

Releasing Time to Care

The Productive Mental Health Ward

Admissions and Planned Discharge

Version 1

This document is for ward leaders, lead nurses, matrons,
nursing directors and directors with responsibility for improvement



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Introduction

Your admission and discharge processes are closely linked and impact on each other. For example, failure to pick up important pieces of information at admission will have consequences for the discharge process for the patient and for managing risk surrounding the discharge process.

Sometimes the impact of these two processes on the patient and carers can be underestimated. This is because admissions and discharge are such a frequent part of ward life.

Feeling welcomed and having clear, concise information when arriving onto a ward is a key part of a patient's hospital experience.

It is often easy to forget just how important it is for a patient and their family to know when they are likely to go home.

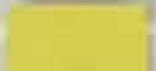
The aim of this module is to look at these fundamental parts of the patient pathway through fresh eyes and involve the wider team in:

- improving information for patients and carers
- ensuring processes are timely and purposeful
- reducing delays
- eliminating unnecessary duplication
- reducing frustration and anxiety for patients and staff
- maximising the effectiveness of the process





= NEEDS DOING



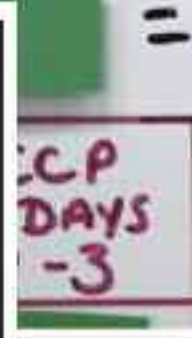
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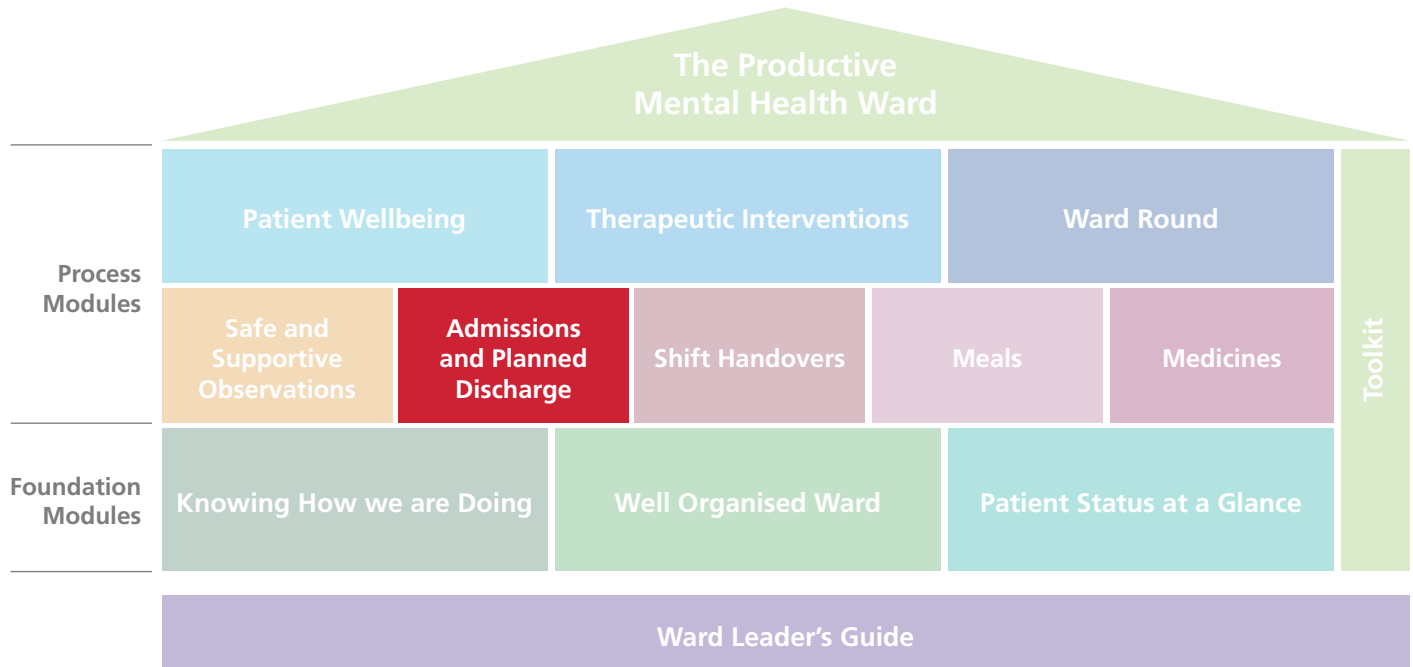


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These modules create a Productive Mental Health Ward



What is the Admissions and Planned Discharge module?

What is it?

A practical way to improve ward admissions and discharge processes.

Why do it?

To give patients safe, reliable and efficient care by:

- reducing errors and omissions in information
- improving the patient experience
- reducing wasted time and delays in admissions and discharging
- coordination of timely and purposeful processes
- improving clarity of information

To improve the experience for staff by:

- putting the emphasis on quality not speed
- minimising the time staff spend looking for or duplicating documentation
- maximising time for direct patient care
- reducing delays and wasted time
- appropriate and clear roles and responsibilities - ie, who is seeing the patient and what is their role
- signposting patients regarding processes such as admission or assessment



What it covers

This module will help you determine the best way to improve ward admissions and discharge processes by looking at:

- 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

It will focus on admissions and discharge separately in the prepare and assess stages and bring them together for the planning and implementation phase.

What it does not cover

This module will **not** prescribe what your best practice should be. This module will help **you** decide what good admissions and discharge processes should look like on your ward and help **you** make that happen.

Learning objectives:

The team will:

- understand when and why to brief stakeholders outside the ward when implementing a module
- understand what preparation is required before taking photographs
- understand when to split areas down into manageable chunks

Creating your module baseline and keeping track of progress

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

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

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

Assess your ward now.

