

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Metric 2: Shift Change Huddles OR Bedside Reporting

Introduction

Meaningful person and family engagement (PFE) at multiple levels (i.e., point of care, policy and protocol, and governance) helps hospitals address what matters most to patients and families, and it improves hospitals' ability to achieve long-term improvements in quality and safety (Exhibit 1). This guide provides hospital leaders and staff with practical, step-by-step guidance to successfully implement **PFE Metric 2—Shift Change Huddles OR Bedside Reporting**. This resource complements the [PFE Metric 2 Digest](#), which describes the intent and benefits of PFE Metric 2. For detailed information about the definitions and core principles of PFE, the role of PFE in patient safety, the relationship between PFE and health equity, and six strategies to meet the five PFE metrics, please refer to the [Strategic Vision Roadmap for Person and Family Engagement](#).

Incorporating PFAs into the training process can help clinicians and staff better understand where opportunities for change exist and how to engage and become more comfortable with including patients and families in bedside conversations.

Exhibit 1. PFE Metrics by Level of Hospital Setting

FIVE METRICS FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2014)

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This activity should be possible in all hospital types and structures. However, a hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes, offer options for care partners to participate via phone or video conference).

PFE Metric 2 Definition

Hospital conducts shift change huddles or bedside reporting with patients and family members in all feasible cases.

How to Meet PFE Metric 2

In a minimum of one unit, nurse shift change huddles or clinician reports/rounds occur at the bedside and involve the patient and/or care partners.

Intent of PFE Metric 2

The intent of this metric is to include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay. They should have the opportunity to question, correct or confirm, and learn more about the next steps in their care as it is discussed between nurses changing shifts and/or clinicians making rounds. Patients and care partners should be encouraged and prompted by clinical staff to be active participants in these meetings to whatever degree they desire, and to add to the information being shared between nurses or other clinicians.

Benefits of PFE Metric 2

Shift change huddles, bedside reporting, and bedside rounding facilitate the transfer of critical information between staff, patients, and care partners to improve communication, prevent potential safety events and medical errors, improve time management and accountability between nurses—and, ultimately, improve patient, family and staff satisfaction.

CARE PARTNERS

Care partners are family members and friends who have been identified by patients, and together with staff, are integral members of the health care team. Care partners assist by sharing information, participating in aspects of care, and helping make decisions. They are essential to ensuring high-quality, safe transitions to home and ongoing care and recovery after a patient leaves the hospital.

The five recommended steps for effectively implementing PFE Metric 2 generally follow the Plan-Do-Study-Act (PDSA) cycle. PDSA is a method to test a change that is implemented by creating a plan, testing the plan, observing and learning from the test, and determining what modifications are needed to improve the outcome. For more information on the PDSA cycle, visit the Institute for Healthcare Improvement's [website](#).



Five Suggested Steps to Implement PFE Metric 2

1. Engage key stakeholders in identifying target areas for improvement
2. Secure buy-in from leadership and staff
3. Determine scope and logistics of implementation
4. Implement new process of shift change huddles or bedside reporting
5. Evaluate and expand shift change huddles or bedside reporting

Step 1. Engage key stakeholders in identifying target areas for improvement

- **Work with hospital leadership, physicians, nurses, key management staff, patient experience director, and patient and family advisors to assess current shift change huddles and/or clinician round processes to identify areas for improvement.** Identify gaps in patient safety or quality, and opportunities to improve staff communication and interactions with patients and families during shift changes and rounds.
- **Set measurable improvement targets that link to specific patient safety or quality aims.** Document baseline measures to be able to assess changes to demonstrate an association between inclusion of patients and care partners in huddles and quality improvement. Examples include improving Hospital Consumer Assessment of Healthcare Providers and Systems® (HCAHPS) Survey scores or reducing falls or infections within a given timeframe.

Step 2. Secure buy-in from leadership and staff

- **Get commitment from leaders.** Discuss with leaders the importance and benefits of engaging patients and their care partners in change of shift reports and rounds.

