Today’s session

- What is patient and family engagement?
- What are the components of bedside shift report?
- What are the benefits and challenges of bedside shift report?
- What does HIPAA say about bedside shift report?
- Practice exercises
What is patient and family engagement?
What is patient and family engagement?

Patient and family engagement:

• Creates an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care

• Involves patients and family members as:
  – Members of the health care team
  – Advisors working with clinicians and leaders to improve policies and procedures
Patient- and family-centered care

• Patient and family engagement is an important part of providing patient- and family-centered care

• Core concepts of patient- and family-centered care:
  – Dignity and respect
  – Information sharing
  – Involvement
  – Collaboration
Why patient and family engagement?

[Adapt to hospital]

• [Include story from leadership about importance of patient and family engagement and goals for effort]

• Research shows patient-centered approaches can improve:
  – Patient safety
  – Patient outcomes, including emotional health, functioning, and pain control
  – Patient experience

• [Include specific goals / data for hospital]
Why focus on bedside shift report?

• Transitions in care have potential for medical errors
• Research shows bedside shift report can improve:
  – Patient safety and quality
    • Improved communication
    • Decrease in hospital-acquired complications
  – Patient experiences of care
  – Time management and accountability between nurses
    • Decrease in time needed for shift report
    • Decrease in overshift time
• [Include specific goals / data for hospital]
What is the patient and family experience at our hospital?
What is it like being a patient?

<table>
<thead>
<tr>
<th>Clinicians and hospital staff</th>
<th>Patients and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Know how the hospital works and how to get things done</td>
<td>• Are strangers in this environment</td>
</tr>
<tr>
<td>• Are strangers in this environment</td>
<td>• Do not understand the system or culture</td>
</tr>
<tr>
<td>• Do not understand the system or culture</td>
<td>• Know about their body and life situation better than hospital staff</td>
</tr>
<tr>
<td>• Know who hospital staff are and what they do</td>
<td>• May want family or friends to support them</td>
</tr>
<tr>
<td>• Do not know who different staff are and what they do</td>
<td>• May feel nursing staff are unavailable for multiple hours during shift change</td>
</tr>
<tr>
<td>• Are busy and under a lot of stress</td>
<td>• Are often in pain or uncomfortable, vulnerable, or afraid</td>
</tr>
<tr>
<td>• Are often in pain or uncomfortable, vulnerable, or afraid</td>
<td>• Are worried and want to do what they can for the patient (family members)</td>
</tr>
<tr>
<td>• Want to provide high-quality and safe care</td>
<td>• Are aware that hospital staff are busy and may not want to bother you</td>
</tr>
<tr>
<td>• Trust hospital staff to provide safe and quality care</td>
<td></td>
</tr>
</tbody>
</table>
What is it like being a patient? (continued)

- [Insert 1 to 2 experiences from real patients or family members, focus on what shift change feels like to the patient or family member:
  - Live presentation or story
  - Video
  - Vignette or quote]
Bedside shift report

• Critical elements
• Benefits
• Challenges
What is bedside shift report?

• Nursing staff conducts shift change reports at the patient’s bedside
• Patient can identify a family member or close friend to participate
• Report should take about 5 minutes per patient
• Purpose:
  – To engage the patient and family in hospital care
  – To share accurate and useful information between nurses, patients, and families
Critical elements of bedside shift report

- Introduce the nursing staff, patient, and family.
- Invite the patient and family to participate.
- Open medical record or electronic work station in the patient’s room.
- Conduct a verbal SBAR report with the patient and family, using words they can understand.
- Conduct a focused assessment of the patient and a safety assessment of the room.
- Review tasks that need to be done.
- Identify needs and concerns of the patient and family.
Benefits of bedside shift report for patients

• Acknowledges patients as partners
  – “You do get the feeling of at least being wanted. You’re not just a patient in the bed.”
  – “It makes you feel like you’re involved.”