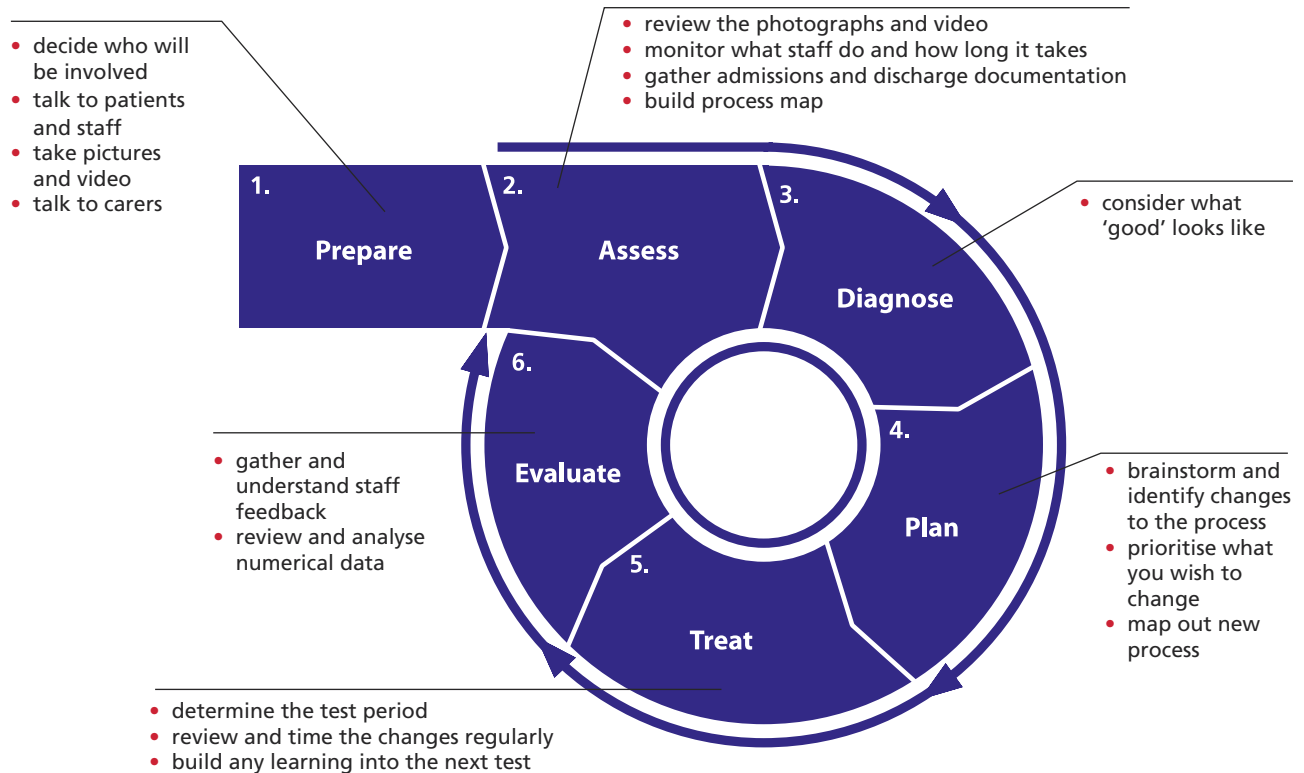


What tools will I need?

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
Spaghetti Diagram	Tool no. 14
Module Action Planner	Tool no. 12
Activity Follow Sheets	Tool no. 3



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



Admissions and planned discharge

Splitting it up into manageable chunks

The processes involved in the Admissions and Planned Discharge module are longer and more complex than some of the other modules in the Productive Mental Health Ward.

Admission and discharge are both closely linked and impact greatly on each other. However, due to their complexity and length, we strongly suggest that you focus on each process separately in the 'Prepare' and 'Assess' stages of the work and then work on them together at the

'Diagnose' stage onwards. This is particularly important in the 'Plan' stage where learning from the 'Assess' stage of the admissions process will need to be applied into designing your new discharge process and vice versa.

To ensure you maintain the links between work on each of the processes, you will find it helpful to have two - three people who are members of both the admissions and the discharge improvement teams.

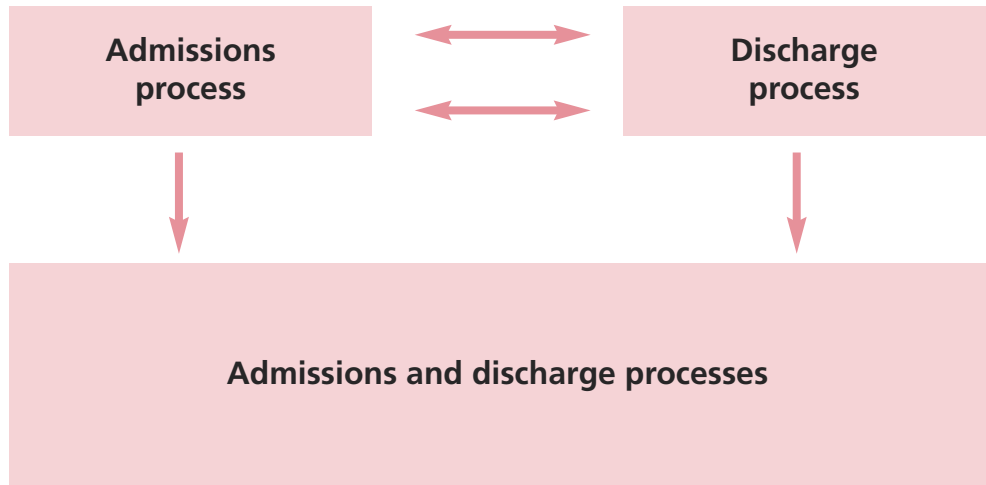
In addition, you are likely to find that there are a number of different

places from which patients are admitted into your ward (eg, from crisis team and from other wards) and an even greater number of different places to which patients are discharged (eg, care home, community mental health team (CMHT)/ functional team, other wards and GP).





Prepare
Assess
Diagnose
Plan
Treat
Evaluate





Prepare (Admissions)



Prepare - admissions

Before you begin to gather information, you must first decide and agree as a team at what point the admission process starts and ends.

For example:

- is it when you receive a phone call about a prospective admission?
- or is it when the patient physically arrives on the ward?

Once you have agreed the scope for the admissions process, follow these steps to prepare for your improvement work.

Step 1: Decide who will be involved

Some people may need to be involved at each stage - this is your core team, for example:

- ward leader
- a staff nurse (champion for change)
- a junior medic assigned to ward
- a ward clerk
- as many ward staff as possible who are involved in the process
- crisis team
- early intervention teams

Others may need to get involved at key points, for example:

- modern matron (senior stakeholder)
- nurse practitioners
- other health professionals (eg, physiotherapist, occupational therapist)
- pharmacy staff

Include anyone in the wider organisation who may have an interest in your work - for example, bed managers, discharge coordinators

CCP DAYS -3	CCP DAYS 3-7	PATIENT APPOINTMENTS
-------------------	--------------------	-------------------------

EFFORT LEVEL

Step 2: Talk to staff

Use Toolkit tool no. 5 (Interviews)

Your objective is to get general feedback from staff involved about the admission process:

- what works well?
- what causes delays?
- which admissions are more problematic?
- why does it take so long?
- where do incidents/complaints occur?

However, interviewing individual staff and asking them specific questions can sometimes be leading.

To get round this, follow Toolkit tool no. 5's interview guidance and consider the method on the following page to get staff views.

Remember to
fully include
night staff



Give each team member some blank sticky notes and ask them to write down:

- two positive things about the current admissions process
 - things they want to keep or build on
- two things that most frustrate them about the process - things they want to change

Put up some flipchart paper and ask staff to stick up their sticky notes. This will help to quickly build an overall picture of feedback that will stimulate others to add their own.



Getting each member of staff to identify two positives and two negatives 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 four or five good questions to put to patients and carers. Be specific and ask questions that will get to what you want to know.

Use the open questions guidance in Toolkit tool no. 5 to construct questions around:

- how did they feel being admitted onto the ward?
- was it welcoming?
- was the admission explained?
- are there ways in which the process could be improved?
- what was the patient's understanding of their admission?

To add to the feedback you get directly from patients and carers on your ward, also consider:

- looking at patient survey results
- talking to PALS (patient advice & liaison services) representatives
- complaints history - feedback over an agreed period (eg, six months)

This is a good opportunity to engage patients and carers too



Step 4: Take photographs

Use Toolkit tool no. 6 (Photographs)

Take plenty of photographs to get an overview of everything you are currently doing and the documentation you are using in the admissions process.

Include:

- any admissions-related paperwork
- places where paperwork is held
- Patient Status at a Glance board (or any other patient board that you use)
- any computerised systems you use for monitoring flow
- environment where admission takes place

*Walk around the ward
with the camera
but don't forget
to explain to people
what you're doing*

Display and take photographs of any other data you gather on the admission process, for example:

- direct care time piechart
- incident and complaints forms
- tally charts on interruptions by phone calls
- snapshot audit on numbers of admissions in 24 hours





NO	CON	N. NAME	HLA	Obs	Leave	Next Action	By Wh
1	22	WILSON			ESC	Raymond	AJW
2	23	WILSON			WAD	7:30 on 1/17	
3	24	WILSON			WAD	7:30 on 1/17	
4	25	WILSON	2		WAD		
5	26	WILSON			WAD		
6	27	WILSON			WAD		
7	28	WILSON	3		FLY PLAN		
8	29	WILSON			WAD		
9	30	WILSON	3		DEL 17		
10	31	WILSON	3		ESC-MPP	UPS/17/18/19/20/21	
11	32	WILSON	1		WAD		
12	33	WILSON			FLY		
13	34	WILSON	3		WAD		
14	35	WILSON	3		WAD		
15	36	WILSON	3		DEL 17		
16	37	WILSON	3		WAD		
17	38	WILSON	2		WAD		
18	39	WILSON	2		DEL 17		
19	40	WILSON	2		DEL 17		

North Staffordshire Community Health Care NHS

Admission to legal care - mental health and leaving care & return to care

Section 137, 138, 139

Section 137: (1) This section applies to a person who is liable to be detained in a hospital under section 37(1) or 37(2) of the Act and who is suffering from a mental disorder of a nature or degree which makes it expedient for his or her health or safety or for the protection of other persons that he or she should be liable to be detained in a hospital.

