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The care innovation and transformation program

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Abstract

The Center for Care Innovation and Transformation is the laboratory that leaders improve the ability sets needed to style new care models. The Care Innovation and Transformation Program is a conniving, workshop-style of series of lectures and training modules conducted by The American Organization of Nurse Executives designed to assist nursing unit leaders and their staff improve patient care, hospital performance, and employee engagement. The Care Innovation and Transformation program teaches nurses and interdisciplinary teams how to make innovation, how to improve healing and how to measure change and strengthens the organization. The Care Innovation and Transformation program encourages health professionals to improve the quality of care and empowers staff to apply these innovations. It also develops the responsibility and accountability of nursing practices. Some of the benefits of the program include shortening of the time of transfer from the emergency unit to the inpatient clinic, reduction in falls, improvement in nurse-patient communication, and reduced working hours. This review was carried out in order to introduce The Care Innovation and Transformation Program.

Keywords: Care; innovation; program

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1. Introduction

The Center for Care Innovation and Transformation is the laboratory that leaders improve the ability sets needed to style new care models (www.aone.org). The Center for Care Innovation and Transformation was created by American Organization of Nurse Executives (AONE) in 2010. This center oversees quality and the newly formed The Care Innovation and Transformation (CIT) program. The CIT program of AONE enhances patient care, hospital performance, and employee satisfaction by means of the engagement of frontline staff, collaboration among interdisciplinary partners, innovation, performance improvement, and leadership development. This program teaches nurses and interdisciplinary teams how to make innovation, how to improve healing and how to measure change and strengthens the organization. The program creates capacity for the care providers who closest to patient care to modify the way they provide care. As a result of participating in the CIT program, significant improvements begin to arise (Oberlies, 2014).

2. History of CIT Programs

The Transforming Care at the Bedside (TCAB) program was created in 2003 as a joint venture of the Robert Wood Johnson Foundation (RWJF) and the Institute for Health in response to the 1999 Institute of Medicine (IOM) report that claimed nearly 100,000 patients die each year due to preventable errors (<http://www.aone.org>). The IOM noted that efforts were still needed to improve safety and reduce errors, including development of data standards for patient safety information, establishment of a national health information infrastructure, and comprehensive patient safety programs in health care organizations (Bleich, 2005). The IOM report called for a transformation of nurses' work environments to reduce preventable errors. The TCAB program was designed to empower nurses at the bedside to lead and drive that change. Expanding upon the success of a two-year (2007-2009) TCAB demonstration project with the RWJF, AONE launched the Center for Care Innovation and Transformation (CCIT) in 2010. The CCIT oversees the CIT program, which is grounded in the basic tenets of TCAB, but additionally provides targeted education for the nurse manager role (<http://www.aone.org>).

3. Program Features

The features of the program are "targeted education for nurse managers using AONE resources for nurse leadership development and growth", "quality improvement tools for the nurse leader", "links the work of quality improvement, leadership development, and innovation to the national health care reform agenda". Applicants identify and describe a unit, team or department to participate in the program and teams are composed of one manager and four frontline staff members. Participants attend four in-person meetings during a two-year period in the program. Also, participation includes monthly conference calls, submission of monthly innovation logs and bi-annual webinars. Team members commit to spreading CIT to other members of the hospital or health care organization. AONE members and non-members, hospitals and other healthcare organizations across the United States and internationally, inpatient and outpatient teams from a variety of setting and staff nurses, unit leadership, interprofessional team members and support staff have the right to participate to the CIT program (<http://www.aone.org>).

4. Types of the CIT Programs

The CIT tenders two types of programs: the traditional CIT program and the customized CIT program (<http://www.aone.org>).

Each CIT cohort is comprised of 15-20 hospitals or health care organization teams from across the nation in traditional CIT program. These teams progress together as a learning community during the two year program. This program brings inpatient units and pre/post-acute care settings together as a learning cohort providing nursing and interdisciplinary team instruction in innovation and change. 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 (www.aone.org).

The Customized CIT program is designed to increase the volume of participants while decreasing costs for the organization. This program ensures the same training and education benefits as the traditional program. It also takes place on participant'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 organization's specific requirements, with a focus on managing specific goals and priorities. The customized program provides the opportunity to train more participants in less time than the other CIT program. This approach restricts the interaction with unit teams across the country, but the participants are encouraged to include their organization's pre-and post-acute care colleagues to diversify innovations, enhance relationships, and improve care across the continuum (<http://www.aone.org>).

In both programs, units or teams meet twice per year for a 2-year period. In between the in-person meetings, units are connected through monthly conference calls, as well as educational webinars and a CIT listserv (Oberlies, 2014).

5. Program Outcomes

Improvement in professional development, reduction in case of ignorance by the administrator, and increase in consideration of opinions in decisions about nursing practices were reported in health care organizations where the program was implemented (Oberlies, 2014). One significant improvement was the movement of end-of-shift nurse hand-off from the nurse's station to the patient's bedside, resulting in improved nurse-patient communication and a decrease in incremental overtime. Shortening of the time of transfer from the emergency unit to the inpatient clinic was stated by Oberlies (2014). Other outcomes of the program include reduction in falls, improvement in nurse-patient communication, reduced working hours, increasing love of work, feeling empowered by nurses, and increase in employee desire to continue in institution. Feedback about the program describes it as a springboard for positive changes in patient care. Participating units routinely experience significant improvements in teamwork and team cohesion and a decrease in nurse turnover. Oberlies (2014) stated that "after the program, participants describe their unit as a destination unit for staff and patients and nurses want to work on these units and spend time on a waitlist to become part of the unit". Oberlies (2014) also stated that "physicians want to admit patients to the unit and patients prefer CIT units and nurses are being reenergized during their 2-year participation". Managers are also reaping the benefits.

6. CIT Program Benefits

The benefits of the program can be summarized as follows (<http://www.aone.org>):

- A resource for nurse leaders seeking to transform not only care delivery but also hospital culture, so that innovation and transformation becomes a daily pattern
- Access to renowned experts in change management, leadership accountability, conflict engagement and performance improvement strategies
- Exposure to and benchmarking with nursing and interprofessional colleagues from across the country facing a similar journey to change
- AONE's proven track record of working with over 200 hospitals across the country on redesigning health care delivery

7. Conclusion

As a result of participating in the CIT program, significant improvements begin to arise. The CIT program can support the professional development of all health care professionals, improve quality of care, and give a fresh perspective to health care. As Oberlies (2014) underlines, as nurses' ideas are encouraged by unit and organizational leadership through this program, nurses' voices grow louder and a new confidence and optimism replace apathy.

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