Care Innovation and Transformation

AONE
The Voice of Nursing Leadership™

To Shape Health Care Through Innovative and Expert Nursing Leadership

Letter from the Director

The CIT program improves outcomes

We all want to achieve better outcomes. The challenge is discovering how. How do I identify opportunities for change? How should I empower my staff? How do I encourage bottom-up, not top-down, problem solving? How do I lead differently? How, exactly, can we achieve better outcomes?

The American Organization of Nurse Executives (AONE) Care Innovation and Transformation (CIT) program answers these questions and more, all within a framework of guiding participating organizations in their redesign of care delivery. CIT provides nurse leaders with the knowledge and tools to improve patient care, hospital performance and employee satisfaction through the engagement of frontline staff, collaboration, innovation and leadership development. The program teaches nursing and interdisciplinary teams how to innovate and measure change, strengthening the organization from the bottom up.

As director of CIT, I have had the privilege of collaborating with many frontrunners of innovation in the nursing community, and witnessing stories of dramatic change and outcome improvement. I invite you to consider the benefits of CIT participation in our next cohort, and envision the change you and your team can achieve.

But first, continue reading about your nurse leader colleagues as they offer first-hand accounts of how the CIT program inspired their teams to embrace change and adopt innovative practices that improved clinical outcomes and the overall quality of care.

Sincerely,

Amanda Stefancyk Oberlies

Amanda Stefancyk Oberlies, MSN, MBA, RN, CENP, PhD(c)
Director, Center for Care Innovation and Transformation
AONE

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CIT faculty and keynote speakers

Debra Gerardi, JD, MPH, RN

Debra Gerardi, JD, MPH, RN, is chief creative officer, Emerging Healthcare Communities (EHCCO), Half Moon Bay, Calif. Debra is a mediator and health care conflict engagement specialist providing mediation and facilitation services, conflict assessment and coaching, systems design and conflict engagement training programs for healthcare organizations internationally. She has provided professional services to over 100 leading organizations including: the American Association of Critical-Care Nurses, the Agency for Healthcare Research and Quality, the Joint Commission and Joint Commission Resources, the World Health Organization World Alliance for Patient Safety, and more.

Rosemary Gibson, MSc

Rosemary Gibson, MSc, is senior advisor to The Hastings Center and an editor for JAMA Internal Medicine. She led national initiatives to improve health care quality and safety at the Robert Wood Johnson Foundation for 16 years. She was chief architect of the foundation's decade-long strategy that successfully established palliative care in more than 1,600 hospitals in the U.S. She is the recipient of the Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine.

Barbara Mackoff, EdD

Barbara L. Mackoff, EdD, is a consulting psychologist, author, and educator and a recognized authority on nursing management and leadership. She is an AONE senior faculty member and a Fulbright specialist. She has been a visiting professor at Adelphi University as well as at the Molloy College School of Nursing's PhD Program, a visiting scholar at Massachusetts General Hospital and Brigham and Women's Hospital in Boston. She is the author of six books, including *Nurse Manager Engagement: Strategies for Excellence and Commitment*.

Rocco Perla, EdD

Rocco J. Perla, EdD, director, analytics, UMass Memorial Health Care (UMMHC), oversees the measurement program in the Office of Quality and Patient Safety and provides leadership in the areas of improvement science, statistical process control, survey design, and dashboard development. He is also assistant professor of Family Medicine and Community Health at the UMass Medical School where he works in the area of program evaluation and outcome assessment. Dr. Perla is a consultant to academia, industry, and government and was a 2008-2009 George W. Merck Fellow at the Institute for Healthcare Improvement.

Timothy Porter O'Grady, DM, EdD, ScD(h), APRN, FAAN, FACCWS

Tim Porter-O'Grady, DM, EdD, ScD(h), APRN, FAAN, FACCWS, is the senior partner of Tim Porter-O'Grady Associates, Inc., in Atlanta, Ga. He is associate professor, leadership scholar, Arizona State University, College of Nursing and Health Innovation, Phoenix, Ariz.; clinical professor and leadership scholar at the Ohio State University College of Nursing in the Executive DNP program; a member of the Dean's Advisory Board and an adjunct professor at Emory University, School Nursing, Atlanta, Ga.

