

Communication Whiteboards: Enhancing Patient, Family, and Care Team Communication

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Communication Whiteboards: Enhancing Patient, Family, and Care Team Communication

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Objective

Replacement of non-template whiteboards strives to establish a standard of work around contents of bedside whiteboards across the Lehigh Valley Health Network. The overall goal of the boards is to improve communication, therefore increasing patient satisfaction and correspondence between caregivers.

Background

The use of whiteboards is common practice in many hospitals and health systems, but when boards are not standardized or blank, the information on them tends to be messy, difficult to understand, and generally makes communication experiences more confusing rather than improving clarity.

- Dr. Niraj L. Sehgal (2010), "Most respondents also agreed that using template whiteboards (with predefined fields) to guide content would increase their use" (p. 236).
- Dr. Siddhartha Singh and team (2010) strategized "patient satisfaction scores with communication were compared before and after placement of whiteboards" (p. 128)

Methods

1073 whiteboards will be installed in the network through this project. 12 templates were created to comply with the specific needs of the different units. Boards were constructed for Medical/Surgical, Critical Care, Transitional Skilled Unit, Pediatrics, Labor and Delivery, Labor and Delivery Triage, NICU, Emergency Department, ED-17th Street, ED-Children's, Mom/Baby, and Perinatal. Though installation of all the whiteboards is not completed at this time, a prevalence audit of 155 total whiteboards was performed on July 1 to gauge initial usage reaction. HCAHPS scores were collected for fiscal year 2014 to create a baseline score report to be compared with next year's results post-whiteboard installation. Filling out the whiteboard will guide a two fold interaction for the patient/family and caregiver in which the information will be verbally conveyed, followed by visually displayed using images and categorized sections of information.

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2. Sehgal, Niraj L., et al. Patient Whiteboards as a Communication Tool in the Hospital: A Survey Of Practices And Recommendations. *Journal of Hospital Medicine*, April 2010 Vol 5, No 4: 234-239. Retrieved June 10, 2014, from Society of Hospital Medicine DOI 10.1002,jhm.638

Critical Care

Labor and Delivery

Results

The performed prevalence audit occurred in units 4T, 5CP, 5K, 6B, 6K, 6T, 7BP, 7C, 7T, ICU-M, RHC-M, TOHU, and TTU for a total of 125 boards.

- 40/125 boards had all 3 components of patient pain information completed.
- 79/125 reported that the patient did confirm that their current pain goal was accurately recorded.
- 73/125 reported all caregiver's sections were completed
- When asked "how often your nurse has discussed your new medications and their side effects with you" 11/67 answered always, 12/67 frequently, 24/67 occasionally, 20/67 never.
- 60/125 surveys reported patients feeling always informed about their plan of care 39/125 frequently informed, 18/125 occasionally informed, and 9/125 not informed.

ED-17, ED-CC, ED-M, and ED-PEDS were audited separately on 33 boards.

- 13/33 boards had patient pain score completed
- 23/33 boards had every caregiver section completed
- 16/33 boards had an "Awaiting" section check-marked
- 9/33 surveys reported that there was consistency between "fall risk on board" and patient intervention
- 20/33 patients felt always informed with their explanation of care

