NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Ward

Nursing Procedures

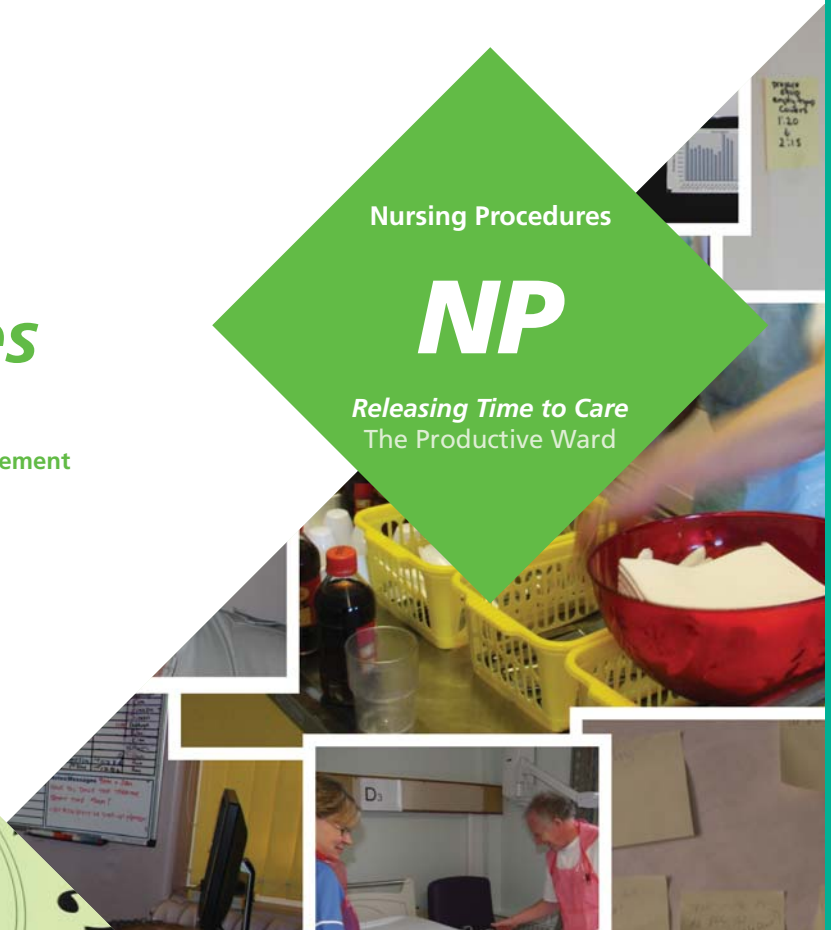
Version 2

This document is for Ward Leader, Lead Nurse, Matron, Nursing Director, Directors with responsibility for improvement

Nursing Procedures

NP

Releasing Time to Care
The Productive Ward



© Copyright NHS Institute for Innovation and Improvement 2008

Releasing Time to Care: The Productive Ward – Nursing Procudures is published by the NHS Institute for Innovation and Improvement, Coventry House, University of Warwick Campus, Coventry, CV4 7AL

This publication may be reproduced and circulated by and between *NHS England staff, related networks and officially contracted third parties only,* this includes transmission in any form or by any means, including photocopying, microfilming, and recording.

This publication is copyright under the Copyright, Designs and Patents Act 1988. All rights reserved. *Outside of NHS England staff, related networks and officially contracted third parties,* no part of this publication may be reproduced or transmitted in any form or by any means, including photocopying, microfilming, and recording, without the written permission of the copyright holder, application for which should be in writing and addressed to the Marketing Department (and marked 're: permissions'). Such written permission must always be obtained before any part of this publication is stored in a retrieval system of any nature, or electronically.

ISBN: 978-1-906535-10-0

DH INFORMATION READER BOX

Policy	Estates
HR/Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose Best Practice Guidance	
ROCR Ref:	**Gateway Ref:** 9359
Title Releasing Time to Care: The Productive Ward – Nursing Procedures	
Author NHS Institute for Innovation and Improvement	
Publication Date 25 January 2008	
Target Audience Nursing Staff and Healthcare Assistants	
Circulation List Nursing Staff and Healthcare Assistants	
Description The Nursing Procedures module is an approach to improving how nursing procedures are carried out on wards, which results in consistent processes being undertaken by nursing staff, a better patient experience and the possibility of reduced infection rates and delivery of safer, reliable care which: ensures procedures are undertaken in a timely, effective manner; improves patient experience; and reduces wasted time.	
Cross Ref Part of Productive Ward series an additional 14 volumes	
Superseded Docs N/A	
Action Required N/A	
Timing N/A	
Contact Details	Service Transformation Team, NHS Institute for Innovation and Improvement, Coventry House, University of Warwick Campus, Coventry CV4 7AL 0800 555 550
For Recipient's Use	

Introduction

Clinical nursing procedures are undertaken every day on all wards. Insertion of naso-gastric tubes, urinary catheters, cannula, removal of wound drains and sutures, redressing wounds, applying bandages, and so on are all procedures that rely on the nurse's knowledge, experience and expertise.

The effectiveness of these procedures also relies on a well functioning ward team which has robust processes in place, clear communication, accurate and clear documentation, follows clear trust policies and guidelines and has a culture of patient safety.

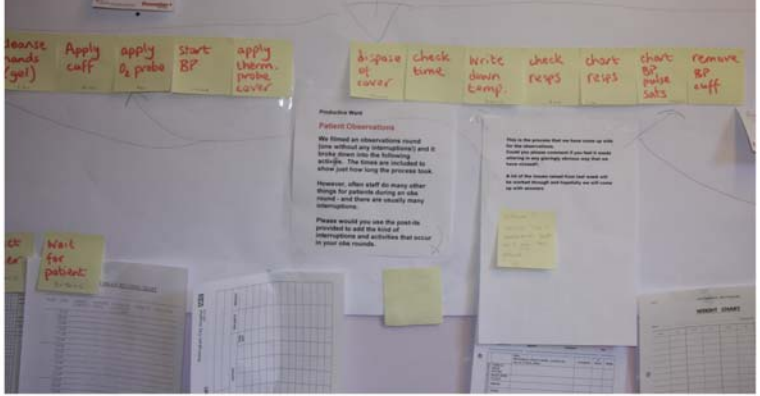
The patients in our care should have appropriately trained staff undertaking these procedures in a calm and efficient manner taking care to adhere to best practice, especially in infection control, to ensure that the patient recovery is not impeded.

Carrying out clinical nursing procedures on our patients affects their dignity. Nursing procedures in a calm and organised fashion, allowing for communication with the patient, will improve the patients' experience, improve staff satisfaction and also contribute to improving patient safety.

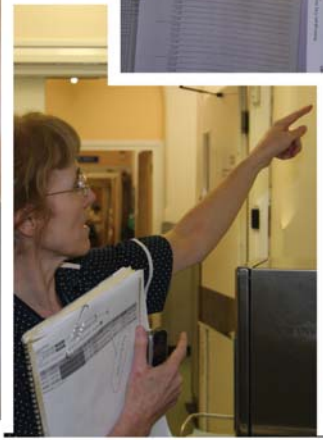
Contents

Page	Contents
07	What is the Nursing Procedures module ?
13	What tools will I need?
16	Prepare
30	Assess
40	Diagnose
53	Plan
62	Treat
66	Evaluate
69	How can I make it stick?
72	Spread (to other nursing procedures)

