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Using the Bedside Care Conference to Improve the Patient Experience

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**Abstract**

Improving the patient experience of hospital care is a priority for nursing leaders. The terms patient satisfaction and patient experience have been used interchangeably to define the patient's unique perspective on care quality and the impact of patient engagement on health outcomes. Patients and families experience suffering when their expectations are not congruent with their care in the hospital setting, and there are significant cost and financial implications for organizations that do not reach performance thresholds. Communication with nurses is highly correlated to overall patient satisfaction in the Center for Medicare and Medicaid (CMS) Hospital Consumer Assessment of Providers and Systems (HCAHPS) survey, a key driver for hospital reimbursement. The aim of this quality improvement project was to improve hospitalized patients' perceptions of nurse communication, specifically nurses listening, according to the HCAHPS survey. The intervention was the use of the bedside care conference in place of the traditional bedside shift report on a twelve-bed intermediate care unit. The care conference integrated a communication framework and checklist based on the Compassionate Connected Care model.

**Keywords:** bedside shift report, Compassionate Connected Care, nurses listen carefully

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## Using the Bedside Care Conference to Improve the Patient Experience

### **Introduction**

The landmark Institute of Medicine Report, *Crossing the Quality Chasm* (2001) lists patient centered care as one of the six defining goals for United States healthcare in the 21<sup>st</sup> century. At this time, the nation's healthcare system had begun the evolution from traditional fee for service to a value-based model, with an appreciation for the impact of patient involvement on care outcomes, including cost. In 2002, the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) developed a survey to evaluate patients' hospital care experiences. This survey, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) provides local, regional and national comparisons of patient satisfaction performance.

The terms patient satisfaction and patient experience have been used interchangeably to define the patient's unique perspective on care quality and the impact of patient engagement on outcomes. In an effort to drive safety, quality and value, health care policy and regulatory agencies have incorporated patient satisfaction into healthcare reform and reimbursement models. For acute care hospitals, the measurement and reporting tool is the HCAHPS survey. The CMS Value Based Purchasing (VBP) program penalizes those organizations who are not improving at a rate comparable to or better than the nation. In addition, for public reporting, of HCAHPS and other outcomes. CMS developed a star rating system for consumers.

The HCAHPS survey (2015) is organized into nine topic areas that are indicators of satisfaction. These include communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medications, discharge

information, cleanliness of the hospital, quietness of the hospital environment, and transitions of care. In developing the HCAHPS survey, researchers conducted focus groups across four cities in the United States with patients who had been recently hospitalized, or their close family members, to identify which domains of hospital care were of most relevance to the healthcare consumer and patient. Among the most important items that participants identified as most important were communication with nurses, communication with doctors, and responsiveness of hospital staff. These participants rated these as important enough to influence their choice of hospital for care (Sofaer, Crofton, Goldstein, Hoy, & Crabb, 2005).

The Press Ganey organization conducts the HCAHPS surveys on behalf of acute care hospitals and provides resources to hospitals to improve performance. For scoring, only the “always” or top box response is reported, and data is reported at the hospital and unit level. In the Press Ganey database of over 3,000 organizations (2013), the researchers identified nursing communication as a “rising tide” measure, with nurse communication highly correlated to overall hospital rating. The three questions in the HCAHPS nursing communication domain ask patients to respond by choosing a frequency category of never, sometimes, usually and always. The questions are: “During this hospital stay, how often did nurses treat you with courtesy and respect, listen carefully to you, and explain things in a way that you could understand.

In the United States, researchers conducted a telephone survey of over 27,000 patients who had been recently discharged from an acute care hospital to determine which questions were most correlated with overall inpatient experience. The “communication with nurses” HCAHPS domain was the most strongly correlated with overall experience (Kemp, McCormack, Chan, Santana, & Quan, 2015).

Based on a survey of over 800 patients and 500 physicians, The Schwartz Center for Compassionate Healthcare (2011) reported that while compassion is considered “very essential” to successful care, only 53% of patients and 58% of physicians said that is regularly provided. The authors call for national quality standards that include measures of compassion, research to determine how and which compassionate care behaviors lead to improved outcomes, and payment models that reward compassionate care. In an essay on the topic, Dr. Tomas Lee (2013) notes the reluctance with which care providers embrace the word suffering. He describes the anxiety or suffering inherent in disease, and the avoidable suffering that results from flaws in the delivery system, or when clinicians fail to meet patients’ needs.

The Compassionate Connected Care model (Dempsey & Mylod, 2016) provides the framework for this quality improvement project. The model was developed through research with over one hundred doctors, nurses, and patients in the United States to identify what patients need beyond symptom or disease management, to reduce or prevent suffering. It lists caring behaviors, as well as operational efficiency, clinical excellence and team culture as fundamental to providing Compassionate Connected Care (Figure 1). The caring behaviors in the model are to acknowledge suffering, recognize that anxiety is suffering, pay attention to verbal and non-verbal communication, make personal connections to see the person behind the diagnosis, promote patient autonomy and improve care coordination.