Gina Adair (left), nurse manager, and her team from Texas Health Harris Methodist Hospital Southwest Fort Worth, Texas, presenting their poster at a recent CIT meeting in New Orleans.

Traditional CIT vs. Customized CIT program

What is CIT?

AONE believes the care models of the future will be significantly different than those used today. The Center for Care Innovation and Transformation is the laboratory where leaders develop the skill sets needed to design new care models. The Care Innovation and Transformation (CIT) program is a collaborative, workshop-style of series of lectures and training modules conducted by AONE designed to help nursing unit leaders and their staff improve patient care, hospital performance, and employee engagement. While CIT emphasizes change through nursing leadership, its approach is not exclusive. The CIT program teaches an interdisciplinary approach to quality improvement, offering the bedside nurse the opportunity to lead.

CIT offers two types of programs: the Traditional CIT™ program and the Customized CIT™ program.

Traditional CIT program

The Traditional CIT program brings inpatient units as well as pre- and post-acute care settings (ambulatory, rehabilitation, long-term care, among others) together as a learning cohort providing nursing and interdisciplinary team instruction in innovation and change. Each CIT cohort is comprised of 15-20 hospitals or health care organization teams from across the nation that progress together as a learning community during the two year program. Instruction is offered to CIT program participants at two meetings per year in venues across the country. Additionally, program participants engage in monthly conference calls and webinars to share progress updates.

Customized CIT program

The Customized CIT program provides the same training and education benefits as the traditional program and takes place on your organization's campus—to reach more units, more efficiently, and with less expenditure. Up to 20 inpatient units, departments, and pre-and post-acute care settings may participate per program. The program is designed to meet your organization's specific needs, with a focus on achieving *your* goals and priorities. The customized program provides the opportunity to train more participants in less time than the Traditional CIT program—and because CIT comes to your campus, you save the costs associated with travel for your program participants. While this approach limits the interaction with unit teams across the country, you are encouraged to include your organization's pre-and post-acute care colleagues to diversify innovations, enhance relationships, and improve care across the continuum.

Debra Ruddy (second from left) and her team from Main Line Health Paoli Hospital, Paoli, Pa., presenting their poster at a recent CIT meeting in Charleston, S.C.

CIT program helps nurse units improve outcomes in patient experience and employee engagement

Cindy Brown, MSN, MHA, RN, CAAMA-FACCA, BC, vice president, HealthPark Medical Center & Heart and Vascular Institute, Fort Myers, Fla., spoke with AONE about how the Care Innovation and Transformation (CIT) program transformed the staff culture and improved patient satisfaction and employee engagement outcomes.

As a nurse leader, what interested you about the CIT program and led to your hospital submitting an application to participate in CIT?

The decision to have our nurses participate in the Care Innovation and Transformation (CIT) program came from Donna M. Giannuzzi, our chief patient care officer and chief administrative officer for HealthPark Medical Center, part of Lee Memorial Health System.

Donna had prior experience with the *Transforming Care at the Bedside* (TCAB) program and knew our health system would benefit from the CIT program. Each one of our four acute care facilities chose one unit to participate in the CIT program.

Our CIT journey at HealthPark Medical Center began two years ago at a cohort meeting in Orlando, Fla. We selected the medical/surgical units because we believed they had the greatest opportunity for improvement, and the nursing directors were committed to process improvement and a shared governance model of management. As vice president for HealthPark, I've always believed our staff nurses at the forefront of care delivery have the answers and that leaders have the opportunity to empower nurses to adopt best practices that improve care and create a more efficient workplace. I knew the CIT program would provide the training and resources to support our nurses and nursing directors to do just that.

Cindy Brown (right) and her team of nurse leaders at the CIT meeting in New Orleans.

