11-15-2024

Nurse Leader Education Program on Bedside Shift Report

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Executive Summary: Staff Education Program

Nurse Leader Education Program on Bedside Shift Report

by

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2025

Summary

The implementation and sustainability of evidence-based practices (EBP) in the nursing workflow are essential for the continual improvement of care. Though bedside shift report (BSR) was initially introduced in three hospitals in southeast Texas in 2019 and has been reimplemented three times since, BSR remains an inconsistent practice. BSR has been shown to improve patient satisfaction and patient outcomes and increase nurse engagement. The purpose of this Doctor of Nursing Practice (DNP) project was to provide interactive education for nurse leaders on the importance of BSR and the critical nature of their role in overseeing and sustaining this practice. The practice question addressed whether an educational intervention can significantly enhance the understanding of the relationship between bedside shift reports and improved patient care and enhance nurse leaders' commitment to maintaining the practice. The education consisted of a preassessment questionnaire regarding attitudes and beliefs regarding BSR, a presentation with role-play on nursing leadership's role in sustaining the EBP, and a postevaluation to assess the effectiveness of the program. Descriptive statistics were used to evaluate the collected data. Prior to the program, 90% of participants indicated that they believed they understood the purpose of BSR, and 30% reported doing BSR. The posteducation results demonstrated that 100% agreed on the purpose and importance of BSR but revealed that there continued to be identified barriers to the sustainability of the practice. The issue of consistency is not knowledge-related. Addressing structural barriers such as time constraints, staffing, leader rounding, and performance reviews may be needed. The contribution of this project to social change is the continued reinforcement of best practices for all patients, thus contributing to diversity, equity, and inclusion.

Background

Nursing leadership at three community-based hospitals has demonstrated difficulty incorporating BSR into the nursing workflow. In the last year, competency assessments of each individual registered nurse (RN) have been conducted. In addition, the nurse leaders complete five bedside shift observation audits weekly. However, the Press Ganey patient satisfaction scores demonstrate less than 70% consistency and effectiveness of the practice and have shown no improvement in the last 6 months. The ability to implement EBP that are known to improve patient experience has financial implications for overall organizational success (O'Donnell et al., 2023). Patient experience and fiscal accountability are interrelated as the Centers for Medicare and Medicaid Services use those scores to award hospitals' pay for performance related to the quality of care provided (Centers for Medicare & Medicaid Services, 2024). BSR has been shown to improve patient satisfaction and patient outcomes and increase nurse engagement (Becker et al., 2021; Heip et al., 2022; Jaber et al., 2022; McAllen et al., 2018). The purpose of this DNP project was to provide interactive education for current nurse leaders on the importance of BSR and the critical nature of their role in overseeing and sustaining this practice change. The practice question was the following: Can an educational intervention significantly enhance the understanding of the relationship between bedside shift reports and improved patient care, and enhance nurse leaders' commitment to maintaining the practice? Nursing leadership support and presence are critical facilitators in implementing and sustaining EBP change (Alatawi et al., 2020; Bianchi et al., 2018; Nelson-Brantly & Chipps, 2021). Out of the 13 articles in my evidence review, one was level III, four were level IV, and eight were level V. The overall quality rating of the synthesis was good to strong, with inconsistent results. The inconsistency was due to the difficulty in sustaining the EBP over time. Being able to translate evidence into everyday

nursing care is critical to the enhancement of our practice. Utilizing the principles of Ajzen's theory of planned behavior (1991), one's opinion, values, beliefs, and perceived obstacles will impact the intent to implement and sustain EBP.

Project Development

In my capacity as the DNP student, I developed the education program with a nurse executive and a nurse educator. I then discussed it with my preceptor as part of the project plan. Participants were given a packet to fill out prior to the educational session, which included participant demographics, a preassessment questionnaire to assess the nursing management teams' understanding of BSR (Appendix A), and two scales from Melnyk et al. (2021) measuring beliefs and implementation regarding EBP (Appendix B).

