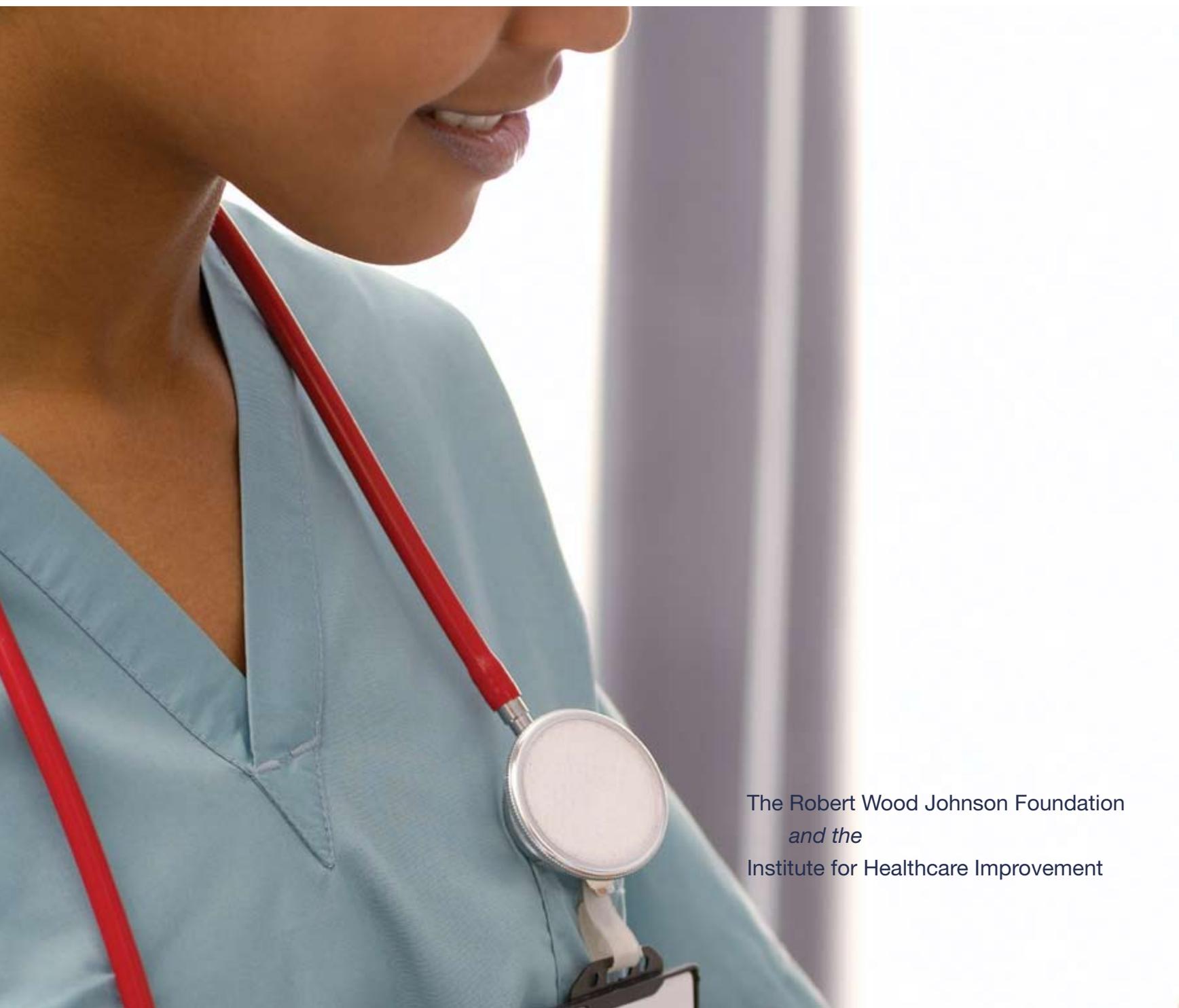


*A New Era in Nursing*

Transforming Care at the Bedside

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# TCAB



The Robert Wood Johnson Foundation  
*and the*  
Institute for Healthcare Improvement

*A New Era in Nursing*

# Transforming Care at the Bedside

**When patients and their families enter hospitals, they should have confidence that they will receive high-quality care that is designed around their needs. Too often, however, the opposite is true.**

Therefore, hospitals across the country are trying different strategies to transform the care delivered in their institutions. The organizations we lead are now at the forefront of one of the most innovative strategies out there, called *Transforming Care at the Bedside*—TCAB for short. Together, we intend to help make inpatient care safer, more reliable, and more focused on the patient by engaging patients and their family members in their own care, improving the efficiency of care processes, and supporting more effective teamwork among nurses and other staff to lead quality improvement efforts.

