NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Ward

Knowing How we are Doing

Version 2

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

Knowing How
we are Doing

KHWD

Releasing Time to Care
The Productive Ward

Introduction

Implementing Knowing How we are Doing will introduce measurement systems that are timely, accurate and most importantly, useful to you and your ward staff. The measures will help you understand your ward's performance and make decisions on what to do to improve performance. Decision making will move away from being based on opinion or hearsay to being based on fact. This will ensure you only have to solve problems once and will make it easier to come to a unified decision with your team.

Implementing this module is probably the most powerful thing you can do to set your ward on a course of long-term sustainable improvement.

Implementing this module will also, initially, create the most groans and resistance. Many staff are fed up with measures, because in some instances, measures have been badly designed and inappropriately used, as the following verse found on a ward suggests:

'Dr Foster went to Gloucester,
Young and idealistic
He left with stress
From NHS
Targets and statistics'

This represents the 'old' way of viewing measurement.

Knowing How we are Doing will change this. At the end of this module, the measures will be an asset to the way you run your ward.

Knowing How we are Doing will enable you to track how well your ward is performing. You will also see the impact of implementing the Productive Ward on your patients and staff.

Helps move from hearsay and opinion to using facts

TRAFFIC LIGHT SYSTEM.
RED - NOT BEEN DONE
AMBER - IN PROCESS
GREEN - DONE.

Dr needed.
P - Tr. pharmacy
✓ - Done

Tick through
when happy
for discharge

As part of productive ward staff are interupted for a n° of reasons

This board is an example of possible things we could have at a glance to prevent interuption ie physio, MRB status + OT + TTO's

This should give us and the MDT were the patient is upto and what is needed for discharge.

Please comment as to how we could use this ie Do we for what needs doing in the Comments. Or could we have a lights process were Green is done Amber in process and

The aim of patient status at a glance is to have quicker as informate available

STOCK LEVEL

6. CANNULA.   11. OXYGEN + SUCTION.
               12. VISITOR CHARTS

Dr. KosNAROVA

02

Contents

Appendices Table

What is the Knowing How we are Doing module?

What is it?

It is an approach to measure, track and help improve against the core objectives of the Productive Ward. It will help you and your team see:
• that the changes made are helping the team achieve your vision for your ward

• how the care you and the team give contributes to your trust's strategic goals

Why do it?

• to understand how you are doing against the overall ward objectives of improving patient safety, reliability, experience, staff wellbeing and efficiency of care
• to positively recognise the impact of changes made
• to promote the use of facts to drive continuous improvement
• to understand and resolve issues factually in a team environment
• to engage with local management to help you achieve your goals

What it covers

• the Productive Ward measures
• generating the measures data
• displaying the measures
• using the measures in team meetings to drive improvement

What it does not cover

• measurement policy
• other measures dictated by trust policy
• what should and should not be contained in ward based measures

Support ward team to celebrate success and demonstrate performance

Productive Ward

| Patient Hygiene | Nursing Procedures | Ward Round | Toolkit |

| Patient Observations | Admissions and Planned Discharge | Shift Handovers | Meals | Medicines |

| Knowing How we are Doing | Well Organised Ward | Patient Status at a Glance |

Ward Leader's Guide
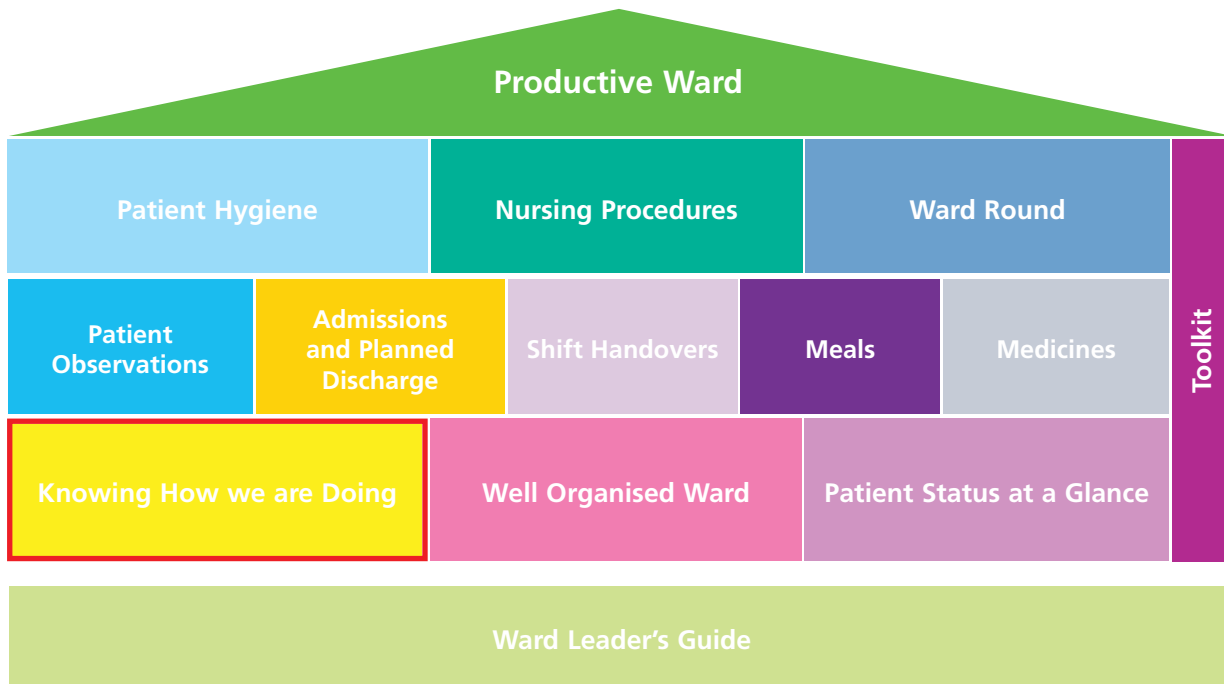
How will you do it?

- understand what happens now
  - collect the data to assess current ward performance against the key Productive Ward Measures
  - make an assessment of how the ward currently uses performance information
- display the measures on a display board which is visible to everyone
- use a regular review meeting to discuss ward performance and agree how to react to the data
- regularly update the measures and take action on what the data tells you
- review again how the ward is now using performance information

What it does not cover
This booklet will not recommend specific actions to improve the performance of a particular measure.

