NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Ward

Patient Hygiene

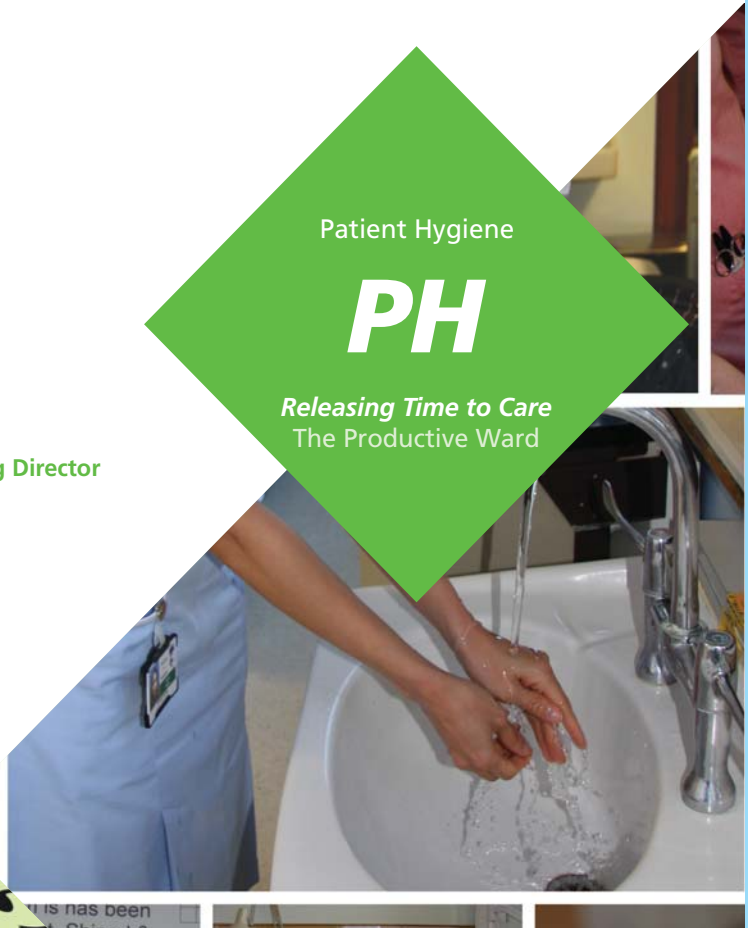
Version 1

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

Patient Hygiene

PH

Releasing Time to Care
The Productive Ward



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Clinical	Social Care / Partnership Working

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For Recipient's Use	

Introduction

Looking after patient hygiene needs is one of the most fundamental tasks nurses do. Taking patients to the toilet; helping patients use a commode; bed bathing; changing beds – these are all jobs that qualified and unqualified ward staff do day in and day out.

But the very fact they are so routine can mask the huge influence these processes have on patients' safety and their sense of privacy and dignity.

Also masked is the large proportion of time these routine processes take up.

What's it like on your ward:

- has the whole process become more a question of time and speed ("how many bed baths are we leaving for the next shift?")
- or is it even so familiar it's practically invisible – just something that gets done?

'Patients might tell you they expect to leave their dignity at the door when they come into hospital – but they should never have to'

Nurses are well aware of the importance of infection control. This module isn't about driving that message home. What it is about is looking at some of the most fundamental and routine tasks through fresh eyes and getting the whole team to realise that every time you take a patient to the toilet or help them onto a commode, you have a powerful opportunity not just to reduce the risk of infection, but to:

- make the patient feel safe and comfortable
- safeguard their dignity
- promote their confidence and independence

The module will help you:

- ask some important questions about a set of processes that probably make the biggest and most lasting impression on hospital patients and their families
- establish a supportive culture where spending time with patients during washing and toileting is encouraged

