

# 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

ESTABLISH, OVERSEE  
AND COMMUNICATE  
SYSTEM LEVEL AIMS  
FOR IMPROVEMENT

ALIGN SYSTEM  
MEASURES, STRATEGY,  
PROJECTS AND A  
LEADERSHIP LEARNING  
SYSTEM

CHANNEL LEADERSHIP  
ATTENTION TO SYSTEM-  
LEVEL IMPROVEMENT

GET THE RIGHT TEAM  
ON THE BUS

MAKE THE CFO A  
QUALITY CHAMPION

ENGAGE WITH  
PHYSICIANS

BUILD IMPROVEMENT  
CAPABILITY

KEY DESIGN  
THEMES

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

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

**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."

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

GOALS / NEW  
LEVELS OF  
PERFORMANCE



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



Increase staff vitality and reduce annual voluntary turnover by 50%



95% of patients are willing to recommend the hospital



Readmissions within 30 days are reduced to 5% or less



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

HIGH LEVERAGE  
CHANGES

CREATE EARLY  
DETECTION & RESPONSE  
SYSTEMS (INCLUDING  
RRTs)

DEVELOP HOSPICE &  
PALLIATIVE CARE  
PROGRAMS

BUILD CAPABILITY OF  
FRONT-LINE STAFF IN  
INNOVATION & PROCESS  
IMPROVEMENT

IMPLEMENT A  
FRAMEWORK FOR  
NURSING PRACTICE  
BASED ON THE FORCES  
OF MAGNETISM

CREATE PATIENT-  
CENTERED HEALING  
ENVIRONMENTS

INVOLVE PATIENTS &  
FAMILY MEMBERS IN  
MULTIDISCIPLINARY  
ROUNDS AND "CHANGE  
OF SHIFT" REPORT  
(CUSTOMIZING CARE TO  
PATIENT'S VALUES,  
PREFERENCES &  
EXPRESSED NEEDS)

CREATE ACUITY  
ADAPTABLE BEDS

ELIMINATE WASTE &  
IMPROVE WORK FLOW IN  
ADMISSION PROCESS,  
MEDICATION  
ADMINISTRATION,  
HANDOFFS, ROUTINE  
CARE & DISCHARGE  
PROCESS

PREVENT HARM FROM  
HIGH HAZARD DRUG  
ERRORS

PREVENT HOSPITAL-  
ACQUIRED PRESSURE  
ULCERS

DEVELOP MID-LEVEL  
MANAGERS & CLINICAL  
LEADERS TO LEAD  
TRANSFORMATION

OPTIMIZE  
COMMUNICATIONS AND  
TEAMWORK AMONGST  
CLINICIANS & STAFF

INVOLVE PATIENTS &  
FAMILIES ON ALL QI  
TEAMS

OPTIMIZE THE PHYSICAL  
ENVIRONMENT FOR  
PATIENTS, CLINICIANS  
AND STAFF

PREVENT PATIENT  
INJURIES FROM FALLS

OPTIMIZE TRANSITIONS  
TO HOME OR OTHER  
FACILITY

Green = best practices exist on 25 or more med/surg units

Yellow = best practices exist on 5 med/surg units

Red = innovation and testing of new ideas are needed