



Solution

WHITEBOARDS

What...

Communication can happen in many forms. Information can be shared visually, virtually, or verbally. A powerful and proven visual form of communication is the use of Whiteboards.

Communication struggles are common in clinical situations. They are one of the top frustrations voiced by nurses and other clinicians.

As well, for patients, communication gaps are frustrating ... and possibly even harmful or dangerous.

Why...

Research supports that Whiteboards are effective tools in facilitating communication, coordinating patient care, and engaging patients and family members.

Having a communication board in patients' rooms can keep key information quickly in sight for patients, family members, and care providers

When we unite to improve communication, this helps us all to do our jobs easier and better; while helping patients to be more informed, involved, and at ease.

How...

The specific content to be recorded on each whiteboard and the process for keeping the Whiteboard information up-to-date is customized to align with the specific needs of each clinical area.

To be an effective form of communication a process is followed to ensure the **timeliness**, **completeness**, and **consistency** in the use of the Whiteboards.



For Whiteboard to be most useful, they will likely require thoughtful consideration and customization to meet the specific communication needs of different clinical areas.

Have clinicians engaged in the process of determining what should be on the Whiteboard. Those who have input into a project usually take ownership when the ideas come to fruition. While nursing team members are primary users of the Whiteboards, be mindful of the multi-disciplinary team members also caring for the patient.

Patient input, maybe through a Patient-Family Advisory Council or otherwise, is recommended as well.

In the planning phase, a review of recent literature and research can also serve useful.

A key planning question is, "beyond a general aim to improve communication, what specifically are our top communication challenges and needs that are best met through the use of Whiteboards?" This answer to this is often different based on the specific clinical area. In the emergency department, one primary need may be to communicate what tests have been ordered and the expected turnaround times for that information. In the obstetrics department, one primary need may be specific information about the mother's birth plan. In an inpatient unit, one primary need could be a place to document hourly rounding and ambulation orders.

A "mock" Whiteboard can serve as a beta-test of the design to get valuable feedback before an investment and long-term commitment to the contents of the Whiteboards are made.

There are many details and decisions to be considered. The size of the boards. The location of them. The content to be included and how that is organized on the boards. The vendor and costs. Like any important improvement project, a formally organized team armed with a process such as Plan-Do-Study-Adjust, will support the success.

Over time, or in certain situations (e.g., pandemic), the design of the Whiteboard may require updating. Having a vendor and product that supports future update or changes, without incurring extreme costs, is helpful. In recent years, there are more digital options serving to meet the objectives of Whiteboards in improving communication.

Lastly, keep it simple. Overdoing will likely lead to additional struggles with completeness.



Just as each clinical area may have different needs related to the design, contents, and location of Whiteboard, each clinical area may also have a uniquely designed process for how Whiteboards are used. Who keeps the information on them up-to-date? How often? And so on.

However, some general consideration about the use of Whiteboards are as follows:

- ▶ Whiteboards must be done very well (neat, clean, and complete) or the perception of “sloppiness” and a lack of caring will be staring right at your patients and their families. A best practice is that the Whiteboards are completely erased and re-written as often as necessary to not look like a mix-mash of haphazard communication when it is intended to be a communication enhancer.
- ▶ Patient perception of readiness for care and organized care are so important. If a Whiteboard states something is happening Friday, and it is really happening on Saturday - how does the patient and family feel about the organization's overall ability to accurately provide care?
- ▶ Assign responsibility for updating whiteboards and incorporate this into the daily routine. This can be specifically documented in a protocol or defined standard work. Employees may see the Whiteboards as something that is another “task” that gets done if it gets done. Whiteboards often fall behind many other duties assigned to staff and frequently are a task in which corners are cut.
- ▶ Formally teach clinicians how to engage patients and/or family members in the use of Whiteboards, if supported by the design and locations of the boards. This practice falls under the realm of patient centeredness, therapeutic communication, and patient and family engagement. These staff-patient interactions can start early during the patient encounter, such as during the admission process in inpatient units.
- ▶ Place the markers somewhere secure yet in easy reach and sight - and have a backup! Dark colors work best for visibility at a distance, especially for patients.

“Trust is built with consistency.” - Lincoln Chafee



With all vital patient care practices, the aim is that employees gain competency and consistency in the use of the practice. The same is true when it comes to timeliness and completeness of the Whiteboards.

Some tactics that clinical leaders and/or improvement teams can use to assist in adhering to the established process of using Whiteboards, is to:

1. Given the relative simplicity on how to use Whiteboards, often ongoing training on the use of Whiteboards isn't necessary. It likely isn't the lack of knowledge or training on the "how" that is interfering with the timely use or completeness of the Whiteboard information. The most compelling approach to increase completeness and consistency is to focus change efforts on frequent promotion of the "why" of Whiteboards.

This can be done through visual means (such as a bulletin board in the staff lounge highlighting research and/or stories of the impact of Whiteboards). Or, this can be a focus of staff meetings, huddles, or during one on one conversations such as when leaders round with employees. Storytelling is a very powerful method of communication to drive home a point with employees and inspire improvements.

2. The Validation-Feedback Loop is a useful improvement tactic as well. The most obvious way for Whiteboard use to be validated is to "go and see." A leader, or team members, can "audit" Whiteboard use and then provide feedback to employees as to what's going well (compliments) or what could be improved (call-out/positive coaching). As well, there may be communication scores or comments on patient surveys and/or documented errors or near misses related to poor communication that may also serve as methods of validating the timely and consistent use of Whiteboards.

"The single biggest problem in communication is the illusion that it has taken place."

- George Bernard Shaw



SAMPLE WHITEBOARD

Welcome to the Emergency Department

Remember:

1. Do not eat until seen by physician.
2. No cell phone use during treatment.
3. Two visitors at a time.







Date:

Nurse:

Physician:

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Very Severe Worst Pain Possible

0 1-3 4-6 7-9 10

Pain Level:

You Are Waiting For:

- ☐ Lab
- ☐ X-Ray
- ☐ Consult
- ☐ Admission
- ☐ Ultrasound
- ☐ EKG
- ☐ CT

All test results take approx. 1 to 1.5 hours

Care Concerns:

- ☐ Fall Risk
- ☐ Nothing to Eat or Drink
- ☐ Languages/Special Needs
- ☐ Allergies

Pain & Rounding:

Pain Level	Time	Initials

“The more we elaborate our means of communication, the less we communicate.”

- J. B. Priestley