This quality improvement project takes place on the progressive care unit of an acute care hospital that is part of a nation-wide enterprise of over 180 hospitals. For a hospital, the VBP impact of HCAHPS performance represents tens of thousands of dollars annually. At the enterprise level, the annual payment impact of HCAHPS performance can be as high as eight million dollars.

In the hospital, the nursing shift handoff is a frequent and important opportunity to demonstrate nursing communication, particularly listening carefully. The handoff is an opportunity for nurses at the change of each shift to transmit information to and about patients, in front of patients. This may include clinical assessments and updates to the nursing care plan. Occurring at the bedside, it enhances patient safety through patient involvement. For this quality improvement project, the progressive care unit adopted the bedside care conference with the goal of improving the progressive care unit's HCAHPS performance on nursing communication, specifically, nurses listening carefully to patients.

### **Problem Description**

Performance at or above the HCAHPS 90<sup>th</sup> percentile is a strategic hospital and system priority due to the financial implications, the need to enhance patient loyalty, and to improve care quality through patient engagement. Nurse communication is highly correlated to the patient's overall experience. The nurse leader on the progressive care unit, which is the setting for this quality improvement project, had already implemented several practices to improve nurse communication including hourly rounding by nurses, the use of bedside shift handoffs and daily nurse leader rounding. Despite these efforts, the progressive care unit's HCAHPS performance for nurse communication remained below the 90<sup>th</sup> percentile goal.

In the fall of 2019, the nursing team evaluated the Compassionate Connected Care model and its potential for improving nurse communication through an enhanced bedside report or care conference. Before the introduction of the bedside care conference, nurses on the progressive care unit conducted bedside shift reports, initiating handoffs outside of the patient's room, and then moving to the bedside to make introductions and perform a check of intravenous lines and



tubes. At this time, the unit's performance on the "nurses listen carefully" question was 76%, which was below the CMS 90<sup>th</sup> percentile of 83% top box score for this question.

### **Available Knowledge**

Handoff communication is a regular activity among nurses in all hospitals and the shift change is one of the most important handoff practices. Traditional shift change occurs two to three times daily and involves information transfer from the off going to the oncoming nurse. This vital exchange of information sets the tone and the agenda for the upcoming shift. Prior to the advent of the bedside shift report, the patient or family were not always involved.

There have been numerous reported benefits for patients and nurses associated with bedside shift reporting. Anderson and Mangino (2006), in an adult care unit in an urban medical center in the United States, found improvements in nurse and patient satisfaction, with nurses reporting the ability to visualize patients earlier in the shift compared with traditional handoff methods. Patient and nurse satisfaction were reported in a similar study conducted on a pediatric neuroscience unit (Tidwell, Edwards, Snider, Lindsey, Reed, Scroggins, Zarski, & Brigance, 2011). Reinbeck and Fitzsimmons (2013) implemented the bedside shift report in an academic hospital setting through communication standardization and reported improvements in HCAHPS survey results.

Sand-Jecklin and Sherman (2014) conducted a quantitative assessment of outcomes in a blended version of recorded and bedside report in seven medical surgical units in a large university hospital in the United States. In this research, nurses reported that bedside shift report was effective and enhanced patient safety. Patients perceived better nurse-to-nurse communication and more involvement in their own care.

Ford and Heyman (2017) evaluated the impact of the frequency and consistency of shift handoffs. There was a statistically significant positive correlation between the patient's response of "always" receiving a bedside handoff and patient perceptions of satisfaction, understanding of the plan of care and overall safety. In fact, in cases where the shift handoff occurred "most of the time" or "rarely," mean scores for patient perceptions of overall satisfaction, involvement or safety were not significantly different.

Riesenberg, Leitzsch, and Cunningham (2010) conducted a systematic review and located 99 articles on nursing handoffs in the United States. These represented anecdotal, intervention and other mixed methodologies. The authors identified strategies and barriers to effectiveness. Communication skills, training and education, staff involvement and leadership were the most identified and effective strategies. The barriers were communication difficulties, inadequate leadership, and lack of training. In community hospital settings, Scheidenhelm and Reitz (2017) and Faloon, Hampe, and Cline (2018) increased nurse compliance with bedside shift reports and improved patient satisfaction scores through education, checklists, and ongoing monitoring.

The Nursing Alliance for Quality Care (2013), a consortium of nursing and consumer advocacy organizations created a consensus document for improving health care. The document highlighted the role that nurses play in care improvement through communication, and care coordination. Patients require information and education in order to make effective decisions about their care, and to understand the consequences of their decisions. Involving the patient in true partnership with the healthcare team makes this possible (Barry & Edgman-Levitan, 2012).