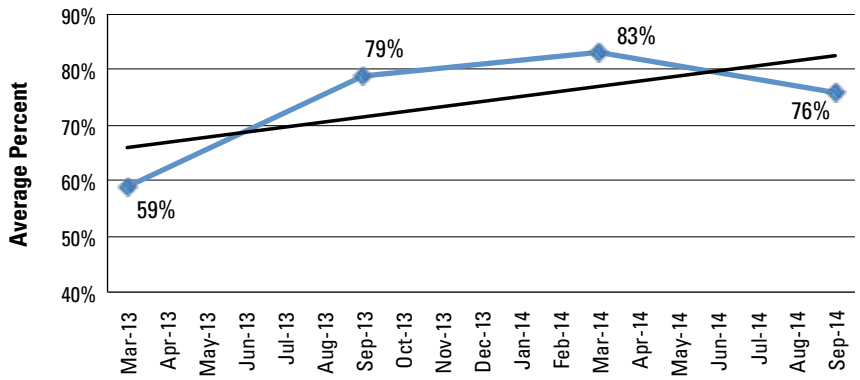
What outcomes were experienced as a result of the program?

We have seen a change in the culture of the CIT teams. There is a big difference—when you walk on the units, you can see the teamwork, you can feel the spirit, the engagement, and the focus on patient safety. It's a palpable cultural difference. The nurses have each other's backs, they are concerned about what is best for the patient, making sure the patient is safe and well cared for.

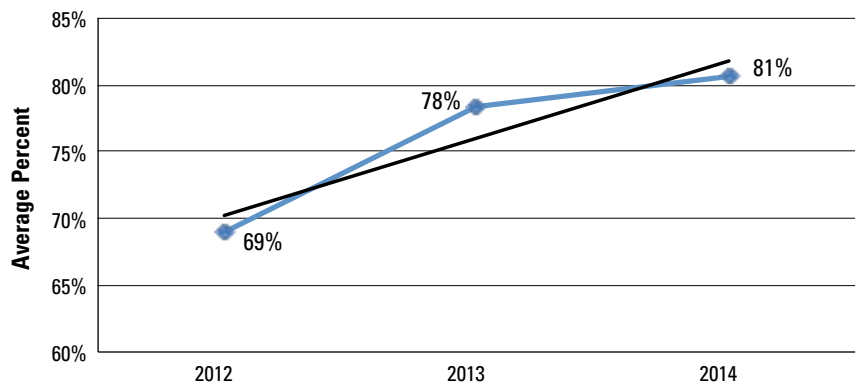
Because the culture change was so palpable on the unit, I was confident our data would show an improvement—and it did. For example, our 7 West CIT team posted impressive improvements to their unit's Patient Experience Value-Based Dimensions. The eight dimensions include: RN communication, MD communication, responsiveness of staff, pain management, communication about medications, cleanliness and quietness, discharge information, and overall rating. At baseline, in March of 2013, the team's average in these Value-Based Dimensions was 59%. Fast forward to the next year, that number rose to 83% and 76% in March and September, respectively

"We believe these outcome data have a lot to do with the culture change experienced as a result of the CIT program."

Graph 1: Patient Experience (7 West)



Graph 2: Employee Engagement Index (7 West)



(see Graph 1). The 7 West team also experienced increases in their Employee Engagement Index. In 2012, the unit was at 69%; in 2013, it was 78%; and in 2014, our results for 7 West reached 81% (see Graph 2). In addition to these metrics, our CIT unit has gone more than one year without a catheter-associated urinary tract infection (CAUTI).

The CIT program focused on building the team. By getting outside of the work environment, the staff nurses felt more appreciated by the administration and felt we were committed to what they were doing. The didactic and course work were important, but all of the other things—camaraderie, team building and spending time together—helped glue together what was learned.

We have also witnessed leadership growth in the staff. Since the CIT program began, we have had seven nurses enroll in baccalaureate (BSN) programs and four in masters (MSN) programs. Eight nurses have also sought specialty certification in medical/surgical nursing. My colleagues and I believe that with the certifications and the increased enrollment in BSN and MSN programs the nurses are demonstrating further commitment to their professional development. We believe these outcome data have a lot to do with the culture change experienced as a result of the CIT program.

What would you say are the strengths of the program?

