

## Trustees View TCAB from a Business Perspective

*What board members bring to TCAB and what they see as its benefits.*

By Laurie Lewis

Members of a hospital's board of trustees usually don't have a background in medicine or nursing, though their diverse perspectives can offer great opportunities for health care institutions.

"Many trustees bring their industrial experience to the board. For a decade or more, other industries have come under tremendous pressure to take their error rates down to zero. I think trustees have played a role in bringing this possibility to health care," said Mark Laskow, a trustee at the University of Pittsburgh Medical Center (UPMC).

"Once you convince people that change is possible, they have to abandon the 'We can't do anything about it' defense," Laskow continued. Transforming Care at the Bedside (TCAB) has convinced nurses and others providing care that they can create meaningful changes.

Given this perspective, Laskow noted, "Trustees often don't understand the multiple demands on nurses' time. Nurses are pulled in so many directions, and it's hard for them to spend time at the bedside. Nurses who should be and want to be caring for patients might spend 30% of their time chasing down medication orders and gathering supplies. This is not only frustrating for nurses and patients, but also increases costs. TCAB gives nurses the power and a systemized process to identify and change this wasted time."

Leslie Newman, a trustee at Children's Memorial Hospital in Chicago, described how TCAB helped in the design planning of the new children's hospital. As a TCAB initiative, one unit at Children's Memorial piloted the acuity adaptability concept, in which patients stay in the same bed regardless of the level of care they need; they don't transfer, for example, from the ICU to a step-down unit to an acute care unit. At the beginning of the pilot test, nursing staff defined measurable outcomes, looking in particular at indicators of patient safety, patient or parent satisfaction, and staff satisfaction. These indicators were measured before and after the three-month testing period.

"We always get high marks on parent satisfaction. But parents in the acuity adaptability unit had even more praise than usual," Newman said. "I can understand why, from the parent's perspective. It must be difficult not knowing if your child is going to be transferred from one unit to another and having to get to know new nurses and new routines when a transfer does occur. Nurses liked this approach too, because they got to know the families well."

Newman noted another advantage of the acuity adaptable unit. "Our pediatric ICU has always been filled to capacity. Now some of the children who would have been in this unit are on the acuity adaptable unit, freeing up space in the pediatric ICU."

As a result of this TCAB test of change, the new children's hospital, which is being built about two miles away, will have a 36-bed acuity adaptable unit for cardiac care. "It wouldn't be fiscally responsible to build an entire hospital for the acuity adaptable approach. It would mean building all rooms with the potential for caring for an ICU-level patient," Newman explained.

Laskow is president of the Shadyside Hospital Foundation, which funds TCAB at UPMC Shadyside. "Our goal is to have TCAB be the pervasive culture. The foundation has funded two permanent quality improvement specialists (and at times a third) to step up the TCAB initiative," he said. The impetus for the funding was feedback from a foundation board member who reported hearing that patients who had been on a TCAB unit insisted on going back to one if they had to be hospitalized again.

Both Laskow and Newman emphasized that staff satisfaction and reduced turnover make a strong business case for TCAB. As Laskow explained, "When nurses have a voice in the process, they are more satisfied and more willing to stay for a longtime career, which is important because turnover is one of the biggest personnel expenses."▼



Mark Laskow



Leslie Newman

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