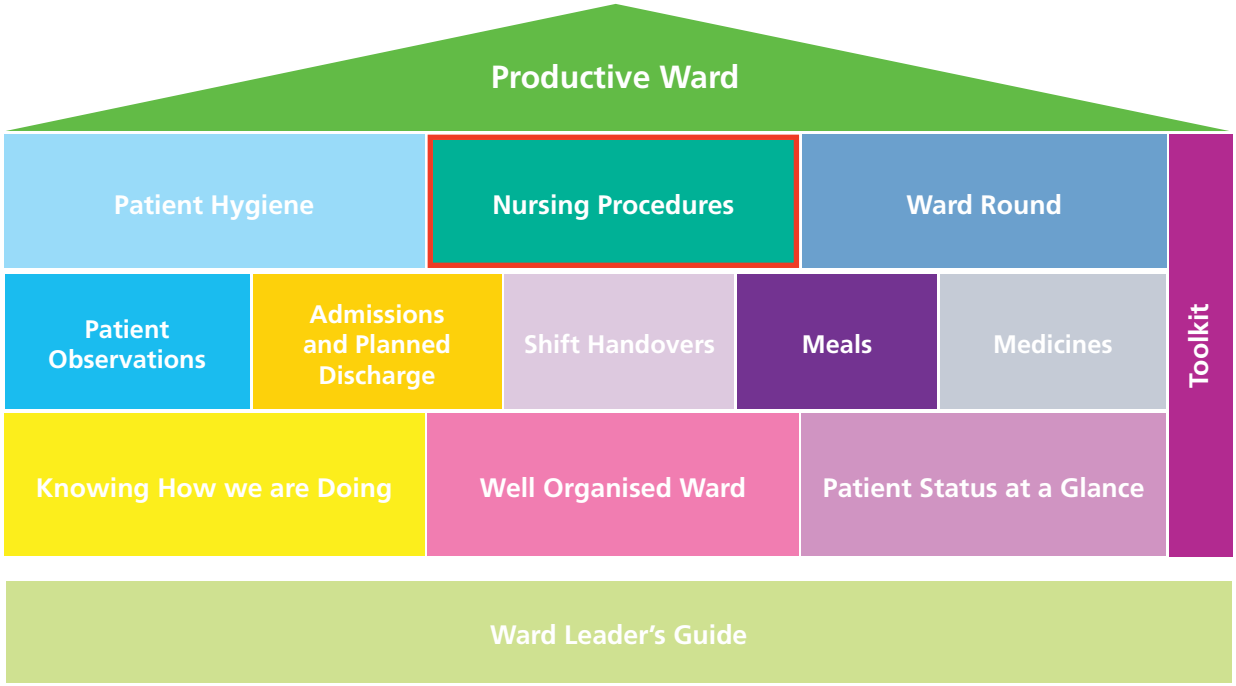
COST
BENEFIT
LOW
HIGH
NT


Apply cuff
apply O2 probe
Start BP
apply therm. probe cover
dispose of cover
check time
write down temp.
check resps
chart resps
chart BP pulse sats
remove BP cuff
Patient Observations
Wait for patient

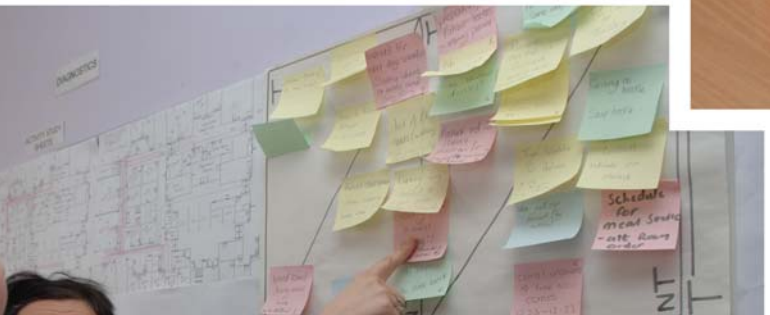
AM 3

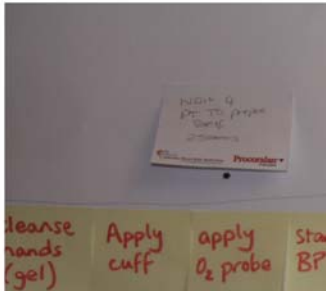


D3


Productive Ward
Patient Hygiene
Nursing Procedures
Ward Round
Patient Observations
Admissions and Planned Discharge
Shift Handovers
Meals
Medicines
Knowing How we are Doing
Well Organised Ward
Patient Status at a Glance
Toolkit
Ward Leader's Guide

Property of


Schedule
for


Apply
cuff
apply
O_2 proba

What is the Nursing Procedures module?

What is it?

It is a way to improve how nursing procedures are carried out on your ward which will result in a consistent process undertaken by nursing staff, a better patient experience and the possibility of reduced infection rates.

Why do it?

To deliver safe reliable care through increasing patient safety:

- so that procedures are undertaken in a timely and effective manner ensuring that the patient's care is not compromised
- improving the patient experience
- reducing wasted time

What it covers

This module will help you determine the very best way to improve nursing procedures:

- who should be involved
- how to prepare
- how to narrow the scope
- ideas that have worked
- creating new working practices
- spreading new standards to 'like' procedures

While no explicit reference will be made to specific elements of nursing procedures it can be applied to, amongst others:

- taking bloods
- blood sugar analysis
- injections
- lumbar puncture
- IV administration
- canulation
- catherterisation
- NG tubes
- suction
- wound care
- eye care
- urine
- stools
- sputum
- drains
- swabs
- ECG
- defib
- CPR
- enema
- suppository
- endoscopy
- angiograms
- X-ray
- MRI scans
- CT scans
- Myoview
- swallow
- airways management

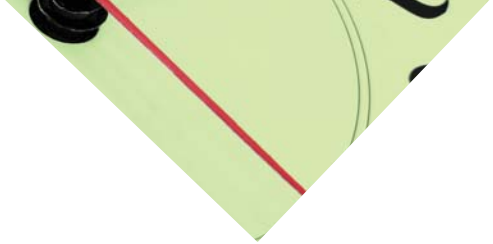
What it does not cover

The booklet does not address:

- policies and guidelines used
- storage of equipment
- types of procedure used on ward
- any procedure that is undertaken outside of the ward (i.e. theatre)

Admissions
Notes/Messages

D3



Learning objectives:

The team will:

- understand why it is important to narrow down the scope of large areas of improvement
- understand how to narrow down the scope of a large improvement area
- understand how to spread solutions to other 'like' processes

Creating your module baseline and keeping track of progress

To help you know what your position is before you begin the Productive Ward and then actually see the progress you are making and maintaining, this module has its own 10 point check list. These are based on the characteristics of a Productive Ward in the area of the module. You will have carried out a complete assessment during your start up as part of the web-based Productive Ward Healthcheck – see NHS Institute website for details.

Remember… it is important to have your baseline measurement and the regular measurements over a period of time.

You can find an example of this module checklist, along with a blank one for your use, at the back of this booklet.

Go assess your nursing procedures now!

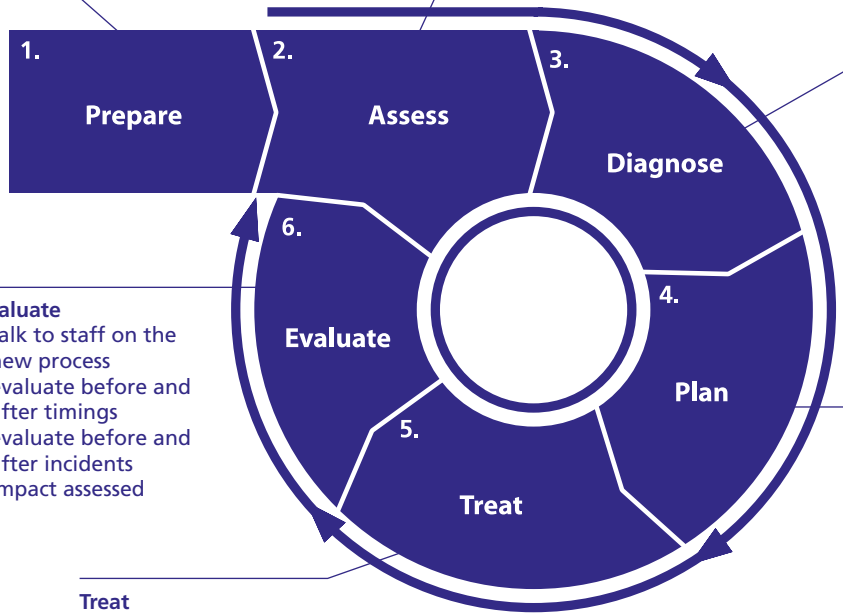
What tools will I need?