Section 138: (1) This section applies to a person who is liable to be detained in a hospital under section 37(1) or 37(2) of the Act and who is suffering from a mental disorder of a nature or degree which makes it expedient for his or her health or safety or for the protection of other persons that he or she should be liable to be detained in a hospital.

Section 139: (1) This section applies to a person who is liable to be detained in a hospital under section 37(1) or 37(2) of the Act and who is suffering from a mental disorder of a nature or degree which makes it expedient for his or her health or safety or for the protection of other persons that he or she should be liable to be detained in a hospital.

■ = NEEDS DOING
■ = ON GOING
■ = COMPLETE

ES	CARE NO - ORDINANCE	LEAVE	CRHTY INPUT	CCP DAYS 1-3	CCP DAYS 3-7	PATENT APPOINTMENT	DISCHRG PLAN
	WILSON			■	■	■	■
REP ACT	WILSON	G		■	■	■	■
	WILSON			■	■	■	■
CHART	T.B.A			■	■	■	■



Step 5: Film

Use Toolkit tool no. 7 (Video)

- decide who is to be videoed
- film the entire admission process from preparing to the arrival of the patient
- film the admission documentation process
- if you are unable to video your patients on admission, consider setting up a role play - mock-up admission and video this. This will still give you valuable insights

Step 6: Gather information from incident reports

- obtain the last 50 incident reports

Step 7: Gather information from patient complaints

- look back over the past 12 months and identify any complaints relating to the admission process

Step 8: Gather information from your organisation's patient surveys





Step 9: Understand how long it takes

Use Toolkit tool no. 8
(Timing Processes)

Measure:

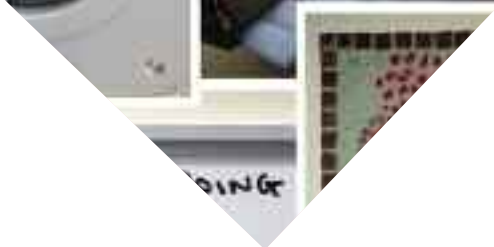
- time from initial conversation/ phone call about admission to arrival of patient
- time to complete the admission process (including all computer input, written documentation and assessment)

Step 10: Obtain your organisation's policy or guidelines

- collect the organisation's policy on the admission process at ward level
- look up best practice

Consider also using a pedometer to track the distance walked by nurses during the admission process as well as the time taken





Step 11: Gather all documentation relating to the admission process

This should include:

a) admission documents used by other disciplines eg,

- doctors
- physiotherapists
- occupational therapists
- nurses
- social workers
- crisis team
- care programme approach (CPA) care coordinator

b) admission documentation from the department from which patients are transferred

c) patient assessment forms, eg,

- nutrition
- moving and handling
- falls
- bed rail assessment
- physical assessment
- health and social needs assessment
- risk assessment

Step 12: Obtain your most recent Activity Follow totaliser

- print out a copy



Office

Prepare (Admissions) – milestone checklist

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

Checklist	Completed	<input checked="" type="checkbox"/>
1. Decide who will be involved.	<input type="checkbox"/>	
2. Talk to staff.	<input type="checkbox"/>	
3. Talk to patients and carers.	<input type="checkbox"/>	
4. Take photographs.	<input type="checkbox"/>	
5. Video key parts of the process.	<input type="checkbox"/>	
6. Gather information from patient complaints.	<input type="checkbox"/>	
7. Gather information from incident reports.	<input type="checkbox"/>	
8. Gather information from your organisation's patient surveys.	<input type="checkbox"/>	
9. Gather all documentation relating to admissions.	<input type="checkbox"/>	
10. Understand how long it takes.	<input type="checkbox"/>	
11. Obtain organisation policy or guidelines.	<input type="checkbox"/>	
12. Gather all documentation relating to process.	<input type="checkbox"/>	
13. Obtain most recent Totaliser.	<input type="checkbox"/>	

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 focused on the task?

5. Did the team focus on the area/process, not on individuals?



Assess (Admissions)

Assess - what you do now



Example of all the information collected regarding admissions and discharge on one ward!

Assess - admissions

The process:

- review all the information and data gathered
- understand how long things take
- watch the video
- understand the feedback
- map the current processes

At this stage, you will need to review all the information, data and feedback you have gathered during the 'Prepare' phase in order to get a clear understanding of how your current admissions process is working.

Your analysis should enable you to identify:

- positive elements of the current process - what you want to keep and build on
- negative elements - concerns, problems and issues that you want to change or improve

Again, in 'Assess', we suggest that you focus on the admission and discharge processes separately, while recognising that each will have an impact on the other.

To help you keep the links between improving admissions and discharge, make sure that some of the team members working on the two processes are the same

Review all the information gathered

Bring together all the information you have gathered on admission processes during the 'Prepare' stage. This will include film, photos, feedback from staff and patients as well as admissions data, organisation policies, complaints and incident reports, and all documentation relating to admissions.



- display information where the team can see it
- arrange a time when the team can come together to review and understand the information
- remember to invite other key stakeholders

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



Step 1: Understand how much time you spend on admissions

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:

- analyse information from your Activity Follow sheets (Toolkit tool no. 3)
- collate the data into the totaliser
- how much time is spent on:
 - patient flow
 - direct care time

Releasing Time to Care

The Productive Mental Health Ward

TOTALISER												Populate orange sections only				
												Green areas will self populate				
Total Observation Period = 12 Hrs (1hr = 1 Activity Follow Sheet)																
			Hour												Total	Subsection Total
	Cat	Code & Reason	6-7am	7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm		



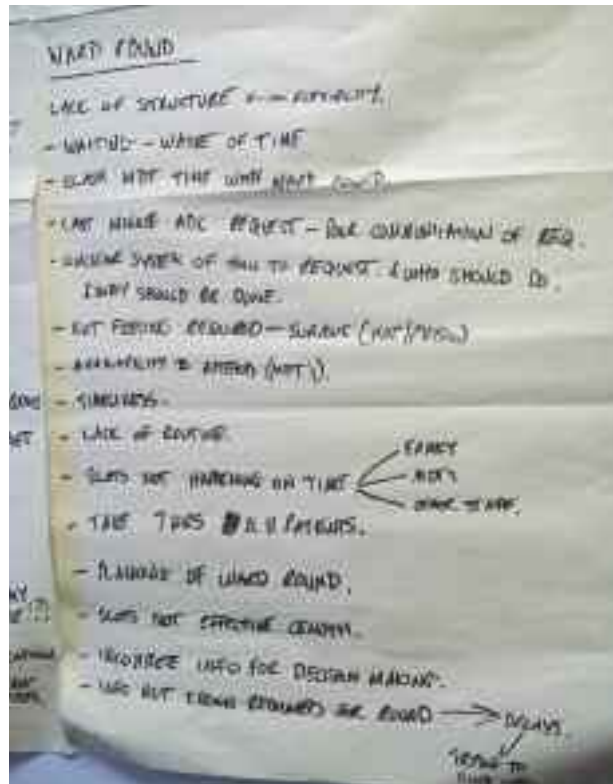
Step 2: Understand how long it takes

Display the results from your timing of the admissions process close to where you will map your current state (see step 4).

