Initially, it is very easy to monitor the progress and status of a few wards. When there are 10 or more at different stages, a structured approach is needed.

A tool called Project Status at a Glance helps the facilitators to focus time where it is needed and identify areas that have managed to make progress and others that have struggled. This uses a traffic-light system of green (on target), amber and red to highlight progress.

Barriers to implementation include:
- High patient dependency;
- Poor staffing;
- High vacancy rate;
- Change in ward management;
- Resistance to change;
- Lack of leadership.

IMPLEMENTING FOUNDATION MODULES

Knowing how you are doing (first foundation module)

Wards develop a performance board where indicators including falls, infection rates, staff sickness and other measures can be displayed.

The team holds weekly meetings to discuss performance. This helps them to direct resources and develop clear action plans for improvement. The information on the board helps staff to understand how performance and practice will directly influence measures.

The information is on public display, which shows visitors that the ward is committed to improving performance and patient care. Displaying timely data ensures a timely response to any problems as well as giving the team positive feedback.

Well-organised ward

The well-organised ward is an approach to simplify the workplace by having everything in its place, at the right time, in the optimum amount. It is not a tidy-up, which usually entails removing any unwanted items and having a general clean or a refurbishment. It requires implementation of the 5S (Box 2, p20).

5S is about continual improvement. As change is quickly achieved, staff feel positive about it. It is important to stress the benefits of 5S, for example, less walking around, time saved, improved infection control practices and cost saving due to a reduction in stock levels. Before and after photos are important as staff quickly forget what the room was like before the change (Fig 1, p20).

**Patient status at a glance**

The greatest number of interruptions for staff observed in a 12-hour period was over 200, nearly one every three and a half minutes. We found that, usually, 30–40% of all interruptions are related to patient status, for example around discharge information or dietary needs.

Visually displaying information on a ward whiteboard or on boards behind beds can dramatically reduce interruptions, improve communication and safety, speed up discharge and reduce time spent looking for information.

We encouraged our first three cohorts to develop their own ward whiteboard and boards behind beds. As a consequence, wards developed their own signs and symbols and, as a project team, we faced our first major conflict between the needs of innovation versus standardisation. It was necessary to standardise the format, as a symbol on one ward’s board could mean something very different on another. This introduced an unacceptable risk.

We met with the 26 ward managers and developed the trust standard for ‘patient status at a glance’ boards. We tried not to be too prescriptive – a certain degree of flexibility is still needed to enable wards/units to display key information that suits their wards’ specialty.

The aim is to use fully networked electronic whiteboards for patient status information.

**PROCESS MODULES**

All the process modules are based on the PDSA (plan–do–study–act) improvement cycle (Fig 2).

Key elements to successful implementation of the process modules are:
- Involve key stakeholders at each stage, for example ward waiters, dietitian and speech therapist for meals module;
- Link to other hospital-wide projects, for example Essence of Care;
- Decide ‘what good looks like’ – consider local,trust and national guidelines, for example NICE guidance;
- Consider trust-wide training days to help staff implement change.

See Box 3 for tips on implementation.

**CONCLUSION**

Our experience in supporting implementation of Productive Ward over the past 18 months has helped to demonstrate that effective change can happen and this can improve the experience of patients and staff on wards.

This tool has the ability to empower staff and improve services with a truly bottom-up approach, allowing ward leaders and their teams to take a step back and look at how they work and what they can do to improve this.

This project undoubtedly reduces the amount of time ward staff spend doing tasks unrelated to patient care, for example looking for ward keys. It has greater benefits in helping to produce a cultural change in how wards use their specialist knowledge to improve the quality of their services for patients.

**REFERENCES**
