff Report

Role	Task Description
PCT	About 1-2 hours before the end of the shift, purposefully enter each patient room to ask (as appropriate) if they need assistance using the restroom, changing positions, arranging/finding/reaching their possessions, and/or with fresh water/ice chips.
RN	About 1-2 hours before the end of the shift, round on each patient to ensure that patients are comfortable and are free of any needs. Let each patient know that you will be returning with their next assigned nurse to complete Shift Change Handoff.

How to Complete Shift Change Handoff

Caregiver-to-Caregiver Conversation*: There may be some information (patient behavior, medical history, clinical findings, etc.) of the Shift Change Handoff that may not be appropriate to discuss in front of the patient. This information may be discussed between caregivers prior to entering the room.*

#	Task Description	
1	**Acknowledge**	*"Good morning, Mr. ."*
2	**Introduction** (Managing Up)	*"This is _____. She is going to be your nurse today and she is going to take great care of you."* **Bring in a component of the "Get To Know Me Boards". Identify one area to point out to connect with the patient.**
3	**Explanation**	*"We are going to complete Shift Change Handoff, which we always do at your bedside to make sure you receive the best and safest care. We invite you to join in to discuss your care."*
4	**Identification**	Verify Patient ID bracelet and other alert bracelets as applicable.
5	**Situation**	Discuss code status, admission date, and current clinical condition.
6	**Background**	Provide relevant medical history.
7	**Assessment**	Report assessment findings by exception.
8	**Recommendation** (Plan of Care and Patient Goals)	Discuss any planned milestones, imaging studies, and/or procedures. *"We are waiting for the surgeon to see Mr. _____today to determine if his NG tube can be discontinued and if his diet can be advanced."*
9	**Discharge**	Discuss discharge disposition and anticipated date. Who will be helping take care of you once you are discharged? Do you feel you have the information you need to prepare for discharge? Has your nurse reviewed the "Important Discharge Planning" guide on your Patient & Family Handbook? Will you be able to get your prescriptions and make your follow up appointments once you are discharged?
10	**Personal Note**	Take an opportunity to connect with the patient on a personal level and share a personal note or request that the patient may have.
11	**Whiteboard**	Using the patient's Whiteboard, review most recent vital signs, ordered diet, and any PT/OT recommendation written on the board. Update the Whiteboard with the oncoming nurse's name and extension.
12	**Safety Check**	Both RNs together will check: - Fall Risk (Bed/chair alarm, non-skid socks in place, bed properly connected, call bell within reach) - Restraints/Suicide/Sitter Safety - IV and PCA/PCEA (Medication, tubing, IV site, pump settings) - Wounds, Drains/Devices, Airways - Isolation Precautions (Correct signage in place)
13	**Thank** (Managing Up)	*"Thank you for allowing me to care for you, Mr. _____. You are in great hands today with ."*

14	**Duration**	Assure the patient that the oncoming nurse will return once Shift Change Handoff is completed for all patients. *"It's a pleasure to meet you, Mr. _____. I am going to say hello to my other patients, but I will return to see you shortly. Please let me know if you need anything in the meantime by using your call bell."*

University of Maryland Upper Chesapeake Health. (2024). Shift Change Handoff Tool.

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(See Appendix J -Permission to Use and Reproduce Tool)

Appendix G

Institution's Permission Grant Letter

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

[redacted]

August 24, 2023

Michelle D'Alessandro
Senior Vice President/Chief Nursing Officer
[redacted]

Dear Gary Hicks:

After careful review of your research proposal entitled "In the management of adult-medical surgical patient's, does a standard bedside shift handoff report including patients as compared to a standard (nurse-to-nurse) handoff report increase patient satisfaction scores from a current score of 68.42-71.43% to a minimum score of 84.1% within the discharge domain successfully prepare the patient for discharge readiness and at-home care support? I have decided to grant you permission to conduct your study at the University of Maryland Upper Chesapeake Health's 3 West Orthopedic Unit.

Check the following boxes, as applicable:

☐ [I/We] will provide our membership list to Gary Hicks, and Gary Hicks may use the list to contact our members to invite them to participate in [his/her] research study.

