

TRANSFORMING CARE AT THE BEDSIDE: INCREASING PATIENT SATISFACTION THROUGH EMPLOYEE ENGAGEMENT AND TEAMWORK

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Abstract

In 2009, Our Lady of Lourdes Medical Center, a 410 bed teaching hospital in Camden, New Jersey, was faced with patient satisfaction scores consistently in the 50th percentile, high staff turnover and low employee satisfaction. As the largest provider of cardiac services in southern New Jersey and Philadelphia, the only hospital approved to perform kidney, pancreas, and liver transplants in the state of New Jersey, and a provider of six clinical centers of excellence, a small team of Medical-Surgical unit leaders saw a need for rapid and sustainable improvement.

Camden, NJ continues to be one of the country's "most dangerous cities," according to MSNBC in 2004 and again by Huffington Post in 2011. It is a city subjected to high poverty and high crime, and as a hospital that serves a community in need, Our Lady of Lourdes Medical Center must be ready to provide care.

In September 2009, the hospital applied to be part of the fourth tier of hospitals participating in an initiative to transform care at the bedside (TCAB) using techniques developed by Institute of Healthcare Improvement (IHI) and the Robert Wood Johnson Foundation (RWJF). A framework and series of improvement techniques were presented to the Medical-Surgical Congestive Heart Failure (CHF) unit leaders to guide them to enable their staff to

make changes and sustain improvement. This case study reveals the top three TCAB tactics used that proved to be the highest impacting methods of change on the 58 bed unit at Our Lady of Lourdes Medical Center to increase patient and employee satisfaction and reduce staff turnover.

Introduction

Transforming Care at the Bedside (TCAB) teaches numerous total methodologies for providing:

- Safe and Reliable Care
- Vitality and Teamwork
- Patient- Centered Care
- Value-Added Care Processes (IHI, 2011)

The framework provided is complete with research, toolkits, and example presentations to guide the facilities in a step by step approach to positive change. The transformation was estimated to be a two year long venture requiring and providing clear direction for executive sponsorship, clinical leaders, technical support, education, physicians, and front line representation from each job skill.

Like most hospitals, Our Lady of Lourdes was faced with budget, resource and technology constraints, which created barriers for the implementation of TCAB recommendations exactly as they were presented. Resources

cannot always be taken away from direct patient care to complete the brainstorming sessions, discuss new ideas, and plan events to test the possibilities, which often leaves facilitators at a disadvantage on how to effectively promote change. This case study reveals the top three methodologies used from the TCAB toolkit which allowed the medical-surgical managers to facilitate change and results with few resources, minimal budget, and discontented staff. The following sections will review key success factors for:

1. Engaging the front line staff to create an environment conducive to teamwork
2. Develop front line nurse managers to inspire change
3. Foster communication as the main driver of satisfaction

Engaging the front line staff to create an environment conducive to teamwork

Developing staff engagement, satisfaction, and teamwork was the single most impacting strategy for improvement. The nurse managers focused on getting everyone to work together before attempting to identify individual TCAB projects. An environment was created that fostered change as a positive experience, and they constantly heard the quote from the TCAB model, “all improvement requires change, but not all change is an improvement”. They were constantly reminded that accepting the responsibility to undergo a TCAB transformation meant that the team, as a whole, had to be willing to resolve conflicts, willing to make investments, and willing to take risks.

The majority of the time was spent attempting to generate new ideas and getting the whole team to think outside of what was once considered normal. Posters were placed above

the time clocks that asked for ideas, opportunities, and feedback early on to promote engagement by everyone, and all ideas were considered. A subset of the unit then participated in a “snorkel”, which is the shorter, reduced version of a TCAB brainstorming session. The team simply aimed to create excellence in teamwork.

The goal was to change the unit that no one once wanted to work on, and it didn’t take long through a committed focus on the people. The efforts derived from the second and third methodologies, developing front line managers and communication respectively, were simply efforts that ended up also supporting the teamwork initiative enabling the front line staff to make changes.

The nurse manager worked solely on developing teamwork for the first three months of the project. Once a culture began to emerge, the aim of the program was then expanded to incorporate three simple changes:

1. Reorganized room design to decrease the nurse and nursing assistants’ valuable time hunting and gathering supplies while in the room and increase their time in direct patient care.
2. Reassigned rooms according to geographical location and discontinued giving the charge nurses daily assignments in order to improve patient safety, quality of care, and satisfaction while increasing the nurses’ time at the bedside.
3. Created medication rooms out of clean utility rooms at each end of the unit to reduce interruptions during medication preparation.