TCAB is led by the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). Since the program's beginnings in 2001, TCAB has served as a learning laboratory for change, with a focus on improving the delivery of care in medical/surgical units—where most of the nation's inpatient care is delivered, where an estimated 35 to 40 percent of unexpected hospital deaths occur, and where nurse turnover is highest.

Nurses who care for patients in medical/surgical units play a central role in ensuring the quality of hospital care. They are the professionals who are most frequently at patients' bedsides, and their vigilance is an important defense against medical errors. But when they are overburdened with non-clinical demands and system inefficiencies and failures, patient care suffers and disillusioned nurses often leave their jobs.

Improving the work environment for front-line staff and strengthening the link between effective nursing care and better clinical outcomes are essential elements of the TCAB initiative. Not only that, but TCAB relies on nurses to lead the improvement efforts within their institution. Ultimately, however, the success of the initiative depends on the commitment of leaders at **all** levels of the organization—from senior executives who set strategic priorities, to mid-level clinical leaders who empower staff and orchestrate change, to front-line leaders and staff who redesign care processes to achieve outcomes of unprecedented quality for patients. Organizations participating in the TCAB initiative have begun to see a cultural transformation that has led to better clinical outcomes for patients, increased time in direct care, reduced turnover for nurses, and reduced costs for the hospital overall.

TCAB's participating hospital teams are continuing to innovate, test, and measure new changes, and we are all learning a great deal about new ideas that work. Our experiences as physicians, as health care leaders, and as human beings have told us that we need to engage nurses and the entire multidisciplinary team in this initiative, and we remain committed to transforming care at the bedside for all patients everywhere.

Sincerely,



**Risa Lavizzo-Mourey, MD, MBA**  
President & CEO  
Robert Wood Johnson Foundation



**Donald M. Berwick, MD, MPP**  
President & CEO  
Institute for Healthcare Improvement

# Toward A New Era

*Transforming Care at the Bedside*—a joint effort by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement—addresses serious problems in health care quality highlighted by the Institute of Medicine (IOM) report, *Crossing the Quality Chasm*.

**TCAB is a unique and potentially transformational response to health care's quality challenge. Its goal is to empower nurses and other front-line staff to redesign work processes on medical/surgical units to achieve better clinical outcomes in an effort to improve the quality of patient care and to reduce staff turnover.**

**The goal for medical/surgical units participating in TCAB is to reduce adverse events and unanticipated deaths, reduce harm from falls, and improve reliability of evidence-based care.**

Research shows that Americans do not get half of the care recommended by experts, across a range of chronic conditions.<sup>1</sup> And, the *Quality Chasm* report stressed the need to make care safer, more effective, patient-centered, timely, efficient, and equitable. To achieve these aims, the IOM report called for fundamental redesign of care systems.

The program harnesses the power of teamwork to improve patient safety *and* nursing staff retention. The initiative brings nurses, doctors, managers, and other front-line staff together to jointly develop interventions and design new processes that improve care.

One key goal is to redesign work processes and reconfigure hospital space so nurses can spend more time with patients. The result: better care and higher staff morale.

### Transforming Care...

Research has shown that 70 to 90 percent of errors in hospitals result from badly designed systems of care.<sup>2</sup> Close to 40 percent of all unanticipated hospital deaths occur on medical/surgical units.<sup>3</sup>

TCAB units work collaboratively to create interventions that improve quality. Highly effective health care involves participation by patients and families, respect for individual values, and choices. It's our intent



1

KAISER ROSEVILLE MEDICAL CENTER

## EVERYONE'S RESPONSIBLE FOR CHANGE

### TCAB Transforming Hospital Culture

TCAB can change the way physicians, nurses, and front-line staff members communicate with each other and exchange ideas.

"For the first time, our front-line staff is charged with identifying and implementing solutions, which appeals to everyone's best aspirations," says Kurt Swartout, MD, Kaiser Roseville Medical Center. "You don't go into health care to follow a flowchart and fill out paperwork. You pursue a health care career because you want to make a difference in someone's life."

Within the first six months of Kaiser Roseville forming its TCAB team, more than 250 ideas were generated to

improve patient care—the majority of which were driven by front-line staff themselves.

One idea resulted in special 'aging care environment' rooms to improve treatment for older patients. These patients are at high risk for developing delirium, which is not only upsetting for the patient and family members, but also significantly lengthens a hospital stay. The new rooms are designed to have non-slip flooring to help reduce falls and in-room refrigerators to reduce dehydration. Since these patients typically have more difficulty sleeping than their younger counterparts, they'll be

woken less frequently during the night for blood pressure and temperature checks.

