Improving shift report: developing a best practice for inpatient psychiatric nurses
SAFE-M

- There is no conflict of interest to disclose

Improving shift report: developing a best practice for inpatient psychiatric nurses

Free Standing Psychiatric Hospital in a system of several hospitals

6 Inpatient adult units

172 inpatient beds total

Patient: nurse ratio 10:1
Shift report

Why is Shift Report Important?

Critical care transition
Communication the root cause of most sentinel events
Patient safety

Shift Report Problems

• General problems
• Lack of standardization
• Some content can be irrelevant
• Judgmental statements
• Does not match patient’s condition
• Does not reflect philosophy of care

Literature Review

Radtke (2013)
• Med- Surg Unit
• Outcomes: in satisfaction survey increased the patient perception of Nurse Communication

Jukala et al (2012)
• Developed their own standardized communication tool for shift report
• MICU
Literature Review

Anderson et al (2012)
- 600 bed urban medical center
- Outcomes:
  - Improved teamwork
  - Increased patient satisfaction
  - Increased MD satisfaction
  - Increased Nurse satisfaction
  - Decreased overtime

- Anderson et al 2012
- Previous report taped
- Current report standardized and at the bedside
- Takes 2-3 minute per patient

- Challenges:
  - History of failed attempts at change makes nurses pessimistic
  - Nurses are attached to routines that help them manage complex demands
  - Lack of shared vision
Literature Review

Anderson et al (2012)
• Steps to make the change
• Build a team
• Identify goals and outcomes
• Make it a priority, do not introduce other changes
• Use multiple resources

Literature Review

Wakefield et al (2012)
• 20 bed step down unit all private rooms
• 3:1 patient nurse ratio
• 6 month outcomes: increased patient satisfaction around nursing care
• Long term decline and then month to month variation

Literature Review

• Method: pilot with identified nurses then unit wide
• Used own standardized report format
• Barriers:
• Decreased social time for nurses
• Model changed as went hospital wide to meet individual unit needs
Literature Review

Sand-Jecklin & Sherman (2013)

- Med-Surg unit
- Model a blend of taped report and bedside reporting

Outcomes:
- Increased nurse accountability
- Increased patient involvement
- Increased nurse perception of efficiency and effectiveness
- Decreased patient falls @ change of shift
- Decrease med errors
- No change in overtime

Literature Review

Maxson et al (2012)

- Studied with 60 patients 30/30 comparison
- Outcomes: Increased patient satisfaction
- Increased staff accountability
- 2 person IV med reconciliation
Literature Review
Cairns et al (2013)
• 23 bed trauma unit in large hospital unit
• Outcomes: decreased call light use (30%)
• Decreased overtime (10%)
• Increased nurse and patient satisfaction
• Barriers: Sustaining change

Important points
• Change is challenging to implement and sustain
• It requires extensive planning, continued monitoring, and coaching
• Some standardized form of report improves communication

Important points
• Common barriers: sustaining change, nurse reluctance to change
• Common outcomes: increased patient and nurse satisfaction
• Patient satisfaction difficult to sustain
SAFE-M roll out

- Change in shift report was identified as a need by staff nurses
- Adopted our own standardized report model
- Piloted change on one unit with nurses who shared the vision
- Managers monitored the process daily and provided coaching

SAFE-M roll out

- Introduced change to other units in a rolling fashion every 1-2 months.
- The nurses from the original unit presented the new report model to each unit
- Managers identified nurses champions on each shift.
- Created posters and resource sheets to help with transition

SAFE-M description

- **SAFE – M**
  - **S:** Suicidal / Self Harm / Safety
  - **A:** Aggression
  - **F:** Fall Risk
  - **E:** Elopement
  - **M:** Medical / Milieu Issues
SAFE – M description

- Goals of Rounding
  - Introduce oncoming shift team
  - Relieve change of shift anxiety for patients
  - Establish the patient as a part of the team
  - Allow for further discussion

How to be successful with SAFE-M Handoff

1. Be on time for your shift
2. Have a plan who will start report first
3. Be prepared to give your report
4. Be concise and efficient during report
5. Ask clarifying questions if more information needed
6. End report on time

Example resource
SAFE –M Outcomes

- Monitored patient satisfaction after 3 months.
- Some Improvement in nurse scores.
- Greatest improvement on units that had the most buy in and had been doing it the longest
- Decreased overtime
- Survey of nurses pre and post
- Nurse’s felt new report format more concise and objective

SAFE - M outcomes

<table>
<thead>
<tr>
<th>Unit</th>
<th>&quot;Nurse's intro&quot;</th>
<th>&quot;Nurse's info&quot;</th>
<th>&quot;Staff worked together&quot;</th>
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</thead>
<tbody>
<tr>
<td>Kent</td>
<td>89.3</td>
<td>86.8</td>
<td>90.7</td>
</tr>
<tr>
<td>D3</td>
<td>89.2</td>
<td>87</td>
<td>89.4</td>
</tr>
<tr>
<td>ITU</td>
<td>89</td>
<td>87</td>
<td>92.3</td>
</tr>
<tr>
<td>D4</td>
<td>88.2</td>
<td>86.3</td>
<td>89.2</td>
</tr>
<tr>
<td>Kent</td>
<td>89.3</td>
<td>87</td>
<td>90.4</td>
</tr>
<tr>
<td>D3</td>
<td>89.3</td>
<td>86.5</td>
<td>91.55</td>
</tr>
<tr>
<td>ITU</td>
<td>89.35</td>
<td>89</td>
<td>91.65</td>
</tr>
<tr>
<td>D4</td>
<td>87.4</td>
<td>83.3</td>
<td>88.4</td>
</tr>
</tbody>
</table>

Pre-implementation nurse survey results

The table below lists the results of the pre-survey which included all units and so is reported as a aggregate.

<table>
<thead>
<tr>
<th>% Clear/concise</th>
<th>% Useful</th>
<th>% Objective</th>
<th>% Felt prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>All units</td>
<td>59%</td>
<td>52%</td>
<td>76%</td>
</tr>
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</table>
SAFE-M outcomes

<table>
<thead>
<tr>
<th>Unit</th>
<th>% Clear concise</th>
<th>% Useful</th>
<th>% Objective</th>
<th>% Felt prepared</th>
<th>% Like new report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent (D2)</td>
<td>92%</td>
<td>83%</td>
<td>91%</td>
<td>75%</td>
<td>67%</td>
</tr>
<tr>
<td>D3</td>
<td>83%</td>
<td>84%</td>
<td>83%</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>ITU</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>D4</td>
<td>45%</td>
<td>50%</td>
<td>82%</td>
<td>45%</td>
<td>36%</td>
</tr>
</tbody>
</table>

The units are listed in the order that they implemented the new report model. D4 implemented the model in April 2012. Units were surveyed in June 2012.

Nurse comments post survey

- It increases safety at change of shift. Instead of fewer staff on the unit, we have many staff on the unit. This also decreased patient anxiety.
- It is patient centered-empowers/invites the patient to be part of their treatment
- It increases my efficiency
- It is more clear and concise, cuts out the extra stuff, takes the affect out of the report.

Nurse comments post survey

- Sitting listening to notes being read is a waste of time-this allows me to move quickly into my shift.
- Walking rounds provides me with an opportunity to get the most information. Nurse to nurse patient information can be passed on as you round. “Oh I forgot that...”
Barriers

- Difficulty training Float staff
- Difficulty finding nurse champions
- Some nurses felt they were not consulted
- Lack of consistency as time went on: nurses “reverting to old report form” or not doing the rounding part