Bedside Reporting: Is it Enhancing Nursing Care?

In a healthy work environment (HWE), it is important that changes in health care be based on evidence and research. We don’t want change to occur just because someone says so. In a HWE, nurses should be sought out for their input on changes that impact their practice. They need a voice. Unfortunately, this is not always the case. As a nurse at a small community hospital, bedside reporting was introduced to us this year. As someone who questions change, I began to wonder what the evidence was behind this change in shift report, thus the following review of the literature will synthesize what is known about the topic.

Bedside Report – What the Evidence Shows

A literature review revealed that there is limited published information available on bedside reporting, and the literature that is available does not focus on nurses’ values and beliefs but rather just on patient satisfaction levels. With this limited view, one can argue that health care is looking at bedside reporting through a narrowed lens and not focusing on an important aspect of the process – the nurses who are doing the bedside reporting.

Standardizing reporting methods among health care professionals has been a goal of The Joint Commission (TJC) since 2006, and improving communication has been an initiative of theirs since 2000 (TJC, 2013). Improving communication and reporting methods have been shown to improve patient care and satisfaction levels while decreasing the number of sentinel events reported by hospitals (Haig, Sutton, & Whittington, 2006; Rush, 2012; Trossman, 2009). Therefore, many hospitals are moving to a standardized reporting system using the Situation, Background, Assessment, Recommendation (SBAR) framework, along with bedside reporting, where shift report is given in front of the patient. The literature shows that bedside reporting makes shift report more objective, concise, and relevant, and thus, financially beneficial as nurses are able to give shift report in a quicker time frame (Griffin, 2010; Tidwell et al., 2011).

However, as mentioned above, this does not come without challenges that impact nurses and patients. Patients are often disturbed by having their sleep or visits with their loved ones interrupted. In addition, one can argue that personal health information is violated through bedside reporting in semi-private rooms, which brings about ethical and HIPPA concerns (Griffin, 2010; Laws & Amato, 2010). Finally, various illnesses that require isolation precautions can make bedside shift reporting a complicated procedure when going in and out of “clean” and “dirty” rooms (Novak & Fairchild, 2012). This has all been observed by the author and thus has sparked his interest in the topic.

Conclusion

As one can see, the evidence is not clear that bedside reporting provides the best method for handoff communication. Thus, nurses need to continue to provide input on this matter. Nurse researchers need to conduct qualitative research to learn more about nurses’ perceptions and values regarding this phenomenon. Quantitative research needs to be done to look at outcomes to answer these questions: Are patient outcomes improved? Are there fewer nursing errors? Are there fewer safety events?

With more evidence, nurses would know the best way to provide handoff communication. We need be able to ensure that bedside reporting is providing everyone involved with a healthier and more productive work environment, or make changes to the process if needed.

References


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