

A Communications Service to Nursing School Deans, Administrators, and Faculty

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TCAB: Getting Nurses Involved in Improving Care



Susan Hassmiller

Nursing leadership around the country has become a driving force for the rapid spread of Transforming Care at the Bedside (TCAB) – an initiative of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI) designed to improve the safety and quality of care on medical-surgical units. Launched in single units of just three hospitals in 2003, TCAB is now underway or planned for implementation in more than 200 hospitals.



Patricia Chiverton

TCAB offers nurses and other front-line staff who deliver hands-on care the opportunity to play a critical role in the process of improving care. Traditionally, hospitals have not sought guidance from nurses about how to fix problems or increase

patient satisfaction. TCAB creates a whole new environment where nurses and other front-line staff are encouraged to think creatively about making changes, share ideas, and help structure the improvement process.

"I've been in the health care field for 36 years, and in that time, I've seen a lot of process and structural changes come and go, but TCAB is a turning point," notes Linda Burnes Bolton, DrPH, RN, FAAN, Vice President and Chief Nursing Officer at Cedars-Sinai Health System in Los Angeles.

The program went through extensive pilot testing during 2004-2006 in 10 major regional hospitals, including Cedars-Sinai Medical Center, the University of Pittsburgh Medical Center, and the University of Texas MD Anderson Cancer Center (see Figure 1). Positive results in those hospitals moved the American Organization of Nurse Executives (AONE) to launch a major effort this year to expand TCAB. With support from an RWJF grant, AONE is helping nearly 70 hospitals adopt TCAB. Dozens of additional hospitals associated with IHI are also implementing learnings from the program.

"This project fits perfectly with AONE's strategic plan to assist nurse leaders with developing care delivery systems of the future," says AONE President Linda Q. Everett, PhD, RN, CNAA, BC, FAAN.

Nursing schools are also getting involved. With support from RWJF, 14 schools of nursing have formed strategic partnerships with 10 established TCAB programs in hospitals around the country.

"TCAB projects focus on quality, safety, cost, and improved patient care. These concerns are critical to the education of nursing students at all levels," says Jeanette Lancaster, PhD, RN, FAAN, Dean of the University of Virginia School of Nursing and President of the American Association of Colleges of Nursing (AACN). "TCAB is consistent with new educational models advanced by AACN," says Lancaster, who visited a TCAB project earlier this year at MD Anderson Cancer Center.

TCAB: The Basics

TCAB is based on the premise that patient-centered work redesign can create more effective work processes that result in better clinical outcomes and reduced costs. The goal of each TCAB project is to create models of care that result in safer and more reliable care, better patient service, greater efficiency, more effective care teams, and heightened staff satisfaction and retention.

The TCAB process is collaborative and begins with the formation of a team, including front-line nurses, physicians, pharmacists, social workers, physical therapists, and mid-level managers. The TCAB team in a hospital meets regularly to

Figure 1.

TCAB: School of Nursing Partnerships

- Austin:** The University of Texas at Austin School of Nursing and Austin Community College is working with Seton Healthcare Network (Seton Hospital Northwest).
- Chicago:** DePaul University Department of Nursing is working with Children's Memorial Hospital.
- Houston:** The University of Texas School of Nursing – Houston is working with the University of Texas MD Anderson Cancer Center.
- Long Island:** Molloy College is working with North Shore-LIJ Health System, both on Long Island.
- Los Angeles:** The University of California Los Angeles School of Nursing and California State University Los Angeles School of Nursing are working with Cedars-Sinai Health System.
- Pittsburgh:** The University of Pittsburgh School of Nursing and Shadyside School of Nursing is working with University of Pittsburgh Medical Center.
- Sacramento:** California State University Sacramento School of Nursing is working with Kaiser Permanente Roseville.
- South Dakota:** South Dakota State University College of Nursing in Brookings is working with Prairie Lakes Hospital.
- Tampa:** University of South Florida College of Nursing is working with James A. Haley Veteran's Hospital.
- Wisconsin:** University of Wisconsin, Oshkosh College of Nursing and Fox Valley Technical College are working with ThedaCare, Inc.

brainstorm, study best practices, explore strategies known to be working well elsewhere, and devise innovations specifically suited for that institution.

