NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Ward

Patient Observations

Version 2

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For Recipient's Use	

Introduction

'Clinical observations are the bread and butter of nursing assessments. They are the eyes and ears of nursing staff'

Liz Ward, Productive Ward project manager and former ward leader, Barnsley Hospital NHS Foundation Trust

Correct observations, done at the correct time and acted upon in the correct manner are critical to safety.

Observations can take up a large proportion of your team's day. It is vital that this time is spent actually doing observations effectively, rather than time being spent struggling with misplaced equipment, congestion on the ward and interruptions.

Our patients see observations as a major milestone in their day. It is a time where they get guaranteed time with ward staff.

The aim of this module is to increase patient safety through increasing the reliability of patient observations.

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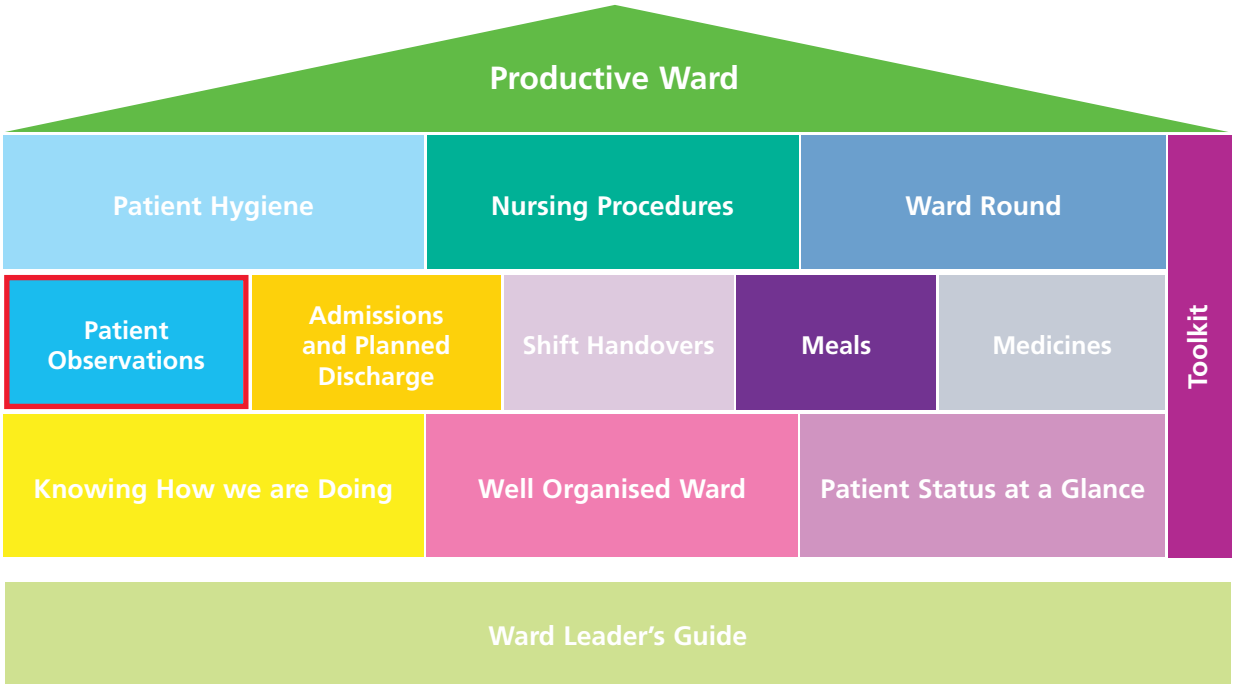
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What is the Patient Observations module?

What is it?

- a way to ensure your patients get the right observations, at the right time
- a way to improve patient observations on your ward, with fewer errors and less wasted time
- a way to ensure patients feel their observations are a valued part of their care, not a hindrance

Why do it?

To deliver safe, reliable and efficient care through:

- increasing patient safety by reducing errors and omissions
- timely observations for early intervention
- improving patient experience
- a calmer ward atmosphere
- reduced wasted time
- giving you increased confidence to delegate the observations round
- improve documentation in line with trust policies

What it covers

This booklet will answer 5 key questions:
- how can we ensure we are following hospital policy and create a reliable observations process?
- who should do the patient observations process?
- how should the equipment be prepared?
- how should the ward be prepared for the patient observations process?
- what is the best route through the ward?

What it does not cover

This booklet does not address:
- hospital patient observations policy
- dealing with implications of specific observations
- patient observations outside of the regular routine
- any clinical outcomes of the process
- which observations you should do, or at what frequency or how to interpret the results

Learning objectives

The team will:

- understand that reliable patient observations require frequent, simple measurement against a team defined and clearly communicated standard
- understand how auditing observation charts frequently gives direction to improvement
- be able to define how clear roles and responsibilities on a ward can remove congestion
- define standardised work and how it increases quality
- develop audits as a positive activity that helps sustain the patient observations

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.

Assess your ward now.

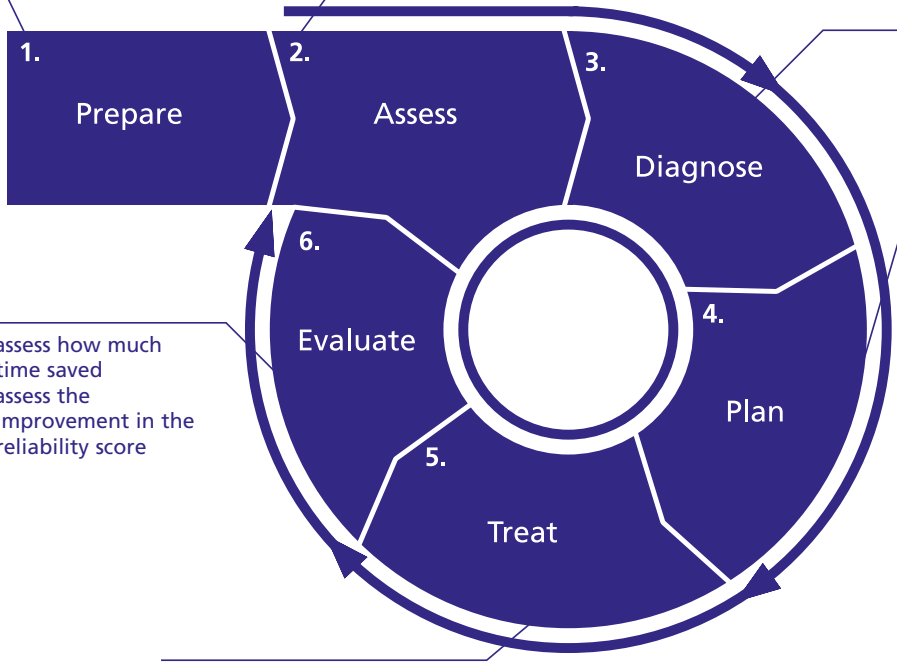
What tools will I need?

