



*The Story of  
Transforming Care at the  
Bedside*

*Tami Merryman, R.N., M.S., ACHCE, is vice president, Patient Care Services, University of Pittsburgh Medical Center Shadyside. The following is excerpted from an address given by Merryman at RWJF's Nurses Leaders meeting, held Dec. 9, 2004, at The Foundation in Princeton, N.J. Shadyside is one of 13 hospitals taking part in The Foundation's Transforming Care at Bedside initiative.*

UPMC Shadyside has had a rich eight-year history of passion surrounding the creation of the right environment for patients and care delivery. Over 18 months ago, The Robert Wood Johnson Foundation (RWJF) and Institute for Healthcare Improvement (IHI) approached us about the *Transforming Care at the Bedside* (TCAB) initiatives. TCAB was the perfect evolution of our local work in the Clinical Design Initiative to further assure that we achieved our vision of creating the *Hospital of the Future*.

The *Hospital of the Future* is a phrase we as an organization have decided to describe our vision. The *Hospital of the Future* is a facility where every patient receives the right care, at the right time, in the right way, every time. While this is a simple statement, we recognize the significant nature of a large tertiary facility being able to deliver this vision.

I wanted to tell you a story of a life of a day of a nurse on 4 East at UPMC

Shadyside in Pittsburgh, Pa. Our goal is that care is provided by nurses in a patient- centered, reliable environment where work is valued and they love their job.

A nurse arrives at work and the first thing she does is to pick up her non-cellular, personal phone. Up until this point in time, the greatest communication device a nurse had was her feet, running up and down halls as she attempted to do her job. Our research shows that the phone saves every nurse 20 minutes every shift by being able to take calls immediately. House-wide, this provided \$420,000 of time back to the bedside.

She then takes her phone to a location of choice for privacy, dials into “Voice care” to be able to get report. Voice Care is an automated voicemail messaging system for shift-to-shift report. The patient history is permanently in the system if she has never cared for this patient before, along with the pertinent recent clinical information. Voice Care is now also used by the Emergency Dept attending M.D.s to provide admission report to the nurses and the residents assuring smoother handoffs. In addition, through a single call, the nurse manager can reach all staff and provide pertinent safety updates and reminders about care.

Voice Care saves every nurse, every shift roughly eight minutes of time. House-wide, the system change has provided \$267,000 of time back to the bedside.

When she begins her morning assessment and discovers care needs within patient's rooms, the supplies that she needs are immediately available. This saves on average six trips to the supply room and this equates to about 18 minutes a day for every nurse or another \$400, 000 back to the bedside.

As she begins her documentation, she has had an opportunity to redesign this and reduce the work by 50 percent. Whether it be in the new admission assessment form that was reduced from 48 minutes per episode of care to 24 minutes or her daily nurses notes which was reduced from five pages to one page, the work is now meaningful. Again, this provides \$480,000 back to the bedside.

When there are too many admissions or multiple emergent situations on her floor, she is able to pull the vertical chain and designate the unit on a yellow or red status. This provides between 30-60 minutes of time where no new patients can be placed on the department. By empowering the bedside nurse to control the flow of patients, she can assure care needs are met.

If one of her patients begins to rapidly deteriorate clinically and she needs help she is able to call a “Condition C” and have a rapid response team of experts come to support her and the patients needs in this deteriorating time. This solution saved 13 lives last year in our organization.

The nursing station has undergone a “5 S”. This is a technique used to create organization and ease of access. The right supplies are in the right place on an ongoing basis and provide order to the chaotic busy nursing unit.

Patients have their own tablets, which contain guides to support the types of questions they can ask and write down notes of things they would like to remember during physician and caregiver rounds.

Her patients are happy with their meal service because they are able to eat in the liberalized diet format. Patients are eating and learning more (see previous information).

Everyday from 2 to 2:30 p.m., the lights are dimmed, and soft music is played while care continues. “Peace and Quiet” time prevails in the department to add to

the healing nature of the environment. Our research has found this is calming for all and breaks the monotony in a daily hospital routine.

As she would receive a new admission later in the day, the admission team created in 1998, would conduct the initial assessment of that patient and spend time reviewing in detail the medications that that patient was on at home by simply placing them on a single sheet, which becomes an order sheet for the physician. There are then no gaps in home medications to hospital medications that must be reconciled. This saves physician time and assures patients safety and continuity of clinical care. As we know, over 50 percent of adverse drug events (ADEs) occur at these points of transfer.

At 9 p.m., she no longer needs to do routine capillary blood sugars on her patients. We recognized the long-standing practice of testing at this time no longer had clinical merit. This provides \$25,000 back to the bedside.

She knows her discharges through communication with her care team and a simple discharge flag that is placed on the door of every room. The housekeeper finds this most rewarding because she is able to plan her day and organize her work.

When she finds an issue that affects her ability to provide care (if her unit director is not immediately available) the nurse is able to call the 623-ASSIST hot line. The VP of Patient Care office picks up this assist line daily. An e-mail follow-up response is sent to the caller addressing their concern and to the leadership responsible to address the problem.

In this story, you can see in many ways when we fix nursing, we fix health care.

Every minute given back to a nurse is useful productive time that the nurse can *reinvest* in providing value added services back to our patients – saving lives. We have given back \$1,592,000 of time. Removing the waste, listening to patients and employees, and acting upon their suggestions is all part of creating the Hospital of the Future. TCAB has been the strongest vehicle to date that recognizes that the majority of hospital care is still provided in a medical surgical unit. These caregivers live in a world of broken systems, wasted energy and desperately frustrating situations. Our vision of care being provided by nurses in a patient- centered, reliable environment where their work is valued and they love their job is what TCAB is all about. Join our journey.