The timeline set for each project was six months, and the targeted customers identified for all three projects were the patients with their families as well as the staff of the 2 East/West TCAB unit.

Develop front line nurse managers to inspire change

The toolkit for developing front line managers was followed very closely by the medical surgical managers. It was a guide to encourage and inspire staff, facilitate discussions, and become role models by accepting the change first. A few key staff members who were more natural leaders and had a larger interest in the TCAB transformation were asked to help inspire and change the day to day thinking of the unit. Because of the limited number of people required to complete this tactic, it was the easiest of the three methodologies to implement.

The nurse managers held frequent meetings with the staff to present and discuss TCAB methodologies. They encouraged all ideas, even those that weren't feasible or high impacting, and encouraged those who took a greater interest in the transformation. Complaints were always countered with a calm request to identify a solution instead of an acknowledgement of the complaint. The goals were to create "intellectual stimulation, and individual consideration." (Lee et al)

The staff was rewarded with a pizza party, poster boards on the unit that celebrated success, and their efforts were presented at the healthcare system board meetings where credit was received for their hard work.

Foster communication as the main driver of satisfaction

Optimizing communication was the third most impacting tactic for the 2 East/West TCAB unit. This tactic specifically addresses patient and staff satisfaction as well as turnover. The managers continued to use posters and change forms to constantly offer the ability for staff to give feedback and provide new ideas. The goal was to try to involve everyone, and after some time, the contributions became greater and greater.

The main project that resulted from this TCAB strategy was reactivation of the intercom system with a focus on identifying the best way to answer and respond to the call lights. Three different processes were attempted for implementation; unit secretary as the primary contact point, the main nurse as the primary contact point, and the charge nurse as the primary contact point. For the fourth time, the customer focus was on both the patient and the staff. All three processes were trialed for one day. After the pilot, the staff decided to require multiple disciplines, including techs, social workers, physicians, dietary and housekeeping to answer the call light and provide a timely response to the patient. If the request was out of the scope of practice of the person answering, it was that person's responsibility to notify the nurse.

Results

Before the TCAB project began, Patient satisfaction was in the 50th percentile, staff turnover was nearly 40%, and the employees openly complained, creating an unfavorable patient care environment. In just three months into the project, patient satisfaction rose to the 80th percentile and was sustained above 75%

for six consecutive months. During the project, not a single employee resigned due to dissatisfaction.

The facility administration chose not to measure employee satisfaction during the project so it was not possible to measure the outcomes for the teamwork and employee engagement initiatives. However, the change was evident through verbal feedback and countless letters to the management team thanking them for turning the unit around and creating a “family” atmosphere and a positive place to work.

Summary

TCAB methodologies focus on creating employee ownership, identifying specific projects or opportunities, and carrying out these projects with a very defined project plan and measurement technique to identify success. However, depending on where the unit starts out, a few more simple techniques can help to build a teamwork foundation when one does not already exist. This foundation was proven to be the key to long term success.

Our Lady of Lourdes Medical Center started the TCAB transformation with high employee turnover and patient satisfaction scores in the 50th percentile. The medical surgical management team felt that some of the more complex TCAB strategies would not be successful without first developing a true team. As a result, they focused on three TCAB strategies to build this foundation and foster inspiration, self ownership, and communication with the staff. The first three months were spent solely on creating a team environment.

The four sequential projects completed were, redesigning patient rooms, reassigning rooms and staffing, creating medication preparation rooms, and reactivating the intercom system.

The single most effective change, felt by the medical surgical managers was the creation of a true team, measured by the significant reduction in turnover and the dramatic increase in patient satisfaction. Once the team became the foundation, implementation of small projects was simple with significant outcomes.

Citations

1. Rutherford P, Phillips J, Coughlan P, Lee B, Moen R, Peck C, Taylor J. Transforming Care at the Bedside How-to Guide: Engaging Front-Line Staff in Innovation and Quality Improvement. Cambridge, MA: Institute for Healthcare Improvement; 2008. Available at www.IHI.org.
2. Lee B, Peck C, Rutherford P, Shannon D. Transforming Care at the Bedside How-to Guide: Developing Front-Line Nursing Managers to Lead Innovation and Improvement. Cambridge, MA: Institute for Healthcare Improvement; 2008. Available at: <http://www.ihl.org>.
3. Lee B, Shannon D, Rutherford P, Peck C. Transforming Care at the Bedside How-to Guide: Optimizing Communication and Teamwork. Cambridge, MA: Institute for Healthcare Improvement; 2008. Available at: <http://www.IHI.org>