Introduction

Staff on the Rehabilitation ward Blue Mountains Hospital found through the observation phase of the Essentials of Care (EsC) program that the current patient information boards were not being utilised effectively. Important patient information such as doctor’s name, allergies, patients name and mobility statuses were often not completed or updated, which raised concerns about patient safety. It was believed by staff that this hindered the ability to effectively communicate between staff, patients, families and carers. Communication is an effective tool to build good relationships between patients and staff, it is also imperative to patient’s safety and keeps patients involved and informed in their care. Working with patients towards achieving their goals is particularly important for the patient undergoing a long hospitalisation and journey of recovery. Including the patient in understanding their health and ensuring communication is clear and effective amongst team members provides one opportunity to close this gap.

Aim

The goal was to develop, design and implement a new patient information board with an aim to enhance patient safety and improve on current communication within the multidisciplinary team which was inclusive of patients and their families/carers.

Method/Approaches

Four different methods & approaches were used to conduct and evaluate the project.

Consultation: with all members of the multidisciplinary team to discuss and generate ideas for the proposed bed board.

Audits: pre audits on the existing bed boards and post implementation of the new bed boards.

Surveys: patient, families and staff surveys pre and post implementation of the bed boards.

Active learning: sessions were held throughout the project with team members. These were captured in the form of mind maps.

Discussion

From observation, successful rehabilitation relies on excellent communication between all members of the MDT and patients. Including patients in decision making regarding their rehabilitation journey is reliant on effective partnerships between staff and patients. The development and implementation of the new bed boards has enhanced these relationships by improving the sharing of relevant information between all members of the MDT, patients and their families and carers. Key to success of the bed boards was the inclusive consultative process, which provided opportunities for everyone to be involved in the project from the beginning to the end.

Staff identified the importance of being able to view their patient status at a glance assisted in meeting their patients needs and aided as a communication tool in keeping families and carers involved. For patients and families this meant they had a greater understanding of who was caring for them, any identified risks such as falls and their rehabilitation goals.

Recommendations & Conclusion

Exploring new ways of revising existing practices is often a challenge in the workplace; one of the key factors in this is the attitudes and beliefs of staff towards the practice: ‘it never worked before, so why would we want to do it again’. Using an inclusive consultative approach and taking the time to effectively evaluate the project at key stages generates greater participation and adds to the success in making the change sustainable.

The bed board’s project has enabled the MDT in the Rehabilitation unit to form better working partnerships with each other and their patients. Ownership of the project was felt by all staff and patients and their families felt involved in the decision making process. This has resulted in the development of a communication board that meets the needs of all key stakeholders.

Acknowledgements

We would like to thank every member of staff and our patients from the Rehabilitation unit at Blue Mountains hospital who make coming to work every day a joy. Without the contributions and positive engagement from all team members we would never be able to develop meaningful projects that make a difference in the lives of our patients.

References