



Singapore Healthcare Management 2014

National University Hospital (NUH) Nursing Focus: Transforming Care At Bedside (TCAB)



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Objectives

Nursing Department (NUH) adopted the Transforming Care at the Bedside (TCAB) framework to increase nurse-patient direct contact time in the General wards. This was mooted following spate of feedback on dissatisfaction of care. We shadowed our Registered Nurses, and only 31% of their time was spent at the bedside (Oct 2010). We aim to increase our nurse-patient direct contact time from 31% to 60%. Nursing team continue to track results and monitor sustenance efforts on a regular basis.

Methodology

NUH team embarked on 7 series of Rapid Improvement Events (RIE) from January 2011 to March 2012. The RIEs were structured based on the PDCA (Plan-Do-Check-Act) framework.

These 4.5 days events covered key topics on:

- Teamwork and communication
- Ward clerk processes
- Direct supervision on key ward activities
- Documentation process review
- Nursing supervision round
- Spreading plan for nursing documentation
- Medication supplies process



Different levels of staff were engaged to challenge the status quo, apply quality improvement (lean) tools, test and pilot key changes. With the pilot wards achieving results, these key changes were spread across all inpatient general wards progressively. TCAB leaders, nurse managers and supervisors take an active role to spread and sustain the TCAB initiatives within their ward and cluster.

Summary of Key Changes

SAFE CARE	VITALITY & TEAMWORK	PATIENT CENTERED CARE	VALUE ADDED CARE
General Handover of Patient's Report	Team Based Roster	Anticipating Patients' Needs Before Handover	Communication to Patient/Next of kin
Handover between RN to RN & RN to EN/HCA	Role of NM/INC/INE during Key Ward Activities	Providing Holistic Care for Patients- EPEEP and Rounding	Communication List
Improving Nurses' Participation during Team Rounds	Allocation of Charge Nurse Hours in Trendcare	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>Explain Pain/Position Elimination Environment Plan of care</p> </div>	
Nursing Care Supervision Rounds	Role of SN in-charge		
Revised Falls Assessment Frequency	Ward Meeting (Staff Forum)		
Handover List			
Nursing Documentation Process- APGIE			

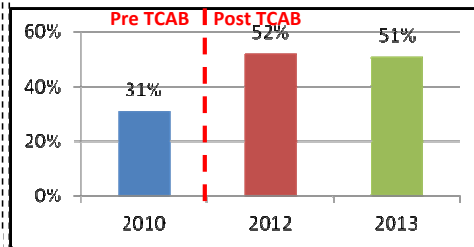
Some Examples:

CHARGE NURSE ROLE (Vitality & Teamwork): Charge nurses take on the leadership role within the ward. They are the 'pillars' of the ward, overseeing key activities of the ward like ensuring there is sufficient staffing during the shift, assign and relief staff for breaks, ensure smooth shift handover, facilitate admission / discharge /transfer, supervise meal time and medication round, initiate and supervise complex discharges.

EPEEP (Patient Centered Care): With the application of 2 hourly structured rounding, nurses proactively **E**xplain to the patient; check if he/she is experiencing any **P**ain/Positioning ; attends to any specific needs of the patient, ensures the **E**nvironment is safe e.g. call bell within reach; checks if the patient needs assistance to visit the toilet (**E**limination); informs patient on the **P**lan of return. This sets the patient at ease knowing when to expect the nurse's next visit. Wards that consistently apply EPEEP see a significant decline in call bell frequency, thus reduce patient's dissatisfaction.

Results

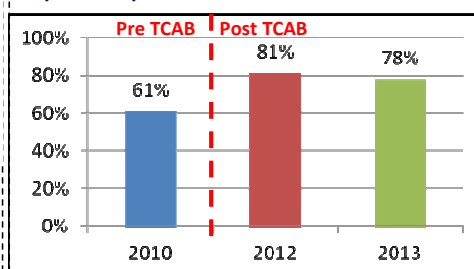
Graph 1: Graph of Direct Nurse-Patient Contact Time



The nurse-patient direct contact time increased from 31% to 51% in May 2013 (65% improvement).

(Registered Nurse, AM shift, Weekdays; n=16 wards and 46 staff, data collected every 4~6 months)

Graph 2: Graph of Teamwork and Communication index



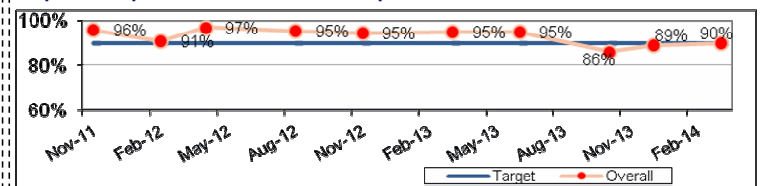
The teamwork and communication results improved from 61% to 78% in October 2013 (28% improvement).

(Registered Nurse, Enrolled Nurse, Health Care Assistance, Ward Clerk) .n = 934 staff (87% of total population, data collected every 4~6 months)

Sustenance Strategies: Engaging everyone

As part of the TCAB sustenance strategy, TCAB reviews are conducted on a regularly where challenges and insights are shared. Such platforms for interaction provides opportunities to strengthen the adoption of TCAB initiatives and builds a sense of teamwork and understanding as the team works towards continuous improvement in patient care, learning from one another.

Graph 3: Graph of TCAB initiatives adoption audit



The TCAB adoption rate across wards sustained at 90% (March 2014). Our nurses are spending more time at the bedside attending to patient/ next-of-kin needs, participating in doctors' round, care coordination, admission, transfer and discharge and performing procedures. The overall satisfaction at the wards has improved by 2.1% (MOH PSS, Oct 2013).



Conclusion

TCAB continues to be our nursing focus and we are committed to sustain and build on these TCAB initiatives. NUH nurses continuously improve our work practice environment for better patient and staff experience.