When team has agreed measures and displayed them, the team can no longer hide from the results

Learning Objectives

The team will:

- understand how to use facts / data to demonstrate improvements
- understand the principle of outcome and process measures
- understand why a weekly ward review meeting is important
- understand what a SMART target is

Creating your module baseline and keeping track of progress

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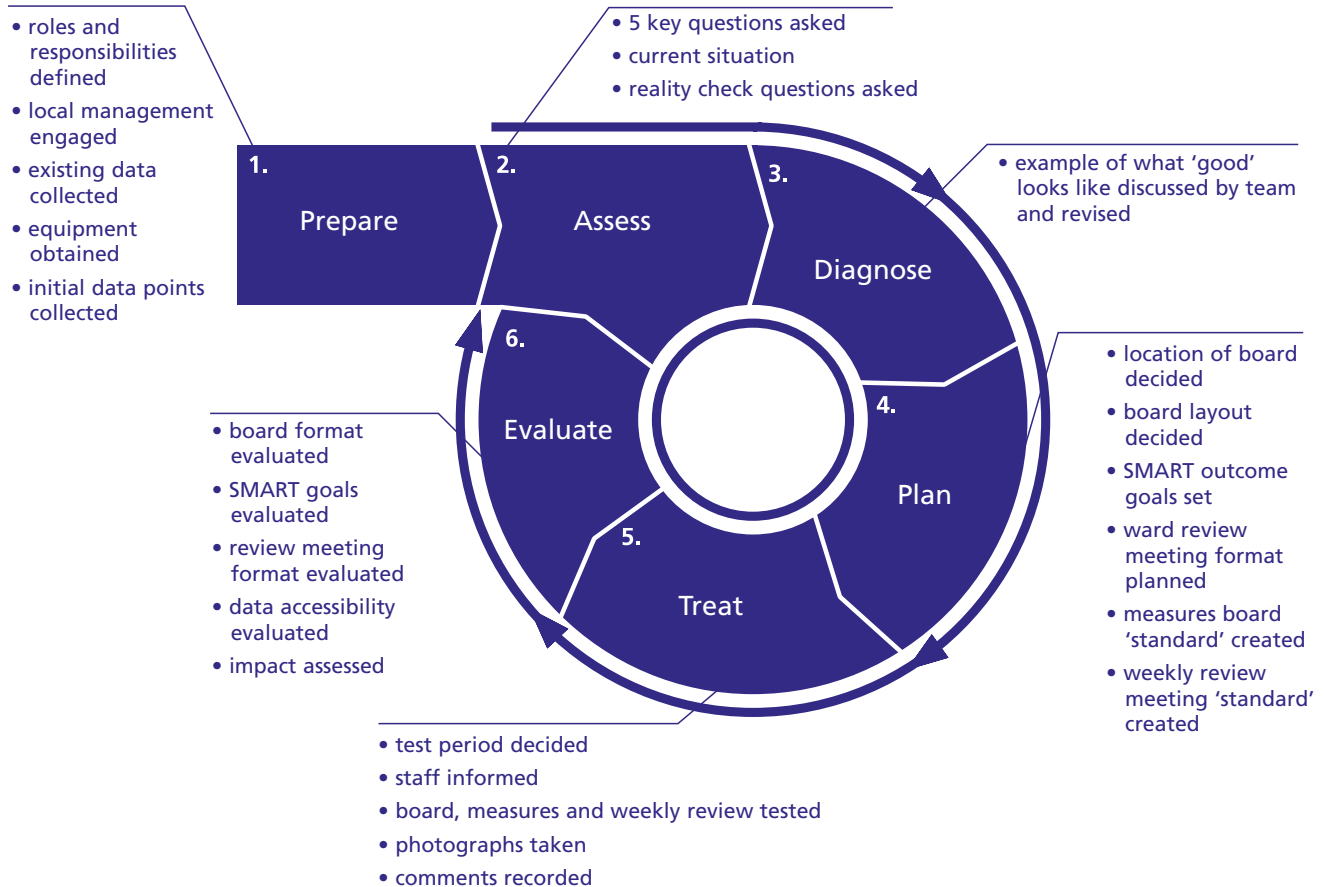
Remember… it is important to have your baseline measurement and the regular measurements over a period of time.

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

Assess your ward now.

10

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

- roles and responsibilities defined
- local management engaged
- existing data collected
- equipment obtained
- initial data points collected

1. Prepare

2. Assess

- 5 key questions asked
- current situation
- reality check questions asked

3. Diagnose

- example of what 'good' looks like discussed by team and revised

6. Evaluate

- board format evaluated
- SMART goals evaluated
- review meeting format evaluated
- data accessibility evaluated
- impact assessed

4. Plan

- location of board decided
- board layout decided
- SMART outcome goals set
- ward review meeting format planned
- measures board 'standard' created
- weekly review meeting 'standard' created

5. Treat

- test period decided
- staff informed
- board, measures and weekly review tested
- photographs taken
- comments recorded

Ward Vision – Measurable?

As part of the Ward Leader's Guide you will have created a vision for the ward. This vision, developed with your team is your ultimate goal.

How do you know you have achieved your vision?

For a vision to be useful we need more than just words. We need numbers in the form of quick, simple and easy to understand measures to allow you and your ward team to track your ward's progress towards the specific elements of your ward vision, be that improving patient experience, reducing slips and falls, increasing staff wellbeing or increasing time with the patient.

If you don't measure these things, then you won't know you have achieved your vision.

This module will help you structure simple measures so that you can track your ward's progress to achieving the team's vision.

12

Process measures

It is important to consider the factors that affect the Productive Ward Measures.

There may be a number of factors, for each of the measures, that need to happen reliably, 24/7, in order for a measure to move in the right direction. Often, these factors can be measured as well. This will help you find out how the ward is doing on the factors that influence the main measure.

These individual factors, if measured, are called process measures. They are very important and often specific to your individual environment.

An example of the relationship between a process measure and one of the main Productive Ward measures is detailed opposite.

Process measures example

Productive Ward measure:

• MRSA/CDiff infection rate

Possible process measures:

• hand hygiene audit score
• % patients who were not screened on admission who should have been according to hospital policy

By measuring hand hygiene and MRSA/CDiff on admission screening rates, the focus is put on the factors (process) that will affect the main measure.

Outcomes, process and telling the story

Outcome targets, on their own, just tell you where you are, not where and how to improve.

Complementing outcome measures with strong process measures is vital. It is the process measures that really help staff understand where they can influence an outcome measure.

Ideally, when combined well, an outcome measure complemented by process measures should tell a story. This is where we are, this is where we want to get to, and these are the things that influence it.

For Example MRSA is a outcome measure which indicates the number of patients with MRSA. An audit of the frequency of hand-washing is a process measure which will help determine if an intervention related to hand-washing is needed.

The Productive Ward Measures:

Key Measure | **Core Objectives** | **Key Measure**

Choose minimum 1
- patient observations
- MRSA (optional)
- C Diff infections (optional)
- Pressure Sores (optional)
- Falls (optional)

Improve patient safety and reliability of care

Improve patient experience

- patient satisfaction

- unplanned absence rates

Improve staff well-being

Improve efficiency of care

- direct care time
- % patients going home on agreed date (EDD)
- length of stay
- ward cost per patient spell

Measures in **blue** = basic measures for improvement that need to be in place early on
Measures in **red** = advanced measures to implement as and when available (ideal situation)

Begin to collect data about your ward

Using the definitions described in the Appendices, begin to collect data about your ward.