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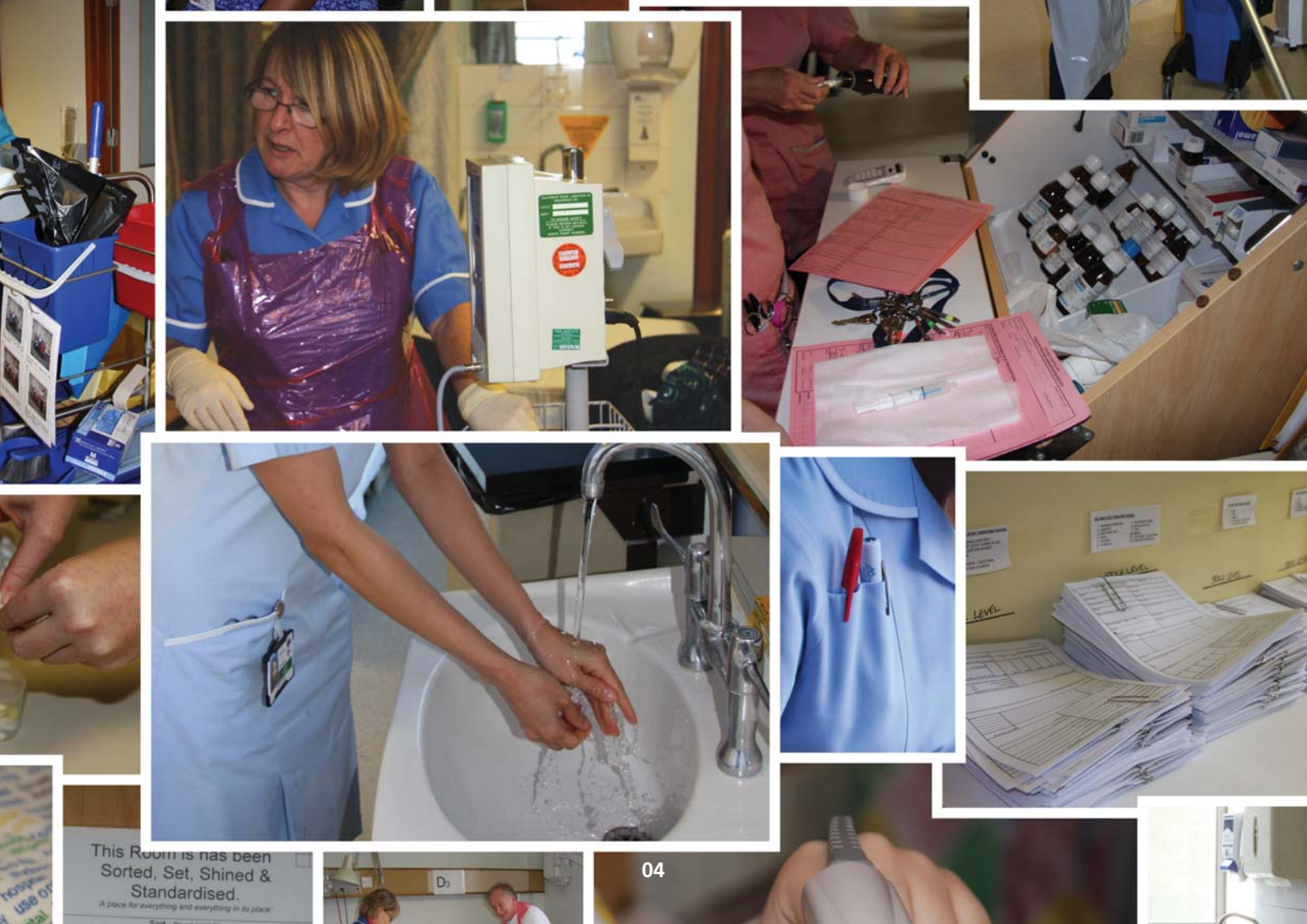
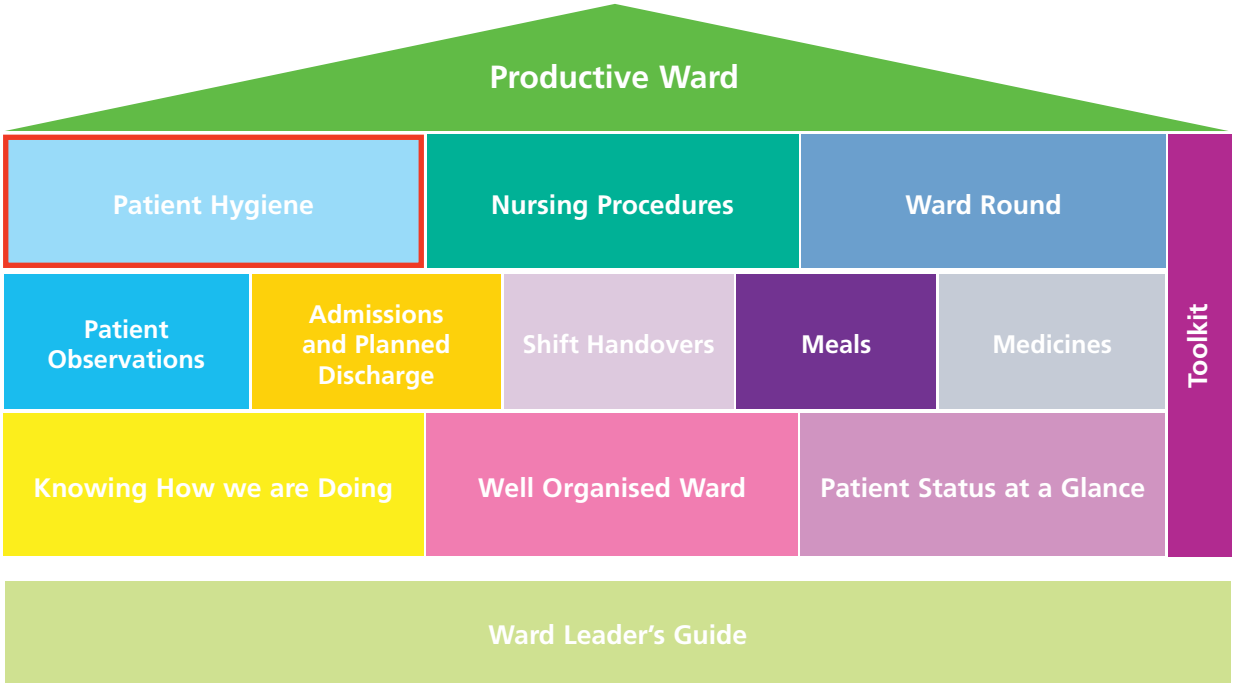

This Room is has been
Sorted, Set, Shined &
Standardised.
A place for everything and everything in its place


Productive Ward
Patient Hygiene
Nursing Procedures
Ward Round
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Knowing How we are Doing
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Patient Status at a Glance
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What is the Patient Hygiene module?

What is it?

A practical way to improve patient safety and dignity.

Why do it?

To give patients safe, reliable and dignified care by:

- reducing the risk of hospital acquired infection
- seeing care through the patient's eyes

To improve the experience for staff by:

- putting the emphasis on quality not speed (so staff don't feel rushed)
- minimising time staff spend preparing and looking for equipment
- maximising time for direct patient care
- building understanding through better training

'As a ward leader, you can become detached from hands-on patient hygiene – this module highlights its importance. Even if processes are generally good, it gives you a chance to use your knowledge and experience to add a little bit more quality and consistency where it's needed'

What it covers

This module will help you determine the very best way to improve patient hygiene processes:

- who should be involved
- what steps to take and tools to use
- what ideas have worked for others
- how to evaluate your improvements
- how to make them stick

While no explicit reference will be made to specific elements of patient hygiene these improvement methods can be applied to:

- mouth care
- self care
- toileting
- collecting urine samples
- monitoring patient input/output
- catheter care and bowel management
- assisted washing
- bed bathing

What it does not cover

In essence, this module will not prescribe what your best practice should be. This module will help you decide what good elimination and hygiene care should look like on your ward and help you make that happen.

Learning objectives

After completing this module, you will:

- understand how spaghetti diagrams can be used
- understand when spaghetti diagrams are better used than timing processes
- define standardised processes and how they can increase quality

