

## Sample Implementation Plan – Bedside Shift Report

Action	Comments	Completion Date	Person
<b>Selected Nursing Units</b>			
Leaders/staff to attend Task Force Meetings	Q 2 weeks; add new members (staff, IS, Supervisor)	Ongoing	Leaders, staff
Select Units/date for implementation	All units – same go-live date	Go Live: April 9 a.m.	All leaders/ staff
Inform unions, medical staff and employees of intent	MNA discussion at January LMC meeting; MEC discussion February 4	Monthly until post-implementation evaluation done	Team Chair
Inform employees of intent	Discussion with staff at upcoming staff meetings and via rounding and postings	Pre-implementation	Leaders
<b>Collect Baseline Data and Establish Goals</b>			
Determine metrics you will monitor	Shift Change Carry-Over time; HCAHPS; Staff Satisfaction; falls; med errors; physician satisfaction	Ongoing	Team Chair/ Leaders
Establish process for data collection of metrics	Use established processes (payroll, Arbor, Quantros; satisfaction surveys). Recommend NDNQI RN satisfaction survey in September (vs. May) – at same time as hospital survey	Ongoing	Team Chair/ Leaders
Collect /gather additional baseline metrics	done	Before go-live	Team Chair
Establish a goal for improvement	done	Before go-live	Task Force
Establish time-frame for periodic re-assessment	done		Task Force
<b>Develop New Process</b>			
Establish new process/tools for bedside shift report; customize for unit-specific use; documentation considerations	Research literature and contact other hospitals for examples; Computerized documentation of shift report (and note if bedside shift report wasn't conducted and why);	Prior to March 18	Task Force
New White Board Purchases/Installation	Determine need for white board replacement prior to go-live; purchase/install as needed	Prior to Go-Live	Nursing Leaders
<b>Conduct Staff Training</b>			
Plan for training sessions (determine methods, dates etc. one-on-one, table top self-learning), Develop training materials (presentation, forms, etc),	3 hour training; do Sepsis follow up training during same session;	Prior to March 18	Task Force
Schedule and conduct trainings	1-2 trainings to be offered at BHC location; Training March 18-27 (pre-schedule for that timeperiod starts soon);	March 19, 21, 26 (add two sessions at BHC)	Task Force
Apply for CEUs for training	Need task force volunteer to work w/ CME Team on this	Prior to March 18	CME Coord

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<b>Engage other areas</b>			
Communicate process to ancillary leaders/physicians.	Notify: Rad, Lab, Cardiopulm, Physicians, Hskpg		Team Chair
Bedside Shift Report incorporated into new RN orientation	done		Nursing Leaders
Executive team to focus rounds on recognition of nurses doing Bedside Shift Report.	Ongoing; include story on “OB win” in Newsletter		Admin Team
<b>Implement</b>			
Begin Bedside Shift Report	All departments go-live on same day; done	April 9	Leaders/ Staff
Go-Live Support: Establish schedule for task force members to round and support process during change of shift– especially during initial implementation.	done	7-10 days (go-live and following days/ nights)	Task Force
Assess the need to modify the way in which assignments are made on units during the implementation	done		
<b>Receive Feedback and Communicate Results</b>			
Develop a brief presentation/report and include results	Pillar Boards; done	Post-Live	Task Force
Publish article in employee newsletter	done	Post-Live	Task Force
<b>Evaluating Bedside Shift Report (hardwiring)</b>			
Unit Nurse Leader Rounding on employees	Ongoing; ICU struggling with hardwiring; Med/Surg – Super!; LTC – concern voiced from surveyor (resolved).	Post-Live	Task Force
Nurse Leader rounding on patients	Inpatient Pysch – Patients love;	Post-Live	Leaders
Give feedback to staff on process	done	Post-Live	Task Force
Provide names of nurses to Admin Team for writing Thank-you notes.	Done/ongoing	Post-Live	Task Force
Determine applicability of bedside shift report to improve process of other hand-offs (e.g., inter-departmental)	Date set	Post-Live	Task Force