Where will I find the data?
• some you will already collect
• some you need to find out

The measures are described, in summary detail, on the following pages. More detail can be found in Appendix 4 and 5.

They show different types of measurement that you will use to monitor your ward performance.

Measures Summary

Improve patient safety and reliability of care

Measure	Why is it important?	Data Source
Patient Observation (Process)	Correctly completed, on time and actioned patient observations tend to improve response to clinical deterioration of patient	Ward, Patient Notes
Falls (Outcome)	Patient and staff safety risk	Ward
Pressure Sores (Outcome)	Patient and staff safety risk	Ward
MRSA Infection rate (Outcome)	Infection control is a key indicator of patient safety. Increases length of stay	Ward
CDiff Infection rate (Outcome)	Infection control is a key indicator of patient safety. Increases length of stay	Ward

	Measure	Why is it important?	Data Source
Improve patient experience	Patient Satisfaction	Reflection on the quality, safety and dignity of the care we deliver	Ward

	Measure	Why is it important?	Data Source
Improve efficiency of care	Direct Care Time (Outcome)	The more time that is available for direct patient care, the more likely it is that the quality of care will improve or remain at a high standard	Ward
	% patients going home on agreed date (EDD) (Outcome)	Indicates good use of beds for flow and planning. Gives patient and carers more certainty and builds confidence. Enables forward planning of community support	Ward
	Length of stay (Outcome)	Direct reflection on patient flow and impacts on ward cost per spell	Central trust reporting
	Ward cost per patient spell (Outcome)	Reflection on long term efficiency of the ward (only when used in conjunction with safety and reliability measures on the ward)	Central trust reporting

Improve staff well-being

Measure	Why is it important?	Data Source
Unplanned absence rate (Outcome)	Reflects staff satisfaction. Happier, more satisfied staff tend to have lower unplanned absence	Central trust reporting
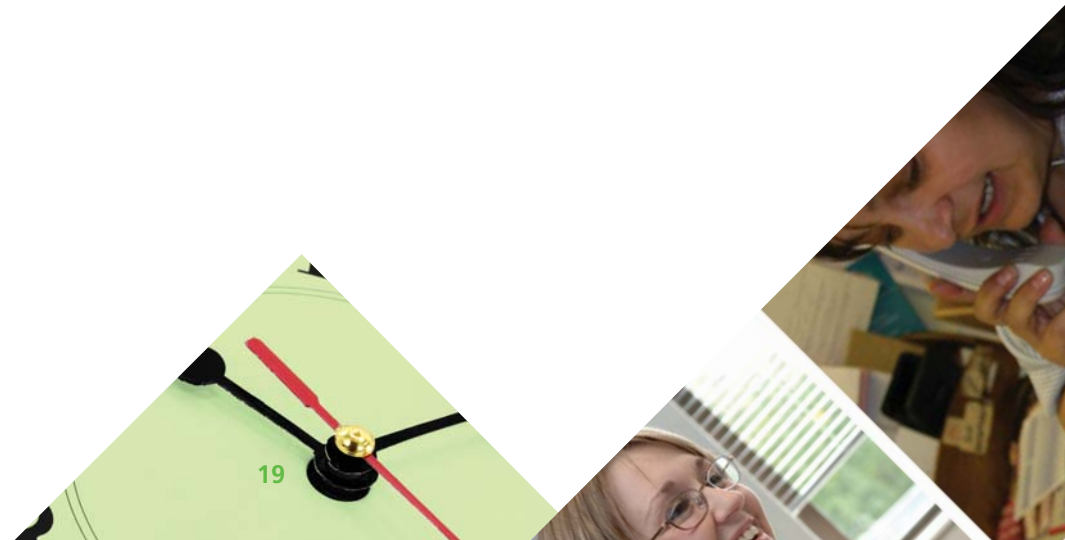
Display the measures on a display board

Why do this?

The ward board displays useful information for the ward team to help them improve their ward. It is also very interesting for patients, relatives, clinicians and managers.

It is a great way to showcase your ward's commitment to improving care and the plans that you have developed together.

Even if you feel that your results are below par, don't be tempted to hide it! Evidence that the team recognise issues and are taking actions will inspire greater confidence in you and your team.

Ward Review Meetings

What is it?	• a regular, routine meeting to 　○ discuss performance against goals 　○ plan actions against issues • held around the display board
Why do it?	• everyone has a stake in how the ward performs • promotes improved and consistent communication between ward staff • promotes cohesive team work to achieve ward objectives • encourages ownership and responsibility for problems and solutions
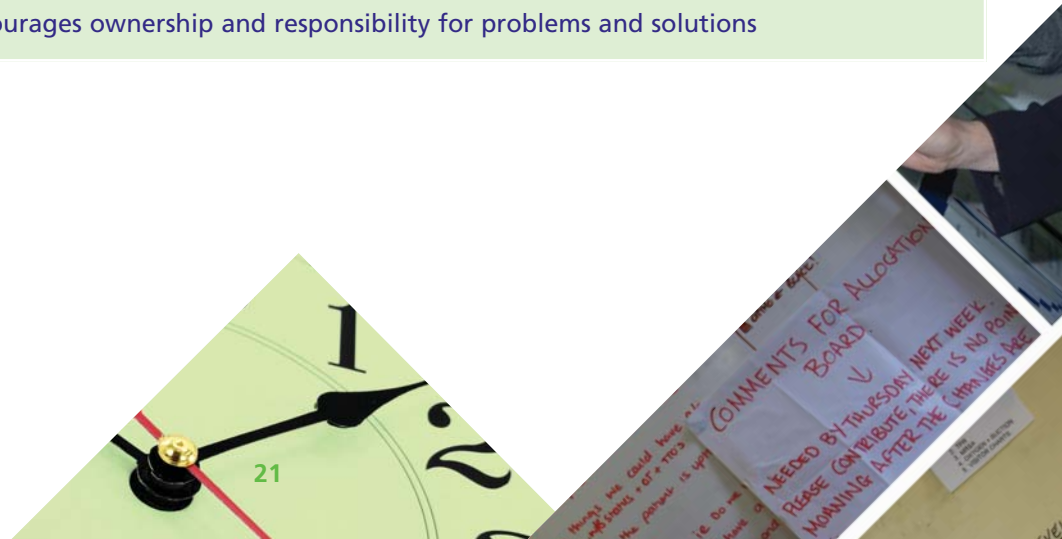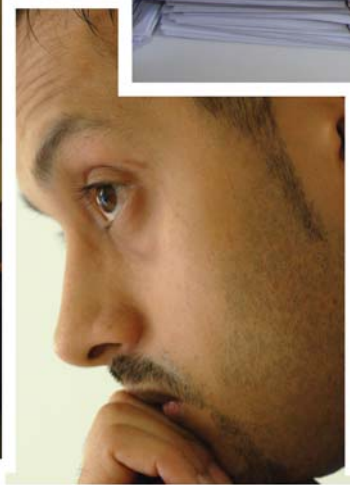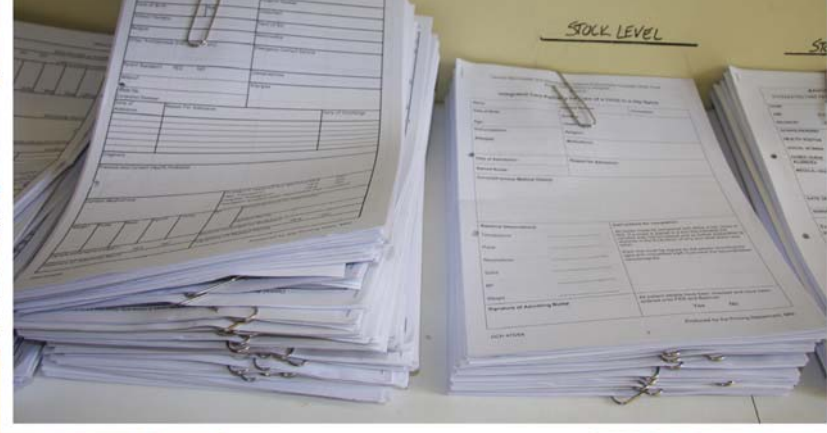
Prepare