Creating your module baseline and keeping track of progress

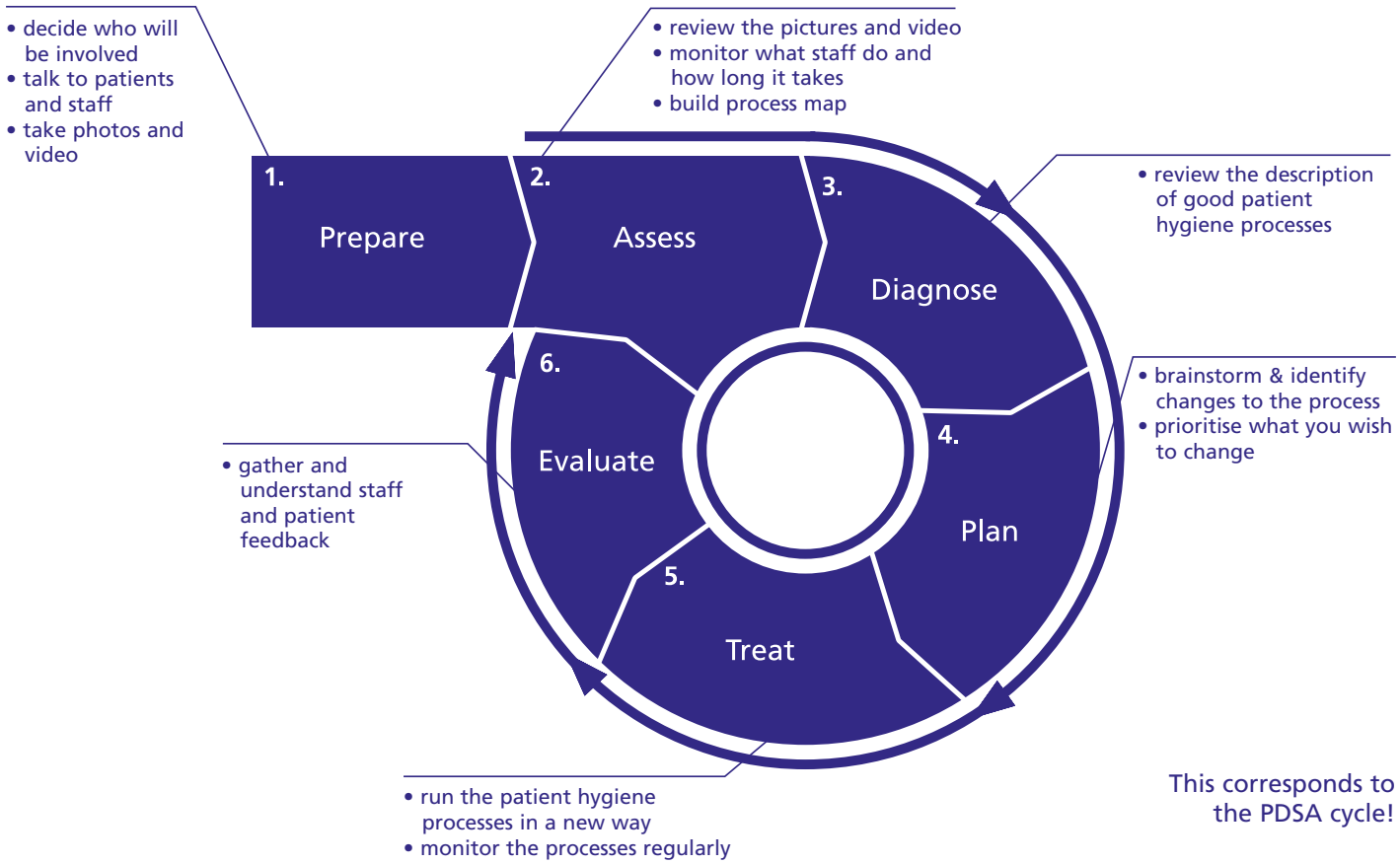
To help you know what your position is before you begin the Productive Ward and then actually see the progress you are making and maintaining, this module has its own 10 point check list. These are based on the characteristics of a Productive Ward in the area of the module.

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.

To find the template for this module, go to the back pages of the booklet. Here you will find an example template and a blank one for your use.

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



This corresponds to the PDSA cycle!

Prepare

Prepare

Step 1. Decide who will be involved:

Some people may need to be involved at each stage – this is your core team e.g:

- 1 modern matron (senior stakeholder)
- 1 experienced nurse or health care assistant (champion for change)
- all staff involved in patient care on the ward

Others may need to get involved at key points, e.g:

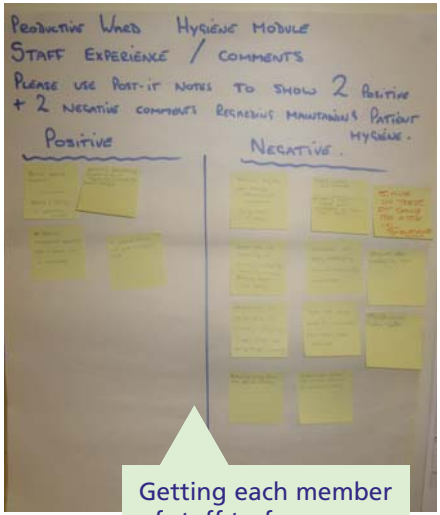
- infection control team
- ward sister
- ward manager
- specialist nurses

Include anyone in the wider trust who may have an interest in your work – for instance 'Essence of Care' representatives

Step 2. Talk to staff:
Use Toolkit Tool No. 5 (Interviews)

Interviewing individual staff and asking them specific questions can be useful – but it can sometimes be leading. Get round this by giving each team member some blank post-its and asking them to write down:

- two positive things about the current patient hygiene process
- two things that most frustrate them about the process
- remember to fully include the nightshift



Getting each member of staff to focus on two negatives and two positives can help you get straight to the issues that matter most to the team

Step 3. Talk to patients:
Use Toolkit Tool No. 5 (Interviews)

Keep things simple and think of three or four good questions to put to patients and carers. Using the guidance in the Toolkit construct questions around:

- privacy
- dignity
- independence

This is a good opportunity to engage patients and families too

'We involved our unqualified staff in gathering patient feedback. Engaging with patients and families this way was a new and enjoyable experience for them.'

Step 4. Take photographs:
Use Toolkit Tool No. 6 (Photos)

- include plenty of pictures of the sluice room as this is a key area
- walk round the ward with the camera
- explain to people what you're doing
- snap everyday, typical things as well as anything unusual

'Since I've been carrying a camera round, my observation skills improved 100%. I don't just see wallpaper any more, I see scores of improvements that are waiting to happen.'

Photos are brilliant visual prompts right throughout the improvement process – so err on the side of too many rather than too few...you can always dump them later if they're not relevant.

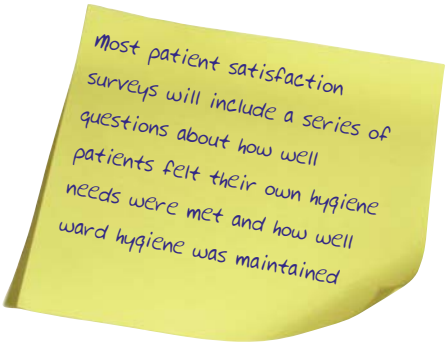
Step 5. Film:
Use Toolkit Tool No. 7 (Video)

- you'll need to respect patients' privacy – so some parts of the process will be off limits
- film before and after footage to show how staff prepare for different tasks (e.g a bed bath) and how they clean up afterwards
- film how different people do the same task
- only share this with relevant staff – in a private area if possible
- keep the film in secure storage due to confidentiality issues
- consider filming the following elements of patient hygiene:
  - mouth care
  - self care
  - toileting
  - collecting urine samples
  - monitoring patient input/output
  - catheter care and bowel management
  - assisted washing
  - bed bathing

Step 6. Gather information from patient complaints:

- look back over the past year and identify any complaints resulting from elimination and hygiene issues

Step 7. Gather information from your trust's patient surveys



Step 8. Gather information from incident reports:

- look back over the last 50 incident reports
- look at infection control data for your ward and the wider trust
- track any infection-related incidents or ward closures in the past year
- look at PALS (Patient Advice and Liaison Services) issues and complaints

Your infection control team will be able to help you access and understand local infection control rate data

Step 9. Understand how long it takes:

Use Toolkit Tool No. 14 (Spaghetti Diagrams)

It is probably the case that using the normal timing method is not appropriate for this module. Try using step counting method in the Spaghetti Diagram section of Toolkit.

- give staff a plan of the ward/sluice room and get them to plot their own movements during a particular task (e.g. bed bath or putting a patient on a commode)
- equate these movements into steps and time

'We used film and spaghetti charts to work out that each nurse spent a staggering 75 hours a year going in and out of the sluice room to collect or bring back commodes, urinals and bottles.'