"Creating opportunities for front-line staff to share and test ideas makes perfect sense, and my fellow physicians and I are seeing TCAB create nurse leaders as a result," says Swartout. "I'm certain they had great ideas all along, but for the first time, we are seeing their ideas come to fruition and make a difference for our patients."

**TCAB units set the bar high. The program's goal is for every patient to say, "They give me exactly the care I want (and need) exactly when I want (and need) it."**

The TCAB goal is to increase the time nurses spend in direct patient care to 70 percent. TCAB units also seek to redesign processes to enhance the admission and discharge processes, improve handoffs, streamline documentation, and optimize routine care processes.

to engage patients and families in our redesign efforts and in their care while in the hospital.

### ...At the Bedside

Higher levels of nurse staffing are associated with fewer adverse outcomes in hospitals.<sup>4</sup> Increasing the time nurses spend with patients promotes healing and improves patient satisfaction. Despite these facts, nurses increasingly find their time absorbed by paperwork and administrative tasks. Staff shortages make it harder to meet patients' needs. TCAB aims to reverse this trend by involving nurses in work redesign to reduce waste. And reducing waste means more time at the bedside.



## AT THE BEDSIDE

### Hospital Improves Direct Patient Care with 'Condition H'

TCAB is one of the few quality initiatives to focus on where care is delivered—at the bedside. By involving front-line staff in developing rapid interventions to affect quality, care that is provided directly to patients is improving.

"Asking patients and their families to tell the TCAB team what they want as part of a quality care experience, opens up a whole new level of staff accountability that's missing in other quality programs," says Tami Merryman, RN, MSN, FACHE, vice president for quality improvement and innovation at the University of Pittsburgh Medical Center (UPMC).

One of the hospital's TCAB initiatives involves developing a rapid response team—called Condition H—to address the needs of hospital patients who feel they are experiencing a medical emergency. Family members, visitors, and patients are given a special number to call if they feel they need immediate assistance and are not getting attention. A Condition H response team immediately arrives in the patient room and includes an internal medicine physician, administrative nursing coordinator, patient relations coordinator, and floor nurse.

Since implementation at UPMC, Condition H has proved successful, with 86 percent of patients saying the

responding physician met their needs, and 100 percent saying their needs were met by the nursing staff.

"We've been so focused on looking at making major quality changes, that we've overlooked how small changes can have a dramatic impact, like empowering a rapid-response team to go immediately to the bedside," says Merryman. "For the first time, nurses feel like they can do what is needed to improve care, and that feels good. So unlike many other quality programs, front-line staff members want TCAB to be sustainable."

2

UNIVERSITY OF PITTSBURGH MEDICAL CENTER

<sup>1</sup> McGlynn EA, Asch SM, Adams J, et al. "The Quality of Health Care Delivered to Adults in the United States." *New England Journal of Medicine*. 349(26): 2635-2645, 2003.

<sup>2</sup> Reason J. *Managing the Risks of Organizational Accidents*. Burlington, VT: Ashgate Publishing Company, 1997. [www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&opt=Aabstractlist\\_uids=11130346](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&opt=Aabstractlist_uids=11130346).

<sup>3</sup> Institute for Healthcare Improvement, unpublished research. Cited from Rutherford P. *Transforming Care at the Bedside*, IHI Innovation Series 2004, page 2.

<sup>4</sup> Committee on the Work Environment for Nurses and Patient Safety, Board on Health Care Services, Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, D.C.: National Academies Press, 2004.



Nurses have a key role in leading the improvement teams for TCAB. Senior leaders and mid-level managers provide the environment in which front-line staff can most effectively use their experience and knowledge to propose and design better care processes.

### Team Power at Its Best

Too often, hospitals treat quality improvement efforts as isolated projects involving random staff within the institution. The core design principle of the TCAB initiative, however, is to spur quality improvement within hospitals by relying on teams led by nurses and other front-line staff who provide the most direct care to patients.

On such teams, nurses join with other front-line staff, including physicians, social workers, pharmacists, managers of various departments, and other caregivers, to identify and test innovations that might improve care. Patient and family representatives are also part of the improvement team on the TCAB units. Teams design, rapidly test, and evaluate interventions. Those that

show success are implemented throughout all medical/surgical units.

“Nurses are professionals who traditionally aren’t asked their opinion on how to fix problems or improve care,” said Susan B. Hassmiller, RN, PhD, FAAN, senior program officer at RWJF. “TCAB creates an environment where nurses are engaged to think creatively about making changes, share ideas, and be part of the process that improves patient safety and satisfaction.”

Hassmiller says that one of the goals is for every staff member to say: “I work within a supportive environment that nurtures my professional formation and career growth, and I work with an effective care team that continually strives for excellence.”



