Transforming Care at the Bedside: A Strategy to Implement Patient- and Family-Centered Care

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Vice President, IHI

2013 Innovators Conference in Regina, Saskatchewan, Canada
October 1, 2013
Agenda

- Key Strategies for Transforming Care at the Bedside – the “how”
- Key Changes for Transforming Care at the Bedside – the “what”
- High Leverage Changes for Transforming Patient- and Family-Centered Care on Med/Surg Units (or Wards)
KEY STRATEGIES FOR
TRANSFORMING CARE AT THE
BEDSIDE – THE “HOW”
Launched in 2003, Transforming Care at the Bedside (TCAB) is a national program of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI) that engages leaders at all levels of the organization to:

- improve the quality and safety of patient care on medical and surgical units
- increase the vitality and retention of nurses
- engage and improve the patient’s and family members’ experience of care
- improve the effectiveness of the entire care team
System-Level Redesign

Every system is perfectly designed to achieve exactly the results it gets.

New levels of performance can only be achieved through dramatic system-level redesign.
TCAB: Integration of Models, Designs and Conceptual Frameworks

Pursuing Perfection

IdealizedDesign™

LEAN THINKING

THE CENTER FOR HEALTH DESIGN™

IDEO

KEEPING PATIENTS SAFE

CROSSING THE QUALITY CHASM

Complex Adaptive Systems

and many more...
Transformational Design Principles for TCAB

- Designing reliable processes (evidence-based care)
- Engaging front-line staff in QI (testing & learning)
- Partnerships with patients and family members
- Reduce waste and increase time in direct care
- Develop transformational leaders at all levels of the organization

*and* ....

- Use measurement over time for learning and improvement
IHI’s Idealized Design Process….
the “how” of TCAB

• Link TCAB aims to the hospital’s strategic plan
• Generate New Ideas for Prototype Testing
  ✓ “Snorkel” (adaptation of IDEO’s “Deep Dive”)
  ✓ Adapt strategies from other Industries
  ✓ Adapt “best practices”
  ✓ Create a Learning Community (Site Visits, Storyboard Sessions, Collaborative Learning, etc.)
• Test New Ideas and Measure Outcomes
• Implement and Spread Successful Changes
Seton NW TCAB “Snorkel”....
Engaging Front-line Staff in QI
UPMC TCAB “Snorkel”

How might we….enable the patient to be the source of control?

“Liberalized Diets”

cycles of testing
Learning from Other Industries

Eliminating the waste of movement…
Learning from Other Industries

Eliminating the waste of movement...
Adapting Best Practices

Six Changes That Save Lives

- Deploy Rapid Response Teams
- Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction (Heart Attacks)
- Prevent Adverse Drug Events (ADEs)
- Prevent Central Line Infections
- Prevent Surgical Site Infections
- Prevent Ventilator-Associated Pneumonia
Adapting Best Practices

Changes that Reduce Harm

• Prevent Pressure Ulcers
• Reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections
• Prevent Harm from High-Alert Medications
• Reduce Surgical Complications
• Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
Learning Community/Site Visits

Griffin Site Visit

Renovations at NSLIJ
Learning Community and Storyboard Rounds
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

API Associates in Process Improvement
Sequential Testing and Implementation

**Theory and Prediction**
- Developing a change

**Test under a variety of conditions**
- Testing a change

**Implementing a change**
- Make part of routine operations

**Act | Plan**
- Study | Do

**Sustaining the improvement and spreading the change to other locations**
Use of Measurement for Learning

**Quantitative:**
- Outcome measures
- Process measures
- Diagnostics

**Qualitative:**
- Success stories
- Anecdotes
- Testimonials
Evaluating Results and Spreading Successes

<table>
<thead>
<tr>
<th>Time Order (Monthly Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed Data</td>
</tr>
<tr>
<td>Design Target</td>
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</tbody>
</table>

- Pilot Unit #1
- Pilot Unit #2
- All Med/Surg Units

Change 1

Change 2
KEY CHANGES FOR TRANSFORMING CARE AT THE BEDSIDE – THE "WHAT"
TCAB Themes and High Leverage Changes....the “what” of TCAB

- Transformational Leadership
- Safe and Reliable Care
- Vitality and Teamwork
- Patient-Centered Care
- Value-added Care Processes
Transforming Care at the Bedside
October 2008

**Key Themes**

**Safe and Reliable Care:** Care for moderately sick patients who are hospitalized is safe, reliable, effective, and equitable.

