



Wisconsin Transforming Care at the Bedside (TCAB) Cohort 3 Kick-off Event

March 19-20, 2014

On March 19 and 20, teams from 15 hospitals met in Wisconsin Dells to learn how to “transform care” at the bedside of their patients. This cohort has seven hospitals new to the collaborative and eight hospitals from earlier cohorts that have enrolled additional units in Cohort 3. There are care settings beyond only medical-surgical units enrolled this time, with emergency departments, obstetrical units, oncology and long-term acute care teams joining the collaborative.

The initial kick-off is the first step in the 18-month project. The purpose of the two-day event is to teach teams about the improvement methods and models they will need to support change efforts on their units. Because the event is away from their hospitals, this time is a valuable opportunity for team bonding and getting to know each other outside of the work setting.



TCAB teams hard at work

“We are fortunate to have hospitals support their teams’ travel and time away,” according to Jodi Johnson, WHA vice president, workforce and clinical practice. “This demonstrates hospital leadership’s commitment to staff development and improvement.”

Going forward, teams will meet monthly via webinar and will reconvene in one year. They are also strongly encouraged to contact each other for the purpose of learning and best practice sharing. Although teams are encouraged to “steal shamelessly” from each other, no department is a cookie-cutter of another. Gaining the buy-in of co-workers and modifying an idea to work in the local context is the essence of improvement in the clinical setting.

About Transforming Care at the Bedside

Aligning Forces for Quality (AF4Q) is a national program of the Robert Wood Johnson Foundation that aims to help targeted communities across the country set and achieve ambitious goals to improve the quality of their health care in ways that matter to patients and families. Originally a project of the Institute for Healthcare Improvement (IHI), the Transforming Care at the Bedside Collaborative (TCAB Collaborative) engages nurses and frontline staff to improve the quality and safety of patient care on medical and surgical units in hospitals. This program is part of Wisconsin’s participation in the *Aligning Forces for Quality*—as led by the Wisconsin Collaborative for Healthcare Quality.

Transforming Care at the Bedside (TCAB) was originally launched as a pilot program with IHI. Since the program’s beginning in 2003, TCAB has served as a learning laboratory for change, with a focus on improving the delivery of care in medical/surgical units—where an estimated 35 to 40 percent of unexpected hospital deaths occur and nurse turnover is highest.

The Wisconsin Hospital Association launched its first TCAB cohort in March of 2011. Including this new cohort, 52 hospitals across Wisconsin have been enrolled in WHA or IHI TCAB cohorts.

TCAB Objectives

The goal of TCAB is to engage nurses, front-line staff and leaders at all levels of the organization to:

- Improve the quality and safety of patient care;
- Increase the team vitality and retention of care giving staff;
- Engage and improve the patient's and their families experience of care; and
- Improve the effectiveness of the entire care team

TCAB is not a traditional quality improvement program. One primary characteristic that sets TCAB apart from other models is its focus on engaging front-line staff and unit managers. Many transformational care delivery ideas are initiated directly from nurses and other bedside care team members. The TCAB process empowers these caregivers to identify where change is needed, suggest and test potential solutions and decide whether the innovations are implemented.

TCAB also serves as a mechanism for developing leaders among front-line staff and enhancing their professional practice by expanding exposure to skills such as project management, measurement and reporting, leading meetings, peer coaching, and leading by example. It also serves as a real-time learning lab for nurse leaders and managers to actively practice the empowerment of front-line staff.



Barb Pinekenstein

TCAB and the Future of Nursing

Barb Pinekenstein, president of HC Leaders, LLC and clinical associate professor at the University of Wisconsin-Milwaukee School of Nursing, presented information regarding the current and prospective state of the nursing workforce in Wisconsin. The future challenges facing health care lend both urgency and perspective to the need for improving quality and ensuring safe outcomes. Pinekenstein linked the challenges in health care to the skills TCAB teams will gain from participating in WHA's TCAB collaborative.

Foundations for TCAB

The first step is to introduce the teams to the importance of teamwork and culture to their improvement work. Each team gathered input from colleagues via a Team Vitality Survey—a validated 10-question instrument developed specifically for TCAB teams. At the Kick-Off meeting, teams received their results. Stephanie Sobczak, WHA quality improvement manager, facilitated a method for teams to analyze and interpret their data. “There is much to be learned from the results, not only where there is room for improvement, but also what the team does well today,” according to Sobczak.



Katy Tomten

After a work session to determine their key learnings from the Team Vitality instrument, the teams were treated to a presentation on improving team vitality by Gundersen Boscobel's Director of Quality Improvement, Katy Tomten. Boscobel was a participant in the first TCAB cohort, and achieved significant improvement in teamwork by the end of the 18-month initiative. Tomten shared practical examples of engaging staff whether they are ready to lead change or hesitant to participate actively. Her advice centered on the importance of listening to staff feedback.

“Even if the words sound negative, often there is some truth,” she noted, “so listen to everyone, and be open to suggestions no matter where they come from.”

The TCAB Way

TCAB involves a systematic approach to encourage front-line staff to engage in improving work systems and patient care processes. The guest faculty for the Kick-Off was Melissa Parkerton, who led the TCAB effort for the Oregon Health and Hospital Association.



