New Pediatric Nursing Care Delivery Model for a New Children's and Women's Hospital: Communication Strategies

University of Michigan
C.S. Mott Children's Hospital

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Purpose/Background

The challenges of the new hospital provided a catalyst for investigating and implementing different communication strategies.
Previous state of communication:

- **Shift report consisted of one unit who did face to face report in hallway, 2 units who taped and listened to report at start of shift, and 1 unit who did face to face report in a large report room**
- **One unit used a safety checklist at the time of nursing report, other units did not**

Challenges of the physical environment in the new hospital:

- **No room large enough or central in location to perform nursing shift report**
- **Large distances with limited visability, staff has a limited sense of the tempo of unit activity**

Objectives:

- **Develop communication /hand-off strategies to support high quality, family-centered care delivery**
- **Standardize changes to communication/hand-offs to nursing care delivery across all pediatric acute care units**

Implementation Strategies

This project included a collaborative effort from all four acute care pediatric units to pilot multiple practice changes. The project team included CNSs, nurse managers, and staff nurses from each of the four units and two parent consultants.

- **Tools were developed for implementation of bedside report, huddle report and a safety checklist (see below)**
- **Huddle boards were created and used in each unit's central location where huddle report is held to update status of the patients and the unit**
- **Unit champions educated staff on each unit**
- **Time table was developed for huddle and bedside report on each unit**
- **Feedback sessions were held after implementation**
- **Re-education of staff 4 months after implementation included role playing and scripting**

Tools for Implementation

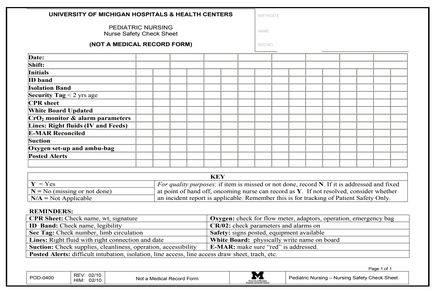
Bedside Report Template
Name, age, brief history, assessment (by exception)
Psychosocial/emotional/comfort
Nursing interventions
Plans, teaching needs
Tasks to be completed (SOAP, NPOC, drsng, wts.)

Huddle Report Checklist
(3-5 minutes)

Consider having the charge nurse report from a central team room location using a displayed patient list with pertinent information (ex. Large white board).

Please use the following checklist to deliver information briefly, clearly and in a predictable order.

- ❑ **Any RRT calls or codes during the previous shift**
- ❑ **Pertinent changes in level of care or special care needs of patients**
- ❑ **Any manor psychosocial issues on unit**
- ❑ **Anticipated numbers of admits/discharges for next shift**
- ❑ **Announcements (kudos, upcoming events, inservice times, etc.)**



UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS

PEDIATRIC NURSING
Nurse Safety Check Sheet
(NOT A MEDICAL RECORD FORM)

Date:													
Shift:													
Initials													
ID band													
Isolation Band													
Security Tag: < 2 yrs age													
CPR sheet													
White Board Updated													
CrO_2 monitor & alarm parameters													
Lines: Right fluids (IV and Feeds)													
E-MAR Reconciled													
Suction													
Oxygen set-up and ambu-bag													
Posted Alerts													

KEY

Y = Yes	*For quality purposes:* if item is missed or not done, record N. If it is addressed and fixed at point of hand-off, oncoming nurse can record as Y. If not resolved, consider whether an incident report is applicable. Remember this is for tracking of Patient Safety Only.
N = No (missing or not done)	
N/A = Not Applicable	

REMINDERS:

CPR Sheet: Check name, wt, signature	**Oxygen:** check for flow meter, adaptors, operation, emergency bag
ID Band: Check name, legibility	**CrO2:** check parameters and alarms on
Sec Tag: Check number, limb circulation	**Safety:** signs posted, equipment available
Lines: Right fluid with right connection and date	**White Board:** physically write name on board
Suction: Check supplies, cleanliness, operation, accessibility	**E-MAR:** make sure "red" is addressed
Posted Alerts: difficult intubation, isolation, line access, line access draw sheet, trach, etc.	

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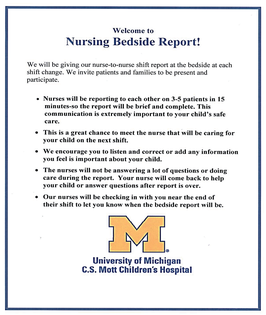
POD-0400 | REV: 02/10 HIM 02/10 | Not a Medical Record Form | Pediatric Nursing – Nursing Safety Check Sheet



Welcome to
Nursing Bedside Report!

We will be giving our nurse-to-nurse shift report at the bedside at each shift change. We invite patients and families to be present and participate.