Module Roles and Responsibilities

Work with the staff groups below and discuss the responsibilities associated with each and the success of this module.

Ward Staff:
- willing participants in the new techniques
- take an active part in discussing the ward's performance
- suggest new ideas and solutions to the issues that will be exposed
- take away improvement actions, investigate issues further etc.

Ward Leader:
- take the lead for implementing ward based measures
- communicate clearly the goals and objectives to be achieved
- encourage and support the ward team throughout the implementation
- lead the ward performance review meetings
- keep the focus upon positive opportunities for improvement

'Now the whole team knows what we are aiming for – and whether we are on track to get there.'
- Staff Nurse

measures are everyone's responsibility, not just the ward leader's

Matron:

- support and encourage the ward leader during implementation – time, space and coaching
- take an openly active interest in the team's progress
- review/audit the measures board on a regular basis (see 'Treat' checklist)
- look for opportunities to take learning and 'quick wins' to other wards
- monitor and assess any skills gaps made apparent through implementing the module or by the issues raised by performance issues

Director of Nursing:

- take trust-wide issues away from the pilot team, to prevent them from getting bogged down
- benchmark the data coming from a number of wards – challenge variation in performance
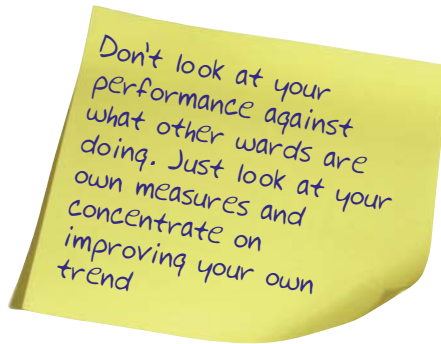
Don't look at your performance against what other wards are doing. Just look at your own measures and concentrate on improving your own trend

Project Implementation Team

- assist the ward leader and team by providing extra support in the early uncertain stages
- use wider experience to point (but not lead) the team in the right direction

'Our weekly meeting gets us talking about the reasons WHY things are the way they are – and how we can make it better.'
- Staff Nurse

Engagement with Local Management

Who are you trying to engage?

- matron
- divisional management
- Director of Nursing
- clinical leaders
- other users of the ward

What is 'engagement'?

- involvement
- participation
- interest
- commitment

Why spend time trying?

- a source of support throughout the project (and beyond?)
- they can be an advocate for your team's ambitions
- bring a different perspective to your challenges – new insights
- help to sustain the endeavour by following up with you
- demonstrate commitment of the trust, and reinforce the importance of the project and the ward

How to get the engagement?

- by making your improvement activity a part of the routine management agenda
- make performance improvement and measures one of the things routinely talked about – both on the ward and in management meetings
- communicate the improvements you have planned – shout about it when you deliver them!
- invite a manager to your next review meeting
- agree with a manager that they audit your team board

Obtain copies of the data the ward collects now:

• what is displayed now?
• what is sent to the ward?
• how do you know you are doing well?

Equipment:
You and your team will require:

• large notice board
• 'Blue Tac'
• sticky tape
• drawing pins
• marker pens

27

MRSA / CDiff / Pressure Sores / Falls - one or all?

Choose a minimum of measuring one of MRSA, CDiff, Pressures Sores and Falls. Whether you measure one or all will be dependent on your ward. You will know which are particularly prevalent on your ward, and which are not required. Ask your Nursing Director to get involved in this decision.

Getting the data:
Most of the data is, deliberately, sourced from the ward. This is due to the frequent delays in many trust-sourced data sets.

Despite this it is worth spending time, before you bring a team together to do this module, ensuring there will be no problems finding the data on your ward and no problems in using the supporting spreadsheets found on the NHS Institute Productive Ward web pages.

Go to Appendix 4 for list of required data and work through the next seven guidance pages to produce at least one data point for each measure.
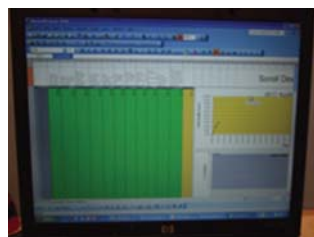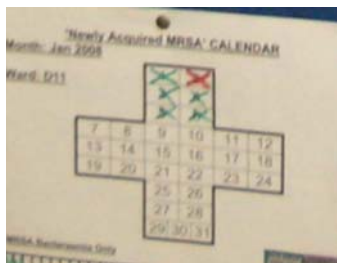
Turning your ward data into process and outcome measures

Patient Observations (only after implementing the Patient Observations module)

1) Create Audit.

2) Collect Data.

3) Put Data into Spreadsheet (see NHS Institute Productive Ward web pages).

4) Spreadsheet automatically creates charts to display.

Turning your ward data into process and outcome measures

MRSA / CDiff / Pressure Sores / Falls (choose minimum 1 or maximum all)

1) Put data onto Safety Crosses (as incidents happen).

2a) Plot incident onto measles chart (to see if any clustering).

3) Spreadsheet automatically creates charts to display.
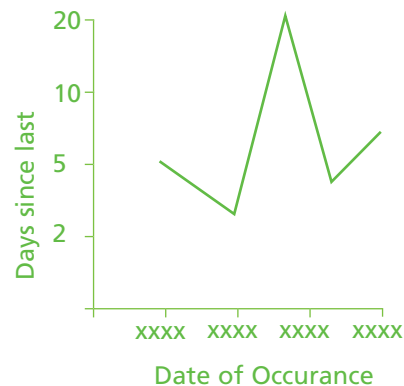
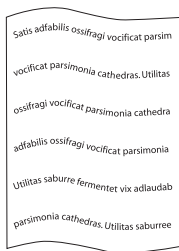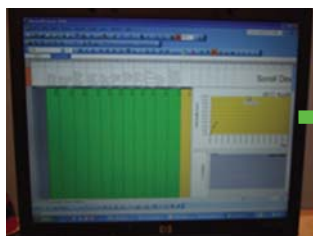2b) Put Data into Spreadsheet (see NHS Institute - Productive Ward web pages.