Step 10. Obtain your trust policy or guidelines:

- gain information regarding trust policy for elimination and hygiene processes, e.g:
  - bed baths
  - collecting urine samples
  - disposing of bodily fluids
- what is your trust's policy for dignity and privacy?
- ask your Nursing Director and infection control team for guidance on best practice

'We had clear nursing procedures for elimination and hygiene processes in the trust – but discovered that only qualified staff were allowed to access the PC system where they were held!'

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. Talk to staff.	☐
3. Talk to patients and family.	☐
4. Take photographs.	☐
5. Take video.	☐
6. Gather information from patient complaints.	☐
7. Gather information from patient survey.	☐
8. Gather information on infection control rates.	☐
9. Understand how long it takes.	☐
10. Obtain trust policy/procedures.	☐

Make sure all shifts are aware of progress and discuss this as a 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?	☐

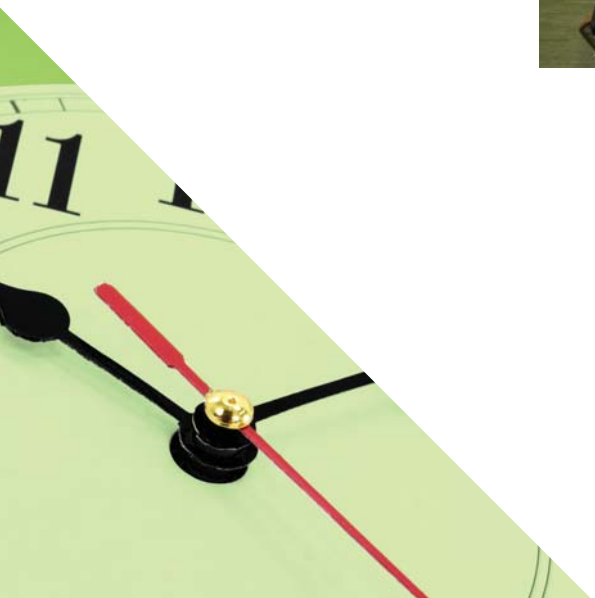
Assess

Assess

In this section:

- gather the information
- watch the film back
- map the processes
- try spaghetti diagrams
- understand how long things take
- understand the feedback

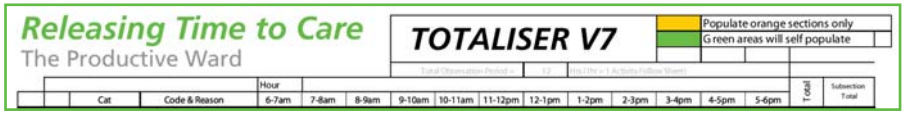
There can be huge variation in how different people do the same tasks – such as getting a commode. This part of the module will help you understand what you have observed – the good practices as well as the poor ones.



Understand how long things take

How long are staff spending on each process? Your focus here needs to be on understanding areas of waste that are cutting into direct patient care time and compromising the patient's experience:

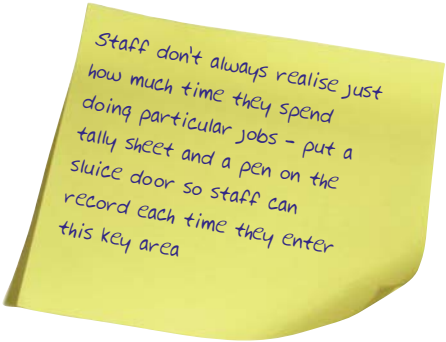
- use information from your Activity Follow analysis (Toolkit Tool No. 3)
- use the results from the 'Intended Task Tally' to find out how much time your staff spend on elimination and hygiene tasks (e.g. bed baths, bed change). The total is measured in % of total time on the shift
- add this information to your process map


Releasing Time to Care
The Productive Ward

TOTALISER V7

Populate orange sections only
Green areas will self populate

		Cat	Code & Reason	Hour 6-7am	7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	Total	Subsection Total


Staff don't always realise just how much time they spend doing particular jobs – put a tally sheet and a pen on the sluice door so staff can record each time they enter this key area

Gather the information

Bring together all the information you have gathered during the 'prepare' stage. This will include video, photos, feedback from staff and patients as well as infection control data; information on nursing procedures; and trust elimination and hygiene policies where they exist.

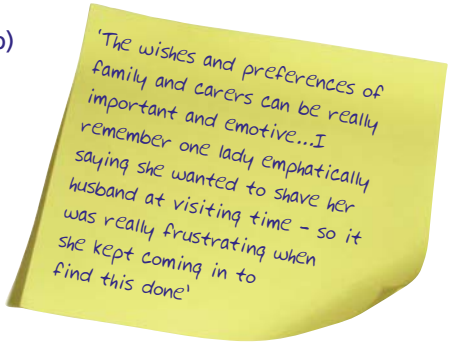
- display this where all the team can see it – on a wall for instance
- arrange a time when the team can come together to review and understand the information
- remember to invite other key stakeholders, for example your infection control team

Displaying the information you've gathered in a comfortable, communal area means everyone (even patients) gets a chance to see it and reflect on it.

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 that feedback.

- make sure everyone has had a chance to see and reflect on the feedback – e.g stick the 'positive and negative' comment post-its from staff on the wall (or even at relevant points in the process map)
- summarise patient and family feedback on a flipchart
- work with the team to categorise and prioritise these
- some possible categories might include:
  - sluice room layout
  - unclear procedures
  - roles and responsibilities
  - training issues
  - complaints



The positive and negative comments gathered from staff are displayed here on a simple wall chart.

Watch the video back

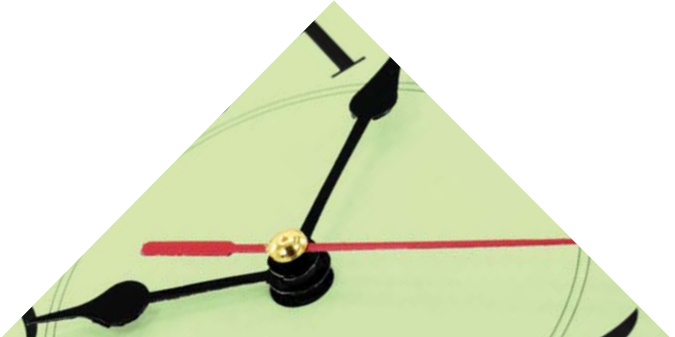
Your video will be crucial in helping you to understand and map the procedures you are trying to improve.

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?

'I stood in the sluice room and filmed several people collecting and cleaning commodes. When we watched the film back – it was very obvious that everyone did things differently and that a standard commode procedure was something we would have to look at'

Explain to the team that this stage of the module is about understanding what happens now and what the problems are – not about rushing into solutions



Decide which Patient Hygiene processes to work on

You will have collected a lot of information on a great number of patient hygiene processes such as:

- mouth care
- self care
- toileting
- collecting urine samples
- monitoring patient input/output
- catheter care and bowel management
- assisted washing
- bed bathing

Are there any of these processes that the team feel require priority considering the information you have gathered? Are there any elements of individual processes (such as the sluice in the toileting process) that the team feels are a priority?