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

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

- decide who will be involved
- talk to staff
- take photos and video

- ask the 5 key questions
- how long does it take?
- what is the current reliability of your observation process?



- policy compliant
- defined roles
- prepared ward
- prepared equipment
- defined route

- ensure policy compliance
- define roles
- decide how the ward and equipment can be prepared
- define route
- set 'SMART' reliability target

- assess how much time saved
- assess the improvement in the reliability score

- measure how long it takes
- measure how many errors
- talk to staff

This corresponds to the PDSA cycle!

Prepare

Prepare

Step 1: Decide who will be involved:

- 1 ward manager
- 1 ward sister
- as many staff who are involved in patient observations as possible
- medical staff
- domestics and HCAs

Step 2: Talk to staff:
Use Toolkit Tool 5 (Interviews)

- which observations cause the most issues?
- why does it take so long?
- what causes errors in completeness and timeliness of observations?
- what changes would improve it?
- how are the results recorded?

Step 3: Talk to patients:
Use Toolkit Tool 5 and seek guidance from your Nursing Director

- what is the patient experience of the patient observations?

Step 4: Take photographs:
Use Toolkit Tool 6

- equipment needed for patient observations

Step 5: Shoot video:
Use Toolkit Tool 7

- film the entire patient observations round from start to finish

Step 6: Audit method

- find out if the trust has a method of auditing and calculating the reliability of ward based patient observations

Step 7: Staff competencies

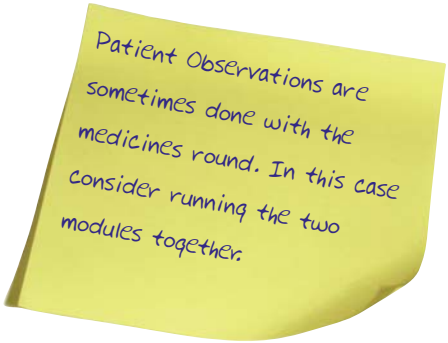
- obtain a copy of the trust's policy regarding the required staff competencies for ward based clinical observations

Step 8: Policy on observation result escalation

- obtain a copy of the trust's policy on escalating observation results to senior ward staff and medical staff

Step 9: Policy on use of patient observation information

- does your trust communicate to patients that it may use information gathered during clinical observations for auditing purposes?



Prepare – Milestone Checklist

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

	Completed ✓
1. Team decided (record team members).	☐
2. Spoken to staff and patients and comments recorded.	☐
3. Photographs taken and labelled (location of monitoring equipment).	☐
4. Video taken.	☐
5. Find out if trust has an existing patient observations reliability scoring system.	☐
6. Obtain copy of trust policy on staff competencies for ward based clinical observations.	☐
7. Obtain copy of observation result escalation procedure.	☐
8. Obtain patient observation information policy.	☐

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?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Assess

Assess

Step 1: Review interview notes

Step 2: Review photos and watch the video

Step 3: Look at the number of clinical incidents to understand if any errors or omissions are made in relation to the observation round

Step 4: For all staff that currently carry out patient observations assess their competencies against those stated in your trust's patient observations policies

- if uncertain then ask your Nursing Director for help

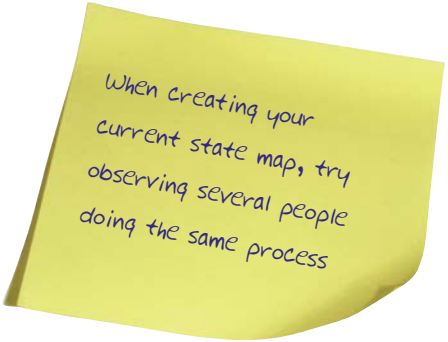
Step 5: Look at how changes to observation requirements are communicated*

- how are changes made by the patient's consultant communicated to nursing staff?
- how are changes made by nursing staff communicated to the patient's consultant?

Step 6: Create a current state process map from discussions with staff and your notes from the video (Use Toolkit Tool 10 – Process Mapping).

Do not create a new design map or explore solutions to identified issues at this stage.

* put this communication information on the current state map you create for step 6



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 7: Take your prioritised issues from the process map

Include issues that you have highlighted from the interviews and photographs, and write them on a Module Action Planner Sheet (Toolkit Tool No. 12). This way you can track your progress as you resolve the issues.

Step 8: Generate a reliability measure

- find out the current reliability of your patient observation
- use the audit sheet on page 23 or your trust's defined method. The target is to generate a % score and to use a 'composite' (see page 21) scoring method

Step 9: Generate a time measure - time the observations process to see how long it takes (Use Toolkit Tool No. 8 – Timing Processes)

- record the number of patients seen during the timed observation process - this is in addition to the timing information you have gained from watching the video and process mapping

Assess – Reliability audit of patient observation process

Reliability -
able to be relied on.

Source: Compact Oxford English Dictionary (Online)

With this audit you are checking that your patient observations process, and its outcomes, can be relied on.

Assess – Reliability audit of patient observation process

What is auditing and an example of how to do it.

- patient observation reliability audits are one of the 11 ward performance measures
- use the operational definition for patient observations in the Productive Ward Knowing How We Are Doing module to get information on frequency
- the audit assesses five areas:
  - are all the required observations being done?
  - are the patient observation charts being filled out correctly?
  - are appropriate follow-up actions being taken based on the observations?
  - frequency of observations – this is highlighted in Yellow on the diagram pictured on the facing page
  - patient observations, and the actions that are taken as a result, are a direct reflection on the safety and reliability of ward care

Composite Scoring?

This means that a set of patient observations are either complete or failed. No half measures.

For example, an observation may have collected everything other than respiratory rate. For it to be complete in composite scoring, it has to include all of the required observations and so this particular chart would have failed and be scored a zero.

This is illustrated by the **Green (complete) and Red (failed) on the diagram on the right. The Blue** highlights the scoring system

The list of questions featured in the Observation Audit Chart should be defined by your team, with guidance from relevant experts. You can use the example sheet as a guide as you need to ensure the questions are right for your ward. The list of factors should not be decided by an outside source without consultation of the team.

If you have never done an observations chart audit before, this is really powerful and, as ward leader, you need to be prepared to guide your staff through the results. It is very common to score 0% when the observation audit is carried out. If this happens then you need to ensure the discussions stay focused on process, not individuals.

It is important to use the observation audit chart results with other indicators. On its own, the reliability score does not guide improvement; it just gives a current state. Use the example given on page 23 to guide your thinking on how to display the audit scores so it guides your team's improvement efforts. You need to display the results in such a way that the team can see what areas of patient observations are strengths and what areas are opportunities for improvement.

