PATIENT-PREFERRED PRACTICE PRIMER:
BEDSIDE SHIFT REPORT

A PLANETREE PUBLICATION
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For Additional Information:
www.planetree.org
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About Planetree
The Patient Voice

Planetree’s work to advance patient-centered care is grounded in the voices, stories and insights of patients and family members who serve as our guides in charting a course to a more patient-centered future for our industry. These voices are captured largely through focus groups facilitated by Planetree team members across the United States and internationally, in which we invite individuals with recent experiences in the healthcare system to weigh in on what went well and what could have been improved.

Over the past two decades of conducting these focus groups, consistent themes have emerged about how patients define a quality healthcare experience. These themes have informed the development of the Planetree methodology for patient-centered care implementation, the criteria for the Patient-Centered Designation Program®, and the identification of patient-preferred practices, i.e. field-tested practices that respond to how patients have expressed they want their care delivered.

Among these patient-preferred practices is bedside shift report.

Bedside shift report: A patient-centered adaptation of the traditional nursing task of shift report to include the patient (and family as appropriate) as active participants and contributors in the exchange of essential patient information between care team members.

What Patients Have to Say about Bedside Shift Report

In Planetree focus groups, it is evident that having their voices and perspectives integrated into these shift-to-shift exchanges does not go unnoticed by patients. It conveys to them that they are a valued member of the care team, that nothing is being kept from them, and that they are fully informed about what has occurred to date with their care and what to expect moving forward. Furthermore, this exposure to the process of how their team of caregivers works together to provide coordinated care reassures them that they are in good hands.

“I was here when there were a lot of nurse changes and they always included me in the conversations.”

“They came in together and reviewed what my status was and what my goal was for the day.”
The Case for Bedside Shift Report

80%

Percent of serious medical errors traced back to communication breakdowns.


Improved patient perceptions of care within just 6 months of implementation

Guide to Patient and Family Engagement in Hospital Quality and Safety. June 2013. AHRQ.

Estimated time for bedside shift report per patient

< 5 min

Nurse satisfaction increases with implementation of bedside shift report


$8,000

The amount one hospital saved in overtime within 2 months of adopting bedside shift report

Ten Reasons to Adopt Bedside Shift Report

1. It promotes patient and family engagement. Inviting patients to participate in healthcare routines they have historically been excluded from, such as shift report, alters the traditional dynamic of the healthcare relationship wherein medical professionals are the active providers of information and care, and patients are resigned to the role of passive recipient. Passive patients acquiesce to the medical experts rather than advocate for themselves (or a loved one), feign understanding rather than ask a busy clinician for clarification, and hope for the best upon discharge rather than taking the reins to actively prepare themselves to manage their care. Adoption of bedside shift report begins to reverse these detrimental patterns and engages patients and those closest to them in taking greater ownership of their health and health management. Engaged patients and families are better equipped to have more meaningful interactions and richer dialogues with their providers at the point of care, to subsequently better understand and manage their care upon discharge, and ultimately achieve better health outcomes.¹⁻⁵

2. It makes for a safer environment of care. Communication failures during handoffs are a leading factor in sentinel events.⁶ Including the patient and family in handoff communication serves as an additional line of defense against lapses in communication. Incorporating interactive elements into bedside shift report—such as asking the patient if s/he has any questions or needs clarification, encouraging them to speak up if any of the information exchanged strikes them as inaccurate or inconsistent with their understanding, and requesting them to repeat back in their own words their understanding of the plan for the day—all provide added measures of security against communication failures that could result in errors in care.

3. **It decreases patient anxiety.** Bedside shift report helps to ease the natural feelings of anxiety that accompany a healthcare episode by demystifying the hospital experience. The process ensures a personal introduction of oncoming staff by those the patient has come to know during the previous shift. In addition, drawing back the curtain on the process of information-sharing between staff provides reassurance to the patient and their family that the staff works together as a team and that everyone is on the same page with regard to the plan of care. Finally, for many patients, the greatest source of anxiety about a healthcare episode is fear of the unknown. Bedside shift report helps to alleviate this fear by keeping patients not only apprised of their plan of care (and any changes to it) multiple times throughout the day, but also assuring them of the opportunity to ask questions and establish expectations for what is to come.

