Organization: Anne Arundel Medical Center

Solution Title: Patient and Family Centered Inpatient White Boards: Engaging Patients and Families in Their Care

Program/Project Description, Including Goals:

What was the problem to be solved?

Anne Arundel Medical Center (AAMC) sought to create a patient advisory role on the Patient Safety Committee to support the present culture shift from "serving" to "partnering" with our patients and families and recognizing the value of the unique perspective patients and families have to offer. Our journey began in 2012, with the help of the Institute for Patient and Family Centered Care, by placing patients and family members on our hospital Patient Safety Committee. With the help of our new advisors, it was identified that we needed to devise a tool to enhance the communication and engagement of our staff, patients, and families.

How was it identified?

The committee felt as though they were missing the voice of the patient and family when it came to providing us input from a safety perspective. As our journey progressed, with three patient and family advisors actively participating on the Patient Safety Committee, the committee challenged itself on how to engage patients and family members as an essential member of the care team.

Initiating a model to encourage and advocate to patients to be members in the care team was a challenge based on the culture at that time. Traditionally, the patient and family have been passive spectators in their care, relying heavily on the notions that (1) only experts are qualified to diagnosis and treat diseases; (2) all decisions regarding care rely entirely on the health care professional’s knowledge, education and experience; and (3) that the healthcare professional always has the patient’s interest and must respect the principle of do no harm.

Healthcare professionals know that many factors influence the patient’s/family’s level of and willingness to participate in their own care and the care of their loved ones. Some of the factors include:

- Acceptance of a new role for patients and family members
- Level of health literacy
- Confidence in their own capacities
- Types of decision making required
- Age
- Gender - Socioeconomic status
- Ethnic origin
In addition, healthcare professionals themselves often are not open to, or create an environment that is conducive of, the engagement and participation of patients and family members. Some obstacles for the healthcare professional include:

- Desire to maintain control
- Time needed to educate and respond to patients and families
- Personal beliefs
- Legal concerns
- Ethnic origin
- Insufficient training in patient participation

Simply asking patients and family members to participate was not an effective means in having them become active members of the care team.

Based on the above, the Patient Safety Committee decided to design and implement patient room white boards as a tool to engage patients and families in their care.

**What base line data existed?**

Data from the National Patient Safety Foundation identified that “Patients strongly agreed that whiteboards helped them identify their care team, improved communication between patients and providers, and increased their awareness of daily goals/plan.” NPSF Vol.14: Issues 2 2011

Based on a Dana Farber study, after patients began providing the organization with input and increasing patient-physician communication, there was a 50% decrease in medication errors per 10,000 doses.

Other research done with the Mayo clinic showed “out of roughly 2,000 surveyed patients, the majority of them said they wanted to help providers prevent medical errors, highlighting patients’ willingness to be involved.” Longtin et al., Patient Participation: Current Knowledge and Applicability to Patient Safety. Mayo Clin Proc. 2010; 85(1):53-62

Anne Arundel Medical Center did not have formal patient boards so we clearly had a clean slate to start with.

**What were the goals – how would you know if you were successful?**

The goal for the Patient Safety Committee was to devise a plan, utilizing a trigger tool that would:

1. Allow the patient to freely participate,
2. Is both patient and healthcare friendly, and
3. Improve communication between the patient, family and healthcare professionals.
Our goal was to, with the guidance and participation of our Patient Safety Committee Patient Advisors, develop and implement Patient and Family Centered Whiteboards as a communication and trigger tool to enhance communication, participation and education.

We identified two ways in which we would determine the success of the new whiteboards:

- Monitor our Patient Satisfaction in the piloted units for three months
- Complete a Patient Survey regarding the whiteboards.

Process/Solution: What solution or process was used to develop the solution? What solution was developed? How was it implemented?

AAMC’s three Patient Safety Committee advisors led a team in developing a new design for patient boards placed in each inpatient room. The advisors contacted other hospitals in Maryland and Virginia collecting information pertaining to patient boards specific to patient safety information and then contacted three manufacturers looking for sample boards. The committee developed sample boards and went through a very thorough process of vetting the boards through the hospital employees first. They asked for input and feedback from various staff stakeholders to include nurses, dietary, physicians, therapist, care managers, educators, risk management, quality, etc… Specific emphasis was placed on “what do patients want to know” as opposed to “what staff want patients to know”.

The next step was to present board samples to the AAMC Patient and Family Advisory Committee which is made up of approximately 20 advisors. Recommendations and design ideas were finalized and boards were ordered.

While waiting for the boards to be delivered, the patient advisor team completed a tour of patient rooms to determine appropriate placements of the boards to ensure visibility for patients and families.

The following three units were identified as the pilot units:

- MedSurg Unit (MSU)
- Mother/Baby Unit (MBU)
- Heart/Vascular Unit (HVU)

The newly designed patient boards (see below) were placed on the three pilot units during the month of September 2013. The training and education pertaining to the boards were completed by the unit educators during September of 2013.
<table>
<thead>
<tr>
<th>Date:</th>
<th>Room #:</th>
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**Your Care Team:**
- Nurse / Phone #:
- Tech / Phone #:
- Physician:

**Goals for Today:**

**Test Schedule:**

**Be Smart, Leave S.M.A.R.T.**
Do you know?
- Symptoms
- Medications
- Appointments
- Results
- Talking Points

**Safety Precautions:**
- Keeping you safe is important to us.
- Always call if you need assistance.
- Falls
- Skin
- Diet:
- Activity Orders:
- Activity Orders:

**Potential Discharge Date:**

**Your Family Spokesperson:**

**Phone #:**

**Pain Management is OUR Goal!**

**Family Initiated Rapid Response Safety Team**
**Dial - 1111**
**If You’re Concerned, So Are WE!**

* Clean only with soap & water, Expi cleaner, Windex or isopropyl alcohol. Do not use other cleanser or disinfectant! * from shutter.com
Measurable Outcomes: What are the results of implementing the solution? Provide qualitative and/or quantitative results to data.

