



Implementation of White Boards

Sentara Norfolk General Hospital Emergency Department

sentara nurse



Introduction

Due to increasing patient volumes, long emergency department (ED) wait and turnaround times have shown to decrease patient satisfaction and quality outcomes. The Sentara Norfolk General Hospital (SNGH) ED nursing leadership team identified that during long wait times in the ED, the patients and family members were not always informed of their plan of care or what they were waiting for. In July 2015, the monthly average of patient’s leaving without being seen was 2.96%. The SNGH ED was faced with improving our work flow and space design to enhance communication with patients and families. The implementation of white boards in the emergency department will help impact quality and flow of care by optimizing the ED patient experience.

Use the White Board to:

- Communicate the daily schedule,
- Record patient's preferences (lighting, door opening/closure, room temperature, etc.),
- Record the names of staff caring for them that day,
- Note what day it is if there is no calendar, and
- Record their questions for staff/physicians.

SENTARA®

Today's Date: 9/13/15

Your Norfolk General Care Team Is:

Nurse: Nancy Nurse

Charge Nurse: Bossy Nurse

Doctor: KwonitALL

Medication(s):

Zofran 111K

Albuterol 1330

Keeping You Informed:

Checking On You Every Hour

Test/Treatment

Est. Wait Time

☒ Blood work:

2 hours

☐ Urine test:

2 hours

☒ X-Ray:

1 hour

☐ Ultrasound:

2 hours

☐ CT Scan:

2.5 hours

☐ CT Scan (w/ contrast to drink):

4.5 hours

☐ Culture Results:

48-72 hours

☒ Other: 1 liter IV F.

10

9

8

7

6

5

4

3

2

1

0

Arrive

Lab

Immun

Meds

Back

Meds given

Waiting outside

Our goal is to deliver excellent care promptly so you can recover quickly.

Comments:

Description of Project

Goal Statement:

“Patients presenting at Sentara Norfolk General Hospital Emergency Department will experience improved quality of care, experience and satisfaction due to better communication practices, decreasing the average Left Without Being Seen (LWBS) from 2.96% in July 2015 to 1.87% in January 2016.”

The SNGH ED leadership collaborated with our ED Practice Council and charge nurses to create a project team to implement space design, optimize work flow, and enhance patient care and satisfaction. The project team identified issues regarding lack of communication during long wait times in the ED. It was identified that patients and family members were not notified of the expectations of their visit or their plan of care. Communication is a driver that enhances the quality of care and patient experience.

Applying methods from successful past projects such as the ABC Baylor Project and LEAN concepts, the team developed an action plan to enhance patient flow, decrease LWBS, and improve patient satisfaction. The implementation of ED White Boards and nurse rounding were recognized as ways to improve quality of care and satisfaction.

August 2015: The Charge Nurses created a verbal script that included language like, “is there anything else I can do for you?” All of the ED nurse leadership team, (Charge Nurses, Unit Coordinators, Team Coordinators, and Director) started encouraging and modeling behavior for the staff. The Charge Nurses took the new processes to the ED Practice Council to get buy in from the members of the team.

September 2015: The ED nurse leadership team created white boards based on staff nurse input for the ED. The same team also developed new that’s that the staff used with the patients to explain what tests the patients was having and the length of timed needed for the ED testing. The ED leaders rounded each hour to observe that the new processes were being followed.

October 2015: More scripting was developed and role modeled by the ED nursing leadership team for staff about patient privacy. The expectation was set for the staff that when they implemented actions to increase patient privacy they explained the action and the reason to the patients. For example, “I am closing the curtain because your privacy is important to us.”

December 2015: The ED Charge Nurses agreed on scripting the rounding process. The expectation was set for hourly rounding and the team developed strategies to ask direct questions of patients rather than open ended questions with tactics to exit the room gracefully to assure there would be enough time to round on all patients every hour.