4. **It personalizes and humanizes care.** Adoption of bedside shift report entails more than just a change of location for where the exchange occurs. It also entails retooling the content of the report to capture not only the information healthcare professionals prioritize as most important, but also the information deemed essential by patients for new staff caring for them to know. This may include the identity of their care partner, preferences around pain management and sleep, and their personal goals for the next shift. The capture and dissemination of these patient-identified essential pieces of information enable the care team to provide more personalized and humanized care, strengthening the partnership between the patient, family and the professional care team.

5. **Patients like it.** The experiences of numerous hospitals implementing bedside shift report demonstrate that patient satisfaction with their care increases when they are invited to participate in the shift report process.7-8

6. **It saves time.** Conducting change of shift report at the patient’s bedside and involving the patient in the exchange generally takes less time—not more—than traditional shift report.9-10 Experts estimate that each individualized report should take no longer than five minutes.11 This time savings translates into nurses being able to spend more time, earlier in their shift, at the bedside with patients.

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10 Anderson and Mangino, 2006
7. **It improves responsiveness.** Traditional change of shift processes generally find nurses congregating together in a staff area (oftentimes out of view of patients) for upwards of 30-60 minutes at the start of each shift. For patients unfamiliar with traditional healthcare routines, their perception of this time is often that nurses are inaccessible and unavailable. Relocating shift report to the bedside reinforces nurses’ availability and enables the oncoming nurses to quickly ascertain and respond to patients’ most immediate needs. This results in a reduction of the number of call lights during change of shift\(^ {12}\), and enhances patients’ perceptions of responsiveness—one of the domains of the HCAHPS patient perception of care survey influencing hospitals’ Medicare reimbursement levels through CMS’s value-based purchasing program.

8. **It curbs patient falls.** In addition to enhancing patient safety by improving communication, the experience of several sites implementing bedside shift report has linked the practice to a reduction in fall rates, especially during change of shift\(^ {13-14}\)

9. **Nurses like it.** Starting one’s shift connecting with patients and maximizing the amount of time spent at the bedside (versus at the nurses’ station or in a conference room) is a nurse satisfier. Though the roll-out of bedside shift report may initially be met with resistance by nursing staff and the change itself may take some getting used to, over time, nurses at hospitals that have modified their change of shift processes to include the patient and family member consistently report that bedside shift report enables them to do their jobs better and increases nurse satisfaction\(^ {15-17}\)

10. **It saves hospitals money.** The reduction in time necessary to complete shift report (see # 6) has been associated with a decrease in overtime for nurses, which translates directly into cost savings for hospitals\(^ {18-19}\)

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12 Athwal and others, 2009  
14 Athwal and others, 2009  
16 Anderson and Mangino, 2006  
17 Koehler and Forsyth, 2010.  
18 Anderson and Mangino, 2006  
19 Athwal and others, 2009
Components of Bedside Shift Report

Adoption of bedside shift report is a recommended strategy for engaging patients and those closest to them as integral members of the care team. Engagement will not occur, however, merely by relocating shift report from the conference room to the patient’s room. The following components of bedside shift report all work together to transform the practice into a patient activation opportunity.

<table>
<thead>
<tr>
<th>Location</th>
<th>The difference between conducting shift report in the patient’s doorway versus at the bedside—clearly within earshot and view of the patient—is significant. Completing the exchange at the bedside enables nurses to more actively draw patients and family members in to the conversation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation</td>
<td>To maximize engagement, it is important to establish the expectation early on in the hospitalization that the patient and their family will be a part of the shift-to-shift exchange. Notification on admission of the bedside shift report process enables staff to solicit patient preferences around participation, e.g. to identify family members to include; if the patient is sleeping do they want to be awakened; if in a semi-private room, would they prefer to opt out, etc. This early notification also enables family members to plan ahead to participate.</td>
</tr>
<tr>
<td>Invitation</td>
<td>During each shift change, the patient and patient-approved family are proactively invited to participate in the report. Unless explicitly invited in, many patients will continue to perceive the process as a purely staff-to-staff exchange. Visitors can be invited to relocate to a family lounge area during the report if the patient has indicated a preference that they not be included.</td>
</tr>
<tr>
<td>Communication</td>
<td>To fully leverage bedside shift report as an opportunity for more effective communication between the patient and his/her providers, it is essential that information is communicated in a way the patient can understand. Staff should avoid highly technical language and abbreviations, adopting instead simple language that makes sense to patients and family members—with strategies for assessing comprehension adopted as well.</td>
</tr>
<tr>
<td>Activation</td>
<td>It is a common misstep to take for granted that patients and family will actively participate in bedside shift report simply because the report is occurring in their presence. Strategies for promoting bedside shift report as an interactive dialogue among nurses and the patient and family include explicitly asking them if they have any questions, encouraging them to share their understanding of the plan moving forward in their own words, and using specific prompts to encourage them to express any concerns and their personal goals for treatment.</td>
</tr>
<tr>
<td>Observation</td>
<td>Periodic observation of the practice in action by clinical leaders is a recommended safeguard against a gradual retreat to old habits and a way to validate that each of the above components of bedside shift report is being carried out consistently.</td>
</tr>
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Bedside Shift Report Quality Checking Tool

