

# BETTER PATIENT CARE STARTS HERE

Expertly designed custom whiteboards bring clear communication and brand recognition to hospitals and outpatient healthcare facilities, enhancing the way providers interact with and treat their patients. With individualized designs and scientifically backed communication techniques, our graphically enhanced whiteboards help healthcare professionals best serve patients and families, improving HCAHPS and patient satisfaction scores.

Effective engagement between the patients and caregivers can improve patient satisfaction and increase HCAHPS scores by up to six points. Start designing today.



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[ghent.com/healthcare](http://ghent.com/healthcare)

## GETTING STARTED

1



### BOARD TYPE

Select between board surface, framed or unframed, changeable or permanent.

2



### GRAPHICS vs. WORDS

Select a mix of graphics and words to foster communication with all literacy levels.

3



### COLORS

Encourage feelings of wellness with an intentional color scheme.

4



### LANGUAGE

Double-sided boards allow space for multiple languages.

5

### START DESIGNING

# ESSENTIALS

These six essentials are the basic patient care information you will need to include on your board.

# ADDITIONS

Depending on the care type ex: Maternity, surgical, geriatric, etc., additional information may be helpful.

**CURRENT DATE**  
Awareness of the date reduces anxiety.

**CARE TEAM**  
Easily visible so patient and family get to know the care team and how to contact them.

**DAILY GOALS & DISCHARGE INFO**  
Seeing daily activity and discharge information creates focus and reduces anxiety.

**PAIN MANAGEMENT**  
Families and staff can quickly know how the patient is feeling without interrogation.


**ROOM #**  
Where is the patient located?

**LOGO**  
Your brand, communicating the name of your medical establishment.

**PHONE**  
Patient room phone number and/or care team phone numbers.

**FAMILY PHONE**  
Phone number for family contact so care team can keep them informed.

**DIET**  
Is the patient on a special or restricted diet?



**DATE:**  
FECHA:


**ROOM #:**  
HABITACIÓN #:


**PHONE #:**  
TELÉFONO #:


**CARE TEAM:**  
EQUIPO DE ATENCIÓN:


**Nurse:**


**PCT:**



**GOALS FOR TODAY:**  
METAS PARA HOY:



**0**  
very happy


**1-2**  
hurts a little


**3-4**  
hurts more



**5-6**  
hurts even more



**7-8**  
hurts a lot


**9-10**  
hurts real bad

**Last Dose:**

**Next Dose Needed:**


**DIET:**  
DIETA:



**FAMILY #:**  
FAMILIA #

**Assist with Meals:**  
☐ Yes ☐ No

**Aspiration Precautions:**  
☐ Yes ☐ No

**Assist Level:**  
☐ Independent  
☐ Lift Device  
☐ Walker  
☐ Cane  
☐ 1 Person Assist  
☐ 2 Person Assist

**Notes:**


**Call, Don't Fall:**  
Your safety is important to us. Please call your nurse for assistance before getting out of bed.

☐ Glasses ☐ Dentures ☐ Hearing Aid

**MEDICATION SCHEDULE**  
Keeps patient and family informed of medication taken and when the next dose is required.

**ASSISTANCE NEEDED**  
Does the patient need assistance with walking, eating or standing up?