By prioritising the elements of patient hygiene you can pick the top few areas to progress on in the module so that you are not swamped by a large number of processes.

Map the current processes

This is where you capture the detail of the current processes.

- use Toolkit Tool No 10 (Process Mapping) to help you
- work with your team to capture the full sequence of each process (using post-its stuck onto long sheets of lining paper works well)
- remember to record any delays and interruptions and how long these took
- remember to add your staff and patient feedback to the map
- add any pictures you have to your process map – it can help trigger discussion and ideas and bring the whole process to life

'We filmed outside a patient's cubicle while they were having a bed bath. The nurse had to leave the patient several times to get items that should have been to hand. That's not just about wasted time, but about how the patient felt being left mid wash'

Try Spaghetti Diagrams

As well as process mapping, you could use simple spaghetti diagrams to capture your processes in a different way (see Toolkit Tool No 14, Spaghetti Diagrams):

- encourage staff to do their own spaghetti diagrams – this will help them understand their own habits and see waste for themselves
- spaghetti diagrams are like little process maps. Not only can they capture movement across a space, they can capture up and down movements to cupboards and shelves too

'It's amazing to watch the sense of realisation wash over people's faces when they realise just how much time they spend going back and forth to the same places. Spaghetti diagrams are great for this – they're fun, easy to do, and they're also very powerful tools for change.'

Assess - Milestone Checklist

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

	Completed ✓
1. Watch video as a team, noting sequences, good practice and concerns (particularly relating to infection control and patient safety).	☐
2. Analyse trust data e.g. on infection control rates (closures and outbreaks).	☐
3. Understand the patient experience of hygiene care.	☐
4. Understand the staff experience of patient hygiene.	☐
5. Use process maps and spaghetti diagrams to identify good practice and waste.	☐

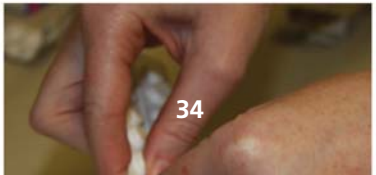
Make sure all shifts are aware of progress – discuss as a part of shift handover

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?	☐

This Room is has been
Sorted, Set, Shined &
Standardised.
'A place for everything and everything in its place'
Sort – Do we need it?
Set – Position things so that everyone knows where to find them.
Shine – Clean the area
Standardise – Agree, communicate, document and follow.
Sustain – Use as part of daily routine and continually improve.
Why 5S?
What have we changed?
tents of Linen Room:
D3

Diagnose

Baxter Healthcare
Thetford Norfolk England
PA 167/3/5
88-25-44-069
Expiry
POM
BB 12/2008



Diagnose - what does 'good' look like?

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

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

You can use them to start discussions and trigger ideas in your own team.

Ideas that have worked - Example 1: Poster Power

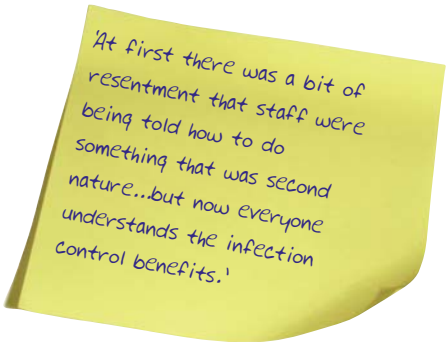
In their feedback, some staff voiced frustration that commodes were not always clean when they went to use them. As well as poor infection control, this meant it was taking longer to get the commode to the patient.

However, the film of the sluice area showed that everyone had a different commode procedure. The trust's infection control team confirmed that there was in fact no standard written for this procedure.

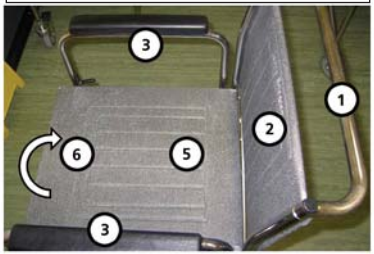
In response, the team:

- wrote an easy-to-follow standard
- created a poster demonstrating the standard in easy, visual stages
- displayed this in a prominent position in the sluice area

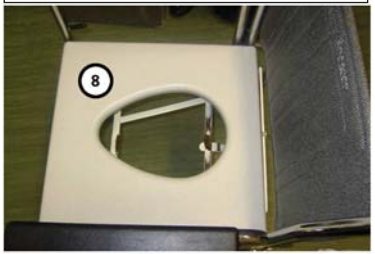
During the test phase, the modern matron checked the commodes every morning for a week, with positive results.



1: Wipe handle
2: Wipe back plate
3: Wipe arms
4: Remove lid
5: Wipe lid top
6: Wipe lid bottom

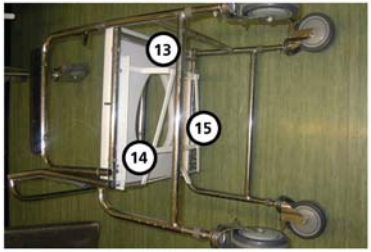


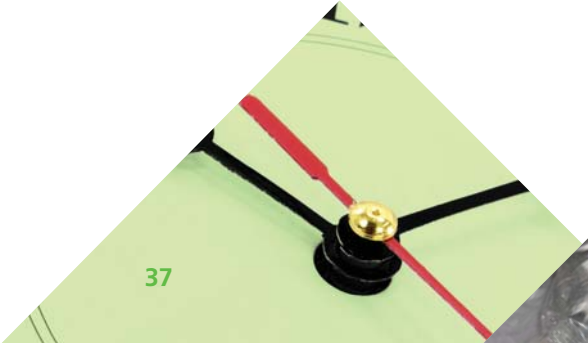
7: New wipe
8: Wipe seat top
9: Dispose of wipe
10: New wipe



11: Wipe Legs
12: Tip up commode

13: Wipe frame
14: Wipe underneath
15: Wipe rack





Ideas that have worked - Example 2: Locker Logic

Typically, ward staff were leaving a stock of soap and wipes in patients' lockers to avoid repeated trips to the central stock room. Staff experience showed this resulted in too many things being rammed into patients' lockers – or, where the kit had been used, nothing at all.

Now each patient has a zip bag with cleaning spray, soap and wipes (for their exclusive use):

- night staff make up and maintain a constant stock of 10 bags in the store room
- day staff are responsible for checking and ensuring each patient's locker always has a bag.

