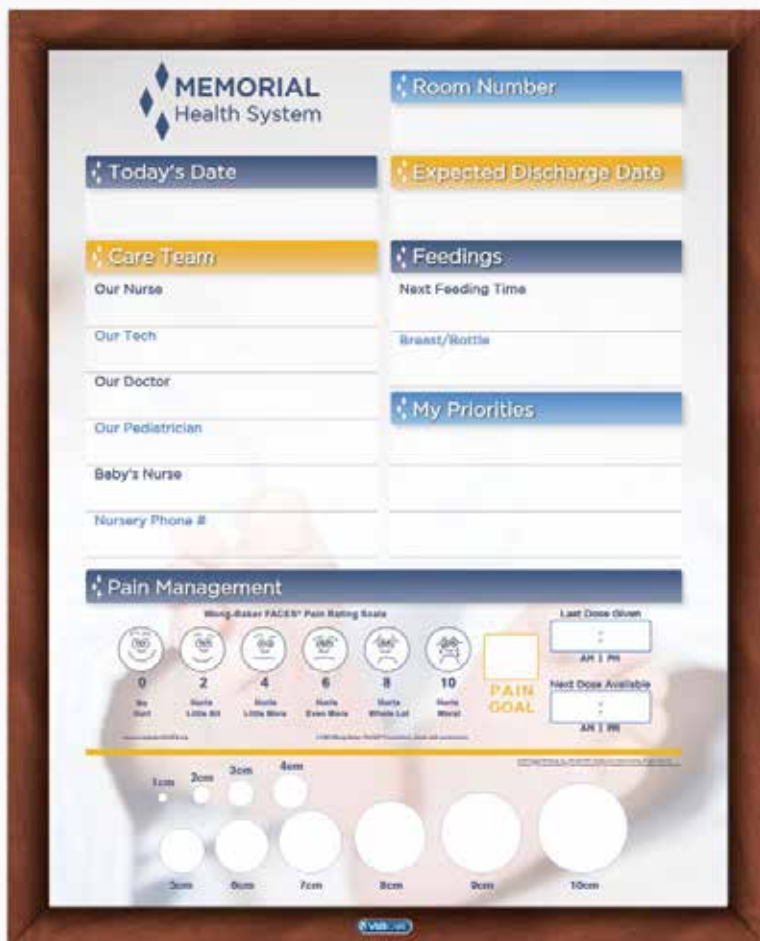


# A WHITE PAPER ON *White Boards*

By Kristina Krail, RN, NEA-BC, FACHE, PMP

## IMPACT THE PATIENT EXPERIENCE THROUGH IMPROVED COMMUNICATION MODALITIES



The hospital industry, and those that regulate and evaluate their services, have long realized the ability to communicate effectively with patients and families can positively impact the patient experience as well as improve patient outcomes. The healthcare design industry is in a unique position to contribute solutions that can enhance patient communication through the design and quality of visual communication modalities, yet the usual response - the installation of standard white boards - is frequently not much more than an afterthought. Is there a solution that is both esthetically pleasing while clinically effective? VisiCare™ white boards measurably address the patient communication challenge with a surprisingly low-tech solution that is not only beautiful but also affordable and functional.



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Nurses (as well as other care providers including physicians) have long understood the value of clear and comprehensive communication with their patients. Whether it is to orient them, provide details about their care plan, or educate about their condition, clinicians have utilized a variety of modalities including verbal and print communication. Common practice at the beginning of every nurse's shift includes introducing ones' self, orienting to date and place, and reviewing goals for the day. The use of patient handbooks, instruction sheets and other written documents are also leveraged as a mechanism to convey information and communicate to patients. Now in the 21st century, electric and automated solutions have started to crop-up. Waiting room kiosks, closed-circuit entertainment/education systems and

digital signage are high-tech answers to the age-old challenge of meeting the communication needs of patients.

*Still, patient communication requirements are yet to be thoroughly or completely addressed.*

Currently, the ubiquitous white board found in most hospitals seems to be the inadequate answer to most patient communication requirements. The "white board," which evolved from the "blackboard" or chalkboard, was invented approximately 50 years ago. It is somewhat analogous, allowing for ongoing or rapid marking and erasing of markings on its surface. The white board, also known by the terms marker-board, dry-erase board, or grease-board, can be crafted of melamine, painted steel, porcelain or glass.

