High-Touch Care Enabled by a High-Tech Solution
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The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
This program is approved for 1 PXE.

In order to obtain patient experience continuing education credit, participants must attend the program in its entirety and complete the evaluation within 30 days.

The planning committee members and presenters have disclosed no relevant financial interest or other relationships with commercial entities relative to the content of the educational activity.

No off label use of products will be addressed during this educational activity.

No products are available during this educational activity, which would indicate endorsement.
PATIENT ENGAGEMENT Simplified.
KATHI COX  
Senior VP, Integrated Experience

BRENDA TAYLOR  
Regional ITS Director

RUDY LOREMO  
IT Solutions, Special Projects
KIM SISSON
Clinical Education Specialist Manager
1) How technology can more effectively enable the intended purpose of patient room whiteboards

2) Quantifiable outcomes measured in a medical/surgical unit, along with qualitative patient and staff feedback

3) Considerations for a successful deployment of a digital whiteboard solution
About Texas Health

- 19 acute-care hospitals
- 5 short-stay hospitals
- 3 rehabilitation hospitals
- 1 transitional hospital
- 4,000 licensed beds
- 6,200 physicians

- 100 outpatient facilities
- 25,000 employees
- >7,500 nurses
• Solid relationship with SONIFI Health
• Relieve clinician documentation burden
• More real time updates
• Replacing the manual whiteboards every 2-3 years
• More visually appealing
• Better standardization of content
• Aligns with overall strategic goal for integration
What’s your biggest challenge to implement a digital whiteboard solution at your hospital?
SONIFI HEALTH

MULTI-STAKEHOLDER PROCESS

- The original request to move to an electronic room board started in 2012. CNE was our Executive Sponsor. Really did not have the technology to implement.
- Cross-functional team of 8-10 members
- Reviewed current state- content on manual whiteboards
- What was desired- large list of items between all the stakeholder groups
- What was available to pull in from the EHR

- What was available within SONIFI Health
- How these boards aligned with the interactive TV system (iTV).
  - Patient room boards are informational
  - iTV is interactive- can complete education, order meals, set temperature, watch TV, Movies, etc.
- Came up with a list of 10-12 key items that we wanted to pursue
SONIFI HEALTH

APPROVAL PROCESS

- Request in Governance for a proof of concept
- Risk review, architecture review, cost benefit analysis, usability, etc.
- IT and Informatics were key during this process in designing the workflow and features of the room boards.
- Clear expectations on what was possible and what had value
- Assure that this project aligned with strategic initiatives
- Assure technical requirements were attainable
- Developed measures of success
- “Road Shows” to clinical users for input- several design changes made based on their input
Designing the Pilot & Outcome Measurements

• Piloted in a 22-bed med/surg unit at an acute care hospital in Fort Worth, TX

• Selected control group: another med/surg unit with a similar patient population in the same hospital

• The hospital identified five key areas to measure outcomes and determine success of the project
  1) Information accuracy
  2) Patient education
  3) Staff time savings
  4) Hospital costs
  5) Direct patient feedback

• Prior to go-live, we collected baseline data on the pilot unit and control group
POLL QUESTION

What would be the most important outcome measurement to your hospital?
The Digital Whiteboard solution delivered measured improvements to:

- INFORMATION ACCURACY
- EDUCATION OUTCOMES
- STAFF TIME SAVINGS
- HOSPITAL ROI
- PATIENT SATISFACTION
The audit results supported the prior concerns of traditional whiteboards, that information kept on the current whiteboards was inconsistent and inaccurate.

## INFORMATION ACCURACY

<table>
<thead>
<tr>
<th>FIELD</th>
<th>AUDIT RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>100% Completed, 95% correct</td>
</tr>
<tr>
<td>Date</td>
<td>100% Completed, 95% correct</td>
</tr>
<tr>
<td>Nurse</td>
<td>100% Completed</td>
</tr>
<tr>
<td>Attending</td>
<td>95% Completed</td>
</tr>
<tr>
<td>PCT</td>
<td>100% completed, in CCU PCT listed on treatment team 75% of time</td>
</tr>
<tr>
<td>Other Provider</td>
<td>55% Completed</td>
</tr>
<tr>
<td>Charge RN</td>
<td>100% Completed</td>
</tr>
<tr>
<td>“Very Good Care for Me Means”</td>
<td>30% completed, 25% filled out correctly</td>
</tr>
<tr>
<td>Goal for Today</td>
<td>65% filled out correctly, 25% blank, 10% wrong information</td>
</tr>
<tr>
<td>Expected Discharge Date/Time</td>
<td>30% Completed</td>
</tr>
<tr>
<td>Pain Plan</td>
<td>30% Completed</td>
</tr>
<tr>
<td>Pain Goal</td>
<td>30% Completed</td>
</tr>
<tr>
<td>Last Dose Given</td>
<td>5% Completed</td>
</tr>
</tbody>
</table>
### SONIFI HEALTH

