



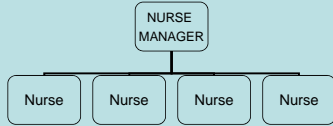
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Promotion and Support of a Program to Change the Culture of Care on a VA Telemetry Unit: A Clinical Nurse Leadership Residency Project

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PURPOSE

To initiate Transforming Care at the Bedside (TCAB), a program of innovation and change, on a telemetry floor to improve processes and empower staff. The aim is to enhance the staff culture in this magnet hospital.



Traditional decision model is top-down, i.e., management as decision-makers

BACKGROUND

6-South, a busy telemetry unit at the JAHVA Hospital in Tampa, Florida, was challenged to begin and sustain a process-improvement, care-coordinated and evidence-based program developed by the Institute for Healthcare Improvement and funded by the Robert Wood Johnson Foundation.

AIMS

6-South will become a leading TCAB unit in the hospital through nurse-driven tests of change and by improving and sustaining quality processes of patient care.

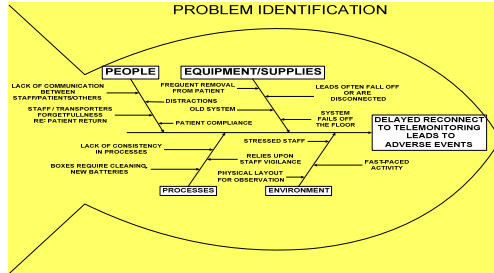


METHODS

IDENTIFY AREAS FOR IMPROVEMENT OF CARE

- Solicit ideas for change through discussion in group meetings and through Snorkel*
- Open-door policy with CNL student to answer questions and concerns regarding program
- Familiarize staff with program using PowerPoint presentation developed by TCAB nurse leaders

*Snorkel is a brainstorming tool allowing input from entire staff and patients



More Examples of Problem Identification:

- Hospital-generated data
 - Patient Satisfaction Surveys
 - Observational data collection
- Operational/Functional Disruptions
- Lack of sufficient equipment
- Disorder in floor layout leading to time lost
 - Staff Identification
 - Patient Identification

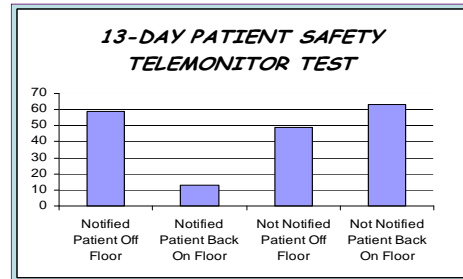


SOME EARLY STAFF-DRIVEN CHANGES

PATIENT-CENTERED PERFORMANCE IMPROVEMENT TESTS OF CHANGE

- Implementation of Electronic Shift Hand-off Report
- Development and Distribution of Post-Op Patient Pamphlet
- Initiation of Floor Newsletter
- Muster of Informal Leaders to Lead Committees
- New Standards for Daily Patient Communication using Whiteboards and Medication printouts
- Weekly Staff Meetings—Improved Communication
- Greater Staff Buy-in to Positive Action
- Nurses Taking Initiative on Evidence-Based Practice studies related to Telemetry
- Optimum responses from Staff to Hospital-Wide Documentation Changes
- Discharge Timeliness Improved by 10%
- Staff-driven Template created to Decrease Post-op Complications such as Infection, CHF and Pneumonia
- Markers Placed at 20' Intervals to Measure Patient Post-op Ambulation
- Dietary Consult Upon Admission For All CHF Patient

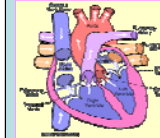
Example of 6-South Surveillance Survey



STAFF-DRIVEN TEST OF CHANGE IN PROGRESS

- Electronic Handoff Process In Development
- Nurse-initiated Small Test of Change
- Evidence-based Practice Research by Floor Nurse

RESULTS



INCREASED STAFF INVOLVEMENT IN POSITIVE CHANGE

INCREASED STAFF AWARENESS OF PATIENT-CENTERED PERFORMANCE IMPROVEMENT, CARE COORDINATION AND EVIDENCE-BASED PRACTICE

➤ NURSE-DRIVEN CHANGE FROM THE BOTTOM UP

- GUIDED BY RESEARCH
- IMPROVED INTERDISCIPLINARY RELATIONSHIPS
- CNL STUDENT AS RESOURCE AND FACILITATOR

SUSTAINABILITY

“Hardwiring successful Campaign interventions into the organization’s systems so that work already begun does not peter out.” (www.IHI.org)

- Informal Leaders - Involved and Invested in TCAB Changes and in Place to Run Committees
- New Templates Implemented and in Revision to Streamline Documentation
- Staff Appreciate Their Individual Roles in Making Change
- Nurses Spend More Time in Direct Patient Care

This represents the final semester residency assignment of CNL student, Frances Zarella, RN. For more information or comments: fzarella@health.usf.edu