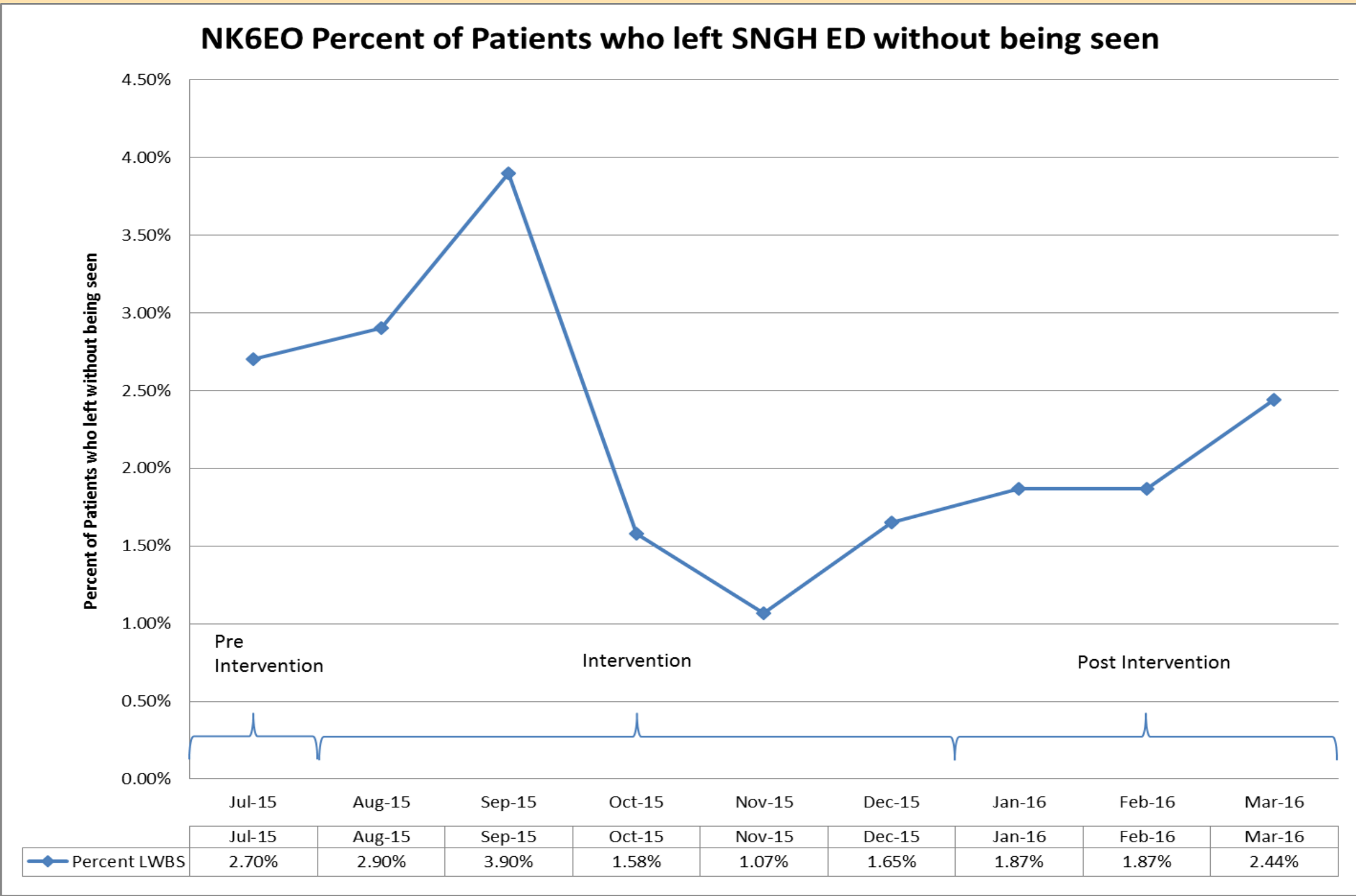
References: Available upon request

Findings

Outcomes:

The SNGH ED met their goal by decreasing the LWBS from 2.70% in July 2015 to 1.8% in January 2016. The addition of White Boards and hourly rounding process resulted in improvement of communication, interaction, and enhanced quality of care for our patients and families. By keeping patients and families informed of the treatment processes’ the percentage of ED patients who LWBS decreased.

- Pre-Intervention timeframe: July 2015
- Pre-Intervention baseline date: 2.70%
- Intervention timeframe: August 2015-December 2015
- Post-Intervention timeframe: January- March 2016
- Post-Intervention data:
 - January 2016: 1.8%
 - February 2016: 1.87%
 - March 2016: 2.44%



Acknowledgements:

The Project Team:

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