

AF4Q and TCAB: An Introduction

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What is Aligning Forces for Quality?

An unprecedented commitment by the Robert Wood Johnson Foundation to improve the quality of health care, reduce disparities related to race and ethnicity, and provide models for reform.

Within the 16 different Alliances of AF4Q exist local stakeholder groups charged with making sense of the quality problem in America and meeting it with local solutions.

Targeted Regions will Improve and Sustain High-Quality, Patient-Centered, Equitable Care by 2015

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Aligning Forces for Quality: A Bold Experiment



- Can those that **pay** for care, **provide** care, and **receive** care organize around a common goal...to ensure that their community provides high quality, patient-centered, and equitable care?

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16 Communities Across America



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The How: Performance Measurement & Public Reporting

- Use common (nationally endorsed) standards to measure quality. Measures of clinical quality, patient experience, and efficiency/cost.
- Inpatient and ambulatory (medical group, site-level, or individual physician level) information widely available.
- Goal is to spur quality improvement and facilitate informed decision making by consumers.

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Engaging Consumers

- Patients are active managers of their health care and make informed decisions and choices about their doctors and hospitals.
- Consumer advocates and individual consumers are meaningfully participants in the Alliance.
- Comparative performance information should be displayed in a consumer friendly manner.

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SUCCESS WITH DIABETES

ASK | LEARN | ACT

[Campaign Partners](#) • [About the Campaign](#)

ASK What Your Doctor Should Be Doing For You



Be Prepared
You might have side effects caused by your diabetes, but feel afraid to discuss them with your doctor. It might be physical problems that concern you, or feelings of guilt, being out of control, or depression. Don't pass off such concerns as being "just your diabetes."

Be Honest About What's on Your Mind
It's OK to ask your doctor questions and to share what's worrying you. Be your own champion in achieving success with diabetes.

A Checklist For Your Doctor Visit
The following chart lists the medical tests and exams that should be part of your regular office visits. It includes why each test is given, what the test result should be and how often the test is typically needed. Use this checklist as a tool to better communicate with your doctor and to make sure you are receiving ADA-recommended care for your diabetes. Plus, you can [download and print the doctor visit checklist](#) for free.

Medical Test/Examination	Why The Test Is Given	What The Test Result Should Be (ADA-Recommended Goal)	How Often The Test Is Typically Needed
A1C	Measures the average of all blood sugars over 2-3 months to evaluate how well your diabetes treatment plan is working	Below 7	Every 3-6 months
Blood Pressure	Determines if medication is needed to control blood pressure and reduce	Less than 130/80mmHg	Every doctor visit

Diabetes CareKit

Helping people take control of their diabetes. Click on each item to download.

- [A Diabetes Footprints Campaign brochure](#)
- [A doctor visit checklist](#)
- [A self-care checklist](#)
- [A Certified Diabetes Educator contact list](#)
- [A list of organizations striving to provide great diabetes care](#)

[Download the Complete CareKit >](#)

Campaign Partners Toolkit

Helping our partners spread the word about great diabetes care.

[Download the Complete Toolkit >](#)
[Download Campaign Logo >](#)

Ensuring not just Quality, but also Equality

- Standardize collection of patient race, ethnicity and language data
- Stratify and analyze data
- Use data to reduce disparities through quality improvement interventions

Disparities is a failure in health care quality.

Improving Quality in Hospitals and Physician Practices

- Hospital Quality Network (HQN)
 - ✓ *Reducing Readmissions*
 - ✓ *Improving Language Services*
 - ✓ *Increasing Throughput*
 - ✓ *Transforming Care at the Bedside*
- Ambulatory Quality Network (AQN)
 - Supporting communities in building infrastructure for primary care improvement

Transforming Care at the Bedside (TCAB)

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Regional TCAB Training Objectives

- Understand the background and principles of TCAB
- Identify the key design themes of the TCAB Framework and high leverage changes associated with design themes

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Transforming Care at the Bedside

- Launched in 2003, TCAB is a national program of the Robert Wood Johnson Foundation (RWJF)
 - Technical assistance provided by George Washington University Center for Health Care Quality
- Based on experience of 117 TCAB hospitals
- Regional approach launched 2010

Transforming Care at the Bedside

AIM: Improve clinical outcomes and quality of care on hospital medical/surgical units.

The program engages leaders at all levels of the organization, including the front-line staff to:

- improve the quality and safety of patient care
- 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

Addressing Quality Problems on Medical Surgical Units

- Most of the nations' inpatient care is delivered in medical/surgical units, where an estimated 35 to 40 percent of unexpected hospital deaths occur
- From 1981-2007, the average length of stay in hospitals has declined from 7.6 to 4.8 days (AHA, 2006; National Hospital Discharge Survey, 2007)
- Patient turnover rates have increased to as high as 40% of the midnight census (Norrish and Rundell, 2001)

Addressing Quality Problems on Medical Surgical Units

- Lower nurse-to-patient staffing ratios are associated with higher rates of adverse events. (Aiken et al, 2002; Needleman et al, 2002; Seago, 2001 and Kovner, 2002)
- National hospital average turnover rate is over 14% and the average acute care hospital RN vacancy rate is 10.2%. (2009 National Healthcare & RN Retention Report, NSI Nursing Solutions, Inc.)
- Among nurses who graduated before 2001, 29.1% plan to leave their job within 3 years. Most of these plan to leave nursing altogether. (IOM. Keeping Patients Safe, 2004)
- Total time all health care workers (not just nurses) spent in direct patient care on a medical /surgical unit is a median of 1.7 hours in a 12 hour period. (IOM, Keeping Patients Safe, 2004)

What do patients think?

