Collaboration to transform care

A health board and university in North Wales developed a degree module to support the implementation of an improvement initiative.

In this article...
- An overview of Transforming Care
- Development of a module to support it among managers
- Collaboration on the module by university and clinical staff

Keywords: Transforming care/Improvement; Module

This article has been double-blind peer reviewed

The sessions introduce clinical leaders to many Productive Ward tools and techniques. The module is assessed by a report, based on an aspect of work identified as requiring further improvement to reduce waste.

Close collaboration between Glyndwr University and BCUHB ensures the module has academic integrity, meets the educational needs of ward managers, and equips them with the practical skills to deliver an improvement programme.

Cohort selection
The first cohort was made up of ward sisters and charge nurses from three acute and two community hospitals. Clinical areas ranged from elderly mental health to acute medical admissions and day surgery.

Ward managers, who were already enthusiastic about the initiative and had already undertaken a leadership programme, made up the first cohort. The aim was to have a number of Transforming Care “showcase” wards with ward managers who would be able to mentor others.

The next cohort will include maternity, outpatients and critical care areas, as well as a 10% intake from the independent sector. Over the next two years all ward managers at BCUHB will take part.

Module delivery
Joint working between the university and clinical setting helps bridge the gap between theory and practice. Lecturers from Glyndwr University provide tuition and academic support; BCUHB Transforming Care facilitators deliver the more practical sessions; and the BCUHB executive nurse team provide support. Guest speakers from local health organisations also provide expertise, and patient representatives share stories.

This joint working is illustrated by the
adoption of safety calendars throughout BHUHB. Facilitators promote their use to collect data and to engage and motivate staff to make small improvements.

A safety calendar is displayed on the ward (Fig 1). If an incident occurs, staff colour the date square in red, if not, in green. They are used to measure, for example, pressure ulcers, falls, infection rates and delayed discharges and “days between” incidents. University lecturers explore the theory and psychology of the concept, and why it is a successful improvement tool.

Transforming Care workshops have been held for entire ward teams, including junior doctors, physiotherapists, healthcare assistants and porters. This has encouraged the sharing of ideas between different sites, and helped unite the workforce. Supporting departments, such as complaints, IT, finance and estates, have also engaged with the initiative.

Evaluation
Participants are asked to complete a structured, written evaluation at the end of each study day, and take part in a half day discussion forum near the end of the module.

Forum feedback reflected the importance of bringing together leaders from different clinical settings and locations. This helped dispel organisational myths, such as nurse to patient ratios being higher in one hospital than another, and develop a sense of teamwork. Ideas and innovations were shared and adapted to fit different organisations. One example of this is handover process: one ward was spending up to an hour on each ward handover, while another was taking 15 minutes per ward handover using the SBAR tool (Situation, Background, Assessment and Recommendation), and a third ward was using voice recorders, which significantly reduced handover time. The shorter handovers were filmed and shared, enabling the teams to adapt their techniques.

Conclusion
Transforming Care is in the early stages at BCUHB, but initial feedback from clinical leaders is promising. It is providing frontline staff with direction, motivation, and inspiration to improve, and helping unite a newly formed organisation.

The collaboration between academics and health board staff has been crucial to delivering a practical, supportive degree module. This could act as a guide for other healthcare organisations undergoing major restructuring, or dealing with extreme financial pressures.

The programme’s success will be determined by the three following aims: a reduction in adverse events; increased time spent with patients; and improved patient and staff satisfaction. These aims are being monitored alongside other quality measures, such as complaints, and will be reported on in the next six to 12 months.

There are also plans for a Transforming Care degree module for staff nurses, and an NVQ module for healthcare assistants.

**References**


