

Evaluation of a Standardized Electronic Change of Shift Report
Andrew Ross Marges, BSN, RN, andrew.marges@med.va.gov
PVAMC

Problem: Phase I (2004), nursing staff identified gaps in communication during shift report that can impact patient safety. Phase II (2005), What shift report practice changes are needed to reduce gaps in communication?

Evidence: Internal evidence: pre- and post implementation surveys, staff interviews and education sessions. External evidence: CINHAL and COCHRAN database searches. JCAHO 2006 National Patient Safety Goals.

Strategy: Stetler's Model was the theoretical model. A quality improvement team facilitated the development and implementation of a standardized, computer generated nursing shift report.

Practice Change: 1) An electronic standardized nursing shift report was developed for all MED/SURG wards. 2) Tape reporting was discontinued on all MED/SURG wards. 3) All nurses perform face-to-face reporting and have the opportunity to ask and respond to clarifying questions.

Evaluation: Outcomes measured include satisfaction of current shift report practice, nurse awareness of reason for practice change and knowledge of the implementation process. Outcomes were evaluated by staff surveys, interviews and feedback sessions. As a quality improvement project, presentations were conducted with management and executive level nursing to evaluate the utility and feasibility of a change in practice at shift change.

Results: After implementation of a standardized, computer generated shift report 1) satisfaction with information received during shift report decreased 10% 2) belief that information received was accurate increased 2%, and 3) the belief that shift report is a necessary component of practice remained at 90% pre and post implementation.

Recommendations: 1) Ensure up-to-date technical infrastructure to support clinical care. 2) obtain buy-in from all levels of nursing. 3) Identify potential road blocks such as, a) timing of post-survey occurred too soon after initial implementation, b) novice to expert nurse considerations c) individual nurse comfort and perception of computer charting, d) hospital culture related to shift report.

REFERENCES:

1. Cook, Richard I., Render, Marta., Woods David D. Gaps in the continuity of care and progress on patient safety. *British Medical Journal*. Vol 320(7237). March 18, 2000. pp791-794.
2. Patterson, Emily S., Roth, Emilie M., Woods, David D., Chow, Renee., Orlando Gomez, Jose (2004). Handoff strategies in settings with high consequences for failure: lessons for health care operations. *International Journal for Quality in Health Care (IJQHC)*. Vol 16, Number 2: pp 1-8.
3. Lamond, Dawn. The information content of the nurse change of shift report: a comparative study. *Journal of Advanced Nursing*, 2000. 31(4), 794-804.
4. Dowding, Dawn. (2001) Examining the effects that manipulating information given in the change of shift report has on nurses' care planning ability. *Journal of Advanced Nursing*, 33(6), 836-846.
5. Griffiths, Pauline. (1998) An investigation into the description of patients' problems by nurses using two different needs-based models. *Journal of Advanced Nursing*. 28(5), 969-977.
6. Lally, S. (1998). An investigation into the functions of nurses' communication at the inter-shift handover. *Journal of Nursing Management* 7, 29-36.
7. Currie, Jane. (2002). Improving the efficiency of patient handover. *Emergency Nurse*. Vol 10, number 3, 24-27.
8. Hardey, Michael., Payne, Sheila., Coleman, Peter. 'Scraps': hidden nursing information and its influence on the delivery of care. *Journal of Advanced Nursing*, 2000, 32(1), 208-214.
9. Baldwin, Loretta (1994). A computer generated shift report. *Nursing Management*, Vol 25, Number 9, 61-64.
10. Priest, Chad S., Holmberg, Sharon K. (2000). A new model for the mental health nursing change of shift report. *Journal of Psychosocial Nursing*, Vol 38, No. 8, 36-43.