Turning your ward data into process and outcome measures

Unplanned absence

1) Collect data from trust generated central report.

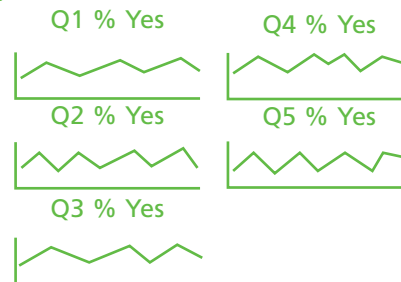**2b) Put data into Spreadsheet (see NHS Institute - Productive Ward web pages).**

3) Spreadsheet automatically creates chart to display.

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Weeks

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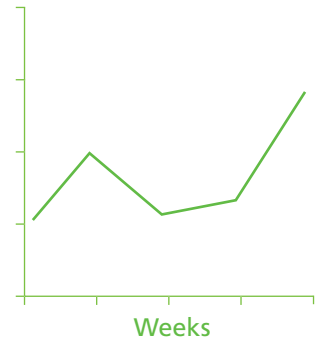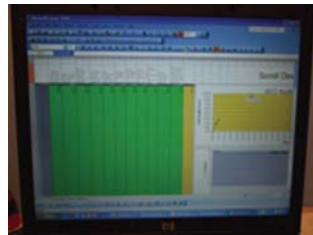
Turning your ward data into process and outcome measures

Patient Satisfaction

1) Patient Questionnaire to discharged patients.

2) Put data into spreadsheet (see NHS Institute - Productive Ward web pages).

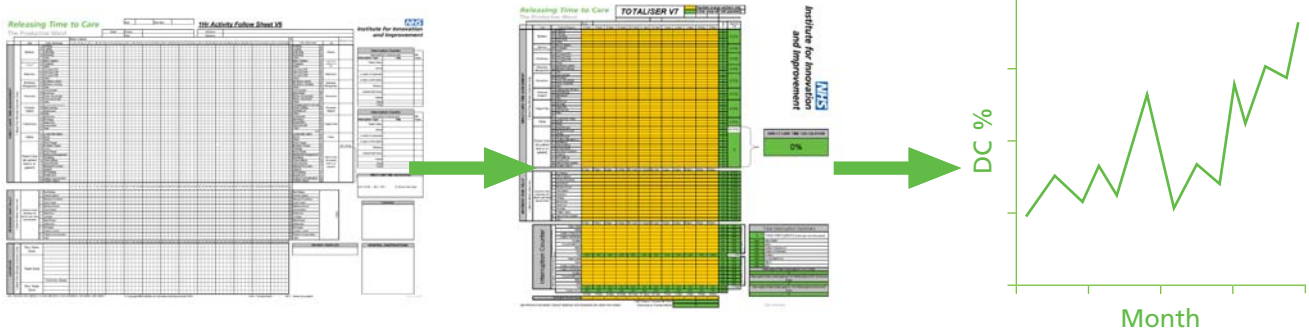3) Spreadsheet automatically creates charts to display.

Turning your ward data into process and outcome measures

Direct care time

1) Activity Follow analysis carried out.

2) Activity Follow sheet results entered into Totaliser Spreadsheet.

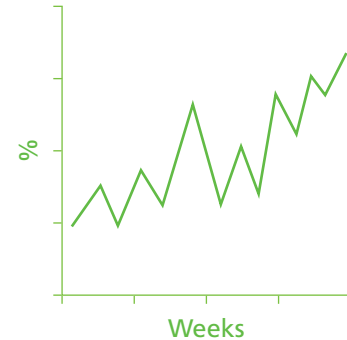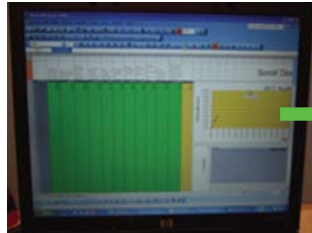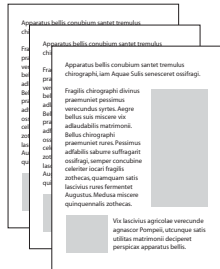3) Totaliser Spreadsheet automatically creates charts to display.

Turning your ward data into process and outcome measures

% patients going home on agreed date (EDD)

1) Collect data from ward discharge records.

2) Put Data into Spreadsheet (see NHS Institute - Productive Ward web pages).

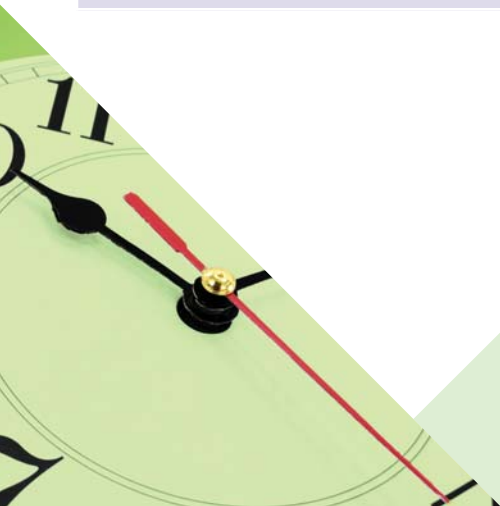3) Spreadsheet automatically creates charts to display.

Prepare - Milestone Checklist

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

	Completed ✓
1. Roles and responsibilities discussed with the appropriate staff groups.	☐
2. Local management engaged.	☐
3. Obtain, if possible, a copy of your trust's policy on ward based measurement and / or the displaying of ward-based measurement.	☐
4. Collect any existing ward displayed data.	☐
5. Equipment obtained.	☐
6. At least one Patient Observations data point collected (only if Patient Observations module has been carried out).	☐
7. At least one MRSA data point collected (if chosen).	☐
8. At least one CDIff data point collected (if chosen).	☐
9. At least one Falls data point collected (if chosen).	☐
10. At least one Pressure Sores data point collected (if chosen).	☐
11. At least one Unplanned Absence data point collected.	☐
12. At least one Patient Satisfaction data point collected.	☐
13. At least one Direct Care Time data point collected.	☐
14. % adherence to estimated discharge date.	☐

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

Assess

Ask the following questions about what you do now

What do we currently measure?	• is there any performance data displayed on the ward? • e.g. incidence rates, infection rates etc.
Why do we measure it?	• have we been asked to measure these? • was there a problem in this area?
Where does the data come from?	• is it collected by the nursing staff? • is it collected by the trust and handed to the ward leader? • other?
Who is responsible for it?	• who collects it? • who displays it? • who is responsible for good or bad performance?
What do we do with it?	• is the information displayed for all the ward staff to see? • do we use the data to help us figure out why something has gone wrong? • do we keep the old information?