The popularity of white boards increased rapidly in the 1990's and although they have become a fixture in many healthcare work environments, they are not without drawbacks. Excessive use creates faint and lasting images. The use of permanent markers and improper cleaning usually leads to permanently damaged surfaces. Poor penmanship and lack of standards as to what goes on the boards contributes to the overall messiness of the board. And, the ever growing amount of data or specialization of information required on the board diminishes its flexibility.

Many foresee an expensive digital solution for the future, but this lacks human contact, among its other drawbacks. However, VisiCare™ has a vision; that with certain improvements the concept of a better white board could bridge the chasm between the current imperfect state of patient communication and the foreseen digital solution.

**Currently, the ubiquitous white board found in most hospitals seems to be the inadequate answer to most patient communication requirements.**



Examples of existing unattractive, messy and stained basic white boards used in healthcare settings.

**VisiCare™ has a vision; that with certain improvements the concept of a better white board could bridge the chasm.**



## THE IMPORTANCE OF PATIENT COMMUNICATION

**Clearly, a hospital must embed effective communication, cultural competence, and patient- and family-centered care practices into the core activities of its system.**

Every hospital-employed professional is aware of the intent of The Joint Commission; it is an independent, not-for-profit organization that accredits and certifies just about every hospital in the nation. Joint Commission accreditation and certification is recognized worldwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards, including those associated with communication. Its "patient-centered communication standards for hospitals" (Section PC.02.01.21) states that the hospital effectively communicates with patients when providing care, treatment, and services. The standard further elaborates that the hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials. It goes on to state that the hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication requirements.

A valuable guidance document on the topic is [Advancing Effective Communication, Cultural Competence,](#)

[and Patient- and Family-Centered Care: A Roadmap for Hospitals](#) recently published by The Joint Commission. They define "effective communication" as the successful joint establishment of meaning wherein patients and health care providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood. "Cultural competence" is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter. And "patient- and family-centered care" must be an innovative approach to plan, deliver, and evaluate health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. Clearly, a hospital must embed effective communication, cultural competence, and patient- and family-centered care practices into the core activities of its system of care delivery and not consider them stand-alone initiatives—to truly meet the needs of the patients, families, and communities served. These standards are included not just in voluntary accreditation but extend to federal regulation.

The United States Department of Health and Human Services is aligned with communicating with patients in a culturally competent fashion without discrimination to those individuals with limited English proficiency. The document, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons (LEP)" pursuant to Executive Order 13166, is applicable to all hospitals that receive Medicare or Medicaid funding. Enforced by the US office of Civil Rights, the law in its simplest interpretation ensures that

**The standard further elaborates that the hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care.**



federally assisted programs aimed at the American public do not leave some behind simply because they face challenges communicating in English.

*This intent is realized not only through oral communication but written (translated) communication as well.*

A well developed hospital LEP Plan would include the translation of vital written materials into the language of their identified LEP group served. Amazingly, over 24 million people, or 8.7% of the American population, speak English less than very well and should be considered limited English proficient for health care purposes.

Another requirement of Medicare participating hospitals is to comply with their health and safety regulations. This includes participation in The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey. It is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. The standardized HCAHPS survey produces data that allow for objective and meaningful comparisons of

hospitals on topics that are important to consumers. Public reporting of HCAHPS results also creates new incentives, including financial incentives for hospitals to improve quality of care. Ten HCAHPS measures (six summary measures, two individual items and two global items) are publicly reported on the Hospital Compare Web site, [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare). Each of the six summary measures, or composites, is constructed from two or three survey questions. This includes feedback as to how well hospital staff (doctors and nurses) communicate. In the composite measurement of "communication with nurses," for the most recent national reporting period available, less than 80% of patients who responded indicated "always"; while approximately 5% responded "never."

There is ample proof that communication problems exist in the hospital setting; certainly between the care providers and the patient, as well as between the various members of the care team. Regulatory requirements, accreditation standards, and consumer expectations all demand that the industry do a better job.

