Managing clinical improvement projects

In this article...

- Principles of project management in clinical settings
- How to write a project plan
- Case study of project management used in a clinical setting

Project management is the process of planning, organising, leading and controlling resources to achieve specific goals. Managing a project can seem overwhelming and, without proper structure, it can easily be diverted from its intended pathway. This can result in a failure to achieve the project to time and within the budget. For this reason, more than 70% of projects fail to meet their full objectives (NHS Institute for Innovation and Improvement, 2007).

Projects are not undertaken only by those in management, administration or construction; many clinicians and nurses are excellent project managers because of their skills in managing patient care. However, the terminology used can often make project management daunting for those not in a business arena, as it is often confusing. Jargon is commonly used and, although it is useful to understand this terminology, it is not always necessary to use it (NHS Institute, 2007).

### Project structure

The key to a successful project is having a clearly defined structure identifying roles and responsibilities. Although the size of the project will influence the number of people involved and therefore the structure, any project should have the following key roles:

- **Project lead**: responsible for the overall delivery of the project plan, and good communication should keep all staff involved and up to date with progress.

Good communication is essential to make everyone feel valued and in touch with what is being done.

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often the person who updates the project board (if appropriate). This person is the main point of contact, particularly for issues requiring escalation;

» **Project manager:** responsible for producing, updating and maintaining the project plan, and may also need to deputise for the project lead if they are unavailable.

In small-scale projects, the project manager and project lead roles may be combined, but the responsibilities and roles remain the same.

### Project plan

A project plan is vital to deliver a successful project. It lists all activities that need to be completed to achieve the project’s goal, with each task given a start and end date to ensure they are completed within the project timescale. Tasks are assigned to particular people or teams to take lead responsibility.

The plan can be set out using the template below.

### Project set up and structure

This section should list all the tasks associated with setting up the project and deciding on its structure. These may include the following:

» Arranging monthly project meetings;
» Agreeing project structure;
» Identifying key leads within specialties;
» Producing high-level, detailed project plans;
» Defining project priorities;
» Creating and maintaining a risk log;
» Defining the project scope (what the project’s remit is);
» Producing clear written objectives and measures.

### Diagnosis

This section should detail all the tasks that help to identify any issues that may arise. These may include:

» Identifying and agreeing priority areas for review;
» Processing map services, patient pathways or business processes;
» Reviewing current patient pathways;
» Reviewing current workforce structure;
» Understanding current ways of working.

### Consultation and redesign

This concerns actions around redesigning a process or patient pathway, or activities associated with making the change. These may include:

» Organising workshops to feed back process mapping findings;
» Proposing new ways of working, patient pathways or business processes for pilot testing;
» Meeting departments and support services that may be required to give an input into the redesign;
» Drafting new operational procedures or amending existing documentation for sign-off.

### Implementation and evaluation

The final section details actions associated with implementing the new process, pathway or way of working, and evaluating its success. These may include the following:

» Developing training manuals;
» Drafting a training programme;
» Developing an implementation programme.

### TABLE 1. CASE STUDY – AT-THE-BEDSIDE HANDBOVER

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project structure and set-up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree project team membership</td>
<td>3 April</td>
<td>Matron</td>
</tr>
<tr>
<td>Produce and agree project plan</td>
<td>10 April</td>
<td>Ward manager</td>
</tr>
<tr>
<td>Define project priorities</td>
<td>10 April</td>
<td>Matron</td>
</tr>
<tr>
<td>Set up project team meetings</td>
<td>4 April</td>
<td>Matron</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process map the current way of handing over in the morning, afternoon and evening (including the timing of each handover)</td>
<td>15 April</td>
<td>Band 6s</td>
</tr>
<tr>
<td>Develop a patient questionnaire to understand how patients feel about the current way of handing over and the proposed at the bedside handover</td>
<td>20 April</td>
<td>Ward manager</td>
</tr>
<tr>
<td>Complete patient questionnaires</td>
<td>26 April</td>
<td>Band 6s</td>
</tr>
<tr>
<td>Liaise with information governance re patient confidentiality</td>
<td>26 April</td>
<td>Band 6s</td>
</tr>
<tr>
<td><strong>Consultation and redesign</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree and organise a workshop to discuss process mapping and other findings with ward staff and other stakeholders (those with an interest in the project)</td>
<td>10 May</td>
<td>Ward manager</td>
</tr>
<tr>
<td>Design new process for at-the-bedside handover</td>
<td>20 May</td>
<td>Matron and ward manager</td>
</tr>
<tr>
<td>Present new process at project team for sign-off</td>
<td>25 May</td>
<td>Matron</td>
</tr>
<tr>
<td>Present new process to executive team for sign-off</td>
<td>28 May</td>
<td>Matron</td>
</tr>
<tr>
<td>Scope training requirements for at the bedside handover</td>
<td>1 June</td>
<td>Ward manager</td>
</tr>
<tr>
<td><strong>Implementation and evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop training programme to ensure all staff are briefed in new process and go-live date</td>
<td>10 June</td>
<td>Professional development nurse</td>
</tr>
<tr>
<td>Develop evaluation tool to assess success of at-the-bedside handover</td>
<td>10 June</td>
<td>Professional development nurse</td>
</tr>
<tr>
<td>Develop communication plan for specialty team including medical team</td>
<td>10 June</td>
<td>Professional development nurse</td>
</tr>
<tr>
<td>Sign off training programme and communication plan at project team meeting</td>
<td>15 June</td>
<td>Matron</td>
</tr>
<tr>
<td>Commence implementation of the new process and evaluate</td>
<td>20 June</td>
<td>Ward manager</td>
</tr>
<tr>
<td>Write up and communicate project findings across the trust</td>
<td>1 July</td>
<td>Matron and ward manager</td>
</tr>
</tbody>
</table>
Developing an evaluation tool; Agreeing feedback method.

Using this template in practice
The fictional case study in Table 1 examines how “at-the-bedside” patient handover was implemented on an acute surgical ward. This example illustrates a project plan for a ward with a two-month implementation plan. The ward matron is the project lead and the ward manager has been designated as project manager.

Understanding the risks
Most projects will have some associated risk. It is important to assess and understand each risk and indicate how to limit its effect. Table 2 shows an example risk log with mitigation plan for the case study.

Communication
Good communication is essential to help make everyone involved in the project feel included and valued. This can be achieved through various methods including meetings or briefings, with the project manager regularly updating the project plan and distributing this to key project members.

Conclusion
Project management can seem daunting because the process is not always clearly described and much of the literature on the subject is discussed within business and construction arenas, rather than health settings. However, the key principles described in this article set out the processes of managing projects’ structure and definition, which are key features of successful projects. By applying these, progress can be easily monitored and issues highlighted at an early stage, giving time to develop a resolution.

Reference

**TABLE 2. EXAMPLE RISK LOG**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly confidential patient information will need to be discussed away from the patient’s bedside, potentially disjointing handover</td>
<td>Develop an operational procedure to hand over all confidential patient information away from the bedside, followed by at-the-bedside handover for all other clinical information</td>
</tr>
<tr>
<td>Patients may feel uncomfortable having their progress discussed at the bedside in earshot of other patients.</td>
<td>Understand patient perceptions of at-the-beside handover through the questionnaire. Ensure handover is undertaken discreetly and efficiently</td>
</tr>
<tr>
<td>Staff may be constantly interrupted during handover, prolonging the handover process</td>
<td>Ensure patients understand the process of at-the-bedside handover when they arrive on the ward to minimise interruptions and identify a floating staff member who can assist patients during this time</td>
</tr>
</tbody>
</table>

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