The ward measures assessment sheet (see Appendix 6) is designed to help you collect this information.

Reality checking the data you are collecting:

To check whether the data you are collecting is worth it, answer the following two questions:

Will the results mean the ward changes its practice?

Am I already collecting something that will give me the same answer?

What to do if…

…you have the data for a measure but it is not defined in quite the same way as your definition?

Use the data you have if you are happy that it is able to tell you what you need to know about your ward performance.

… you have no data for a measure and don't know where to start collecting it?

Talk with your Project Facilitator and Senior Leaders. You may have to enlist the support of the finance team or information department to help you.

… you can get the data but it does not come to you regularly?

Agree with the people concerned that the data must come to you in a timely way. You may need to enlist executive support to do this.

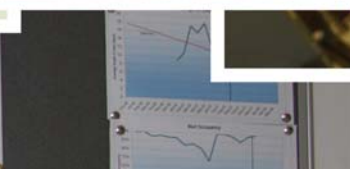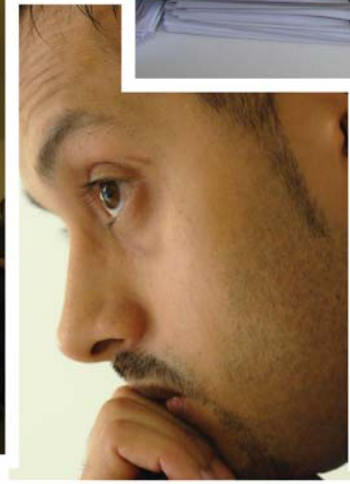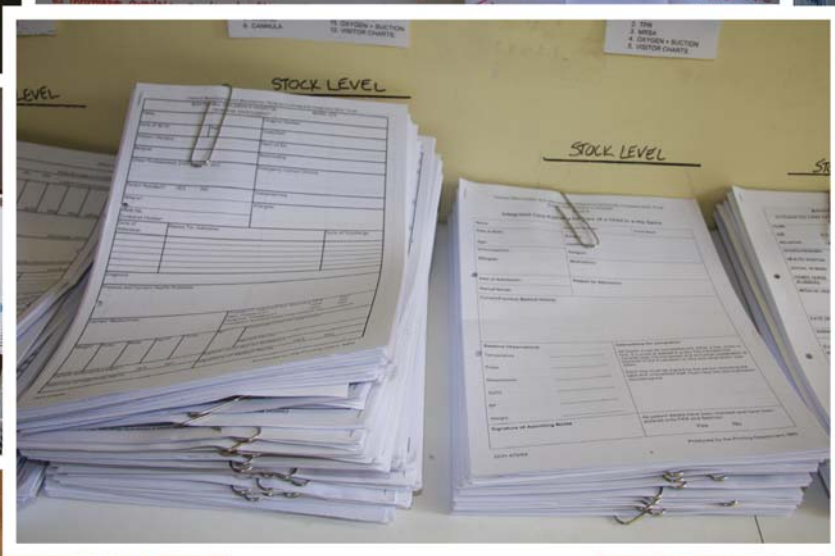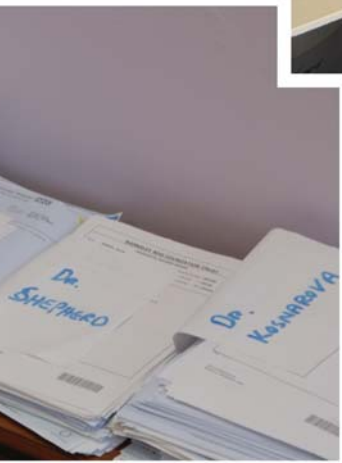Also see Appendix 2 and 3 for further hints and tips.

Assess - Milestone Checklist

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

	Completed ✓
1. 5 key questions have been asked.	☐
2. Current situation reality check questions have been asked.	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

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

STOCK LEVEL

STOCK LEVEL

Dr. SHEPHERD

Dr. KOSNAROVA

OBLEM/
ERMEASURE

FALLS INCIDENTS

Diagnose

The following pages detail
examples of how a Productive Ward
test site has chosen to display its
process and outcome measures. Use
them to stimulate discussion with
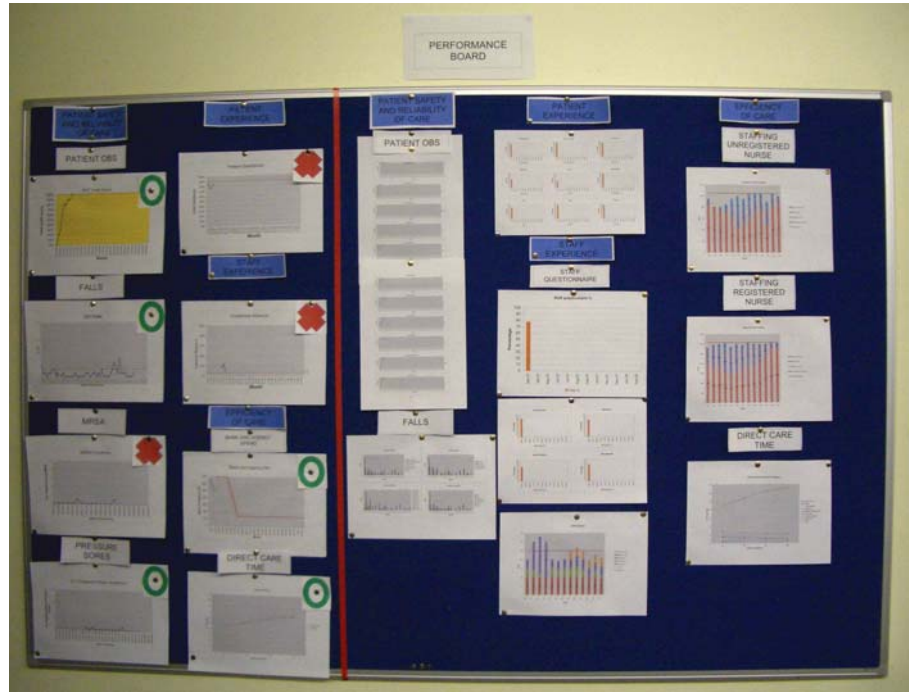your team.

THE PRODUCTIVE WARD

Diagnose: Ideas that have worked. Example 1

Displaying the process and outcome measures on the same board

As mentioned previously, process measures complement outcome measures and make the task of improving much more clear and directed. Process measures in a different room leave the outcome measures on their own, leaving them difficult to understand by your team.

