Transforming Care at the Bedside

Minnesota

When the Minnesota Hospital Association (MHA) applied to join the Partnership for Patients (P4P) Hospital Engagement Network, it realized it would need to change the culture both at the leadership and front line staff levels to bring about the network's required results.

Hospital Engagement Networks (HEN) work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety. They will be required to conduct intensive training programs to teach and support hospitals in making patient care safer, provide technical assistance to hospitals so that hospitals can achieve quality measurement goals, and establish and implement a system to track and monitor hospital progress in meeting quality improvement goals.

So, although the HEN contract application already outlines 10 focus areas, MHA decided to include both culture and TCAB (Transforming Care at the Bedside) in its contract. As it turns out, TCAB is the perfect methodology for meeting P4P's goals, as all P4P's measures fit into one or more of the four TCAB domains (safe and reliable care, patient-centered care, value-added processes, and vitality and teamwork).

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Mickey Reid Patient Safety/Quality Manager Minnesota Hospital Association mreid@mnhospitals.org The culture shift comes into play because TCAB engages front line staff in identifying the changes that need to be made. This signifies a tremendous change as leaders are now managing in a different way. The work dovetails nicely with HEN's objectives.

"Initially TCAB was isolated work, and not until we began the rest of the Partnership for Patients Hospital Engagement Network did we realize that all the initiatives overlap and need to be worked together, integrating TCAB with the other programs," said Mickey Reid, patient safety/quality manager for MHA.

MHA had already been involved in the TCAB project, with 23 hospitals in Cohort 1 and 24 in Cohort 2. It also was active in the rollout of regional TCAB training as

an alternative to the expensive national training, as many Minnesota hospitals interested in TCAB didn't have the resources to send staff to the national training. This regional approach has helped spread TCAB considerably throughout Minnesota, building local capacity and enabling teams to learn from each other and collaborate.

Now approximately 40 hospitals are interested in Cohorts 3 and 4, which will be supported by the Partnership for Patients Hospital Engagement Network contract. (TCAB was one of the 12 influencing factors that helped position Minnesota to receive this contract.)

In fact, hospitals in Minnesota have been clamoring for TCAB. And because the P4P measures fit the TCAB model, that one model can serve as a way to get the work done. Having the vast majority of hospitals doing the work using the same methods helps them achieve results faster.

Adding TCAB and culture to its contract brought hospitals some anxiety, however, said Reid, "Working with the hospitals to understand that although this seems overwhelming, it's really just enhancing the work they have already been doing to improve

patient safety and quality." MHA found that continued communication about the work they already have done and incorporating information about the added initiatives helped ease the pain.

MHA also found out that involving the front line staff early on with the TCAB principles keeps them engaged as they tackle new initiatives. Staff is beginning to incorporate TCAB principles in some of the readmission work to improve transitions of care and improve care between departments.

"The work is challenging," said Reid, "but the rapid changes to improve patient safety and quality that are occurring are worth the efforts."

Lessons Learned

• It's a good idea to incorporate the last learning day of one cohort with the initial learning for the new cohort—it's a great way to kick off a new group.

• Make sure you understand your customer's needs, create an organized work plan, monitor the data, and be available to support the work.

• Hospitals are anxious for someone to create roadmaps to guide patient safety and quality work.