

Standardized CNA Report Sheet: Improving Communication and Patient Outcomes

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Background

At Salinas Valley Health Medical Center, certified nursing assistants (CNAs) currently rely on a variety of non-standardized report sheets, which has resulted in inconsistent handover practices and, at times, the omission of essential patient information. Both patient feedback and staff observations have underscored the impact of these communication gaps, including delays in addressing basic needs, patients having to repeat information to multiple providers, and missed assessments and interventions related to mobility and toileting. These findings highlight the need for a unified, standardized approach to CNA handoffs to strengthen communication, reduce errors, and improve the patient experience.

Health information exchange is an important part of health care as it promotes patient-centered care, improves patient safety and outcomes, and enhances team collaboration and continuity of care (Sharp & Bergenmar, 2019). The use of a checklist as a communication tool during handover has led to a standardized and comprehensive exchange of clinical information (Sharp & Bergenmar, 2019). Improving communication between healthcare staff, including physicians, registered nurses (RNs), and CNAs prevents missed nursing care (Campbell et al., 2020). Effective and structured shift-to-shift communication among CNAs plays a vital role in ensuring patient safety, enhancing the quality of care, promoting continuity across transitions, fostering overall patient satisfaction, and promoting teamwork among staff. In the absence of standardized practices, the handoff process can become fragmented, leading to variability in the accuracy and completeness of the information exchanged.

Purpose Statement

The purpose of this quality improvement project is to design, implement, and evaluate a standardized CNA report sheet to strengthen communication between staff, foster accountability, and enhance care to improve patient satisfaction.

Methods

In June 2025, a multidisciplinary task force comprising of RNs, CNAs, and the Observation Care Unit (OCU) manager collaborated to develop a standardized CNA report sheet (see Figure 1) with a CNA daily checklist (see Figure 2).

Figure 1

Standardized CNA Report Sheet											
STANDARDIZED CNA SHIFT REPORT											
ROOM NUMBER: PATIENT NAME:	CODE STATUS:	SEX: M F	DIET		ADLs		TOILETING			TO-DOs	
			FLUID RESTRICTION	_____ mL	_____	_____	_____	_____	_____	_____	_____
TELEMETRY	GENERAL CARE	Sitter	Constant Companion	AVASYS	HRTF	FEEDER	Tube Feeding	1 (Dependent)	Continent	Bathroom	Urinal
Diagnosis:	Isolation:					NPO		2 (Mod-Assist)	Incontinent	Foley Cath	Purewick
Orientation:	Precaution:					RESTRICTIVE		3 (Min-Assist)	BOWEL		Hearing Aids
O2 Method:	Skin/Wound:					OTHER:		4 (Independent)	Continent	Commode	Rectal Tube
Language:	Devices:							Assist: 1P or 2P	Incontinent	Colostomy	Ostomy
Notes:								Vital Signs:			

Note. CNA = Certified Nursing Assistant; BMAT = Bedside Mobility Assessment Tool; HRTF = high-risk-to-fall; CHG = change; PICC = peripherally inserted central catheter; NPO = nothing by mouth (Latin); O2 = oxygen; 1P = 1 person; 2P = 2 person

Figure 2

CNA Daily Checklist	
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A Certified Nursing Assistant (CNA) has a wide range of daily responsibilities focused on patient care and support.	
<p>Shift Responsibilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient mobility: assist patients with meals, turning and repositioning, ambulation, dressing and grooming, hygiene (bath, meatal care, CHG bath, oral care), toileting (including changing PureWick every 12 hours and as needed. Use of appropriate devices (walker, gait belt, Sara Steady, Golvo, Tenor). <input type="checkbox"/> Documentation: Record vital signs, intake & output, and patient activity. <input type="checkbox"/> Patient safety: Call light within reach, personal belongings within reach, use of chair or bed alarm, place bed in lowest position. <input type="checkbox"/> Room and devices: Change linens, straighten the patient's room, replenish supplies, empty the patient's trash, and dispose of soiled linens. Empty the suction canister used for the external urinary catheter, as well as the Foley catheter bags, rectal tube, and drains. Clean devices such as Dynamaps after each use. <input type="checkbox"/> Observe and report changes in condition to registered nurses. <input type="checkbox"/> NOC: Obtain standing weights for heart failure patients. <input type="checkbox"/> TELEMETRY UNIT: AM & PM shift: Change adhesive oxygen sensor; NOC shift: Change EKG electrode patch. <p>Downtime Task: (if able)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Replenish the following in the unit: <ul style="list-style-type: none"> • Isolation Cart: PPE Equipment (Gown, Mask: Surgical Mask/ N95, Gloves, Goggles) • Replenish Emergency Box (inside patient room): Gown, CPR Mask, Goggles, 2 Small Red Bags, 5 Specimen Bags, 5 Surgical Masks, Box of Gloves, EME Bag, 1 Can Quick Care, EKG Leads, and Pulse Oximeter Sensor Patch. • Replenish wipes in the warmer • Ensure we have enough Red Biohazard Bags; if not, please place an order request 	<p>NOTES:</p>

Note. CHG = Chlorhexidine Gluconate; NOC = night (Latin); EKG = electrocardiogram; PPE = personal protective equipment; EME = emesis

We searched the literature using the search terms “patient handover,” “healthcare communication,” and “patient experience.” This yielded five articles, which were then evaluated for relevance and synthesized. Key findings from two articles were incorporated into the project and feedback from CNAs was collected to identify pertinent items to be included in the report sheet. These items consisted of essential patient information such as fall precautions, isolation, diet, toileting methods, and mobility status as measured by the Bedside Mobility Assessment Tool (BMAT) score.

