

# Enhancing an Electronic Status Board to Support Nurses in Providing Safe and Quality Patient Care



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## Lessons Learned

Aligning the BPSO status board with current safety huddle practices increases usability and applicability for nurses, resulting in improved patient outcomes.

## Description

Humber River Hospital (HRH) utilizes the Best Practice Spotlight Organization (BPSO) Status Board to ensure consistency in evidence-based practice. Content in the original BPSO Status board were misaligned with current safety huddle practices. By tailoring the electronic status board to better reflect the current Safety Huddles template, usability was enhanced during huddles. This real-time status board now provides information on the following topics, with the last documented time displayed:

- Critical Care Response Team
- Risk for falling
- Braden scale
- Pressure injury
- Behaviour and eDOS tool
- CAM and CHASM
- Palliative Performance Scale (PPS)/Edmonton Symptom Assessment System (ESAS)
- SMART Discharge

## Actions Taken

- Updated safety huddle template and BPSO status board to incorporate required organizational practices and indicators for best practice.
- Ensured documentation date and time are displayed.
- Education and training provided for staff on all inpatient units.
- Evaluated education sessions and status board utilization.

## Summary of Results

Forty-one inpatient nurses were surveyed, revealing the following results.

- 20% of nurses reported it took 1-5 minutes to conduct safety huddles pre-implementation, which was increased to 63% post-implementation.
- 100% of staff responded positively to the updated status board.

**Humber River Hospital** **PATIENT QUALITY AND SAFETY HUDDLES**

Unit: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_ RPT/Manager Initials: \_\_\_\_\_

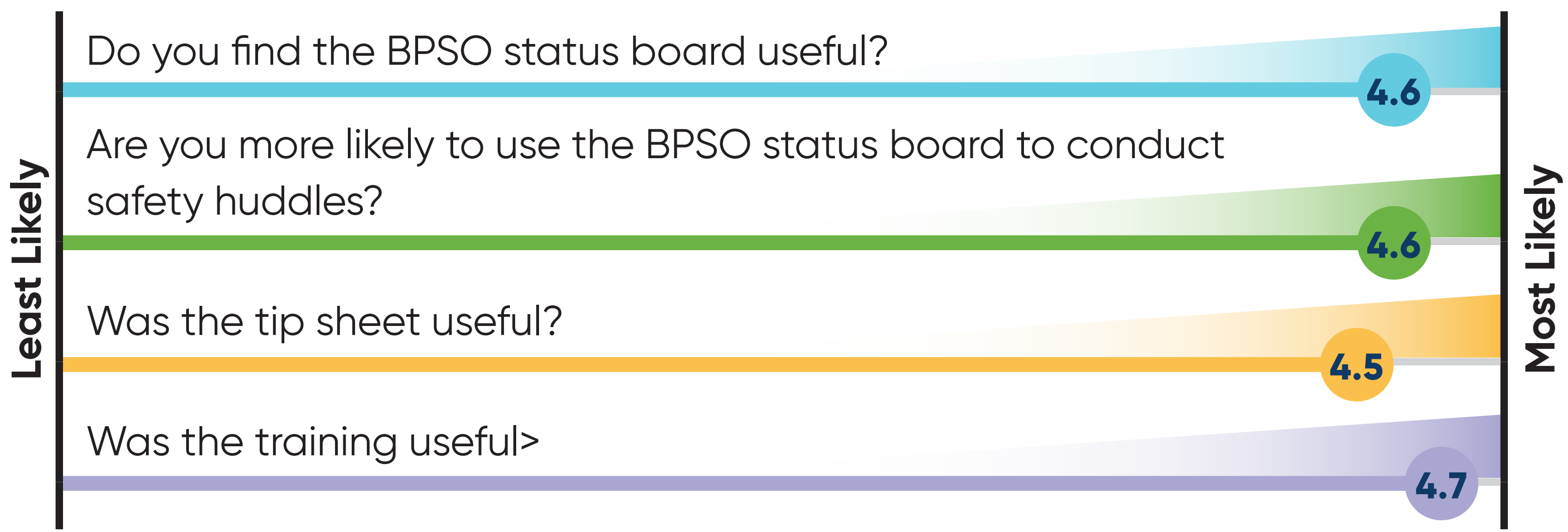
It is the responsibility of the manager/resource person or team leader to initiate a quality/safety "huddle" at every shift to pass on relevant safety information about patients, families and the work environment. The huddle should be short (aim for 5 minutes) at a time that works best for your unit. The goal is to collect and share information about potential safety issues/concerns in a daily basis. **The huddle and documentation are for quality.**