One of the strengths of the CIT program is exposing staff nurses to national thought-leaders like Tim Porter O'Grady, Debra Gerardi, and Barbara Mackoff. Other strengths include teaching valuable skills in process improvement, team building, conflict management and problem solving. In addition, the ongoing conference calls kept everyone on track by monitoring, measuring and mentoring us throughout our CIT program journey.

What would you say to people thinking about joining the CIT program?

The return on investment and time with the CIT program is outstanding for both the staff nurses and to the organization. With the appropriate level of top-down support (e.g. I attended the symposiums with the staff), the CIT program delivers change to both the staff nurses and the organization's culture. The end result—you get a safe organization providing high-quality care in the safest and most efficient way.

CIT grows leaders and the unit leaders should embrace that empowering management style—someone that embraces and endorses the shared governance model of decision making—because those teachings are the core of CIT. The infrastructure of shared governance and the empowerment model are needed at the foundation for CIT to be successful. You need that value system within your team and management.

CIT empowers nurses to lead change for improved patient care

AONE spoke with Midland Memorial Hospital's Senior Vice President and Chief Operating Officer Bob Dent, DNP, MBA, RN, NEA-BC, CENP, FACHE, about how the AONE Care Innovation and Transformation (CIT) program gave his staff the resources they needed to make decisions to improve patient care and the patient's overall experience.

What interested you about the CIT program and led to your hospital submitting an application to participate in CIT?

There is a difference between the Traditional CIT™ program and the hospital-based, or the Customized CIT™ program. In 2011-2012, we sent our 3Surgery team around the country to the Traditional CIT program. Different frontline managers, the director, educator and I attended. We learned a lot and the speakers were wonderful.

When our team returned from the meetings they were on fire. We saw a lot of improvement in our 3Surgery department throughout the initiative. Based on that, we were interested in bringing CIT to our entire organization and became the first Customized CIT hospital. AONE created a new customized program that delivered the same content as the traditional program, with special dedication and focus to augmenting and supporting our organization's strategic goals. We included all of our nursing teams and made sure to expand the program to our inter-professional teams–pharmacy, therapy, rehab, cardiopulmonary, laboratory and others. We were excited to be AONE's first Customized CIT hospital.

AONE brings the CIT speakers to our hospital's campus. We have a team of 60 or more participating in the AONE CIT Initiative. During our CIT meetings, staff participate in an interactive poster session using the Ring of Knowledge exercise. Staff present their poster to their peers and then hand out a knowledge card (which is often a 5x7 inch version of the information on the poster). Those listening to the poster presentation take the card and transfer it to a 2-inch metal ring. After the poster session the participants have a ring filled with information about all of the posters—a ring of knowledge. Staff then return to their units and departments and share the information with their co-workers. All of our departments are participating in projects with pre-intervention, intervention and post-intervention data. They disseminate the information, and what's working well in one department is often picked up in other departments as a result of the work that's done through the CIT program.

> "The CIT program puts your shared governance on steroids—it's shared governance at its best."

What would you say are the strengths of the program?

The speakers that have been brought here have provided our staff with a diversity of knowledge. People like Tim Porter-O'Grady and others have been invited to Midland to present to our staff. We have employees new to the nursing profession and they have not had access to that caliber of information. It opens up people's minds to different approaches to professional practice.

The CIT program has helped our staff learn how to better ask questions so they are empowered to make changes within their departments. Through the CIT program we've strengthened the process to be able to answer these questions and effectively make changes.

These changes have come from CIT and shared governance. Our staff also work with the institutional review board (IRB), and we have hired a part-time nursing doctorate who leads a new Academy of Inquisitive Thinking, a six to eight-month course open to all staff. The combination of the AONE CIT program, our maturing shared governance structure and hiring this faculty member is giving the staff resources they need to make decisions to improve our patient's care and experience.

How does including the inter-disciplinary participation in the program impact patient care?

It has done wonders. Nursing does not deliver patient care in isolation. It helps with team building and improves communication across disciplines. Our shared governance structure is completely inter-disciplinary. It is

Midland Memorial Hospital is the first AONE Customized CIT hospital.

easier for us to change practice when the teams are working together. For example, we have laboratory professionals providing their thoughts, giving a different perspective. There is power in diversity of thought.

