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

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

![Graph showing data related to discharge rounds]

- [ ] Not involved in discharge planning
- [ ] Not satisfied with number of staff involved
- [ ] Not satisfied with communication
- [ ] Not able to express concerns
- [ ] Concerned about communication being heard by the responsible team members

- No
- No response
- Yes
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 throughout the hospital are starting to “steal shamelessly”

Thank You C2!

Questions?