For many organizations—and patients and family members—adoption of bedside shift report is a significant disruption of familiar habits and patterns. It lifts the veil on what has customarily been an exclusive, staff-centric practice, symbolically and demonstrably elevating the role that patients play as members of their own care team. This is not merely a shift in practice, but fundamentally a shift in culture—in how we cast patients and family members as participants in healthcare delivery systems. Given this, even the most comprehensive set of written guidelines will fail to generate the desired impact in the absence of a cultural underpinning that promotes patient and family engagement. The quality of an organization’s bedside shift report practices must be evaluated from this broader perspective.

This 13-question Quality Checking Tool was developed by Planetree to support organizations in assessing the quality of their bedside shift report practices, and to help identify opportunities for strengthening the ways you partner with patients and family members to maximize access to information and patient and family engagement in their care.

To tabulate your rating:

- Give yourself 2 points for each “YES” statement.
- Give yourself 1 point for each “PARTIALLY IMPLEMENTED” statement

Use the scoring legend on page 10 to convert your score into a set of recommendations.
### Planetree Bedside Shift Report Quality Checking Tool

<table>
<thead>
<tr>
<th>Standardized processes for shift-to-shift communication include the oncoming nurse and outgoing nurse meeting together with the patient at the patient’s bedside at the beginning of each shift.</th>
<th>YES</th>
<th>Partially Implemented</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information exchanged between nurses and with the patient (and family, as appropriate) extends beyond introduction of the oncoming nurse, and includes a review of the patient’s relevant history, assessment of the patient’s current condition and discussion of what to expect during the shift.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Standardized prompts are in place to encourage patients’ (and family members’, as appropriate) participation in the exchange of information. This includes specific prompts to solicit questions, concerns and their goal(s) for the next shift.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>These processes are formalized in a policy, written guidelines, checklist, and/or other standardized handoff tool to promote consistent execution of the practice.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Patient-expressed goals for their health and recovery are captured on the communication board in the patient’s room and reviewed/updated with the patient as a standardized component of the shift-to-shift exchange.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Patients and family members are alerted before the first shift change they experience of the bedside shift report practice. This can be done on admission, either verbally or through dissemination of a brochure, etc.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Restrictions to family’s presence during shift change have been eliminated.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
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<tr>
<td>Processes are in place for capturing, conveying and accommodating patients’ preferences related to bedside shift report. This includes the opportunity to notify staff of individuals the patient prefers not be included in the conversation and specifying whether they prefer to be awakened to participate in the report.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>A multidisciplinary team, inclusive of nursing leadership and frontline staff, was involved in the development of the bedside shift report guidelines, processes and companion communication materials.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Patients and family members were involved in the development of the bedside shift report guidelines, processes and the companion communication materials.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Training of nurses to conduct bedside shift report includes an experiential element (demonstration, role playing with real-time feedback, etc.)</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>Processes have been established for facilitating the participation of patients who speak a different language in bedside shift report.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
<tr>
<td>A system is in place to monitor for consistent implementation of bedside shift report.</td>
<td>YES</td>
<td>Partially Implemented</td>
<td>No</td>
</tr>
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</table>

