Transforming Care at the Bedside (TCAB): Solving the Puzzle of 11AM Discharge

Authors: Susanne Yeakel RN MSN NEA-BC CNML, Sarah Hickey RN BSN, Ryan Millbury RN BSN, Ifeoma Mogor RN BSN, Claire Quaggin RN.

Purpose and Rationale: Using the TCAB process to engage front-line staff on a 42-bed General Surgery Unit to achieve practice changes focused on timely discharge.

Research Question: What initiatives and outcomes will the staff produce using the TCAB process to achieve the hospital’s goal for 11AM discharge?

Synthesis of Review of Literature: Review of the literature has shown that Transforming Care at the Bedside has the following characteristics that distinguish it from other quality improvement initiatives that make it successful:

- Engages the hearts and minds of front-line staff and unit managers who spend the most time with patients and families in improving care processes.
- Fosters transformative change by engaging leaders and front-line staff to challenge and validate their assumptions by critically reflecting on experiences which will develop into new processes to promote change with measurable outcomes (Rutherford et al., 2009).
- Emphasizes continuous learning and discovery using Plan-Do-Study-Act cycle by Walter A. Shewhart, (Rutherford et al., 2009).
- Requires front-line staff to identify and use small tests of change with one nurse, one patient at a time, observe results and collect data to determine if the ideas should be implemented. (Rutherford et al., 2009).

Methods/Procedures: Four Registered Nurses with leadership qualities were asked to participate in a virtual learning community using Transforming Care at the Bedside principles to look at processes that would promote earlier discharge of patients on a 42-bed General Surgery Unit with specialties in Urology, Plastics and Bariatrics. They attended monthly webinars on various topics including Transforming Care at the Bedside, Transformational Leadership, Conflict Resolution and Negotiation Skills, PDSA Cycle of Change, Collection and Measurement for TCAB. Using the concept of a puzzle, the nurses developed small tests of change over the next six months, observed the results, reflected on those results that would make a difference and developed four pieces of the puzzle which they fit together to achieve their goal for earlier discharge of patients.

Results: The four puzzle pieces with their associated outcomes are the following:

- Bedside Rounds - Increased Patient Satisfaction was noted with a change from 4.5 - 5 using a Likert scale as measured by a satisfaction questionnaire developed by the Team with hospital’s approval.
- 9AM Discharge Nurse – HCAHPS score for the question of “providing written discharge instructions” went from 90.9 for the first quarter to 95.5 the second quarter. Percentage of discharged patients before 11AM increased from 7% - 21%.
- Discharge Rounds – 66% of patients had decreased length of stay.
- Adjusting Meal Times – Decreased number of calls to Dietary from 20 - 0 with an estimated financial impact: $12,919.00 savings per year.

Discussion/Application to Practice: These results demonstrate how engaging front-line staff in the TCAB process to identify ideas, use small tests of change and validate their assumptions by critically reflecting on experiences which has helped them develop four new processes with measurable outcomes to meet the goal of early discharge.