Our Labor of Love: Step by Step
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Problem and Need for Change:
Bedside nurses from the antepartum and mother baby units voiced concerns that the patient’s Kardex used for report was frequently incomplete or erroneous. Getting the “big picture” of the mother/baby involved looking for the information in several places; this is a time-wasting activity that reduces the nurse’s direct time with patients. A nurse-centered report was being given at the nurses’ station instead of bedside report.

Appraisal of Evidence:
Having recognized communication issues as a root cause for > 60% of sentinel events, TJC recommended implementation of standardized communication protocols. Effective clinical microsystems meet the special needs of identified patient subpopulations; therefore, the hand-off needs to be discipline specific to identify deviations from safe care and to create useful information.

Strategy for Change:
Bedside nurses were involved in the design of the SHARE (Situation, History, Assessment, Response, Explanation, Expectation) form to replace the Kardex as the format for hand-off. After a six month pilot, nurses gave input for form changes. Unit champions were identified to create a shared mental model for bedside hand-off.

Practice Change Evaluated:
Kardex eliminated and replaced with SHARE form for each patient every 12 hour shift.
Random observation prior to core team creation witnessed report at nurses’ station.
Random observation post core team involvement witnessed nurses giving bedside report.
Compliance sampling: Bedside handover Antepartum 86% Mother/Baby 81%

Design to Evaluate Outcomes:
Intentional leader rounding to validate excellent care and patient satisfaction.

Results of Impact of Change:
Patients report feeling more involved in care and better informed.

Recommendations for Adoption:
Cast a clear vision.
Requires leadership visibility and collaboration with the frontline nurses.
Praise the positive.
Lessons Learned:
To change old habits you need more than accountability you also need ownership.
The switch came when the bedside nurses received validation from the patients and leadership. Leaders learned that their presence and positive reinforcement created buy-in from the bedside nurse.

Bibliography:

