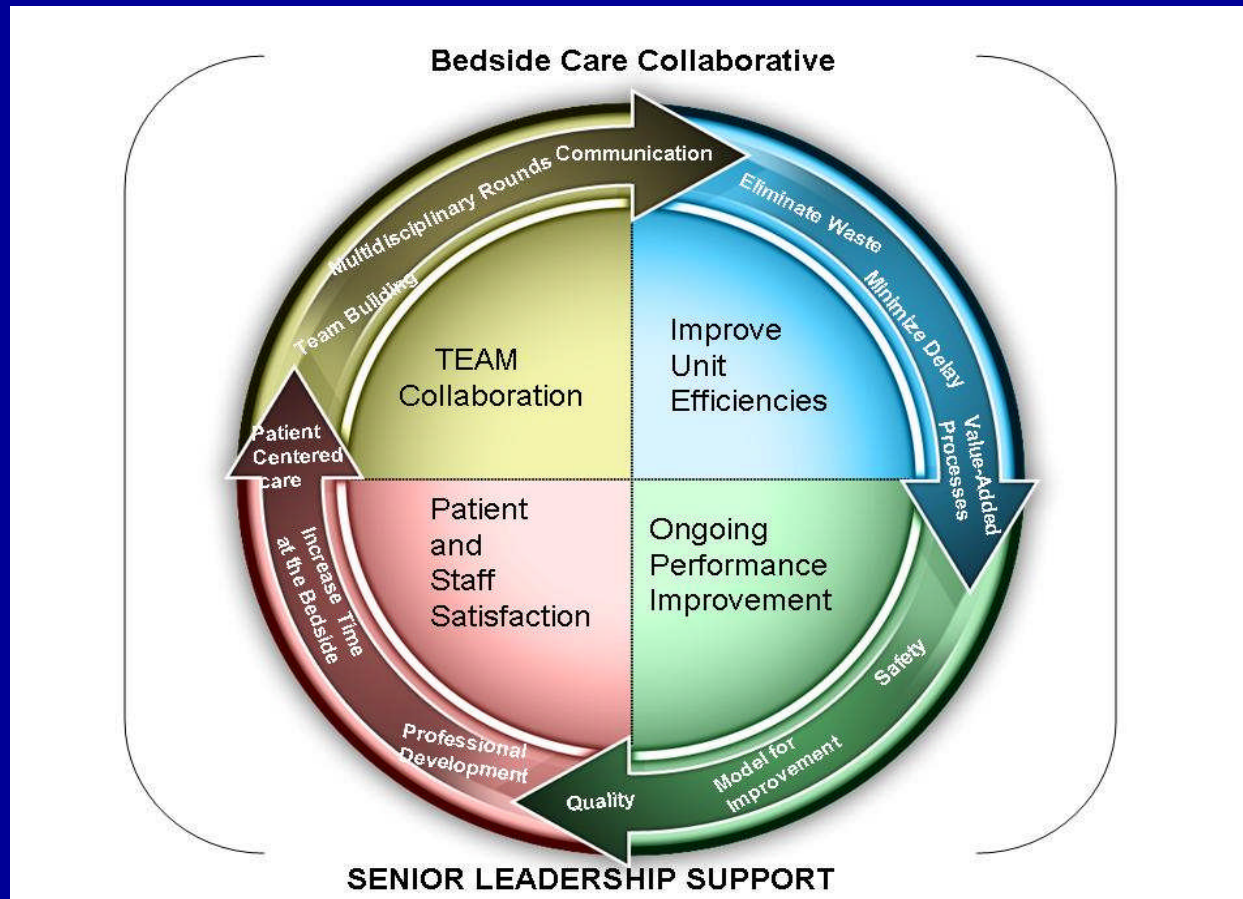