- Codes on med/surg units are reduced to zero
- Patient harm from high hazard drugs is reduced by at least 50% per year
- Incidents of patient injury from falls (moderate or higher) are reduced to 1 (or less) per 10,000 patient days
- Hospital-acquired pressures ulcers are reduced to zero

**Vitality and Teamwork:** Within a joyful and supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.

- Increase staff vitality and reduce annual voluntary turnover by 50%

**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.”

- 95% of patients are willing to recommend the hospital
- Readmissions within 30 days are reduced to 5% or less

**Value-Added Care Processes:** All care processes are free of waste and promote continuous flow

- Nurses spend 60% or more of their time in direct patient care

**Goals / New Levels of Performance**

**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 bus
- Make the CFO a quality champion
- Engage with physicians
- Build improvement capability

**High Leverage Changes**

- Create early detection & response systems (including birth)
- Develop hospice & palliative care programs
- Prevent harm from high hazard drug errors
- Prevent hospital-acquired pressure ulcers
- Prevent patient injuries from falls
- Build capability of front-line 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 amongst clinicians & staff
- Optimize transitions to home or other facility
- Multidisciplinary rounds involving patients & family members (customizing care to patient's values, preferences & expressed needs)
- Optimize the physical environment for patients, clinicians and staff
- Create acute & adaptable beds
- Eliminate waste & improve work flow in admission process
- Medication administration, handoff, 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
The Leadership Challenge

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

*The Leadership Challenge*
*Kouzes and Posner, 2002*
Transformational Leadership

“Successful changes on the TCAB units will be adapted and spread to all medical and surgical units.”

High Leverage Changes:

- Establish, oversee and communicate system level aims for TCAB units and the spread of TCAB innovations
- Align system measures, strategy, projects and a leadership learning system
- Build improvement capability at all levels of the organization
- Get the right team “on the bus” -- CEO, CNO, CMO, CFO, and COO
Transformational Leadership

Results of the Leadership Survey:

- Because of TCAB, front-line staff more likely to initiate change. (18 out of 19 agree)
- Because of TCAB, quality improvement department works more collaboratively. (13 of 19 agree)
- Because of TCAB, more collaboration among department leaders. (15 of 19 agree)
- After collaboration ends, nurses will be less involved in change. (16 of 19 disagree)
- After collaboration ends, meetings will continue. (17 of 19 agree)
- Pilot and spread unit managers agree that TCAB innovations developed could be implemented without TCAB unit teams, but unit staff involvement in decision making on adoption contributed or contributed greatly to improving care delivery. (16 of 18 agree)
Your car started 70% of the time?

You received a paycheck 80% of the time?

The light-switch worked 90% of the time?

clean.

Hand Hygiene...
TCAB: Safe and Reliable Care

“Care for moderately sick patients who are hospitalized is safe, reliable, effective, and equitable.”

High Leverage Changes:
- Develop a rapid response team or early recognition system
- Develop hospice and palliative care programs
- Prevent patient injury from falls
- Prevent hospital-acquired pressure ulcers
- Reduce harm from high hazard drug errors
TCAB: Safe and Reliable Care

Codes on Unit
Target = zero

Harm from falls per 1000 patient days
Target = 1 per 10,000 patient days
"I'll be happy to give you innovative thinking. What are the guidelines?"
TCAB: Vitality and Teamwork

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

High Leverage Changes:
- Building capabilities of front-line staff in innovation and process improvement
- Develop mid-level Managers and Clinical Leaders to lead transformation
- Implement a framework for professional nursing practice based on the “forces of magnetism”
- Optimize communications and teamwork amongst clinicians and staff
TCAB: Vitality and Teamwork

Voluntary Turnover (% by year)
(NQF Endorsed measure NSC-15.1)

*Target = 5% or less*

National RN Turnover Rates

2004 – 13.9% to 16.8%
2005 – 12.1% to 13.5%
DOGBERT’S TECH SUPPORT

PLEASE FILL OUT THE ONLINE CUSTOMER SATISFACTION SURVEY.

UM... BUT YOU HAVEN'T EVEN TRIED TO HELP ME YET.

I LIKE TO BASE MY HELP ON HOW HAPPY YOU EXPECT TO BE.
TCAB: 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.”

High Leverage Changes:
- Create patient and family-centered healing environments
- Involve patients and family members in QI Teams
- Assess comprehensive needs of patient and create an ideal “transition home”
- Initiate multidisciplinary rounds involving patients and family members (customizing care to patient’s values, preferences and expressed needs)
TCAB: Patient Centered Care

**Patient Satisfaction**
*Target = 95% in top box for willingness to recommend hospital*

*Graph showing trends in patient satisfaction over time.*

**Readmissions within 30 days**
*Target = 5% or less per year*

*Graph showing trends in readmissions within 30 days over time.*
"Introducing the government's new, cost-effective nursing model..."
TCAB: Value-Added Care Processes

“All care processes are free of waste and promote continuous flow.”