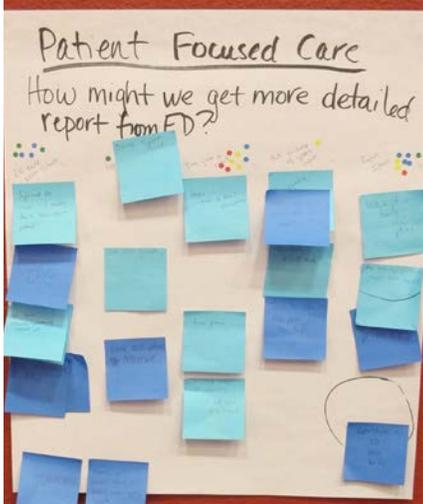
Brainstorming in progress (Calumet Medical Center at left, Froedtert and MCW Community Memorial Hospital at right)



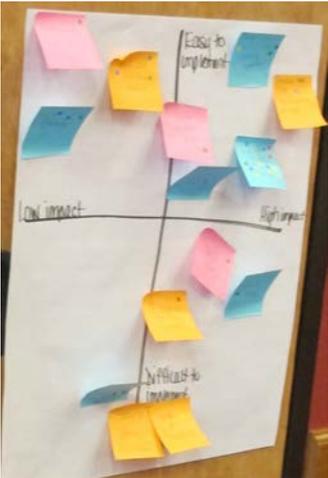
Melissa Parkerton

“As leaders, we talk about staff empowerment, but as a manager I never learned exactly how to do that. Transforming Care at the Bedside provides replicable strategies for tapping into the natural creativity and compassion of patient care staff, then teaches them the skills they need to make a difference and empowers them to try,” Parkerton explained.

The remainder of the first day centered around a method for innovating to improve processes. Adapted from the innovation firm, IDEO™, the Snorkel process is a method to engage staff in a structured brainstorm for the purpose of innovating new ideas. Teams are invited to think broadly first by developing “How might we...” statements. A consensus process is used to narrow down to one key “How might we...”. Some examples are, “How might our discharge process be more patient-centered,” or “How might we improve change-of-shift hand-offs?” Teams then brainstormed dozens of ideas for improvement that are intended to achieve a state of ideal care.



Finding solutions to a process problem



One team's decision matrix

Next, a variation of the nominal group technique is applied so teams can narrow down the many ideas into an actionable few. Each member of the team is given six ‘dots’ with which to vote on the ideas they feel are worth a trial. An effective method of group decision making, the multi-voting technique is a method that can be used in many circumstances. Next the team is asked to assess the top vote-getting ideas on a matrix: ease of implementation vs. likelihood of success. Teams sharpened their dialogue skills as they worked to reach consensus on which quadrant each idea should be placed. This method is useful for determining which of the ideas has the best chance of early success—a key to getting the ‘buy-in’ of others.

The next step in the innovation process is to develop examples of how the new process might actually work. This provides an opportunity for testing without expense and before it is attempted with patients. TCAB teams are given an opportunity to design or improve a new tool or prototype and demonstrate it for the group. Teams that design a new or improved process are encouraged to set up a mock scenario and run through how the process might work in real time. In addition to stimulating creativity, teams are able to learn in advance about any pitfalls or unforeseen challenges. Colleagues can join in tweaking the design and providing feedback. Beyond having some fun, enactments and prototyping serve to build agreement for a change before it is fully implemented.





Lakeview Specialty Hospital selecting the best ideas

Quality Made Practical

Day two centered around the science of improvement and how using a systematic approach results in better outcomes. An evidence-based method, The Model for Improvement/Plan-Do-Study-Act (PDSA) approach was taught to the teams through practical application. Often health care staff learn about systematic improvement methods as a didactic presentation of the theory. The WHA quality staff focuses on teaching PDSA so that it can occur in real time, embedded in the hospital's daily workflow.



St. Elizabeth Hospital TCAB team enacting an improved discharge process

Each hospital received a copy of the WHA Improvement Guide, a tool developed in the WHA Partners for Patients collaborative. Within this guide are step-by-step templates that hospitals may use to consistently apply the model for improvement to any project. TCAB hospitals learn to define very specific aims for their improvements, then determine the measures they will use to track if the outcomes are better as a result of their efforts. Teams learn project planning skills to clearly define what will be tested or trialed and how exactly that process will take place.



The Mile Bluff Medical Center team demonstrating a prototype of an idea

This structured approach will encourage teams to engage their colleagues in "small tests" to trial ideas on a small scale. Once other staff can see or experience the new process, the likelihood of resistance upon implementation is lessened.

According to WHA's Johnson, "This skill set is vital to getting a process implemented well the first time. Often, a new way of doing things lasts for a little while, then re-work occurs to 'hard-code' the change. Being skilled at small tests of change can make a difference."



Jodi Johnson

Hospitals that are adept at these rapid cycle change processes will be more agile and adaptable as the health care environment continues to evolve rapidly.