Example Sheet

Patient Observation Chart Audit

Audit Guidelines:

Collect a sample of observation charts for patients on the ward and answer the questions on the checklist.

Sample size:

Frequency:

Scoring and individual chart:

If all items are answered 'YES' then the chart receives a score '1'.

If any item is answered 'NO' then the chart receives a score '0'.

Calculating the overall audit score:

Sum the individual chart scores.
Convert to a percentage:

$$\frac{\text{Sum of chart scores}}{\text{Number of charts audited}} \times 100$$

Chart — Answer YES or NO only

	Standard	1	2	3	4	5	6	7	8	9	10
1	Has the chart got an addressograph or full name and hospital number?	✓	✓								
2	Is the page numbered at the top of the chart?	✓	✓								
3	Have doctors requested frequency of Observations?	✓	✓								
4	Does the chart indicate the frequency of observation?	✓	✓								
5	Is the temperature recorded correctly and as requested?	✓	✓								
6	Is the BP recorded correctly and as requested?	✓	✓								
7	Is the pulse recorded correctly and as requested?	✓	✓								
8	Are respirations recorded correctly and as requested?	x	✓								
9	Are O2 SATs recorded correctly and as requested?	✓	✓								
10	Has the patient triggered in TPR or BP?	✓	✓								
11	If yes, has the appropriate action been taken?	✓	✓								
12	Was action taken within 1 hour?	✓	✓								
13	Has pain assessment been documented?	✓	✓								
14	Is urinalysis recorded?	✓	✓								
15	Is bowel action recorded?	✓	✓								
	CHART SCORE	0	1								

Ward: _____

AUDIT SCORE [ ]

The moment the exercise becomes about blame is the moment you lose the opportunity to improve and talk openly about safety.

Use of other audit methods:

Your trust may already have an audit process for patient observations. Use this process as long as it takes in to account the principles detailed on the previous page.

Using patient observation information for reliability audit purposes requires the permission of the patient unless this use is specified in trust patient literature. If it is not then verbal permission should be acceptable i.e. *"we are carrying out an audit of patient records do you mind if we use yours, is that OK?"* Ask your Nursing Director for guidance.

Use the example featured to create your own audit sheet so the questions suit your ward. Work with your matron and / or Nursing Director to develop this.

Example of alternative audit sheet

Draft

Audit of observations and fluid balance
The whole of this survey will be scanned. In order that your forms are read correctly please use a black pen and mark the boxes with an X

Record Number ☐☐☐☐

Hospital Number: N ☐☐☐☐☐☐

Ward:

Are patient details/hospital number recorded correctly on chart? ☐ Yes ☐ No

If no, which details are missing:

Name: ☐ Yes ☐ No
Hospital no: ☐ Yes ☐ No
Date of birth: ☐ Yes ☐ No
Ward: ☐ Yes ☐ No

Which observations have been recorded?

Temperature: ☐ Yes ☐ No
Blood pressure: ☐ Yes ☐ No
Heart rate: ☐ Yes ☐ No
Respiratory rate: ☐ Yes ☐ No
Oxygen saturations: ☐ Yes ☐ No

Is the patient receiving oxygen? ☐ Yes ☐ No

Is the patient having observations recorded? ☐ Yes ☐ No

Is the minimum urine expected filled in? ☐ Yes ☐ No

Frequency of observations currently:
☐ 1 hourly ☐ 2 hourly ☐ 4 hourly ☐ Daily ☐ BD ☐ Other (please state):

Do any of the observations fall in the red zone? ☐ Yes ☐ No

Is EWS scored? ☐ Yes ☐ No If yes, EWS score: ☐☐

Draft

Only where EWS has actually been scored - has EWS been accurately recorded? ☐ Yes ☐ No

If no, correct score: ☐☐

If no, which observation was incorrect?
☐ Pulse ☐ Temp ☐ BP ☐ Resp ☐ Urine ☐ CNS

Is the temperature documented correctly? ☐ Yes ☐ No

Is the blood pressure documented correctly? ☐ Yes ☐ No

Is the heart rate documented correctly? ☐ Yes ☐ No

Has the RN stated the frequency of observations? ☐ Yes ☐ No

Has this been: Signed: ☐ Yes ☐ No
Dated: ☐ Yes ☐ No
Timed: ☐ Yes ☐ No

Fluid balance chart

Does the patient have fluid balance recorded? ☐ Yes ☐ No

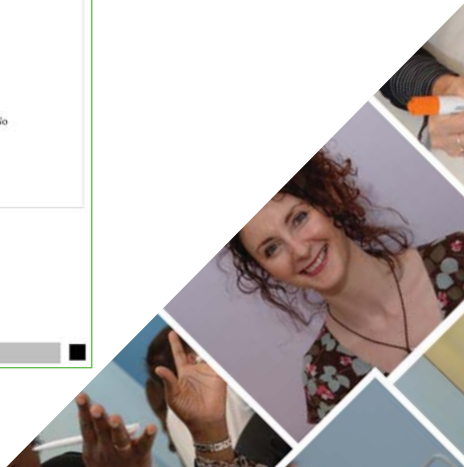
Is the patient's weight recorded? ☐ Yes ☐ No

Are input and output columns accurately identified? (i.e. IV, NG, Oral) ☐ Yes ☐ No

Is the fluid balance accurately totalled? ☐ Yes ☐ No

Is there an accumulative balance chart in progress? ☐ Yes ☐ No

Key for accurate documentation:
x = Temperature
• = Heart rate
◇ = Blood pressure

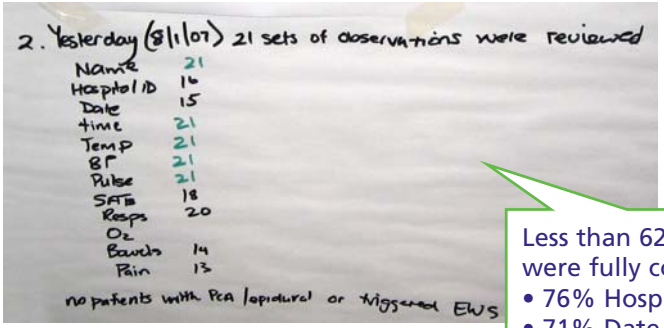


How do we audit?