## ADVANCING THE QUALITY AGENDA

### Nurse Executive Uses TCAB to Promote ‘Ownership’ of Quality

One of the movements in health care that has gained increasing momentum is ‘pay-for-performance,’ a term used to describe financial incentives deployed by government and insurers to reward quality care. Consequently, hospital leaders are working to make sure that all staff, especially those on the frontlines of patient care, understand what is expected of them.

“Even at hospitals like ours, where quality is embedded throughout the organization, nurses and front-line staff members need to better understand our quality agenda,” said Maureen White, senior vice president and chief nursing

executive at North Shore-Long Island Jewish Health System. “It’s essential that everyone knows what they need to do to consistently achieve the ideal level of patient care.”

In conjunction with TCAB, White provided guidelines for front-line staff members to better understand their role in complying with new quality indicators. More than 400 staff attended her educational seminars. Following the sessions, improvement in task performance increased by 60 percent, and nursing units are now much more knowledgeable about quality indicators and the effect of

their actions. “It has been remarkable,” White says. “By showing staff what measures they need to meet—and letting them design innovations to consistently meet the goals—we have extended ownership for improving quality to the bedside, where front-line staff provide direct patient care around the clock.”

**Above all, these interventions are designed to meet the unique needs of patients and their family members.**

The percentage of time registered nurses (RNs) spent in direct patient care at TCAB hospitals increased from about 40 percent to greater than 50 percent from 2004–2006. It has also been reported that increased time at the bedside has improved staff vitality. Average turnover rates for RNs and advanced practice nurses at all TCAB sites dropped from more than 15 percent in 2004 to less than five percent in 2006.<sup>5</sup>

### TCAB Interventions

Within the hospitals that are participating in the TCAB initiative, TCAB teams focus on three things: 1) generating innovative ideas to improve the safety and reliability of care, increase the patient-centeredness of care, and shift staff effort from work of low value to patients to work of high value; 2) focusing on building effective care teams; and 3) developing systems that enhance the timeliness, reliability, and efficiency of delivering quality care.

Since TCAB's launch, participating hospitals have tested hundreds of interventions. Some of the most successful include:

- Rapid response teams to effectively intervene when a patient's condition deteriorates
- Use of white boards in patient rooms to communicate the patient's daily goals, the plan of care, and questions for members of the care team
- Multidisciplinary rounds at the patient's bedside, which include the patient and family members
- Creating more liberalized diets where patient choice and preferred meal times are honored
- Relocating supplies, equipment, and medications in or closer to patient rooms
- Interventions to reduce harm from falls
- Streamlining documentation and creating forms for all disciplines to use
- Standardizing change of shift reports and improving handoffs
- Transforming the discharge process into an ideal transition home
- Letting nurses balance patient load through use of a color-coded system to show how busy they are...where red means "I'm swamped," yellow means "I'm making progress," and green means "I can take more patients"
- Creation of new roles, such as 'admit nurses' to streamline the admission process
- Scheduled 'Peace and Quiet Time' each shift, which helps both patients and staff

### Preliminary Results to Improve Retention of Nurses

This approach of engaging front-line staff in leading innovation and the improvement of care processes appears to be paying off.

For hospitals, where nurse turnover costs \$50,000 to \$65,000 per position,<sup>6</sup> that represents significant savings.

## IMPROVING JOB SATISFACTION

### Turning Medical/Surgical Into the Unit Where People Want to Work

By making front-line staff champions of change and ensuring manageable workloads, TCAB is improving job satisfaction at some hospitals, and transforming the medical/surgical unit into a place where staff members want to work.

One intervention the TCAB team at Prairie Lakes Hospital in Watertown, South Dakota, implemented in order to reduce middle managers' workload was the elimination of annual performance evaluations. The staff agreed that the time involved to schedule, write, and conduct annual reviews for up to 60 staff took nurse managers away from where they really needed to be—with their patients and their teams.

By implementing other processes to ensure that nurse managers still maintain quality compliance and document disciplinary issues, the managers now spend significantly more time on the unit floor instead of in their offices.

"TCAB helped us realize what we probably should have known all along—that we can trust our professional staff to do the right things," says Jill Fuller, RN, PhD, chief nursing officer at Prairie Lakes. "Eliminating reviews means more time is devoted to patient care, which is the reason our managers went into nursing. The result is improved staff satisfaction from their jobs."

Managers say that front-line staff are now working together more efficiently, and turnover is significantly down. And even more telling—the medical/surgical unit is now a place that nurses hospital-wide view as a specialty unit where they want to work.

"Through TCAB, we have learned to lead in a different way by re-thinking how the front-line staff are involved in change," says Fuller. "My job is easier because the nurses now set the standard for quality improvement and have created an environment where they thrive."

