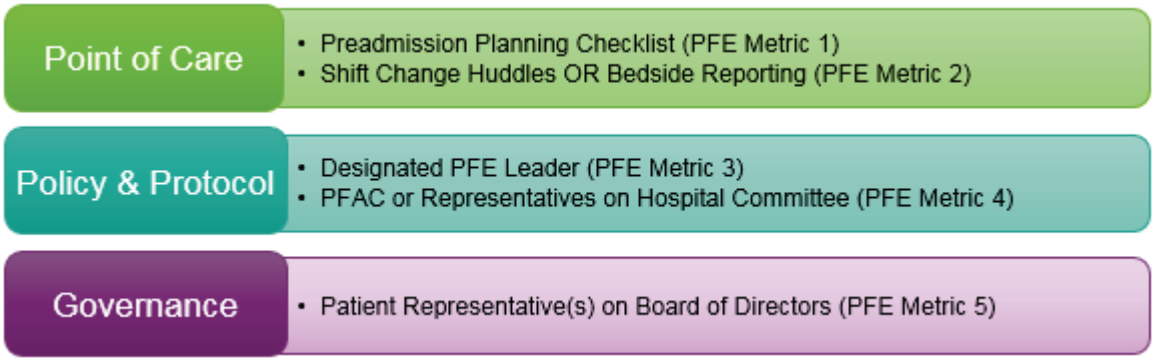
PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

PFE Metric 2: Shift Change Huddles OR Bedside Reporting

Person and family engagement (PFE) helps hospitals address what matters most to patients and families and improves hospitals' ability to achieve long-term improvements in quality and safety. Five PFE metrics[1] guide the implementation of PFE within the Partnership for Patients (PfP). The purpose of the five PFE metrics is to ensure that hospitals have, at a minimum, structures and practices that enable active patient and family partnership at three levels of the hospital setting: point of care, policy and protocol, and governance (see Exhibit 1).

Exhibit 1: Partnership for Patients PFE Metrics, by Level of Hospital Setting



This document provides guidance on the purpose and implementation of **PFE Metric 2 (shift change huddles OR bedside reporting)**, including how to apply six PFE strategies to meet the metric in meaningful and equitable ways. The Person and Family Engagement Contractor for PfP has developed a metric digest for each PFE metric that draws from the *PfP Strategic Vision Roadmap for Person and Family Engagement*. Please refer to the full Roadmap for further information on definitions and core principles of PFE, the role of PFE in patient safety, the intersection of PFE and health equity, and six PFE strategies to meet the five PFE metrics.

[1] The five PFE metrics are preadmission planning checklist (metric 1), shift change huddles OR bedside reporting (metric 2), designated PFE leader (metric 3), PFAC or representatives on hospital committee (metric 4), and patient representative(s) on board of directors.

PFE 2 Shift Change Huddles OR Bedside Reporting (point of care)

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

Do We Meet the Metric? YES, if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles **OR** clinician reports/rounds occur at the bedside and involve the patient and/or care partners.

Alternative: **None**

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 Skype).

Intent. 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. Bedside 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 nurse staffing satisfaction.

Bedside shift change huddles and bedside reporting with patients and family members can help—

Patients and family members	Clinicians and hospital staff
• Hear what has occurred throughout the shift and learn about the next steps in their care. • Ask questions, correct errors, and provide input based on their preference and values. • Increase knowledge of their condition and treatment so that they can participate in their care to the extent they want. • Understand that they are important members of the care team.	• Reinforce teamwork and ensure that every member of the team shares knowledge that contributes to safe and effective care. • Increase patient and family participation, knowledge, and satisfaction. • Create a heightened awareness of individual patient needs that can be proactively addressed throughout the shift. • Improve time management and accountability between nurses.

Tips to Maximize Impact

- Collect patient, care partner, clinician, and staff feedback about the shift change huddle or bedside reporting process and use this feedback to refine processes and policies. Ensure that feedback is solicited and obtained from vulnerable populations.
- Involve a multidisciplinary team in shift change huddles to reinforce teamwork and ensure that every member of the team, including the patient and care partner, shares knowledge that contributes to safe and effective patient care.
- Involve the patient and care partner in the entire conversation concerning their care, not just select parts.
- Encourage or prompt the patient and/or care partner to participate in conversations about their care through the hospital stay, to whatever degree they desire.

The **Appendix** provides suggested activities to meet PFE metric 2.

PFE Metric 2 Success Story

Care team rounds with patients and families promote patient safety and improve patient satisfaction at Perham Health.