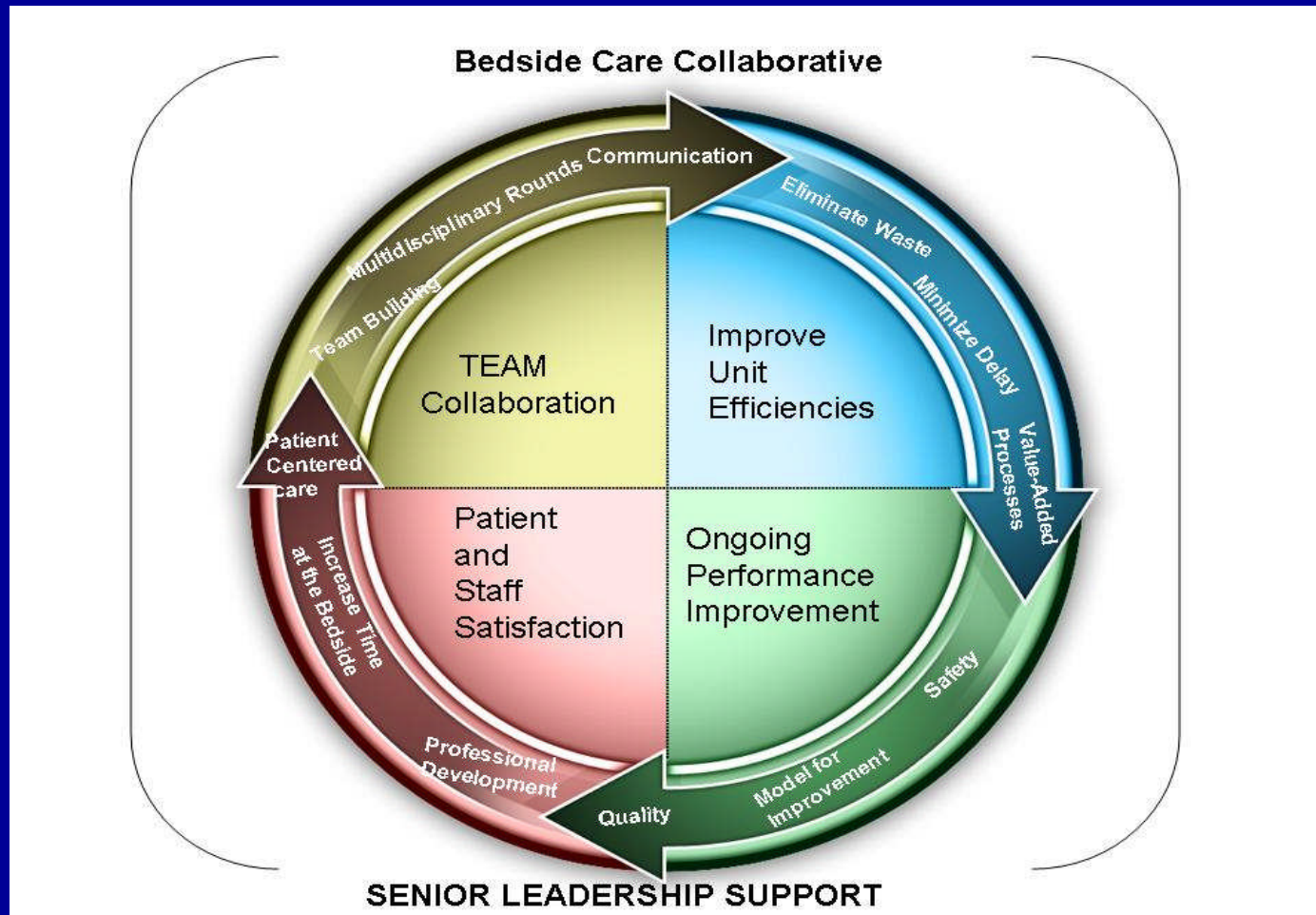


The Bedside Care Collaborative



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Why the Bedside Care Collaborative?



Why now?

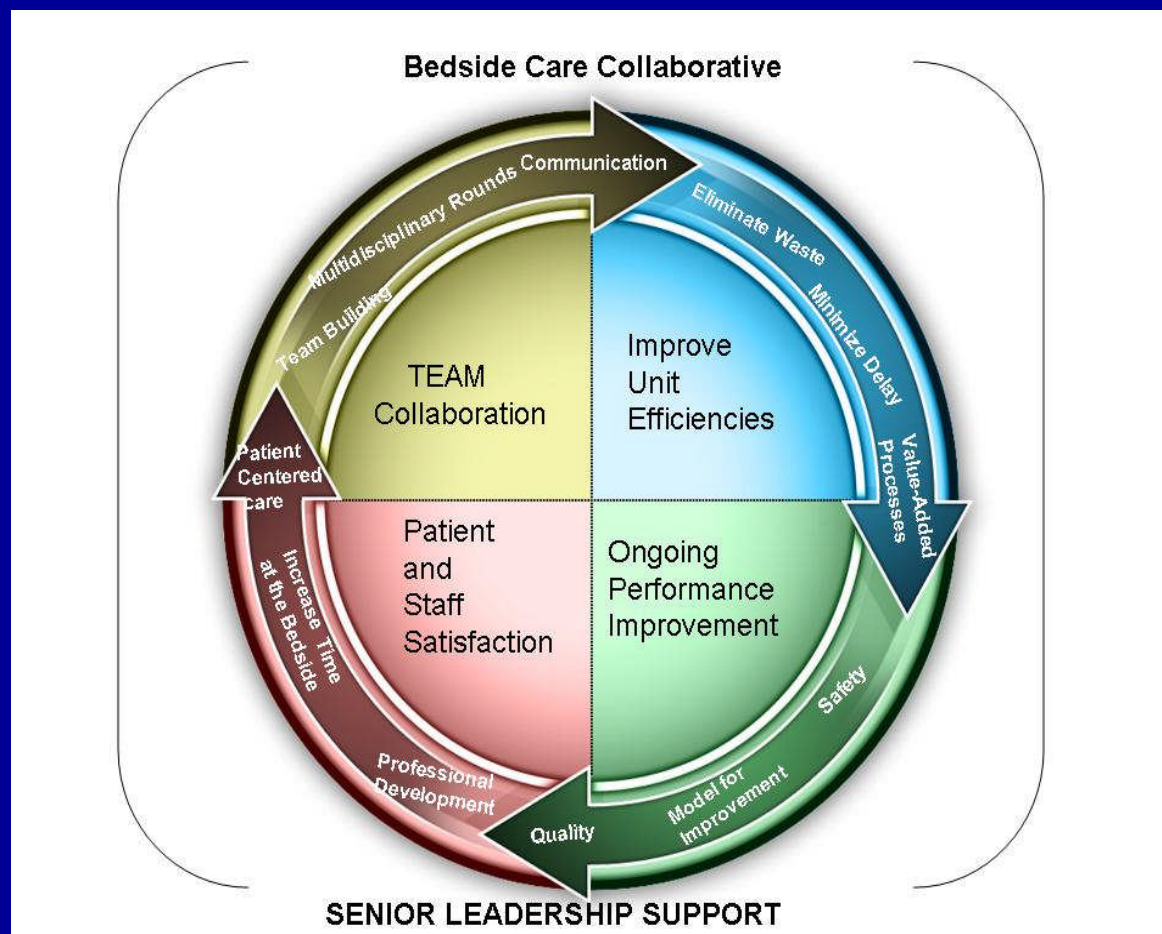
Opportunities

- Our overall goal in healthcare is to improve the patient experience by reducing delays and adding value to every interaction with the patient in order to provide the highest quality of care across the entire system of care.
- However, there is a gap between current performance and possibility. It is important to close that gap.
- Clinical staff are frustrated with the inability to spend as much time with patients as they would like, sensing that the processes in our work environment contribute to this problem.

Opportunities

- We have an opportunity to create a work environment that will allow clinicians to spend more time with patients, enjoy more professional stimulation, and create a collegial atmosphere that encourages innovation and redesign.
- We also have the opportunity to create a trusting environment where front line staff believe that they can take risks and drive change.

How does it work?



Mission and Method

The Four Pillars

- Improvement of Team Collaboration
- Improvement of Unit Efficiencies
- Improvement of Patient and Staff Satisfaction
- Ongoing Performance Improvement



Principles

- Ward Based Teams lead clinical improvement activities
- Efficiency and Reliability are embraced as continuous improvement goals
- Patient Satisfaction – and **Patient Centeredness** - improve in parallel with staff satisfaction
- Sound quality improvement methodology is emphasized

Key Component	Topics	Tools/Instruments
Team Collaboration	Interdisciplinary Rounds	Bedside Rounding Daily Goals Sheet Reporting Checklist
	Communication	Handoffs; Utilize standardized tools Communication boards
	Team Building	CREW Training
Improve Unit Efficiencies	Eliminate Waste	LEAN Principles Improve Processes (Admission, Discharge, Transfers) Redesign space to optimize workflow Standardize Processes
	Minimize Delay	Coordination within departments Coordination with other levels of care
	Value-Added Processes	Resource Management (supplies, equipment) Continuous Flow Principles Redesign Clinical Care Process

Key Component	Topics	Tools/Instruments
Patient and Staff Satisfaction	Professional Development	Front-line solutions Development of teaching tools Time to teach
	Increase Time at the Bedside	Redesign Supply Rooms/Areas User Friendly IT solutions Bedside Report
	Prevent Readmissions	Enhance patient teaching
	Patient-Centered Care	Patient/family participation in rounds Align patient goal with plan of care
Ongoing Performance Improvement	Model for Improvement	Teach Model for Improvement to all levels of staff Improvement Advisors at the unit level Map, Aim, Measure, Manage Value Stream Mapping Rapid Cycle Testing PDSA Cycles
	Safety	Prevent Adverse Event No interruption zone Rapid Response Teams Safety Huddles
	Quality	Reduce Falls Eliminate Hospital Acquired Decubiti Eliminate Hospital Acquired Infections (Hand Hygiene Tools; implementation of bundles) Clinical Performance Measures

The Process

- **Optimize the Team**
- **Set an Aim/Goal**
- **Map the Process**
- **Implement Measurable Change**
- **Sustain the Change**

Aims

- **Improve Staff Satisfaction** through professional development and increasing time at the bedside
- **Improve Safety and Reliability** through ongoing performance improvement
- **Increase Efficiency** through eliminating waste, minimizing delays and implementing value-added processes
- **Improving Team Collaboration** through team building, improving communication, implementation of multidisciplinary rounds
 - Communication