Decide:

- who will conduct the audit
  - e.g. ward manager or roster of qualified nurses
- how many charts to audit and how often – *use the Productive Ward measures operational definitions in the Knowing How We Are Doing Module*
- discuss the results each week at the review meeting

Display your audit score, generated from the weekly sample of 10 (see Knowing How We Are Doing module) on your ward performance board. When you first do this you should also display a breakdown. An example is detailed in the picture below:



Less than 62% of charts were fully completed:

- 76% Hospital ID
- 71% Date
- 86% SATS
- 95% Respiratory
- 67% Bowel
- 62% Pain

‘Displaying the audit results to guide improvement – over time’

Audit questions for example only

	Does the chart show the name correctly in black ink?	Does the chart show the D.O.B correctly in black ink?	Does the chart show the unit number correctly in black ink?	Is the blood pressure recorded correctly as requested?	Is the temperature recorded correctly as requested?	Is the pulse recorded correctly as requested?	Are the respirations recorded correctly as requested?	Has the pain chart been documented correctly?	Are the frequency of observations documented?	Are any changes to frequency dated and signed?	If observations are outside of the patients ‘norm’ is this escalated and documented in nursing records?	
W/C	Patient Name	D.O.B	Unit Number	B.P	Temp	Pulse	Resp	Pain	Freq	Freq Changes	Esc	Audit Score
09/12/07	100%	0%	90%	90%	100%	100%	20%	30%	10%	0%	10%	0%
16/12/07	100%	20%	100%	80%	50%	60%	50%	50%	80%	20%	90%	20%
23/12/07	100%	50%	100%	90%	60%	100%	60%	50%	10%	90%	90%	50%
30/12/07												
06/01/08												
13/01/08												
20/01/08												
27/01/08												
03/02/08												
10/02/08												
17/02/08												

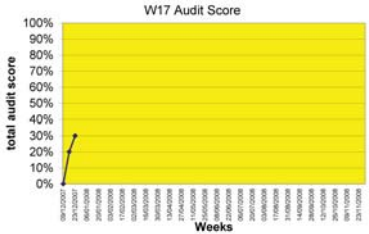
The next two pages detail an example of how to make the Observation Audit tell an improvement story.

The team enter the score from their observation audit sheet into a simple spreadsheet – as detailed above.

The spreadsheet then creates simple run charts that detail the composite audit score and, more importantly, the areas of patient observations where the team score strongly and the areas where the team have the opportunity to improve.

The charts detail the current state and steer the team towards the areas with improvement opportunity.
A copy of this spreadsheet can be found on the NHS Institute for Innovation & Improvement’s Productive Ward web pages at www.institute.nhs.uk/productiveward

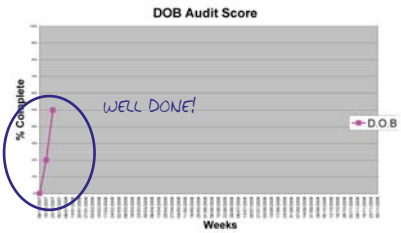
OUTPUT



MAIN AUDIT SCORE. TOTAL CHART SCORE RISING. 1ST WEEK NONE OF THE 10 CHARTS AUDITED MET THE TEAMS STANDARD.

INPUT (MEASURES FOR IMPROVEMENT)

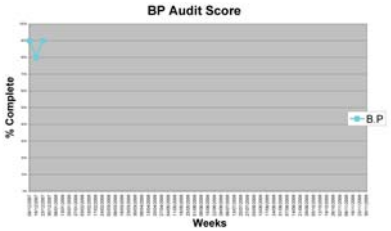
TEAM SCORES HIGHLY WITH NAME.



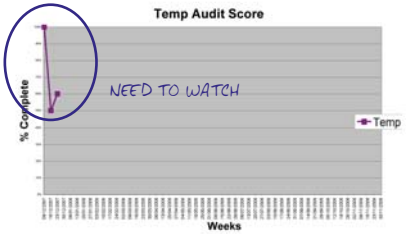
DOB A WEAKNESS IN FIRST AUDIT BUT TEAM STEADILY IMPROVING.

INPUT (MEASURES FOR IMPROVEMENT)

UNIT NUMBER STARTED WELL AND HAS IMPROVED TO FULL COMPLIANCE.



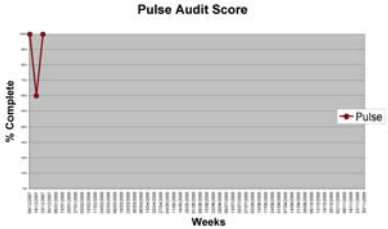
BP CONSISTENTLY WELL OBSERVED BUT STILL ROOM FOR IMPROVEMENT



TEMP STARTED WELL IN FIRST AUDIT BUT SINCE HAS BECOME WEAKER TEAM NOW PRIORITISING

Use provided base spreadsheet and annotate as on diagram

INPUT (MEASURES FOR IMPROVEMENT)

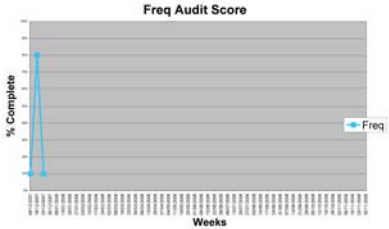


PULSE DIPPED IN WEEK 2 BUT TEAM PUT MEASURES TO CORRECT AND SCORED MAXIMUM IN 3RD WEEK

RESP RATE STARTED WEAKLY BUT TEAM HAS MADE EFFORTS TO IMPROVE

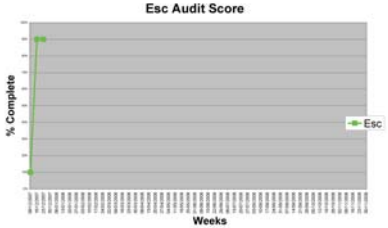
PAIN IS WEAK AND HAS NOT SEEN MUCH IMPROVEMENT. TEAM NOW PUTTING ACTIONS IN PLACE.

INPUT (MEASURES FOR IMPROVEMENT)



OBSERVATION VERY VARIABLE. NOW PRIORITY BY TEAM.

TEAM IDENTIFIED DOCUMENTING CHANGES IN FOUR OF OBSERVATIONS AS PRIORITY IN WEEK 1. NOW STEADILY IMPROVING.



CORRECT ESCALATION WAS A WEAKNESS BUT TEAM IS IMPROVING AND HOLDING GAIN

Assess

Ask the 5 Key Questions

Are we following hospital policy?	• what is your hospital patient observations policy? • are all staff familiar with the policy? • are the observations carried out appropriate for the condition? • what monitoring equipment should you use? • how should staff be trained in any monitoring equipment used? • how is this recorded?
Who does the observations?	• how many people on your ward have the correct competencies? • who is the responsibility for observations assigned to? • do the people responsible know in advance when it is their turn?