In a study of 978 hospitalized surgical patients, Iannuzzi, Kahn, Zhang, Gestring, Noyes, & Monson (2015) found clinical complication rates were among variables negatively associated with patient satisfaction and that satisfaction with provider communication was the strongest

predictor of patient satisfaction. In research over multiple acute care settings in the United States, Kahn, Iannuzzi, Stassen, Bankey, & Gestring (2015), found that patient perceptions of interactions with the care team were strong predictors of patient satisfaction.

Dempsey and Assi (2018) identify the role of nurse leaders in quality improvement efforts. They describe accessible and responsive leaders as the foundation to staff engagement, which is a key driver of clinical outcomes. Successful nurse leaders provide support to enable team cohesion, and the promotion of empathy and trust. High performing care environments contribute to clinical excellence, population health and improved human resource outcomes. Nurse leader rounding is proactive daily rounding by nurse leaders to identify deficiencies in the quality of care being provided, gather feedback from patients and provide staff coaching and recognition. Nurse leader rounding has been associated with improved patient perceptions and enhanced rates of overall improvement in the Press-Ganey database (Morton, Brekhus, Reynolds & Dyke, 2014).

### **Rationale**

This project aligns with the organization's priorities to achieve and maintain high performance in HCAHPS overall care rating by improving nursing communication. The care conference operationalizes elements of the Compassionate Connected Care model (Figure 1) to influence the patient's experience of nurse communication. According to the model, clinical excellence is expressed in actions such as hand hygiene, staff introductions, patient identifiers and intravenous line tracing. Operational efficiency is reflected in attending to a smooth transition for the staff and the patient. Caring is evidenced through body language, non-verbal communication, and prompts for patient responses.

## Specific Aims

The aim for this project was to improve the top box performance or “always” response to the question, “During this hospital stay, how often did nurses listen carefully to you?” by at least three percentage points from 76% to 79% for the progressive care unit. Press Ganey subject matter experts advised three percentage points per quarter as an actionable and targeted improvement goal for this project.



## METHODS

### Context

The setting for the bedside care conference intervention is a twelve-bed intermediate care unit in an 86-bed community hospital in southern New Hampshire. The hospital is part of a large health system that has a strategic goal of improving the overall patient experience by improving patient perception of nurse communication. The unit had a history of variable performance in HCAHPS nurse communication (Figure 2). The key tactics already in place on this unit to support the improvement goal included hourly nurse rounding on patients, communication boards at the bedside and daily nurse leader rounding on all patients. Nursing hourly rounds are documented on the communication board and daily nurse leader rounding is recorded in an electronic rounding platform, a proprietary software tool. The rounding platform (Figure 3) has patient interview questions, prompts for evaluating the communication board, and an opportunity to record staff recognition and coaching events. This rounding data was validated by comparing these rounding percentages with patient responses to an HCAHPS’s survey question “Did a nurse leader visit during your stay?”

The progressive care unit is comprised of private patient rooms with a staff of approximately twenty full-time equivalent registered nurses. The nurse to patient ratio is 1:3 or at a maximum, 1:4. All of the nursing staff work twelve-hour shifts. Team huddles and bedside handoffs occur at these two shift changes. These are held at the unit communication board which is updated by the nurse leader with performance reports on quality, safety and patient experience including Press Ganey top box scores for nurse communication. At the end of the third quarter of 2019, the nursing leadership team launched the bedside care conference to accelerate the unit's progress through a three stage quality improvement project.

The organization's nurse leaders had access to best practice resources to improve HCAHPS performance and the support of the division subject matter expert who created the bedside care conference document, checklist and education (Dodd, 2019). As a team, they focused on driving improvements in nurse communication since this area is highly correlated to the overall care rating. The material elements of the quality improvement project included an online learning assignment for the nursing staff, and written handouts for staff and patients developed by the division nursing leadership team. Staff education was completed during regular scheduled shifts using the hospital's on-line learning management system. The cost of the project included the printing of materials for staff and patients and are outlined in Table 1.

### **Intervention**

At the end of the third quarter of 2019, the organization's chief nursing officer and inpatient nursing directors, with input from the staff nurses and division nurse leaders, adopted the bedside care conference checklist and education (Appendix A and B). The care conference incorporated the Compassionate Connected Care model features of clinical excellence, operational efficiency, caring behaviors, and high performing culture. The 45-day intervention

period included the time for staff to complete online learning, participate in team huddles and make modifications to the handoff process. The project had three parts.

First, in October of 2019, the care conference was introduced in team huddles and one-on-one discussions with the nurses by the unit's nursing leader with emphasis on current HCAHPS performance in nurse communication and the reason for the changes. The leader identified nurse champions to lead the shift huddles and enlist buy-in for the change. Online education on how to complete the care conference was assigned to all of the nurses across all shifts on the progressive care unit to be completed within 45 days.

