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

Jennifer Cao RN, BScN, CCRN, MScN(c); Shirley Goguen RN; Derek Hutchinson RN, BScN, MN; Amanpreet Ghuman RN, MScN; Dr. Doris Grinspun RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, FCAN, O.ONT; Jennifer Yoon RN, BScN, MSc (QI/PS), PhD Student

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.

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

- Do you find the BPSO status board useful? — 4.6
- Are you more likely to use the BPSO status board to conduct safety huddles? — 4.6
- Was the tip sheet useful? — 4.5
- Was the training useful> — 4.7
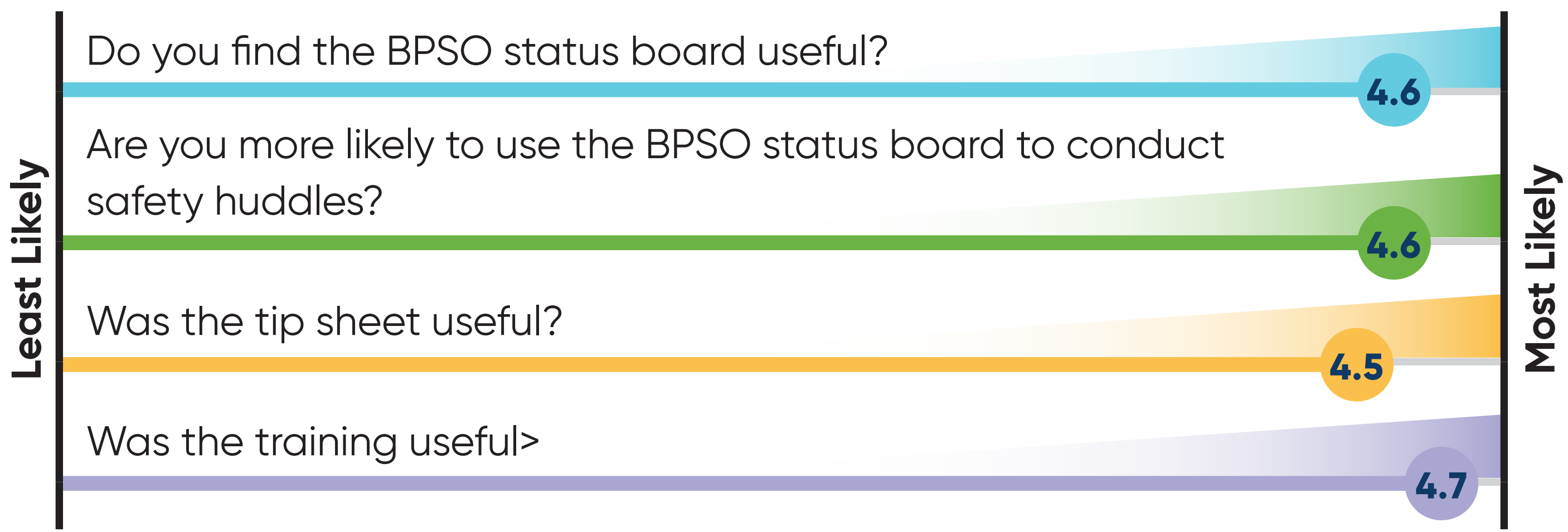
Figure 2. Post survey showed training, BPSO status board, and tip sheet were very helpful.

