Initiating a Change

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Abstract

Communication is an essential element used in nursing. For staff to be able to do their job and ensure that they give efficient, safe care, communication is crucial. With the use of patient’s bedside whiteboards communication is enhanced throughout the spectrum of care. This helps in the delivery of care and to understand the needs of their patients, and possibly help with the prevention of falls occurrences.

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**Initiating a Change**

**Introduction**

 Having excellent communications between all the disciplines of care is an essential attribute in the care of our patients. To be able to do your job effectively and efficiently, the chain of communication must remain open and be clearly conveyed. The use of patient’s bedside whiteboard will give us an area to communicate with everyone who cares for that patient. Utilizing the whiteboards to convey the activity level of a patient will aid the staff in knowing how to help a patient. Doing so will improve patient care outcomes, improve teamwork and collaborations, and increase patient’s education of their care.

 Patient’s call light not being answered in a timely manner resulting in an increase of patient falls and decrease patient satisfaction. When there is frequent nurse turn-over or with a high nurse to patient ratio, communications among staff suffers. The existing whiteboards are left un-updated. This task of updating the whiteboard is skipped or forgotten to be completed. Nursing controversy over a burden of “one more task” added to their list, but if a whiteboard is already in use, and being updated per protocol, at the time of bedside shift report, it is just one piece of information to be transcribe on the whiteboard, only will take an additional few seconds to complete. If used properly and consistently, this will help with the standardization of information on the whiteboards. Also, it will enhance communication between nurse and patient. When a patient feels they are involved in their own care, patient satisfaction surveys improve.

 Problems that may arise are missing markers to write with and the cost of replacing marker. which won’t be that much, so it will be a manageable expense. Nurse compliance and getting everyone to look to the boards for information, if they don’t know the patient, will take time to adjust. Keeping the bedside whiteboards information updated will also keep the patient informed of their goal or plan for the day. If we start to utilize the whiteboard to include communication of the activity level of the patient, this may avoid prolong answering of patient call lights and meeting the needs of the patient to prevent falls from occurring.

**Literature Review**

 **Article one-Preventing falls in acute care, an innovated approach.**

Approaches to patient fall preventions includes three components, the identification of the high-risk patient, and the communication between staff members, patients and families of fall risks, and the intervention aimed at making a safe environment for the patient while meeting the patient’s basic needs. The study shows that organizations should take into account fall prevention protocols that stress staff education, chart presentation of fall data, and evidence that outlines clear causes of falls to focus the fall prevention interventions that are speciﬁc to patient needs (Tan, Hooper, Braddock, & Shieh, 2013).

 **Article Two- Bedside nursing handover and multidisciplinary whiteboard assisted**

 **communication.**

This article covers the bedside handover or reports from shift to shift and the use of whiteboard for communication on the units. It is an analysis of two approaches to develop a method to communicate information more accurately between healthcare professional. When successfully put into operation, whiteboards were perceived to be useful reminders (Wallis, Chaboyer, Mcmurray, & Wallen, 2008). This article reinforces the idea of whiteboards helping to improved communications and when use to communicate the activity of the patient it may help in the preventions of falls.

 **Article Three- Preventing falls in acute care: An innovative approach.**

This third article looks at the approaches to fall prevention to included identiﬁcation of high-risk patients, and communication among staff and family members about an individual’s risk of falls. Three key components of fall prevention in this literature are:

 ● Identiﬁcation of the at-risk patient.

● Communication of fall risk to patient, family, and staff.

● Interventions aimed at making the surroundings safe while continuing the patient’s basic physiologic needs (McCarter-Bayer, Bayer, & Hall, 2005).

**Article four- Implementation of an evidence-based patient safety team to prevent falls in inpatient medical units.**

The focus of this literature review was to identify policies for improving collaborative care, with importance on teamwork and communication. EBP TeamSTEPPS offers structured approach to identify fall risk factors and apply patient-specific interventions (Godlock, 2016). Within this article it mentions the use of whiteboards for communications is listed under the critical safety task along with assertive communication: “please do not get out of bed without assistance”, use of call light and non-skid socks. This supports my claim of using the whiteboard to identify the patients’ activity levels and how much assistance is needed.

**Article Five- Best practices for falls reduction: Focusing on staff awareness and**

 **accountability in reducing falls***.*

When centering on staff awareness and accountability of reducing falls, this article mentions that refining the process of patient-assessment, education and training, communication, and partnering with patient and families plays a role in decreasing the potential of falls (Payson, Currier, & Streelman, 2011).

**Change Theory**

 Using Lippitt’s change theory and a democratic style of leadership, I feel would work well together to initiate the change process. Lippitt’s theory has 7 phases, from diagnosing the problem, assess motivation for change and resources, having a progressive change objective, choosing appropriate role, maintain change, to the termination of the helping relationship (Mitchell, 2013). Democratic leadership is useful when coordination and collaboration between staff is needed to implement the change. Democratic leadership direct others through guidance and suggestions, has communication that flows up and down, and emphasis on we rather you and I, also, the criticism is constructive (Marquis & Huston, 2015). At any time through a change process any theory can be used.

**Discussion**

 **Informatics and Technology**.

 The role that informatics and technology have in a change process becomes very evident when trying to make a presentation whether using PowerPoint or any computer program. Informatics help with the interpretation of information flow, and the preparation of process information flow charts. Nurses need to be knowledgeable in informatics and the technology that is available to give better quality patient care. With this change process of utilizing patient’s bedside whiteboards to communicate the patient’s activity level has used informatic and technology by using computers for presentations, making templet of survey questions to evaluate progress and emailing the surveys and updates to staff.

 **Interprofessional Collaboration.**

To have improvement in quality of healthcare, interprofessional collaboration is needed. “Interdisciplinary collaboration is considered key to the visionary 21st century care paradigm where teams function effectively to optimize safety and delivery high quality care.” (Galen, 2017). Goals set across interdisciplinary need to be patient centered, process and population oriented, outcome driven and applicable across professions (Galen, 2017). Having a team to work on this project to get feedback was an important process. The team was made up of a small group, each from a different discipline, and different shifts. Each person gave their input on the small change process and how it will affect them and how it will affect the care given. The nurse is the one to update the boards, where the non-bedside care giver didn’t know the patient’s plan of care.

**Conclusion**

For any institution to function properly, it is necessary for the staff to communicate appropriately. This is even more important in a healthcare facility where lives are at stake. Since nurses usually hold a hospital together, it is essential that they have efficient communication channel. Lack of communication can have severe consequences, such as falls, falls are a harm for hospitals. The use of patient’s bedside whiteboard will give us a common area to communicate with everyone who cares for that patient. Utilizing the whiteboards to convey the activity level of a patient will aid the staff in knowing how to help a patient. With the use of patient’s bedside whiteboards communication is enhanced throughout the spectrum of care and will improve patient care outcomes, improve teamwork and collaborations. Through collaboration of care and communication we will give our patients efficient, and safe care. Patients may not remember the name of a nurse 5 years later but they will remember the treatment received during their stay at the hospital.

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