The education module described the care conference as a tool for transitioning from nursing focused to patient focused communication, comparing and contrasting the two methods of handoffs. Both types of handoffs focus on the plan of care for the upcoming shift. In the bedside shift report, however, nurses share the plan with each other, there is no platform for the patient to ask questions and the patient is referred to in the third person. The education on the care conference emphasized the value of sitting at the bedside, involving the patient and using key words and pauses to improve communication. The conference is conducted using the SBAR format, moving from situation, background, assessment to recommendation with relevant updates to the communication board after pauses for patient questions. The exchange closes with updates to the communication board, summarizing the plan of care using patient versus nurse-focused language.

The second phase of the project consisted of distributing the bedside care conference checklist during shift huddles. Staff from both oncoming and off going shifts were invited to share barriers and successes to implementation. The nurse leader was present in the team


huddles to hear staff feedback and identify resources for support. After the team huddle, staff nurses would disperse to the bedside to hold the conferences.

In the final phase, the unit leader conducted nurse leader rounds Monday through Friday with an alternate leader conducting weekend rounding with the digital rounding tool. Prior to beginning the day's nurse leader rounds, the nurse leader interviewed each nurse individually to talk about the care conferences that occurred at the start of their shift. The nurse leader then performed an independent nurse leader round, asking the patient and family if the bedside care conference occurred, evaluating the quality of the communication on the patient's white board, and determining if a personal connection was made by the staff nurse with each patient. The nurse leader provided coaching or feedback with the nurse immediately after completion of the independent patient rounding. Information including the number of nurse leader rounds completed, patient feedback and staff coaching were recorded in the digital rounding tool.



### **Study of the Interventions**

The conference integrated specific key words, nonverbal communication and other caring behaviors to improve patient perception of nurses listening. The team shift huddles allowed the leader to reinforce expectations and gave the nurses the opportunity to celebrate successes. During the huddles, nurses shared observations and stories about what worked well, what patients said and the bedside nurses' perspective on additional process improvements.


The daily nurse leader rounding on each staff member and patient on the unit was designed to reinforce the desired outcomes of the bedside care conference. To illustrate, one of the questions asked by the nurse leader during the pre-rounding interview with the nurse was, "Tell me about a personal connection you've made with this patient so I might build on it in my rounding." Rounding by the nurse's assignment streamlined the process for the nurse leader to

recognize performance patterns, give feedback, and recognition. The rounding logs were shared daily with the nurse leader and demonstrated that rounding was completed on at least 90% of the patients on the unit the previous day. Since many of the patients were admitted to the unit during the evening and overnight hours when the nurse leader was not present, there was an introductory script or “welcome round” for the patient’s orientation to the unit (Appendix D). This greeting was performed by the night nursing supervisor and entered into the electronic rounding tool. 

### Measures

The outcome measured for the QI project was the unit’s quarterly Press Ganey “always” response to the question, “During this hospital stay how often did nurses listen carefully to you?” The survey was administered by the Press Ganey organization who were blind to the improvement project. The “always” or top box response is the score reported for HCAHPS purposes. Other frequency responses included “never”, “sometimes” and “usually”. All of these results were downloaded from the Press Ganey online portal at the end of the quarter.  Process measures for this project included the percentage of nurses that completed the online education, and percentage of patients rounded on by the nurse leader during the 45-day intervention period. 

### Analysis

A quantitative analysis was completed on the Press Ganey survey responses for the progressive care unit for three time periods associated with the quality improvement project. The relevant data were the number of responses and the top box and frequency responses for three quarters. The third quarter of 2019,  which represents the baseline period, the fourth quarter of 2019 when the quality improvement project started, and the first quarter for 2020. In addition to the top box “always” score, it reported frequencies for the “never”, “sometimes” and “usually”



responses and whether a nurse leader had visited the patient. The analysis also included number of survey responses by quarter.

### **Ethical Considerations**

Before undertaking these activities, it was determined that this project met the standard for quality improvement and did not require Internal Review Board approval. The nurses were informed about the project through staff meeting communications, shift huddles and individual rounding with the nurse leader. All patient survey data are de-identified and stored securely in a password protected computer program.

## **RESULTS**

The intervention period, which included nursing staff education, team huddles and nurse leader rounding started at the end of the third quarter of 2019 and lasted 45 days. Twice daily huddles were conducted throughout the intervention. Eighty percent of the nurses completed the online education within the required timeframe. The nurse leader rounding remained consistent at 90% or more throughout the three quarters.

Table 1 shows the baseline 3<sup>rd</sup> quarter 2019 data and two quarters of performance after the quality improvement project started. It includes the frequency distributions for the percentage of progressive care unit patients who responded to the question, “During this hospital stay, how often did nurses listen carefully to you?” In the first quarter after implementation, the top box was 84%, an 8-percentage point increase, exceeding the HCAHPS 90<sup>th</sup> percentile score of 83%. At the same time, “sometimes” responses decreased to from 11% to 3%. For the final quarter, the top box score decreased from 84 to 78%. At this time, all of the patient responses were clustered in the “usually” and “always” categories, indicating improved perception of nurse listening and achieving the initial targeted goal of 79%. In addition to these top box

improvements, the sum total of the top two frequency categories, “always” and “usually”, improved from 88% in the 3<sup>rd</sup> quarter to 97% in the 4<sup>th</sup> quarter 2019. These totaled 89% at the end of the project, in the 1<sup>st</sup> quarter of 2020. There was a significant increase in responses over the course of the project. Table 3 indicates the number of responses by quarter.

