

# Whiteboard Directions

- A. The location of the whiteboard should be in an area that is accessible to the nursing and management staff.
- B. If the location is also in a room that could be used when surveyors are in the building, it should have the capability of being covered by a frame with doors that close or a curtain type of cover.
- C. The board should begin with the topics to be reviewed. It is advised to create the topics in a manner that reflects priority for clinical review and so that topics are not removed during daily review.

## Topics should include at a minimum:

- Census
- Admissions/Readmissions Anticipated
- Discharges Anticipated
- Daily Meetings
- Falls
- Incidents
- In House Pressure Areas
- Feeding Tube
- Catheters
- Trachs
- PICs/IVs
- Weight Loss
- Thickened Liquids
- Fluid Restrictions
- Hospice
- Dialysis
- Medications: Antibiotics; Coumadin

Note: some facilities add topics in large black tape that sets them apart from the clinical information that is updated daily and written with dry erase pen.

- D. Management will determine staff to attend the daily morning meeting and normally will include the following: administrator; DON; ADON; MDS coordinator; social services; business office manager; activities director; and therapy director or therapy staff member.
- E. Once the topics have been added to the whiteboard, the administrator will direct a manager to enter the required clinical information onto the board and stand at the board during the daily meeting to update information.
- F. All pertinent staff will come to the meeting with current information for timely participation during the meeting and to provide necessary daily information for each topic.
- G. The MDS coordinator's role will be to update the Care Plans as information is reviewed during the meeting.