In July 2025, a proposal to implement a new CNA report sheet was presented to the Critical Care Unit Practice Council, Practice Council, and in OCU and Ortho-Neuro-Spine (ONS) staff meetings. We piloted the CNA standardized report sheet for 4 weeks during September to October 2025 on OCU, ONS, Telemetry/4T, and Telemetry/5T units. All CNAs in the pilot units received training on the use of the tool. Superusers supported the pilot by rounding on the units and providing guidance and additional teaching as needed. After a 4-week evaluation period to gather staff feedback, assess usability, and identify areas for improvement, we integrated user feedback into a final proposal which was posted for house-wide review using our professional governance 14-day open comment period. The report sheet was finalized based on the feedback collected (see Figure 3). Clinical staff education through Weekly Information Notes (WIN) tip sheets and in-service training will be provided prior to the planned house-wide implementation by December 1, 2025.

Figure 3

CNA Feedback Before Pilot Implementation
“We all use different tools, and some important patient information is being missed.”
“When my colleague goes to lunch, it takes time for me to assist the patient because I don't know the patient's mobility, so I have to ask the nurse.”
“We use the charge nurse report sheet, but we write other information over the page.”
“The CNA handover report sheet has three to four pages but we only use the first page.”
“The patient feels like I don't know how to take care of them because of the lack of information I received in the report.”
“Some information such as external catheter, devices, toileting method are missed during the handover, and I find out about these during my initial rounds and the previous CNA has left already.”

Note. CNA = certified nursing assistant

To evaluate the impact of the intervention, staff feedback and data for three patient experience questions that we believed would be improved by the intervention will be analyzed: 1) *staff worked together to care for you*, 2) *help toileting as soon as you wanted*, and 3) *received help as soon as you needed*. Pre-intervention patient experience data were collected for April to August 2025. Post-intervention data will occur for 6 months, from January to June 2026.

Results

Most feedback from the CNAs indicates that the new standardized report sheet has enhanced communication during handover and contributes to a more organized and efficient workflow. A few CNAs reported barriers using the report sheet or observations of inconsistent use (see Figure 4).

Figure 4

CNA Feedback After Pilot Implementation
Positive Feedback
“I like the report sheet because it serves as a guide on how I perform handoff, and I am able to report patient information in an organized way.”
“It is simple to follow, especially with the colors separating each data.”
“With the report sheet, we are able to ask questions during the handoff because we can see it in the paper and prevent missing or forgetting about it, for example: information on patient toileting method, wound, or devices used.”
“This makes the report faster. I actually like this sheet. Everything is in one place, so I'm not searching through my notes during shift change.”
“Helps me stay organized. It keeps me on track with what I need to monitor. I feel less scattered when I'm covering a heavy assignment.”
“When everyone uses the same format, we are all speaking the same language. It reduces confusion from shift to shift.”
“I noticed I forget fewer tasks because I can check things off as I go.”
“It's straightforward. Once you use it once or twice, it makes sense.”
“As a float CNA, having a standard sheet helps me adjust quickly to different units.”
“I appreciate that this sheet was created with the collaboration of the CNA; it captured the essential information that we need only to complete and do.”
“As a newly hired CNA, I observed two CNAs using the older version and the newer one, and I found this report sheet easier and more straightforward, allowing me to simply circle and reduce the amount of writing. I wish we had this form where I used to work; this would have helped so much.”
“I'm thankful you all listened to all our suggestions and really made the sheet fit our needs.”
Negative Feedback
“I'm used to my own style of notes. I forgot to grab the sheet and use it until the end of the shift.”
“I'm using it, but not everyone else is. It's hard to stay consistent when half the team still uses the old methods.”
“Too busy looking; the font is too small. I need more space to write the vital signs of the patient.”
“We need all staff to be consistent for this to work; it's challenging when some are giving two different kinds of report sheets. Some CNAs take longer to report compared to the others.”

Note. CNA = certified nursing assistant

Conclusions

As a result of this project, our medical center will be able to utilize a CNA standardized report sheet throughout the organization. Most feedback from CNAs has been positive. In response to reported barriers and inconsistent use, we will explore potential revisions to the report sheet and assess knowledge gaps that might need to be addressed. The implementation of a new medical record system in November 2025, inconsistent staff adaptation, and differences in interpretation may influence the utilization and effectiveness of the tool.

The benefits of the CNA standardized report sheet outweigh the potential challenges. Ongoing education will increase use of the tool to ensure it supports improvements in staff communication, patient safety, elevates the quality of care, and enhances patient satisfaction.

References

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