**For the composite measurement of "communication with nurses," for the most recent national reporting period available, less than 80% of patients who responded indicated "always"; while approximately 5% responded "never."**



*Interchangable VisiCare™ white boards featuring 2nd side Spanish translation layout.*

**...successful joint establishment of meaning wherein patients and health care providers exchange information...**



## EXAMPLES OF IMPROVED PATIENT COMMUNICATION THROUGH WHITE BOARD CAPABILITIES

Maureen Bisognano, President and CEO of the Institute for Healthcare Improvement recommended a simple solution in a recent H&HN Magazine column titled “A Simple Lesson Plan for Patient-Centered Care.” She states, “We know that care coordination improves outcomes and patient satisfaction, and can reduce costs by shortening length of stay and avoiding complications.” Bisognano continues “... but for organizations still struggling with this essential aspect of patient centered care, I have a suggestion: a white board next to every patient bed. On that white board write daily and longer-term goals with the patient.”

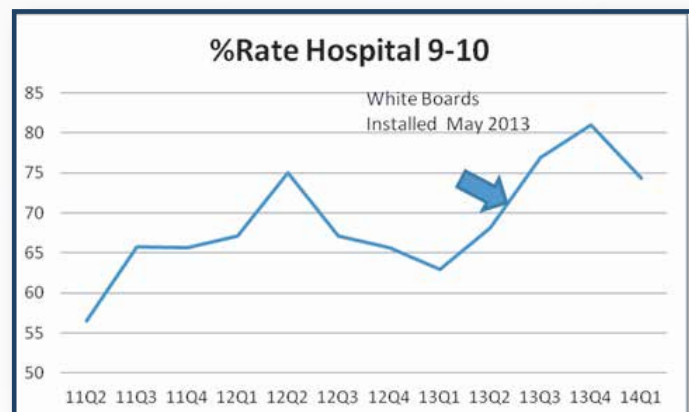
*Certainly white boards can reinforce clinical care and convey important information to the patient and family.*

Another example of communication improvement comes from a University of Kansas Hospital medical/progressive care unit. They identified a lack of communication theme associated with their low patient and staff satisfaction. A quick fix for staff that resulted in immediate improvement included posting key unit information on a white board at the main nursing station. Their patient satisfaction data revealed that patients did not feel included in their day-to-day plan of care. Staff determined that their patient room white boards should not just be a passive form of communication to patients, but also a way that patient could communicate to staff. Nurses agreed to include patients in discussions during handoffs about the plan of the day and other information. In turn, the information was recorded on the white board and updated throughout the shift for the patient to see.

At Women and Infants of Rhode Island, their journey to become a truly patient and family centered care (PFCC) hospital included forming a Patient and Family Experience Team. One of the early initiatives of this hospital-wide leadership department was to develop a new template for patient white boards that would enhance patient and care team communication.

Robert Wood Johnson’s “Aligning Forces for Quality” effort holds up Allina Hospitals & Clinics in Minneapolis as a case study about how to use white boards (called care-boards) to communicate with patients about pain management. A key change was indicating on the care-board when a patient could expect their next dose of pain medication. Eventually additional critical pieces of information were added to the care-board including pain goals and the patient’s pain management plan. Following the hospital’s effort to target the culture of pain management, its HCAHPS top-box score on the pain management composite indicator rose from 64% to 73%. Patient responses to the survey question: “During your recent stay at the hospital, what was the most helpful in keeping you comfortable with any pain you may have experienced” included: “The most helpful thing... was accurate information on my care board” and “The care board – providing me the names of the nurse and nursing assistant. Also seeing when pain meds were given and when to expect the next one.” At this hospital, nursing staff have reportedly found the boards to facilitate their workflow by reducing the number of questions or calls from patients. Patients were found to be more at ease with information about their care readily available. And physicians, realizing the value of the white board as a communication tool, began referencing it and contributing to its content.

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Actual HCAHPS tracking results for hospital utilizing VisiCare™ white boards.



## HOW TO BUILD A BETTER WHITE BOARD

Tom Goetz, past executive editor of Wired Magazine and currently entrepreneur in residence at the Robert Wood Johnson Foundation “has an issue with white boards.” As the keynote speaker at the 2013 National Healthcare Design Conference, he says (of white boards) “no one seems to have thought of that as a piece of design and yet it’s the biggest thing on any one wall and chock full of important information.” Goetz, who comes from the world of information and graphic design, believes every choice is a design choice – including white boards. The images of white boards that he shared during the presentation (many taken clandestinely) were strewn with tape and ink stains and so common and multiple they weren’t even noticed. His corresponding comment was “it makes you think there’s got to be a better way.”

