Enhancing Nursing Care in Rural Public Hospital Network Through Utilizing Transforming Care at Bedside Framework (TCAB)

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Objectives

- Upon completion of this presentation, participants should be able to:
  - Define Transforming Care at the Bedside (TCAB)
  - Identify the dimensions of TCAB
  - Discuss strategies utilized by the rural public hospital network in implementing the TCAB initiative
  - Highlight the impact of the implementation on patient care and nursing practice
The rural public hospital network.....

- The mission is to provide primary, secondary and selective tertiary medical care
- Consists of 6 Hospitals, 3 Primary Care Clinics, 1 Family Medicine Center
- Total bed capacity 358
- Largest hospital in the network:
  - Functions as referral hospital
  - Equipped to provide all basic and most specialized medical services
  - JCI Accredited
  - Bed capacity: 175 inpatient beds, 19 ER beds, OPD Clinics 38
  - Total approved nursing positions is 256
A decision was made to implement **Transforming Care at the Bedside (TCAB)** initiative to enhance nursing care in certain areas

- Initiated by the Central Nursing Administration
- Started with the largest hospital in the network as a pilot
- Implementation team:
  - One **Nurse Manager** with strong background in quality (CPHQ certified) – Project Leader
  - One **Staff Nurse** (Champion) from the Central Nursing Administration
  - Representatives from medical/surgical units at the targeted facility
What is Transforming Care at the Bedside?

- A program initiated in the USA by the Robert Wood Johnson Foundation (RWJF) in partnership with the Institute of Healthcare Improvement (IHI)
- Launched in 2003
- What makes TCAB different?
  - Engagement and empowerment of front line staff and unit managers
  - Ideas come from front line nurses
Transforming Care at the Bedside
October 2008

Transformational Leadership at all levels of the organization: All medical and surgical units are transformed and have achieved and sustained unprecedented results.

Successful changes that achieved new levels of performance on the pilot unit(s) are spread to all medical/surgical units.

Leadership Leverage Points:
- Establish, oversee and communicate system-level aims for improvement
- Align system measures, strategy, projects and a leadership learning system
- Channel leadership attention to system-level improvement
- Get the right team on the ball
- Make the CEO a quality champion
- Engage with physicians
- Build improvement capability

Key Design Themes:
- Safe and Reliable Care: Care for moderately sick patients who are hospitalized is safe, reliable, effective and equitable.
- Vitality and Teamwork: Within a joyful and supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.
- Patient-Centered Care: Truly patient-centered care on medical and surgical units honors the whole person and family, respects individual values and choices, and ensures continuity of care. Patients will say, "They give me exactly the help I want (and need) exactly when I want (and need it)."
- Value-Added Care Processes: All care processes are free of waste and promote continuous flow.

Goals / New Levels of Performance:
- Nurses spend 60% or more of their time in direct patient care
- 95% of patients are willing to recommend the hospital
- Readmissions within 30 days are reduced to 5% or less.

High Leverage Changes:
- Create early detection & response systems (including PATs)
- Develop hospice & palliative care programs
- Build capability of frontline staff in innovation & process improvement
- Implement a framework for nursing practice based on the forces of magnetism
- Develop mid-level managers & clinical leaders to lead transformation
- Optimize communications and teamwork among get clinicians & staff
- Create patient-centered healing environments
- Involve patients & family members in multidisciplinary rounds and change of shift report (customizing care to patients' values, preferences & expressed needs)
- Optimize the physical environment for patients, clinicians and staff
- Eliminate waste & improve workflow: admission process, medication administration, hard copy, routine care & discharge process

Green = best practices exist on 25 or more med/surg units
Yellow = best practices exist on 5 med/surg units
Red = innovation and testing of new ideas are needed
1. Safe and Reliable Care

AIM

To care for moderately sick patients who are hospitalized in safe, reliable, effective, and equitable manner

Example for Changes:

• Develop a rapid response team or early recognition system
• Prevent hospital-acquired pressure ulcers
• Reduce harm from high hazard drug errors
• Prevent patient injury from falls
2. Patient Centered Care

AIM
Nurses in med/surg wards honors the whole person and family, respects individual values and choices, and ensures continuity of care

Example for Changes:

- Initiate multidisciplinary rounds involving patients and family members (customizing care to patient’s values, preferences and expressed needs)
3. Value-Added Care Processes

AIM

All care processes are free of waste and promote continuous flow

Example for Changes:

• Implement acuity-adaptable beds or units system
• Put necessary supplies at the bedside
• Eliminate waste and improve workflow in admission process, medication administration, handoffs, routine care and discharge process
4. Vitality and Team Work

AIM

Within a joyful and supportive environment that nurtures professional formation and career development; effective care teams continually strive for excellence

Example for Changes:

• Building capabilities of front-line staff in innovation and process improvement
• Develop mid-level managers and clinical leaders to lead transformation
• Optimize communications and teamwork amongst clinicians and staff
Domain’s Focus in the TCAB

**Safe and Reliable Care**
- Improve the quality and safety of patient care

**Patient Centered Care**
- Engage and improve the experience of patient and family

**Value Added Care Processes**
- Improve the effectiveness of the entire care team

**Vitality and Team Work**
- Increase the efficiency and retention of nurses and other frontline staff
The IHI’s TCAB Model for Improvement

Staff Generate Ideas - Brainstorming (Snorkel)
- Define what are we trying to accomplish
- How will we know that change is an improvement
- Evaluate which strategies fit best for the unit

Small tests of change
- Testing ideas and measuring outcomes
- Rapid-cycles tests of change using the PDSA

Spread of change
- Adapt best practices
- Implementing and spreading successful changes

Collaborative learning
Our Process ...