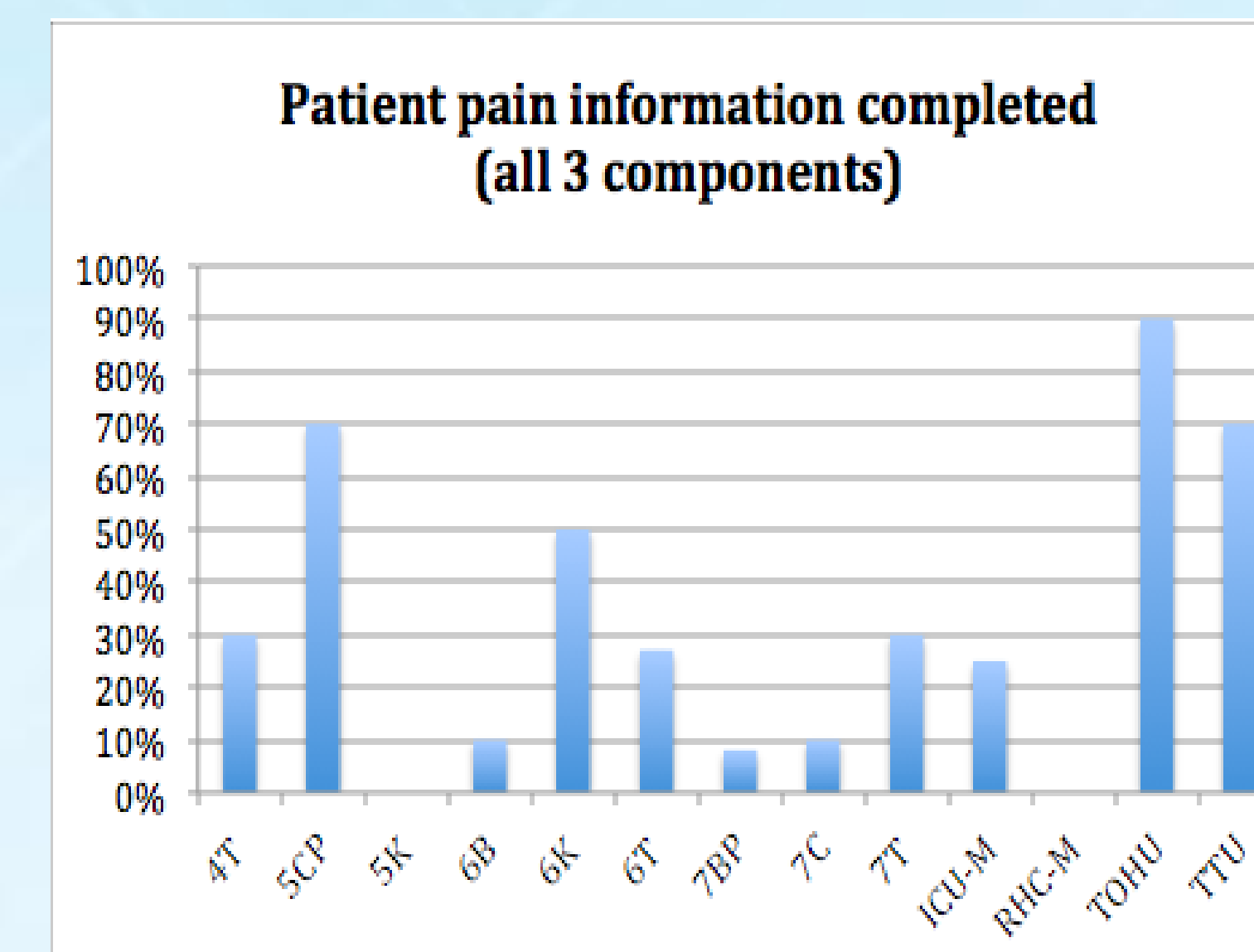
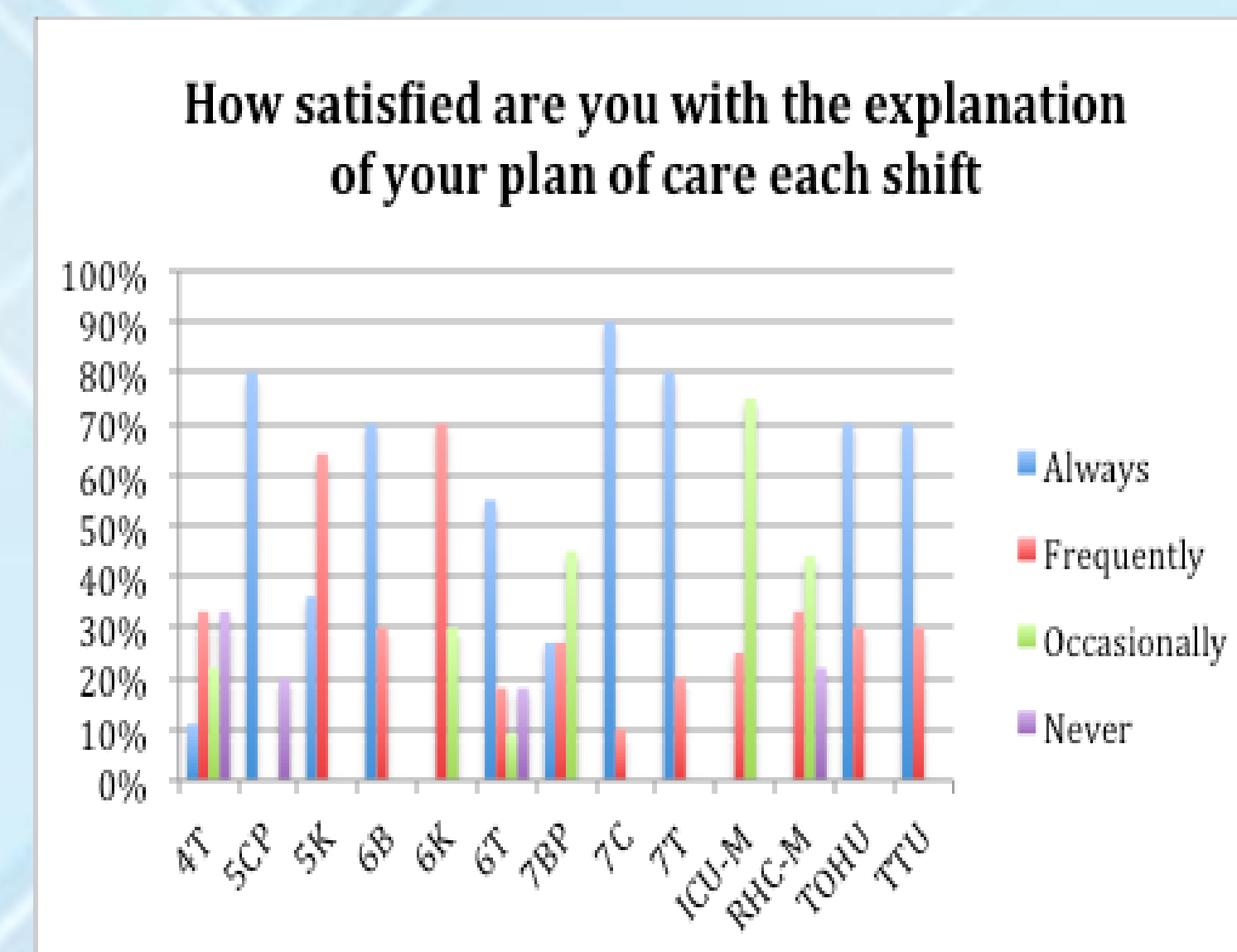
A baseline report of FY '14 HCAHPS scores reported "Communication with Doctors" and "Explanation of New Medication and Side Effect" to be the areas which need the most improvement.