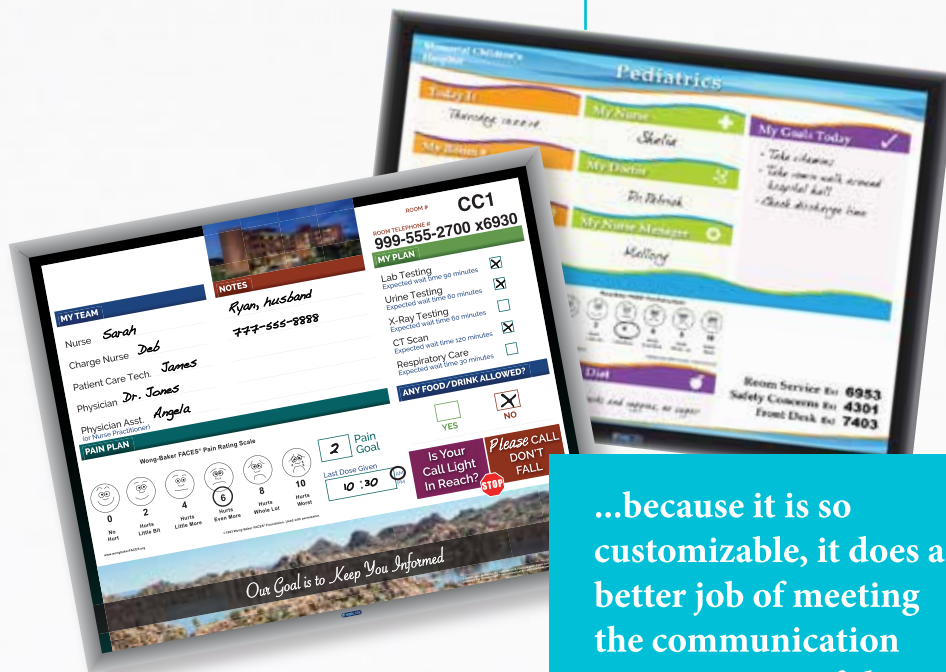
There is a better way. VisiCare™ has developed a revolutionary white board that is innovative yet affordable. It serves as a tool and key component of any patient communication plan including meeting the requirements of patients with limited English proficiency.

*Interchangeable, sturdy pre-printed graphic inserts allow for specialized patient-centered content and design elements that can complement the interiors program and/or branding plan.*

A durable clear erasable lens that goes over the template allows for care providers to write/erase/change/update personalized information for the patient. Both the insert and the lens are held in place by sturdy but stylish edges that open and close easily, allowing for the insert to be periodically updated. The

insert may be quickly flipped over to display a different anticipated language or secondary custom layout. Although a new era of communication may include digitally automated boards, such technology is in its infancy and the cost, even for new construction, is prohibitive. In the long-term interim, VisiCare™ white boards offer an easy solution with a more professional appearance than old-fashioned white boards, that are also changeable and reasonably priced. Along with those features, and due to its completely customizable nature, it does a better job of meeting the communication requirements of the patient and the care team – which is its most valuable benefit.

Goetz, who comes from the world of information and graphic design, believes every choice is a design choice – including white boards.



...because it is so customizable, it does a better job of meeting the communication requirements of the patient and the care team.



## ABOUT THE AUTHOR

Kristina Krail has been serving the healthcare industry through a variety of high-level administrative positions for over 25 years. She is an accomplished Chief Nursing Officer with experience working at institutions ranging from large academic medical centers to small community hospitals. As Chief Operating Officer for the Nassau-Suffolk Hospital Council, she used her keen understanding of healthcare and patient care to advocate for the council's 26 hospitals at the State legislature and educate representatives about key issues.

Kris now uses her problem-solving skills and deep knowledge of the healthcare industry in a different way to assist clients in meeting organizational objectives during this dynamic and complex era. Currently a healthcare planner/clinician with one of the largest and most reputable healthcare design/architectural firms in the world, she uses her first-hand understanding of the challenges hospital leadership faces to help them create plans, develop designs, and transition to new environments.

Kris is a registered professional nurse; certified by Hofstra University in Project Management; certified Nurse Executive – Advanced, and a fellow in the American College of Healthcare Executives. She holds a BSN from William Paterson University (NJ) and a MPH from Columbia University School of Public Health. Kris is a mentor and life-long learner who gives back through teaching, publishing, and professional volunteering.



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