• Builds trust in the care process
  – Shows the patient how much nurses know and do for them
  – Shows teamwork among the nursing staff, reassuring the patient that everyone knows what is going on with them
Benefits of bedside shift report for patients (continued)

• Encourages patient and family engagement
  – Gives the patient and family an opportunity to ask questions and correct any inaccuracies in handoff
  – Informs the patient and family members about the patient’s care throughout the stay and helps with the transition to home
Benefits of bedside shift report for nurses

• Better information about the patient’s condition
• Accountability
• Time management
• Patient safety
Video of bedside shift report
• Discussion questions:
  – What are the overall impressions of the bedside shift report?
  – What went well?
  – What could have been done differently?
  – What questions or concerns do you have about bedside shift report?
Tips for bedside shift report

• Invite patients and family at admission to participate using bedside shift report brochure (Tool 1)
• Use checklist to facilitate bedside shift report (Tool 2)
• Don’t address a problem with the room or situation outgoing nurse in front of the patient
• Thank the nurse going off duty if everything is in good shape
Potential challenges

• Unknown visitors or family in the room
• New diagnosis or information patient is not yet aware of (e.g., waiting for doctor to discuss)
• Patient is asleep
• Patient is noncompliant and you need to share information with oncoming nurse
• Patient or family has a complex question or needs a lengthy clarification
• Semi-private rooms and HIPAA concerns
HIPAA and Bedside Shift Report
Adapted from Emory University Bedside Shift Report Bundle Training
Addressing HIPAA concerns

• Health information can be disclosed for:
  – Treatment
  – Health care operations
  – Payment

• HIPAA acknowledges incidental disclosures may occur

• Not a HIPAA violation as long as
  – Take reasonable safeguards to protect privacy
  – Disclose only or use the minimum necessary information
Addressing HIPAA concerns (continued)

• Is a covered entity required to prevent any incidental use or disclosure of protected health information?
• Answer: No. The HIPAA Privacy Rule does not require that all risk of incidental use or disclosure be eliminated to satisfy its standards. Rather, the rule requires only that covered entities implement reasonable safeguards to limit incidental uses or disclosures. See 45 CFR 164.530(c)(2).
Addressing HIPAA concerns (continued 2)

• Can physicians and nurses engage in confidential conversations with other providers or with patients, even if there is a possibility that they could be overheard?

• Answer: Yes. HIPAA does not prohibit providers from talking to each other and to their patients. Providers’ primary consideration is the appropriate treatment of their patients.
Addressing HIPAA concerns (continued 3)

• Oral communications often must occur freely and quickly. Covered entities are free to engage in communications as required for quick, effective, and high-quality health care. For example:
  – Coordinate services at nursing stations
  – Discuss a patient’s condition or treatment regimen in the patient’s semiprivate room
  – Discuss a patient’s condition during training rounds in an academic or training institution
Practice exercises
Option 1: Role play vignette

• Jack, a 64-year-old male with a history of chronic obstructive pulmonary disease, hypertension, and type 2 diabetes, was admitted to the unit this afternoon from the Emergency Department. His symptoms were severe morning headache with occasional vomiting for 3 days, chest pain, and shortness of breath. He received a dose of Zofran for vomiting before being brought up to the unit. During the initial nursing assessment, the nurse noticed a large bruise on his elbow and hip related to a recent fall.

• It is time for evening shift change. During shift change, Jack notes he is slightly disoriented and drowsy and his headache has returned.
Option 1: Role play vignette (continued)

• Debrief
  – What did the nurses and Jack say to each other?
  – How did you each feel during this interaction?
  – What went really well?
  – What could have been done differently?
  – Anything else?
Option 2: Small group discussion

- Break into groups of X with one patient/family advisor in each group
- Each person should discuss experience with shift report: What went well, what did not go well
- Report back to large group
Final thoughts

• Our hospital is committed to patient and family engagement — everyone plays a critical part
• Patients and families won’t engage if they believe that you don’t want them to—it is simply too risky for them
• Your job is to make it safe for them to be involved, not just as patients but as partners in their care
Thank you

• For questions or more information
  – [Insert name, phone number, and email]