Loyola University Medical Center was selected as one of 67 hospitals nation-wide to participate in a nursing research project called Transforming Care at the Bedside (TCAB). TCAB is sponsored by the Robert Wood Johnson Foundation, Institute of Healthcare Improvement, and the American Organization of Nurse Executives and focuses on engaging people at all levels of the organization to change culture and improve:

– Quality and safety of patient care on medical-surgical units
– The vitality and retention of nurses
– The patient and family members’ experience of care and
– The effectiveness of the entire team.

With support from the chief nurse executive, staff test and implement innovative ideas to create better patient/family/staff experiences and to improve patient care. They use the rapid cycle method: PLAN, DO, STUDY, ACT and institute *small tests of change* over short periods of time (One nurse, one patient; test today, test this afternoon). Staff meet (huddle) regularly to see if the changes are successful and decide on adapting, adopting or abandoning the new practice.

3 NEWS was selected to be the Loyola’s pilot unit and 6 NE is the control unit for this project. Staff perform their own time study by carrying a personal digital assistant (PDA) and marking their activities when the PDA randomly beeps. Other measures of the project’s success includes RN vacancy rates, patient fall rates, patient satisfaction scores, RN overtime, and the number of patient codes for cardiac arrests (code blues).

In June, 2008 Becky Savastano, RN, from 3 NEWS, presented one of their innovations at the national TCAB meeting. The name of their project was TYB47 (Thank You Before Seven). The target areas for improvement were to provide safe and reliable care and to create team vitality.

*TCAB continues on page 2*
Transforming Care at the Bedside (TCAB) began in 2001. This initiative has been led by the Robert Wood Johnson Foundation and the Institute for Health Care Improvement. I first heard about TCAB four years ago. The story I had heard described incredible changes on a large medical unit that needed renovation, had very difficult and complex patients, low patient satisfaction and low staff satisfaction. This Chief Nurse Executive of this large academic east coast hospital selected this unit because of these metrics in the hopes of improving.

The changes that resulted from their participation in this project were incredible with significant improvement in each metric. The CEO and CNO were amazed at the changes that occurred.

The initial studies involved ten hospitals. In the spring of 2007, the American Organization of Nurse Executives announced that they would partner with RWJF and IHI to spread the learning and creative thinking techniques learned from the original hospital. Hospitals were asked to apply to participate in the next phase. Fifty additional hospitals would be selected. The response to the application process was excellent and 57 hospitals were accepted and we were one. We selected 3NEWS to be our study unit and 6NE to be our control unit.

How does TCAB work? The process requires the staff to identify problems that affect patient satisfaction and staff satisfaction. Then the staff is asked to think creatively to see how they can fix the problems. The staff is taught to make small test change. For example, try a change with one nurse/one patient to see if the deserved outcome is achieved. If not, try something different. As they then find successful initiatives, expand those to the larger group.

In this article of Nursing Link, you will hear about the changes made on 3NEWS. The staff has really embraced the TCAB project. I believe the high scores in patient satisfaction are attributed to their hard work. Congratulations 3NEWS and 6NE for all your efforts.

TCAB continuation from page 1

The aim of the project was to limit Emergency Department patient admissions to 3NESW (TCAB unit) between change of shift (0700-0730 and 1900-1930) in accordance with the 2008 National Patient Safety Goal Requirement, 2E, on communication hand-offs. By limiting interruptions during hand-offs one hopes to “minimize the possibility that information would fail to be conveyed or would be forgotten”.

Paula Hindle, RN, MSN, MBA
Vice President/Chief Nurse Executive
The issues that precipitated the project were:
- ED calls report and brings patients up to 3 NEWS when bed (not RN) is ready
- 3 NEWS staff value protected time during change of shift report
- Patients appreciate an expedited transfer from ED to room
- Relationship between ED and 3NESW staff suboptimal
- ED concerns include
  - Limiting bypass occurrences
  - Limiting patient “walk-outs” from waiting area

Measures of success included:
- Calculate the % of ED admissions that arrive between change of shift
- Calculate the % of ED admissions that arrive between 6:00 and 7:00 (AM and PM)
- Survey ED and 3 NEWS for staff satisfaction
- Review number of ED bypass hours
- Review ED “walk-outs”

The 3 NEWS staff voted to ask the ED to limit admissions during change of shift. The staff also discussed issues around the change of shift process to see if there was anything they could do to limit interruptions. They discussed and abandoned an idea to stagger RN and PCT start times. They asked the service coordinators to page both the service coordinator and the RN when the ED patient arrived on the unit. They updated pagers sooner once an ED patient assignment was made and had the staff hand off their pagers to another clinician instead of a service coordinator. PCTs were also asked to begin giving report where they could visualize the call lights.

