

The Use of Communication White Boards in Patient Rooms to Enhance Interprofessional Care

Introduction

The 3rd level of the Margaret Birch Wing consists of a 25 bed inpatient rehabilitation unit. 15 of these beds are designated as Geriatric Assessment and Treatment (GATU) beds. The remaining 10 beds are designated as Alternative Level of Care (ALC). A blanket referral is made to physiotherapy and occupational therapy for each client on the unit.

A 18" X 23" wipe off white board was installed by each bed in each room.

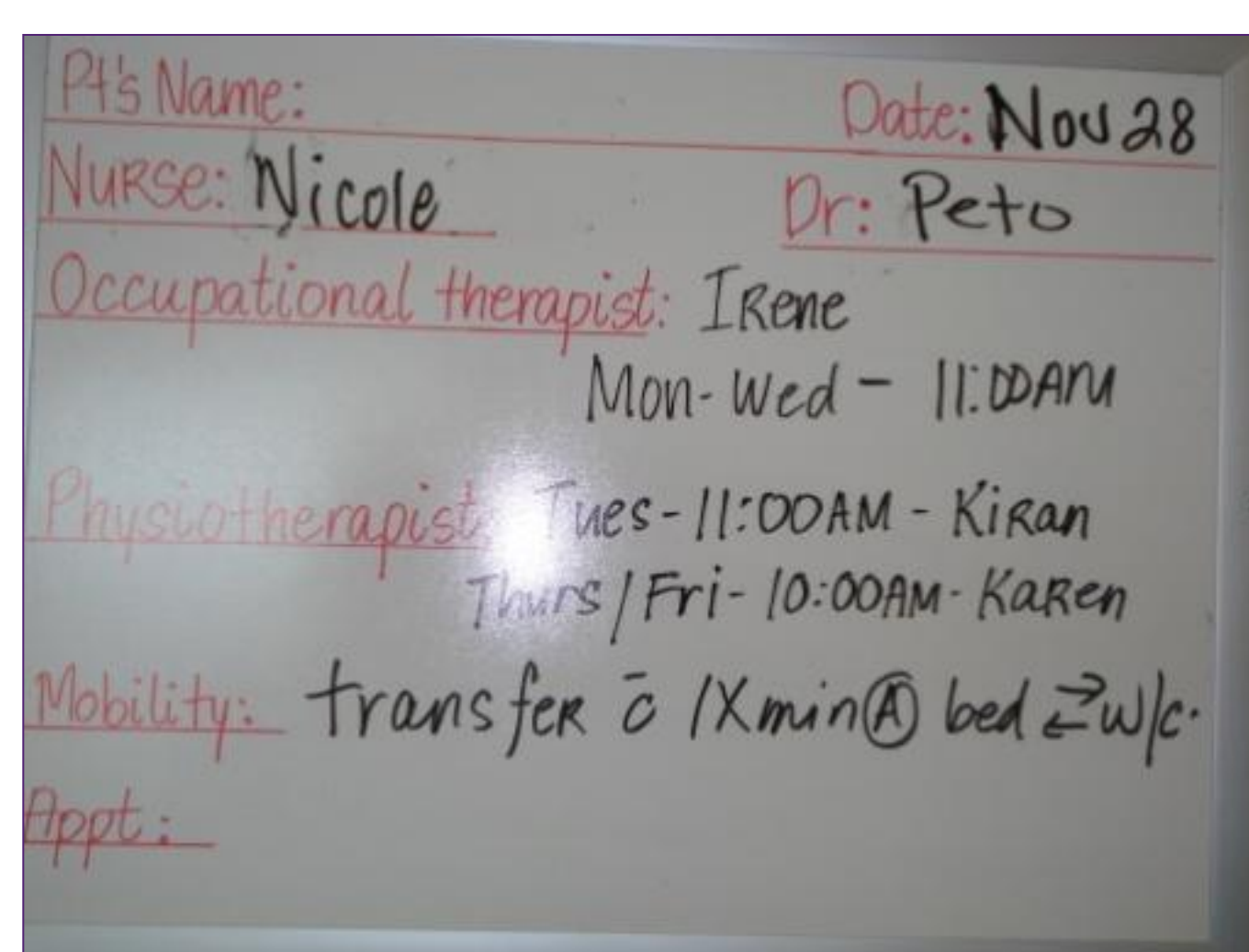
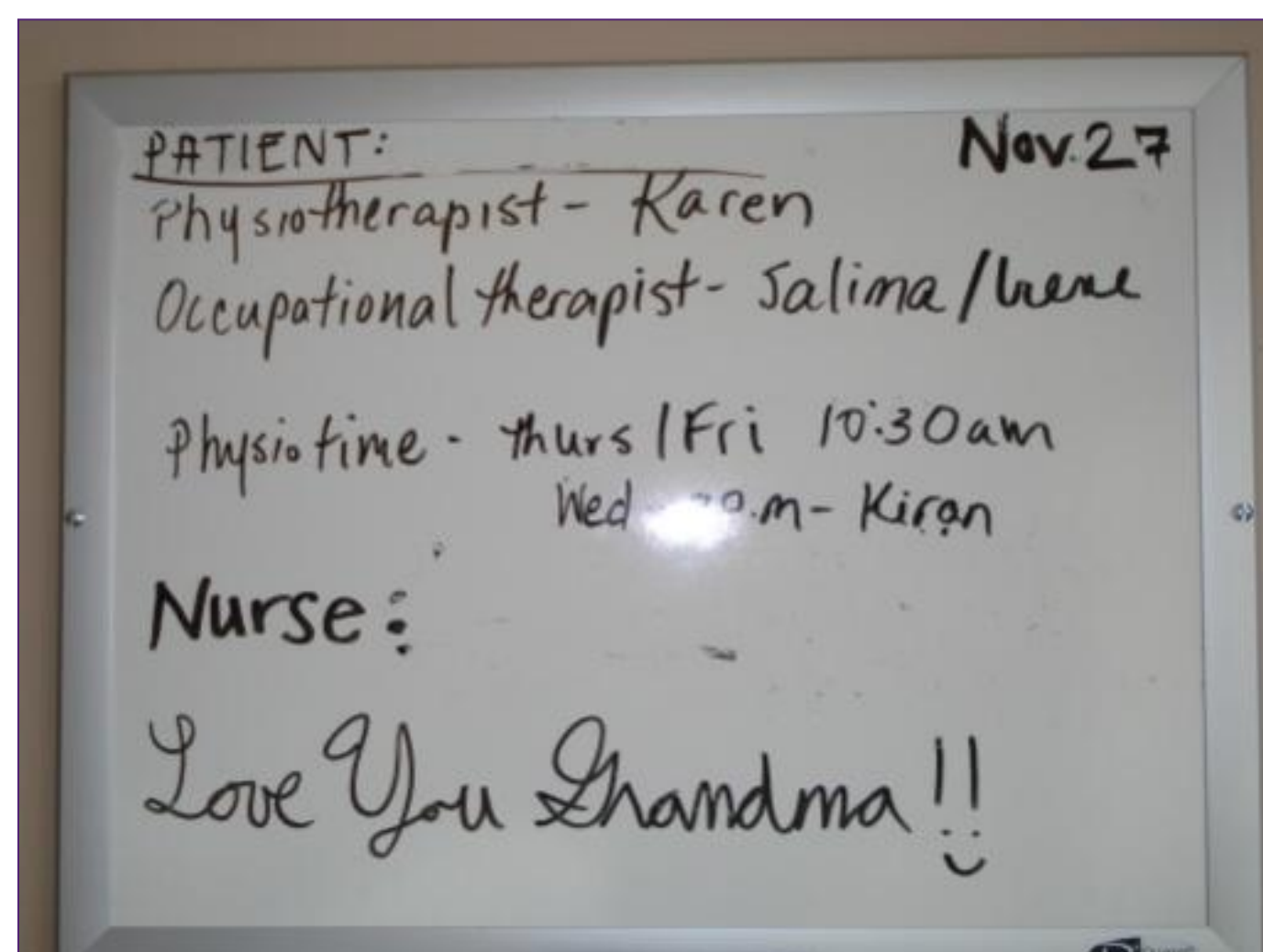
A large permanent red marker was used to display the following headings: Patient's Name, Date, Physiotherapist, Occupational Therapist, Mobility, Appointment.