Sample Measures

- **Improve Staff Satisfaction:** through professional development and increasing time at the bedside
- Increase Nurses Time at the Bedside by ____% by September 15, 2009
- Decrease annual RN turnover by _____% by September 15, 2009
- Implement Bedside Rounding with patients/families by June 2009.
- Increase Patient Satisfaction score from _____ to _____ by (next survey date)
- Increase Nurse Satisfaction score from _____ to _____ by (next survey date)

Sample Measures

- **Improve Safety and Reliability:** through ongoing performance improvement
- Reduction in untoward events/outcomes
 - Reduction in cardiac arrests by (%) through RRT implementation by June 30, 2009
 - Reduction in pressure ulcers by (%) by September 30, 2009
 - Reduction in Fall through implementation of a fall prevention programs by (%) by September 30, 2009
 - Reduction in ICU Mortality of (% from baseline FY08) by September 30, 2009

Sample Measures

- **Increase Efficiency** through eliminating waste, minimizing delays and implementing value-added processes
- Increase the time nurses spend in direct care activities on ward 2A by 25% by September 15, 2009
- Decrease the number of steps in an 8 hour shift to pass medications from _____ to _____ by Sept. 15, 2009
- Cycle Time measures (i.e. decrease time from radiology request entered to procedure completed by _____%)
- Reduce the time from medically cleared for discharge to patient leaving unit to 2 hours by September 15, 2009
- Reduce the average length of stay on 3N Medicine by __%, from ___ days to ___ days, by September 15, 2009

Sample Measures

- **Improving Team Collaboration:** through team building, improving communication, implementation of multidisciplinary rounds
- **Communication**
 - Interdisciplinary Rounds implemented on ward 3C by March 15, 2009
 - Team Building (CREW) implemented on ward 3N by April 15, 2009

Give Frontline Staff the Tools

- **Snorkeling**
- **Lean Principles**
- **Six Sigma**
- **Team Building**
- **Measurement and Data Collection**

What our teams are working on

- **Increase patient satisfaction/Increase patient satisfaction scores**
- **Increase the percentage of excellent ratings in post discharge calls**
- **Increasing communication with patients**
- **Increase patient/family participation in an interdisciplinary treatment planning process that is patient centered**
- **Reduce complaints related to loss of patient belongings during transfer**
- **Hourly rounds performed on all patients addressing ADL and environmental needs**

What our teams are working on (aims)

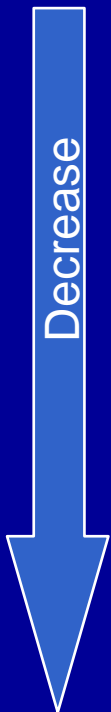
- **Decreasing Length of Stay for targeted populations (DRG)**
- **Decreasing readmissions for CHF patients**
- **Improving timeliness of patient transportation**
- **Improve the discharge process: decrease time interval from order written to patient leaving**
- **Improve screening consult: accuracy and completeness rates**
- **Shift report will be performed at the bedside to increase to patient safety, improve communications and reduce falls**
- **Improving Pain Management strategies and timeliness**

What our teams are working on (aims)

- **Increasing Staff Satisfaction/ Increase in Staff Satisfaction Scores**
- **developing enhanced competencies and skills Implementing Interdisciplinary Case Management Rounds**
- **Improve Collaboration: Implementing CREW Training**
- **Improving nurse-physician collaboration through bedside rounding**

What our teams are working on (aims)

- **Improve efficiency in processes to allow nurses to spend more time at the bedside**
 - the amount of time RN's spend transporting patients to procedures or ancillary services
 - the amount of nursing time needed in the admissions process
 - the amount of nursing time needed for medication pass
 - the time nursing staff spends running down supplies stored off the unit
 - time nurses spend retrieving supplies and equipment outside of the patient room by maintaining commonly used supplies and equipment at the bedside
 - frequency of pages
 - Streamlining Documentation
 - Streamlining SPD processes



What we're learning

- Teams are at varied stages in the process and have varied resources available
- Leadership support is a key factor in the success of teams
- Front line staff empowered with the tools and resources CAN make changes in their work environment

Where we're planning to be

- We see the patient's journey through our healthcare system through the patient's eyes
 - To look at the whole picture and see the interconnectedness of each part of the patient's journey
- Front line staff are truly engaged to drive changes with an awareness of and commitment to continuous improvement

And at the end.....

- Reduce delays and add value to every interaction with the patient in order to provide the highest quality of care across the entire system of care.
- Embrace the basic team dynamic of the health care system
- Patients are provided the services they most need in a timely, safe manner as orchestrated by a team of providers working toward a common goal shared by the patient.
- Realize the most effective (clinical outcomes), the most efficient (cost-revenue), satisfying systems with as little delay as possible with maximal reliability