A cohort 2 team from St. Elizabeth Hospital sharing their best work

Stealing Shamelessly & Learning From Others

A time-honored TCAB tradition is to "steal shamelessly." That is, to avoid recreating a process or approach that has worked elsewhere. To emphasize the importance of learning from others, a few select teams from Cohort 2 were invited to share their experience in the areas of measurement, patient engagement, and adopting best practices. Experienced TCAB hospitals are very willing to share their successes as well as their challenges.

"This is one of the great successes of TCAB," Sobczak says. "Seeing hospitals willingly share with each other not only the success stories, but also talk about what hasn't gone well. Often, the best learning comes from hearing how a hospital overcame a barrier to achieve a better outcome."



Thank you to the hospital representatives who gave presentations:

- Jenny Genke, Larissa Smage and Alison Schneller, from St. Elizabeth Hospital, Appleton
- Beth Reis, Reeve Pittz and Shannon Klar from Mayo Health System-Franciscan Healthcare, La Crosse
- Katie Tennes, Misty Pancotti and Dawn Jeziorski from Froedtert & The Medical College of Wisconsin Community Memorial Hospital campus, Menomonee Falls
- Katy Tomten, Gundersen Boscobel Area Hospital & Clinics



Stephanie Sobczak coaches the Mercy Hospital TCAB team

Bringing TCAB Home

To wrap up the Kick-Off, teams were invited to use their planning skills to carefully design the launch of TCAB in their units or hospitals. Each team took into account their culture and if the effort should start with a big splash or a soft rollout. Teams were encouraged to plan a communication strategy as well as find a “quick win” process improvement that would demonstrate results to others right away. Some teams plan to engage departments beyond the patient care areas soon after returning home. Others, having been exposed to TCAB, are excited to apply new skills to a number of improvement efforts already in play.

Keeping TCAB Top of Mind

WHA's role as project convener serves to support teams through services such as compiling and reporting data, and by facilitating team-to-team interactions via the monthly webinars.

Each month the teams are asked to report on some aspect of their TCAB work. Often there are presentations on topics of the hospital's choosing, or guest speakers. Teams have a set of measures to report monthly and are required to submit a log of their innovations and small tests. These are posted to the secure TCAB area of the WHA Quality Center website so that other teams can determine if another hospital is working on the same thing. In addition, each quarter the nursing leadership at TCAB hospitals receive a progress report showing the level of the team's engagement as well as measureable improvement.

For more information, please visit these websites and search for TCAB:

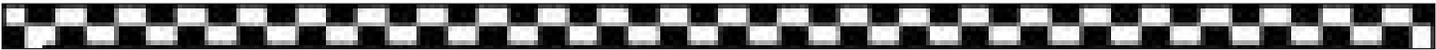
WHA Quality Center
www.whaqualitycenter.org

The Institute for Healthcare Improvement
www.IHI.org

Robert Wood Johnson Foundation Aligning Forces for Quality
<http://forces4quality.org>



The Froedtert and MCW Community Memorial Hospital TCAB team having a little fun along with the learning



Beloit Health System



Black River Memorial Hospital, Black River Falls



Calumet Medical Center, Chilton



Columbus Community Hospital, Columbus



Froedtert & The Medical College of Wisconsin Community Memorial Hospital Campus, Menomonee Falls



Froedtert & The Medical College of Wisconsin Froedtert Hospital Campus, Milwaukee



Froedtert & The Medical College of Wisconsin St. Joseph's Hospital Campus, West Bend



Lakeview Specialty Hospital, Waterford





Mayo Clinic Health System-Northland, Barron



Mercy Hospital and Trauma Center, Janesville



Mile Bluff Medical Center, Mauston



Midwest Orthopedic Specialty Hospital,



ProHealth Care Waukesha Memorial Hospital, Waukesha



St. Elizabeth Hospital, Appleton



Wheaton Franciscan Healthcare, Franklin





Transforming Care at the Bedside (TCAB) is a project of Aligning Forces for Quality, which is supported by the Robert Wood Johnson Foundation, through a grant to the Wisconsin Collaborative for Healthcare Quality. In Wisconsin, Aligning Forces for Quality is a joint project of the Wisconsin Collaborative for Healthcare Quality, Wisconsin Hospital Association, and other organizations.

15 Hospital Teams are Participating in WHA's Third TCAB Initiative:

Beloit Health System
Black River Memorial Hospital, Black River Falls
Calumet Medical Center, Chilton
Columbus Community Hospital, Columbus
Froedtert & The Medical College of Wisconsin Community Memorial Hospital Campus, Menomonee Falls
Froedtert & The Medical College of Wisconsin Froedtert Hospital Campus
Froedtert & The Medical College of Wisconsin St. Joseph's Hospital Campus, West Bend
Lakeview Specialty Hospital, Waterford
Mayo Clinic Health System- Northland, Barron
Mercy Hospital and Trauma Center, Janesville
Midwest Orthopedic Specialty Hospital, Franklin
Mile Bluff Medical Center, Mauston
ProHealth Care Waukesha Memorial Hospital, Waukesha
St Elizabeth Hospital, Appleton
Wheaton Franciscan Healthcare - Franklin



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