Table 1

*HCAHPS Survey Results and Comparisons*

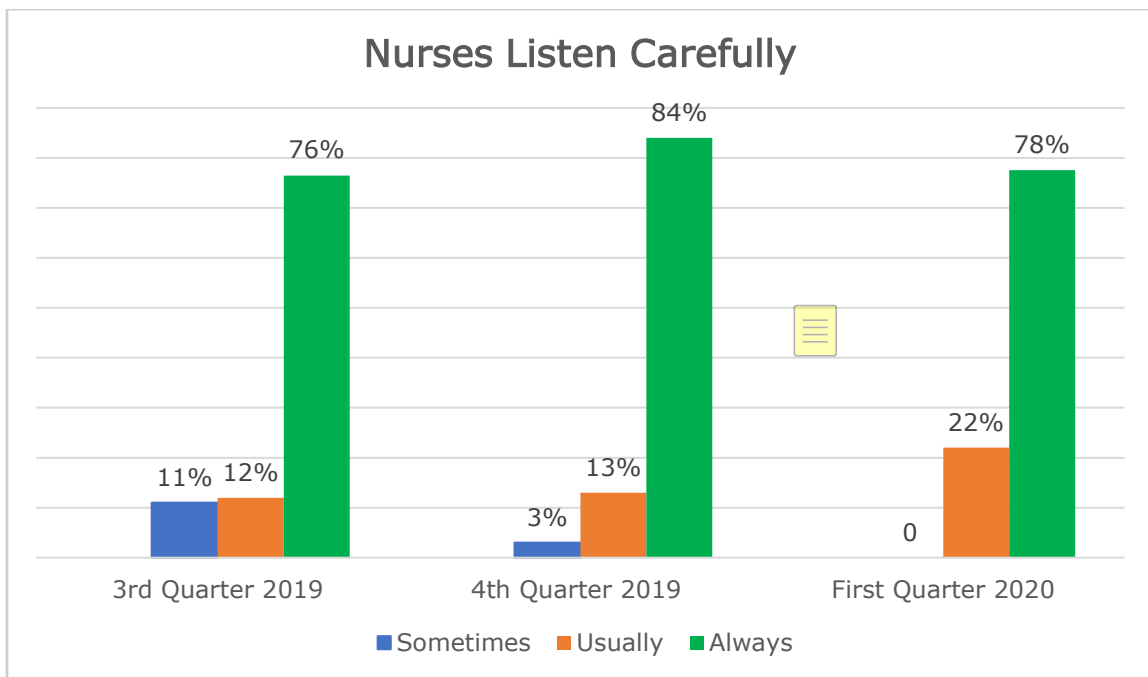
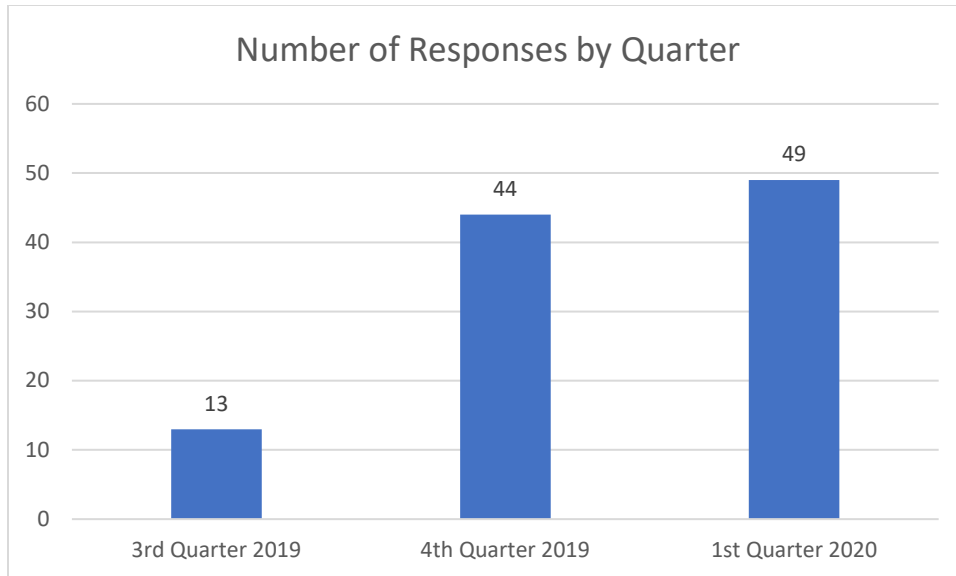


