WHA’s Transforming Care at the Bedside Kicks Off Cohort 4
One of WHA quality’s most successful programs, Transforming Care at the Bedside (TCAB), has far exceeded expectations since the first cohort launched in February 2011. Bringing the skills of improvement to the hospital bedside continues to have strong interest from around Wisconsin. The fourth group of 12 hospital units to start the 18-month collaborative met at Glacier Canyon Lodge in Wisconsin Dells October 13 and 14. For the first time, three emergency rooms join the acute care units in TCAB. These are some of the highlights from the kick-off event.

Mary Viney returns to Wisconsin for TCAB
One of the first TCAB cohort presenters came back to her native Wisconsin to keynote WHA’s TCAB Cohort 4 Kick-off. Mary Viney was the unit manager of Seton Northwest Hospital when the IHI cohort began in 2004. She was tapped by the Robert Wood Johnson Foundation to help Wisconsin start TCAB, and she gladly returned to present to a new group of TCAB units. Since then, Viney has spread TCAB throughout the Seton system of hospitals.

Throughout the overview of the TCAB principles, Viney shared the importance of leadership, both formal and informal, in the success of a Transforming Care at the Bedside collaborative. The structure of work in Patient Safety, Patient Centered Care, Efficiency and Team Vitality enables teams to work in a systems fashion on many opportunities for improvement through this one project.

Viney shared information about the importance of the skills TCAB teaches as being vital for nurses and other hospital caregivers to stay resilient in the face of constant change. “We all need you to be very engaged in the effort to improve,” she noted.

Core TCAB skills taught by Betsy Lee and Stephanie Sobczak
The TCAB foundational skills introduced to the teams in attendance were shared by one of the TCAB originators, Betsy Lee RN, MSPH, along with WHA Manager, Quality Improvement, Stephanie Sobczak. Lee spoke about the power storytelling can have in the workplace.

“When we share stories with others, good or bad, it creates a common bond and more understanding. Often we forget to make the time to slow down and share with each other,” said Lee.

Teams shared stories with each other about experiences they have had as caregivers or with patients and other family members. They were asked to reflect what lessons learned might be present in the stories. Next, teams were asked to choose one of four TCAB pillars to brainstorm several “How might we?” questions related to that pillar. For example, several teams brainstormed questions under the patient-centered care pillar about, “How might we better include patients in bedside hand-offs?” or “How might we ensure family members know the daily care plan?”
Teams then used a multi-voting process to select one of the questions for some deep-dive brainstorming. Dozens of ideas were collected on notes and placed on white boards. Teams voted again to select their top four or five ideas that can be turned into action steps once teams are back in their units. This method, in TCAB called a “snorkel,” can be replicated in hospitals as a method to gather ideas for improvement and involve all staff in selecting possible solutions.

Mastering Measurement (presented by Tom Kaster)
New for the TCAB kick-off, the second day began with teams getting “hands-on” practice with rapid cycle improvement and measurement. WHA Quality Coordinator Tom Kaster introduced an exercise simulating a patient care process (with Potato Heads) that had to be completed quickly and accurately. Teams were instructed to measure both time and, upon inspection, any errors that were detected. The group then redesigned the process to improve efficiency and minimize mistakes and predict what improvement the changes would bring. Teams did the task again and remeasured.

The next exercise focused on data collection and the use of sampling strategies to efficiently collect data. Each team was asked to “collect data” from a bag of M&Ms. Some teams needed to separate colors in the entire bag, others used a cup to select some as a sample, and other teams simply guessed. Upon comparing the data about the numbers of various colors, the teams were very close despite using different methods. The takeaway was to gather just enough data for learning about a process to quickly make decisions about next steps.

Why use Potato Heads and M&Ms? According to Kaster, “Adults really learn best by doing. By providing a fun and interactive way to learn how to plan, collect data, measure and assess small tests of change, the TCAB teams got “hands-on” experience with the Plan-Do-Study-Act (PDSA) cycles in a short period of time.” He also noted that the lessons tend to stay top-of-mind much more effectively through active learning than if content were presented in a PowerPoint format. Several team members were able to quickly relate how projects they were working on would benefit from better measurement or more frequent cycles of tests and trials.

Learning from Cohort 3
One thing that connects each TCAB Cohort together is the sharing of lessons learned by a team from the previous cohort. The Oncology unit from ProHealth Waukesha was invited to present to the new units.

“We invited the ProHealth team to present because they really took full advantage of the opportunities that TCAB presents, and involved all of their colleagues in the work,” said Sobczak.
The ProHealth team shared their accomplishments and innovations under each of the TCAB pillars. By introducing each pillar slowly to colleagues and engaging them in ideas, the team was able to conduct several projects throughout the 18-month collaborative cycle. Their presentation demonstrated several examples of changes that have been implemented (depicted in the graphic at left).

This presents an opportunity for new TCAB units to see what can be accomplished in the collaborative, and have a chance to meet nurses who have “been there.”

Engaging Colleagues in Improvement
The second day rounded out with Stephanie Sobczak sharing techniques for involving clinical staff in cycles of improvement. Teams chose an idea for improvement from the previous day’s brainstorming, then designed a process for co-workers to test different options in real time.

“We can’t assume that meeting and talking about a problem equates to improvement. Only by trying a new process with caregiving staff and patients during patient care will result in the staff buying in, which leads to improvement,” says Sobczak. “These teams were really working hard to design a series of small tests that would provide good information and build buy-in of other staff in the process.”

Most importantly, the leaders of these units were present to listen to the discussion and learn skills along with the unit staff. As one leader noted, “It is really beneficial to hear each person’s perspective on an issue and observe them taking in that information and coming to a consensus about a possible solution.”

The Next 18 Months
These TCAB teams will continue learning tools and strategies through monthly webinars, and connecting with other TCAB hospitals across the state. Teams prioritized the topics that are of most interest to them, which WHA staff or guest speakers will provide content for.

Next, the team will be oriented on data submission and learn elements of LEAN to organize their units to become more efficient. This cohort will conclude in April 2017.

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.
TCAB teams participating in WHA’s TCAB Cohort 4:

Beloit Health System

Burnett Medical Center

Columbus Community Hospital

Froedtert Community Hospital

Froedtert Milwaukee

Froedtert St. Joseph’s Hospital

Southwest Health Center

Mercy Walworth Hospital

St. Croix Regional Medical Center

Black River Memorial Hospital

The Wisconsin Hospital Association, PO Box 259038, Madison, WI 53725-9038; 608-274-1820; www.wha.org