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 site(s) are spread to all med/surg units

LEADERSHIP LEVERAGE POINTS

SAFE AND RELIABLE CARE: Care for moderately sick patients who are hospitalized is safe, reliable, effective and equitable.

- Codes on med/surg units are reduced to zero
- Patient harm from high hazard drugs is reduced by at least 50% per year
- Incidents of patient injury from falls (moderate or higher) are reduced to 1 (or less) per 10,000 patient days
- Hospital-acquired pressures ulcers are reduced to zero

VITALITY AND TEAMWORK: Within a joyful and supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.

- Increase staff vitality and reduce annual voluntary turnover by 50%

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."

- 95% of patients are willing to recommend the hospital
- Readmissions within 30 days are reduced to 5% or less

VALUE-ADDED CARE PROCESSES: All care processes are free of waste and promote continuous flow

- Nurses spend 60% or more of their time in direct patient care

KEY DESIGN THEMES

GOALS / NEW LEVELS OF PERFORMANCE

HIGH LEVERAGE CHANGES

- CREATING EARLY DETECTION & RESPONSE SYSTEMS (including birth)
- PREVENTING HARM FROM HIGH-HAZARD DRUG ERRORS
- PREVENTING INJURIES FROM FALLS

LEADERSHIP LEVERAGE POINTS

- ESTABLISH, OVERSEE AND COMMUNICATE SYSTEM LEVEL AND IMPROVEMENT LEARNING SYSTEM
- ALIGN SYSTEM MEASURES, METRICS AND PROJECTS WITH A LEADERSHIP LEARNING SYSTEM
- CHANNEL LEADERSHIP ATTENTION TO SYSTEM-LEVEL IMPROVEMENT
- GET THE RIGHT TEAM ON THE BUS
- MAKE THE CEO A QUALITY CHAMPION
- ENGAGE WITH PHYSICIANS
- BUILD IMPROVEMENT CAPABILITY

- BUILD CAPABILITIES AT THE FRONT LINE STARTING WITH INNOVATION & IMPROVEMENT LEADERSHIP DEVELOPMENT
- MANAGING A FRAMEWORK FOR PROFESSIONALS BASED ON THE FORCES OF MASTERSHIP
- OPTIMIZE COMMUNICATIONS AND TEAMWORK AMONGST CLINICIANS & STAFF
- OPTIMIZE TRANSITIONS TO HOME OR OTHER FACILITY
- CREATE A PATIENT-CENTERED HOSPITAL ENVIRONMENT
- INVOLVE PATIENTS & FAMILIES ON ALL LEVELS OF CARE
- INVOLVE THE PHYSICAL ENVIRONMENT FOR PATIENTS' EXRESSED NEEDS
- CREATE AGILITY, ADAPTABLE BEDS
- ELIMINATE WASTE & IMPROVE WORKFLOW IN ADMINISTRATION, DRUG MANAGEMENT, MEDICATION, ADMINISTRATION, HANDOFFS, ROUTINE CARE & EXCHANGE PROCESS

Green = best practices exist on 25 or more med/surg units
Yellow = best practices exist on 5 med/surg units
Red = innovations and testing at two sites are tested