Tool	Toolkit Reference Number
Photographs	Tool No. 6
Video	Tool No. 7
Interviews	Tool No. 5
Timing Processes	Tool No. 8
Process Mapping	Tool No. 10
Cost/Benefit Analysis	Tool No. 11
Module Action Planner	Tool No. 12
Spaghetti Diagrams	Tool No. 14

How will we do this on our ward? - the 6 phase process

Prepare
- decide who will be involved
- gather information
- decide which procedure to work on
- talk to staff and patients
- take photographs
- understand policy

Assess
- patient and staff feedback explored
- accidents and errors assessed
- trust policy understood
- current state mapped
- key questions considered



Diagnose
- examples worked through with team
- examples considered against own environment

Evaluate
- talk to staff on the new process
- evaluate before and after timings
- evaluate before and after incidents
- impact assessed

Plan
- 5 thought starter questions considered
- future state map created
- future state changes planned
- changes agreed
- 'standard ' created

Treat
- test period agreed
- staff informed
- new procedure tested
- new process videoed

Prepare

Prepare

Step 1: Who will be involved?

Consider the people you need to get involved.

Core team:

- ward leader
- matron
- all those who are involved in delivering nursing procedures on the ward

Others you may need to get involved at key points:

- infection control nurse / IFC link nurse
- pharmacy
- supplies
- medical staff
- tissue viability specialist nurse
- other MDT staff as required

Step 2: Gather Information:

- gather the last 50 incident reports
- look retrospectively at any complaints relating to quality of care
- review incidence of infections, particularly wound infection

Prepare

Step 3: Decide what procedure to work on

Nursing procedures is such a wide subject area it is important to reduce the scope of the module to a manageable level.

From the previous two steps is there an obvious choice of procedure that is causing the majority of incidents / near misses and or accidents to patients?

If there isn't an 'obvious' choice, then use the method opposite.

Procedure / Process Prioritisation

A) With the team brainstorm all patient types that the ward treats:

Example from Productive Ward test site:

- chest infections
- diabetics
- stroke
- drugs and alcohol
- elderly (falls and confused)
- chest pain
- heart failure / heart disease
- asthmatics
- infections (blood and urine)
- breathlessness
- thrombosis
- neurology
- wounds
- weight loss
- vasculitis
- diarrhoea and vomiting
- cancer
- headaches

Prepare

B) With the team brainstorm all clinical procedures that are practised on the ward, by listing out procedures which each type of patient would or might need.

Example of two patient groups are given below:

Chest Infection Patients:

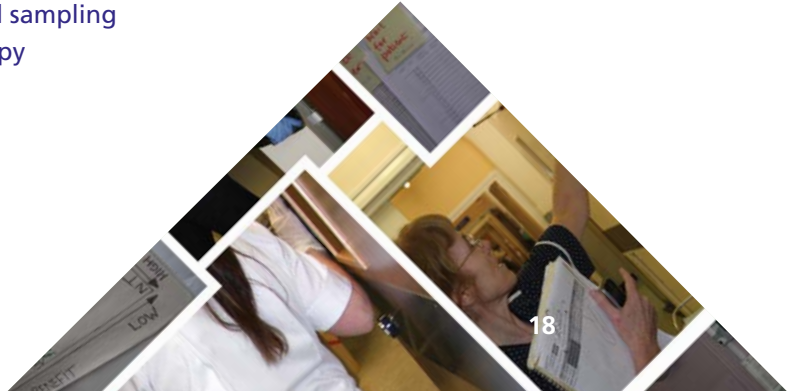
- cannulation
- chest tube dressing changes
- chest x-ray
- arterial blood sampling
- oxygen therapy

Diabetes Patients:

- foot care
- dressing changes
- blood sugar analysis and phlebotomy
- cannulation

C) Work with your team to group your procedure by patient list into a procedure by similarity list (group) e.g. Invasive (taking blood, IV's, canulars etc), Tube Insertion (catheters, suction and NG tubes).

This will allow you to get maximum impact on a large number of nursing procedures without duplicating work in the next steps.



Prepare

Brief, non exhaustive example:

Invasive Procedures
- taking bloods
- blood sugar analysis
- injections
- lumbar puncture
- IV administration
- canulation
- care of central lines

Tube Related Procedures
- catherterisation
- NG tubes
- suction

Topical Applications
- wound care
- eye care
- skin

Taking Specimens
- urine
- stools
- sputum
- drains
- swabs

Feeding (High risk patients – not 'normal' meals module patients)
- TPN
- PEG

Heart
- ECG
- defib
- CPR

Anal
- enema
- suppository

Last Offices
- different procedures for different spiritual beliefs

Test Prep
- endoscopy
- angiograms
- x-ray
- MRI scans
- CT scans
- myoview
- swallow

Respirational Breathing
- airways management
- oxygen
- nebulisation

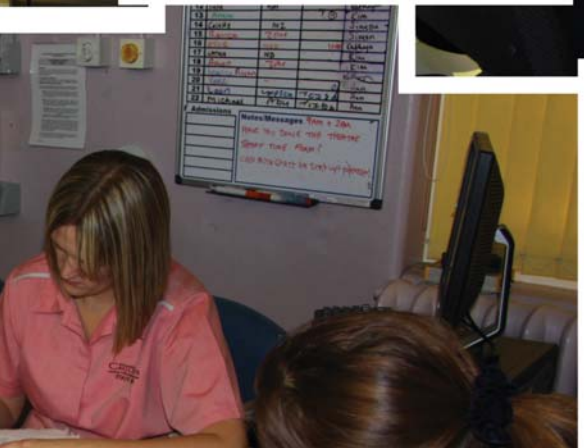
D) Prioritise which procedure groups to work on by using a prioritisation matrix method as follows:

Draw out a grid like the one below, keeping the same categories across the top and then using your own categories, of similar procedure groups you developed in Step C, down the side.

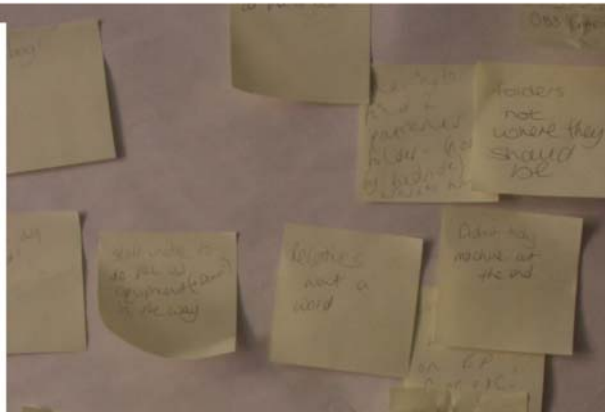
Criteria Procedure groups (example)	Frequency carried out	Difficulty of procedure	Time taken	Risk / Safety	Reliability (incidents / procedure)	Impact on patient dignity	Total	Rank
Invasive								
Tubes								
Wound care								
Specimens								
Heart								
Test prep								
Air								
Pressure area								
Feeding								
Anal								
Last Offices								

WEIGHT CHART

& 50%
TROSE
0mls
AL SALINE
0mls
AL SALINE



D3



E) Working down each column, rank each procedure group against each judgement criteria:

- the best procedure, in each column, being given n (in this case 11) and 1 being the worst procedure
- working down the columns, the numbers 1 to 11 cannot be duplicated in each column as the procedures are being ranked
- total up scores
- the group of procedures with the highest score are the ones to focus on (in this case Tubes)

Criteria Procedure groups (example)	Frequency carried out	Difficulty of procedure	Time taken	Risk / Safety	Reliability (incidents / procedure)	Impact on patient dignity	Total	Rank
Invasive	10	11	8	11	1	3	44	2
Tubes	2	10	9	10	9	10	50	1
Wound care	7	9	10	8	3	7	44	2
Specimens	11	1	1	2	11	1	27	8
Heart	1	7	6	9	7	5	35	5
Test prep	6	3	4	5	6	8	32	6
Air	5	5	3	4	8	2	27	8
Pressure area	9	2	5	6	2	4	28	8
Feeding	8	6	7	7	10	6	44	2
Anal	4	8	2	3	4	9	30	7
Last Offices	3	4	11	1	5	11	35	5

11 ← n (number of procedure groups)

As an additional, you can multiply the frequency carried out by the risk / safety score and, effectively, carry out a basic risk assessment (likelihood of occurrence multiplied by safety impact on patient) for each procedure group. You could use this to prioritise.

Again, for more clarity, you could rank each of the criteria so that the different criteria are worth more in the scoring. Thus creating a weighting process for the similar procedure groups.

F) Identify the most frequently carried out specific procedure in the procedure group. In this case, the most frequently carried out procedure in 'Tubes' group is Catheters.