Step 3: Understand feedback from patients and staff

Share and review the feedback you gathered from staff, patients and families in the 'Prepare' stage:

- make sure everyone has had a chance to see and reflect on the feedback gathered
- summarise key themes from staff, patient and family comments
- use these to add insight into your current state map



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



Step 4: Incidents and errors relating to the admission process

- from the last 50 incidents draw out admissions related incidents
 - understand the time involved
 - if there were two admissions related incidents, and this was over the last month, that is roughly one every two weeks (use Toolkit tool no. 9)
- speak to staff to understand 'errors' or near misses which may not be reported - try to estimate a number per week
- add the two, to get your error rate before the changes

- are there any trends or themes?
- identify issues (eg, with timing, communication) that need to be addressed

Step 5: Review any complaints received relating to admission process

- are there any trends or themes?
- identify key issues for patients
 - eg, duplication of information
 - patients and carers having to repeat information

Step 6: Discuss your organisation policy on the admission process

- are there any surprises?
- are we complying with the policy?
- if not, why not?

Step 7: Review all the current documentation you have gathered (nursing and other disciplines)

With the team identify:

- duplication of information
- over-processing of information
- how accurate and complete the admission documents are





Step 8: Complete a case note audit (eg, 10 sets of notes) to identify

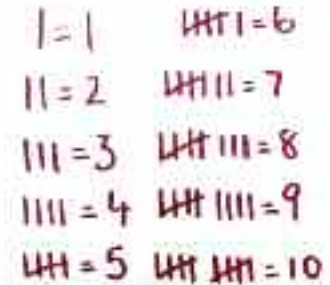
- length of stay to date
- where was the patient admitted from?
- how many times has the patient been seen by consultant?
- is a proposed discharge date documented?
- why is the patient still in hospital?
- multidisciplinary team involvement - by whom and when have they been seen?
- what interventions were booked on admission, and when did they occur?
- other agencies involved prior to admission

Display the results on a flipchart.

Step 9: Complete a tally chart on all interruptions

- record the number of interruptions
- record the reasons for interruptions

You will be able to add information on where patients are discharged to when you complete the 'Assess' stage for the discharge process



= 1	= 6
= 2	= 7
= 3	= 8
= 4	= 9
= 5	= 10



Step 10. Map out the current admission process

Watch the video of your admission process (seek guidance from Toolkit tool no. 7). Your film will be crucial in helping you to understand and map the process you are trying to improve.

Park good ideas suggested at this stage

While you watch, get the team to think about the following and note important points on sticky notes:

- 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?

Use Toolkit tool no. 10 to map your current state map of your admissions process.





Step 11. Create a Spaghetti Diagram

Using the video, create a Spaghetti Diagram (see Toolkit tool no. 14) to map out the movement of nurses around the ward when carrying out the admissions process.

'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.'

Spaghetti Diagrams are like little process maps. Not only can they capture movement across a floor space, they can capture up and down movements to cupboards and shelves too

Step 12. Populate the map:

Add staff and patients' feedback to the relevant steps on your process map:

- look over your photographs - add to the relevant steps on the map
- review your process timings - add them into the map
- display the Spaghetti Diagrams with the map



Assess (Admissions) – milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Understand how much time you spend on admissions.	<input type="checkbox"/>
2. Understand how long it takes.	<input type="checkbox"/>
3. Understand feedback from patients and staff.	<input type="checkbox"/>
4. Understand incidents and errors.	<input type="checkbox"/>
5. Review any complaints received.	<input type="checkbox"/>
6. Discuss your organisation policy.	<input type="checkbox"/>
7. Review all current documentation.	<input type="checkbox"/>
8. Complete case note audit.	<input type="checkbox"/>
9. Review your interruptions tally charts.	<input type="checkbox"/>
10. Map current state.	<input type="checkbox"/>
11. Create Spaghetti Diagram.	<input type="checkbox"/>
12. Add information to map.	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not on individuals?	<input type="checkbox"/>



Prepare (Discharge)



Prepare - discharge

Before you begin to gather information, you must first decide and agree as a team at what point the discharge process starts and particularly, where this differs from the admission process (which might include giving an estimated date of discharge).

Once you have agreed the 'scope' for the discharge process, follow the steps below to prepare for your improvement work.

Step 1: Decide who will be involved

Pull together a team of people who are involved in the discharge process.

Ideally, this would include:

- ward leader
- senior staff nurse (leading activity)
- senior medic
- ward clerk
- patient(s)
- carer / family member(s)
- as many ward staff as possible who are involved in discharge process

And a representative from:

- social work
- physiotherapy
- occupational therapy
- pharmacy
- portering services
- community team
- patient advice and liaison services (PALS)
- CMHT
- crisis team
- functional team
- anyone else relevant to local discharge processes

Step 2: Talk to staff

Use Toolkit tool no. 5 (Interviews)
Get feedback from staff involved about the discharge process:

- what causes delays?
- what works well?
- which discharges are more problematic?
- why does it take so long?
- where do incidents/complaints occur?
- are there any ways in which this process could be improved?

Step 3: Talk to patients

Use Toolkit tool no. 5 (Interviews)
Obtain a patient perspective about the discharge process and related problems by:

- using patient surveys results
- talking to PALS representatives
- talking to carers to ask for their feedback
- asking patients directly about their feelings on the discharge process:
 - were you given a proposed date of discharge?
 - was your discharge timely and well organised or were there any problems?
 - were you given enough information? If not, what would you have liked more of?
 - are there any ways in which this process could be improved?



Step 4: Take photographs

Use Toolkit tool no. 6 (Photographs)

Take photographs of:

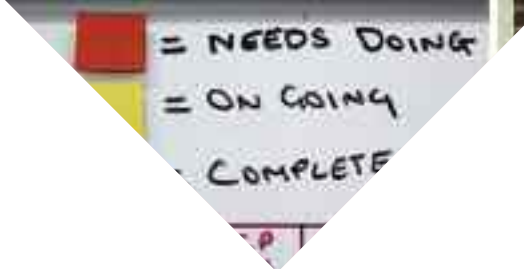
- any discharge-related paperwork
- places where paperwork is held
- the process of discharging a patient
- collective data
- Patient Status at a Glance board (or any other patient board that is used)
- computerised systems

Step 5: Gather information from incident reports

- obtain the last 50 incident reports

Step 6: Gather patient complaints

- look back over the previous 12 months and identify any complaints relating to the discharge process



Step 7: Understand how long it takes

Use Toolkit tool no. 8
(Timing Processes)

Measurements should include:


- time taken from consultant/nurse practitioner declaring patient ready for discharge to patient's actual discharge
- time to complete the discharge process (including all computer inputting, written documentation and referrals)
- any delays in the discharge process
- referral response time for care coordinator

Step 8: Obtain organisation policy

- collect all organisational policy on discharge process at ward level

Because the discharge process can take place over a long period of time, videoing the whole process will not be effective or time efficient. Use filming for specific parts of the process such as specific paperwork, patient arrival etc





Step 9: Gather all documentation relating to the discharge process

Pull together all discharge documentation from all the disciplines involved in the discharge process, **plus:**

- social services
- rehabilitation team
- GP
- CMHT
- crisis team
- community psychiatric nurse (CPN)
- carers information
- care plan

Step 10: Obtain key ward-based data

Gather data on:

- length of stay
- bed occupancy
- patient transport
- reasons for delays
- readmission rates
- sources of admission