What kind of skills are developed out of the poster presentations?

There are many skills, such as learning how to ask questions, then understanding the measurement tools and the Plan-Do-Study-Act (PDSA) cycle. They are looking at the pre-intervention data, saying this is not good enough; learning how to research evidence-based or best practices; and understanding how to develop an implementation plan based on their findings. They are learning the change management process; they implement small tests of change versus a big-bang type of change management. They are also learning how to create sustainability plans for improvements through the program.

On the backend, with the rings of knowledge and poster presentations, they learn how to prepare a poster and present to an audience. Some of our staff members have gone on to submit poster presentations to professional organizations. That has helped them improve their professional practice of nursing and the professional practice of our ancillary staff.

What outcomes and improvements were experienced as a result of the CIT program?

In combination with CIT and other programs, we have seen an improvement in employee satisfaction. We have also seen a significant improvement in our patient satisfaction between 2013 and 2014. We went from all-time lows in patient satisfaction in early 2013 to near record high patient satisfaction scores in late 2014. We just paid out a $2.5 million bonus to our employees for reaching stretch targets on patient satisfaction. As far as the unit level test of change, nearly every department has created their poster presentations with the Rings of Knowledge, and those departments have data that show improvement in employee and patient satisfaction.

What would you say to people thinking about joining the CIT program?

Whether it is the traditional or customized program, I think it's wonderful and I would say just do it. We have had a great experience here at our hospital and there's a lot of engagement. We have had a shared governance structure in place for years, but the CIT program puts your shared governance on steroids; there's so much work and so much empowerment that goes into CIT that it's shared governance at its best.

What is your philosophy on leadership?

Leadership is about creating a work environment where people can perform their best. It's about removing barriers to allow people to work as autonomously as possible. We typically have this mantra—if it's not going to hurt anyone, try it and we can always have an exit strategy if we need to. But the only way to make improvements is to really be empowered and make changes. Transformational leadership and change management learned in CIT are an important part of that.

The Customized CIT program provides the same training and education benefits as the traditional program and takes place on your organization's campus—to reach more units, more efficiently and with less expenditure.

Highlights

1. Customized: Program is designed to meet the strategic goals of the organization.
2. Rapid cycle change: Frontline staff and unit-based leaders are taught methods of change and improvement using the rapid cycle change process.
3. Leadership development: Leadership skills of the frontline staff are developed and the nurse manager's skill set is expanded. CIT fosters an environment in which frontline staff take ownership and pride in unit improvements driven to completion with minimal nurse manager involvement. Nurse managers become more strategic in their role, building expertise in leadership, data analysis, and conflict engagement.

CIT drives staff-led innovation that improves the quality of care

Adele Keeley, MA, RN, nurse director of Phillips 21, a twenty-bed gynecology/oncology unit at Massachusetts General Hospital, Boston, Mass., spoke with AONE about her experience in the Care Innovation and Transformation (CIT) program. She describes the CIT program as instrumental in driving staff-led innovation to improve quality and safety outcomes, as well as fostering staff leadership.

What inspired you to participate in the CIT program?

I was inspired based on a previous experience with a grant my unit received when I was the director of the Medical Intensive Care Unit. I knew the CIT program would be a similar experience and would be a platform for change on my current unit. When I looked into the CIT program, the hospital supported our innovation specialist, Barbara Blakeney, and me to apply for and participate in the CIT program.

What were some of your goals in completing the CIT program?

Our goal when we became involved in the CIT program was to focus on improving the quality and safety of patient care, developing staff autonomy and leadership skills. Because I spend a lot of time in the clinical area alongside nurses at the bedside, I know they often have great ideas to improve patient care, but they don't always have the knowledge and skills to implement these changes. I was very interested in staff-led innovation and how I could become better prepared to support nurses at the bedside to implement their innovative ideas. I was really excited when I learned CIT taught the skills needed to successfully implement and evaluate innovative changes. During our participation, staff became experts in the improvement and innovation process. They were then able to teach these techniques to others and spread it throughout our organization.

> "We used to look for things that we thought were broken and needed to be fixed; now we look for things that may not be broken, but can be improved."

