

IDT Communication Board

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Why

We noticed that there was difficulty getting important patient information out to ALL staff members and identified that there was not a place in our current documentation for a care provider to go where they could get an overall snapshot of the patient's needs. Some of the challenges include PM/NOC staff not having face to face interaction with daytime therapy staff and variations in terminology between disciplines.

The Goals

- Encourage all staff to feel confident assisting a patient with needs or questions even if they are not assigned to that particular patient.
- Eliminate the need to log into PCC, review paper chart, or locate nurse to find basic patient info.
- Encourage carryover of therapy techniques with nursing staff to reduce caregiver burden.
- Communication about mobility precautions, fall risk, and isolation precautions.
- Help in reducing falls by identifying patients who are safe to be mobilizing on their own vs. those that require assistance.

Outcome

Multidisciplinary collaboration in creating a “Smartsheet” that is displayed at both nurses stations and is visible by all staff. Patient identifiers such as name and diagnosis are not included but important nursing updates are included.

The “Smartsheet”

The Smartsheet consists of items we determined were the most important things to know when asking for an overall snapshot of the patients. There are columns that pertain to nearly all disciplines and each discipline is responsible for keeping their information up to date. Here are the main reasons we chose to use the Smartsheet vs. having a whiteboard printed or using other communication tools:

- Fluidity: columns are easy to edit and patient info can be updated as status changes
- Ease of use: most items are check boxes or dropdowns but there are also free text boxes for more detailed information
- Accessibility: it can be accessed and updated from any computer through their website

MD	Code	REPORT / COC / ALERT	Pills	IVF	ABX	BS	INR	O2	Oriented	Contine...	ISO	Mobility Precautions	Transfers	Fall Risk	Mobility	FEEDER	Special Diet/Texture	Liquids	DC Date	DC Location
Mann	DNR	Pacemaker. Vt loss and room chg 11/27-11/30	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Min FWW	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	Do NOT change drsg. Vt gain 11/27-11/30	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Ext slideboard	Low	Walker Indep	<input type="checkbox"/>		Thin		
DeMonte	DNR	O2 at 2L. Apply dentures in the AM. Vt loss 11/27-11/30	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AOx2	No	<input type="checkbox"/>		Hoyer	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	Reschedule MRI and Hematology appts	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		2 per std pvt	Medium	WC	<input type="checkbox"/>		Thin	12/05/18	B&C
Gandhi	Full		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Sup FWW	Medium	WC	<input type="checkbox"/>		Thin		
DeMonte	Full		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>		Thin	12/06/18	
DeMonte	Full	Pacemaker. Vt gain 11/27-11/30	Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx1	Foley	<input type="checkbox"/>		Indep FWW			<input checked="" type="checkbox"/>		Nectar		
DeMonte	DNR	L1 arm Midline IV site. IV Ceftriaxone/Vancomycin for low infection 11/17-11/30.	Whole	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Min SPC	High	WC	<input type="checkbox"/>		Thin		
Bahreman	Full	Low HGB	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx2	Yes	<input type="checkbox"/>		Total sqt pvt	Medium	Walker w/asst	<input type="checkbox"/>		Thin		
DeMonte	DNR		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Ext sqt pvt	High	WC	<input checked="" type="checkbox"/>	Chopped	Thin		
DeMonte	DNR	Sundowner.	Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx1	No	<input type="checkbox"/>		Sup std pvt	High	WC	<input type="checkbox"/>	Tube Feed			
Alshar	Full	Suplena Bolus GTube.	Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/29/18	<input type="checkbox"/>	AOx1	Foley	<input type="checkbox"/>		Min FWW	Medium	Walker w/asst	<input type="checkbox"/>		Thin		
Alshar	Full	LVAD MAP 60-90. Pacemaker. Settings per MAR.	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/04/18	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	O2 at 2L.	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Min slideboard	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	Female CNA only. L1 foot drsg.	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx2	No	<input type="checkbox"/>		Hoyer	Medium	Walker w/asst	<input type="checkbox"/>		Thin		
Alamar	Full		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Min FWW			<input type="checkbox"/>		Thin		
DeMonte	DNR		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	Hiprex for chronic UTI 3/6 indefinitely. Hoyer L/R. Foley Irrigate Q shift 30ml. No UDA.	Whole	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Foley	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>		Thin		
Mann	DNR	Legally Blind. Usses bedpan. Tylenol before PT. Vt loss 11/27-1/30	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>		Thin	12/07/18	ALF
DeMonte	Full		Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	No	<input type="checkbox"/>		Ext SPC	High	WC	<input type="checkbox"/>		Thin		
Mann	Full	Pills w/applesauce.	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>		Min 4WW	Medium	Walker w/asst	<input type="checkbox"/>	Mech Soft	Thin		
DeMonte	Full	Pills w/H2O and straw. MUST notify wife prior to Abvan admn.	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx2	No	<input type="checkbox"/>		Min FWW	High	WC	<input type="checkbox"/>		Thin		
DeMonte	Full	O2 at 2L. PRN suction. Hold TF w/200ml residual.	Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AOx2	No	<input type="checkbox"/>		Ext FWW	High	WC	<input type="checkbox"/>	Tube Feed			
DeMonte	Full	Pills w/yogurt or ice cream. Bilat hearing aids. Coffee in AM. Keflex/Ceftria for cellulitis 11/23-12/3. Vt loss 11/27-11/30. Elevate R arm. Daughter- Sabrina 619-884-2312.	Crush	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx1	No	<input type="checkbox"/>			High	WC	<input type="checkbox"/>	Ground	Thin		
DeMonte	Full	Chest drsg. Needs pain mgmt. INR 5.5 11/26-11/29. Vt loss 11/27-11/30	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/28/18	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>			Medium	Walker w/asst	<input type="checkbox"/>		Thin		
Gandhi	Full	Hematuria 11/25-11/28	Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AOx4	Yes	<input type="checkbox"/>			Medium	Walker w/asst	<input type="checkbox"/>		Thin		

Smartsheet Example