**TABULATE YOUR SCORE:** 2 POINTS FOR EVERY “YES”; 1 POINT FOR EVERY “PARTIALLY IMPLEMENTED”
<table>
<thead>
<tr>
<th><strong>If you scored</strong></th>
<th><strong>Is this your current state?</strong></th>
<th><strong>Next Steps</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>20-26 points</td>
<td>Execution of bedside shift report appears well-established, well-supported and consistent.</td>
<td>Well done! It appears your organization has effectively navigated the transition from traditional nursing shift report to the patient-centered adaptation of conducting this important function at the bedside with active participation from patients and families. Continue to explore ways to extend this opportunity to as many patients and family members as possible. For instance, if you’ve not already done so, establish systems for accommodating the needs of patients and family members who speak a different language so that they, too, can participate in this vital exchange of information. As part of your continuous quality improvement processes around this initiative, consider inviting members of your patient and family partnership council to review the standardized tools guiding the shift report process and enlist their participation in making refinements to make the tool even more patient-centered. See <a href="#">Strategies for Sustainability</a> for additional next steps.</td>
</tr>
<tr>
<td>10-19 points</td>
<td>Foundational programmatic elements are in place to support the transition to bedside shift report, but it appears there are opportunities to more firmly embed the practice into the fabric of how care is delivered within your organization.</td>
<td>Though steps may have been made to initiate the transition to bedside shift report, it appears that it remains a largely passive process for patients and family members. This may be a function of staff reluctance to make the change. To address their concerns, resume staff education efforts, tailored to address the specific concerns and barriers that you’ve seen as hindrances to greater staff buy-in. Ensure the educational efforts extend beyond the mechanics of bedside shift report to underscore why the organization is making the change. Share patient and family stories, and if possible, enlist nurse(s) with positive prior experience with bedside shift report to speak to how the process helped them to do their jobs better. Another possible inhibitor of greater traction for bedside shift report is the need for greater standardization of the process to promote consistent implementation. See the <a href="#">examples of standardized shift report formats</a> in this workbook for assistance in this area.</td>
</tr>
<tr>
<td>&lt; 10 points</td>
<td>Your organization is missing out on key opportunities to enhance quality and safety—not to mention patient and nurse satisfaction—by not transitioning to bedside shift report.</td>
<td>Implementation of bedside shift report should be made a priority. To start, recruit a small multidisciplinary team to oversee the formulation and execution of a bedside shift report implementation plan. Invite members of your patient and family partnership council to participate in these early development efforts. Follow the <a href="#">step-by-step implementation plan</a> in this workbook to guide the work of this newly formed team.</td>
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## Bedside Shift Report Implementation Plan

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Do your research.</th>
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<tr>
<td></td>
<td>Conduct a literature search on best practices and the evidence base for bedside shift report. Compare what you learn against the organization’s current shift report practices as the basis for a gap analysis and formulation of a plan for transitioning to bedside shift report. Consult with members of your patient and family partnership council to explore their experiences and preferences around participation in shift-to-shift communication and what information they would deem to be important to transfer from outgoing to oncoming staff. Finally, explore with staff their experiences and ideas about bedside shift report. It’s very possible you already have among your nursing staff individuals with prior experience conducting bedside shift report. Depending on their personal experience, those individuals could either become your biggest allies—or potentially your greatest detractors. Either way, it’s important to know!</td>
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<tr>
<th>STEP 2</th>
<th>Open a dialogue with your nursing staff.</th>
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<tbody>
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<td></td>
<td>In department meetings and unit huddles, explore nurses’ views of bedside shift report and educate team members on the benefits of making the change. It will be important to take the time to understand any prevalent reservations, fears or concerns. Doing so will not only make nurses feel they have a voice in the change (which will ultimately pave the way to implementation), but will inform future educational efforts.</td>
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<th>STEP 3</th>
<th>Form a multidisciplinary task force to lead the charge.</th>
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<td></td>
<td>Key members of this team include administrative champions, clinical leadership, nurses, the Planetree Coordinator/patient experience champions, and patient and family advisors. This team consolidates the findings from the research conducted in Steps 1 and 2 with their own brainstorming for how to tailor bedside shift report best practices to best meet the specific needs of the organization. They will oversee formulation and execution of the implementation plan. Important responsibilities include outlining processes, developing tools and communication materials, and creating an education and evaluation plan.</td>
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<th>STEP 4</th>
<th>Develop a standardized structure for the report.</th>
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<td>As a team, identify the essential components to incorporate into bedside shift report, and develop a standardized structure for the process that integrates each of these components (see examples on page 13). Standardizing these elements and how they will be covered will make consistent implementation easier to achieve—and easier to evaluate.</td>
</tr>
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</table>
### STEP 5
**Conduct a small scale test of change.**
Identify a specific area(s) that is willing to pilot bedside shift report for a specified period of time, *Before the pilot*, collect baseline data from the unit(s), including: patient satisfaction, staff satisfaction, average number of call lights, average number of falls, and average duration of shift report. Roll out the pilot, testing out the standardized structure developed in Step 4. In addition, test out processes for ascertaining and accommodating patient preferences. Continue collecting data to measure the impact of the change. Round on patients and family members to explore in greater depth their experience with shift report conducted at the bedside. Huddle regularly with staff to discover what is going well and what aspects of the process are not working as intended.

