

Transforming Care At The Bedside: A Catalyst for Changing Culture of a Nursing Unit

St. Mary's Regional Medical Center

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St. Mary's Regional Medical Center

233-bed acute care hospital

- Medical
- Surgical
- Obstetrics
- Gynecology
- Oncology
- Pediatrics
- Ambulatory care
- Emergency services
- Pastoral Care
- Family Birthing and Women's Health
- Geriatric, Adult, Adolescent Psych
- Intensive Care Unit

C2: Cardiopulmonary/ Oncology

31 bed unit

JACKS OF ALL TRADES

ONCOLOGY

- *Surgical oncology
- *Chemotherapy
- *Symptom management

CARDIOPULMONARY

- *CHF/MI/Cardiac arrhythmias
- *Cardiac Interventions
- *COPD/Pneumonia

SURGICAL

- *Thoracic/Abdominal
- *Orthopedic (tele)
- *GYN



Culture pre TCAB:

- Resistant to change
- Novice nurses
 - *73% less than 5 years experience*
- Little physician confidence
- Independent thinking not encouraged
- High voluntary nurse turnover rate
- Unit was chaotic, noisy and lacked teamwork



OUR GOALS...

- Increase the vitality and retention of nurses
- Engage and improve the patient's and family members' experience of care
- Improve effectiveness of the entire care team
- Improve the quality and safety of patient care

Success: Where Did We Start?

- KNOWLEDGE
 - Education regarding TCAB was given to staff on C2
- EMPOWERMENT
 - Empower front line staff to make change
 - First snorkel generated 260 ideas
- SUPPORT
 - CEO, CNO, Physicians, other units and disciplines
- PDSA
 - Rapid cycles of change
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Success Story

- Bedside Report

1 night nurse, 1 day nurse, 1 patient, 1 time

Sparked interest in staff

Entire staff engaged within one week





Bedside Report cont...

- With an increase in patient satisfaction came an increase in nurse satisfaction
 - Report time cut in half.
 - Patients visualized early in the shift.
 - Patients and family were engaged in report.
 - Nurses held accountable for the care given.



Success Story

- Medication Time Change
 - Change daily medication to 0600 and BID medication to 0600 and 1800
 - Change vital sign times from every 4 hours to
 - 0500 1000 1700 2200
 - Day shift RNs now responsible for AM FSBS and insulin administration

Medication Time Change



Medication time change has increased time spent with the patient to include:

- ~Ambulation
- ~Thorough assessments at the beginning of the shift
- ~Real time charting
- ~Nursing involvement in routine ADLs
- ~Increase amount of uninterrupted sleep
- ~Safer administration schedule of insulin

Success Story

• Multidisciplinary Discharge Rounds

- **When:** Tuesdays and Fridays at 0830
- **Where:** At the bedside
- **How:** Approximately 1 minute presentation by the primary RN, followed by input from the care team including the patient.

• The Team!

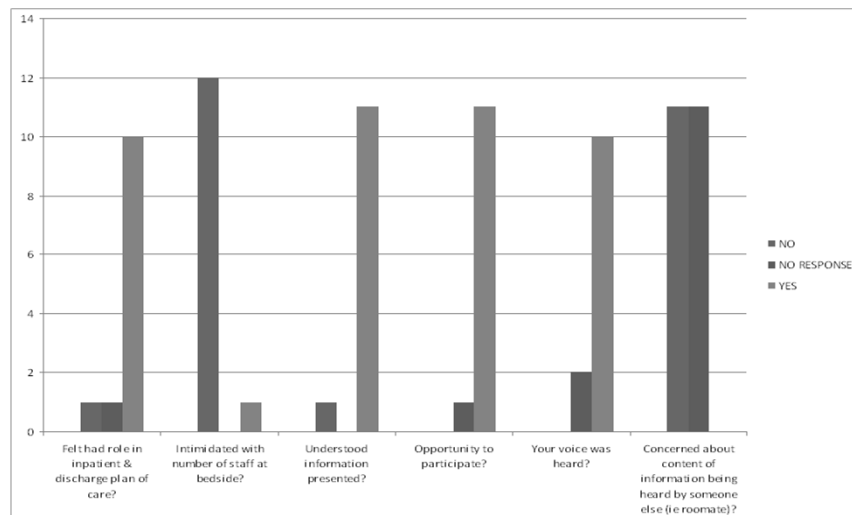
- Hospitalist
- Clinical Resource Nurse
- Primary Nurse
- Discharge Planners
 - Social worker/ Case manager
- Physical Therapy
- Respiratory Therapy
- Pastoral Care

Multidisciplinary Discharge Rounds:

Out With the Old....In With the New



Multidisciplinary Discharge Rounds





Maintaining Success

- Spread knowledge of TCAB
- Bi-Monthly staff driven meetings
- Management to support staff driven ideas
- Continue rapid trials of change
- Give staff autonomy to vote in new innovations
- Celebrate successes!



Lessons Learned

- Staff knowledge is key to staff buy in
- Frequent meetings are essential
- Innovations need nurturing and follow up to maintain sustainability
- It takes work!



TCAB Gives Back!

- Increased physician and nurse collaboration
 - Physician confidence
- Boost in teamwork
- Staff is empowered to make change
 - Creating new initiatives
- Spread
 - Other units through out the hospital are starting to "steal shamelessly"



Thank You C2!

Questions?