- **3 brainstorming** sessions to decide how to proceed
- **50 ideas** were generated
- **Introductory session** was conducted with all frontline staff in the targeted units to explain the TCAB and how it will help them in their daily operations
Selected Domains

- Two domains were selected:
  - Patient centered care
  - Vitality and team work
Top Identified General Concerns

- Continuous change in duty rota
- Interruptions during the hand over, which may cause some ideas to be missed
- Lack of staff motivation
- Complaints forms are available for patients but appreciation forms were not
- Irrelevant nursing staff tasks: non nursing activities - many clerical tasks
Patient Centered Care Domain Assessment

• Steps Performed
  – Baseline patients’ satisfaction data were collected from patients (n=40) in Medical - Surgical units in collaboration with the Operations Department

• Survey outcomes:
  • 2 points of concern relevant to nursing were identified by patients and thought to have an impact on the results
Patient Centered Care Domain Identified Concerns

1. 95% of respondents indicated that nursing staff do not give enough information (action, side effects ...etc.) about medicine when distributing medications.

2. 95% of respondents indicated that nurses cause some noise at night especially for patients whose rooms are close to nursing station.
Vitality and Teamwork Domain

• Utilized **Healthcare Team Vitality Instrument (HTVI)**
  • Likert scale:
    – 1=Strongly Disagree
    – 2=Disagree
    – 3=Neutral
    – 4=Agree
    – 5=Strongly Agree

• Frontline field visits were conducted by the TCAB team to distribute the survey
1. Care team members in certain units don’t feel free to question the decisions or actions of those with more authority.
2. Nurses ideas are not taken seriously.
3. If a staff has an idea about making things better, the managers and other staff are not willing to try it.
Next Step

- Identify solutions, testing ideas and measuring outcomes utilizing the PDSA
- Implement successful changes
- Collaborative learning
- All Interventions were put through PDSA Cycles
Interventions Related to Patient Centered Care
Intervention For Medication Distribution Education

- At minimum, one daily visit by a pharmacist started in the unit for high risk patients.
- Enhance staff nurses knowledge about Micromedex (medication information reference) by conducting weekly educational sessions.
- Remind nurses to educate patients about his/her medications prior to administration.
- Provide patients with handouts extracted from Micromedex in different languages.
Medication Distribution Education results 5 months post intervention

Target 95% Compliance
Intervention for Quiet Times

- Posted signs throughout the hospital – “Quiet Environment Help in Healing”
- Teaching sessions to staff about the importance of noise free environment as well as the need to maintain appropriate noise levels
- Discussion in the General Nursing Orientation (GNO)
- Outline specific procedures regarding:
  - Private discussions in public areas
  - Nurse call systems
  - Telephone use
Quiet Patient Care Areas at Night results 5 months post Intervention

Target 95% Compliance

Quiet Clinical Area

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<thead>
<tr>
<th>Month</th>
<th>Compliance</th>
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<tr>
<td>June</td>
<td>87%</td>
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<td>July</td>
<td>90%</td>
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<td>August</td>
<td>91%</td>
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<tr>
<td>September</td>
<td>92%</td>
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<td>October</td>
<td>94%</td>
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Interventions Related to Vitality and Teamwork
Interventions to Enhance Staff Relationships

- Encouraged regular meeting between charge nurses and staff nurses
- Managers were educated about ways to better manage and stabilize duty roster
- Encouraged staff participation and sharing ideas in relation to daily work in the units
- Conduct senior nursing leadership rounds in the unit more often
- Enhance socialization activities
Effective and Cooperative Teams in the Units

results 5 months post intervention

Team Relationship

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<th>Month</th>
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<tr>
<td>June</td>
<td>60%</td>
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<tr>
<td>July</td>
<td>62%</td>
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<td>August</td>
<td>72%</td>
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<td>September</td>
<td>81%</td>
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<td>October</td>
<td>85%</td>
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Target 95% Compliance
Intervention to Irrelevant Tasks

- Held meetings with revenue team to minimize nurses involvement in insurance and financial issues
- Exempt nurses from following up and arranging patients appointments and procedures booking in OR, Day Surgery Unit, Asthma Clinic, and Obesity Clinic as an appointment office was created for this purpose
- Medications explanations at discharge started to be handled by the pharmacy team
Reduction of Irrelevant Nursing Tasks results 5 months post Intervention

Irrelevant Tasks

June    July    August    September    October

Target 50%
Intervention to Minimize Interruption Factors During Handover

- Endorsement area was changed to minimize any external interruptions
- Physician’s rounds time changed to 8:00am, unless in emergency cases
- Number of mobile computers in the floors was increased
- Floating nurses in/out initiated by previous shift supervisor
- Daily staff assignment become fixed by the previous shift supervisor
- Standard SBAR communication endorsement. Still need more improvement
Minimize Interruption Factors During Handover
results 5 months post intervention

Interruption Factors

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<tr>
<th></th>
<th>June</th>
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<td>0%</td>
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<td>90%</td>
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Target 50%
Conclusion

- The model resulted in an obvious improvement in many of the gaps encountered by nurses.
- The implementation of the model was expanded to other facilities within the rural network and later was adopted by the larger health system.
- The model was selected to participate in a competition for innovative activities that was organized by the mother network.
- The TCAP model plays an important role in identifying some of the patient care issues through frontline staff.
QUESTIONS


Institute for Healthcare Improvement. Transforming Care at the Bedside: Sparking Innovation and Excitement on the Hospital Unit. Retrieved on June 1, 2017 from http://www.ihi.org/resources/Pages/ImprovementStories/TransformingCareattheBedsideiniativePrototypephase.aspx