The educational session's learning objectives were to have the learners be able to (a) articulate the purpose of the BSR, (b) correlate BSR with Press Ganey patient satisfaction, and (c) show intent to implement and sustain BSR. After the participants had filled out the pre-education tools, I gave a 60-minute presentation using PowerPoint (Appendix C) and included participant role-play of BSR using different scenarios. In groups of five to seven, two volunteers were the nurses conducting the bedside shift report situation, and one volunteer was the nurse leader who provided feedback to them. Then all participants discussed the learnings regarding how to lead and coach staff in EBP while holding them accountable. After the education was given, the participants were asked to complete the postassessment questionnaire, which was the same as the preassessment tool, to measure knowledge regarding BSR (Appendix A), redo the two scales by Melnyk et al. (2021; Appendix B), and answer open-ended questions regarding the evaluation of the education program provided (Appendix D).

Results

Participants' Demographics

A total of 20 out of 23 invited nurse managers participated in the educational session. All participants had supervisory responsibility for a unit or multiple units at project sites. Fifty percent (n = 10) of the participants had more than 20 years of RN experience, with no one having less than 3 years of experience. Thirty-five percent (n = 7) had a master's degree, 45% (n = 9) had less than 3 years of management experience, and 70% (n = 14) had attended a 2-day seminar on performance improvement.

Pre- and Posttest Education Assessment

Table 1 displays results from the nurse leadership's opinions regarding BSR. Overall, the majority responded that they strongly agreed or agreed that BSR was beneficial on the pretest (90%). One hundred percent agreed that BSR was beneficial on the posttest. The results using tools from Melnyk et al. (2021) to evaluate beliefs and intent to implement had similar findings (Tables 2 and 3). One hundred percent (n = 20) agreed or strongly agreed on both the pretest and the posttest that EBP results in the best clinical care for patients, that they were sure they could implement EBP, and that EBP would improve the care delivered to patients. The participants showed that they were knowledgeable about BSR and believed that it improves patient care. However, this did not explain why the nurse leaders were not applying the concepts in their practice despite repeatedly relaunching this initiative.

Table 1

Opinions Regarding Bedside Shift Report

Questions	Pretest *Strongly agree/agree*	Posttest *Strongly agree/agree*

Provides nurses with relevant pt information	*N* = 20 (100%)	*N* = 20
Helps nurses to solve issues in a timely manner	*N* = 20	*N* = 20
Improves communication between team members	*N* = 19	*N* = 20
Improves communication between nurses and pt/family	*N* = 19	*N* = 20
Improves the unit environment	*N* = 18	*N* = 20
Improves patient experience	*N* = 16	*N* = 20
Improves the quality of nursing care	*N* = 19	*N* =20

Table 2

Evidence-Based Practice Beliefs Scale (Short Version) **

Question	Pretest *Strongly agree/agree*	Posttest *Strongly agree/agree*
I believe that EBP results in the best clinical care for patients.	*N* = 20 (100%)	*N* = 20
I am sure that I can implement EBP.	*N* = 20	*N* = 20
I am sure that implementing EBP will improve the care that I deliver to my patients.	*N* = 20	*N* = 20

Table 3

Evidence-Based Practice Implementation Scale (Short Version) *

Question	Pretest *Strongly agree/agree*	Posttest *Strongly agree/agree*
I use evidence to improve patient outcomes in my healthcare setting.	*N* = 20	*N* = 20
I implement the steps of the EBP process in my practice.	*N* = 18	*N* = 20
I promote the use of EBP in my healthcare setting to improve outcomes.	*N* = 18	*N* = 20

Note. From "Psychometric Properties of the Short Versions of the EBP Beliefs Scale, the EBP Implementation Scale, and the EBP Organizational Culture and Readiness Scale," by Melnyk, B. M., Hsieh, A. P., Gallagher-Ford, L., Bindu, T., Guo, J., Tan, A., & Buck, J., 2021, *Worldviews on Evidence-Based Nursing, 18* (4), 243-250 (https://doi.org/10.1111/wvn.12525). Copyright 2020 by Bernadette Mazurek Melnyk and Lynn Gallagher-Ford. Reprinted with permission.

Posteducation Evaluation

To understand the educational impact on knowledge, all 20 participants indicated that the education improved their understanding of EBP. Fifty percent identified that the scenario role-play and/or the interactive discussion were the most valuable. Others were more specific regarding the benefits of the presentation, such as "how to move away from just checking the boxes and putting the 'why' into more of a focused understanding."