How do we prepare the equipment?	• is mobile equipment ready to go when needed? • does it contain all the items required? • what is the procedure for re-stocking consumables kept on the equipment (BP cuffs on machine)? • are there other items which are needed? • what are the implications of infection control requirements in the use of equipment on multiple patients? • are the right size 'cuffs' (for BP) available for patients and with machine? • are monitoring machines calibrated and is their maintenance up to date?
How do we prepare the ward?	• is frequency of observations information up to date and easy to find? • are the patient observation charts easy to locate?
What route do we take through the ward?	• how do we ensure that all patients receive observations, and do so on time? • are there delays in performing the observations - if so why? (Use 5 why's tool in Toolkit) • do different tasks overlap? • where is the best place to start?

Assess – Milestone Checklist

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

	Completed ✓
1. Video and photographs viewed, comments recorded.	☐
2. Staff who currently carry out patient observations assessed against required competencies as per your trust's policies.	☐
3. Process map built, issues listed on cost benefit sheet.	☐
4. Prioritised issues listed on module action planner sheet.	☐
5. Process timed.	☐
6. Audits completed and score displayed.	☐
7. Ask the 5 Key Questions.	☐

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?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

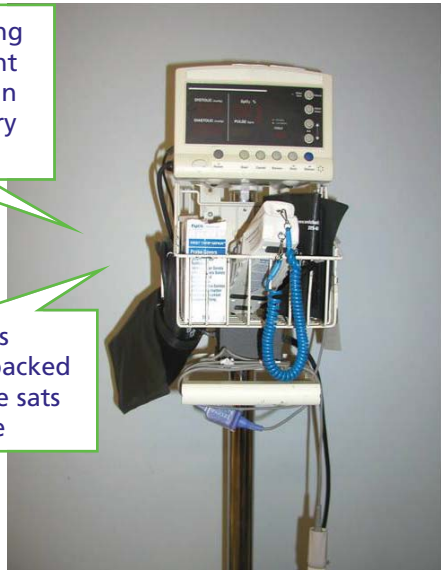
13
5

Diagnose

Consider what 'good' looks like: ideas that have worked – Example 1

Making sure the equipment for the patient observations process is ready to go.

Use the Well Organised Ward Module to guide your activities when trying to make sure equipment is ready to go.



Consider what 'good' looks like: ideas that have worked – Example 2

Making sure the equipment for the patients observations process is ready to go.

Cup provided for disposal of used, in-ear temp gauge extensions

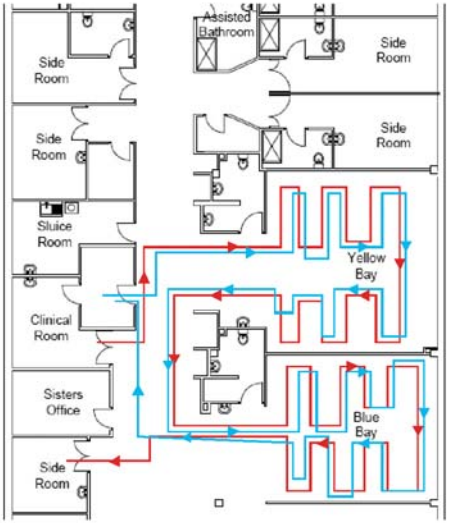
Reminder tag shows correct observations procedure

Consider what 'good' looks like: ideas that have worked – Example 3

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

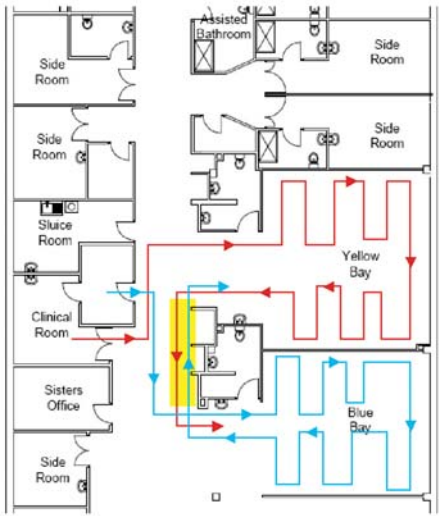


An effective way to avoid this congestion, give patients a calmer atmosphere and save time is to look at scheduling the various tasks so they start at different times or start in different areas of the ward.

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.

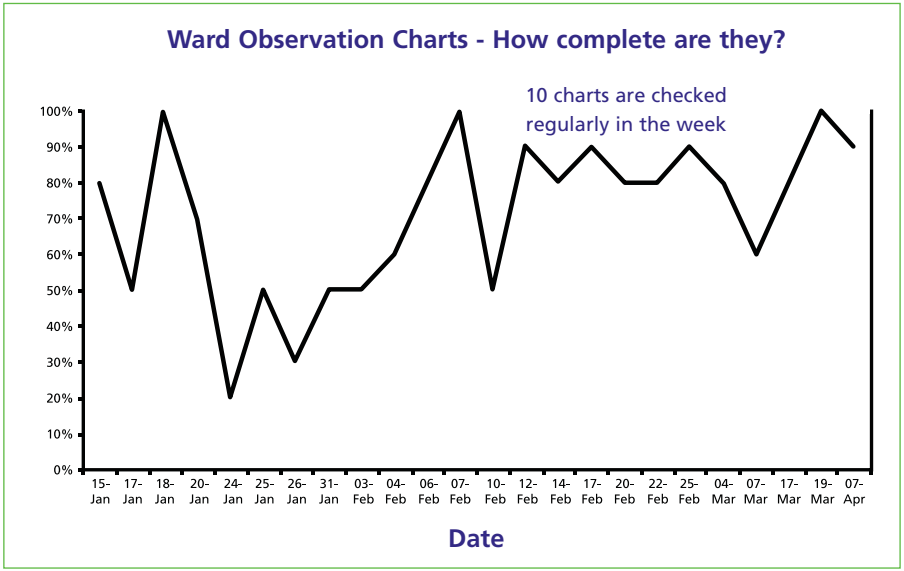
This illustrates the importance of defined roles and responsibilities. Roles and responsibilities should be defined daily in the shift handover. The ward leader should have the overview role to ensure tasks and activities do not clash.

