The Providence St. Vincent Emergency Department implementation of a standardized communication tool in patient’s rooms

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The Providence St. Vincent Emergency Department implementation of a standardized communication tool in patient’s rooms

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Background

Using whiteboards as a communication tool in the Emergency Department (ED) has not been well studied. There is research about this subject in other hospital inpatient settings. Singh's et al. quasi experimental research showed increased patient satisfaction with nurse and physician communication and involvement in decision making in general inpatient medical wards. Using predefined fields on whiteboards increased their use as well as teamwork, communication, and patient care (Sehgal, et al.). Families in a surgical pediatric ward reported that whiteboards that are accessible, visible, and have standardized fields helped improve their knowledge for their child's plan of care and the name and roles of their caregivers (Cholli, et.al).

Purpose

To improve Emergency Department patients' understanding of their caregiver team, plan of care, and wait time for tests.

1. I was able to read the whiteboard.
2. My caregivers introduced themselves and identified themselves on the whiteboard.
3. My caregiver informed me of my plan of care and displayed it on the whiteboard.
4. My caregivers informed me of expected wait times for EKG, blood labs X-ray and other tests.
5. Overall, how would you rate your Emergency Department experience.

Figure 1. Survey Questions

Methods

This study had a pre-post intervention comparison design utilizing a case control convenience sample consisting of adult patients age 35+ presenting with chest pain who did not require immediate intervention.

The study intervention was the introduction of a standardized format of content on the new white boards (Figure 2) compared to the previous whiteboard that identified caregivers only. Study participants included 60 pre-intervention and 62 post-intervention who completed a survey with the questions on a 5-point scale of Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree (see Figure 1). The intervention began in April 2017, after 80% of all staff completed a 15-minute in-service on using the standardization format of the new whiteboards.

Results

The study showed 50 patients (83%) pre-intervention and 55 patients (90%) post-intervention stated they could read the whiteboard. Figure 3 shows that there was no statistically significant change (p>.05) in "caregivers introduced themselves and identified themselves on the whiteboard" or "plan of care and displayed on whiteboard" or "expected wait times" (see graph). In addition, most patients rated their Emergency Department experience as “Excellent" or “Very Good: 51 (86%) pre-intervention and 56 (93%) post-intervention.

Discussion/Conclusions

The study did not show a statistical impact of the newly standardized whiteboards. While the post intervention started after training 80% of caregivers it did not assess degree that staff consistently used the new whiteboards. Another limitation was the narrow definition of eligible patients which may have influenced staff use of the whiteboards.

A review of patients' chief complaints revealed that an average of 16 patients per day presented with chest pain, confirming that data collection was limited by the amount of time the researchers were available to enroll patient and may have unintentionally reduced use of the new whiteboards.

A larger study could assess whether the preliminary improvement of patients' understanding their care plan is statistically and clinically significant for all ED patients.

Figure 2. New Whiteboard

Figure 3. Results

References