Table 3

*Number of Responses by Quarter*



## DISCUSSION

### Summary

This quality improvement project enabled the transition from bedside shift report to a bedside care conference through staff education, team huddles and nurse leader rounding. It was associated with improved top box scores for HCAHPS responses on nurses listening carefully for the progressive care unit. The baseline top box score improved from 76% to 78%, reaching 84% in the period after initial implementation. In addition to the improvement in the “always” response for both quarters, there was movement of responses from “sometimes” to “usually” responses, another indicator of improving performance. There were no observed or reported negative outcomes. There was a significant increase in the number of patient responses in the two quarters after the introduction of the bedside care conference. This may have been a result the change in methodology by the Press Ganey organization from a phone to paper survey at the

start of the 4<sup>th</sup> quarter 2019. The survey methodology shift may have led to the increased number of respondents.


### **Interpretation**

The bedside care conference encouraged the staff to use a communication framework that demonstrated listening to patients and involved patients more actively in their care plan. The shift huddles enhanced the staff nurses' adoption of the change. Daily rounding by the nurse leader was an opportunity to create a feedback loop for recognition and coaching.

### **Limitations**

Nurse communication and patient experience measurements reflect only those patients who are eligible and who chose to complete the survey. The responses do not reflect the nurse communication perceptions of all patients on the progressive care unit. In addition, due to the CMS exclusions, it does not include perspectives of patients or families who died in the hospital, patients who were discharged to hospice or who received psychiatric services. Patient responses were collected by Press Ganey over a six-week time period after hospital discharge. Responses are dependent on patient recall. Memories and perceptions may change or be forgotten over time. In addition, it is possible that the patient's recall of nurse communication included communication from other care providers, not just nurses. Family members participated in the care conferences with the patient's permission. However, for the last week of the quarter, the hospital implemented changes in visitation policies due to Covid-19 concerns. These visitor restrictions may have influenced the patient perceptions and scores.

## Conclusions

The use of the bedside  care conference, supported by team huddles and nurse leader rounding were associated with improved HCAHPS scores for nurses listening carefully on the progressive care unit. This project was aligned with the organization's priorities to improve HCAHAPS scores by improving nurse communication, driving these results through the bedside care conference, daily nurse leader rounding and team huddles.



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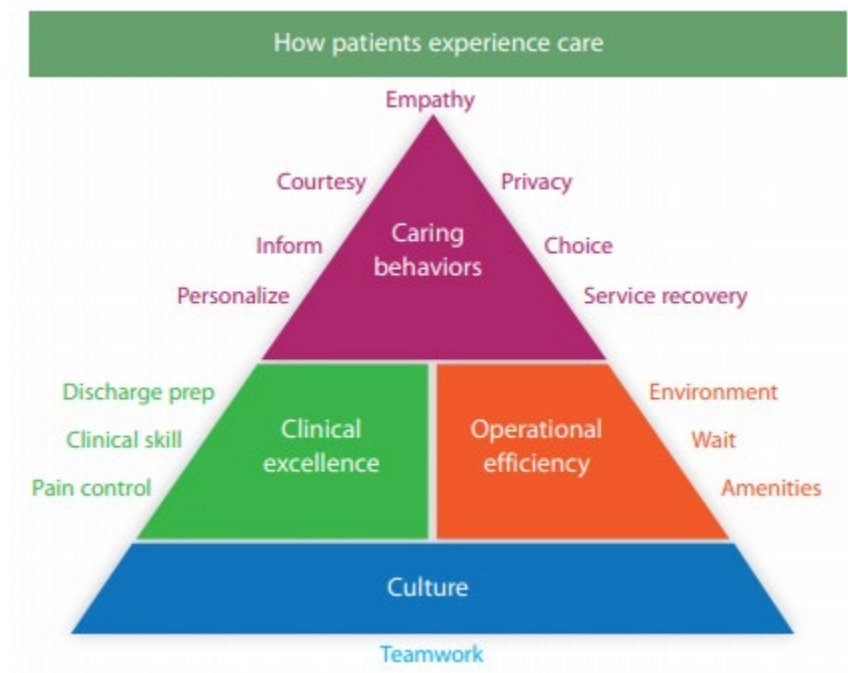
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**Appendices**

Table 1.  
*Cost of Bedside Care Conference Quality Improvement Project*

Resource	Cost
Print materials	\$120.00
Total cost	\$120.00

Figure 1.  
*Compassionate Connected Care Framework*



Note: Dempsey, C., & Mylod, D. (2016). Addressing patient and caregiver suffering.