Step 11. Obtain your most recent Activity Follow totaliser

- print out a copy

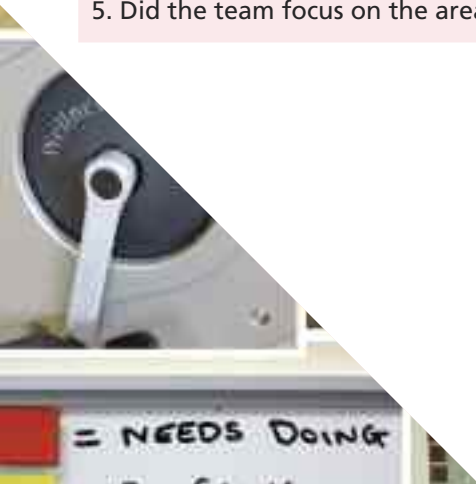
Prepare (Discharge) – milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Decide who will be involved.	<input type="checkbox"/>
2. Talk to staff.	<input type="checkbox"/>
3. Talk to patients and carers.	<input type="checkbox"/>
4. Take photographs.	<input type="checkbox"/>
5. Gather information from patient complaints.	<input type="checkbox"/>
6. Gather information from incident reports.	<input type="checkbox"/>
7. Gather information from your organisation's patient surveys.	<input type="checkbox"/>
8. Gather all documentation relating to discharge.	<input type="checkbox"/>
9. Understand how long it takes.	<input type="checkbox"/>
10. Obtain organisation policy or guidelines.	<input type="checkbox"/>
11. Gather all documentation relating to process.	<input type="checkbox"/>
12. Obtain key ward-based data.	<input type="checkbox"/>
13. Obtain most recent Totaliser.	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not on individuals?	<input type="checkbox"/>



Assess (Discharge)

Assess - discharge

As well as reviewing all the information gathered on your admissions process, you will need to share, discuss and analyse the data and feedback gathered on discharges.

Refer back to the 'Assess - admissions' section for more detailed tips on each step.

Step 1: Understand how much time you spend on discharging

Analyse the data from latest Totaliser sheet

How much time is spent on:

- patient flow
- direct care time

Step 2: Understand how long it takes

Display the results from your timing of the discharge process close to where you will map your current state.



Step 3: Understand feedback from patients, carers and staff

Share and review the feedback you gathered from staff, patients and carers in the 'Prepare' stage:

- make sure everyone has had a chance to see and reflect on the feedback gathered
- summarise key themes from staff, patient and carer comments
- use these to add insight into your current state map

Step 4: Review the incidents relating to the discharge process

- are there any trends or themes?
- identify issues (eg, with timing, communication) that need to be addressed

Step 5: Review any complaints received relating to the discharge process

- are there any trends or themes?
- identify key issues for patients
- repetition or duplication of information
- problems with consultant appointments
- carers may perceive that the patient is not ready for discharge

Step 6. Discuss your organisation's policy on the discharge process

- are there any surprises?
- are you complying with the policy?
- if not, why not?

Step 7: Review all the current discharge documentation you have gathered (nursing and other disciplines)

Audit to identify:

- duplication of information
- over-processing of information
- how accurate and complete the discharge documents are



Step 8: Complete a case note audit (eg, 10 sets of notes) to identify

- length of stay
- where was the patient discharged to?
- what were the reasons for any delay in discharge?
- are the notes complete, accurate and in the correct order?
- is plan in place to refer to other agencies?
- is treatment plan (CPA)/care plan in place?

Step 9: Review other ward data

- identify any trends in delays, issues relating to extended length of stay

Step 10: Map out the current discharge process

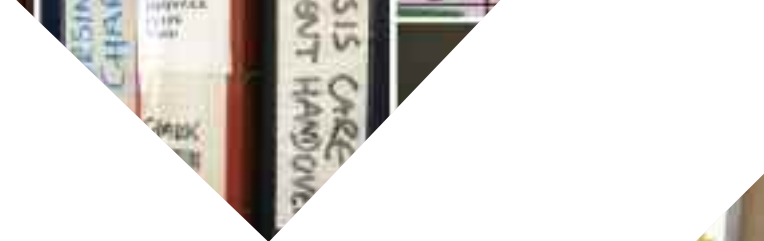
Create a current state process map based on the team's understanding of the process.

Watch the video of your discharge process (seek guidance from Toolkit tool no. 7) if this has been possible.

Your film 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 sticky notes:

- 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?





Step 11: Populate your map

- add staff and patients' feedback to the relevant steps on your process map
- look over your photographs - add to the relevant steps on the map
- review your process timings - add them into the map
- display any Spaghetti Diagrams with the map

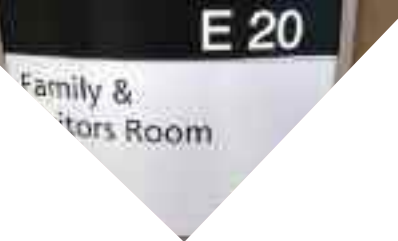


Assess (Discharge) – milestone checklist

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

Checklist	Completed	<input checked="" type="checkbox"/>
1. Understand how much time you spend on discharge.	<input type="checkbox"/>	
2. Understand how long it takes.	<input type="checkbox"/>	
3. Understand feedback from patients and staff.	<input type="checkbox"/>	
4. Understand incidents and errors.	<input type="checkbox"/>	
5. Review any complaints received.	<input type="checkbox"/>	
6. Discuss your organisation policy.	<input type="checkbox"/>	
7. Review all current documentation.	<input type="checkbox"/>	
8. Complete case note audit.	<input type="checkbox"/>	
9. Review key ward data.	<input type="checkbox"/>	
10. Map current state.	<input type="checkbox"/>	
11. Add information to map.	<input type="checkbox"/>	

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?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not on individuals?	<input type="checkbox"/>

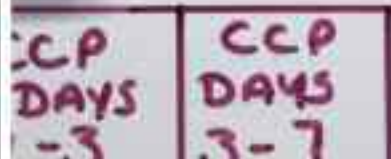


Diagnose



When visiting the
ward you must
report to the nursing
office.
(in accordance with Health &
Safety Regulations)

Nursing Office



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 improvements to admission and discharge processes made by hospitals implementing the Productive Mental Health Ward.

These aren't meant as suggested improvements for you to implement. Instead, use them to start discussions and trigger ideas within your own team.



Ideas that have worked - example 1

Implement proposed date of discharge/proactive pathway management

Completing a proposed discharge plan at the time of admission can have a wide range of benefits for patients, carers and staff:

- provides clarity and reduces anxiety for the patient
- gives a target date for all those involved in the patient journey to work towards

- helps carers and relatives plan for the patient's return home
- provides early warning for social services to plan any assessment required
- helps the pharmacy department to ensure that medications are completed on time

Waiting for an assessment or for TTOs are the main reasons for patients being delayed in going home.

This causes frustration for both patients and staff



Ideas that have worked - example 2

Establish a protected admission appointment

Introduce a protected admission appointment to provide each patient and their key nurse with a specific period of uninterrupted time (eg, one hour) to spend on the initial admission process.

Anticipated benefits include:

- quicker and smoother admissions procedure, without interruptions
- a strong message about the importance of protected time with the patient
- increased confidence and reduced anxiety for patients at the start of their ward stay
- more focused time to exchange key pieces of information and build relationships with patients early on
- less likely to miss important pieces of information and documentation

“Getting all the information you need at the admission stage is really important. Anything you miss is likely to come back and bite you at discharge!”

Ideas that have worked - example 3

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

Nominate respected and trusted 'champions' to be responsible for cascading progress and help keep the whole improvement process more inclusive.



Ideas that have worked - example 4

Visible processes

It is no good having procedures and standards if no one can find them. Standards should be quick to understand, clear and easy to access.

Display your admissions and discharge standards in an area easily accessible to staff who will use them.



Spot the discharge process file

Ideas that have worked - example 5

Holistic approach to screening

When patients are admitted to your ward, make sure that you assess them holistically.