This example has the outcome measures on the left and the process measures on the right.
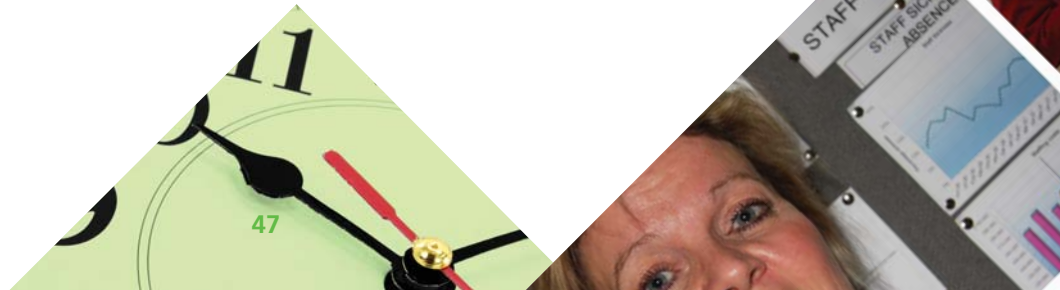
Diagnose: Ideas that have worked. Example 2

Visualisation and the three second rule

The Productive Ward works towards the three second rule. This is where visual management is used to communicate the status of an area or process within 3 seconds. Working towards this aim ensures any communications process is very clear and simple.

You can see in the example opposite, on the left hand (outcome) side of the board where the team has used red and green circles to illustrate, in three seconds, whether the specific outcome measure is on or off target.

Diagnose: Ideas that have worked. Example 3

Keep it temporary at first

Creating a measurement board that staff accept, trust and use is probably the greatest challenge in the Productive Ward. It is also the challenge with the greatest gains.

It will take many attempts to get the board just right for your team, so use sticky tape and pins to keep things temporary until the whole team is happy.

Diagnose: Ideas that have worked. Example 4

Problem solving board

Often having a third board can be beneficial to display information that the team is not comfortable to be displayed in an open area. This board is used as a problem solving board, to visually break down any areas of concern.

1. In this example the top left chart shows a low patient satisfaction score.

2. The second chart on the left details the breakdown of the Patient Satisfaction score which showed that food was where the scores were low.

3. The chart on the top right shows the team's 5-Why analysis used to find the root cause of the food problems (see Toolkit).

4. The third chart down on the left is the Fishbone diagram used to visually plot the root cause (can be used instead of, or in addition to, the 5-Why exercise).

5. The second chart on the right details the team's Action Plan to improve the food delivery resulting from their problem solving (See Toolkit).
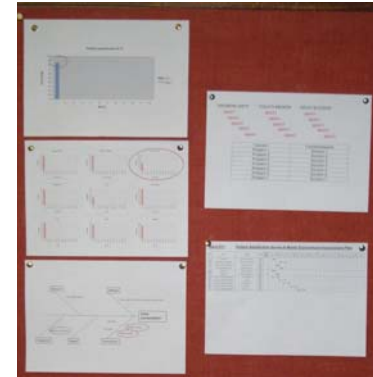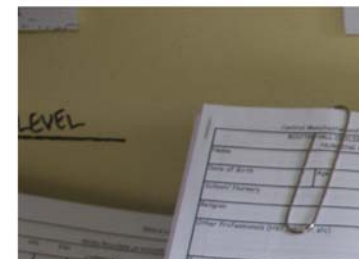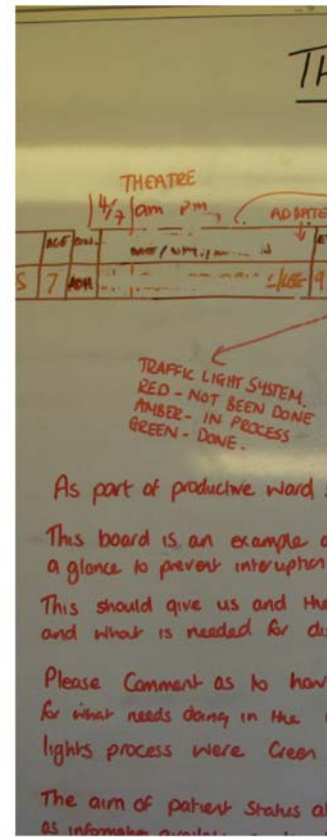
Diagnose- Milestone Checklist

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 and discuss this as a part of the shift handover.

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

Plan

By working through the Plan stage
of this module you will:

• decide where your ward measures
  board will be situated

• what it will look like

• what goals you will set on the
  outcome measures

• set up a ward review meeting
  based on the measures board

Display the measures on a display board

Where to locate the board?

Things to consider:

• open and transparent management of information

   o i.e. in the general ward area and not in an office or other restricted area

   o having this 'out in the open' shows your commitment

• functional

   o e.g. supports a ward meeting in terms of space

   o is it easy to view and is there space around it to have a team discussion?

• integrated with other ward data

   o no duplication/conflict with other ward data

Share your concerns with others and get support. Data, and displaying it, is new to many nurses

Just take a leap of faith and make it visible!

53

How to make it easy to use

- plan out the likely dimensions of your board first by laying out the data you want to display on a large surface and measuring the perimeter
- select a main thoroughfare where everyone can view how you are performing
- remember to think about –
  - making it easy to update the information
  - can it be fixed to the wall that you have chosen?
- keep it visual – use easy to understand visual indicators to show when performance is good or bad – simple charts, traffic lights etc

**What should I include on the display board?**

- the agreed measures in chart or simple table format
- agenda and timetable for subsequent meetings
- action list – Module Action Planner sheet (refer to Toolkit module)
- flow chart to show where the data comes from (so that the team can keep the board updated when you are not available)

What are you aiming for?

What is the level of performance (goal) you want to achieve for each measure?

• set a goal – SMART

• there may already be some locally agreed goals
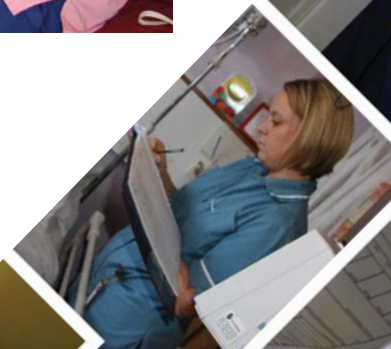
Setting a goal - SMART

Four steps to setting your goals:

1. Collect data for each measure to create a baseline (see table on next page).

2. Gather data from similar wards to see what they have achieved.

3. Look at the benchmark to see what is 'best' (see next page) or you may have some locally agreed goals or standards which go beyond these.

4. Set an aim for each measure according to SMART principles:

Simple	• give the aim a clear definition • e.g. Reduce length of stay to 5 days
Measurable	• ensure that data is available
Aspirational	• set the aim high to provide a challenge to the team
Realistic	• take into consideration factors beyond your control which may limit your impact
Time Bound	• set a deadline

Examples of Smart (and not so Smart) goals

| ✘ | We'll eliminate MRSA! |
| ✔ | We'll reduce MRSA infections to less than 2 per month by December |

| ✘ | No pressure sores at all |
| ✔ | Reduce pressure sores by 10%, by January |

Baseline Measurement

This is a measure of your ward performance before any changes are made. By repeating the measurement after you have made a change it allows you to measure the impact of any change.

