

Balancing Measurements to Achieve Improvements through TCAB

By Joyce Batcheller, RN, MSN, CNAA

Transforming Care at the Bedside (TCAB), a national program of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI) began in 2003 at three hospitals, one of which was Seton Northwest, a member of the Seton Family of Hospitals in Austin, Texas. I believe a chief reason Ascension Health selected Seton Northwest to participate is that it was (and is) one of four Seton hospitals to have Magnet designation. As Chief Nursing Officer, I was thrilled that a Seton hospital would have the opportunity to make history by being a primary site for another RWJF study to improve health care in America.

The goal of the TCAB study was to develop ideal care delivery models (redesign) for hospital medical surgical units. Through TCAB, nurses who provide direct patient care lead the charge to discover and test ideas that will improve patient safety and efficiency of care, ultimately leading to better meeting patients' needs and improved ability to recruit and retain nurses.

The four challenges and aims of TCAB are safe and reliable care, patient-centered care, vitality and teamwork, and value-added care processes. Staff-led innovation is a core strategy of TCAB, and extraordinary pride and energy are generated by simply asking staff nurses to describe a patient situation wherein they really made a difference in someone's care. They are then asked to think of what it would take for all of their patients to have this kind of positive experience every day.

The nurses brainstorm ideas and challenge the status quo with a technique called "snorkeling." They're then encouraged to rapid-cycle test ideas. Staff can readily and easily identify that improvements in the four challenge areas are needed and they were encouraged to try one new idea on one patient "tomorrow" to see whether or not the idea works. When staff reported that all of their ideas were working, they were told that they had not yet stretched their thinking enough, as success in true transformation requires coming up with ideas that fail.

Most staff enjoy the opportunity to try new ideas and to develop innovative ways to improve the care of their patients. When the need to measure the impact of innovations is first introduced, the energy of the staff can be negatively impacted. Sharing the need to make a business case in order to demonstrate the value of the work that is being done is not a top priority for front-line staff. The key is to make the requirements for data collection and reporting as easy as possible.

Providing clerical assistance to ease data collection is essential. Developing storyboards, unit newsletters and graphs that illustrate the impact of improvements the staff are implementing is energizing. Providing forums for the staff to discuss their innovative ideas with their colleagues and highlighting their accomplishments in hospital publications is essential. These types of activities also provide a forum to assist in spreading great ideas between nursing units. "Stealing shamelessly" is a common phrase heard when staff share examples of the ideas and work they are doing.

Aligning and connecting the work of TCAB to the overall strategy and goals of our Austin hospital system (the Seton Family of Hospitals) have been important and beneficial. Many of the ideas staff had were tested and implemented on all the acute-care nursing units. Results were improvements in overall patient satisfaction scores, and the TCAB units experienced a decreased turnover rate, eliminating their need for Travelers. They also achieved high scores on a vitality survey, which measures the staff's sense of teamwork and feeling of being empowered to make changes in the unit as well as being valued for their contribution to the unit. TCAB units have also shown a decrease in hospital-acquired pressure ulcers, codes called outside of the ICU and patient falls without injury.

The addition of a full-time project coordinator and a half-time department assistant were justified to assist in spreading the TCAB initiative to a total of 15 medical surgical units in six Austin Seton hospitals. This investment was cemented when the improvements we experienced were shared with senior executives. Consultation and assistance from the hospital network's organizational development department were also integrated. In addition, a four-hour strategic planning session is held monthly, wherein progress and challenges/barriers that the units are experiencing are discussed.

Experienced staff from the initial Seton Northwest TCAB unit are sent to a unit getting started to provide credibility and direction to their colleagues. This is a critical time, as sharing outcome improvements shows the kind of direct impact staff-led innovations can make.

Hospital throughput was improved when one of the medical-surgical nurses developed a "red, yellow and green assignment board." Every two hours, nurses on the unit would add a colored dot by their names to illustrate how they were doing with their assignment. Green indicates they are doing well and feel pretty caught up. Yellow means they are running slightly behind, but will probably be okay in about 20-30 minutes. A red dot indicates they are behind and need some help. This idea was first developed so the charge nurse could readjust assignments as needed. It ended up not only helping to improve teamwork, but also assisted the charge nurse in assigning new admissions and transfers to the floor. Enhanced patient flow was a serendipitous benefit.

Competing priorities are a common concern that nursing leaders share. The TCAB work and resultant culture of innovative thinking promote more creative ways to meet many of the changes that may be asked of a nursing staff. For example, gaining compliance with the patient falls care bundle or use of safe patient handling equipment was more readily achieved on the units that were engaged in TCAB activities. We have found that staff are more likely to "own" these types of major changes and have great ideas on how to really help their colleagues adjust.

Our experience demonstrates that the nursing staff take pride and ownership of the care they give their patients. Making the collection and interpretation of the data simple and easily understood can lead to incredible and worthwhile results.

Joyce Batcheller, RN, MSN, CNAA, is a Robert Wood Johnson Executive Nurse Fellow and Sr. Vice President/Chief Nursing Officer of the Seton Family of Hospitals in Austin, Texas