Regarding intent to implement and sustain the practice, for the question "What barriers, if any, will you have in sustaining bedside shift reports?," 30% of respondents indicated that there were no barriers for them as nursing leaders in sustaining BSR; however, 60% mentioned time management and staffing challenges as barriers. Table 4 identifies the individual responses to the

open-ended questions in the education evaluation. The nursing leaders could write down multiple answers for each question, and I tabulated the responses to identify possible themes.

Table 4

Participant Responses to Education Evaluation (n = 20)

Question		*N* =	Yes	No
1. Did this presentation improve your understanding of EBP?			20	0
		N		
2. What did you find most valuable about the session? Please select all that apply				
	Scenario role play	5		
	Interactive discussion	5		
	How to move away from just checking the boxes	3		
	Overall summary of EBP and barriers to success	3		
	Putting the "why" into more of a focused understanding	2		
	Connection with the patient for patient experience	2		
	Present current progress on bedside shift report	1		
	Importance of EBP to the profession of nursing	1		
	Element of consistency of practice	1		
	Great ideas to help implement a difficult concept	1		
3. How is EBP important to bedside nurses?				
	Improves quality and effectiveness of care	8		
	Creates a safer environment for patient and staff	6		
	Improves communication	4		
	Improves patient experience	3		
	Standardizes care	2		
4. How do you plan to use the information to hardwire bedside shift report?				
	Improve communication regarding the "why"	4		
	Be consistent in messaging	2		
	Use employee forums to discuss the importance of bedside shift report and identify barriers to care (i.e., shift huddles, new employee orientation, staff meetings)	5		
	Decrease the use of computers on wheels in bedside shift report to focus more on patient	4		
	Increase leader presence on the unit(s).	2		
	Set up mock room and do role play of bedside shift report with staff	2		
	Re-evaluate the "norm" and "status quo."	2		

Question		*N* =	Yes	No
5. What are the essential nursing leadership requirements for a successful bedside shift report implementation?				
	Be consistent in the message	7		
	Be present	4		
	Overcommunicate	3		
	Define staff expectations	3		
	Real-time leadership coaching on bedside shift report	3		
	Post data on progress	2		
	Need administrative support to eliminate barriers	2		
	Positive reinforcement	1		
	Don't give up	1		
6. What barriers will you have in sustaining bedside shift report?				
	Management time to follow up	6		
	None	6		
	Staff acceptance of change	5		
	Time	4		
	Not enough staff	2		

Even though the pre/postassessment indicated that most respondents understood the importance of BSR, and that the evaluation of the education program was beneficial, they still identified barriers to sustaining best practice. The education was not enough to gain the commitment of the nursing leaders to sustain an EBP change. This was even after they identified the benefits of bedside shift report in improving care and the patient's experience. Ajzen (1991), in his theory of planned behavior, indicated that the intent to implement is driven by three elements: attitude, social norms, and perceived barriers. In this project, the perceived benefits and social norms were supported, but the perceived barriers hindered the intent to implement and sustain the practice. This indicates that the issue is not knowledge but rather structural in nature. Senior leaders need to address concerns related to the management of time, staff reluctance, and staffing issues.

There were limitations, including the small number of participants and the population from three hospitals in the southwestern United States. Even though the participants' answers were anonymous, the need to be "positive" regarding the questions because of the organization's commitment to BSR may have altered their answers. Data show that the educational session had benefits, including acknowledging the need for positive and consistent communication with staff, being present at the bedside for coaching, and moving beyond checking the boxes.

Conclusions

All three hospitals where the project was implemented have struggled with performing BSR consistently and effectively. The nurse leader's role is pivotal in implementing and sustaining BSR. The impetus behind this project was a lack of understanding about the purpose and importance of BSR. This proved not to be the case; barriers were and continue to be the reason for the inconsistent practice of BSR. This suggests that education is not the answer; rather, obstacles remain related to time management, staff resistance, and lack of adequate staffing.

Continuous improvement requires continuous education to safely and expeditiously implement EBP within nursing. In addition, senior leadership needs to analyze further the concerns regarding time constraints and how workload may be reassigned to increase intent to sustain EBP. This project's contribution to social change is the continued reinforcement of best practices for all patients, thus contributing to diversity, equity, and inclusion. Implementing and sustaining bedside shift report assists in creating a respectful and just workplace, thus addressing diversity, equity, and inclusion.

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Appendix A: Evidence-Based Questionnaire for Nurse Leaders

Demographic Data: Circle the answer that best applies to you. Provide additional information when prompted.