Once a potential innovation is identified, the TCAB team discusses how to quickly test it by using rapid-cycle methodology to determine if the idea should be adopted, adapted, or abandoned. The team then tracks trending data for key outcome measures to assess the overall effect of TCAB-inspired changes over time. Promising interventions are subsequently spread to other units.

"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, MS, RN, Director of Nursing Practice Programs at 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 ideas are put to use. We sometimes use the phrase 'one nurse, one patient, one shift' to describe the TCAB approach."

How TCAB Is Changing Care

TCAB is having a distinct impact on the way physicians, nurses, and front-line staff communicate with each other.

"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, of Kaiser Roseville Medical Center, one of the original three TCAB hospitals.

Within the first six months of establishing TCAB, the staff at Kaiser Roseville generated more than 250 ideas to improve patient care – the majority of which were driven by front-line staff themselves. One idea resulted in special "aging care environment" rooms designed to have non-slip flooring to reduce falls and in-room refrigerators to reduce dehydration for older patients.

"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."

Hospitals participating in TCAB have tested hundreds of innovations. One of the most successful has been the establishment of Rapid Response Teams that patients or family members can call to intervene when a patient's condition deteriorates. At the University of Pittsburgh Medical Center (UPMC), for example, use of these teams has played a key role in boosting patient satisfaction.

"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 Tami Merryman, MSN, RN, FACHE, Vice President for Quality Improvement and Innovation at UPMC.

Other Changes Introduced by TCAB Teams

- Use of white boards in patient rooms to track 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, family members, nurses, and physicians.
- More liberalized diets that permit patient choice and preferred meal times.

- Relocating supplies, equipment, and medications in or closer to patient rooms.
- Interventions to assess the risk of falls and reduce harm from falls.
- Streamlining documentation.
- 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. For example, 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 assigning "admit nurses" and "discharge nurses" to streamline processes.
- Scheduling "peace and quiet time" each shift that helps both patients and staff.

Results Are Promising

TCAB has introduced a number of interventions that allow nurses in TCAB hospitals to reduce the time they spend chasing supplies and make more efficient use of their time. One major result has been an increase in the time registered nurses spend with their patients – from about 40% to more than 50% from 2004 to 2006, with some hospitals nearing the 70% mark.

"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," Merryman says.

Adopting TCAB is attractive for many hospitals that face an urgent need to strengthen nurse retention and reduce training costs for new hires. On the pilot units at all TCAB sites, average turnover rates for RNs and advanced practice nurses dropped from 5.8% in 2003 to 3.4% in 2006, a 58% decrease.

Improvements in efficiency as a result of TCAB innovations are also paying off for hospitals.

"We view programs like TCAB as a long-term return on investment," says Kathryn Correia, Senior Vice President of 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 meeting 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.

Since implementing this and other innovations, ThedaCare has seen the average length of stay fall 20% and productivity in hospitalist billing increase from 9% to 16%. Seventy-five 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 bottom line, but equally important, the process has improved quality of care and increased patient satisfaction," Correia says. "It's a win from every perspective."

What Nursing Students Are Learning from TCAB

The goal of the TCAB School of Nursing initiative is to help students understand how their time working directly with patients affects the quality of care that patients receive. The program is designed to help students enter nursing with practical experience of improving care and strong personal desire to continue to be part of the improvement process.

The 14 schools involved in the TCAB School of Nursing initiative are developing curricula that promote TCAB principles and creating models for learning that incorporate hands-on experience with the care improvement process.

"Our students attend the core operational TCAB hospital meetings that address patient safety and how to implement and test change," notes Deborah Struth, MSN, RN, Associate Director, Quality Improvement and Curriculum, UPMC Shadyside School of Nursing. "Through experience on the unit, students learn how to identify barriers to good care. That is solidified because they are invited from the very beginning to sit in with hospital and clinical leadership and see the real workings of a plan to address these issues."