### STEP 6
**Finalize the standardized shift report structure, develop tools to support implementation, and establish a time frame for house-wide implementation.**
Use the pilot findings to refine the standardized shift report structure, and to develop accompanying tools to support uniform execution, such as a checklist and/or written guidelines. Be sure to partner with patients and family members on development of these tools to ensure alignment with their goals for bedside shift report. Use newsletters, communication boards, etc. to publicize the results of the pilot and to generate enthusiasm and buy-in for hospital-wide implementation.

### STEP 7
**Educate staff.**
Roll out a comprehensive education plan for all nurses that addresses not only why bedside shift report is a quality and safety imperative, but also builds nurses’ competence and confidence in carrying out the processes designed previously in the implementation process. A slide presentation will not suffice. A more experiential approach, including demonstration and role playing with feedback, is in order. Consider ways you may enlist patient and family advisors in developing and carrying out the education.

### STEP 8
**Recognize champions.**
Recognition of staff who steps out on a limb to support these patient-centered practices is important for acknowledgment and empowerment of staff to embrace and lead other patient-centered initiatives.

### STEP 9
**Implement, monitor and measure to hardwire the practice.**
Periodic observation of the practice in action by clinical leaders is an essential implementation step to promote consistent execution. Complement this observation with data collection on process and outcomes measures related to implementation.

**Looking for more support in implementing bedside shift report?**
Planetree offers a range of on-site coaching and training opportunities to support your organization in implementing patient and family engagement strategies. Our Experience Advisors will partner with you to develop and implement a customized implementation plan. For more information, contact Jim Kinsey, Planetree’s Director of Member Experience, at 203-732-1365 or jkinsey@planetree.org.
Examples of Standardized Shift Report Formats

These acronyms help remind staff of the components to be discussed at the patient bedside:

**TAG UR IT**
- **T** - Time of last pain med and rate pain
- **A** - Assess abnormals
- **G** - Goals for the day
- **U** - Update white board
- **R** - Review high-risk medications
- **I** - Introduce oncoming nurse/staff
- **T** - Tests/Transfers/Treatments planned for the day

**SBAR**
- **S** = Situation
  - *What is going on with the patient?*
- **B** = Background
  - *Relevant patient history*
- **A** = Assessment
  - *What is the patient’s problem now?*
- **R** = Recommendation
  - *What does the patient need?*

The checklist below can be used in conjunction with the standardized shift report formats above to ensure a more uniform approach to involving patients and family members in shift-to-shift communication.

- ✔ Introductions
- ✔ White board
- ✔ Check IV’s
- ✔ Check dressings
- ✔ Ask patient goal for the day

In addition, the Agency for Healthcare Research and Quality (AHRQ) has made available a free bedside shift report implementation resource, which includes a sample bedside report checklist, that can be downloaded at: [http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/](http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/).
Strategies for Sustainability

Monitoring for consistent practice is an essential component of any organization’s bedside shift report implementation plan. Doing so thwarts off complacency and promotes consistent practice unit-to-unit, shift-to-shift, caregiver-to-caregiver. Below are some suggestions to support you in hardwiring the practice.

**Unit Huddles**
Periodically conduct huddles with all unit staff to discuss their experiences with bedside shift report, both what has gone well and what has been a challenge. Solicit their ideas for how the process could be improved.

**Periodic Observation**
Having a nursing leader periodically observe the bedside shift report processes could be useful in uncovering barriers and/or inconsistencies in implementation. Provide feedback to individual staff members who appear to be struggling with implementation.

