



Is Bedside Reporting Best Practice?

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Abstract

Shift change is an important time for nurses, it is when they give information to the oncoming nurses about the patients. The information received in report is what will help the incoming nurse to care for the patient. Any incorrect information can negatively harm the patient, where as a good report will streamline the care. There are currently several ways that nurses give report including traditional nursing station report, recorded report, and bedside report, but there are barriers to many of these. Bedside reporting is one type of reporting that seems to have fewer barriers than others. Bedside reporting increases both patient and nurse satisfaction. This report looks at the benefits and the short comings of bedside reporting. A survey of 40 nursing students shows that bedside reporting is seen as effective.

Background

There are many different types of reporting that are currently in use for nurses to update the incoming nurse about the patient's condition. There are voice recordings, face to face in a conference room or the nurses' station, bedside reporting, written reports, combination reports, and different styles that work in different departments. With the exception of bedside reporting, reporting takes place away from the patient. Communication barriers, problems associated with standardization, equipment issues, environmental issues, a lack or misuse of time, difficulties related to complexity of cases or high caseloads, a lack of training or education, and human factors are cited as the most common barriers to effective handoffs (Riesenberg, Leitzsch, & Cunningham, 2010). With all of these barriers present, there is the question of which of the methods of reporting is the most effective.

It is essential for nurses to know which type of reporting is the most accurate, time conscious, and safe for the patient. Nurses need to get the most accurate information from the departing nurse. This will help to ensure that the oncoming nurse can provide the best care for the patient. The departing nurse will many times have incidental overtime because of the length of the report; this is personal time that is taken, and it also costs the hospital overtime pay (Evans et al., 2012). Oncoming nurses have to make a critical decision about what patients need the most immediate care. This can affect the patient's safety if the departing nurse forgets a critical part of information that will affect the next shift.

Reporting is a process that all nurses give and receive at shift change time. This transition from one care provider to the next is a time where critical information can be lost or misunderstood (Riesenberg et al., 2010). Nurses are the most numerous health care providers, and thus nurse reporting at shift change is a very common occurrence. Each nurse must receive all of the information that is pertinent to the patients. Communication is the foundation on which nursing is laid upon. If there is any breakdown in communication, even for just a moment, there could potentially be disastrous results for a patient. The American Nurses Association says that research is needed to improve communication issues for patient safety and education (White & O'Sullivan, 2012).

Method

A survey of two questions was given to nursing students at Ferris State University. The survey included 40 students from pre-nursing to graduating seniors. There first question allowed the students to select 2 statements. The second question allowed one selection. The survey can be seen below. The results were then totaled.

Please circle TWO of the following statements that best describes bedside reporting in the clinical setting.

- Receive most of the desired information for the upcoming shift.
- Receive little of the desired information for the upcoming shift.
- Bedside reporting is done quickly.
- Bedside reporting takes a long time to complete.
- Patient often interrupts the report.
- Patient adds in helpful information
- Nurses do not want to wake up a sleeping patient, so report is done in the hall.
- Nurses have the ability to discuss the plan of care.
- Other thoughts about bedside reporting. Please describe _____

Please circle ONE of the following statements about bedside reporting.

- Overall, I think bedside reporting is effective.
- Overall, I do not think bedside reporting is effective.

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References

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Results and Discussion

The first question had varied responses, but the results were mostly positive thoughts about bedside reporting.

The second question was unanimous in thinking that bedside reporting is effective, with all 40 survey choosing this..

This survey should be repeated with a larger sample size, to ensure accurate results. It is interesting that 20% picked "patient adds in helpful information" as reporting is traditionally just between the leaving nurse and the oncoming nurse. This shows that nursing is transition to more patient centered care, with the patient being the ultimate source of information.

Receive most of the desired information for the upcoming shift.	26
Patient adds in helpful information.	16
Nurses have the ability to discuss the plan of care.	16
Nurses do not want to wake up a sleeping patient, so report is done in the hall.	10
Bedside reporting is done quickly.	4
Receive little of the desired information for the upcoming shift.	3
Bedside reporting takse a long time to complete.	2
Patient often interrupts the report.	2
Other thoughts about bedside reporting.	1
Overall, I think that baeside reporting is effective.	40
Overall, I do not think that bedside reporting is effective.	0

Bedside Reporting Survey Results