Benefits include:

- no trips to the store room while mid-wash
- patients' lockers neither overloaded nor empty
- less waste - only a limited stock of wipes, soap and cleaning spray needs to be thrown away after each patient is discharged

Stock level for Patient locker
Zip bag containing wipes & spray

Roles & Responsibilities (bedside)
When doing patient checks at 3.00pm
replenish locker with zip bag & contents
(untrained staff)

Roles & Responsibilities (store room)
New bag containing wipes and spray to be
prepared by night staff every night always
leaving 10 prepared.
To be stored under drawer

The new standard is now part of the ward routine and is displayed in an easy-to-read visual format in the stock room next to the wipes and spray

Ideas that have worked - Example 3: Trolley Safety

The one trolley in use on the ward was unsuitable due to:

- staff having to bend
- the space for a skip bag on the side (meaning dirty linen could be placed next to clean)

Although regular teams did NOT place skip bags on the trolleys, staff felt the potential for agency/bank staff to do this was a risk. So:

- two new trolleys were ordered - one for each team on the ward
- these are different colours to differentiate
- two new areas have been allocated for 'parking' the trolleys – so everyone knows where they are.

Skip bags weren't routinely placed on clean linen trolleys, but staff felt the potential for this to happen posed too great an infection risk – particularly with new staff.

Ideas that have worked - Example 4: New sluice layout

Spaghetti diagrams brought home to the team just how many steps (and therefore time) they could save by rationalising the sluice layout.

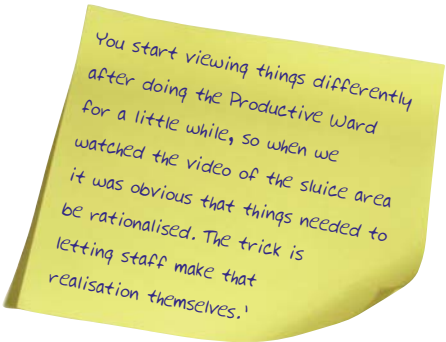
Changes included:

- commodes are grouped together near the door and next to the waste disposal
- relocate items not suitable for sluice

Creating extra space

- disposable bedpans relocated to shelves above new commode storage area

Steps taken to get a commode before changes	= 50 (1 second per step)
30 times over a 24 hour period	= 50 x 30 ÷ 60 = 25 mins
Steps after improvements	= 25 x 30 ÷ 60 = 12.5 mins
Saving	= 12.5 mins per day = 6.3 hours per month **= 75 hours per year**



Ideas that have worked - Example 5: Privacy and dignity signs for patient curtains

Curtains are pulled round patients while they are being washed or are washing themselves, but they can also be round a patient for many other reasons.

- the team are having signs designed to inform everyone when a patient needs privacy
- these will attach onto the curtains encouraging people to stop and think

Ideas that have worked - Example 6: Visual management in sluice

In the sluice there are gloves and aprons that should only be used in this area due to infection control.

However, our video and photos showed:

- a member of staff putting on gloves in the sluice and going to a patient bed area
- gloves stored in the sluice above the toilet where bodily fluids are disposed

Staff are currently working on a solution to ensure this does not happen - one suggestion is to have different colour gloves and aprons exclusively for use in the sluice area.

If costs for this are prohibitive, the team will explore other forms of visual management.

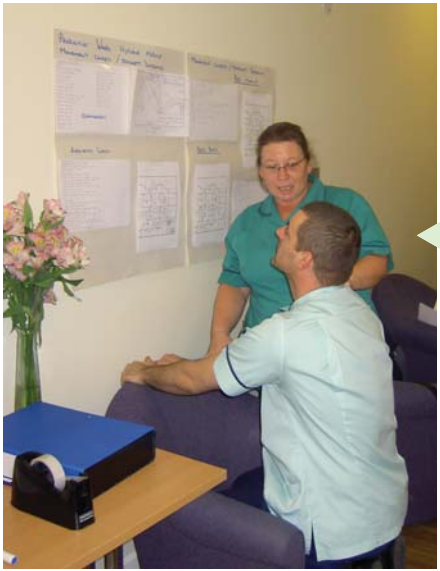
Video and photos highlighted important infection control risks – such as clean aprons and gloves being stored near the sluice toilet

Ideas that have worked - Example 7: Choose a champion

Nominating a champion with specific responsibility for cascading progress to other team members can be an important part of keeping everyone on board. This is especially valuable on a busy ward where staff can't always attend all the improvement sessions.

Bear in mind:

- champions don't need to be senior or qualified staff
- they can be anyone who is enthusiastic about improvement and who is a respected and knowledgeable member of the team



Respected and trusted champions who are responsible for cascading progress help keep the whole improvement process more inclusive.

Ideas that have worked - Example 8: Look for the good as well as the bad

Not all your observations and filming will be about highlighting the poor practice. If you see something positive, capture it.

One trust filmed an experienced health care assistant going round the ward asking patients what they wanted to do about washing that day:

- did they want to get washed that morning?
- did they want to wash themselves?
- did they need help?

This enabled her to get a clear picture of what needed to be done and in what order. It also helped patients to maintain a sense of dignity and feel like an individual, not just a number in a bed.

Ideas that have worked - Example 9: Focus on roles

As part of the 'assess' stage, the team were asked to review the standard paperwork relating to patient hygiene and say who they thought was responsible for filling out each form out:

- no two people gave the same set of answers, highlighting widespread confusion about roles
- now the whole team is clear about who is responsible for each piece of paperwork

Clear responsibility:

The team members who are responsible for patient hygiene are defined in advance. A monthly roster can be used. Most importantly the responsibility for patient hygiene is confirmed at shift handover and displayed visually – daily.

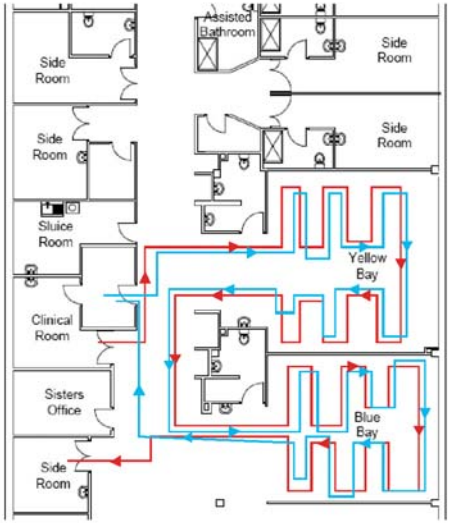
If new members of staff, or bank and agency staff, are to contribute to the patient hygiene then they are taken through the patient hygiene standards by a senior member of the team.

Ideas that have worked – Example 10: Avoid clashing with other processes

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 Patient Hygiene. 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

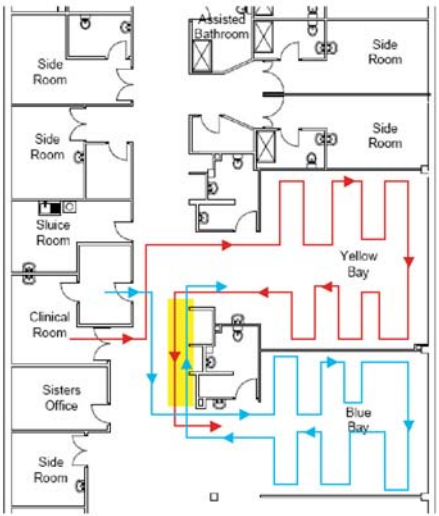


An effective way to avoid this congestion, give patients a calmer atmosphere and save time is to look at scheduling the various tasks so they start at different times or start in different areas of the ward.