Example of procedure / process prioritisation

Prepare

AFTER TARGET PROCEDURE HAS BEEN IDENTIFIED (in this case Catheters:)

Step 4: Talk to Staff

Use Toolkit Tool No. 5 (Interviews)

- what is the general feeling amongst staff about doing clinical procedures?
- are there any issues?
- what causes concerns?
- does it take a long time? – If so why is that?
- do they know where to find information about the procedure?
- is there a trust policy or guidelines to refer to?
- can they always find the equipment they need?
- where do these procedures take place?

Step 5: Talk to Patients

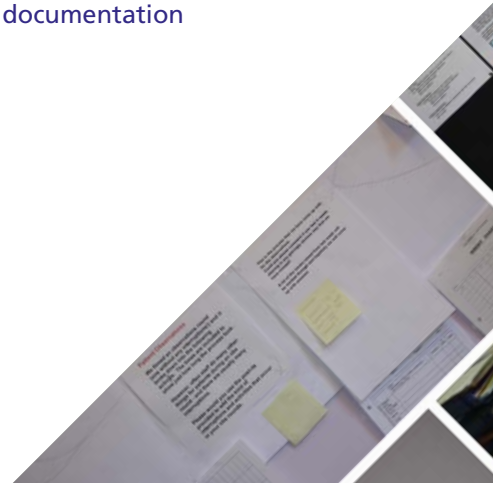
Use Toolkit Tool No. 5 (Interviews)

- what is the patient's experience of undergoing a procedure?

Step 6: Take photographs

Use Toolkit No. 6 (Photographs)

- equipment supplies and preparation areas
- documentation



Prepare

Step 7: Take Video

Use Toolkit Tool No. 7 (Video)

- film whole process from start to finish

Step 8: Understand how long it takes

Use Toolkit Tool No. 8 (Timing Processes)

- time the procedure over a period of time
- break down and time components of the procedure i.e. equipment preparation, patient's preparation, doing the procedure and so on

Step 9: Obtain trust and national standards / policy

- collect best practice information
- look at trust clinical procedure policy / guidelines
- review any existing ward standards

Prepare – Milestone Checklist

Move on to 'Assess' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Decide who will be involved.	☐
2. Gather information.	☐
3. Decide what procedure to work on.	☐
4. Talk to staff.	☐
5. Talk to patients.	☐
6. Take photographs.	☐
7. Take video.	☐
8. Understand how long it takes.	☐
9. Obtain policy.	

Make sure staff working all shifts are aware of progress – discuss this as part of your shift handover.

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Assess

Assess

Understand the feedback

You will have gathered feedback from staff, patients and families in the earlier 'Prepare' stage. In this stage you need to share, discuss and understand this feedback in relation to your chosen procedure.

- make sure everyone has had a chance to see and reflect on the feedback
- summarise patient and family feedback on a flipchart

In particular from staff:

- are there any factors of carrying out clinical procedures that frustrate staff?
- is there anything that is not being done currently that should be?

In particular from patients and family:

- does the patient feel they were adequately prepared?
- were they told what was going to happen?
- if their procedure was going to cause discomfort were they offered any analgesia?
- does the patient feel they had adequate privacy?
- was their dignity maintained?

Assess

Accidents and Errors:

From the last 50 incidents, draw out any related to nursing procedures and understand the time concerned:

- for example if there were 6 incidents in approximately a month then it is roughly 1.5 per week (use Toolkit Tool No. 9)
- speak with staff to understand errors or near misses which may not be reported – try to estimate the number per week for those
- add the two together – this figure is your error rate before you implement your changes

Policy:

Discuss your trust's policies/guidelines on carrying out nursing procedures with your matron and Director of Nursing.

Also spend time looking at the latest clinical guidelines from, amongst other sources:

- procedure policies / manuals such as Marsden Manual
- NICE
- Manufacturers' information (dressings)
- Infection Control
- recommendations from specialist groups i.e. Tissue Viability

Break down your policy and guidance onto a flip chart so you can work through it with your team when mapping your current state.

Watch the video back

Follow guidance in Toolkit Tool No. 7

Your video will be crucial in helping you to understand and map the procedures you are trying to improve.

While you watch, get the team to think about the following and note important points on post-its:

- the sequence in which things happen
- are staff following a standard procedure?
- or does everyone do things differently?
- what good and bad practice can they see?
- are there any particular concerns around infection control?

Map the current process

This is where you capture 'what is happening now' for you chosen process.

Follow Toolkit Tool No. 10 to map your 'current state'

- on your map include the results you have from timing your procedures
  - try to see if there are any timings that are either very high or low and remove them (these are referred to as 'special cause')
  - take the average of the remaining timings – this is your average timing before any changes you make

- resist the urge to come up with solutions to problems and issues you have identified from examining the way you do your nursing procedures – stick to making an accurate map of what is currently happening and recording issues (not solutions) on post-it notes

Assess

Use Spaghetti Diagrams

Use the activity follow data to help you to construct a spaghetti diagram to see how staff move around the ward when they are preparing for and carrying out nursing procedures:

- encourage staff to do their own spaghetti diagrams – this will help them understand their own habits and see waste themselves
- spaghetti diagrams are like little process maps

Assess

Ask the 5 Key Questions

Are we following hospital policy?	• what is your hospital nursing procedures policy? • are all your staff familiar with the policy? • can all staff get access to the policies/guidelines?
Who does the clinical procedures?	• how many staff are assessed and competent to carry out various procedures? • can staff do all the procedures carried out on the ward? • how are staff assigned to do procedures?
How do we prepare the equipment?	• is a trolley used? • where is the equipment prepared? • what is needed to prepare the equipment? • where is all the needed equipment stored?
How do we prepare the ward?	• is the patient prepared? • how are they prepared? • what other activities are happening on the ward when procedures are being carried out?
Where and when does the clinical procedure take place?	• what is done to ensure the patient's privacy and dignity is maintained? • how do we ensure that procedures are carried out in a timely manner? • are there delays in carrying out procedures? If so why is that? • is the procedure carried out in the appropriate location?

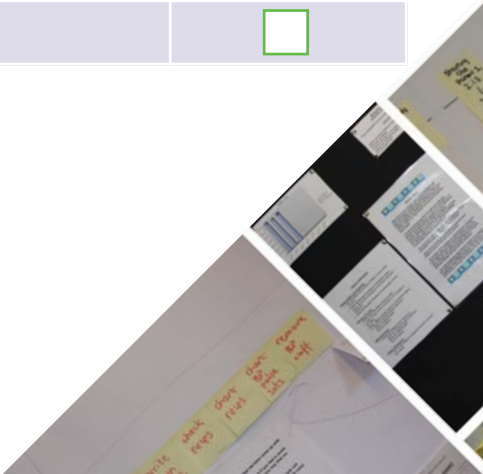
Assess – Milestone Checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Patient and staff feedback explored in relation to chosen procedure.	☐
2. Assess accidents and errors.	☐
3. Understand the trust policy / guidelines related to nursing procedures.	☐
4. Watch video.	☐
5. Map current state of chosen procedure.	☐
6. Spaghetti diagram created.	☐
7. Ask the 5 key questions.	☐

Make sure all shifts are aware of progress – discuss as part of shift handover.

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐



AM 3

Diagnose

Diagnose – what does 'good' look like?

Before you move onto the 'Plan' stage, where you will discuss and agree the changes you want to make, think about what 'good' would look like.

Go through the following examples with your team. They give snapshots of nursing procedure improvements made by hospitals implementing the Productive Ward.

You can use them to trigger discussions within your team.

Diagnose: Ideas that have worked - Example 1

Everything ready to go

The nurse responsible for planning, delivering and evaluating the care for the patient for that day/shift is required to ensure that the environment is right for undertaking an aseptic procedure.

- ensure that windows are closed, no dusting or hoovering taking place or has taken place in the previous 1 – 2 hours (check with your local infection control team for local guidelines)

Diagnose: Ideas that have worked - Example 2

Everything ready to go

All team members who undertake aseptic nursing procedures create a standard to ensure that the trolley is cleaned in the same way with a suitable method every time a procedure is undertaken. This consistency in preparation will help to ensure that risk from infection is kept to a minimum.