Perham Health in Perham, Minnesota, a critical access hospital in the Minnesota Hospital Association HIIN, introduced a new model, called "Care Team Rounds," that involves patients and families at the bedside. A social worker leads the team, which includes the charge nurse, nurse leader, patient's nurse, pharmacy, occupational therapy, and physical therapy. The social worker requests permission from the patient or family each day to conduct the care team rounds. During the rounds, the charge nurse reviews the patient's admission diagnosis and care in plain language for the patient, family, and care team. The care team asks the patients and family if they have concerns or comments about their care and uses the time to identify opportunities for improvement, provide updates to the group, and answer questions. Since implementation of care team rounds, Perham Health has noted enhanced communication with patients and families, promotion of safety, improvement of multidisciplinary communication, enriched discharge planning, and improvements in patient satisfaction.

Resources for PFE Metric 2

- Strategy 3: Nurse bedside shift report, Guide to patient and family engagement in hospital quality and safety (Agency for Healthcare Research and Quality): http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html
- ISHAPED patient-centered approach to nurse shift change bedside report (Institute for Healthcare Improvement): http://www.ihi.org/resources/Pages/Tools/ISHAPEDPatientCenteredNurseShiftChangeBedsideReport.aspx
- PFE Metric Learning Modules: Metric 2 (Partnership for Patients): https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryID=836896&EntryID=107954

For additional resources, please visit the Partnership for Patients Library: https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx

Appendix. Applying the PFE Strategies to Meet the PFE Metrics in More Meaningful and Equitable Ways

Six overarching strategies are designed to help hospitals implement PFE practices—including the five PFE metrics—in ways that reflect and operationalize the core PFE principles.[2] The six strategies[3] are organizational partnership; patient and family preparation; clinician and leadership preparation; care, policy, and practice redesign; measurement and research; and transparency and accountability.

PFE Strategies to Support Effective Implementation of PFE Metric 2: Shift Change Huddles or Bedside Reporting

PFE strategy	Tactics
 **Organizational partnership**	• Engage patients and families in the development and implementation of process changes related to shift change huddles, bedside reporting, and/or bedside rounding by asking them to share feedback on current processes, including how patients currently experience shift change. As appropriate, work with patients and families to share their experiences to illustrate why changes are needed, particularly those that are responsive to vulnerable populations. • Work with PFAs to plan and implement shift change huddles, bedside reporting, and/or bedside rounding (e.g., partnering to adapt existing tools and resources to your organization) and involve them in staff training (e.g., participating in role plays or sharing stories). • Ask diverse partners to assess the bedside reporting/shift change processes and suggest improvements to address needs better. • Ask PFAs to participate in monitoring and evaluation efforts to ensure that bedside reporting, shift change huddles, and/or bedside rounding is being implemented in ways that invite and welcome participation from patients and families.

[2] The core PFE principles are (1) PFE involves active partnership; (2) PFE happens at multiple levels; (3) PFE is about identifying and responding to patient- and family-identified needs and desired outcomes; (4) PFE is a partnership that requires individual *and* system behavior change; (5) "Family" is defined broadly and by the individual; (6) PFE must consider the values, preferences, and needs reflected in diverse populations; and (7) PFE is not a "check the box" activity—implementation quality affects results.

[3] The strategies listed below are adapted from the "Roadmap for Patient and Family Engagement in Healthcare: Practice and Research" and include information gathered during interviews with the 17 HENs in PfP 2.0. Developed by AIR, with funding from the Gordon and Betty Moore Foundation, the Roadmap reflects a unified vision for achieving meaningful PFE across the healthcare system and lays out a path to broader PFE by providing specific strategies, that, when implemented, can help achieve the goals of better care experiences, better health, lower costs, and improved safety.

PFE strategy	Tactics
 **Patient and family preparation**	• On admission, orient patients and families about what bedside reporting, shift change huddles, and/or bedside rounding are, what will happen, who is involved, and how much time it will take. • Educate patients and families about how they can and should participate in bedside reporting, shift change huddles, and/or bedside rounding, including providing examples of questions to ask, observations to share, and issues to raise. • Inform patients and care partners of any services available at the hospital that will help them participate in bedside reporting (e.g., sign or language interpreters, patient navigators, community partners, peer mentors) and how they can access them. • Educate patients and families about how bedside reporting, shift change huddles, and/or bedside rounding can help address and prevent safety issues during the hospital stay.
 **Clinician, staff, and leadership preparation**	• Educate leadership, front-line managers, clinicians, and staff about how bedside reporting, shift change huddles, and/or bedside rounding can help improve safety and quality. Share success stories from other organizations. • Invite leadership to do "walkabouts" to better understand how care is happening "on the floor" and to illustrate why changes are needed. • Educate front-line managers, clinicians, and staff about the critical elements of bedside reporting, shift change huddles, and/or bedside rounding and provide examples of what they look like when implemented effectively. • Identify and directly address concerns that may become barriers to effective implementation of bedside reporting, shift change huddles, and/or bedside rounding (e.g., concerns about how much time it will take, how to share sensitive information, or how to deal with HIPAA concerns). • Provide training opportunities for staff to practice new skills and ask questions, using training mechanisms that are most appropriate for and effective in your environment. • Educate providers and leaders on cultural differences in nonverbal communication styles, health beliefs, and the role of family and community.