☒ [I/We] grant permission for Gary Hicks to contact current nursing and nursing support staff to invite them to participate in [his/her] research study.

☒ [I/We] will not provide potential participant information to Gary Hicks, but we agree to [send/provide] [his/her] study information to current nursing and nursing support staff on [his/her] behalf.

☐ [The requested data WILL BE STRIPPED of all identifying information before it is provided to the researcher.]

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

[redacted]

☐ [The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.

☐ [I/We] are requesting a copy of the results upon study completion and/or publication.]

Sincerely,

[redacted]

Michelle D'Alessandro
Senior Vice President/Chief Nursing Officer
[redacted]

Appendix H

Liberty University IRB Approval Notification

Date: 12-2-2023

IRB #: IRB-FY23-24-318
Title: A STRUCTURED BEDSIDE HANDOFF REPORT AND ITS IMPACT ON PATIENT EXPERIENCE
Creation Date: 8-23-2023
End Date:
Status: Approved
Principal Investigator: Gary Hicks
Review Board: Research Ethics Office
Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision No Human Subjects Research

Key Study Contacts

Member Gary Hicks	Role Principal Investigator	Contact [redacted]
Member Gary Hicks	Role Primary Contact	Contact
Member Candi Payne	Role Co-Principal Investigator	Contact

Appendix I

University of Maryland Upper Chesapeake IRB Approval

Hello Gary Hicks,

Congrats! Both the Clinical Site Representative and Administrator/Sponsor have approved your DNP project as part of the UMMS DNP Project Approval process.

At this time, please start working with your Affiliate Point of Contact, Gary Hicks - UM Upper Chesapeake Health, for your IRB determination submission.

*Approved by Clinical Site Representative: Michelle D'Alessandro
*Approved by Administrator/Sponsor: Gary Hicks - UM Upper Chesapeake Health

Thank you!

Appendix J

Permission to Use and Reproduce Tool

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

[redacted]

February 21, 2024

Reference: Permission for Use and Publication of Tool

To Whom It May Concern;

During the implementation of the scholarly project on 3 West, Gary Hicks modified an existing Bedside Shift Handoff Tool to include his focus on the discharge domain during the nurse implementing the Bedside Shift Handoff. This letter is the official notification that permission has been granted for the use of this tool and permission is granted to have the tool reproduced and published.

Should there be questions related to this permission, please do not hesitate to reach out to me at Michelle.DAlessandro@umm.edu or via phone at 443-643-1350.

Respectfully Submitted;

[redacted]

Michelle D'Alessandro, MS, RN, NEA-BC
Sr. Vice President/CNO

Figure 1

All Press Ganey Discharge Information Domain

Press Ganey. (2024). Discharge domain 3 west. Service overview. https://www.pressganey.com/solutions/nursing-excellence/ucmcdischargedomain3west

Note: This figure demonstrates the elements of the Press Ganey Survey Results for the University of Maryland Upper Chesapeake Medical Center. The line graph indicates the number of survey responses that indicates an *Always* response to the Domain question. The number above the blue box indicates the HCAHPS percentile for that benchmark period (Press Ganey, 2024).

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Figure 2

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health needs would be when I left the hospital

Press Ganey. (2024). Discharge domain 3 west. Service overview. https://www.pressganey.com/solutions/nursing-excellence/ucmcdischargedomain3west

Note: This figure demonstrates the elements of the Press Ganey Survey Results for the University of Maryland Upper Chesapeake Medical Center. The line graph indicates the number of survey responses that indicates an *Always* response to the Domain question. The number above the blue box indicates the HCAHPSS percentile for that benchmark period (Press Ganey, 2024).

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Figure 3

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health

Press Ganey. (2024). Discharge domain 3 west. Service overview. https://www.pressganey.com/solutions/nursing-excellence/ucmcdischargedomain3west

Note: This figure demonstrates the elements of the Press Ganey Survey Results for the University of Maryland Upper Chesapeake Medical Center. The line graph indicates the number of survey responses that indicates an *Always* response to the Domain question. The number above the blue box indicates the HCAHPSS percentile for that benchmark period (Press Ganey, 2024)

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