<sup>5</sup>Institute for Healthcare Improvement, unpublished research, 2004–2006

<sup>6</sup>Kemski A. *Market Forces, Cost Assumptions, and Nurse Supply: Considerations in Determining Appropriate Nurse to Patient Ratios in General Acute Care Hospitals R-37-01*. SEIU Nurse Alliance, December 2002, as cited in *The Costs and Benefits of Safe Staffing Ratios, Fact Sheet 2004*. The Department for Professional Employees, AFL-CIO, [www.dpeaflcio.org/policy/factsheets/fs\\_2004\\_staffratio.html#notes](http://www.dpeaflcio.org/policy/factsheets/fs_2004_staffratio.html#notes), accessed November 27, 2004

# How Does the TCAB Process Work?



“I am often asked about the ‘how of TCAB,’ and I can say with certainty that its key drivers are aligning TCAB with other hospital strategies, creating a new vision for transformation on medical/surgical units, and unleashing the talent at the frontlines to improve care for patients,” says Pat Rutherford, MS, RN, and vice president at IHI. “The transformative power of TCAB combines the ‘how’ and the ‘what’—changes to improve care—to create unprecedented results for patients and caregivers alike.”



## AFFECTING THE BOTTOMLINE

### Hospital Executive Sees Return on Investment

Innovations developed, tested, and implemented at some TCAB hospitals are yielding dramatic improvements that affect the bottomline.

“We view programs like TCAB as long-term investments,” says Kathryn Correia, senior vice president of hospitals for ThedaCare in northeast Wisconsin. “As part of the process, we’ve needed to increase resources in certain areas in order to be more efficient, but we have also met key goals as a result.”

One change is that ThedaCare now uses a trio of personnel to staff the admissions process—with a physician, nurse, and pharmacist meet-

ing collectively with the patient and family members at the outset. Having everyone present for the initial patient consultation results in a common understanding of the patient’s history and a plan of care that everyone supports and works toward.

“We looked at various staffing models and had to change pharmacy staffing in order to make this work—and admittedly, it’s logistically challenging—but it has been a definitive success,” Correia says.

Since implementing this and other innovations, average length of stay has fallen 20 percent, productivity in hospitalist billing has increased from

9 to 16 percent, and 75 percent of patient charts are now complete and ready to be billed on the day of discharge.

“These are efficiencies that have a positive effect on our bottomline, but equally important, the process has improved quality of care and increased patient satisfaction,” Correia says. “Nurses are also more satisfied, and turnover has decreased. That’s important, with national reports showing that every time a nurse leaves, it costs the hospital approximately \$60,000.”

# 1



## STEP 1—Assemble a Front-Line Team to Generate New Ideas

Potential changes in care processes are identified by the men and women who actually deliver the majority of bedside care in hospitals—staff nurses, physicians, and other front-line caregivers and staff. Patient representatives are also a very important part of the team. This is unlike many traditional approaches to quality improvement, where senior managers propose changes and direct front-line hospital staff to implement them.

Most TCAB sites have formed teams comprised largely of front-line nurses, physicians, pharmacists, social workers, physical therapists, and other caregivers with mid-level managers having a key

leadership. This team composition ensures buy-in from all on the medical/surgical unit and fosters a spirit of collaboration with everyone's ideas being respected and considered.

In some hospitals, TCAB teams meet each week to brainstorm and explore new ideas to test. RWJF and IHI selected 13 hospitals to be part of the original TCAB initiative, although ideas from that collaborative have now spread to other hospitals and other types of institutions, like schools of nursing. Within the original group, the TCAB teams at each hospital studied best practices shared across the collaborative and also looked to other industries to learn about quality improvement approaches that could be applied to the hospital setting.

**“TCAB is not just about the chief nursing officer or the unit director—it’s about allowing the staff to make a lot of the decisions and try new things.”**

– Charles Barnett, president and chief executive officer of Seton Family of Hospitals

## A MODEL METHODOLOGY

### Rapid-Cycle Tests Mean Good Ideas can be Implemented Quickly

Many people say TCAB can breathe new life into the way that hospitals identify, test, and implement strategies aimed at improving the care delivered to patients. The program's effort to engage nurses and other key caregivers in quality improvement creates an environment in which innovations that work are quickly adopted, with little time wasted on those that don't.

“We used to take a perfectionist approach. We would gather data, often for long periods of time, and perfect our design before we instituted any sort of change,” says Beverly Nelson, RN, MS, director

of nursing practice programs, University of Texas MD Anderson Cancer Research Center. “TCAB's rapid-cycle testing is liberating. Not all change ideas need to be tested on a grand scale before the ideas are put to use. We sometimes use the phrase ‘one nurse, one patient, one shift’ to describe the TCAB approach.”