Discussion

With the implementation of the communication whiteboards, the team expects to see improvements in the HCAHPS scores designated as relevant to whiteboard use. Along with HCAHPS scores, results of future prevalence audits should improve as staff gets more accustomed to using the board as a part of their regular routine.

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Example Graphs from Prevalence Audit Data



HCAHPS FY '14 Cedar Crest

FY 2014 HCAHPS Data															
Lehigh Valley Hospital-Cedar Crest															
Indicator	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Target	YTD	YTD %ile
n=	157	156	159	164	127	164	148	173	201	149	139	151		1908	
Comm w/nurses	78.9	80.0	80.5	81.4	80.1	79.5	78.0	79.1	77.3	77.2	77.6	82.6	75.56	79.7	53
Courtesy/Respect	82.9	85.3	86.4	88.6	90.6	84.3	85.4	86.2	83.7	84.7	82.9	92.2		86.0	47
Listen Carefully	77.1	77.7	78.4	77.3	81.9	77.1	76.5	75.3	74.9	73.3	71.9	79.9		76.7	52
Explain Well	76.6	77.1	76.5	78.4	85.7	77.0	72.2	75.9	73.4	73.6	77.9	75.8		76.5	58
Comm w/doctors	78.3	78.2	77.4	77.2	85.3	79.3	72.9	82.9	76.2	79.1	76.6	80.3	79.88	78.3	29
Courtesy/Respect	86.6	83.8	79.5	84.8	91.3	88.6	81.5	89.1	84.2	86.6	82.9	92.1		85.8	36
Listen Carefully	75.3	72.7	77.0	76.8	84.0	77.7	70.7	82.2	72.6	76.4	75.7	76.5		76.3	26
Explain Well	73.1	72.1	75.8	70.1	80.6	71.7	66.4	77.5	71.9	74.5	68.3	72.2		72.8	27
Pain Management	72.2	69.4	68.5	77.4	71.0	73.6	65.5	76.9	73.5	74.2	73.9	74.9	69.46	72.8	59
Well Controlled	84.3	80.4	81.2	70.0	58.4	67.7	59.0	68.1	70.3	69.8	64.7	66.7		65.4	58
Medicine	58.0	66.3	69.1	65.0	68.2	60.2	64.1	60.2	60.5	60.3	60.0	69.4	60.89	62.5	42
Explain Meds	75.5	79.5	82.9	77.5	80.7	71.7	84.5	80.9	75.8	75.0	72.2	76.6		77.6	53
Side Effects	40.6	53.2	55.4	52.5	55.8	48.7	43.7	39.5	45.2	45.5	47.9	42.2		47.4	33
Discharge	84.8	87.9	87.1	86.4	90.8	86.6	85.0	85.9	87.6	88.0	88.0	84.7	83.54	86.8	55

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