Under the heading of physio/occupational therapist, the therapists' name and therapy schedule was written.

These boards provided a quick, concise snapshot of the patient's functional level and the names of the health care providers involved in their care.

Actions

1. Met with nursing manager on unit to discuss project and rationale for implementation of the use of white wipe off boards on the unit
2. 25 Boards ordered
3. Placed markers on the wall to outline the most appropriate place to install boards. Boards need to be easily visible to patient from their bed
4. Installation of boards
5. Met with rehabilitation staff and nursing staff to discuss how to structure the information on the boards
6. Implementation of a rough outline of the headings for the board using an erasable marker
7. Final outline of the headings on the board using permanent red marker
8. Designed a survey to obtain feedback about the use of white boards on the unit. Distributed survey to staff on 3E
9. Reviewed results of survey



Results

20 surveys were distributed to staff on the unit (RN, RPN, OT, PT) to obtain feedback regarding the use of whiteboards. In general, the feedback was positive. 80% of those that completed the survey liked the use of whiteboards. The 20% that did not find the boards useful, cited increased workload and time constraints did not allow them to use the board effectively.

The white boards facilitated communication among staff. Many of the respondents commented that the information about the clients mobility status was very useful. Many of the respondents felt that knowing the therapy schedule allowed them to prioritize their care plan for each client.

From the rehabilitation perspective, patients that were mobile and cognitively intact, came to their appointment in a timely manner.

Although it is very easy to update the information on the whiteboard, nurse's name and the date were two fields that were often not completed.



Challenges

Finding the most appropriate place to install the board was challenging especially in the quad patient rooms (rooms with four beds). I wanted to ensure the board were easily visible for the patients while in bed and at the same time, accessible for staff to write on.

One of the main challenges was to keeping the boards fully updated. Often, clients functional status such as the ability to transfer, ambulate, etc. changes, and the information on the board needs to reflect the change. Another challenge was transferring the information on the whiteboard when the client is moved to another room.

Some of the nurses on the unit were reluctant to put their names on the board.

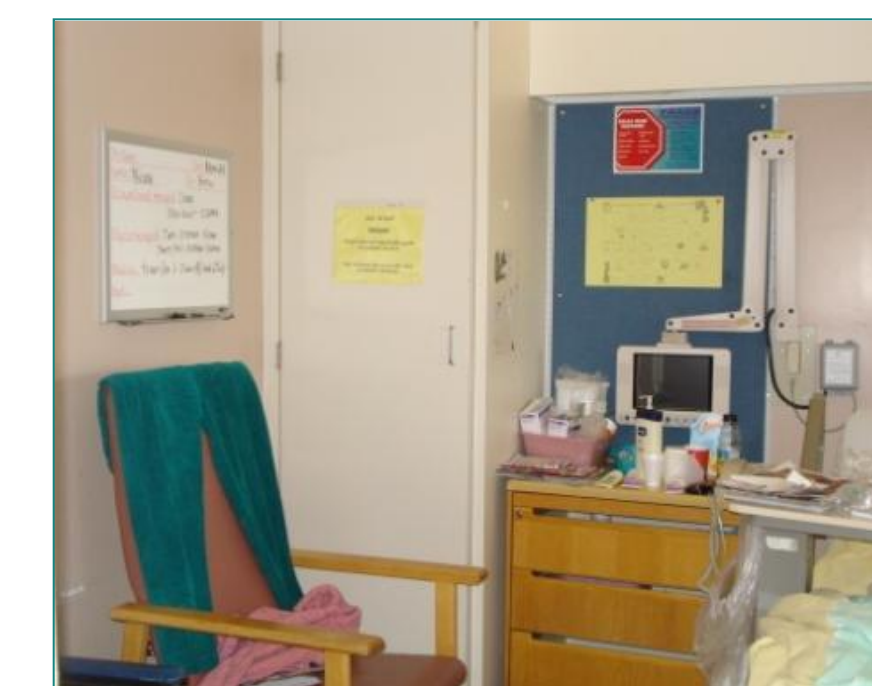
Ensuring that the erasable marker that comes with the each white board does not go missing. This can be solved by attaching a string to the marker and fastening this string to the board.

Maintaining patient confidentiality is an issue as the boards contain personal information (pt's name, appointments). The physical location of the whiteboards is a significant factor in ensuring patient privacy. However, finding an appropriate location (that is easily visible to patient and staff) is also very difficult.

Lessons Learned

Participation of all staff who share a common goal is critical for the effective use of whiteboards. To this end, it is essential to train all staff (students, PSW, RN, RPN) in the use of whiteboards and integrating whiteboards into daily routines.

In order to ensure the information on the boards is accurate, there must be a clear line of responsibility for updating the information on them. Currently, the occupational therapy assistant is responsible for updating the boards. There has been discussion about having a volunteer update the date on the boards daily.



New Evidence/Best Practices

The use of whiteboards facilitated interprofessional collaborative practice among patients, team members and family. Family members found the whiteboard extremely useful for identifying the key individuals involved in the care of the patient. In addition, family members are able to coordinate their visits with the patient such that it did not interfere with the therapy schedule or appointments.

Patients are informed about names of their care providers, therapy schedule and appointment or diagnostic test that are scheduled.

Nursing staff can better prioritize their plan of care for each patient according to their therapy schedule. In addition, the board provides information on the level of assistance each client requires to mobilize (for example, use of Hoyer lift versus one person assist). This type of communication is vital for patient and staff safety.

The white boards promoted team work and accountability due to the information that is shared.

Next Steps

Ideally, the next step is to install the white boards on the entire unit, including 3W. Currently the boards are primarily used by nursing and rehabilitation staff (OT and PT). I would also like to see other team members (speech and language pathologist, dietitians, pharmacists) use the boards.

Contact Information

Salima Bhoola, Occupational Therapist
Rouge Valley Centenary
2867 Ellesmere Road
Toronto, ON M1E 4B9
(416) 284-8131 Ext 4397



sbhoola@rougevalley.ca