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 - 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

Plan - Step 1: Create your 'new design'

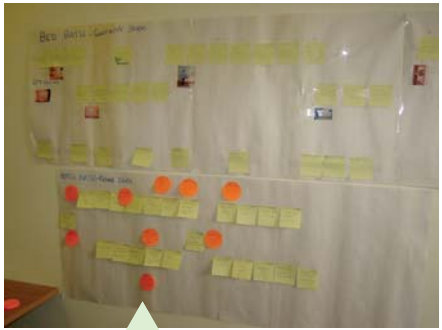
You have already process mapped your current state and discussed what patient hygiene care might look like on your ward.

Now it's time to think about what exactly you want to change and how you'll go about making the improvements happen.

Remember that you will probably be looking at several smaller processes in this module (e.g. bed baths and commodes) – rather than one all-encompassing patient hygiene procedure. So you may need to do the following steps for each element.

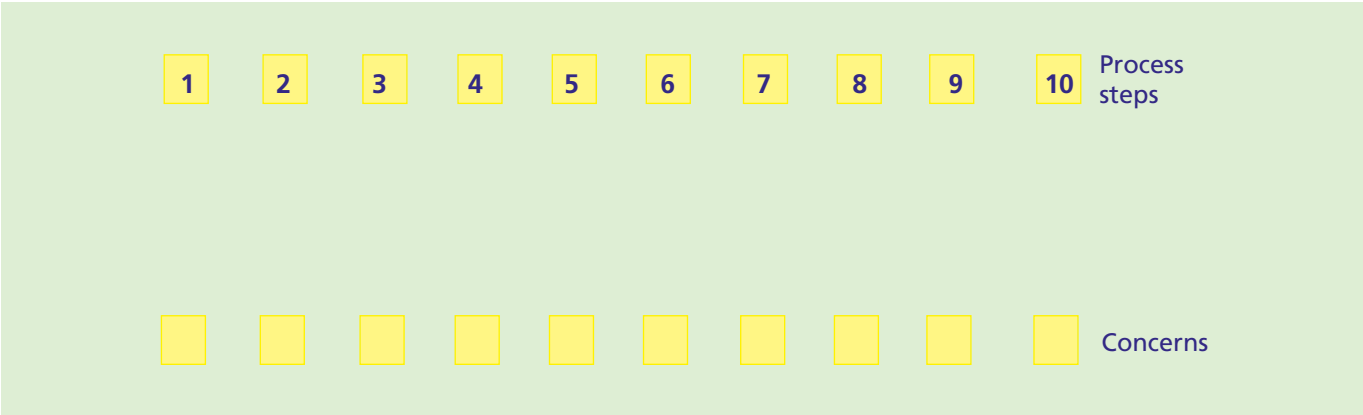
Step 1: Create your 'new design':

- discuss and agree what sort of patient hygiene care you want to achieve
- use Toolkit Tool No. 10 (Process Mapping) to capture this
- ask what needs to happen at each stage to achieve this improved process e.g.:
  - redesign layout of sluice room
  - create standard operating procedure for cleaning and storing commodes
  - order new skip trolleys with lids

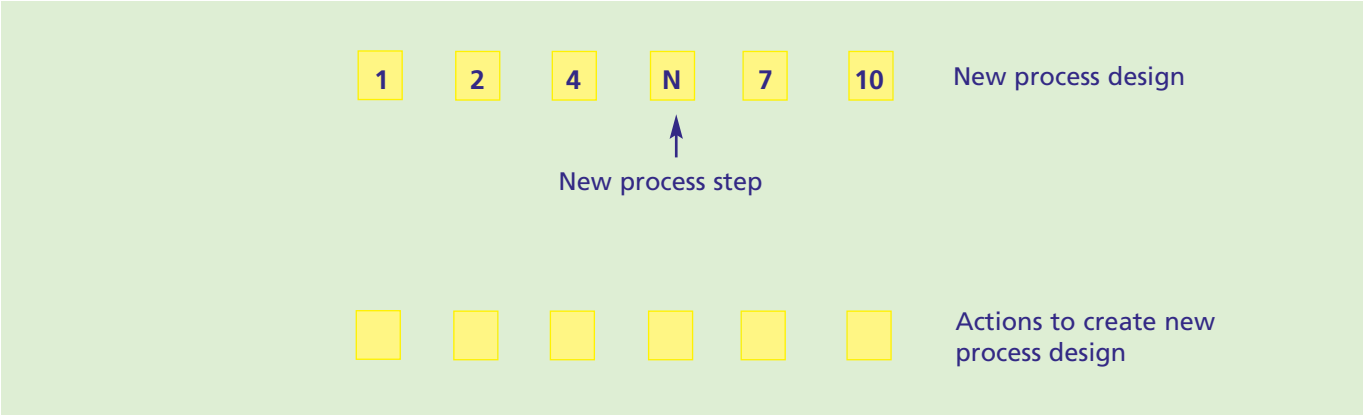


'Current state' and 'future state' process maps for bed baths are displayed together here – the orange circular post-its capture what needs to happen to achieve the new process

Current State:



Future State:



Step 2: 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

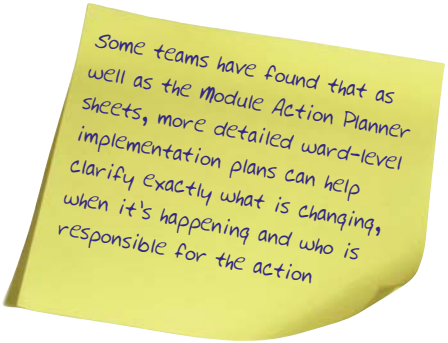
As well as helping you confirm that your intended changes do represent good practice, other stakeholders may be able to help you come up with new ideas.

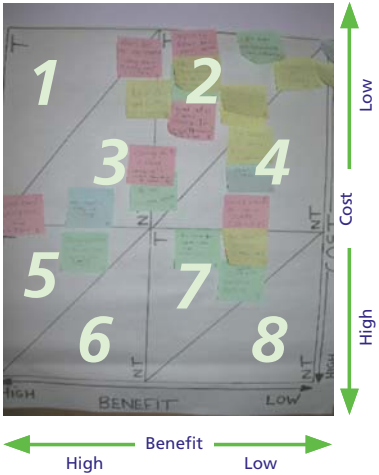
Using a fresh skip bag for each bed change reduced infection risk; saved staff time; and kept bags lighter for porters

'We used to leave dirty linen skips parked outside the ward or patient's room for infection control. But that meant staff had to keep going out to dump the dirty linen when they were doing a bed change – or worse still that it got dropped on the floor until all the other sheets were off. It was actually our infection control team who suggested we used a new linen skip for each bed change – that way we could take it into the room with us. It's better for the porters too as the skip bags are much lighter to unload.'