Diagnose: Ideas that have worked - Example 3

Dignity and privacy maintained

All team members who are responsible for carrying out nursing procedures can ensure that the patient's dignity and privacy is maintained by ensuring that no one enters the bed space or room where the procedure is being carried out. This can be done by attaching or pinning a simple laminated notice on the door or curtain informing people that they should not enter.

Diagnose: Ideas that have worked - Example 4

Supplies easily accessible

Link in nursing procedure with the 5S work you are doing in the treatment/clinical room. Ensure that any frequently used items for procedures i.e. sterile gloves and dressing packs are located near your trolley which is also located in a convenient area for preparation and cleaning.

Diagnose: Ideas that have worked – Example 5

Take time

Use the time when doing the procedure to talk to your patient. Give them information relating to their condition and progress. Talk to them about any worries or concerns they may have.

How have they found their stay in hospital? How will they manage when they get home? Is there anything bothering them that they may feel is too trivial to mention?

Diagnose: Ideas that have worked - Example 6

Patients prepared

Preparation of the patient at an appropriate time in the process is important. Your team needs to decide if this should be done when you seek consent from the patient before you prepare your trolley, or if you should leave this until you are ready to wheel the trolley to the bedside.

What does patient preparation include? It should not just simply be a case of physically getting your patient into the right position. It should also be preparing them mentally for what will be happening especially if the procedure is likely to be uncomfortable such as removal of sutures, clips or drains etc.

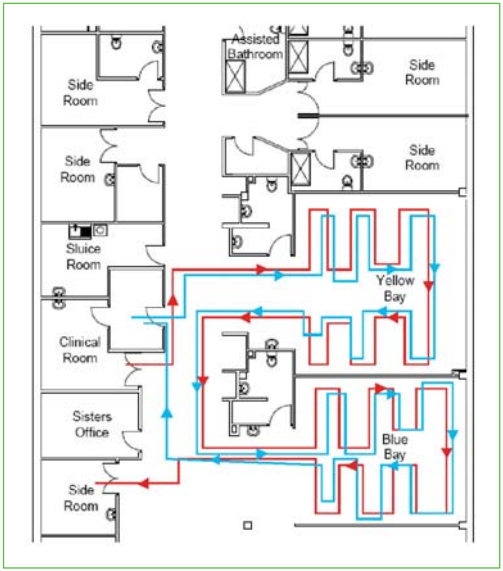
Diagnose: Ideas that have worked - Example 7

Avoid clashing with other processes

Ensure that carrying out a procedure does not clash with any other clinical activity on the ward. When do the medication, obs and meals rounds get done? Carrying out a procedure at the same time can cause problems as they may clash for space or they may interrupt each other.

When carrying out the daily tasks on a ward, sometimes the environment can become very congested. Various staff members are all trying to compete for space around the patients. Curtains are drawn and trolleys hinder progress.

This can be seen in the diagram right. Nurse B is doing patient observations while Nurse A is doing nursing procedures. They clash for space the whole time as they move through the two bays as they try to complete their tasks.



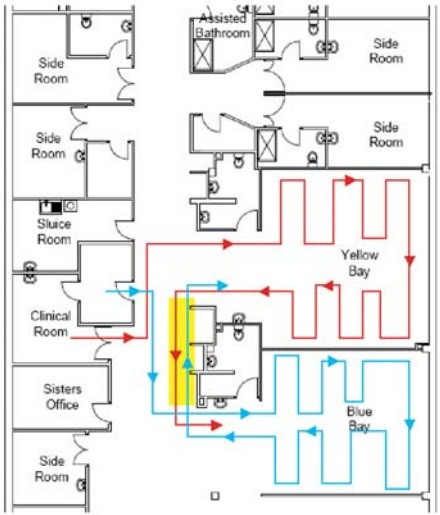
Red = Nurse A
Blue = Nurse B

An effective way to avoid this congestion, give patients a calmer atmosphere and save time is to look at scheduling the various tasks so they start at different times or start in different areas of the ward.

Very simply this could mean, in this example right, Nurse A starts from one end of the ward and Nurse B starts from the other. The result is that they only clash for space once (highlighted in yellow) and so congestion in the bays is reduced.

This illustrates the importance of defined roles and responsibilities. Roles and responsibilities should be defined daily in the shift handover. The ward leader should have the overview role to ensure tasks and activities do not clash.

Red = Nurse A
Blue = Nurse B



Diagnose: Ideas that have worked - Example 8

Review infection control

Review the number of times gloves are changed and hands either washed or alcohol gel is used. Changing gloves and washing hands over frequently can lengthen the time it takes to do the procedure but is absolutely vital for infection control.

Many trusts have hand hygiene audits that can be used in this activity.

Diagnose: Ideas that have worked - Example 9

Patient information pack

Create a patient information pack for the procedure, so you can explain what you are going to do with/to the patient pictorially i.e. as you would get on an aeroplane. Cartoon style, simple is best.

Diagnose - Milestone Checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Carefully work through the examples with the team.	☐
2. Openly discuss each example.	☐
3. Consider the examples against your own environment.	☐
4. Ask staff for new ideas, possibly building on the examples shown.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Plan

COST
BENEFIT
LOW
HIGH
Apply cuff
apply O2 probe
start BP
apply therm. probe cover
check time
write down temp.
check resps
chart resps
chart BP pulse sats
remove BP cuff
Patient Observations
Wait for patient

Plan- Creating your new Nursing Procedures design

Thought starter questions:

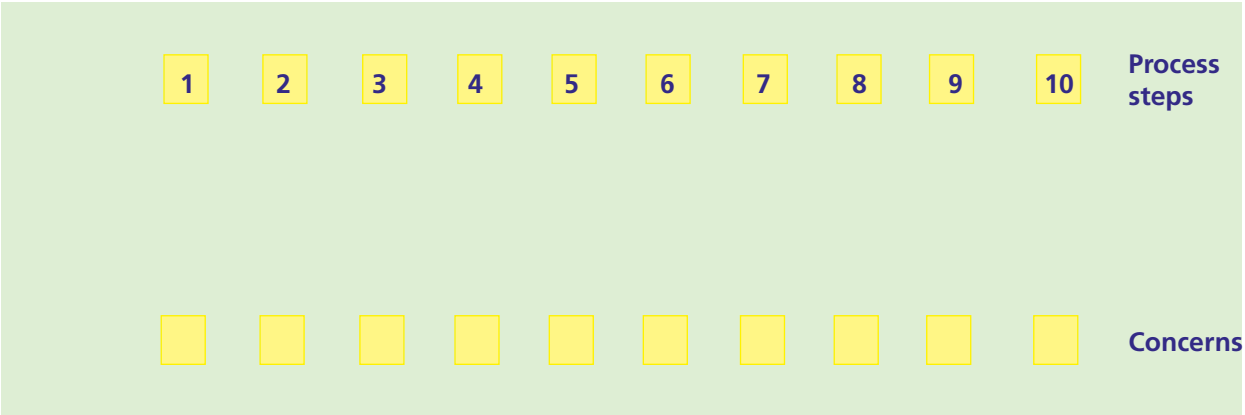
How can we ensure that we are following hospital policy / Infection Control guidelines?	• ensure latest guidelines are displayed in trolley preparation area • create a checklist for staff to follow • create a standard for cleaning the trolley
Who should be carrying out procedures?	• check staff competency in carrying out aseptic procedures • could unregistered nurses undertake simple procedures if they were trained and deemed competent to do so?
What equipment is needed?	• is the equipment in the right place?
How should the patient be prepared?	• physical position of patient • mental preparation of patient • nurse's approach • patient's dignity and privacy
When should procedures be carried out?	• what are the environmental factors that affect carrying out nursing procedures? • what time of day is appropriate?