Red = Nurse A
Blue = Nurse B



Consider what 'good' looks like: ideas that have worked – Example 4

Displaying the reliability score – use a 'run' chart



You can sample more regularly if you wish and sample daily during the 'test'

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?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

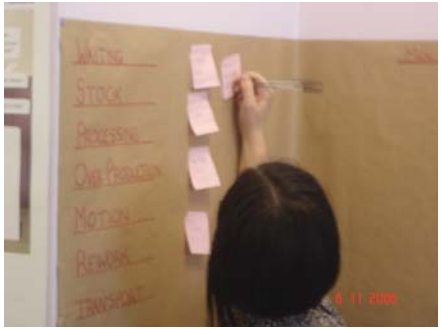
Plan

Plan

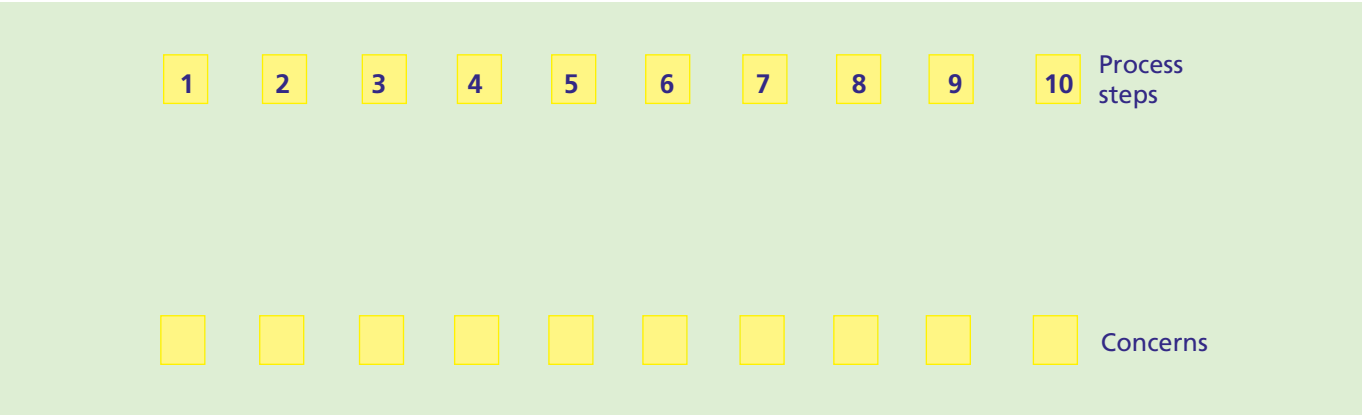
How can we ensure we are following hospital policy?	• ensure the policy is displayed near the equipment storage area • check staff qualifications are up to date and display a list of ward staff who are qualified to perform observations • check staff are up to date with monitoring machine training
Who should do observations?	• review the list of people who are qualified to do observations in relation to trust required competencies • discuss who are the right people from each shift • create a monthly roster to cover observations on all shifts • ensure the staff identified for the observations process are highlighted in every handover
What equipment should we have?	• decide whether the right equipment is in place • create an inventory of required items and quantities • create a plan for restocking of equipment
How should we prepare the ward?	• talk to all shifts and determine which activities can be done prior to the start of each observations process
What is the best route through the ward?	• ensure there is a follow up system for those who are unavailable for observation • look at other ward activities happening at the same time and decide the best place to start

Create your 'new design'

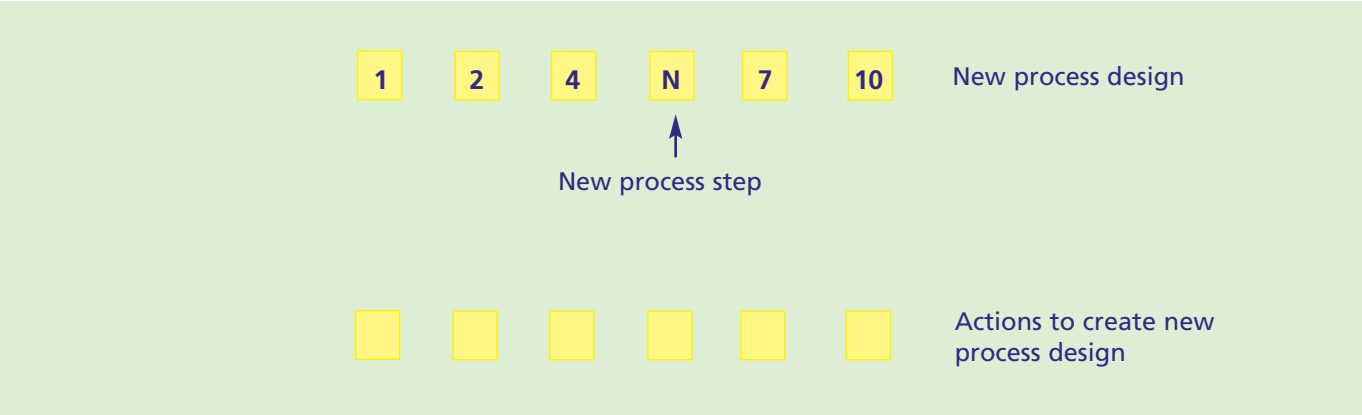
Complete your 'new design' process map by continuing to use Toolkit Tool No. 8. Using your team's expertise and the discussion around the examples, you will generate a number of exercises that will need to be completed to implement your new design for patient observations.



Current State:

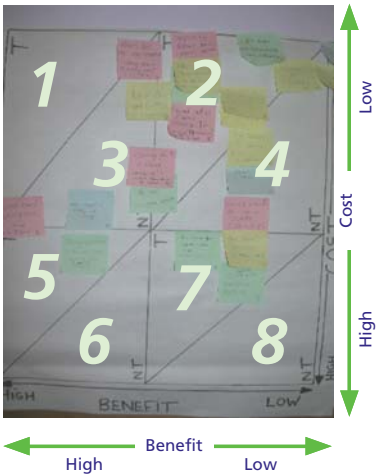


Future State:

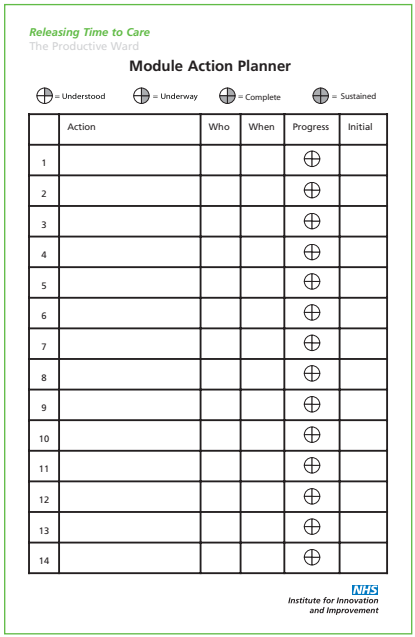


Create your plan for the implementation of your newly designed observation process:

Use Toolkit Tool 11 & 12 (Cost Benefit Analysis, Module Action Planner Sheets) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheet 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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Create a 'SMART' target for your reliability score

If you have not already done this, refer to the Knowing How We Are Doing module and the section on how to set your SMART target for your patient observation reliability.