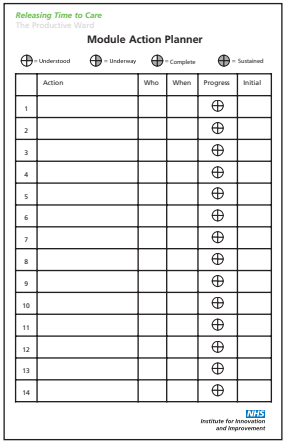
Step 3: Plan how you'll implement the new process

Use Toolkit Tool 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				⊕	

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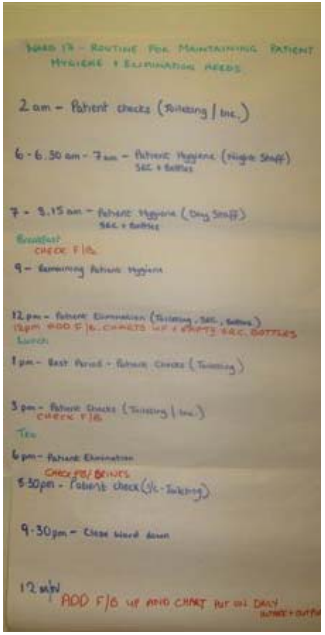
Step 4: Create a 'standard operating procedure'

A number of the improvements you are implementing may involve a change in working practice for your staff. For example, ensuring commodes are always cleaned properly and ready for use.

It is important to summarise the new working practices in a 'standard operating procedure'. This can be on a flip chart or an A4 document.

This is a simple exercise that clearly communicates the new way of working. It has the added benefit of helping to set the standard for new staff.

An example 'standard operating procedure' is featured here:



Plan - Milestone Checklist

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

	Completed ✓
1. Consider examples of ideas that have worked.	☐
2. Consider results of the 'Assess' section.	☐
3. Create 'new design' process map.	☐
4. Create prioritised schedule on Module Action Planner sheet.	☐
5. Create process 'standard operating procedure'.	☐

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

Treat

In this module – you are not implementing one continuous process, but rather several smaller changes. Some will take longer than others to achieve (especially if they involve ordering new equipment or involve larger-scale rearrangement on the ward or in the sluice).

It's important to test each improvement thoroughly, as they are implemented, rather than waiting for the whole set of improvements to be in place.

What sort of tests can we do?

Consider:

- snapshot audits (before and after the change):
  - ask how patients feel about privacy and dignity
  - are staff sticking to the new process?
  - is it more patient centred/focused?
  - do we have an improvement in staff experience?
- observation (watch and take photos)
  - have we reduced waste?
  - does it feel calmer and more organised?
- spot checks
  - e.g. modern matron spot checks commode cleanliness over 1 week
- time checks
  - how many visits to sluice room?
  - how many steps to clean commode?

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
- 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 defined.	☐
2. Test methods and roles defined.	☐
3. All staff informed.	☐
4. Try out (test) the new process(es).	☐
5. Get staff, patient and family feedback.	☐
6. Video the new process.	☐

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?	☐

Fire door
keep shut

Evaluate

Evaluate

This stage builds on the earlier 'Treat' phase and you can use all test methods suggested there.

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?

You will need to seek:

- infection control data
  - e.g. has there been a discernible drop in diarrhoea / sickness / infection outbreaks on the ward?
- continued patient and staff feedback
  - use patient survey questionnaires to assess whether patients' feel their dignity and privacy has improved
- opportunities for further improvements

Communicate success

Don't forget to communicate your success – not just to the team but to patients and the wider trust as well.

As well as sharing positive comments and feedback from patients, families and staff – think about the other evidence that has come out of your improvement activities.

Promote these through:

- wall displays in prominent areas
- newsletters
- emails to the team and key stakeholders
  - short events and presentations (where you can showcase some of your processes and films too)

Bed bath before
= 400 steps x 5 bed baths per day
= 2000 steps (1 sec per step)
= 33 mins a day
= approx 200 hours a year

Bed bath after new procedure
= 200 steps x 5
= 1000 steps a day = 16 mins a day
= 97 hours per year

Total annual saving 103 hours per year

Or
2.7 whole time equivalent WEEKS PER YEAR

One trust who used spaghetti diagrams to measure steps/time in procedures such as commode cleaning and bed baths now have compelling before and after figures that they can use to illustrate the impact of their work

Evaluate - Milestone Checklist

	Completed ✓
1. Seek infection control rate data.	☐
2. Talk to staff, patients and relatives about the new hygiene process, record comments.	☐
3. Look at 'before' and 'after' process times/steps.	☐
4. Communicate success!	☐

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?	☐

How can I make it stick?

Monitor and audit continually	• continue to monitor • get team members to do spot checks • put a review date on standard operating procedures – name someone as responsible for making sure this happens • conduct a process audit once a month (at least) – to ensure basic changes made are being followed
Training and education	• make a simple list of ALL ward staff – get them to sign their name against this once they have read and understood the new work processes • make sure new standard procedures are clearly displayed and physically pointed out for any new staff or bank/agency personnel
Ensure leadership attention	• ask modern matron or equivalent to carry out the monthly process audit • ensure you (ward leader) discuss audit results with ward staff at least once a month (even if for five minutes in a 20-minute catch-up meeting) • ensure changes made and timings/reduced infection rates achieved are brought to the attention of senior leadership
Link improvements to efforts	• make sure the team realise that improvements are a result of their hard work
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 standard operating procedures, but about improving them continually

Learning objectives complete?

Three 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 below. 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
What information do spaghetti diagrams give?	• where people move (to and from) • where they get equipment • where they get information • number of steps travelled
When would you use spaghetti diagrams instead of timing process?	• when timing a process is not appropriate (like near patients or where timing could impact patient dignity)
Define standardised patient handover and why it makes things better?	• important tool for communicating • key to sustaining new patient hygiene process • agreed by the team, not by an individual • ensures all of the information the team has decided is important, is communicated • should include standards for rooms, cleaning equipment, route and timing of patient hygiene activities

10 Point Check List

Example:

	Status 1	Status 2	Status 3	Status 4
The grid to follow 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				

10 Point Check List Patient Hygiene	Status 1	Status 2	Status 3	Status 4
Responsibility for all elements of ward patient hygiene requirements confirmed during shift handover.				
Patient hygiene needs and what needs to be done during the shift, should be easily accessible.				
Equipment is always to be found in the same location, ready-to-go.				
Patient hygiene processes are standardised, documented and available to all staff.				
Patient hygiene equipment all has documented standards for cleaning and storage.				
Patient hygiene processes are delivered so they do not clash with other ward processes.				
Where clinically possible, patients are always taken to a toilet, not given a commode.				
Where clinically possible, patients are helped to able to administer their own patient hygiene requirements.				
Gloves, aprons and other protective equipment are changed between patients and rigorously audited.				
Patient Hygiene documentation (recording of activity) is always up to date, consistent, clear and easily accessible.				

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Further copies of this document can be obtained from:

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