Step 1: Create your 'new design'

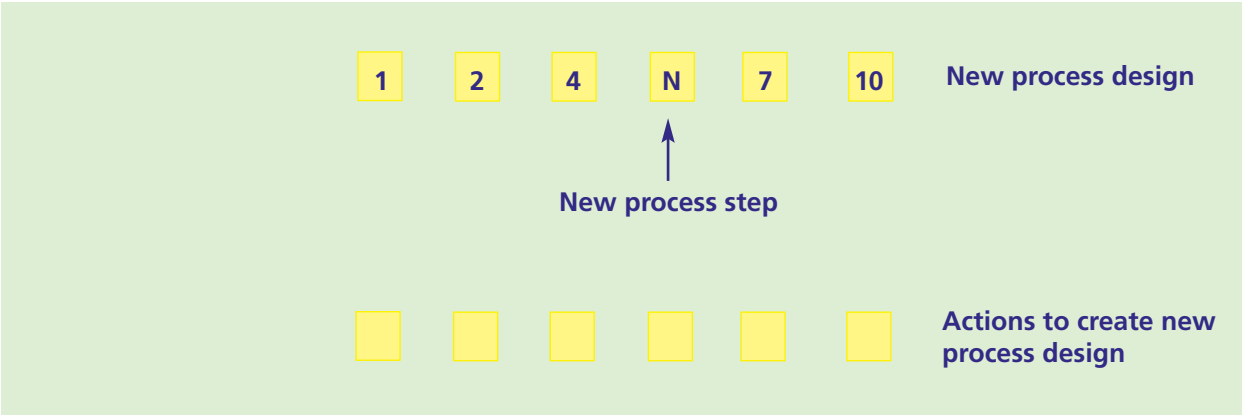
You have already created you 'current state' map in the 'Assess' stage of this module.

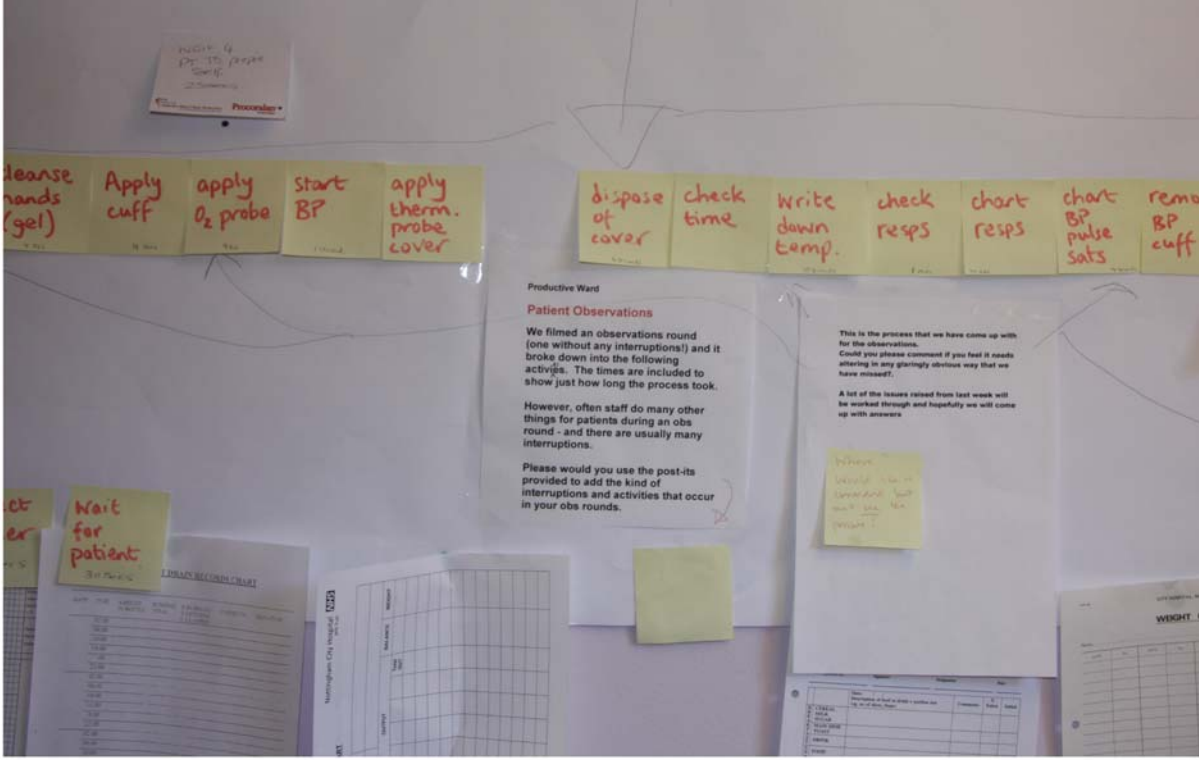
Complete your new 'future state' design process map by continuing to use Toolkit Tool No. 10.

Current State:



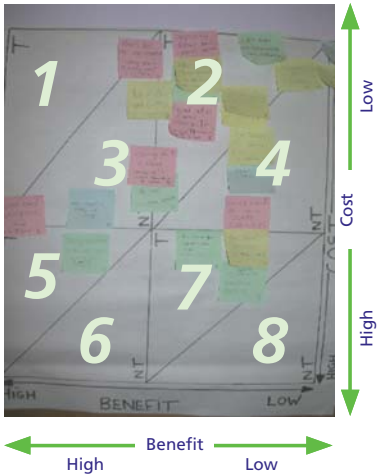
Future State:



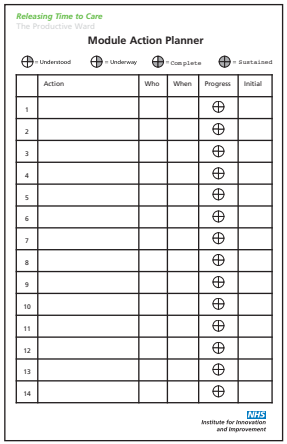

Apply cuff
apply O2 probe
Start BP
apply therm. probe cover
dispose of cover
check time
Write down temp.
check resps
chart resps
chart BP pulse sats
Wait for patient
Productive Ward
Patient Observations
We filmed an observations round (one without any interruptions!) and it broke down into the following activiys. The times are included to show just how long the process took.
However, often staff do many other things for patienta during an obs round - and there are usually many interruptions.
Please would you use the post-its provided to add the kind of interruptions and activities that occur in your obs rounds.
This is the process that we have come up with for the observations.
Could you please comment if you feel it needs altering in any glaringly obvious way that we have missed?.
A lot of the issues raised from last week will be worked through and hopefully we will come up with answers

Step 2: Plan how you'll implement the new process

Use Toolkit Tools 11 & 12 (Cost/Benefit Analysis, Module Action Planner) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheets in a prominent position on the ward.



Use your judgement to prioritise within each triangle and then list the problems.



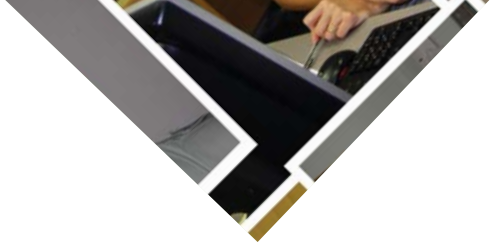
Releasing Time to Care
The Productive Ward

Module Action Planner

⊕ = Understood ⊕ = Underway ⊕ = Complete ⊕ = Sustained

	Action	Who	When	Progress	Initial
1				⊕	
2				⊕	
3				⊕	
4				⊕	
5				⊕	
6				⊕	
7				⊕	
8				⊕	
9				⊕	
10				⊕	
11				⊕	
12				⊕	
13				⊕	
14				⊕	

NHS
Institute for Innovation and Improvement



Step 3: Agree the changes

As well as agreeing as a team what changes you want to implement, you may need to gain wider agreement from other stakeholders that your changes represent good practice.

Think about whether you need to consult and involve:

- the infection control team
- estates management
- Patient Advice and Liaison (PALS)
- Essence of Care representatives

As well as helping you confirm that your intended changes do represent good practice, other stakeholders may be able to help you come up with new ideas.

Create a ‘standard’

The Module Action Planner sheet contains a prioritised list of all the things that need to be done to create your new procedures process.

It is important for the team to define the new working practices into a standard. This is best done in a document format which is then displayed for all staff to see; or you may have other ideas that will be just as effective.

Your ‘standard’ should clearly communicate the new way of working and has the added benefit of helping to set the standard for any temporary or new staff to your ward.

Plan - Milestone Checklist

Move on to 'Treat' only if you have completed ALL of the items on these checklists

	Completed ✓
1. The 5 thought starter questions have been considered.	☐
2. Future state created.	☐
3. Future state implementation planned.	☐
4. Changes agreed.	☐
5. Standard operating procedure created.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Treat - go do it!

