



### BACKGROUND / PURPOSE

Patients are occasionally relocated in the hospital during their admission. Improper charting of patient belongings during these transfers contributes to missing valuables. This negatively impacts the patient’s trust, satisfaction, recovery and financial costs (Coleman & Wiles, 2020; DiGioia & Greenhouse, 2012; van Hoof et al., 2016). Safe-keeping personal items during a hospital procedure can decrease healing time and improve the emotional and mental state of patients (Adolis, 2019; Easthope, 2019).

**Purpose statement:** To implement a system that prevents misplacement of patient items and improve patient satisfaction, prioritize proper charting, decrease financial implications and augment the patient’s recovery.

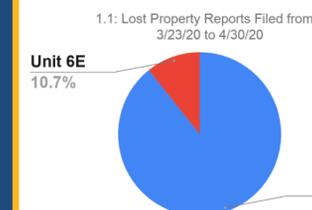
**Goal:** By March 2021, there will be a 25% decrease in SAFE reports that result from missing patient valuables from improved charting and communication.

### METHODS / DATA ANALYSIS

- The patient experience team provided SAFE report data and estimated financial implications for missing patient items.
- RNs/PCTs were educated on how to properly chart patient valuables during the two-week test of change period. This education occurred during huddle for both day and night shifts.
- Physical changes were made to the unit’s SBAR document to allow for improved communication concerning patient valuables.

### RESULTS

#### Pre-Data:



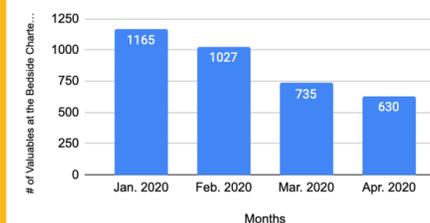
#### Post-Data:



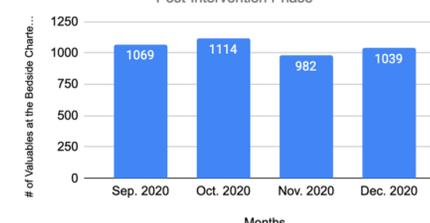
1.3: Reimbursement for Fiscal Year (FY) for all of EUH:

FY 2019:	\$1,781.28
FY 2020:	\$22,050.10
FY 2021 (so far):	\$6,933.97

1.2: Valuables at the Bedside Charted in EeMR at EUH during Pre-Intervention Phase



2.2: Valuables at the Bedside Charted in EeMR at EUH during Post-Intervention Phase



### DISCUSSION / CONCLUSION

- Overall the number of missing patient valuables and financial implications were reduced.
- Charting, communication, and patient satisfaction statements improved.

**Barriers:** Time consumption, shift change communication, patient’s mental status, and the prohibition of visitors during the pandemic to claim valuables.

**Limitations:** Small sample size of patient population, change in facility staff altering data availability, and opportunities to check patient belongings.

**Recommendations:** Continue charting education with staff. Create an addition to the patient’s white-board to list patient valuables and their location (security, room or with family).

### IMPLICATIONS FOR PRACTICE

- This project has emphasized the gap in charting patient belongings thereby proving the necessity for an improved charting process.
- By improving the charting process, patient satisfaction increases which influences SAFE report data and financial implications.
- In addition to charting improvements, including information about patient belongings during staff shift report will decrease the loss of items.

### SUPPORTING EVIDENCE / REFERENCES

Adolis, K. (2019). Nursing research and nurse residency programs. *Journal of American Nursing*, 15 (2), 12-15. doi:01235487952425

Coleman, T., & Wiles, J. (2020). Being with objects of meaning: Cherished possessions and opportunities to maintain aging in place. *Gerontologist*, 60(1), 41-49. <https://doi-org.proxy.library.emory.edu/10.1093/geront/gny142>

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van Hoof, J., Douven, B., Janssen, B.M., Bosems, W.P.H., Oude Weernink, C.E., & Vossen, M.B. (2016). Losing items in the psychogeriatric nursing home: The perspective of residents and their informal caregivers. *Gerontology Geriatric Medicine*. 2016;2:2333721416669895. Published 2016 Sep 21. doi:10.1177/2333721416669895

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