**Leadership rounding**
Have leaders inquire of staff about their experiences with bedside shift report during leadership rounds. Ask about how they’ve seen the initiative benefit patients and families, what challenges they’ve encountered, and how relocating shift report to the bedside has affected their own work flow and care delivery processes. It is important to incorporate these types of questions into leadership rounds during the initial implementation process, but it is also worthwhile for organizations with established bedside shift report structures to use this strategy to ensure that the practice remains alive and well within the organization.

**Patient rounding**
Patient rounds provide an opportunity for real-time feedback. When rounding on patients, ask about their perceptions of teamwork on the unit, communication of their plan of care among the care team, and their understanding of what to expect during the current shift.

**Staff competency checks**
Incorporate content into initial and annual competency checks to keep practices around bedside shift report top of mind for all nursing team members.
Additional Resources:

Planetree Patient-Preferred Practice Primer Bedside Shift Report Webinar:

http://bit.ly/PPPPbedsideshiftreport  *(access to My Planetree is required)*

Additional Patient-Preferred Practice Primers available through Planetree:

- Shared Medical Records
- Patient-Directed Visiting
- Care Partners
- Patient and Family Partnership Councils and Beyond: Solutions for Making Good on the Promise of Partnering with Patients

**Patient-Centered Care Improvement Guide**

- A free download available at www.patient-centeredcare.org

**Long-Term Care Improvement Guide**

- A free download available at www.residentcenteredcare.org

**The Putting Patients First Field Guide: Global Lessons in Designing and Implementing Patient-Centered Care**

- Available to purchase at the Planetree Storefront at www.planetree.org
Reputation

Planetree, Inc. is a mission based not-for-profit organization that partners with healthcare organizations around the world and across the care continuum to transform how care is delivered. Powered by focus groups with more than 50,000 patients, families, and staff, and over 35 years of experience working with healthcare organizations, Planetree is uniquely positioned to represent the patient voice and advance how professional caregivers engage with patients and families. Guided by a foundation in 10 components of patient-centered care, Planetree informs policy at a national level, aligns strategies at a system level, guides implementation of care delivery practices at an organizational level, and facilitates compassionate human interactions at a deeply personal level. Our philosophical conviction that patient-centered care is the “right thing to do” is supported by a structured process that enables sustainable change.

Approach

A very common adage asserts that where there’s a will, there’s a way. If only good intentions were enough to achieve a patient-centered healthcare system, but experience has proven time and time again that desire alone does not generate change. Planetree provides the pathway to change, a structured methodology for

<table>
<thead>
<tr>
<th>The Planetree Approach: A Roadmap to Patient-Centered Care</th>
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<tbody>
<tr>
<td><strong>Process</strong></td>
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<td><strong>Personalize</strong></td>
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<td><strong>Humanize</strong></td>
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<td><strong>Demystify</strong></td>
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humanizing, personalizing and demystifying the patient experience, customized to your organization’s culture and needs. Informed by the stories and insights of patients, long-term care residents, family members and healthcare professionals, the Planetree approach guides organizations in making patient-centered care the centerpiece of a cohesive strategy that accelerates quality improvement and positions your organization to create change that will last through:

- Development of **infrastructures** to support change
- Implementation of patient-preferred **practices**
- Transformation of organizational **culture**.

**Solutions**

To achieve this, Planetree offers a range of solutions, including on-site assessments and staff development, virtual training, speaking engagements and immersion programs to steer organizations toward a patient-centered future. Fundamental to our approach is the belief that connecting staff with the purpose of their work, and educating them with new skills in a supportive, empowering environment unleashes their potential as effective change agents. Our menu of coaching, education and experiential offerings focuses on:

- Discovering the most powerful levers of change in an organization
- Activating caregivers to problem solve and create change
- Advancing these efforts in the spirit of continuous quality improvement, and
- Innovating to raise the bar for what patients, families and caregivers can expect from a patient-centered healthcare experience.

Planetree provides an unparalleled opportunity to tailor a set of solutions that will advance any organization’s culture change effort.

For more information on coaching and training available to support you in implementing bedside shift report or developing your patient-centered culture, visit [www.planetree.org](http://www.planetree.org) or contact Jim Kinsey, Planetree’s Director of Member Experience, at 203-732-1365 or jkinsey@planetree.org.