**Background**
- Clinical practice transitioned away from bedside shift report during COVID due to the lack of PPE and in an attempt to minimize exposures.
- A “blended” bedside shift report incorporates verbal face to face between staff with a bedside component.
- Inclusion of bedside shift report has been shown to increase communication among nurses, involve the patient in the plan of care, and visualize the patient and environment.
- Baseline audits in March 2023 showed during bedside report only 3% addressed code status, 3% oxygen, 6% access, 3% safety, and 12% tubes and drains.
- Additional baseline data from March 2023 showed 71% compliance with No CPR band application and one fall.

**Clinical Question**
- Population: patients within intensive care pilot unit.
- Intervention: Blended bedside report (verbal and face to face with patient at bedside).
- Comparison: Compared to traditional shift to shift report.
- Outcome: Patient safety events.
- Time: Over a 3-month time period.

**Search Strategy & Approach**
- System Nursing Practice Council completed a literature review focusing on key words of: handoff, bedside report, safety events.
- EBSCO procedure recommends bedside report when possible, with standardized communication to reduce adverse events.
- System Nursing Practice Council identified the opportunity to pilot and reincorporate a blended bedside report at a few sites.
- Collaboration with two other shared governance pilot sites occurred to identify opportunities and challenges.
- Within ASLMC the pilot unit was the MRICU based on site council participation and patient population.

**Synthesis of Evidence**
- The literature highlights that bedside report reduces adverse events and increases communication.
- Evidence supports that a blended shift report can positively influence communication and patient safety.
- The pilot unit and champion developed the COAST acronym (Figure 1) based on essential elements of report in the literature and site specifics.
- Outcomes identified included addressing elements of coast within shift report, falls, & CPR bracelets.

**Implementation Plan/Practice Change**
- The IOWA model was utilized to guide the project and literature search.
- Subsequent implementation included baseline audits of traditional verbal shift report practices and safety events.
- Based on the literature an acronym “COAST” was developed to include the necessary components of code status, oxygen, access, safety, and tubes/drains during bedside handoff.
- The COAST acronym was presented at staff meetings, distributed to teammates, and visual cues hung on all patient rooms.
- Education at staff meetings addressed the rational, expectations, and roll out.
- System Nursing Practice Council completed a baseline audits of March 2023 showed during bedside report only 3% addressed code status, 3% oxygen, 6% access, 3% safety, and 12% tubes and drains.
- Additional baseline data from March 2023 showed 71% compliance with No CPR band application and one fall.

**Outcomes / Conclusions**
- Post implementation data was tracked and averages from April, May, and June 2023 were compared with baseline.
- All elements of COAST acronyms during bedside report increased as follows: 53% addressed code status, 70% oxygen, 68% access, 72% safety, and 67% tubes and drains.
- Compliance with no CPR bracelets improved to 100% and zero falls have occurred during the post implementation time frame.
- Anecdotal feedback from nurses said the new report process was quick and easy.

**Implications for Practice**
- Utilization of a blended shift report can increase necessary components of communication between staff and impact patient safety events.
- Continue utilizing bedside COAST report and hold peers accountable.
- Expansion of COAST for shift reports beyond pilot units.

**References**