Age:

20-30 30-40 40-50 50+

Highest RN Degree:

Diploma/ADN BSN MS/MA MBA

Years of RN experience:

< 1-year experience 1-3 years experience 3-10 years experience

10-20 years experience 20-30 years experience 30+ years experience

Years of nursing management experience (supervising others):

< 1-year experience 1-3 years experience 3-10 years experience

10+ years experience

Sex:

Female Male Prefer not to say

Ethnic Group:

White Asian/Pacific Islander Black Hispanic / Latino

Multi-ethnic Prefer not to say

Other:

Have you participated in the PIE learning module at CommonSpirit Health?

Yes No

If Yes, when?

Please check the box that most adequately represents your opinion regarding bedside shift report, and provide any additional comments to further describe your response.

1. Bedside shift report provides nurses with relevant patient information.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

2. Bedside shift report helps nurses to solve issues in a timely manner.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

3. Bedside shift report improves communication between team members.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

4. Bedside shift report improves communication between nurses and patient/family.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

5. Bedside shift report improves the unit environment.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

6. Bedside shift report improves patient experience.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

7. Bedside shift report improves the quality of nursing care.

		☐	☐	☐
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments:

Appendix B: Evidence-Based Practice Beliefs Scale and Implementation Scale

Evidence-based Practice Beliefs Scale – Short Version

Below are 3 statements about evidence-based practice (EBP). Please use the scale provided to rate your level of agreement with each of the following statements. THERE ARE NO RIGHT OR WRONG ANSWERS.:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I believe that EBP results in the best clinical care for patients.	❍	❍	❍	❍	❍
2. I am sure that I can implement EBP.	❍	❍	❍	❍	❍
3. I am sure that implementing EBP will improve the care that I deliver to my patients.	❍	❍	❍	❍	❍

Evidence-based Practice Implementation Scale (Short Version)

Below are 3 statements about evidence-based practice (EBP). Please use the scale provided to rate your level of agreement with each of the following statements. THERE ARE NO RIGHT OR WRONG ANSWERS.:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I use evidence to improve patient outcomes in my healthcare setting.	❍	❍	❍	❍	❍
2. I implement the steps of the EBP process in my practice.	❍	❍	❍	❍	❍
3. I promote the use of EBP in my healthcare setting to improve outcomes.	❍	❍	❍	❍	❍

Note. From "Psychometric Properties of the Short Versions of the EBP Beliefs Scale, the EBP Implementation Scale, and the EBP Organizational Culture and Readiness Scale," by Melnyk, B. M., Hsieh, A. P., Gallagher-Ford, L., Bindu, T., Guo, J., Tan, A., & Buck, J., 2021, *Worldviews on*

Appendix C: PowerPoint Presentation to Nursing Leaders

The Role of Nurse Management in the Implementation and Sustainability of Bedside Shift Report

Reflection

The challenge of ***Leadership*** is to
Be strong, but not rude;
Be kind, but not weak;
Be bold, but not bully;
Be thoughtful, but not lazy;
Be humble, but not timid;
Be proud, but not arrogant;
Have humor, but not folly.

Jim Rohn
CommonSpirit

Purpose of Today's Meeting:

- Explain DNP project
- Gain participant consent
- Administer a demographic questionnaire, an evidence-based competency assessment, and a bedside shift report knowledge assessment
- Provide education and purpose of evidence-based practice in nursing and how that applies to bedside shift report
- Identify the current status of bedside shift report implementation at all 3 South Houston hospitals
- Discuss next steps

What is Evidence - Based Practice?

- It is a problem-solving technique
- Care based on evidence rather than ritualized practice
- Integrates evidence with patient preferences, patient assessments and clinical care
- It improves the overall quality and safety of patient care
- It requires behavioral change on the part of the nurse's practice pattern

Why is Evidence - Based Practice Important to Nursing?

What are the Barriers to Implementing and Sustaining EBP?