**Solutions Implemented with ED**
- 3 NEWS and ED staff shadowed their respective units
- The project emphasized transferring patients **before** the change of shift rather than after
- ED RNs that transferred patients before 7 AM or 7 PM received a Hershey bar

**What was discovered:**
- Staff was able to limit interruptions (ED admissions) during change of shift by 79%
- Bypass hours for the ED did not increase
- Incidence of ED “walk-outs” did not increase
- Light increase in patients brought to the unit the hour prior to and after change of shift
- ED also asked 3 NEWS to meet them in the patient room and 3 NEWS would be happy if the report time could be extended

The decision was made with the ED to adopt TYB47. The lessons learned from this project was that:
  - It is possible to limit interruptions during change of shift without increasing the instances of ED diversion and “walk-outs”
  - Shadowing other units is helpful to promote better interdepartmental understanding
  - Communication of small “tests of change” takes time and needs to be repeated in different venues
  - It is important to communication well and frequently with staff

![Graph of Arrival of ED Admissions to 3 NEWS](image-url)
You may have noticed the nurses on 3 NEWS and 6 NE carrying a small Palm Pilot or personal digital assistant (PDA) and entering data into it when it alarms during their work day. These nurses are collecting data for the TCAB study. The TCAB project was designed to use a statistical sampling method known as work sampling to estimate the proportion of nurses’ time that is devoted to different elements of their work activity. According to Nelson Lee, who manages the national benchmarking portion of the TCAB project, research has shown that work sampling is less expensive than other methods, needs minimal specialized training, and the number of observations needed can be adjusted to different levels of detail. In addition, this type of self-work sampling results in less anxiety among staff and minimal interference in the nurse’s daily routine.

Last fall, the nurses on both the pilot unit and the control unit were in-serviced on the PDA and were able to practice with it before the study actually began. There are two PDAs; one is charging while the other is in use. The PDAs are randomly programmed to vibrate/alarm approximately 22 times in 12 hours. Once the PDA vibrates the nurse takes it out of his/her pocket and selects the following items:

1) The previous location the nurse was in before the PDA started vibrating.
2) The current location the nurse is in when the PDA first started vibrating
3) The activity the nurse was performing when the PDA first vibrated and
4) If documentation or training was selected for #3 then the nurse is asked to identify a sub-activity.

The whole process takes approximately 20 seconds. The data is later downloaded onto the computer where the data is organized into zip files and sent to Nelson. The data is returned with data from the other organizations also involved in TCAB.

What will be done with the data?
First the units will be able to maintain their own internal benchmarking, comparing each unit’s individual monthly data and comparing the pilot with the control unit. The units can then compare themselves to other hospitals in the database. Lastly, the data is reported in graphs indicating the following:

--Activities spent on necessary, value-added or non-value-added activities;
--Percentage of time spent in direct care, in-direct care, documentation, etc;
--Where nurses are located during the day (nurse’s station vs. patient room) and
--The percentage of time spent on documentation, admissions, vital signs, chart reviews, etc.

This data is then used to look for opportunities to increase the amount of time spent in direct care to be in the top quartile nationally. Two simple changes hospitals are using to increase direct patient care time 5% to 15 % are: to increase the quality and the number of occurrences of interacting with patients through rounding and by moving shift-to-shift report into the patient’s room and involving the patient. The current TCAB national average for amount of time spent in direct care on a medical surgical type unit is 46.8%. The highest quartile has units that average anywhere from 49.8% to 75.1 % of their time being spent in direct care.

Sharing our successes and lessons learned with the ED and 6 north staff
The American Organization of Nurse Executive conference in June had attendance participate in an activity which was titled ‘Ring of Knowledge’. This provided an arena to share lessons learned. All participants gave examples of their personal success stories.

