

Improving Care Team Comfort with Patient Mobility Through Whiteboard Communication: A Quality Improvement Project

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BACKGROUND

Early mobility decreases hospital length of stay, delirium, pressure injuries, physical debility, and improvements in respiratory function and cognition. In the acute care setting, however, physical and occupational therapy interventions often total < 2 hours/day and may not occur daily, leaving approximately 22 hours of mobility dependent on nursing staff and other members of the interdisciplinary care team.

At University Medical Center of Southern Nevada (UMC), patient mobility recommendations are primarily communicated through verbal handoff and EMR using the Activity Measure for Post-Acute Care (AM-PAC) 6-Clicks assessment. According to the Joint Commission, teaching hospitals may experience more than 4,000 patient handoffs daily, while the Agency for Healthcare Research and Quality reports that nearly 1/2 of hospital staff believe important patient information is lost during patient transfers. Communication gaps may contribute to uncertainty regarding safe patient mobilization.

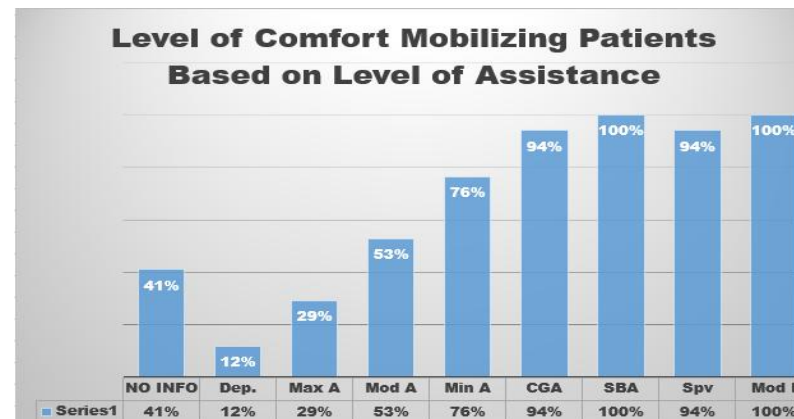
Although UMC provides bedside whiteboards as a communication tool, rehabilitation staff do not consistently document mobility recommendations. Standardized whiteboard communication has shown improved patient knowledge, participation in care, and overall satisfaction. This project focused on the Medical/Surgical Trauma Unit, where patients commonly require consideration of weight-bearing restrictions, braces, hemodynamic status, and specialized equipment during mobility.

PURPOSE

- The objective was to collect baseline data supporting the use of standardized bedside communication to improve interdisciplinary collaboration, increase patient engagement, promote safe early mobility, and ultimately improve patient outcomes and satisfaction through patient whiteboards to increase nursing staff comfort with safely mobilizing patients out of bed.

METHODS

- A convenience inclusive sample of nursing staff on the 4 North Medical/Surgical Trauma (N = 17)—survey using a 6-point Likert scale (0 = not comfortable; 5 = completely comfortable). Findings represent a single-unit baseline assessment and will inform future implementation and post-intervention evaluation.
- Participants were first asked how comfortable they would be transferring a patient from bed to a recliner or bedside commode when no mobility information was documented on the patient whiteboard. They were then asked the same question assuming the whiteboard documented progressively lower levels of assistance: Max A, Mod A, Min A, CGA, SBA, Supervision, and Modified I.



https://stock.adobe.com/images/project-manager-writing-on-a-whiteboard-to-plan-ideas-and-visualize-business-strategy-focused-confident-and-thoughtful-businesswoman-showing-ambition-and-dedication-while-working-in-an-office/521551787?prev_url=detail

RESULTS

- Only 41% of respondents reported feeling comfortable mobilizing a patient when **no mobility information** was available on the whiteboard. Comfort increased when mobility recommendations were documented.
- 53% percent of respondents reported feeling comfortable mobilizing a patient requiring Moderate Assist, increasing to 76% for Minimum Assist, 94% for Contact Guard Assist, 100% for Standby Assist, 94% for Supervision, and 100% for Modified Independent.

CONCLUSIONS

- Baseline findings- visible documentation of mobility recommendations was associated with **increased nursing staff comfort in mobilizing patients**.
- Standardized whiteboard communication has the potential to **strengthen interdisciplinary communication, reduce uncertainty during patient care, increase patient participation in mobility, and promote earlier mobilization outside scheduled rehabilitation sessions**
- Future quality improvement efforts include developing a standardized mobility whiteboard template with preprinted assistance levels, bracing requirements, precautions, and date fields to support consistent, real-time communication across disciplines.

REFERENCES

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