High Leverage Changes:

- Optimize the physical environment for patients, clinicians and staff
- Eliminate waste and improve workflow in admission process, medication administration, handoffs, routine care and discharge process
“Go and See.....”
TCAB Intervention in the 1000 Lives Campaign in Wales

**Aim:** To save 1000 lives and to avoid up to 50,000 episodes of harm in Welsh healthcare between 21 April 2008 and 21 April 2010

- Improving Leadership for Quality
- Reducing Healthcare Infections
- Improving Critical Care
- Reducing surgical complications
- Improving Medical & Surgical Care
- Transforming Care at the Bedside (TCAB)
TCAB Results in Wales

- Pressure Ulcer Incidence fallen from 14% to 0.6
- All sites achieved a greater than 50% reduction in pressure ulcers
- Many are seeing a reduction in falls
- Time in direct care has significantly increased with the best units achieving >60% (60-85%)
Transforming care at the Bedside
the Swedish experience
How does Nurses spend their time?

- Direct patient time: 35%
- Administration, information, communication: 40%
- Improvement work: 5%
- Others: 20%
Patient and caregiver part of the same system

Promise idea

Round where the patient is an active part of the team

Förbättringside

Resultstävla och dagliga anställningsmöten

Syfte
- Undersöka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa
- Förbättra patienter och patientens ohälsa
- Lägga tillverka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa

Idé
- Undersöka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa
- Lägga tillverka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa

Avslut
- Undersöka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa
- Lägga tillverka och verka för ett professionellt, patientbaserat och användarvänligt system
- Förbättra patienter och patientens ohälsa

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The County Council of Jönköping
www.jlcounty.org
TCAB articles in AJN Supplement

American Journal of Nursing
Transforming Care at the Bedside: Paving the Way for Change
TCAB Resources

RWJF’s Website
http://www.rwjf.org/qualityequality/product.jsp?id=30051

IHI’s Website
http://www.ihi.org/search/pages/results.aspx?k=Transforming%20Care%20at%20the%20Bedside

AJN Supplement
http://journals.lww.com/ajnonline/Pages/TCAB.aspx
CHANGES FOR TRANSFORMING PATIENT AND FAMILY CENTERED CARE ON MED/SURG UNITS
PFCC Self-Assessment Tools

- Family Voices
- Institute for Family Centered Care. Strategies for leadership. Patient and Family Centered Care. A Hospital Self Assessment Inventory.
- IHI’s Patient- and Family-Centered Care Organizational Self-Assessment Tool.
  http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/EmergingContent/PFCCOrgSelfAssess.htm
- American Hospital Association-McKesson Quest for Quality Prize® Criteria
Where we want to be!

Where we are!

How do you bridge the gap?

Where we want to be!
“Start with the End in Mind”

What do you hope to “transform”?

Describe the scenes from your video that you will film in October 2014.
New Era Of Patient Engagement

Rx For The ‘Blockbuster Drug’ Of Patient Engagement

BY SUSAN DENTZER

Even in an age of hype, calling something “the blockbuster drug of the century” grabs our attention. In this case, the “drug” is actually a concept—patient activation and engagement—that should have formed the heart of health care all along.

The topic of this thematic issue of *Health Affairs*, patient engagement is variously defined; the Institute for Healthcare Improvement describes it as “actions that people take for their health and to benefit from care.” Engagement’s close cousin is patient activation—“understanding one’s own role in the care process and having and achieve its full potential to improve health and care.

A number of articles place the onus

Demonstrations at Seattle-based Group Health and elsewhere have already shown that fully informed patients often choose less invasive and lower-cost treatment than their doctors recommend—and that variation in practice patterns among different physicians also narrows as a result.

But while many physicians have bought into shared decision making, others haven’t. Grace Lin and coauthors describe a largely unsuccessful attempt to spread the use of decision aids—typically, brochures or videos that spell out pros and cons of various treatment options and can lay the groundwork for discussions between patients and physicians. In their case study of five primary care practices in California, the effort ran into a number of obstacles—including some physicians’ reluctance to give up their traditional decision-making roles, their lack of training in communication, and their complaint that they simply lacked the time.
Clinicians need to learn how to reliably ask, “What matters to you?” as well as “What is the matter?”

Shared Decision Making — The Pinnacle of Patient-Centered Care

Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.