Figure 2  
Historical Scores for "Nurses Listen" for the Progressive Care Unit

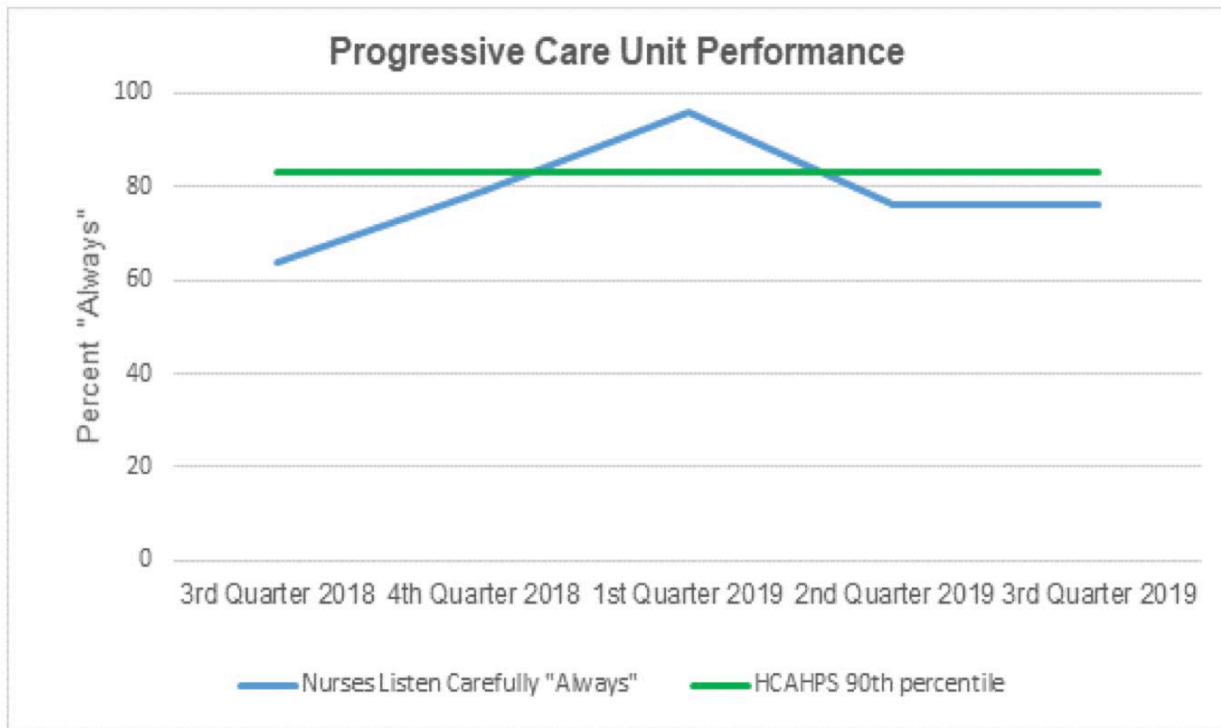
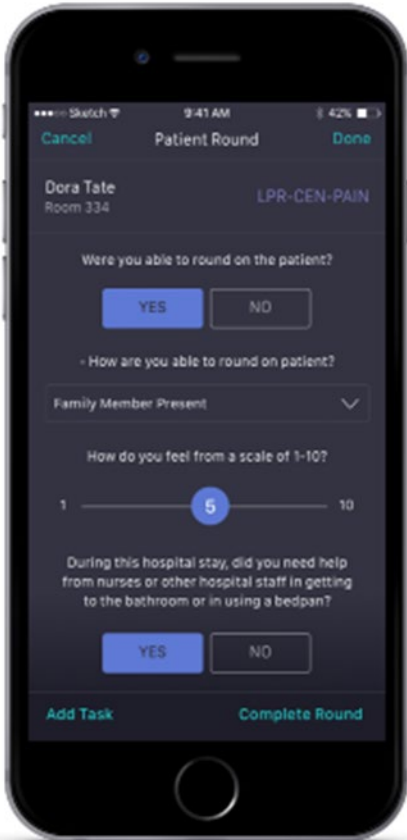









Figure 3  
*Orbit Nurse Leader Rounding Tool*



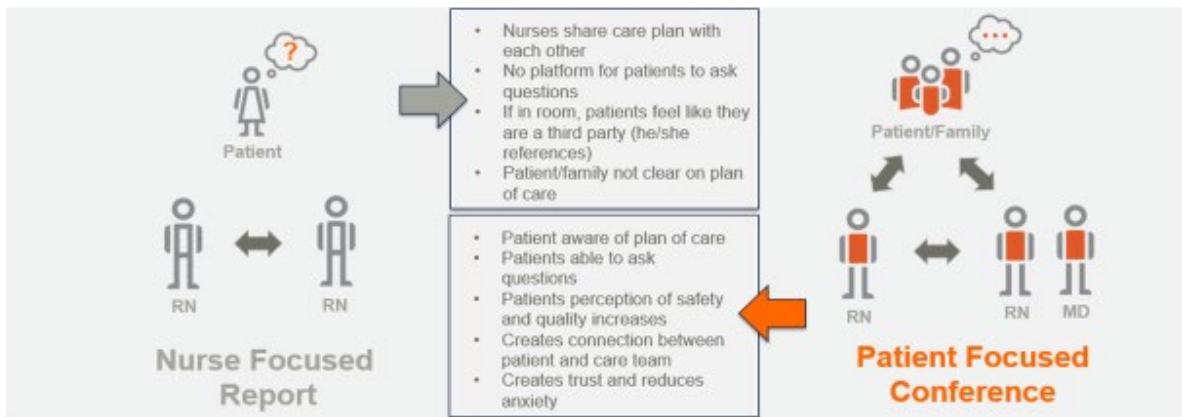
Appendix A  
*Bedside Care Conference Checklist*

