

# Innovations in Care Delivery: Implementation of a Team-Based Acuity-Adaptable Model on Medical and Progressive Inpatient Units



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## Introduction

High-quality inpatient care delivery is a key aim of health care systems worldwide. Health care leaders are seeking innovative models of care that elevate the efficiency and effectiveness of care delivery, such as the acuity-adaptable model (AAM). Research suggests the AAM reduces intra-unit transfers, decreases medical errors, lowers costs and improves patient satisfaction. However, evidence indicates the AAM can be difficult to implement and sustain on medical and progressive care units.

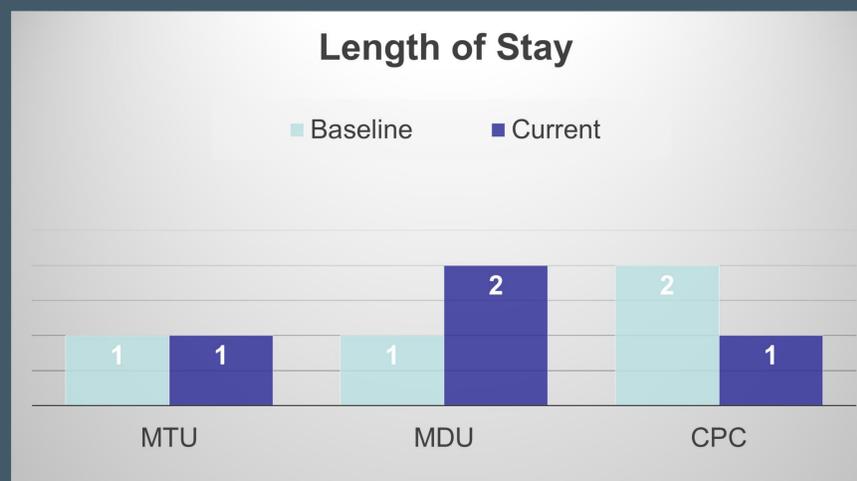
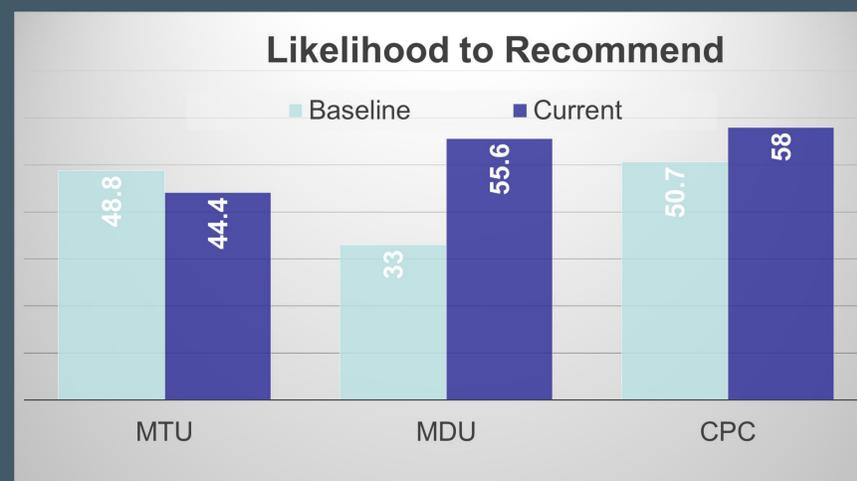
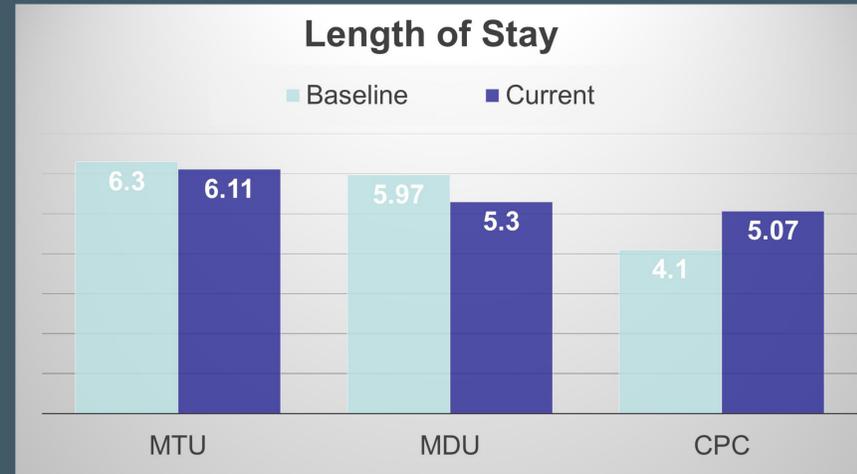
## Purpose

At an Indiana teaching hospital, an interprofessional team convened to evolve the AAM into a Team-based Acuity-adaptable Model (TBAAM) and test it on medical and progressive care units.

## Methods

- TBAAM was initially tested on a new 10-bed medical-progressive care unit where nurses were adept at managing patients across varying levels of care.
- Over a four month period, TBAAM spread to three medical and progressive care units.
- Spread followed LEAN processes through a vertical value stream approach.
- Each member of the team signed a written commitment to the model.
- A survey measured unit staff readiness for change and adoption of the new model.
- Nurses created interprofessional standard work for TBAAM and it's spread.
- Educational sessions were held for all team members on units that did not typically care for patients with fluctuating levels of care.
- Ordering and arranging all necessary resources, such as cardiorespiratory monitors for medical units and medication availability, were made a priority.

## Results



Abbreviation Guide:  
MTU: Medical Telemetry Unit;  
MDU: Medical Diabetic Unit;  
CPC: Cardiac Progressive Care

## Practical Implications

Three key features of the TBAAM were  
1.) Dedication of two hospitalist physicians to each unit 10 hours daily  
2.) Daily interprofessional rounding  
3.) Patients stayed on the same unit when level of care fluctuated between progressive and medical.

## Conclusions & Future Directions

Our results show this model can be effective but requires dedication from many disciplines. Some primary challenges identified were lack of availability of progressive care beds and nurses' satisfaction in caring for patients with fluctuating levels of care. Key advantages were the interprofessional communication in daily rounds and the close interprofessional working relationships that developed. In addition, during the initial implementation period, daily huddles provided a forum for making quick adaptations. Visual displays reflected real-time data for staff's review.

## Acknowledgements

We would like to give a special thank you too all disciplines who continually dedicated their work to improving patient care and making this initiative successful for both patients and staff.