Participating TCAB hospitals design interventions with a specific eye toward measuring their impact on patient centeredness, safety and reliability, vitality, and value-added care processes. Measures that hospitals then report on include

direct time spent with patients, adverse events, readmissions within 30 days, patient falls, staff turnover, patient satisfaction, and more.

One intervention at MD Anderson was a more effective way of sharing information between nurses at change of shift. A TCAB-developed, automated, end-of-shift report has now been implemented throughout the hospital. Nurses complete a form with key patient care information throughout their shifts—decreasing the need to repeat standard information that could be passed along in a written format, and allowing them to use the face-to-face time at change

of shift for exchanging more complex information or asking questions. Staff have found that they are able to end their shift on time. This new approach decreased end-of-shift overtime, resulting in an estimated \$80,000 annual savings on just one unit.

“My hope is that TCAB's legacy will be its overall philosophy, processes, and methodologies,” says Nelson. “TCAB has provided another method or tool for us to use in addition to more traditional processes for implementing changes that improve quality for our patients and staff.”

# 2



**“Creating opportunities for front-line staff to share and test ideas makes perfect sense, and my fellow physicians and I are seeing TCAB create nurse leaders as a result.”**

- Kurt Swartout, MD, Kaiser Roseville Medical Center

## STEP 2—Test Ideas and Measure Results

When a unit’s TCAB team identifies a promising idea, they discuss how to quickly test it through a rapid-cycle improvement process—a now-standard method often used by leading businesses and now health care organizations, so that people who generate innovative ideas are allowed to quickly test feasibility on a smaller scale. Some ideas require assistance from other departments, such as housekeeping, food service, or pharmacy, so the TCAB unit is careful to involve

all relevant players in this design and testing phase.

During this phase, the team also uses this methodology to generate quantitative and qualitative data to determine if the idea should be adopted, adapted, or abandoned. Topline results are important for evaluating the success of the intervention, and TCAB teams routinely review the results of tests to assess the effectiveness of the intervention. Trending data for key outcome measures are tracked over time to assess the overall effect of all of the changes toward the desired outcomes and goals



## A PATIENT’S PERSPECTIVE

### Involving Patients in Creating Front-Line Innovations

Involving patients as active members of the TCAB team is providing some clinical staff with a whole new perspective on delivering quality care. Innovations are being developed at some hospitals with input from patients who know first-hand what it’s like to be on the receiving end of care.

“Having spent six weeks in the hospital, I have a better understanding of what patients and families need, so now I can advocate on their behalf to the TCAB team,” says Vernon Henderson, volunteer and former patient at Cedars-Sinai Medical Center in Los Angeles. “As a volunteer on the medical/surgical unit as well as a member of the TCAB team, I regularly bring the patient perspective to the clinical team.”

As part of his work representing patients, Henderson has designed interventions that the TCAB team has implemented including conducting a survey with patients before they are discharged. Patients are often more willing to share their concerns with Henderson and other patient advocates than they are addressing them directly with hospital staff. He creates a monthly report to present to the TCAB team based on patient feedback that highlights trends and proposes solutions to improve patient care.

“Vernon has been embraced as part of the staff and constantly provides insights to help us improve the care we deliver,” says Linda Burnes Bolton, DrPH, RN, FAAN, vice president and

chief nursing officer at Cedars-Sinai. “By providing a voice for our patient community, the medical and nursing staff members are more informed, and improvements in quality care are even better.”

In addition to involving patients in the TCAB team, Cedars-Sinai has also initiated an MD/RN collaborative to foster relationship building. Physicians and nurses now collaborate for joint patient rounds, convene educational in-service workshops, and celebrate successful tests of change. As a result, nurses are spending more time at the patient’s bedside, and physicians are becoming active champions of nurses.



of the project. Ideas showing positive results or potential for improvement are discussed and further refined before they are implemented broadly. Ideas that prove to be less promising are abandoned, and the team repeats the process of developing and testing other ideas.

One hospital's TCAB team identified and tested 76 interventions over an 18-month period, with more than one-third being successfully adopted.



## INCREASING VITALITY

### CEO Says TCAB Changing Organization for the Better

Hospital officials say TCAB is helping them better meet their mission of providing quality care in an environment characterized by high levels of patient satisfaction and staff vitality.

Charles Barnett, president and CEO of Seton Family of Hospitals in Austin, Texas, says his hospital's experience with TCAB has resulted in retaining staff, satisfied patients, and front-line nurses who show increased confidence. Most impressive are results that show nurses at Seton now spend up to 60 percent of their time in bedside care, up from 25–30 percent.