This may include carrying out a community assessment, which includes risk assessments relating to patient's dependants, pets and their home.

North Staffordshire Combined Healthcare NHS Trust

Assessment to inpatient care - mental health and learning disabilities services

Specialist unit (Unit): _____
Learning Disabilities: _____
Other person: _____
Country of origin: _____
Mental health: _____
Date of birth: _____
Home address: _____

Subject history

Date of admission: _____
Date of start: _____
Ward number: _____

Name of nurse assessing: _____
Date of assessment: _____
Responsible consultant/psychiatrist: _____

History assessment

On the balance of probabilities does the person being assessed have the capacity?

	Yes	No
1. Do I understand what assessing and referring to hospital is and that someone has said that she needs it and why admission is being proposed?	Yes	No
2. Do I understand in broad terms the nature of the proposed assessment and treatment programmes?	Yes	No
3. Do I understand the proposed benefits and consequences of admission and the risk of treatment?	Yes	No
4. Do I understand what will be the probable consequences of not being	Yes	No



Ideas that have worked - example 6

Setting expectations

When patients are first admitted to the ward, you have an opportunity to help them settle in to their new environment. You can support this induction process by using a welcome pack to record their named nurse and give logistical details regarding the ward and the organisation, such as therapeutic interventions, visiting arrangements and names of the ward team.

Starting to plan their discharge at this stage raises their awareness of this and helps them to start

It is helpful to visually reinforce what you are telling patients - eg, display the flowchart from admission to discharge.



Ideas that have worked - example 7

Discharge planning from the point of admission

Active involvement of patients in their discharge planning should start when they are admitted onto the ward.

Opportunities to engage carers and family members in this process will also contribute to a well-informed plan.

When each patient is discharged, they should have a care plan which includes the name of their care coordinator.

MY DISCHARGE PLAN

This information is to help your discharge from hospital. We want to make the transition as easy as possible. Discharge from hospital can provoke numerous emotions, some of these are, anxiety, excitement, fear, loneliness and uncertainty. Some people may be unsure how they will cope. Some people may not know where to get medication. Some people may not know where to get help if they need it. These questions may help you to find some answers.

What will my main coping skills be?

- 1
- 2
- 3

What activities could I do to occupy my time?

- 1
- 2
- 3

What could I do to relax?

Diagnose - milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Carefully work through the examples with the team.	<input type="checkbox"/>
2. Openly discuss each example.	<input type="checkbox"/>
3. Consider the examples against your own environment.	<input type="checkbox"/>
4. Ask staff for new ideas, possibly building on the examples shown.	<input type="checkbox"/>

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



E = MED Risk/NEED
N = Low Risk/NEED

NAME	D.O.A	SECTOR TEAM	NAMED COVER NURSE
KK	14-04-08	DEARNE	NICK



Plan

Plan

You have already process mapped your current state and discussed what good admission and discharge 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.

Since admission and discharge processes are both complex, you may need to focus on each separately. However, as they are so closely linked, ideas for improvements in one process are likely to have an impact on the other so make sure that key people are involved in both pieces of work.

The future state mapping section focuses on the admissions process. Follow the same steps to plan for your improvements to the discharge process. Remember to keep making the links between work on the two processes.

You will probably be looking at several smaller processes in this module (eg, care coordinating process or prior information - lack of communication from referral) - rather than one all-encompassing admission or discharge procedure.

You may therefore need to complete the following steps for each element.

Look back at the issues you raised on your current state map and make sure that you address any of these in your future state map



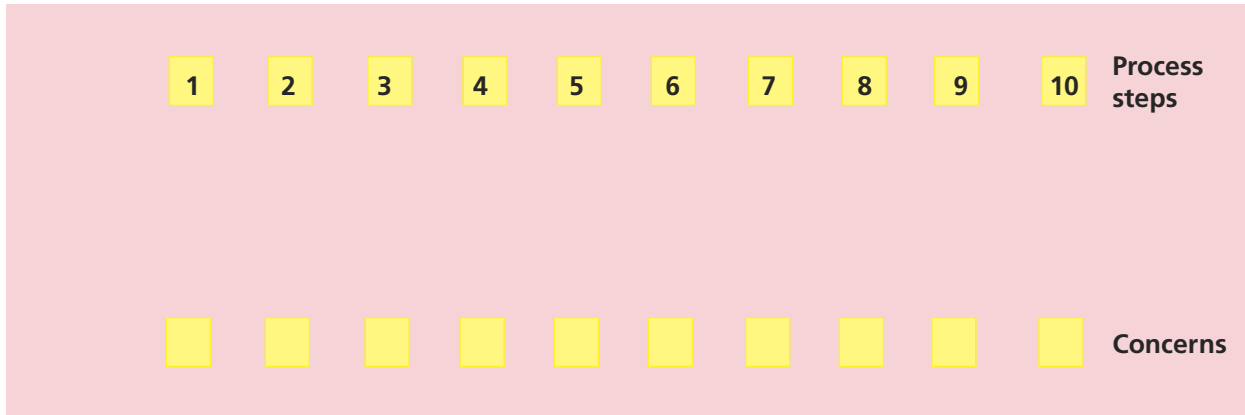
Create your 'new design'

Complete your 'new design' (future state) map by continuing to use Toolkit tool no. 10.

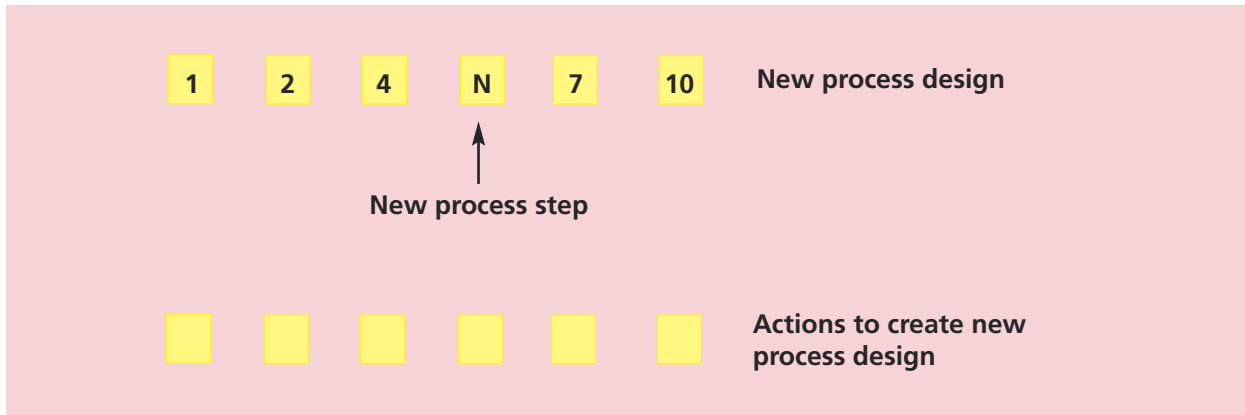
Using your team's expertise, and discussion around the example and current state map you will generate your new design for the admissions and planned discharge process.



Current state



Future state



Future state process maps are displayed together here – the **green** sticky notes capture what needs to happen to achieve the new process.



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, particularly where your ideas will have an impact outside the ward.