- Nurses “always” communicated well – 76%
- “Yes”, patients would definitely recommend the hospital - 9%

Centers for Medicare & Medicaid Services, Survey of Patients About Their Hospital Experiences, data collected 4/1/09-3/31/10. <http://www.hospitalcompare.hhs.gov> Data Last Updated: December 11, 2010

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Deming's Thoughts on Transformation

Metanoia

- Reorientation of one's way of life (The New Economics. Deming, p. 95, 1993)
- Begins with individual
- More than a change
- Develop new habits of mind



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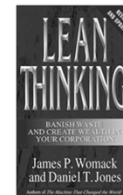
Transformative Learning

- Not spontaneous (requires work and discipline)
- What is the learning that creates a new habit of mind?
 - Change perspectives and paradigms
 - Challenge and validate assumptions
 - Critical self-reflection
 - Include and integrate experiences

Integration of Models, Designs, and Conceptual Frameworks



IdealizedDesign™



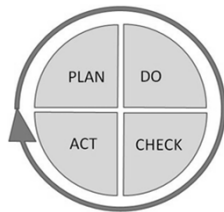
Complex Adaptive Systems

The “how” of TCAB

- Link TCAB aims to the hospital’s strategic plan
- Generate new ideas for testing
 - “Snorkel” (adaptation of IDEO’s “Deep Dive”)
 - Adapt strategies from other industries
 - Adapt “best practices”
 - Conduct site visits / calls with other TCAB teams / Storyboard
- Test new ideas and measure outcomes
- Implement and spread successful changes

UPMC TCAB Snorkel

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



“Liberalized Diets”



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

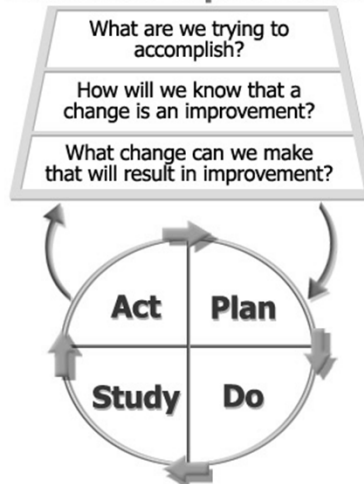


Changes that Reduce Harm

- 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.



Model for Improvement



Use of Measurement for Learning

Quantitative:

- Outcome measures
- Process measures
- Diagnostics

Qualitative:

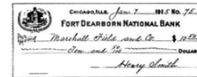
- Success stories
- Anecdotes
- Testimonials

TCAB Domains and High Leverage Changes....the “what” of TCAB

- Transformational Leadership
- Safe and Reliable Care
- Vitality and Teamwork
- Patient-Centered Care
- Value-added Care Processes

Is 99.9% Good Enough?

- 20,000 incorrect drug prescriptions will be written in the next 12 months
- 107 incorrect medical procedures will be performed by the end of the day today
- 12 babies will be given to the wrong parents each day
- 22,000 checks will be deducted from the wrong bank accounts in the next 60 minutes
- 14,208 defective tires will be shipped this year
- 114,500 mismatched pairs of shoes will be shipped this year



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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

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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

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
- Create an ideal “transition home”
- Initiate multidisciplinary rounds involving patients and family members (customizing care to patient’s values, preferences and expressed needs

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Value-Added Care Processes

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

High Leverage Changes:

- Implement patient-centered design (e.g. acuity-adaptable beds or units)
- Optimize the physical environment for patients, clinicians and staff (using 5S and other Lean techniques)
- Eliminate waste and improve workflow in admission process, medication administration, handoffs, routine care and discharge process
- Put necessary supplies at the bedside

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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

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Transformational Leadership

Results of the Leadership Survey:

- Because of TCAB, front-line staff more likely to initiate change. (18 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 agree)
- 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 19 agree)

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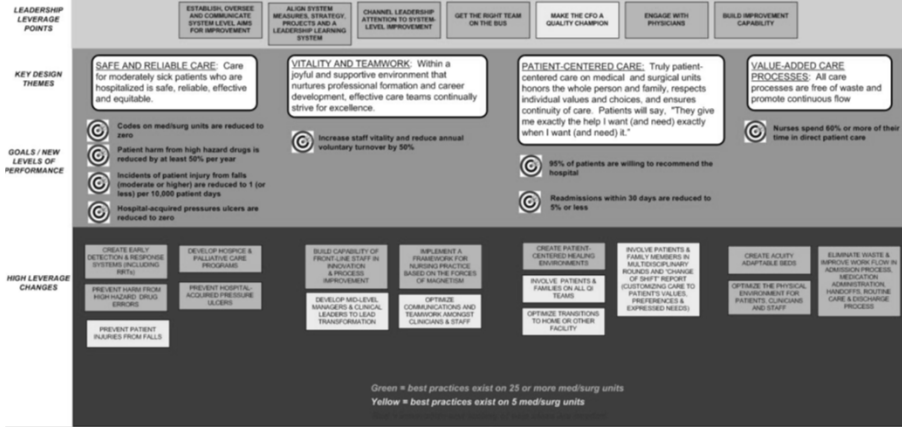
Transforming Care at the Bedside

October 2008



TRANSFORMATIONAL LEADERSHIP AT ALL LEVELS OF THE ORGANIZATION: All medical and surgical units are transformed and have achieved and sustained unprecedented results.

Successful changes that achieved new levels of performance on the pilot sites(s) are spread to all med/surg units



Green = best practices exist on 25 or more med/surg units
 Yellow = best practices exist on 5 med/surg units

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