**What is/ are the safety concern/s staff should be aware of today?**

Safety Concern	Please indicate patient's last name, room # bed #
Patients who have had an incident/ event in the last 24 hours?	
Patients who are being followed by CCRT? Any patients who should be referred to CCRT?	
Patients who are at "HIGH RISK" for falling?	
Patients who have a Braden Scale less than 18 (high risk or have skin breakdown, turn Q 2 hours, nutrition risk, etc)?	
Patients with pressure injuries or new pressure injuries (ensure referral for wound and skin/Dietitian ordered for Stage 2 and above)	
Patients who have outstanding admission/discharge medications to reconcile?	
Patients who are confused, delirious, demented? (and/or on eDOS tool)	
Patients who require comfort care? Require Goals of Care discussion?	
Patients who are or can be palliative and have palliative order set with documentation of ESAS/PPS	
Patients who are NPO?	
Patients who require patient focused education? (safety, discharge teaching, etc.)	
Patients who are agitated/violent (communicate triggers, manage medications to need provided)	
Patients who are on restraints? (physical, chemical, environmental)	
Patients who require follow up regarding the Risk of Harm Tied?	
Patients who require follow up regarding the Clinical Deterioration Tier? (NEWS2)	

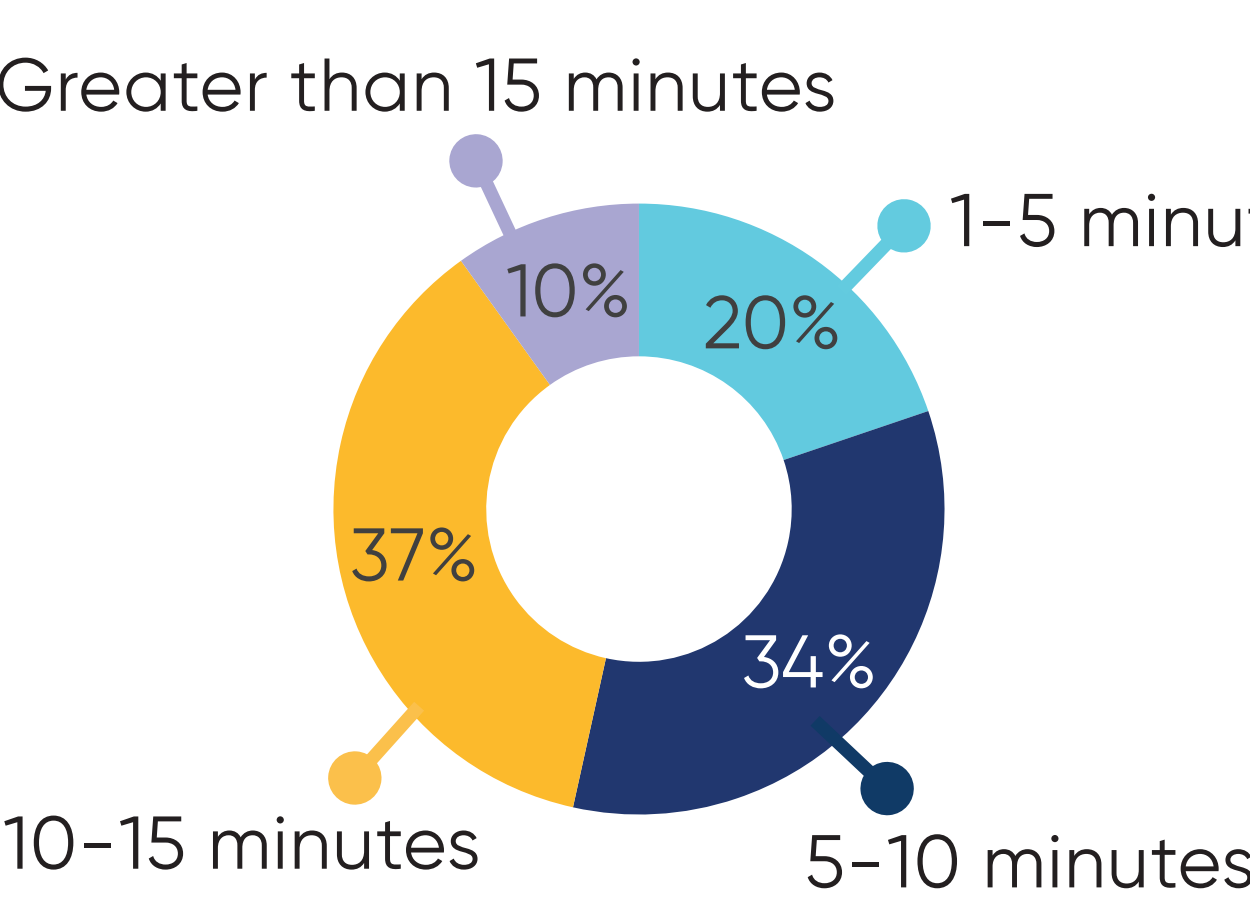
**Figure 1.** Updated safety huddle used to facilitate risk concerns of patients and unit by front line nurses. The answers to the questions circled are found on BPSO status board. Nurses are able to obtain the most updated information quicker to address concerns and have more allotted time for patient care.