Think about whether you need to consult and involve, for example:

- senior and junior medical staff
- physiotherapists and occupational therapists
- patient advice and liaison (PALS)
- social workers
- crisis or home treatment
- community psychiatric nurse
- community mental health nurse
- resource centres
- early intervention teams

Involving others will help to:

- confirm that your intended changes represent good practice
- gain wider support for the improvements
- generate new ideas



Plan how you'll implement the new process

Use the Cost/Benefit Analysis tool (Toolkit tool no. 11) and the Module Action Planner (Toolkit tool no. 12) to create an implementation plan for your new admissions and planned discharge processes:

- review the actions captured on the sticky notes from your future map and write each one in the activity section of the planner
- identify who will take responsibility for completing the action. This should be completed as a team

- add the times for completion onto the planner. These must be realistic and set by the individual responsible for taking forward the action
- review the progress with the team on a weekly basis

Using the Module Action Planner will enable you to clearly see your key tasks, who is responsible and deadlines for completion.

Display the plan in a prominent position on the ward and make sure that it is kept as a 'live' document by updating it regularly.

The ward leader may need to facilitate and provide support where actions are behind the plan.





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



Releasing Time to Care
The Productive Mental Health Ward

Module Action Planner

Understood
 Underway
 Complete
 Sustained

Action	Who	When	Progress	Status
1			<input checked="" type="checkbox"/>	
2			<input checked="" type="checkbox"/>	
3			<input checked="" type="checkbox"/>	
4			<input checked="" type="checkbox"/>	
5			<input checked="" type="checkbox"/>	
6			<input checked="" type="checkbox"/>	
7			<input checked="" type="checkbox"/>	
8			<input checked="" type="checkbox"/>	
9			<input checked="" type="checkbox"/>	
10			<input checked="" type="checkbox"/>	
11			<input checked="" type="checkbox"/>	
12			<input checked="" type="checkbox"/>	
13			<input checked="" type="checkbox"/>	
14			<input checked="" type="checkbox"/>	

NIHS Institute for Innovation and Improvement



Example of a detailed Action Planner (See Toolkit tool no. 12) completed by a ward team implementing the Admissions and Planned Discharge module.

Master Schedule			Owner : Whitwor			
Item	Task	Start/End	Week			
			1	2	3	4
	Identify a group of incoming outpatients	10/10/10				
	Identify a group of outpatients at the end of week	10/10/10				
	Identify a group of outpatients	10/10/10				
	Identify a group of outpatients at the end of week	10/10/10				
	Create an appropriate environment for admission and discharge	10/10/10				
	Develop pre-arranged admission points	10/10/10				
	Work with local care agencies to ensure they are aware of available	10/10/10				
	Establishing system	10/10/10				
	Create standard for patient information to receive from crisis team	10/10/10				
	Take responsibility for staff on system reporting	10/10/10				
	Schedule times of admission	10/10/10				
	Establish standard procedure	10/10/10				
	Develop and implement standard Admissions for inpatient	10/10/10				
	Create standard operating procedure on patient discharge to share with other agencies	10/10/10				

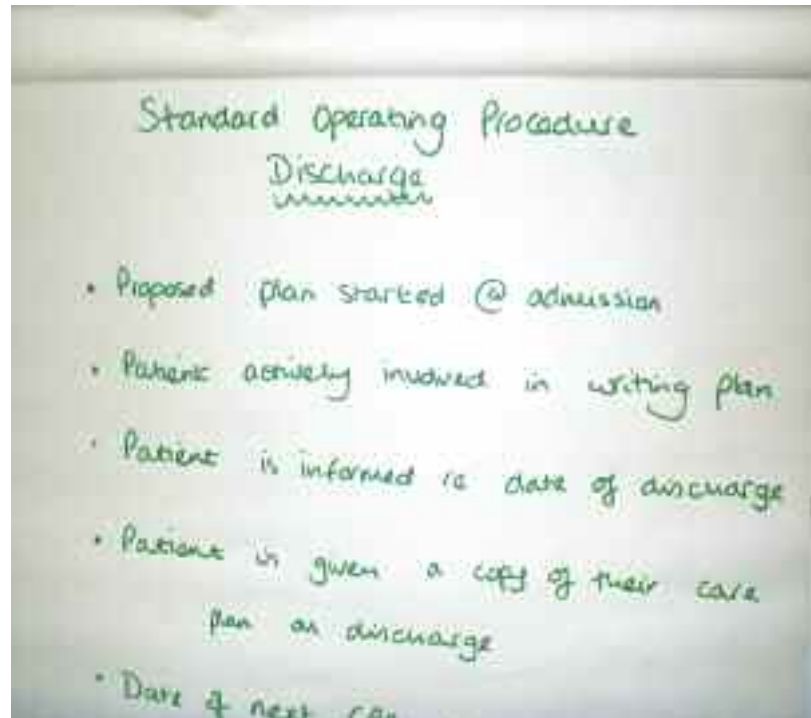
Create a standard operating procedure

Some of the improvements you implement may involve or result in a change in working practice for your staff.

It is important to summarise these new working practices in a standard operating procedure.

You can capture this on a flip chart sheet or as 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, bank and agency staff.



When visiting the ward you must report to the nursing office.

(In accordance with Health & Safety Regulations)

136
Nursing Office

E 20

Family & Visitors Room



80

FEEDBACK FORMS FROM INPATIENT HANDOVER

IN-PATIENT CRISIS

CP DAYS -3

Plan – milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Consider examples of ideas that have worked.	<input type="checkbox"/>
2. Consider results of the Assess section.	<input type="checkbox"/>
3. Create your future state process maps.	<input type="checkbox"/>
4. Create prioritised schedule on module action planner.	<input type="checkbox"/>
5. Create process standard operating procedure.	<input type="checkbox"/>

Make sure all shifts are aware of progress – discuss as a part of shift handover
 Communicate to other professions and departments impacted by the work

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

= NEEDS DOING
 = ON GOING
 = COMPLETE

CCP DAYS -3	CCP DAYS 3-7	PATIENT APPOINTMENTS
-------------------	--------------------	-------------------------

CRISIS CARE
 IN-PATIENT HANDOVER



Treat



Treat

In this phase, you are not implementing the entire new process, but rather testing out several smaller changes. Some will take longer than others to achieve (especially if they involve other departments).

It's important to work through and test each change idea fully rather than waiting to implement all the improvements you want to make at once.

Before each test, make sure you're clear about 'what success will look like' and how you will measure this



What sort of tests can we do?

Consider:

- audits (before and after the change) eg,
 - how do patients feel about their admission?
 - are staff sticking to the new process?
 - is there an improvement in staff experience?
 - have we reduced duplication of documentation?
- observation (watch and take photographs) eg,
 - does the process feel calmer and more organised?
- time checks, eg,
 - how long does it take to complete the admissions process?
 - how long between referral and response for care coordinator?

Before the test starts

- identify what 'success' will be for the test and how you will measure it
- determine the period for the test
 - long enough to allow failures
 - short enough to change and retest
- identify additional temporary data collection methods
 - eg, four - five questions for patients and carers on the ward
- agree the time collection method, who will do it and when
 - eg, Activity Follow tool and/or Spaghetti Diagrams and tally sheets
- set the start and end dates - and communicate them!
- make sure all staff are aware of what the changes are - communicate at handover meetings and across all shifts





During the test

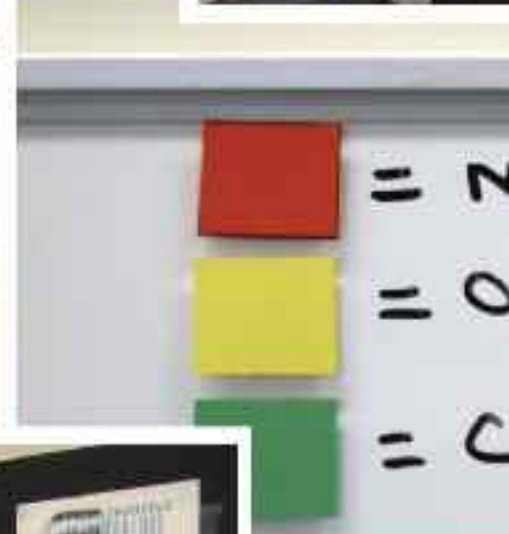
- get daily feedback from staff and patients on how they feel the new process or a specific change is working
- take 'after' photographs and film during the test period
- for timings processes – follow guidelines in Toolkit tool no. 8
- invite members of senior management and other departments to observe the new process and give their suggestions and comments

Don't wait until
the end of a test...
if new ideas emerge
midway - try
them out!