<b>Bedside Conference Checklist</b>	
<p><b>Situation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perform hand hygiene and narrate care</li> <li><input type="checkbox"/> Greet the patient using preferred name</li> <li><input type="checkbox"/> Manage Up</li> <li><input type="checkbox"/> Introduce self, oncoming RN and Conference format</li> <li><input type="checkbox"/> Verify patient identifiers and address family (HIPPA)</li> <li><input type="checkbox"/> Review and verify:                             <ul style="list-style-type: none"> <li>• Provider/s</li> <li>• Allergies</li> <li>• Code status</li> <li>• Precautions</li> </ul> </li> </ul>	<div style="text-align: center;"></div> <p><b>My Care Board</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RN Name - oncoming</li> <li><input type="checkbox"/> Provider names</li> <li><input type="checkbox"/> Patient Preferred Name</li> <li><input type="checkbox"/> Activity</li> <li><input type="checkbox"/> RN phone number</li> </ul>
<div style="text-align: center;"></div> <p><b>Pause For Patient Questions</b></p>	
<p><b>Background</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss pertinent history related to admission</li> <li><input type="checkbox"/> Review pertinent labs/vital signs/ intake and output</li> <li><input type="checkbox"/> Review orders</li> <li><input type="checkbox"/> Review any planned treatments for <u>today</u> (any prep?)</li> <li><input type="checkbox"/> Review diet orders</li> <li><input type="checkbox"/> Review fall history and precautions</li> </ul>	<div style="text-align: center;"></div> <p><b>My Care Board</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan for the day</li> <li><input type="checkbox"/> Diet</li> <li><input type="checkbox"/> Activity</li> <li><input type="checkbox"/> Patient: Most important thing and goals</li> </ul>
<div style="text-align: center;"></div> <p><b>Pause For Patient Questions</b></p>	
<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess IV site date and tubing</li> <li><input type="checkbox"/> Complete ITRACE</li> <li><input type="checkbox"/> Review core measures and manage up the process/narrate care</li> <li><input type="checkbox"/> Assess pain</li> </ul>	<div style="text-align: center;"></div> <p><b>My Care Board</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain scale and medication with last dose given</li> </ul>
<div style="text-align: center;"></div> <p><b>Pause For Patient Questions</b></p>	
<p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report <u>upcoming</u> procedures, labs and treatments</li> <li><input type="checkbox"/> Review the patient's understanding of the daily plan</li> <li><input type="checkbox"/> Complete final safety check</li> <li><input type="checkbox"/> Ask patient if they have any final questions</li> <li><input type="checkbox"/> Ask patient if they need anything before you go</li> <li><input type="checkbox"/> Set time for return visit (back within the hour)</li> </ul>	<div style="text-align: center;"></div> <p><b>My Care Board</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discharge Plan</li> </ul>

Appendix B  
*Excerpts from Staff Education Module*


## Bedside Care Conference

### Patient Focused Communication



### Conference At A Glance

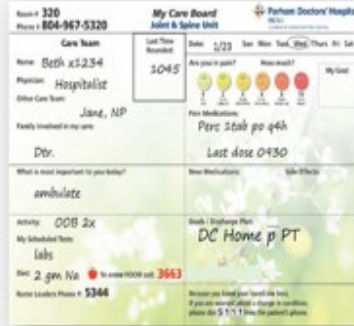
**S** – Situation  
**B** – Background  
**A** – Assessment  
**R** - Recommendation

 My Care Board Update

- Educate the patient and family. Ask for permission to speak in front of family
- Include the patient in the conference: talk to them - not about them
- Manage up the care team
- Say thank you

# My Care Board

- Is a visual tool for the patient to see a summary of their plan of care.
- Should be updated every shift during the Bedside Conference and as needed
- Like the verbal communication, it should be patient focused not nurse focused.
- Should not be left blank (looks like incomplete care)



Nurse Focused



Patient Focused



## Appendix C

*Information for Patients and Welcome Round*

## My Bedside Conference

At (our facility name) we perform a Bedside Conference with every shift change. We do this to keep you safe and to make sure you (and your family) understand your plan of care for the day. We want you to participate and feel free to ask any questions that you may have.



### My Care Board

The My Care Board is a visual tool that we use to keep our patients and their families up to date on their care. You will see our team update the information daily.



**We Pause For Patient Questions**