The New Electronic Communication Boards…
How Innovative Nurses Make it Happen!

Session ID 423
Objectives

- Discuss collaboration methods used in building frontline ownership of a new electronic communication board.

- Demonstrate Nursing’s influence on evolving technology to promote desired patient outcomes.
Texas Health Center for Diagnostic and Surgery is located in Plano, Texas

- Opened in 2005
- A Joint Venture - Physician-owned facility, affiliated with Texas Health Resources
- Joint Commission Accredited
- Pain Management & Special Procedures
- Diagnostic & Imaging Services
- Pediatric Sleep Center
- Surgical Services includes:
  - Spine
  - Orthopedics
  - Gynecologic/Oncology
  - Ear, nose, & throat (ENT)
  - Urology
  - General
  - Bariatric
  - Robotic
System prior to process improvement:

- Dry erase boards or grease boards
- Information transcribed in black, blue, or red markers
- A bulletin board section to display signage, such as
  - Nothing by mouth (NPO)
  - Fall Precautions
  - Head of the bed flat
- The dry erase board contained information, such as:
  - RN name
  - Charge nurse name
  - PCT name
  - Daily goals
  - Pain score
  - Dietary number
  - Welcome Message
  - Occasional artwork by RN/PCT
Nurse – Patient Communication Boards

Opportunities for improvement…

- Illegible handwriting

- Each board lacked a standardize font size

- Glare on boards – lighting in the room

- Residue on the boards - previous use with dry erase markers

- Communication – one way or two way?? Patient involvement??

- The nurse – patient communication board - Lacks Curb Appeal…it is not very attractive.
Nurse-Communication Board + Inpatient Room
Shared Governance

How to Improve the Nurse-Patient Communication Boards?

- Identified issues with the current communication boards from the staff perspective:
  - Unable to find dry erase markers
  - Incorrect dates – cannot remember to update the boards with the current date
  - The boards are difficult to clean after multiple uses
- Discussed the issue with the current communication boards – nursing director perspective:
  - Rounding – incorrect RN/Charge nurse/PCT name on the communication boards
  - Incorrect dates
  - Increase cost of replacing boards due to water damage from cleaning or residue
  - Increase cost of purchasing dry erase markers every week
  - Patients did not see or understand the value in the communication boards – lacked patient involvement
  - Patients did not link their assigned staff members names with the correct face
  - Communication boards did not correlate, with our quality of care, customer service, or aesthetics of the hospital
STAR Point 1 – Discovery Research

- In August 2011, the department nursing director, three RN’s, along with the IT director volunteered to construct the “CPC” vision.

- The nursing and IT director searched the internet for this technology.
- They identified fragmented technology – each program lacked the ability to achieve the robust needs

What is CPC?

- CPC is creating an interactive patient whiteboard
  - Digital whiteboard
  - Allows direct communication between the RN & Patient

- Communication entails:
  - Pain Management
  - Ambulation
  - Dietary needs
  - Toileting needs
Star Point 2 - Evidence Summary

The Benefit of Communication Boards:

- “Convenient, effective, and durable route for information and concerns to be shared among all patients and staff”
  (Singh et al., 2011, p.129)

- A tool to record patient concerns throughout the day, i.e. rounding
  (Singh et al., 2011)

- Identifies the Goal or Plan for the Day
  - Defined goals
  - Ongoing evaluation
Sehgal, Green, Vidyarthi, Blegen, and Wachter (2010)
Star Point 2 – Evidence Summary

Review/Synthesis of Literature – Communication board recommendations:

- Located in clear view of the patient
- Buy and fasten erasable pens to the board
- Standardize template
- Information should include:
  - Day and date
  - Patient Name or initials
  - Bedside Nurse Name
  - Primary Physician
  - Goal for the Day
  - Anticipated discharge date
  - Family members contact information
  - Questions for providers

(Sehgal, Green, Vidyarthi, Blegen, & Wachter, 2010, p. 238)
Star Point 3 – Translation to Guidelines

Research + Needs = Design

- Design
  - 1. Technology based – electronic
  - 2. Ability to display each caregivers picture/Avatar
  - 3. Automated
  - 4. Information to link to the nurses telephones
  - 5. Communication:
    - Pain management
    - Ambulation
    - Dietary needs
    - Activities of Daily Living

- In September 2011, the vision was shared with the hospital president, and chief nursing officer (CNO) through a PowerPoint presentation
Star Point 4 - Practice Integration

In September 2011, the President & CNO instructed the team to communicate the vision to the compliance officer and site IT operations director.

The IT operations director/information security officer – organized a meeting with a company to aid in developing our vision.

In December 2011, the team presented the PowerPoint presentation to the IT company.

In 2012, the electronic communication board project was placed on hold due to capital items requested by the surgical department.
- The nursing director and staff RN’s continued to build on the design.

In January 2013, the electronic communication boards –on the capital request list.
Star Point 4 – Practice Integration

- In March 2013, meetings were organized at every other week – with the hospital team, project manager, engineers, programmers, and the facilities director to bring the vision to fruition.
- April 2013 – building the design

- **Included**
  
  | Patient name | Today’s goals |
  | Nurse Name – picture | Goal notes |
  | (Avatar concept) | Diet type |
  | Physician name – picture | Care notes |
  | PCT name – picture | Hospital note |
  | Date/Time | Pain scale |
  | Today’s goals | Room number |
  | Goal notes | Room telephone number |
  | Diet type | Recent visits |
  | Care notes |
  | Hospital note |

Hospital president, Chief Nursing Officer, and Director – picture

- Real Time Tracking System - tracks nurses and pct’s who care for the patient during the shift and displays the time on the board.
- The color of the square correlates with the staff members title
- Hospital president, Chief Nursing Officer, and Director - picture
Star Point 4 – Practice Integration

- Excluded
  - Avatar
    - Replaced with pictures
  - Information to link to the nurses phone
  - Automated
    - Replaced with RTLS

July 23, 2013 – Project Approved!

January 7, 2014 – Staff training

January 15, 2014 – Electronic Whiteboards are installed.
Star Point 5 – Process, Outcome Evaluation

Opportunity for Improvement

Shared Governance & Nursing Leadership

Validate Rounding, Productivity, & Patient Acuity
Star Point 5 – Process, Outcome Evaluation

Dry Erase Markers

- 2013: $502.08
- 2014: $41.84
- 2015: $0
- 2016: $0

No purchases from 2013 to 2016.
Star Point 5 – Process, Outcome Evaluation

HCAHPS Nurse Communication Scores
References


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