Organizational Barriers Include:

- Lack of administrative support and supervision
- Lack of training and education
- Limited resources
- Organizational cultures that reward routine, task-based practices
- Time restriction

Individual Barriers Include:

- LACK OF NURSES' KNOWLEDGE
- LIMITED SKILLS AND AWARENESS REGARDING THE USE OF EBP
- OVERALL RELIANCE ON POLICIES AND GUIDELINES WHICH LEADS TO DISEMPOWERMENT
- NURSES' ATTITUDE AND EXPERIENCE WITH EBP
- CHANGE TAKES TIME

CommonSpirit Commitment to Bedside Shift Report

- " The purpose of Bedside Shift Report is to share information between nurses, patients, and families. Bedside Shift Report provides an opportunity for patients and their loved ones to actively engage in care and decision making. By bringing this hand off to the bedside and including patients and family there is decreased risk of miscommunications. Bedside Shift Report also improves safety, quality, staff experience and patient experience.
- Bedside Shift Report helps us to live our Nursing Vision: Today and every day, we will work together with humankindness for all to advance the science and art of nursing"

Kathleen D. Sanford, DBA, RN FACHE, FAAN
Executive Vice President and Chief Nursing Officer
CommonSpirit Health

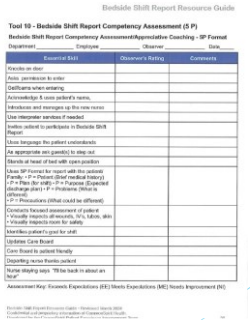
CommonSpirit Performance

- 78% of CommonSpirit patients responded "Yes" to receiving Bedside Shift Report (July 2023-January 2024).
- 76% stated it was effective.
- Patients who participated in Bedside Shift Report ranked CommonSpirit Health at the 89th percentile and those who did not participate ranked CommonSpirit Health below the 1st percentile.

Bedside Shift Report (Goal = 90%)						
	BRZ		Sugar Land		PMC	
	FY 24	FY25	FY24	FY25	FY24	FY25
Shift change nurses include plan / care	82.54	82.86	79.3	78.12	78.86	65.31
Nurses communicated at shift change	66.46	75.76	60.89	61.92	64.84	57.49
Staff visits met your needs	66.46	75.76	63.25	64.52	66.6	61.37

What is the role of nursing leadership in implementing evidence-based practice?

- Create a clear vision
- Explain the "why"
- Be both a participant and a facilitator of EBP
- Overcommunicate the purpose
- Provide ongoing education
- Use data to show the progress
- Ask for what you need to be successful
- Celebrate the wins


Bedside Shift Report Resource Guide

Tool 10 - Bedside Shift Report Competency Assessment (5 P)

Bedside Shift Report Competency Assessment/Appreciative Coaching - SP Format

Department: _____ Employee _____ Observer _____ Date_____

Essential Skill	Observer's Rating	Comments
Knocks on door		
Asks permission to enter		
Self-name when entering		
Acknowledge & uses patient's name.		
Introduces and manages up the new nurse		
Use interpreter services if needed		
Invites patient to participate in Bedside Shift Report		
Uses language the patient understands		
As appropriate ask guest(s) to step out		
Stands at head of bed with open position		
Uses SP Format for report with the patient: Family: • P = Patient (Brief medical history) • P = Plan (for shift) • P = Purpose (Expected discharge plan) • P = Problems (What is different) • P = Precautions (What could be different)		
Conducts focused assessment of patient • Visually inspects all wounds, IV's, tubes, skin • Visually inspects room for safety		
Identifies patient's goal for shift		
Updates Care Board		
Care Board is updated friendly		
Departing nurse thanks patient		
Nurse staying says, "I'll be back in about an hour"		

Assessment Key: Exceeds Expectations (EE) Meets Expectations (ME) Needs Improvement (NI)

Next Steps

- Results of the survey data will be analyzed and presented to you for future nursing management implications
- Bi-weekly patient experience meetings will be conducted to address progress in the implementation/reimplementation of bedside shift report including presentation of current data as well as identified barriers to success.
- Staff meeting agendas regarding progress of bedside shift report consistency and effectiveness will be developed in a standardized approach.

Questions?

Appendix D: Posteducation Evaluation

1. Did this presentation improve your understanding of evidence-based practice?

   Yes _____

   No __

2. What did you find most valuable about the session?

3. How is evidence-based practice important to bedside nurses?

4. How do you plan to use the information to hardwire bedside shift report?

5. What are the essential requirements for nursing managers for a successful implementation of bedside shift report?

6. What barriers, if any, will you have in sustaining bedside shift report?

Thank you for completing this survey!