When visiting the
ward you must
report to the nursing
office.
(in accordance with Health &
Safety Regulations)

Nursing Office



Treat – milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Test period defined.	<input type="checkbox"/>
2. Test methods and roles defined.	<input type="checkbox"/>
3. All staff informed.	<input type="checkbox"/>
4. Try out (test) the new process(es).	<input type="checkbox"/>
5. Get staff, patient and family feedback.	<input type="checkbox"/>
6. Film/photograph/time the new process.	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Evaluate

Evaluate

This stage builds on the earlier 'Treat' phase and you can use some of the data collection methods suggested there.

In this phase, however, you are likely to be focusing on the bigger picture – understanding and communicating the overall impact of the changes you have made.

Step 1: Collect information

You will need to gather:

- data on admissions and discharges
- patient, carer and staff feedback
 - use patient surveys or questionnaires to assess whether patients feel their overall experience has improved
 - talk to staff to get their views on how the new processes are working



Step 2: Analyse information and data

- plot numerical data (eg, time taken to complete admissions documentation, number of delayed discharges) on run charts to give a visual picture of what is happening (refer to the Knowing How we are Doing module for tips on how to discuss results)
- identify trends and themes in staff, patient and carer feedback
 - has there been a significant improvement - in safety, patient and staff experience, time, cost?
 - has there been a discernable drop in the number of delayed discharges from the ward?
 - are patients benefiting as expected?
 - are there unforeseen benefits?
 - are staff positive and engaged in the new processes?
 - what are the opportunities for further improvements?

Key Question:
Did the changes make an improvement?

Learning Point: Don't be afraid of finding that a particular change has not worked or brought about the benefits you expected. All tests will result in learning, whether they 'succeed' or 'fail'. You can use that learning to go back to the process and improve it further



Step 3: Communicate success

Display and discuss results and progress in weekly team meetings. Make sure that you communicate with night staff.

Communicate your successes more widely - to patients and the wider organisation as well as within the team.

As well as sharing run charts and positive comments from patients, families and staff, think about other evidence of improvements that have come from your work.

Promote your successes and learning through:

- wall displays in prominent areas
- newsletters
- emails to the team and key stakeholders
- presentations and sharing events
- invitations to visit and observe the ward

Evaluate - milestone checklist

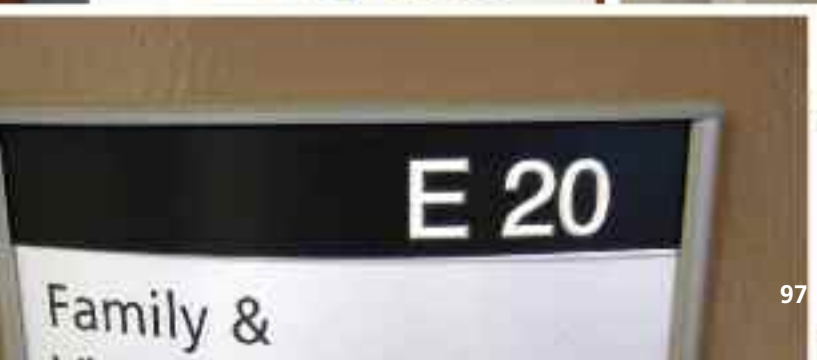
Checklist	Completed <input checked="" type="checkbox"/>
1. Seek out and review data on admissions and discharges.	<input type="checkbox"/>
2. Talk to staff, patients and carers about the new admissions and discharge processes Record and share comments.	<input type="checkbox"/>
3. Look at before and after process times/steps.	<input type="checkbox"/>
4. Communicate success!	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

How can I make it stick?

Monitor and audit continually	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• ask modern matron or equivalent to carry out the monthly process audit• ensure you discuss audit results with ward staff at least once a month (even if for five minutes in a 20-minute catch-up meeting)
Link improvements to efforts	<ul style="list-style-type: none">• make sure the team realise that improvements are a result of their hard work
Do not stop improving	<ul style="list-style-type: none">• 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 learning objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid to follow. Ask the questions in the first column and make an assessment against the answer guidelines in the second 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 do you need to do in order to take photographs?	<ul style="list-style-type: none">• explain what you are trying to capture, and why, to any staff or patients in or near your photographs• obtain written consent from anyone (patient or staff) who features in photographs• if a patient is in a confused state then assume consent is not given
Why would you split areas down into small chunks before improving them?	<ul style="list-style-type: none">• if you try and do too much you end up doing very little• some processes are very complex and hard to understand. Doing a process in parts helps everyone keep track of ideas and improvements
Why brief people outside the ward of the improvements you are planning?	<ul style="list-style-type: none">• confirms the change represents good value• gains wider support of the improvements• generates more ideas• lets people know about possible impact on their processes• helps raise issues you may not have considered

10 point checklist

Example

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

You should continue to monitor monthly.

Before starting	After 2 weeks	After 4 weeks	After 8 weeks

10 point checklist Admissions and Planned Discharge module	Before starting	After 2 weeks	After 4 weeks	After 8 weeks
Evidence of proactive discharge planning				
Patients undergo comprehensive risk assessment on arrival				
There is a standard admissions process that clearly shows the patient journey				
Capacity assessment is carried out and relevant outcomes are addressed				
Each patient's care coordinator is aware of their admission				
There is a standard discharge process that clearly shows the patient journey				
The patient board is used to help support discharge management				
Delays in discharge can easily be addressed because the status of every patient is known				
Patients are discharged at the right time, to the right place, with everything they need				
On discharge, all patients have a care plan and are aware of it				



14-04-08	DEARNE	NICK
----------	--------	------



Visiting the
you must
the nursing
Office.
(to with Health &
The Village)

Nursing Office



E 20

&
rs Room

 = NEEDS DOING

 = ON GOING

 = COMPLETE



Acknowledgements

Thank you to all staff at:

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This module has been developed by:

Liz Ward, Clinical Facilitator, NHS Institute for Innovation and Improvement
Nick Downham, Associate, NHS Institute for Innovation and Improvement
Helen Bevan, Director of Service Transformation, NHS Institute for Innovation and Improvement
Maggie Morgan-Cooke, Interim Head of Productive Ward, NHS Institute for Innovation and Improvement
Kate Jones, Head of Safer Care programme, NHS Institute for Innovation and Improvement
Sean Manning, Senior Associate, NHS Institute for Innovation and Improvement
Neil Westwood, Associate, NHS Institute for Innovation and Improvement
Cathy Adcock, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust
Bruce Gray, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust
Lizzie Cunningham, Clinical Facilitator, NHS Institute for Innovation and Improvement
Cathie Blackwell, Clinical Facilitator, NHS Institute for Innovation and Improvement
Christine Wike, Clinical Facilitator, NHS Institute for Innovation and Improvement
Debbie Llewellyn-Sims, Clinical Facilitator, NHS Institute for Innovation and Improvement
Heather Palin, Clinical Facilitator, NHS Institute for Innovation and Improvement
Eileen Stonock, Clinical Facilitator, NHS Institute for Innovation and Improvement
Val Newton, Clinical Facilitator, NHS Institute for Innovation and Improvement



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and Improvement*

Website: For more information please visit www.institute.nhs.uk/productivementalhealthward

***Contact the Productive Mental Health Ward team:
productivementalhealthward@institute.nhs.uk***

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