One simple innovation that resulted in more time for front-line staff to care for patients at Seton was an inexpensive

redesign of the supply area. Where materials used to be thrown everywhere, there now are orderly shelves with labels that indicate exactly where needed supplies are located, so staff can find items quickly and restock them accordingly. Giving staff more time to be caregivers rather than 'hunters and gatherers' is just one small change that executives say can result in better patient care.

"You can't help but become energized when you see the pride and joy that staff exhibit when they explain their success," Barnett says. "I think front-line staff members have a lot of the right ideas. But you have to give them the time and opportunity to stop, evaluate,

and challenge the way they've been doing things. For us, it has created an environment where it is not only good, but also expected, for people to suggest ways to improve quality."

"You've got leadership at its best with TCAB. It's not about the chief nursing officer or the unit director—it's about allowing the staff to make a lot of the decisions and try new things."

# 3



**“We’ve been so focused on looking at making major quality changes, that we’ve overlooked how small changes can have a dramatic impact, like empowering a rapid-response team to go immediately to the bedside.”**

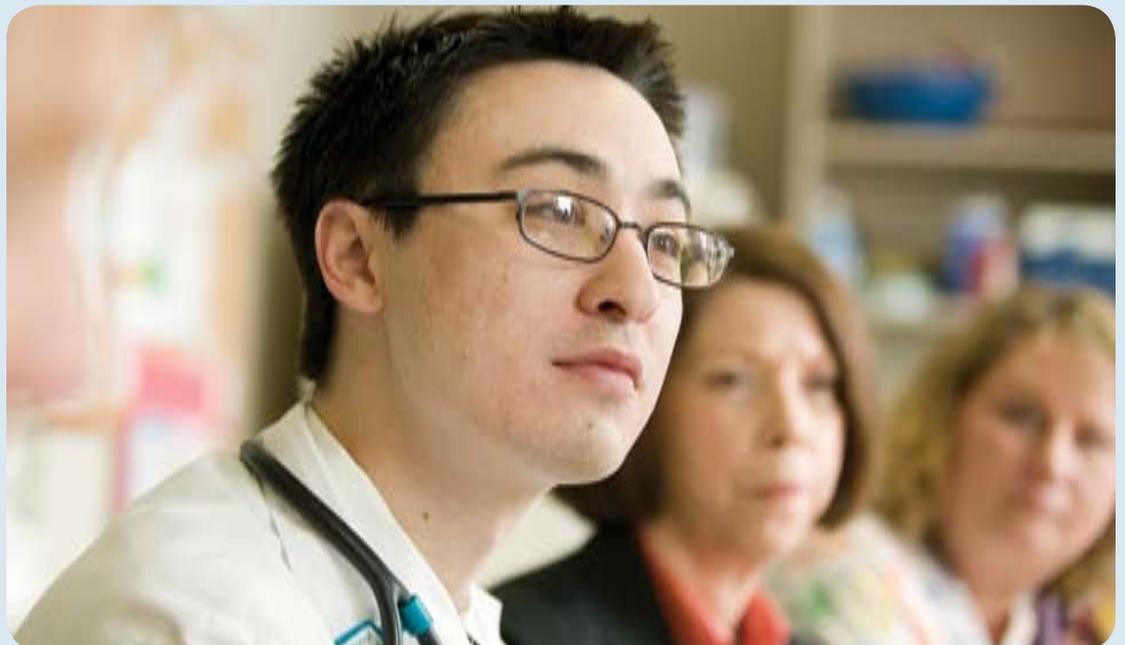
**- Tami Merryman, RN, MSN, FACHE, vice president for quality improvement and innovation at the University of Pittsburgh Medical Center**

### STEP 3—Implement and Spread

When an intervention has been assessed and determined to improve patient care and improve the work environment for staff, it is fully implemented on the unit and evaluated to ensure that it is sustainable over time. Some TCAB sites believe that because the front-line staff developed the interventions, adopting them into their routine is easier than other quality-improvement initiatives that they have only heard about or read about in a journal article. The entire process fundamentally

engages front-line team members to make changes in core operating processes and have a voice in how procedures that are proven to work can best be implemented on the unit. When documented results show the intervention to be sustainable, TCAB units spread the intervention to other hospital departments, allowing each additional unit to adapt the changes to their unique circumstances.

Although the program is still in its early phases, TCAB hospitals nationwide are spreading successful interventions beyond their pilot units. In addition, they are sharing



the ‘how of TCAB’ to empower other front-line staff to make improvements that enhance quality and safety. Some nurses now claim they prefer to work on a TCAB unit, and even patients and their family members seem to notice the difference.



## CONNECTING THE UNIT

### TCAB Provides Opportunity for All to Get Involved

By providing all levels of staff with the opportunity to initiate change, TCAB is giving staff members a renewed connection to their unit. Managers report that doctors and nurses who work in TCAB units seem to connect better with colleagues who work at different levels than they previously did.