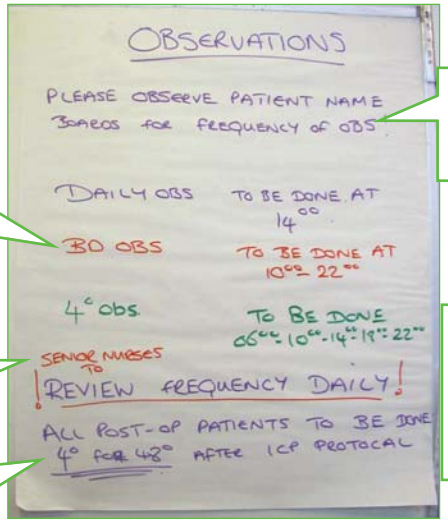
Simple
Measurable
Aspirational
Realistic
Time Bound

Create a 'standard'

In addition to your implementation plan, you should create a Standard Operating Procedure for the new observations process. 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, bank or agency staff.

An example 'Standard' is featured opposite* you should consider building more information into your standard. For example, detail what preparation should be carried out before the observation process:

Standard Operating Procedure on display



Reminder about process changes

Standard times

Roles and responsibilities

Clinical expectations

New procedure can be formally documented once everyone has agreed

*this standard has been created by a particular ward and is not general. The frequency and other standards are specific to the ward in question. You need to define a standard specific to your patients' requirements.

Location of equipment

You should consider four factors when deciding where equipment should be stored. Use these principles in conjunction with guidance in the Well Organised Ward module to look at how equipment is located:

- frequency of use
- size
- power requirements
- observation process routing through ward

Frequency of use

Make a list of the equipment used during the observation process. You need to make sure equipment used every day is easily to hand.

Equipment used infrequently and only for very specific observations, e.g. equipment that is used weekly, should be stored further away than the frequently used items.

Size

Moving large equipment in a busy ward is obviously a difficult task. Locate such equipment as near to point of use as possible but also consider the ward environment and safety factors.

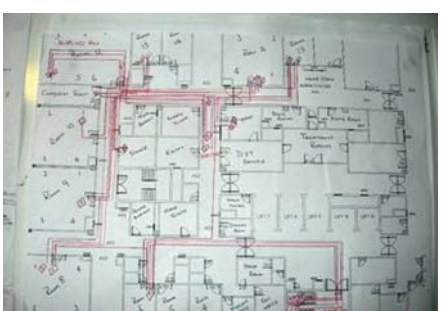
Power requirements

If equipment requires charging, you should identify areas where it can be stored with dedicated charging points for the equipment. Consider any risks posed by cables.

Observation round routing through ward

Use Toolkit Tool No. 14 (Spaghetti Diagrams) to build a picture of the route through the ward the staff member carrying out patient observations takes.

- is any of the route caused by having to collect equipment?
- can the equipment be better placed on the route?



Plan – Milestone Checklist

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

	Completed ✓
1. Create implementation plan for new observation process.	☐
2. Create SMART target for patient reliability score.	☐
3. Create Standard Operation Procedure.	☐

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?	☐

Treat:

Go for it!

Treat

What are we testing?

- have we increased reliability?
- completeness
- accuracy
- timeliness
- have we reduced wasted time during the round?

Before the test starts ensure that

- a plan for auditing is in place
- all staff understand what the changes are
- reliability data is available to all nurses
- inform all staff personally at handover meetings across all shifts

During the test

- while testing this out for the first week, audit daily – this is the key to understanding whether your changes are improving the reliability of care
- film the new patient observations process to check what the new process looks like
- use a stopwatch to time the new observations process as before:
- use the same starting and finishing points
- follow guidance in Toolkit Tool No. 8 (Timing Processes)
- provide opportunities for suggestions and improvements
- implement simple solutions quickly

Don't wait until the end of the test – if ideas emerge midway, try them out!

Treat – Milestone Checklist

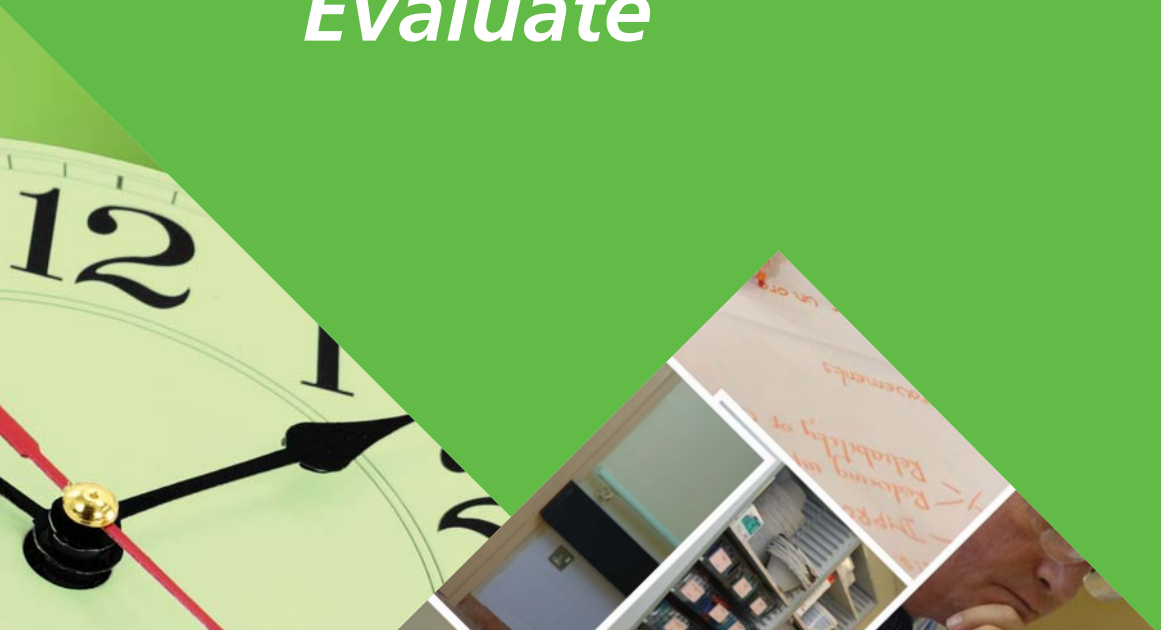
Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Test period decided.	☐
2. All staff informed.	☐
3. Try out (test) the new observations process.	☐
4. Observation process timed.	☐
5. Reliability audits completed.	☐
6. New observation process photographed and videoed.	☐

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?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Evaluate



Step 1: Collect information

A) Gather the data:

