

AONE/RWJF Transforming Care at the Bedside (TCAB)

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National Initiative

- □ Transforming Care at the Bedside (TCAB) is a national initiative sponsored by the Robert Wood Johnson Foundation (RWJF) whose goal is to address quality of care on medical and surgical units.
- □ The program engages leaders at all levels of the organization while focusing on the work at the unit level.









Addressing Quality Problems Ton Medical and Surgical Units

- □ From 1981-2004, the average length of stay in hospitals has declined from 7.6 to 5.6 days (AHA, 2006)
- Patient turnover rates have increased to as high as 40% of the midnight census (Norrish and Rundall, 2001)
- Most of the nation's inpatient care is delivered in medical/surgical units, where an estimated 35 to 40 percent of unexpected hospital deaths occur
- Studies (Aiken et al, 2002; Needleman et al, 2002; Seago, 2001 and Kovner, 2002) show that lower nurseto-patient staffing ratios are associated with higher rates of adverse events



Addressing Quality Problems on Medical and Surgical Units

- □ National RN Turnover Rates ranged from 13.9% to 16.8% in 2004 and from 12.1% to 13.5% in 2005; generally nursing turnover is the highest on medical and surgical units (AHA)
- □ Total time all health care workers (not just nurses) spent in direct patient care on a med/surg unit is a median of 1.7 hours in a 12 hour period (IOM, Keeping Patients Safe, 2004)

Strategic Objectives for TCAB

To develop one or more models of care at the bedside on medical and surgical units that will result in:

- Safe & reliable care
- Patient-centered care
- Value-added care (efficient)
- Vitality & teamwork



History of TCAB

Initiated by the Robert Wood Johnson Foundation (RWJF) in partnership with the Institute for Healthcare Improvement (IHI)

Phase I: 2003-2004 (3 pilot sites)

Phase II: 2004-2006 (13 pilot sites)

Phase III: 2006-2008 (10 pilot sites)

Integrated into an IHI learning & innovation community in 2005

Successful TCAB Innovations

- Multidisciplinary rounds at the patient's bedside, which include the patient and family members.
- Standardizing change of shift reports and improving handoffs.
- Use of a color-coded system used to balance RN patient load.
- Transforming the discharge process into an ideal transition home.
- Streamlining documentation and creating forms for all disciplines to use.
- Creating more liberalized diets where patient choice and preferred meal times are honored.
- Rapid response teams to effectively intervene when a patient's condition deteriorates.



Select Results to Date for IHI TCAB Pilot Units

- Nine TCAB pilot units have gone five successive months or more without a full resuscitation code
- ☐ Three TCAB pilot units have gone six successive months without moderate or severe harm from falls
- □ Average turnover rates for RNs and advanced practice nurses on the TCAB pilots units at all TCAB sites dropped from 5.8 percent in 2003 to 3.4 percent in 2006 (58% decrease)
- The percentage of time registered nurses spent in direct patient care at TCAB hospitals increased from approximately 40 percent in 2004 to greater than 50 percent in 2006

TCAB Outcome Measures

- ☐ Safe & Reliable Care:
 - Harm from falls: <1/10,000 admission
 - Codes on unit: 0
 - Adverse events: <5/1,000 PD</p>
- □ Patient-Centered Care:
 - Willing to Recommend: 95% Top box
- Value-added Care:
 - Nurses Time in Direct Patient Care: 70%
- Vitality & Teamwork:
 - Voluntary Turnover: <5%/year</p>
 - Team Development: 95% Top box

AONE TCAB Phase I

- January 2007 AONE received almost \$1 million from the Robert Wood Johnson Foundation (RWJF) to disseminate the Transforming Care at the Bedside (TCAB) project with 50 hospitals nationwide
- July 2007 AONE received a second grant for \$600,000 to support 18 additional hospitals and related projects



The "Disseminating TCAB Project"

AONE's Project Goal: To identify the key tools and processes of TCAB that can be shared and replicated by other hospitals.

AONE TCAB Hospitals

- 68 participating hospitals
 - 12 rural
 - 50 urban & suburban
 - 11 academic medical centers
 - 33 Magnet or on Magnet journey
- Two cohorts of 34 hospitals each



TCAB Themes

- Safe and Reliable Care
- Vitality and Teamwork
- Patient-Centered Care
- Value-Added Care Processes
- Transformational Leadership
- Nurse Autonomy and Ownership of Practice

The TCAB Process

- Front-line team generates new ideas: Not the quality department, not the CNO
 - ✓ Brainstorming or "Snorkel"
 - ✓ Adapting strategies from other industries
 - ✓ Adapting "best practices"
 - Conducting site visits
- Testing ideas and measuring outcomes: Rapid-cycle testing that facilitates change using PDSA-"one nurse, one patient, one shift" & "what will we do by next Tuesday?"
- Implementing and spreading Successful Changes
- Collaborative learning



AONE TCAB Phase II

- New partnership with RWJF beginning 2009 with its Aligning Forces for Quality national initiative in 14 communities across the U.S
- □ AONE is providing technical assistance to over 135 hospitals for four years

AONE TCAB Phase II

- Offering three TCAB program options to hospitals:
 - Traditional TCAB program—a combination of face-to-face & virtual meetings
 - Virtual TCAB program
 - Menu selection of TCAB topics

Review Test

Click on the ICON link below and respond to the question to record your participation.

ICON