### Rank the following questions where 1 is least likely and 5 is most likely

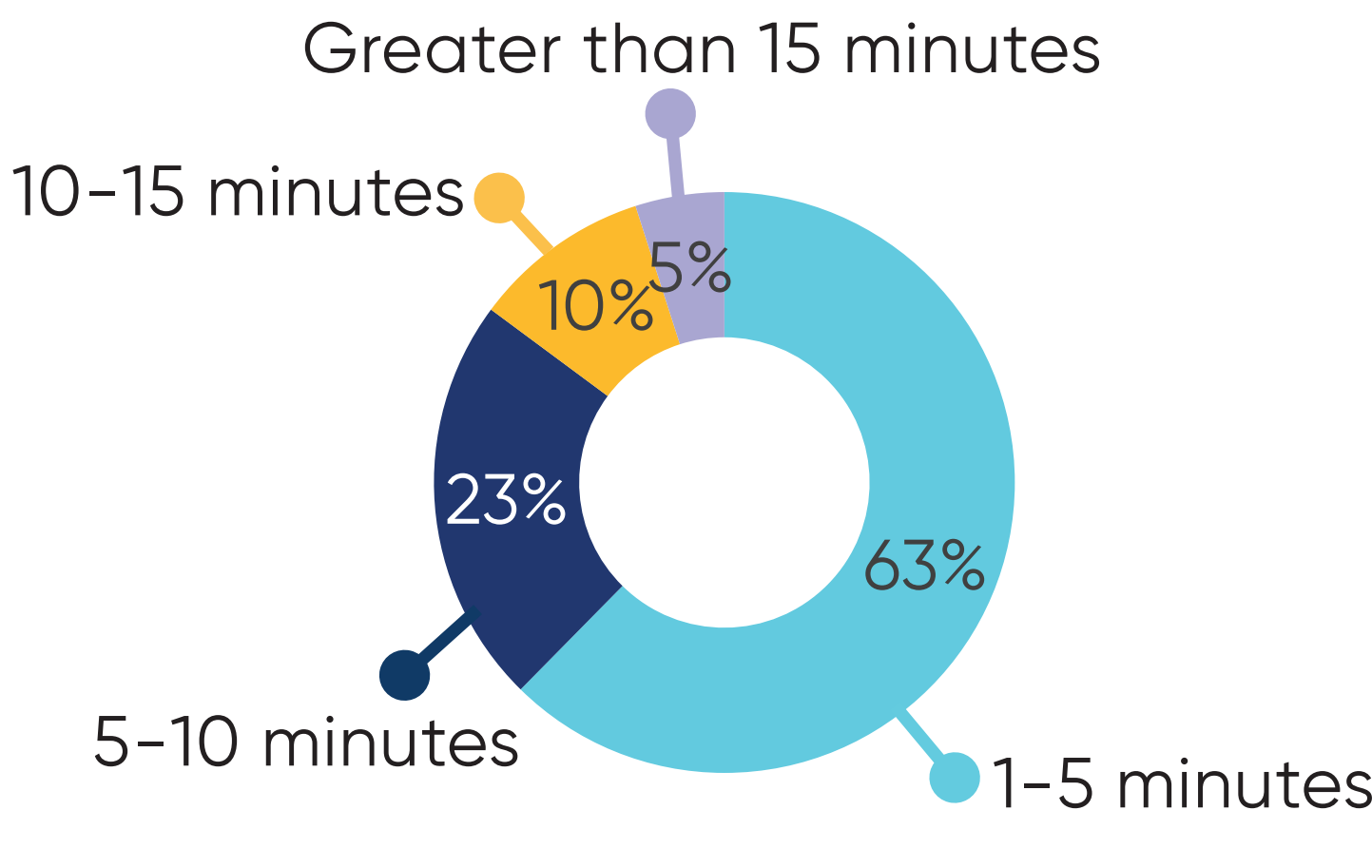


**Figure 2.** Post survey showed training, BPSO status board, and tip sheet were very helpful.

### On average, how long did it take you to conduct the safety huddle?

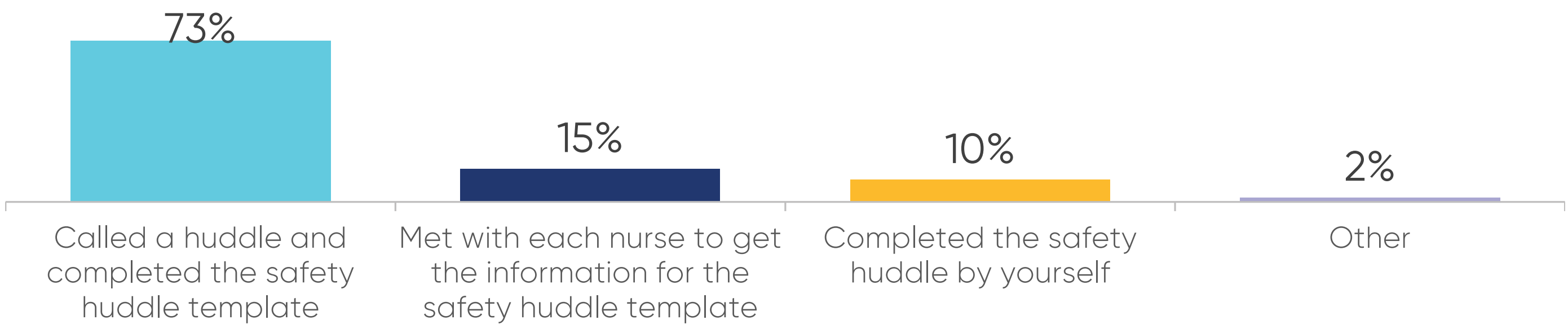


### On average, how long did it take you to conduct the safety huddle using the BPSO Status Board?



**Figure 3.** a. Shows, on average, the time it took to conduct a safety huddle without using the BPSO status board. More than half stated it took 5-15 minutes. b. After the BPSO status board was implemented, post survey shows more than half took 1-5 minutes to conduct safety huddle.

### Which process did you use the MOST to conduct safety huddles prior to the BPSO Status Board?



**Figure 4.** Shows method or process frontline used to conduct the safety huddle prior to BPSO status board. The same method is used after the BPSO status board.

Rm-Bed	Temp Loc	VIP	Patient Admitted Service	CCRT Actual Visit/Signoff	CCRT Consult/Visit#/TriageDate	FallsAx/RiskTotal/Strategies	Braden Scale/PI Interventions	PresInjuryER/Describe/OnUnit	PI Date/Location	Is This a NEW Pressure Injury	Pressure Injury Stage