Educate leaders about how you plan to implement and evaluate this new process—and invite their input.

- **Demonstrate commitment to change by having hospital and clinical leadership introduce the concept of bedside shift report to staff; explain what it is and why it is important.** Allow staff to express concerns they may have about the new process and reassure them that they will have adequate training to prepare them for more patient-centered bedside shift reports.
- **Work through potential obstacles that may arise or concerns from staff.** For example, staff may be concerned about violating HIPAA if they are performing bedside shift report in the presence of family members or other patients if they are in a shared room. Because bedside shift report is part of treatment and normal operations, it is not a violation of a patient's privacy. However, staff do need to be careful not to disclose any new, sensitive information (such as a new diagnosis) in front of family members without first getting the patient's permission.

Step 3. Determine scope and logistics of implementation

- **The goal is to have bedside shift report used throughout the hospital, wherever possible, but initially consider starting with one unit or hospital within a larger system.** Identify a smaller group of early adopters within the unit to help plan for and pilot the new process. Include patient and family advisors in the planning group.
- **Make sure to budget the necessary hours needed to train staff for the implementation of bedside shift report.** Consider using a “train-the-trainer” model in which early adopters who have been trained in and have mastered the process subsequently train other staff as implementation expands. Other costs may include printing or purchase of materials to help clinicians implement the process such as educational handouts or technology to help patients and families engage in conversations at the bedside.
 - **Identify point person(s) for training.** Who will be leading the training and who will be monitoring implementation? This may be the same person or different people.
- **Develop an implementation plan for bedside shift reporting.**
 - **Review visitation policies.** Care partners and “family” are defined by the patient. Care partners should not be considered “visitors,” but should be viewed as essential members of the care team. Determine whether policies need to be revised so that there is clear guidance for the presence and

participation of care partners. A separate visitation policy is useful for those who visit the patient and care partners.

- **Provide language and translation services.** For every new policy, ensure that any non-English-speaking population is receiving adequate explanation in their native language.
- **Consider using audio or video telephones to bring care partners to the meeting if they cannot be physically present.**
- **Utilize existing tools.** Decide what tools will be most helpful in implementing this new process. The [AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety](#) and [Planetree Nurse Bedside Shift Report Nurse Bedside Shift Reporting Quality Checking Tool](#) provide practical step-by-step guidance.
- **Gather input from key management, front line staff and advisors.** Do a final check-in with all stakeholders who will be involved in this change, or who may have useful feedback, including patient and family advisors. Take time to listen to their input and make sure they understand the benefits of the new process to clinicians, patients and families.

Step 4. Implement new process of shift change huddles or bedside reporting

- **Train nurses and staff on the new process.** Train nurses to use language that patients can understand, and to check in regularly with the patient to see if they have any questions or have anything they would like to contribute to the conversation. See the [Planetree Quality Check Tool](#) for a more detailed explanation of how to actively engage patients in bedside shift report. Evaluate the training and take time to address staff questions or concerns.
- **Begin using bedside shift report in the unit.** Remember that the purpose of bedside shift reporting is to actively engage patients and care partners in their care, and to help them communicate about their needs, concerns, goals and preferences. This can only happen if the patient and their care partners fully understand what is happening and why it is happening.
- **Provide support for nurses during the first few weeks of implementation.** Encourage mentorship from early adopters, charge nurses or PFE leaders who can address questions, including concerns about speaking in front of the patient or family. Remember that this is a cultural shift, and it will take some time for everyone to adjust to the new normal.-