We've been able to do that by partnering with other units that have talked to my staff about how to improve their patient satisfaction scores and how to sustain improvements—because that's what it's all about.

After participating the CIT program, how has the program changed the culture of your unit?

Shortly after beginning the program, I saw staff taking greater ownership of their practice. Instead of thinking of an idea that could be fleeting, the program taught me to step back and let staff formulate and implement the change. One of the roles of the nurse leader in this program is to encourage the staff to come forward and embrace the notion that everyone can contribute—it's a way of capturing and fostering their innovative ideas.

The other aspect I really loved about the staff nurse development with CIT was that they had the privilege of attending all of the in-person national meetings. These meetings consisted of 24 other hospitals that were a part of our learning cohort. The staff were truly participating in a national conference—presenting their outcomes, their posters, networking with nurses and other care providers, and sharing ideas. Providing an opportunity for your staff to be part of a national focus on improving quality and being able to talk to nurses and care providers from all over the country was a wonderful opportunity for our nurses.

Our clinical nurse specialist, Julie Cronin, went on to win the 2013

Adele Keeley with her team of nurse leaders presenting their findings in a poster at a recent CIT meeting in Tampa, Fla.

Giving Excellence Meaning (GEM) Award for clinical inpatient nursing—an award that recognizes nurses who demonstrate superior clinical knowledge and skill and apply it in ways that impact quality care and patient outcomes. That's just one example of how our work in the CIT program provided a lot of leadership development for us.

How did participating in the CIT program help your HCAHPS scores?

CIT encourages nurse leaders to guide staff in running a small test of change, which may have a great impact on patient experience. That happened for our unit in a dramatic way—the improvement in our HCAHPS scores. Now we are one of five units in the hospital that is leading the way with exceptional HCAHPS scores—specifically our quiet-at-night scores. During our engagement in the CIT program, we moved from a mostly semi-private unit to another area in the hospital that had all private rooms. Our quiet scores did improve initially right after the move, but once our nurses became involved in their quiet-at-night initiative, our scores hit the high 70 percent range and have since reached 80 percent.

During the CIT program, all of our HCAHPS scores went up—nurse communication, nurse responsiveness, discharge planning—all of those scores improved. I attribute that to the CIT program. The staff feels they have grown as a result of participating in CIT. We wrote an article for AONE's newsletter *Voice of Nursing Leadership*. In that article, we described staff feedback about CIT, and one nurse was quoted as saying, "We used to look for things that we thought were broken and needed to be fixed; now we look for things that may not be broken, but can be improved."

What would you tell people thinking about participating in the CIT program?

I am reminded of the quote by Darwin, it's neither the strongest of the species that survives nor the most intelligent but the one that's most adaptable to change—leaders in nursing and health care need to understand and embrace change.

The CIT program brings together small rural and large hospitals and allows nurses from different parts of the country to come together and share. For nurse leaders thinking of participating in CIT, you'll be amazed at how staff embraces being part of a national program and takes ownership of the program. They'll say "I presented a poster at a national conference" or "I gave a presentation on one of our innovations at a national meeting."

We are currently preparing to publish an article about how staff-led innovation improves quality and safety outcomes, helps with leadership development and improves quality of patient care. Staff love to be part of the innovation, and they continue to innovate even after the formal program has been completed. It really changes the culture—and it's enduring. This new culture is here to stay and it is worth the investment.

> "It's neither the strongest of the species that survives nor the most intelligent but the one that's most adaptable to change"

CIT empowers staff to bring innovations to life

The Care Innovation and Transformation (CIT) program trains nursing unit leaders and staff to improve patient care, hospital performance and employee engagement. AONE recently interviewed Danette Butterfield, MSN, RN, nurse director, neurological telemetry (NT)/neurological progressive care unit (NPCU), Methodist Hospital, San Antonio, Tex, who led her staff in implementing CIT techniques and found surprising results in both patient and employee satisfaction.

What are your initial impressions of CIT?

Going to the first session of CIT was very inspiring. You get so energized by what you and your staff can do and the unit as a whole.