Treat

Before the test starts:

- determine period for the test
  - long enough to allow failures
  - short enough to change and retest
- identify additional temporary data collection methods
  - e.g. 4-5 questions to patients on ward
- agree the time collection method, and who will do it
  - e.g. Activity Follow tool and/or spaghetti diagrams and tally sheets
- video new procedure
- set the start and end dates – and communicate them!
- update all staff on progress
- post large notices on the ward detailing the process you have gone through and the 'standard operating procedure'

During the test:

- get daily feedback from staff and patients on how they feel the new process is working
- take 'after' photos and video during the test period
- invite visitors from senior management to view the process and give their comments

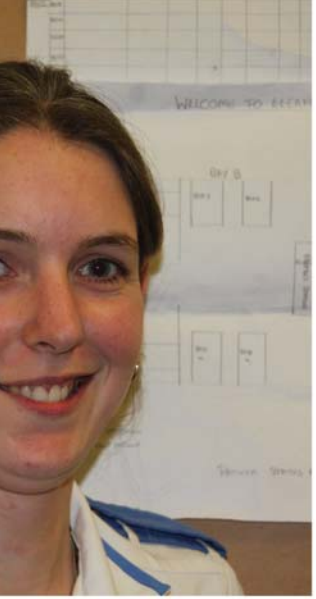
Treat - Milestone Checklist

Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Test period decided.	☐
2. All staff informed – document.	☐
3. New procedure tested.	☐
4. New process videoed or photographs.	☐

Make sure all shifts are aware of progress – discuss as part of the shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐



Evaluate

Evaluate - STEP 1

Gather the data:

- how long did it take?
- were there any incidents?
- take the after video and photographs

Talk to staff:

- were the patients prepared?
- was the patient's dignity and privacy protected?
- was the trolley cleaned correctly?
- was all the equipment located appropriately?
- was the environment prepared?
- were there interruptions?
- did the process feel good for the patient?
- was the overall perception from staff that the process had improved?

Evaluate - STEP 2

Evaluate Information:

The difference is, however, you are likely to be focusing on the bigger picture - understanding and communicating the overall impact:

- has there been a significant improvement (safety / experience / time / cost?)
- are patients benefiting as expected (and are there other unplanned benefits?)
- are staff positive and engaged in the new processes?

Evaluate - Milestone Checklist

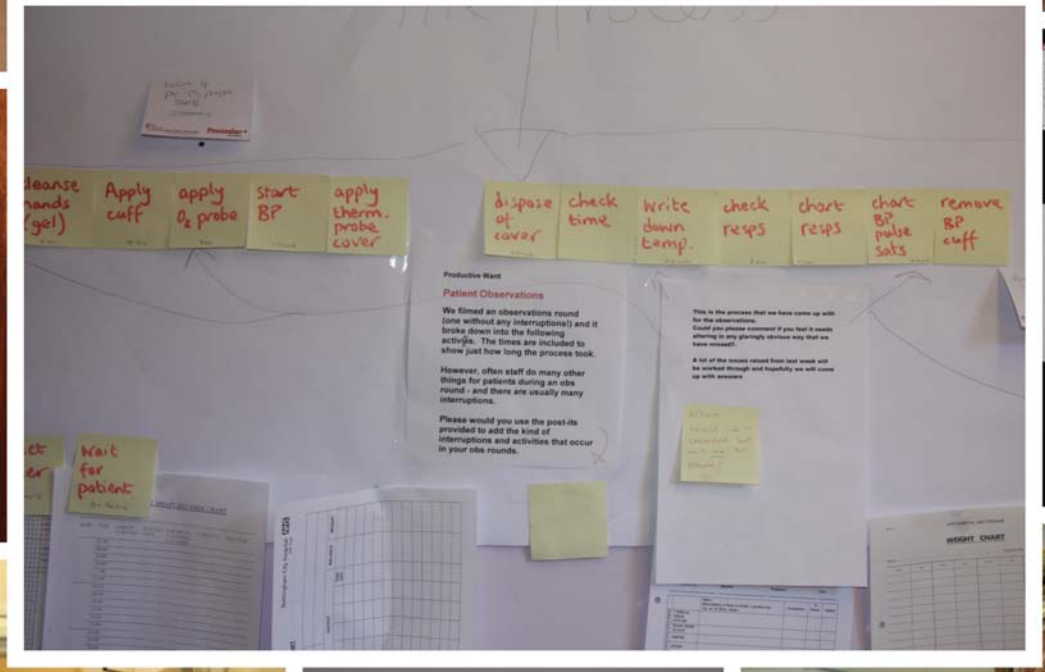
	Completed ✓
1. Talk to staff about the new process.	☐
2. Evaluate before and after timings.	☐
3. Evaluate before and after incidents.	☐

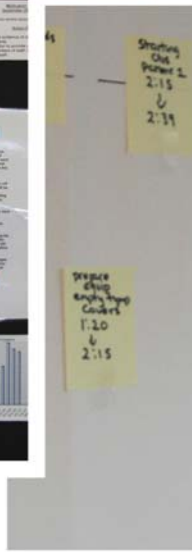
Make sure all staff are aware of progress – discuss as part of the shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

How can I make it stick?

Monitor and audit continually	• compare the actual process with the new standard at least monthly to ensure that basic changes made are still being followed • continue to audit the patient's experience of the process • monitor the infection measures and assess if the procedure process has any influence
Ensure leadership attention	• get the monthly process check to be completed by the matron or Head of Nursing • ensure the ward leader discusses the audit results with staff at least once a month even if just for 5 minutes • ensure that any changes made and any positive impact is brought to the attention of the senior leadership
Do not stop improving	• encourage ward staff to continue to find new and better ways of doing things – it is not about doing this once and then applying a standard, it is about improving that standard continually • consider compiling your standard operating instructions into a ward manual


Apply cuff
apply O2 probe
Start BP
apply therm. probe cover
dispose of cover
check time
Write down temp.
check resps
chart resps
chart BP pulse sats
remove BP cuff
Productive Ward
Patient Observations
We filmed an observations round (one without any interruptions!) and it broke down into the following activity. The times are included to show just how long the process took.
However, often staff do many other things for patients during an obs round - and there are usually many interruptions.
Please would you use the post-its provided to add the kind of interruptions and activities that occur in your obs rounds.
This is the process that we have come up with for the observations.
Could you please comment if you feel it needs altering in any glaringly obvious way that we have missed?
A lot of the issues raised from last week will be worked through and hopefully we will come up with answers
wait for patient
WEIGHT CHART



Spread (to other nursing procedures)

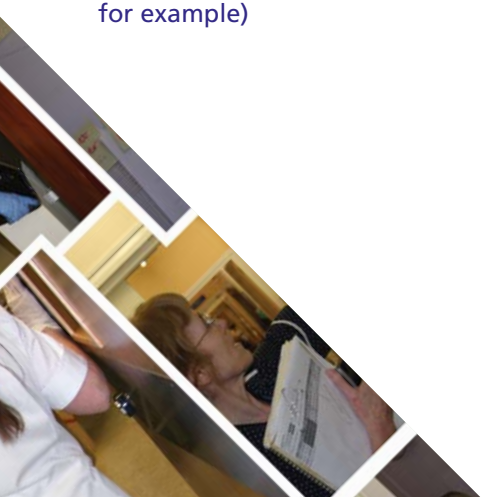
Wide, Narrow, Wide – Spreading the standard without repeating

This module has intentionally:

- started with a very large subject area - nursing procedures
- narrowed the scope down to one specific group of nursing procedures (tubes for example)
- identified the most frequently carried out individual procedure in the procedure group (catheters for example)
- designed that specific group into a radically different future state
- created an implementation plan for the future state
- tested the future state
- evaluated the future state

Given the very large number of procedures that fall under 'nursing procedures' it would take a very long time (and a lot of effort!) to repeat this process for all nursing procedures.

To avoid this you can transfer the learning/elements of the new design ('future state') to the other, similar processes within the original group (Tubes in this case).



Compare other procedures in the procedure group

Ask the team to see which steps from your future state map (in the example here this would be, which steps from the future state for Catheters) are DIFFERENT for NG tubes.

Ask the team to add new 'post-its' below (in parallel) where steps are different. If the step is the same, leave as it is.