Step 5. Evaluate and expand shift change huddles or bedside reporting

- **Evaluate the new process.** This should include periodic observations by peers and leadership to ensure the process is consistent across the unit or hospital. Consider creating a list of competencies to use during the evaluation.
- **Collect data.** Have a standardized process to evaluate the implementation. Track the progress of any patient safety aims that were identified, such as HCAHPS and falls and infection prevention measures with a baseline data point. Consider collecting information about staff engagement and satisfaction, as well as improved relationships with families who feel they are better informed and more activated as a result of bedside shift report. For example, is the hospital receiving fewer calls and inquiries from the families because of the new process? Patient and family advisors can be prepared to talk to patients, gather information about their experience and identify opportunities for improvement. Have a process for noting any safety-related issues that the patient or care partner “catch,” for example, medication input.
- **Refine the process as needed.** Use feedback from nurses, patients, and their care partners and families to refine the bedside shift report process and make it better. Encourage brainstorming among staff to problem solve any issues or concerns that arise and express gratitude for their hard work to make the change a success. Seek input from patient and family advisors who may have participated as inpatients in the process.
- **Expand to other units.** Once successfully implemented on one unit, begin the process of expanding bedside shift report to other units (or hospitals, if implementation began in a single hospital within a larger system). Be mindful about how to educate and engage new stakeholders in the change.

ESSENTIAL ELEMENTS OF BEDSIDE SHIFT

- Introduce the nursing staff, patient, and family to one another.
- Invite the patient and (with the patient's permission) their care partner or other family to participate. Let the patient and care partners know when their input will be requested and when to ask questions.
- Open the electronic health record at the bedside.
- Conduct a verbal report using the SBART (situation, background, assessment, recommendation, thank) format in words the patient and family can understand.
- Conduct a focused assessment of the patient and a room safety assessment.
- Review tasks to be done.
- Identify patient's and family's goals, needs and concerns.

Lessons From the Field: Emory Healthcare

Emory Healthcare expanded bedside shift report from one unit or hospital to a whole system. They first began performing bedside shift report when a nurse champion brought the idea to a governance structure within one of their geriatric hospitals, where clinical staff gave input into care on the floor. The idea slowly but steadily caught on, as one after another staff member began performing bedside shift report. Due to this success, Emory planned to expand the new process to its other hospitals. What they learned, however, was that standardization was imperative, and that nurses needed to do more than read about the new process to become fully supportive. Emory Healthcare invested in a week of training for the unit nurses, both in groups and one on one, and continued observations of the new process so that the nurses could receive feedback during the first few weeks of performing the bedside shift report. They also identified new champions for each floor to foster enthusiasm and support for the new effort. Only after this investment in training had been made did the staff truly embrace the idea of patients participating in bedside reporting. Emory Healthcare claims that success is due to support, monitoring and education of the nursing staff.¹

Resources to Implement PFE Metric 2

- [Guide to Patient and Family Engagement in Hospital Quality and Safety: Strategy 3. Nurse Bedside Shift Report](#) (AHRQ)
- [Nurse Bedside Shift Reporting Quality Checking Tool](#) (Planetree)
- [Better Together Campaign](#) (Institute for Patient- and Family-Centered Care)
- [PFE Metric 2 Digest](#) (Person and Family Engagement Contractor)
- [PFE Metric 2 Learning Module](#) (Person and Family Engagement Contractor)

¹ Agency for Healthcare Research and Quality. Strategy 3: Nurse bedside shift report implementation handbook. Rockville, MD: Agency for Healthcare Research and Quality; 2017. 20 p. Available from <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>

Sources for this guide include the following:

- Planetree. Bedside shift report quality checking tool. Derby, CT: Planetree; 2017. Available from: <https://planetree.org/bedside-shift-report-quality-check-tool-for-managers-pt-rounding/>
- Agency for Healthcare Research and Quality. Nurse bedside shift report implementation handbook. Rockville, MD: Agency for Healthcare Research and Quality; 2017. 20 p. Available from: <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>
- American Institutes for Research. Strategic vision roadmap for person and family engagement (PFE): Achieving the PFE metrics to improve patient safety and health equity. Washington, DC: American Institutes for Research; 2017. 43 p. Available from: <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary?CategoryID=836894&EntryId=116336>