Upon our return from our first meeting, the group that attended CIT took the opportunity to do some of the team building excercises we learned at CIT to bring our staff together and convey that we really wanted everybody to contribute their ideas. It was fun and got the staff excited about the possibilities.

Have you seen a change in staff taking greater ownership of their practice?

At first, we tried to get everybody involved and found it to be quite the challenge. We decided to focus on getting just 10% of the staff involved, which had a snowball effect. As soon as the staff figured out we truly were listening to them, the rest of the staff started buying in. Once they saw the success of their projects, they became more energized and wanted to be involved.

After attending the CIT program, how has the program changed the culture of your unit?

We started our CIT program in March of 2013. Since that time, we've become more of a transformational type of unit. Our staff has realized that they own their practice and that they are an important piece in improving quality of care and their profession as a whole.

> "We've stayed above the 75th percentile for patient perception of care."

We like to get as many of the nurses, doctors and administrative staff onboard with our projects as we can. It truly is a collaborative effort. CIT has brought out those unexpected leaders. Every member on the team knows they are encouraged to contribute. CIT has made the team whole.

How has the program impacted staff autonomy?

Our staff has become more autonomous by taking ownership of their practice. Now when they see an issue, they know they can make a difference. For example, our seizure patients were falling more often and one nurse worked on a project to help seizure patients stay safe. Another nurse put together a packet of helpful tools for new residents. Two nurses took on a project to reorganize the supply room and our scanning rates went from 18% to 86% in one month.

Over the last few months, we've stayed consistently above the 75th percentile for patient perception of care. We improved our employee engagement from 66% to 79%. The staff came up with ideas to solve the issues. By owning it, they were more focused on making the projects successful.

What have you seen as far as leadership development?

Our staff members are taking on leadership roles. One of the nurses on our CIT team received a citywide nursing excellence award for her contributions. She has been inspired to go on and work on her masters.

Another member of our team is looking at moving on to health care administration. You find the talent in individuals when you inspire them to think outside the box.

The staff is now not afraid to speak up and share their ideas no matter how outside the box they may seem.

From left to right: Danette Butterfield, Elizabeth Grona, Kassandra Hunt, Christen Casias and Diana Bravin.

How has implementing these changes affected the quality of patient care?

It has improved the quality of patient care on the unit. One project involved improving education on how medications affect patients. Using flash cards with side-effects for the most commonly administered new medications is a fast and easy tool to aid in teaching patients and family about these medications. The nurses now speak to the patients more often about the side effects – our scores in the first quarter for communication about medications and side effects jumped from 44% to 80%.

We also took on a new project to better manage the pain of our patients on the unit. We plan to present the results of this project at our final CIT conference in September. We know the nurses can make a difference because they are always changing and improving the innovations. CIT teaches you to continually evaluate and improve your clinical practices.

What would you tell people who are thinking about joining the CIT program?

I think CIT provides a great foundation for ideas on how to think outside the box and move staff forward in taking more ownership for their practice. It is not easy. It takes work.

People want to know the why and the how: if you know why you do it and how, you can improve the process. Not everything you do will be successful, but just think of it as research and a learning experience. I'm sold on CIT. Organizations need to be ready to transform and you need the support from your leadership to allow nurses to make the changes. You need organizations that believe in transformational leadership. They need to empower their staff to bring those innovations to life. CIT helps do just that.

CIT fosters ownership and accountability of nursing practice

The Care Innovation and Transformation (CIT) program trains nursing unit leaders and staff to improve patient care, hospital performance and employee engagement. AONE recently interviewed Marites Garcia, BSN, RN, CMSRN, charge nurse, Quality Council Chair & CIT Co-Lead, Gulf Coast Medical Center, General Medicine, Fort Myers, Fla., who led her fellow nurses in raising patient satisfaction to a whole new level.

After attending the CIT program, from a staff/charge nurse perspective, how has the program improved your practice and the practice of your peers?

When we were first introduced to CIT, I felt like a novice nurse, chore oriented on how we should carry out the program on our unit. We were so excited when we came back from our kick-off meeting that we implemented quick wins—one after the other without even thinking about how we would measure the success of the changes. With additional support, training and resources provided by AONE, we became data oriented. We have learned to measure our success through analysis of both qualitative and quantitative data.

