Background
At Penn State Hershey Children’s Hospital, Patient- and Family-Centered Care was adopted a decade ago with creation of a Family Advisory Council. An assessment conducted in 2009 identified that communication between staff and the family needed to be improved. To address this need for improvement, the Children's Hospital Patient Satisfaction Council, on which a Family Advisor is a standing member, began development of the Bedside Shift Report initiative.

Pilot Program
The first step in implementation of this initiative was a pilot program on one wing of the Children's Hospital. Initially, nurses expressed apprehension and concern about the process and how well patients/families would respond. In response to these anxieties, families who participated in Bedside Shift Report were personally interviewed about their perspectives and opinions on the initiative.

Nurses participated actively in Bedside Shift Report with successful results during the first two months of the pilot program. However, compliance decreased at the bedside. Nurses taking part in the pilot program performed change of shift report outside of the patients’ rooms rather than engaging the patients/families at the bedside inside the room.

Hospital Implementation
To revitalize this initiative, Bedside Shift Report was implemented throughout the Children’s Hospital (i.e., Acute Care, Oncology, Intermediate Care, Intensive Care and Neonatal Intensive Care). All members of the nursing staff participated in mandatory education through a self learning curriculum and in-services. Training included information about the best practice, the process, and potential benefits to patients, families and staff. Opportunities to practice, ask questions, and express concerns were provided.

A tool kit was created to assist each unit’s staff with implementation of Bedside Shift Report.

Outcome
- Peripheral IV infuses are discovered sooner, preventing infiltrate related harm.
- Patients and families correct or provide pertinent medical related information, preventing medical errors and miscommunications.
- Patients and families contribute to the development of the nursing plan of care.
- Nurses address immediate needs, decreasing call light use and interruptions during shift change.
- Nurses reported improved team work, peer-to-peer accountability and communication.
- Nurses perceived more efficient use of time at shift change.

Collaboration with Patients/Families
The Family Advisory Council was integral to implementation of Bedside Shift Report. Through partnership with the Children’s Hospital Patient Satisfaction Council, improvements were made to the educational materials and the process. The Family Advisory Council, Nurse Educators and Patient Satisfaction Council collaborated to create interactive simulated experiences. These educational opportunities provided real scenarios commonly encountered during bedside shift report. After each scenario, nursing staff engaged in dialogue with the patient and family to better understand the family’s perspective about including the patient and family in change of shift report.

Family advisors were also utilized as Family Greeters and volunteered to educate patients and families on Bedside Shift Report.

Conclusions
Leadership team involvement is essential through setting performance expectations and aiding in problem solving to reinforce culture changing initiatives that improve patient outcomes. Allowing nurses to hear first hand from the patients and families they care for proved invaluable. By sharing the survey results and collaborating with Family Advisors in simulated environments, nurses worked through the new process, identified benefits and overcame barriers. Positive feedback and results are continuously reported from patients, families and nurses. Bedside Shift Report is an ongoing process in the Children's Hospital and is being reviewed for implementation in other area’s of the Medical Center.