- **Nurses will be reporting to each other on 3-5 patients in 15 minutes-so the report will be brief and complete. This communication is extremely important to your child's safe care.**
- **This is a great chance to meet the nurse that will be caring for your child on the next shift.**
- **We encourage you to listen and correct or add any information you feel is important about your child.**
- **The nurses will not be answering a lot of questions or doing care during the report. Your nurse will come back to help your child or answer questions after report is over.**
- **Our nurses will be checking in with you near the end of their shift to let you know when the bedside report will be.**

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Unit	5 E	5 W	6	7
Huddle time table (using 7:30-8:00 for example, timeframe was the same at all shift changes)	7:30: Huddle Report and information gathering 7:45: Start nurse-nurse report	7:30: Information gathering 7:40: Huddle 7:45: Start nurse-nurse report	7:30: Information gathering 7:40: Huddle 7:45: Start nurse-nurse report	7:30: Huddle 7:40: Start nurse-nurse report

Synthesis of Literature

The literature showed positive patient and family satisfaction when bedside nursing report was done (Chaboyer, et. al., 2010, Carouso, 2007, Alvarado, et. al., 2006 & Cahill, 1998). There was overwhelming support for the use of a standardized report template which leads to more focused reports, decreased non-essential talk, decreased report time and a more complete report (Wilson, 2007, Stople & Ottani, 2006, Struck, et al., 2009, McCloughen, et. al, 2008, & Friesen, et. al., 2010). The literature showed varied nursing satisfaction with bedside report. Nurses liked being able to see their patient during report (Carouso, 2007, O'Connell, et. al., 2008). Other nurses cited bedside report as a barrier to patient confidentiality (O'Connell, et. al., 2008, Carouso, 2007 & Chaboyer, 2010). The literature supports the use of a checklist at the time of nursing report (Friesen, et. al.) The literature showed that it is important for nurses to see each other and to know the climate of the unit (McKenna & Walsh, 1997).

Results

Bedside Report

Process Data

I go to the bedside for report (RNs asked)	Pre-Survey n=82	Post-Survey n=21
Always/Most of the time	6%	29%
Sometimes	13%	38%
Rarely/Never	76%	15%

***"I can't say what I want in front of the patient"* –anecdotal report from June 2010**

The majority of staff have moved report to the hallway outside of the patient's room.

Outcome Data*

Question asked to patients/families on discharge card	Result based on a 1-5 scoring 1= Strongly disagree 5=Strongly agree
I liked having the nurse-to-nurse report at the bedside	4.78 (n=1778)
I felt welcome to participate in bedside report	4.78 (n=1781)
The nurses handled sensitive issues with respect during report	4.8 (n=1783)
The information given during bedside report was useful	4.8 (n=1783)

*** The discharge card data show parent satisfaction with bedside report even though the parent comments did not indicate that report was happening at the bedside.**

Possible explanation from the parent comments:

Parents expressing satisfaction with nurse to nurse communication, even if not happening at bedside.
Parents are responding to the communication with the whole team (including nurses) which does happen at the bedside.

Huddle Report

Process Data

Based on unit report, Huddle Report is variable on each unit, some units are doing huddle at every shift change, other units are only doing huddle at the changeover from nights to days.

Outcome Data

How often are you aware of the climate of the unit within the first hour of your shift?	Pre-Survey n= 81	Post-Survey n= 44
Always/Most of the time	74%	75%
Sometimes	22%	20%
Rarely/Never	4%	5%

Safety Checklist

Process Data

Safety checklists began as a paper checklist on the nursing flowboard, the items on the checklist are now incorporated (fall 2010) into our new electronic documentation flowsheet. Variability: some nurses complete it in pairs during shift report versus an individual check within 1 hour of start of shift.

The items most important for nurses to be included on the checklist are ID band check, security tag check, CPR sheet and oxygen and or ambu bag set up for patient.

Outcome Data

If I could choose between doing a safety check at the bedside or not doing a safety check I would choose:	Pre-Survey n= 79	Post-Survey n= 44
Definitely or probably doing a check	58%	60%
No Preference	24%	20%
Definitely or probably not doing a check	24%	14%

Changes

Developed the following communication and hand-off changes on the pediatric acute care units because they supported our foundational pillars:

Bedside report: Anticipation of single patient rooms offers a place to do nursing shift report with the patient and family which meets the need of family centeredness and quality care.

Huddle Report: A new initiative that offers a brief meeting of staff working that shift, to give an overview of the unit, supporting collaboration. This was an innovative solution to meet the need for the geographic challenge as well as the isolation challenge identified by the workgroup.

Safety Checklist: Staff identified a need to validate and confirm safety measures at the time of hand-off. The checklist offers a once-a-shift opportunity to do this for each patient in their room, supporting safe, quality care.

Conclusions

1. **Bedside report continues to be a difficult change. It is a fundamental change that makes nurses uncomfortable in one of their standard daily practices.**
2. **Bedside report supports family centered care leading to an increase in patient/family satisfaction.**
3. **Huddle report should be re-evaluated after the move to our new environment.**
4. **Safety checks are seen as valuable to the staff; many nurses would rather do them independently than with a second nurse.**
5. **Staggered roll out to multiple units made comparisons at set intervals difficult.**
6. **We believe that when we begin working in our new environment, this will spur further implementation of all communication strategies.**
7. **We will continue to work towards standardization across the general care pediatric units.**

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