Loyola’s ring of knowledge:

**TYB47 Loyola University Medical Center - 3 NEWS Telemetry**

**Aim:** To limit ED admissions to the 3rd floor during change of shift (7-730AM & 19-1930 PM)

**Measures:**
1) Calculated the percent of ED admissions that arrive between 6-7 and change of shift  
2) Surveyed the ED & 3 NEWS for staff satisfaction  
3) Reviewed the number of times the ED goes on bypass

**Actions:**
1) 3rd floor & ED staff shadowed in respective units  
2) Developed chocolate bar “incentive” to encourage ED to bring patients up prior to change of shift

**Summary of Results:**
1) Reviewed the number of ED admissions during the change of shift prior to implementation and during the project. Admissions during change of shift decreased  
2) Surveyed the ED and 3rd floor staff to assess satisfaction with new process. ED staff reported 80% while 3rd floor reported 61% satisfaction with new process.

The TCAB team was asked, “What does TCAB mean to you?”

Being a part of TCAB has allowed me to have a different perspective of working on the floor. My attitude is more positive and team-oriented. There are frustrations that we may encounter on a daily basis, and sometimes it is easy to say that things would be better if we could do them a different way. I’ve realized that change, however small or large, is much more difficult than it seems. Getting other people excited about a project is challenging yet rewarding when it is successful.

Sima Patel RN, BSN Cardiac Telemetry
TCAB is a dynamic movement for nursing, empowering all who become involved. It allows nurses to work collaboratively to improve quality of patient care. Technology has led the way for medical advances, increasing patient needs and adding to nursing responsibilities. TCAB is an innovative way to keep up with these demands while nurturing nursing’s purpose.

Theresa Pavone RN, MSN Cardiac Telemetry

Being part of TCAB has helped me develop a different approach towards my co-workers and my views as a nurse. I've become more team oriented and patient centered. Though the journey has been frustrating at times, it has been mostly quite rewarding. Overall, TCAB has taught me how to be more creative in building a stronger unit as well as putting team work in a whole new exciting perspective.

Michelle Ragasa, RN, BSN Cardiac Telemetry

The development of TCAB is a magnificent thing! I believe TCAB represents a team approach in enhancing nursing care and making a difference for the unit with an open mind. When you have worked on a busy unit such as 3INESW, collaboration of all is very important. TCAB has strengthened our model of teamwork.

Sarah Born, RN, BSN
Heart Failure Nurse Clinician

Being a part of the TCAB committee has been a great experience. We are trialing new practices to help us get back to the patients’ bedside. Nurses come across many daily obstacles that sometimes takes time away from our patients. TCAB meets weekly to come up with methods to help us deal with or eliminate those obstacles. With the successes we have had, I feel that my life as a nurse is just a little easier. The best outcome is that the patients are the ones that benefit the most.

Laura Rodriguez, RN
Cardiac Telemetry
I am so enthusiastic about being apart of TCAB. This group has allowed me to assist the staff in “thinking outside the box” and to be creative in discovering new ways to better care for our patients. When I was in school I would never have imagined being part of something so innovative.

I really enjoy motivating our staff and continuing to involve them with this initiative in patient care. This has been a great experience for our staff to be apart of and I feel that our staff and our patients are only benefiting from this project. I would like to thank all of 3rd floor staff that have helped us with inventing creative ideas and bringing the ideas to the unit.

Becky Savastano, RN, BSN, Cardiac Telemetry

Being a part of TCAB has been a great experience. I’m able to huddle with the opposite shift and brainstorm with other staff about ideas for changes in the unit. I work nights so I only see the day shift in passing and in report. Being part of TCAB lets me hear their ideas and get to know them better. I believe that TCAB is making great strides for change and will help better the hospital experience for both the patients and staff.

Daphne Bobo, RN Cardiac Telemetry

Becoming involved in TCAB has been an extremely rewarding experience. TCAB has helped to encourage the 3rd floor staff nurses to take charge of their unit in order to make positive changes in the patient care environment. As a committee we meet weekly and listen to the concerns of our fellow co-workers regarding patient care or overall work place frustrations. We then brainstorm to come up with creative, budget friendly solutions to some of the common problems our RN’s are facing. It’s a trial and error process, but in the end there are never any wrong answers – only endless opportunities for improvement.

Sabrina Ensign, RN Cardiac Telemetry
Below are pioneering ideas that were shared during the conference. If TCAB initiatives seem motivating and you are interested in finding out more, be sure to see one of our TCAB team members on 3 NEWS.

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