The team developed a survey tool to be used and an educational program for the staff pertaining to the implementation of the boards. The following three units were identified as the pilot units:

- MedSurg Unit (MSU)
- Mother/Baby Unit (MBU)
- Fourth Floor (HVU)

The below survey tool and plan were used during the three month pilot program.

Goal: By December 2013, the patient information board will be evaluated showing the effectiveness of the patient whiteboards in the patient rooms.

Number in Study: 25 patients per unit totaling 75 patients

How it is measured: Using a survey

Objectives:
- The patients will be able to identify the board in the room.
- The patients will be able to answer the questions from information filled out on the board.
- The medical employees will understand the importance of filling out the information on the board.

Survey Questions
- Do you know the name and the number of the nurse and tech taking care of you today?
- Do you know your physician’s name?
- Did anyone explain goals for you today?
- Do you know of any tests scheduled for you today?
- Did the staff explain to you about how to use your board?
- How useful is the board to you?
- Do you have any other feedback about the board?
Patient Survey Results

- Question # 1: Do you know the name and the number of the nurse and tech taking care of you today?
  - 92% of patients reported Yes
  - 8% of patients reported No

- Question # 2: Do you know your physician’s name?
  - 81% of patients reported Yes
  - 19% of patients reported No

- Question # 3: Did any one explain goals for your today?
  - 67% of patients reported Yes
  - 33% of patients reported No

- Question # 4: Do you know of any tests scheduled for you today?
  - 71% of patients reported Yes
  - 29% of patients reported No

- Question # 5: Did the staff explain to you about how to use the board?
  - 73% of patients reported Yes
  - 27% of patients reported No

- Question # 6: How useful is the board to you?
  - 91% of patients responded positively to this question

- Question # 7: Do you have any other feedback on the board?
  - “I like having them”
  - “Keep using them”
  - “Everything is great”
  - “No improvements to make”
  - “Maybe put it on an iPad”
  - “Too busy, less information”

In addition to the survey tool, AAMC monitored the overall rating of the hospital based on the HCAHPS scores. The below graph identifies a trend upward since the implementation of our patient boards.
Sustainability: What measures are being taken to ensure that results can be sustained and spread?

The boards were placed in all inpatient rooms by the end of March 2014. AAMC continues to monitor for sustainability through two measures. The first measure is through our inpatient satisfaction survey results and the second measure is a specific measure monitoring that all patients have the section “Goals for Today” completed. In the future, the patient boards will be utilized in the bedside shift report process by having clinical staff engage the patient and family by reviewing the information on the whiteboard.

Below are the results from our patient satisfaction data and our monitoring of the completion of “Goals for Today” section of the patient board.

**Overall Inpatient Satisfaction (why are you repeating this data?)**

![Overall Inpatient Satisfaction Chart](chart.png)

**Goals for Today Completion rates**

![% of Patient Whiteboards with Goals Chart](chart2.png)
Role of collaboration and Leadership: What role did teamwork and collaboration play in the solution? What partners and participants were involved? Was the organization’s leadership engaged and did they share the vision for success? How was leadership support demonstrated?

Collaboration is one of AAMC’s Core Values. In that, we as a health system believe in developing partnership with stakeholders, to include patients and families, toward a vision of living healthier together.

Through this project we wanted to:

- Improved access to health interventions and improved coordination between different sectors for individuals and their families with more involvement in decision making.
- A comprehensive, coordinated and safe health system that is responsive to the needs of the population.
- Efficient use of resources

This project truly had multidisciplinary engagement and leadership support which was critical to the successful implementation and effectiveness of the patient room boards. Approaching the board’s content from the patient’s perspective helped keep our eye on the goal of engaging patients with meaningful information.

As a Patient Safety Committee, led by our patient advisors, we designed the board and went through a very thorough process of vetting it through the health system. We asked for input and feedback from all of the stakeholders in the organization to include the following committees:

- Patient and Family Advisory Committee
- Clinical Education Committee
- Medicine and Women & Children Quality Councils
- Nursing Operations Committee
- Clinical and Support Services Operations Committee

In addition, key department leaders were involved in decisions regarding locations, implementation and education.

Finally, the Chief Executive Officer, Chief Operating Officer/Chief Nurse Officer, and other executives not only gave approval for the development of the boards but also provided the funding for the project.
Innovation: What makes this solution innovative? What are its unique attributes?

Patient and family participation is progressively recognized as a key component in the redesign of health care systems and has recently been advocated as a means of increasing patient safety in hospital settings.

The concept of engaging patients and families in decision making, management of chronic diseases, and being an active partner in ensuring their safety, while being in a healthcare setting, is an evolutionary process for both the patient and family as well as healthcare professionals.

Unique attributes include:

- Enlisted the patient advisors in the development of the patient boards
- The development of a tool that engages the patient and family in their care
- Advocating for the patient and family as partners in care delivery and decision making
- Providing an additional level of transparency as patients become partners from a safety perspective
- Helping to breakdown communication barriers between the patient, family and healthcare professionals
- Highlight specific safety precautions that will both educate and empower patients and families

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