“Since TCAB started, I feel much more connected to everyone on my unit,” says Patty McBriarty, staff nurse at Children’s Memorial Hospital in Chicago. “I feel like we all have a voice, and we listen to each other more. I know I am more involved, and actually see changes through innovations that I helped develop.”

To provide young patients more time to rest and relax—vital for good health—one new intervention is a mandatory quiet time from the evening until early morning. Afternoon naps were also scheduled, and patients were encouraged to rest, watch TV, or read. In response to the innovation, both patients and parents report higher satisfaction, and medical staff say they are better able to manage their own time and provide higher quality patient care.

“TCAB has allowed me to share ideas with others on my unit and improve patient care. The result is that we now have more time to spend with our

patients and their families,” says McBriarty. “Testing innovations is giving us a new opportunity to connect as a team while improving the care we deliver.”

# 4



**“It has been remarkable. By showing staff what measures they need to meet—and letting them design innovations to consistently meet the goals—we have extended ownership for improving quality to the bedside, where front-line staff provide direct patient care around the clock.”**

- Maureen White, senior vice president and chief nursing executive at North Shore-Long Island Jewish Health System

## Step 4—Collaboration to Share Learnings

Most of the 13 original TCAB hospitals believe one of the most rewarding aspects of the program is the opportunity to collaborate with others from around the nation. In fact, much of the success of TCAB is attributed to the opportunity to participate in this energizing, intensive learning process.

Additionally, each of the TCAB hospitals has at least one school of nursing partner. Hospitals believe that investing in the next generation of nurses is just as important as working with the nurses already on staff. Students doing their

medical/surgical rotations on TCAB units benefit from learning new and improved ways of providing patient care and bring these important lessons back to their schools.

Through frequent meetings, site visits, storyboard rounds, resource materials, and online discussions, TCAB hospitals continually add to the body of knowledge about how to ‘transform care at the bedside’ by exchanging experiences and learning from each other. Continually assessing and sharing lessons learned—even if the intervention didn’t work as hoped—ensures that the TCAB program remains a vibrant learning laboratory for its participants.

10

JAMES A. HALEY VA MEDICAL CENTER

## RETAINING GOOD NURSES

### Increasing Job Satisfaction Helps Keep Experienced Nurses on the Job

While some front-line hospital staff tend to view new quality initiatives as one among many programs vying for their attention, TCAB has given nurses, in particular, an opportunity to improve quality of patient care—and increase their own job satisfaction.

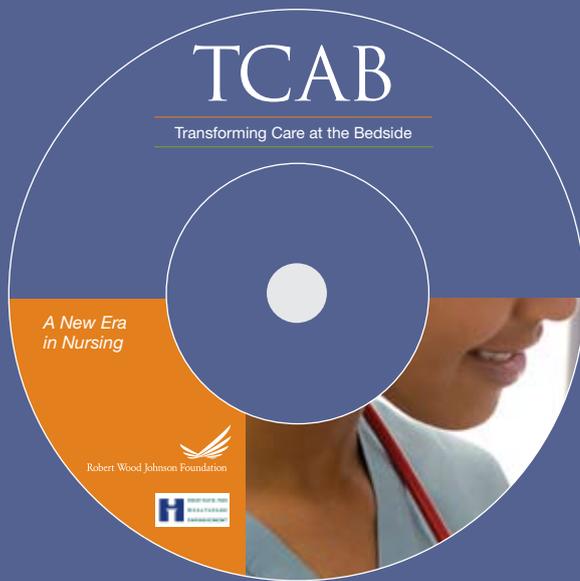
“Once our nurses saw that the changes they wanted to make were actually being implemented, they became fully engaged,” says Wanda Gibson, nurse manager at James A. Haley VA Medical Center in Tampa. “Now the nurses have ownership of the medical/surgical unit and enjoy their work more.”

An innovation that has increased satisfaction among both nurses and patients is the addition of a nurse joining physicians on rounds. The team takes a computer with them to provide instant access to records for doctors, nurses, and patients to view and discuss goals. As a result, physicians, nurses, and patients all say they have better camaraderie and more coordinated care.

“It’s not just the nurses who are happier,” Gibson says. “Physicians tell us that their satisfaction has improved since they started making rounds with nurses, too.”

Since implementing TCAB, nurse turnover has decreased from 20.77 percent to 11.29 percent, and patient satisfaction is up.

“Thanks to TCAB, we have seen nurses become so empowered that many are going back to school for more education,” says Gibson. “Some who might have left the stress of a hospital-based job are now hungry to learn more and are even more committed to patient care.”



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