Nursing students at UPMC have gained extensive experience on TCAB units using the Situation-Background-Assessment-Recommendation (SBAR) model for improving communication among staff. "If we incorporate these principles into the curriculum, even if students don't go on to work on a TCAB unit, they will be change agents in their own way. If they've been part of a TCAB team, they will educate their peers to communicate better with physicians, no matter where they work, and that saves patients' lives," Struth says.

Students at schools participating in the initiative are taking on a range of issues. Students from South Dakota State University College of Nursing, for example, are working with TCAB teams at Prairie Lakes Health Care System on TCAB projects related to falls prevention and patient satisfaction.

Participating in the TCAB School of Nursing initiative also serves as a bridge to help nursing school faculty stay current on how the practice of nursing is changing.

"Our involvement with TCAB has transformed the faculty. It has taken our faculty from their comfort zone and forced them to understand patient care from a different perspective and take a hard look at the messages we use to educate students," notes Struth, who says the TCAB initiative has been embraced by much of the UPMC School of Nursing faculty. "You have to give up your comfort zone to get out there and innovate. But that's what TCAB is all about. It's about empowering caregivers to innovate at the point of care, and it's compelling educators to innovate and rethink their approaches to clinical education."

Faculty at DePaul University School of Nursing, for example, are working with students as they rotate through TCAB units at Children's Memorial Hospital in Chicago. DePaul faculty are also participating in focus groups and assisting with evaluation of TCAB initiatives.

Getting Involved with TCAB

To make TCAB participation part of their curriculum, nursing schools need to partner with a hospital. TCAB Schools of Nursing Initiative participants are willing to serve as mentors for other schools around the country. Contact Patricia Chiverton, Dean of the University of Rochester

School of Nursing (patricia_chiverton@urmc.rochester.edu) for more information on mentorship.

Schools participating in the TCAB Schools of Nursing Initiative, committed to sharing the lessons they are learning, are contributing to Quality and Safety Education for Nurses material, which is available to the public online (www.QSEN.org).

General information on TCAB is available from Susan Hassmiller, PhD, RN, FAAN, Senior Program Officer at RWJF (shassmi@rwjf.org) or Patricia Rutherford, MS, RN, Vice President at IHI (prutherford@ihi.org). Information on hospitals participating in AONE's TCAB initiative is available from Barbara Farrell, RN, MSN, Director of Quality & Innovation at AONE (bfarrell@aha.org).

For more information on TCAB, visit www.ihl.org and www.rwjf.org

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Editor's Note: Future issues of *Dean's Notes* will feature articles on the experiences of nursing schools and students working with TCAB hospitals.



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NIWI Essay Contest

Sponsored by the National Student Nurses' Association Legislation/Education Committee

Deadline: Received by December 21, 2007, 5:00 p.m.

Win the opportunity to attend the "Nurse in Washington Internship" program. NSNA members may submit one essay (no more than 1,000 words) by addressing the following:

In nursing school, we are taught repeatedly that our job as nurses is to act as an advocate for patients. Still, many nurses and nursing students will stay home next election day because they don't feel their vote can make a difference. How would you explain to them the relationship between patient advocacy and voter participation?

The essay contest winner will win:

- Transportation, housing, per diem for meals, and registration to attend the Nurse in Washington Internship program, March 9-11, 2008 (tentative), Washington D.C.
- Complimentary registration to the National Student Nurses Association 56th Annual Convention at the Gaylord Texan Resort and Convention Center in Grapevine, TX, March 26-30, 2008.
- Publication of winning essay in *Imprint*, NSNA's official publication, and online at www.nсна.org.

Essays will be judged by relevance to the theme, writing style, originality, grammar, and spelling. Entrants must submit

a letter from one faculty member stating that the contestant will receive academic recognition as part of NSNA Leadership U. Visit www.nsnaleadershipu.org for more information.

To apply, candidates must submit three copies of their essay to the National Student Nurses' Association, NIWI Essay Contest, by December 21, 2007, at 5:00 p.m. Please include name, school, and contact information, including regular mail and email addresses.

The Nurse in Washington Internship (NIWI) is sponsored by the Nursing Organization Alliance and provides nurses with the opportunity to learn how to influence health care through the legislative and regulatory processes. Participants learn from health policy experts and government officials, network with other nurses, and visit members of Congress.

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