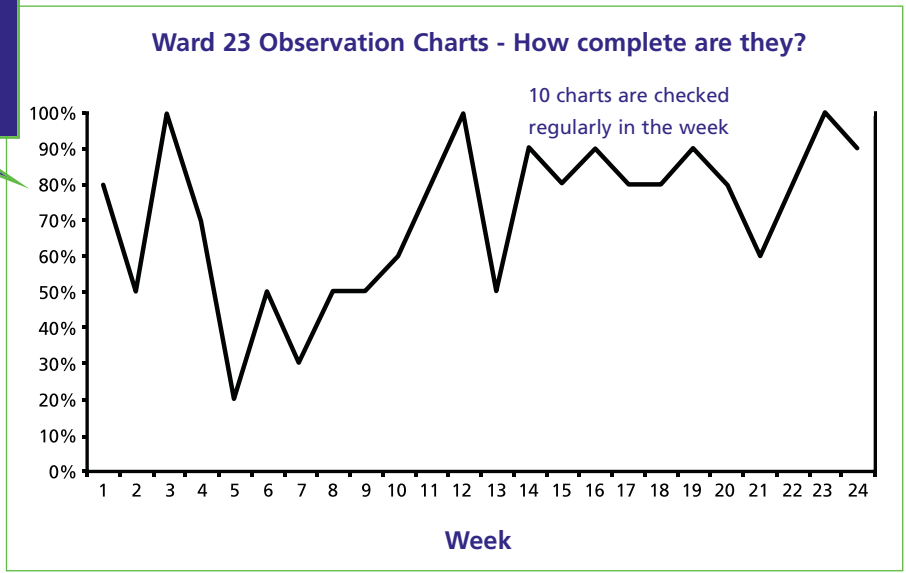
- what were the reliability audit score results?
- how long did the observation process take?

B) Talk to staff:

- was the person chosen to do the observations appropriate?
- were the items, quantities and level of equipment appropriate?
- was the ward well prepared?
- did all patients receive observations at the correct time?
- did patients receive appropriate observations for their condition?
- what interruptions were there?

Step 2: Analyse information 1/2

Plot the audit results on a run chart and display on the weekly review meeting board



Did the changes make an improvement?

- did the reliability improve compared to before the changes? If not, why not?
- were there fewer errors/omissions (detail from the reliability audit sheet – specific observations need more work etc)?

Refer to the Knowing How We Are Doing module for tips on how to discuss results

Step 2: Analyse information 2/2

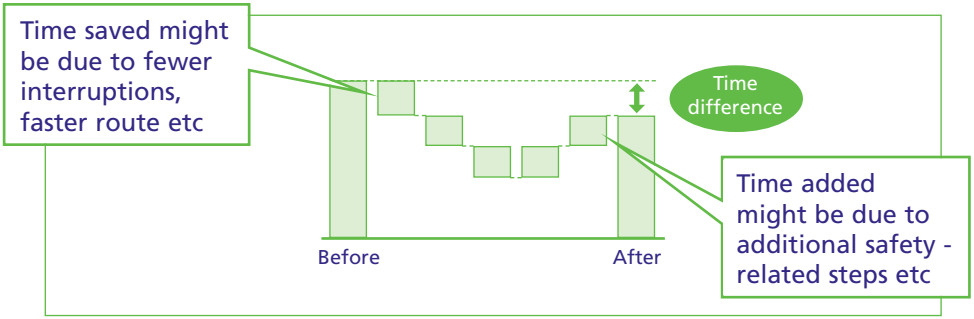
Did the changes make it quicker?:

- how much did the reliability of the observations round increase?
- how much time was saved?
- how much time was added back to achieve the objectives of improved patient safety, timely observations and improved patient experience?

A chart such as the one below can assist in understanding where time was spent or saved on different activities – put the chart up in the ward to show staff and patients what has changed since you started

Discuss the results:

- was patient safety improved?
- did we improve the timeliness of observations?
- did we reduce waste of time?
- how did the patient experience change?
- do this in the weekly team meeting to ensure good communication



Evaluate – Milestone Checklist

	Completed ✓
1. Talk to staff about the new observation process, record comments.	☐
2. Look at ‘before and after’ reliability score.	☐
3. Look at ‘before and after’ timings – log changes.	☐
4. Communicate success and identify further improvement.	☐

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?	☐
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 audit charts, at least once a week • address issues in chart completion correctness and process outcome with staff
Ensure leadership attention	• get the observation chart audit done by Head of Nursing or equivalent once a month • ensure you (ward leader) discuss audit results with ward staff weekly at the review meeting (refer to the Knowing How We Are Doing module and Ward Leaders' Guide) • ensure improvements as a result of your changes are made and timings / reduced errors achieved are brought to the attention of senior leadership
Do not stop improving	• encourage ward staff to continue to find newer and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about improving them continually • consider compiling your Standard Operating Procedures into a 'ward manual'
Maintain the Standard	• keep updating and communicating the Standard Operating Procedure as your observations process evolves

Learning objectives complete?

Five objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking 3 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.

The results of this assessment are for use in improving the facilitation of this module and are not a reflection on staff aptitude or performance.

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 so that the responses are fully met.

It sometimes helps to re-read the module and reflect on the experiences in implementing the module first time round.

Question (ask the team member)	Answers for outcome achieved
Describe the important things to have in place so that Patient Observations become more reliable	Amongst other factors: • frequent (weekly) measurement • factors to be measured decided by team • factors being measured put into a standard
Describe how frequent patient observation audits make improving easier	• highlights the exact parts of the audit the team has room to improve on • need to have more than one reliability score, need the detail so that the team can improve • even if the composite (total) score is low, the team can still see where it is improving and where it can improve more
How do you ensure tasks and activities on the ward do not clash?	• ensure roles and responsibilities are clear during handovers • ensure someone takes the supervisory role on the ward; that person needs to be aware of all activities and then ensure tasks are scheduled so they do not clash
How do standards support the new patient observations process?	• important tool for communicating • key to sustaining patient observations process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for patient observations process
Where do audits fit into the patient observations module and how are they used?	• ensures people are carrying out the new observations process • should be quick • based on the standard created by the team • never stop using audits

10 Point Check List

The grid below 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

10 Point Check List Patient Observations	Status 1	Status 2	Status 3	Status 4
The responsibility for doing the patient observations round is defined and understood				
The equipment is in the correct location, and ready-to-go (e.g., charged up)				
The frequency of patient observation is based on the patient's condition				
This frequency is clear at the bedside (e.g., from a bed board)				
There is a procedure for following up patients who have missed observations due to being away from the bed				
The new process has been documented in a standard operating procedure which is displayed prominently/available in a staff area				
Observation chart audits are being carried out at an agreed frequency and number of charts				
Observation chart audit data is analysed and fed back to the ward				
Action is taken where the audit achieves less than 100% (e.g., through reminders, additional training, and disciplinary measures)				
There is a sustained improvement in the chart audit scores				

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