

By Diana J. Mason, PhD, RN, FAAN, *AJN* Editor-in-Chief Emeritus, and Maureen Shawn Kennedy, MA, RN, *AJN* Editorial Director and Interim Editor-in-Chief
E-mail: diana.mason@hunter.cuny.edu; shawn.kennedy@wolterskluwer.com

Reforming Health Care, One Unit at a Time

Nurses are already leading changes in local health care delivery.

Experts recently addressed the expectation that Congress will soon pass a health care reform law that focuses on reforming the insurance industry and extending coverage to the under- and uninsured. This occurred at the September 14 session of the Institute of Medicine's Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing (www.iom.edu/nursing) in Washington, DC, and at a September 22 forum on health care reform at the Roosevelt House Public Policy Institute at Hunter College (www.roosevelthouseinstitute.org) in New York City. But any nurse in this country could tell Congress that figuring out how to provide such coverage is only one piece of what has to change. The real work of reforming health care—which must include lowering costs—will need to be taken up quickly. We're hoping that nurses will act now to ensure that their policymakers know about solutions that nurses have developed.

To this end, we're including with this issue a copy of a new report, *Transforming Care at the Bedside: Paving the Way for Change*. It describes a project, developed by the Institute for Healthcare Improvement with RWJF funding, aimed at empowering staff nurses to lead efforts to improve care locally. The report, also funded by the RWJF and available at www.tinyurl.com/TCABajn, explains what transforming care at the bedside (TCAB) is, the impact it's already

had, the business case for its approach, and examples of implemented changes. About 160 hospitals have now officially taken part, with hundreds more doing so unofficially both here and abroad. For a virtual TCAB site offering tools and instructions on how to get started, visit www.rwjf.org/pr/product.jsp?id=30051.

AJN readers will have heard about TCAB in prior editorials,

(EBP), integrate research findings into practice, and even conduct clinical research. An increasing number of nurses are involved in EBP, as evidenced by the number of manuscripts we receive on nurse-led EBP projects.

But many such projects lack sufficient rigor, probably because most nurses haven't been adequately prepared. To help remedy this, we're launching a new



Diana J. Mason



Maureen Shawn Kennedy

**Real reform
starts at the
bedside.**

news stories, and a 12-part series on a TCAB unit at Massachusetts General Hospital in Boston (click "Collections" at www.ajnonline.com). Both that series and this report are filled with stories of how care or teamwork was improved. They're must-reads for every nurse, physician, "C-suite" member (chief executive, financial, operating, and nurse officers), and anyone trying to figure out how to improve U.S. health care.

Many hospitals that participate in TCAB are designated Magnet facilities, recognized for excellence in nursing care by the American Nurses Credentialing Center. The Magnet criteria require hospitals to demonstrate, among other things, that they're developing nurses who can engage in evidence-based practice

10-part series, *Evidence-Based Practice: Step by Step*, coordinated by Bernadette Melnyk and Ellen Fineout-Overholt, both at the Arizona State University College of Nursing and Health Innovation. Articles will appear every other month. Planned "Ask the Authors" sessions will let readers call in with questions and share experiences along the way. This month also marks the start of a three-part series focusing on EBP at Children's Hospital Boston.

So, Congress, take note! Nurses are identifying the problems that interfere with high-quality, low-cost care, and are using systematic processes to address them. It's time for nurses to invite policymakers to their institutions to see what real reform looks like. ▼