Getting Everyone on Board: Improving Bedside Communication with Smarter Patient Care Boards

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Abstract

Patient Care Boards (PCBs) at every bedside in the Aged Rehabilitation Unit (ARU) display patient goals, multidisciplinary team (MDT) members, mobility status, diet and estimated discharge date (EDD). Information that is out of date can confuse patients, relatives and staff, and undermines care coordination. Accurate bedside communication is central to the National Safety and Quality Health Service (NSQHS) Communicating for Safety Standards. The main aim was to improve the accuracy and completeness of information displayed on PCBs.

Three audit cycles (24 February, 29 June and 27 July 2026; n=17, 18 and 16) compared PCB content with the most current patient records, supplemented by patient feedback. After Cycle 1, the ward clerk was assigned to enter EDDs each Monday after case conference, medical staff checked mobility status each Friday, and abbreviations were removed. After Cycle 2, the nurse unit manager (NUM) began updating goals weekly, and reusable colour-coded magnets were introduced for staff names, mobility equipment (with image and full name) and supervision levels.

EDD written rose from 71% to 100% in Cycle 2 and was 80% in Cycle 3, while EDD accuracy rose from 92% to 100% and stayed there. After the magnets, doctor identification rose from 61% to 93% and occupational therapist identification from 56% to 81%, while physiotherapist identification stayed at 69%. Mobility documented correctly fell from 76% to 61%, then recovered to 71%. In Cycle 3, mobility aid identification was 89% among non-complex patients (complex meaning more than one mobility status or piece of equipment; 6 of 16 patients). Goals on boards declined from 100% to 73%. At baseline, patients reported not understanding abbreviations, and feedback after the magnets was positive.

Assigning clear responsibility improved EDD accuracy, and visual magnets improved staff identification. Mobility information for complex patients and goal documentation need further work, and the Cycle 3 gains were measured only weeks after the magnets were introduced. Simple, low-cost tools can improve patient-centred communication in rehabilitation, with the next cycle focused on complex mobility presentation and goal updating.

Keywords

Aged rehabilitation, Patient safety.