PFE strategy	Tactics
 **Care, policy, and process redesign**	• Develop policies to ensure that bedside reporting, shift change huddles, and/or bedside rounding are "always" events (i.e., every patient, all diagnoses). Clearly specify whether and in what situations it is acceptable to not report at the bedside and what the alternative practice should be in those cases. • Specify who is involved in shift change huddles and bedside reporting (e.g., nurses, nursing assistants, patient, family member [honoring patient's preferences for family member(s) presence and participation], others) and bedside rounding (e.g., attending physicians, residents, primary nurse, charge nurse, rehabilitation services, dietary team, palliative care). • Specify the critical elements of bedside reporting, shift change huddles, and/or bedside rounding to ensure standardized implementation that truly reflects PFE. For example, critical elements of shift change huddles conducted at the bedside may include the following: (1) Introduce staff to patients and family members and make a personal connection with patients—for example, by making eye contact and smiling if appropriate; (2) Review the patient's background, current situation, and plans for the upcoming shift while standing at the patient's bedside and talking to the patient and family; (3) Conduct a safety check of the room (e.g., to assess fall risk, inspect IV sites); (4) Update white board with information for the upcoming shift; and (5) Ask patient or family member if they have anything to add or have any questions. • Specify tools that should be included as part of bedside reporting, shift change huddles, and/or bedside rounding (e.g., SBAR, check back, checklists). • Assess what changes and resources may be needed to support bedside reporting, shift change huddles, and/or bedside rounding (e.g., staffing changes, changes in timing of shifts, equipment such as mobile workstations, technology that facilitates inclusion of additional members of the care team in bedside reporting). • Provide translation services as needed to facilitate communication during bedside reporting, shift change huddles, and/or bedside rounding. • Implement family presence policies to eliminate barriers to family participation in bedside reporting, shift change huddles, and/or bedside rounding according to patient preference. • Consider processes or technology that could be implemented to support remote attendance by families in bedside reporting, shift change huddles, and/or bedside rounding (e.g., video or audio conferencing, video or audio recording).

PFE strategy	Tactics
 **Measurement and research**	• Clearly define the behaviors that indicate whether bedside reporting, shift change huddles, and/or bedside rounding is being implemented as intended and in a manner that reflects the core principles of PFE (e.g., specify the critical elements that indicate bedside reporting has occurred in a way that truly includes patients and families; see third bullet above under "Care, policy, and process redesign"). • Set specific performance goals (e.g., have 95 percent of nurses doing shift change huddles at the bedside within 4 months). • Obtain feedback from patients, families, clinicians, and staff about how they experience shift change huddles and bedside reporting and solicit suggestions for improvement. Ensure that feedback is solicited and obtained from vulnerable populations. • Develop processes for ongoing monitoring (e.g., having PFAs shadow or observe nurses as part of monitoring efforts). • Identify performance data that can help determine whether and how shift change huddles and bedside reporting are affecting outcomes (e.g., HCAHPS scores, employee satisfaction scores, number of days without a safety event). • Develop plans for conducting a pre- and post-implementation evaluation of bedside reporting, shift change huddles, and/or bedside rounding (e.g., collect data to show how much time shift change takes pre- and post-implementation of bedside shift report, look at HCAHPS scores for time periods pre- and post-implementation). • Link monitoring to ensure that processes are occurring as intended with outcome data (e.g., do HCAHPS scores fall when nurses are not implementing all critical elements of bedside shift reporting?). • Collect REaL data to allow examination of health equity issues related to performance data.
 **Transparency and accountability**	• Report data collected about the conduct of bedside reporting and patient experiences to stakeholders; stratify data by various patient characteristics (e.g., REaL) to identify any gaps that may be present. • Celebrate safety catches and team accomplishments. Share success stories and challenges with leadership, staff, and patients and families. • Let patients and families know about the emphasis placed on bedside reporting, why it is important for quality and safety, and what your hospital is doing to make improvements.