*n engl j med 366;9 nejm.org march 1, 2012*
Patient and Family Advisors

- Vision and goal setting
- Participate on QI teams
- Train/orient clinicians and staff
- Review teaching materials
- Help to design measures to assess progress

Engage Family Caregivers

- 46% of family caregivers performed medical/nursing tasks
- 78% of family caregivers managed medications
- 53% of family caregivers served as care coordinators

http://www.uhfny.org/initiatives/family-caregiving
Admission Trio Team

The Trio:
Physician
Nurse
Pharmacist

- Interdisciplinary assessment
- Single plan of care
- Med reconciliation
- Reduced documentation

THEDA™CARE
Organizing Care Around the Patient’s Experience

Upon admission, an interdisciplinary care team directly engages patients to develop a mutually agreeable care plan.

Results:

• Average length-of-stay reduced by 10%-15%
• 95% of patients score satisfaction as “5/5,” improved from 68%
• 25% reduction in direct and indirect costs of inpatient care
• Reduced errors – eliminated medication reconciliation errors
Example of a Bedside White Board

<table>
<thead>
<tr>
<th>Welcome To:</th>
<th>Room Number: 408-B</th>
<th>Phone #: 319-369-7561</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please Call Me:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Thing You Should Know About</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Me During My Hospital Stay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Most Important Thing To Me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During My Hospital Stay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan and Goals For The Day:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated Discharge Date:</td>
<td></td>
<td></td>
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<tr>
<td>Health Care Team:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tech:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapists:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test - Treatments - Procedures:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Management Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our Goal is to ALWAYS help control your pain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Pain Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Last Pain Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Alerts/ Special Needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family - Patient Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Contact Person:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiet Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 pm to 1:30 pm / 2:00 am to 4:00 am:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nurse-to-Nurse Bedside Report
Multidisciplinary Rounds at the Bedside
Improving Health Literacy

Coaching to Always Use Teach-back

Giving staff knowledge on teach-back and its effectiveness is important. But, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?” to one of using teach-back to confirm understanding via the patient’s own words, takes coaching.

www.teachbacktraining.com

Tools and Videos

- Coaching Tips (PDF)
- Observation Tool (PDF)
- Conviction and Confidence Scale (PDF)
- Making Teach-back an Always Event (PDF)
- Manager Perspective on Coaching (VIDEO)
- Coaching Keys (VIDEO)
- Coaching Overview (VIDEO)
- Coaching: Overcoming Obstacles (VIDEO)
- Coaching a Nurse to Always Use Teach-back (VIDEO)
- Coaching a Physician to Always Use Teach-back (VIDEO)
# How to Create A Pill Card (AHRQ)

<table>
<thead>
<tr>
<th>Name</th>
<th>Used For</th>
<th>Instructions</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simvastatin</td>
<td>Cholesterol</td>
<td>Take 1 pill at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furosemide</td>
<td>Fluid</td>
<td>Take 2 pills in the morning and 2 pills in the evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin 70/30</td>
<td>Diabetes (Sugar)</td>
<td>Inject 24 units before breakfast and 12 units before dinner</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24 units</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>12 units</td>
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</tbody>
</table>

Rounding occurs on all patients. Explain process to patients on admission. Use key words ‘our goal is to provide better than expected care’

Schedule: Nurses round on odd hours; NA/PMC round on even hours

Rounding Checklist:
- Pain Assessment
- Toileting – Assist patient to restroom
- Positioning
- Environmental scan
  - Fall risk hazards: bed in low position, cords secured
  - Ensure items are within reach: phone, water, tissue, urinal, bedside table, trashcan, & call light within reach
  - Comfort: temperature of room, blankets, pillows
- Ask “Is there anything else I can do for you? I have the time.”
- Remind the patient that a staff member (let them know who) will be back in about an hour to round on them again.
Intentional (Hourly) Rounding

Results:

- 38% reduction in call lights
- 12 point mean increase in patient satisfaction
- 50% reduction in patient falls
- 14% reduction in pressure ulcers

Alliance for Health Care Research
Picker Institute transferred the Always Events Program to the Institute for Healthcare Improvement in January 2013

http://www.ihi.org/offerings/Initiatives/PatientFamilyCenteredCare/Pages/AlwaysEvents.aspx
PFCC Videos (Engaging Hearts and Minds)

- Empathy: The Human Connection to Patient Care (Cleveland Clinic)
  http://www.youtube.com/watch?v=cDDWvj_q-o8

- "ER" Alone in a Crowd (Cynthia Nixon)
  http://www.youtube.com/watch?v=QnYgO01r9LE

- New York Times “Patient Voices”