Analysis

Touch-screen technology frees nurses to spend more quality time with patients

Use of interactive whiteboards in a children’s ward has speeded up communication, enabling staff to update notes and share information easily. Carol Davis reports

AN INNOVATIVE system of touch screens and interactive whiteboards has been introduced by a nursing team at one hospital to improve patient care and staff communication.

The team behind the project at Wedham Park Hospital’s paediatric and neonatal unit believes the changes, geared to nurses’ and patients’ needs, could revolutionise work practices.

Patient status information is updated constantly on the specially designed interactive whiteboards and touch-enabled displays. This means fewer staff interruptions, leaving nurses to spend more quality time with patients.

The initiative was developed in response to the Productive Ward framework (NHS Institute 2006). As part of the programme’s foundation module - patient status at a glance - the nursing team reviewed the dry whiteboard they had always used to display patient updates. They found that using the whiteboard was time consuming and did not give an accurate representation of the ward layout; there was also the difficulty of reading other people’s handwriting.

‘Drag and drop’

Pippa Parnell, who was ward manager at the time, says the team was always on the lookout for new ways of working. ‘This gave us an ideal opportunity for communicating information that needs to be frequently updated,’ says Ms Parnell, now matron on the hospital’s children’s ward.

The team tested the use of a magnetic board with symbols corresponding to a patient’s status but, because of the ward’s layout, nurses still had a lot of interruptions in their daily work.

‘It was during a visit to my daughter’s school that I saw how they were using the touch technology of the interactive whiteboard, and realised that this would be the perfect solution,’ Ms Parnell explains.

She discussed the idea with her team, and a range of different options were explored. The interactive whiteboard was chosen because it allows staff to create, maintain and observe patient status information in a simple way that fits in with the normal flow of work.

The system provides staff with a visual representation of the ward layout and nurses can use the ‘drag and drop’ function to update the board with any changes in patient status.

The nursing team worked with a technology company to devise a system to help staff manage patient information at a ward and department level.

The project was supported from board to ward by the trust’s director of nursing, chief operating officer, information technology and estates teams, and involved demonstrations and discussions with a variety of ward staff, including clerks.

It took eight months for the boards to be installed in the paediatric and neonatal units in February 2010, funded by donations from parents of past patients.

Parents are asked for permission to display their child’s name and age on the board; information, such as status, whether they are nil by mouth, high dependency, or have a child and adolescent mental health service or social services referral, is coded to comply with data protection. This means only staff can understand the full information about a child’s status.

Interuptions

Despite some initial scepticism from ward staff, the whiteboard quickly became popular. Before its installation, staff had an average of eight interruptions every hour. Queries included which bed a patient was in, when they would be ready for theatre, and whether diagnostic tests had been done.

Interruptions are now down to an average of one an hour, because all information is accessible to all doctors and nurses anywhere in the hospital with access to the computer system.

The boards are linked to the hospital’s internal IT network, so paediatricians can update information about a patient’s status or care remotely; other doctors can access the system on a read-only basis.

What the ward staff say

Pippa Parnell, former ward manager, who led the introduction of the touch screen technology

“We have more time to spend caring and can work more efficiently. Everyone knows where patients are, and we can see at a glance who is high dependency and who is nil by mouth.”

Ros Rushworth, lead nurse for paediatrics

“Any efficiency we can gain on administration enables us to spend time on what really matters: more quality time with patients.”

Kay Carr, current ward manager

“The new boards are so easy to use that they have improved communications between our multidisciplinary teams.”

Ward sister Jo Clayton

“The system makes the job so much easier, since you can access information much more quickly and update it easily, too.”

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Current ward manager Kay Carr says: ‘Cutting down interruptions has saved nursing staff up to 20 minutes an hour, which is fantastic. It means that we have that time to spend providing better care to patients.’

‘Doctors on other wards no longer need to telephone for an update before visiting the ward, which has greatly reduced the number of interruptions.’

Community nurses can also access the information on the boards remotely from their computers, saving them wasted visits to a patient’s home when the child has already been admitted.

Staff in the emergency department can also use the system to check whether beds are available on the wards and add patients’ names before they are admitted.

Streamline
The team would like to see more interactive whiteboards installed elsewhere in the hospital to streamline care across areas and disciplines.

The interactive boards, for example, show if a child is in theatre. However, theatres do not have whiteboards, which means ward staff cannot see when a child has been transferred to recovery. If they want to reassure anxious parents or carers, they have to make a phone call.

Ward sister Jo Clayton believes the interactive system could be adopted easily by other hospital areas.

Ms Parnell says: ‘Older children and teenagers on the ward absolutely love it; many of them use interactive whiteboards at school and like to enter their own names on our board.’

‘Using this system means we now have an accurate and timely picture of what is happening on the ward and we also have more time to spend with parents and children.’

Since the system’s installation, staff have modified it to better suit their needs. In the children’s assessment and day unit, the boards now show which patient arrived first, who has been triaged, and who has been seen by a doctor.

Nurses can also print handover and discharge notes for parents.

Ms Parnell is also looking at the possibility of issuing nurses on the wards with tablet computers to allow them to update the system from the bedside.

Lead nurse for paediatrics
Ros Rushworth says the interactive

‘Older children and teenagers love the touch screens; many of them use interactive whiteboards at school and like to enter their own names on our board’

whiteboards have been helping to improve planning and efficiency. ‘The system is able to generate a number of reports, and through analysing this data the team is better able to understand demand and improve the services we offer.’

‘We can now extract historical information on why some patients’ discharge may have been delayed, and this information is invaluable in helping us get to the root causes of why delays occur.’

The system also helps the team deal more efficiently with complaints, as they can easily check who was looking after a child at a given time, instead of having to trawl through written records.

Third-year nursing student Lisa Kirby describes the system as ‘simply fabulous’. She says it is so easy to use, and helps her to keep track of everything. ‘Now we simply print off handover sheets, which saves time. Yet patient information is securely hidden behind a password.’

Ms Rushworth says one of the main reasons for its success is that nurses have helped create and develop the system, designing it around the needs of nurses and patients rather than adapting a project from elsewhere.

Carol Davis is a freelance writer

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