0730-A W07ECARD Tory,Susan	MRP	N	Test,Guava 05/07/22 MED		27/07/22 12:12 Follow Up Visit Numb...	06/07/22 10:21 Type of Assessment: Routine 06/07/22 10:21 Morse Fall Score Class: Moderate Ri... 06/07/22 10:21 Fall Prevention Strategies: Adequat...	06/07/22 10:01 Skin Risk Category: No Risk (19 to 23)				
0731-A W07ECARD Physician CPOE,...	MRP	N	DocOpt,TestTwo 16/06/20 MED			11/05/22 10:02 Type of Assessment: Routine 11/05/22 10:02 Morse Fall Score Class: Low Risk 18/05/22 15:29 Total Falls (for Inpatient Visit): ... 11/05/22 10:02 Fall Prevention Strategies: Bed Ext...	10/05/22 16:08 Skin Risk Category: Very High Risk(9 or ... 10/05/22 13:35 Pressure Injury Prevention Interventions...	Pressure Injury Present on Admission to Inpatient Unit: Yes	10/05/22 13:35 [Bilateral Axilla] 10/05/22 13:35 [Right Abdomen]	[No] [Yes]	Stage II Stage II

**Figure 5.** The BPSO status board will populate headings that correlate to the Safety Huddle sheet. The board allows Team leaders, management, and nurses to view all patients within their unit at once and address safety concerns. Documentation date and time identifies the most recent documentation.