Today, we analyze using the personal digital assistant results, patient satisfaction scores and surveys. CIT taught us to constantly look for ways to improve our workflow to save time and resources while providing high quality and safe patient care. Instead of getting frustrated over the inefficiency of a broken process, we now look at it as an opportunity for a new test of change.

What did you learn in the CIT program that improved the delivery of patient care in your unit?

CIT made our staff more aware and sensitive to factors that affect the way we deliver patient care. Factors such as non-value added time and wasted resources. The CIT program taught us how to measure and improve our value-added time so that we spend more time at the bedside. CIT has brought our perception of patient satisfaction to a whole new level.

> "CIT encourages leadership growth for all and fosters ownership and accountability."

From left to right: Director of General Medicine Nancy Kaplan, Charge Nurse Marites Garcia and the Gulf Coast Medical Center staff at a recent CIT meeting.

What would you tell people thinking about joining the CIT program?

CIT is a wonderful thing that happened to our unit. We are fortunate not only to be part of the transformation but also to actually initiate the changes to improve bedside care. This is an opportunity for the frontline staff to voice their ideas while the leaders listen. CIT encourages leadership growth for all and fosters ownership and accountability. CIT assists us in attaining our institution's mission, which is to be the first choice in providing health care in south-west Florida.

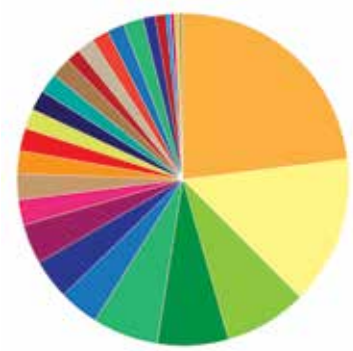
How do you plan to continue to apply what you learned through the CIT program?

For me, personally, CIT gave me the opportunity to enhance my leadership skills and broaden my quality-improvement knowledge. It taught me to celebrate every little success because big changes don't occur overnight. There are no failures in CIT, just challenges. I appreciate my leaders more because I now know how much determination it takes to implement a new process. CIT taught me the method of transformation through innovation as well as other skills and knowledge necessary to run a successful program, such as conflict resolution, sustaining the gain and strategies to manage change. As a charge nurse, CIT is a great tool for guiding my peers toward delivering better care.

Time Study RN

Time Study RN, developed by Rapid Modeling Corporation, is an optional tool offered in the CIT program to help nursing units actively measure their time and motion. Nurses use personal digital assistants (PDAs) to collect data about their daily activities and software is provided to analyze the subsequent data. Each unit has the ability to fully customize their reporting based on questions that are of interest to them. Hospitals are encouraged to add their technology to evaluate their innovations and increase time in value-added activities.

Time Study RN participants will also have access to a national benchmarking database. The database allows each participating hospital to compare its performance against national benchmarks. Ultimately, the goal of the database is to inform their decision making. The database also allows participants to identify high-performing units throughout the country and provide opportunities for collaboration. Communication with other units is facilitated through a private messaging system that allows users to maintain confidentiality and anonymity.



Analysis of Nurse Activities

Documentation	23.3	Comm w/care team	1.9
Medications	14.3	Report	1.9
Bedside procedure	8.1	Care conference	1.6
Vital signs	7	Look for equipment	1.6
Personal time	6.2	Look for supplies	1.6
Patient services	3.9	Admit/discharge	1.6
ADL	3.9	Assessment	2
Other	3.9	Emergency	1.2
Incontinence care	2.7	Teaching	1
Chart review	2.3	Ice/beverage	0.4
Wound management	2.3	Comm w/family	0.4
Computer data entry	2.3	Training	0.4
Comm w/patient	1.9	Look for person	0.4
Care rounds	1.9		

Dionne Perry, clinical supervisor, and Timothy Horttor, clinical educator, Critical Care Unit, Orange Coast Memorial Medical Center, Fountain Valley, Calif., presenting their team's poster at a recent CIT meeting in New Orleans.

AONE
Center for Care Innovation and Transformation

Ignite change.

Care Innovation and Transformation (CIT)

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