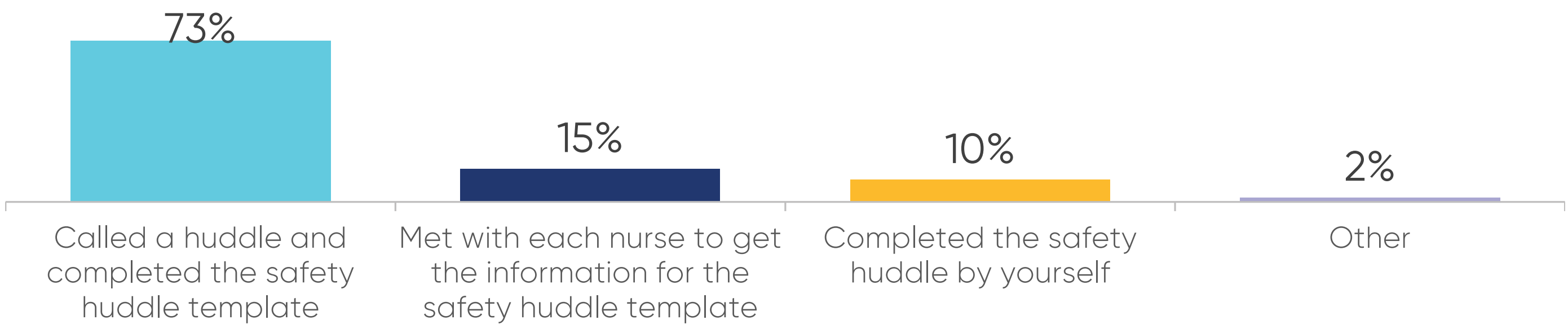On average, how long did it take you to conduct the safety huddle?
- 1–5 minutes: 20%
- 5–10 minutes: 34%
- 10–15 minutes: 37%
- Greater than 15 minutes: 10%
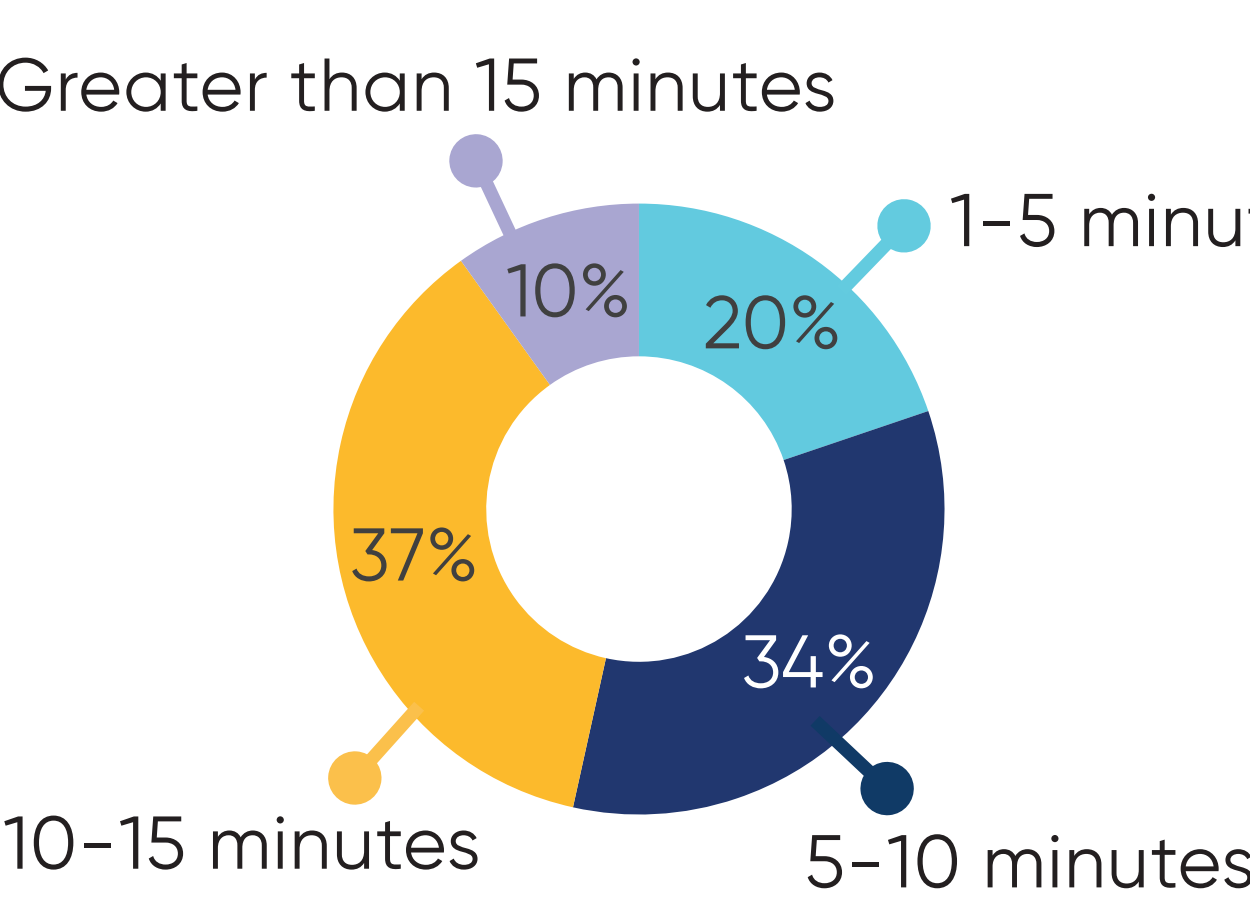
On average, how long did it take you to conduct the safety huddle using the BPSO Status Board?
- 1–5 minutes: 63%
- 5–10 minutes: 23%
- 10–15 minutes: 10%
- Greater than 15 minutes: 5%
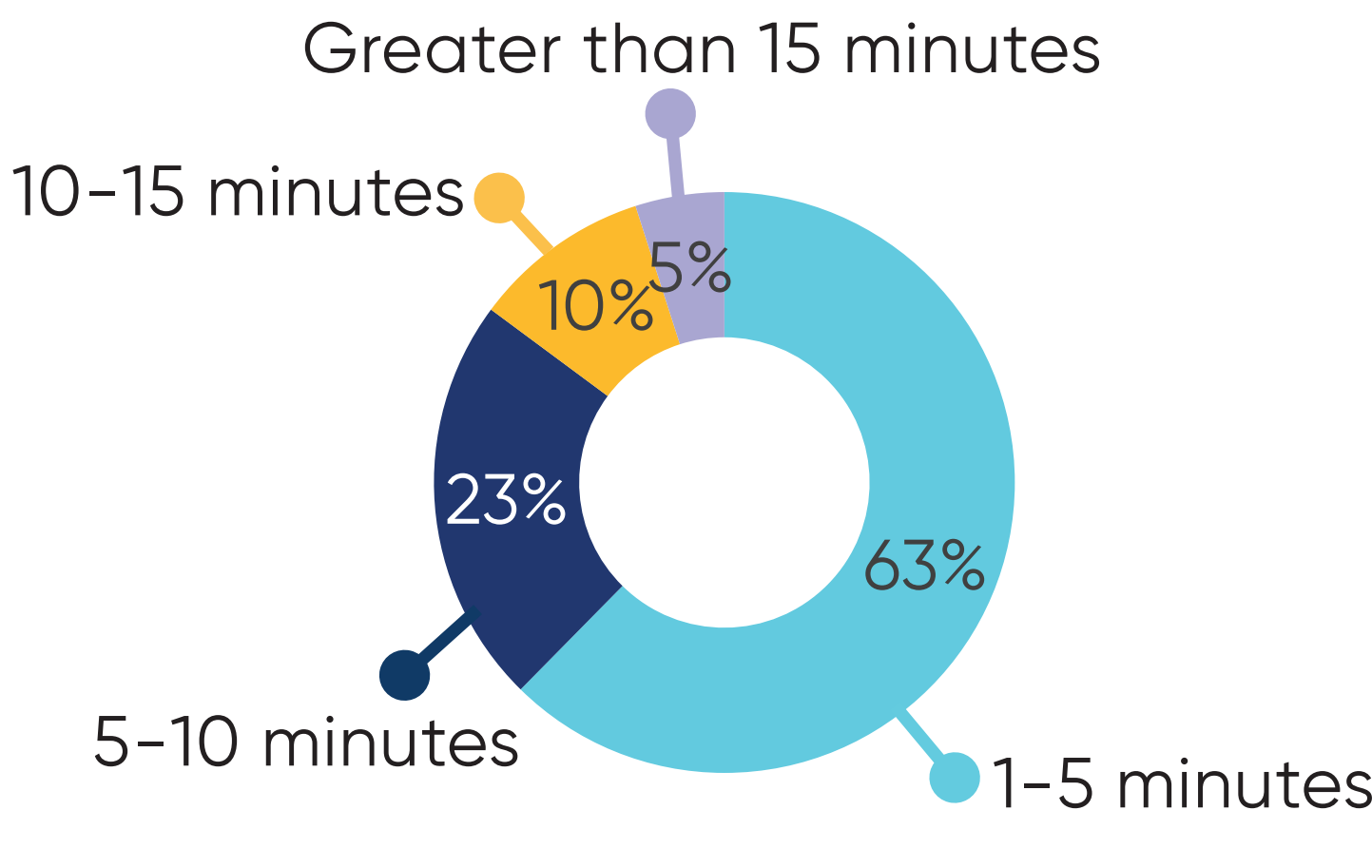
Figure 3. a. Shows, on average, the time it took to conduct a safety huddle without using the BPSO status board. More than half stated it took 5–15 minutes. b. After the BPSO status board was implemented, post survey shows more than half took 1–5 minutes to conduct safety huddle.

Which process did you use the MOST to conduct safety huddles prior to the BPSO Status Board?
- Called a huddle and completed the safety huddle template: 73%
- Met with each nurse to get the information for the safety huddle template: 15%
- Completed the safety huddle by yourself: 10%
- Other: 2%

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.

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.