Yellow – Catheters –original procedure
Pink – NG Tubes – new process – steps that are different to the Catheters procedures

Following the same process as detailed in the future state design

in Toolkit Tool No. 10, go through and create an action that allows each of the new (different to the original process) steps to happen / be removed.

Use Toolkit Tools No. 11 and 12 (Cost/Benefit Analysis and Module Action Planner) to create a module action plan for the new procedure.

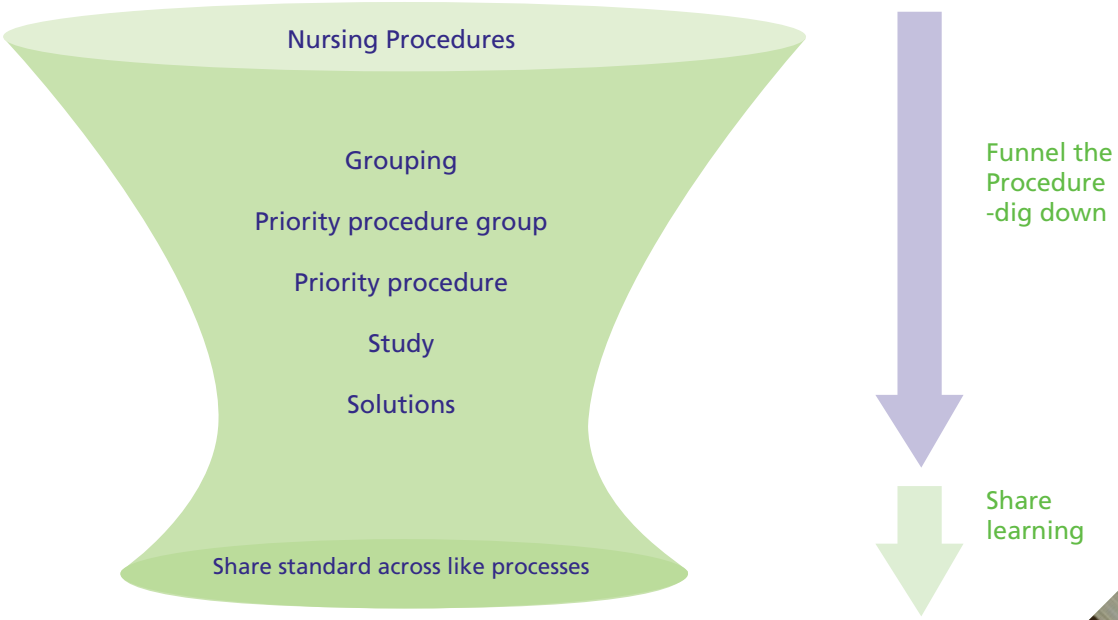
Repeat for others in the same group.

Experiences from a Productive Ward test site

Look at the other groups and again see if there are any similar processes. One of the Productive Ward test sites found that the 'tubes' procedure group was actually very similar to the Invasive steps - apart from what you actually perform on the patient.

Save time repeating the entire module for the other 30 procedures on ward!

Wide, Narrow, Wide – Spreading the standard without repeating



Have we met the learning objectives?

Have we met the learning objectives?

Three learning objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid opposite. Ask the questions in the 1st column and make an assessment against the answer guidelines in the 2nd column.

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met
- note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time

Remember: the results of this assessment are for use in implementing this module and are not in any way a reflection on staff aptitude or performance.

Question (ask the team member)	Answers for outcome achieved
Why make the scope of problem areas smaller?	• with limited resource, if you try and tackle everything, you end up achieving very little • small numbers of processes take up disproportionally large amount of time / create disproportionately large levels of risk • one process can have a large effect • you can spread the changes from one process to another
How would you reduce the scope of a complex area of processes?	• group processes by patient • group processes by similarity • prioritise similar process groups • identify high volume process within identified similar process group • concentrate on this prioritised individual process
How would you spread solutions to other processes?	• compare process steps against core process • develop solutions to overcome process steps that do not match • highlight processes that have similar process steps and spread developed standard

10 Point Check List

Example:

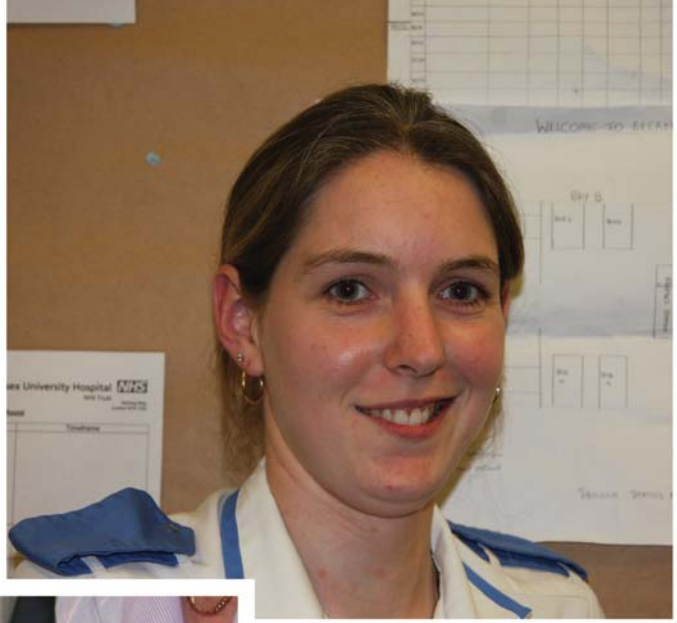
The grid opposite allows you to measure your performance against the 10 point check list for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.

Status 1: Before module is implemented
Status 2: After 2 weeks of implementation
Status 3: After 4 weeks of implementation
Status 4: After 8 weeks of implementation

You should continue to monitor monthly

Status 1	Status 2	Status 3	Status 4

11 Point Check List Nursing Procedures	Status 1	Status 2	Status 3	Status 4
The equipment needed is in the right place and ready to go.				
There is a documented standard for the procedure that is available for all staff to access.				
There is an Audit plan, i.e. frequency, etc and a tool which has been developed for use.				
Audit results are fed back to ward team.				
Action is taken when the audit score is less than 100% i.e. discussed at staff meeting, notices, posters, additional training, display of results on measures board etc.				
There is a sustained improvement in the audit scores.				
The procedure is clearly defined.				
The roles of staff undertaking the procedure are clearly defined.				
All staff undertaking the procedure have been trained and are competent.				
Temporary and new members of staff can easily find the information about the procedure to see how things are done.				
Each procedure has had infection control considered and the resulting best practice is clearly seen in a standard.				


University Hospital
NHS

Property of

Acknowledgements

Thank you to all staff at:

Basingstoke and North Hampshire NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust

Royal Liverpool and Broadgreen University NHS Trust

Luton and Dunstable Hospital NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Central Manchester and Manchester Children's University Hospitals NHS Trust

NHS Institute for Innovation and Improvement, and staff from our improvement partners, who have had an input into this document

This module has been developed by:

Nick Downham, Associate, NHS Institute for Innovation and Improvement

Kate Jones, Head of Safer Care programme, NHS Institute for Innovation and Improvement

Liz Thiebe, Head of Productive Series, NHS Institute for Innovation and Improvement

Dr Helen Bevan, Director of Service Transformation, NHS Institute for Innovation and Improvement

Sean Manning, Senior Associate, NHS Institute for Innovation and Improvement

Neil Westwood, Associate, NHS Institute for Innovation and Improvement

Cathy Adcock, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust

Bruce Gray, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust

Liz Ward, Case Manager, Barnsley Hospital NHS Foundation Trust

Lizzie Cunningham, Matron, Basingstoke and North Hampshire Hospitals Foundation NHS Trust

Cathie Blackwell, Sister, Royal Liverpool and Broadgreen Hospital NHS Trust

NHS
Institute for Innovation and Improvement

Website: For more information and to register your interest please visit www.institute.nhs.uk/productiveward

Contact the Productive Ward team: productiveward@institute.nhs.uk

Further copies of this document can be obtained from:

Prolog Phase 3, Bureau Services, Sherwood Business Park, Annesley, Nottingham NG15 0UH Telephone: 08700662071 Email: institute@prolog.uk.com

Quote: NHSIPWNursingproc

ISBN: 978-1-906535-10-0
Copyright © NHS Institute for Innovation and Improvement 2008 all rights reserved