#### EDUCATION OUTCOMES

<table>
<thead>
<tr>
<th>EDUCATION UTILIZATION</th>
<th>PRE VS POST IMPLEMENTATION</th>
<th>DIGITAL WHITEBOARD GROUP COMPARED TO CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Assignments Per Discharge</td>
<td>+ 202%</td>
<td>+ 59%</td>
</tr>
<tr>
<td>Completed Views Per Discharge</td>
<td>+ 10%</td>
<td>+ 20%</td>
</tr>
</tbody>
</table>

Assigned to Completed Ratios INCREASED BY 20%
# Staff Time Savings

<table>
<thead>
<tr>
<th>Average Time Spent Per Board Manually Updating Whiteboards</th>
<th>Actual Daily Time Savings With Digital Whiteboards (22-bed Unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 MIN, 7 SEC</strong> updating each board</td>
<td><strong>49</strong> Minutes Per Day</td>
</tr>
<tr>
<td><strong>8 MINS</strong> updating vital signs</td>
<td><strong>360</strong> Minutes Per Day</td>
</tr>
<tr>
<td><strong>2.72 MINS</strong> updating each board</td>
<td><strong>120</strong> Minutes Per Day</td>
</tr>
</tbody>
</table>

**INITIAL UPDATE**

**PCT ROUNDS**

**RN ROUNDS**

Save staff nearly 9 hrs per day manually updating whiteboards

*Per 22 bed unit/24 hour period*

*Per 2018 SONIFI Health and Texas hospital study, August – October 2018.*
The costs associated with staff support and regular replacement of the traditional whiteboard kept the costs lower for the digital whiteboard over a 5-year time period.
SONIFI HEALTH

PATIENT FEEDBACK

Traditional Whiteboard

“...When I can read it, the information is helpful”
“...Knowing the name of the nurse and the charge nurse”
“...I liked the personalized touch – smiley face, welcome to the unit, have a great day, etc.”

“...Some handwriting is ineligible”
“...The boards look dirty or smudged”
“...The board is not always complete, and some sections are left blank”

Digital Whiteboard

“...I can see it and read it”
“...I like the background – soft and comforting background”
“...I liked the preferred name – know exactly who I am”

“...Too bright at night”
“...The changing anticipated departure date was depressing and an emotional roller coaster”
“...The board needs to keep pace with updates. Patients received information from the care team before the board updated”
<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright screen in dark patient room</td>
<td>Solution included daytime display and a nighttime display. A enhanced display device with scheduled brightness control implemented</td>
</tr>
<tr>
<td>Staff &amp; families turning off the digital whiteboards</td>
<td>Improved communication plan for when the display is turned off and commercial display has auto turn on functionality based on schedule.</td>
</tr>
<tr>
<td>Staff workflow</td>
<td>Patient updates are added to the EMR prior to discussing with the patient to ensure that all information is consistent</td>
</tr>
<tr>
<td>Education remaining displayed in minutes</td>
<td>Display was revisited and changed to illustrate the total number of patient education videos</td>
</tr>
</tbody>
</table>
LESSONS LEARNED & OTHER CONSIDERATIONS

• Using the voice of the patient was shown to be the greatest influence and driver in the next phase of the digital whiteboard

• The lack of consistent practice that surfaced through the audits was both shocking and a stern reminder that good patient experience takes daily effort

• Replacing an essential patient communication tool with a variation that allows for reduced staff impact and the real-time automatic update of essential patient information has several benefits for both patient and families
WHAT'S NEXT

Expand the digital whiteboard to other units within the study hospital to serve additional patient populations, as well as expanding within the health system
Your Questions, Answered.
Thank you for participating