All improvement requires change, but not all change is an improvement

It's important to know where you started, so you can see how far you've come!

Benchmark

This is a measurement of your performance against others. This may be a measurement against national data or more locally within your trust. You should be aiming to achieve a performance level that is the best.

Ward Review Meetings

What is it?	• a regular, routine meeting to
	  ○ discuss performance against goals
	  ○ plan actions against issues
	• held around the display board

Agenda? (Suggested)	• welcome / update on actions from previous meeting • review charts and discuss changes • agree actions required • assign new actions and deadline • confirm next scheduled meeting
Why do it?	• everyone has a stake in how the ward performs • promotes improved and consistent communication between ward staff • promotes cohesive team work to achieve ward objectives • encourages ownership and responsibility for problems and solutions

How to introduce a successful ward review

The review meeting needs **structure** to be successful.

Agree:
- who will attend?
- how often?
- set a time limit for the meeting
- use a visible agenda to keep the meeting on track
- a system to communicate outputs with members who are not available

  (Hint: Use the board!)

The review meeting needs **defined responsibilities** to be successful.

Agree who will:
- collect data
- update the charts
- be responsible for performance
- chair the meeting and keep it on time

Habits of successful reviews

These 6 principles will help you get the most out of your ward review meeting:

Be on time	• show respect for our colleagues
Be factual	• base discussions on what we know to be true, not what might have happened • look at the measurements to determine whether we are improving
Be prepared	• update the board prior to the meeting • let someone know beforehand if we can't get it done
Be concise	• don't go into details – get to the point • keep the meeting short!
Drive to action	• don't move on until we know what needs to be done and who will do it
Be prepared to go and see	• if it is important enough to be discussed in the meeting, then it is important enough to go and see the problem!

Go to Toolkit No. 2 (Meetings) for more guidance of effective meetings.

Communication before meeting

Before you hold your first meeting it is a good idea to let the team know what is going to happen and what you expect of them:

- this will help ensure that your first review is successful
- this will set the standard for how you want the meeting to run
- this will build enthusiasm

Why bother?

- preparation is key to success….
- negates the need for distracting questions ('Why are we here?' etc.)
- reduces anxiety about what will happen so that you can concentrate on outputs

What are you trying to achieve?

- stimulate staff engagement and interest
- set the context – Knowing How we are Doing is a cornerstone of Productive Ward
- smooth running of meeting by planning ahead
- focus on meeting outputs by setting your expectation of a participative 'action' meeting
- build the desire within the team to try and stick at it

Ideas on how to prepare staff for their first review meeting

What works best?

- face to face communication
  o at ward meeting / handover?
- get senior support – 'this really is important to me, to our trust and its patients and it should be to you'
- to our trust and its patients and it should provide take away material from the module – something that staff can digest and then respond to

What doesn't really work

- emailed invites
- lack of context – not setting the scene
- making it mandatory – try to generate enthusiasm rather than compulsion

Things to include in your briefing / discussions (suggested)

- what you're trying to achieve
- what's in it for staff, patients etc.?
- how this will move the ward forward?
- what staff need to do –
  o contribute, consider, come up with ideas, take on actions
- proposed agenda and timing

How will you know if your team is ready?

Talk to your team after your communication.

Ask them how they feel and if they know what will happen at the meetings.

• everyone involved should know:
  o what the objective of the meeting is
  o what their role is
  o what they need to do beforehand
  o what will be covered in the meeting
  o what they need to do afterwards
  o who to contact if they can't make the meeting or finish the preparation

o where and when!
o a 'guidelines' notice captures all the information and can be posted on the display board

Objective keeps the meeting focussed on achieving the goal

Everyone needs to know this!

What do I put in? What do I take away?

Try to avoid disruption to the meeting by planning ahead

Agenda - use this to guide your meeting and keep it consistent every week

Review Meeting Guidelines document can be found in Appendix 8

Create Standard Operating Procedures:

The last thing to do before moving on to the 'Treat' stage of this module is to document the planned changes in the form of a 'standard' for both the newly designed measures board and the format for the weekly review meeting.

As with all Productive Ward standards, the 'standards' should be quick and simple and allow for auditing against the standard.

Plan - Milestone Checklist

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

	Completed	✓
1. Location of board decided.		☐
2. Layout planned out.		☐
3. SMART goals for outcome measures set.		☐
4. Aim of ward review meeting communicated.		☐
5. Ward review meeting prepared and planned for.		☐
6. Measures board 'standard' created.		☐
7. Weekly Review meeting 'standard' created.		☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

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

Treat - go for it!

Treat

What are we testing:
- is the board in the right location?
- is the board laid out in the right way?
- are the measures useful?
- are the SMART goals appropriate?
- agenda and format of review meeting
- collection of data

Before the test starts ensure that:
- the test period has been decided on (at least two weeks so at least one review meeting is held)
- communicate aims to all staff
- the required data is obtainable

During the test:
- record comments on flipchart paper
- take photographs of the review meetings and measures board

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. New board design up and tested.		☐
4. New ward review meeting structure tested.		☐
5. Photographs of board tested.		☐
6. Comments recorded on flipchart paper.		☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

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

Evaluate

Evaluate the agreed changes

When you have installed a display board for your measures and held a couple of Ward Performance reviews it is a good time to reflect and check:

- that the change has been successful
- that your team are enthusiastic and are going to sustain the meeting

What are we evaluating?

- has the board been completed?
- are the measures updated?
- is it being used – have review meetings begun?
- is there evidence of actions and improvements?

Before the evaluation starts

Ensure that:

- all data has been made available
- display board is complete
- charts are updated
- inform all staff personally at handover meetings across all shifts
- develop a checklist to monitor your success and decide:
  - o who will fill out the checklist (e.g. ward manager from another ward, matron, Director of Nursing etc)
  - o how often to use the checklist
  - o how often to discuss the checklist results

During the evaluation

- invite visitors from senior management as appropriate to view the board and participate in the review meeting
- maintain focus to keep the meeting within the set time
- use the checklist at every meeting

Consider using the template on the next page

Evaluate the agreed changes - Checklist

If you get a 'No' answer to any of the questions try to find out why?

• follow up with your staff

• ask your team to use the 'Five Whys' to get to the root cause (refer to Toolkit Tool No. 13)

• return to your reasons for holding a review – if it was important then, it is still important now

You should link the weekly performance meeting to problem solving

Weekly Review Meeting Checklist can be found in Appendix 9

Weekly Review Meeting Checklist

Date: _____

Yes = 1
No = 0

Did the meeting start on time?

Did everyone attend the meeting?

Was an update given on last week's outstanding actions?

Were all charts up to date?

Were all status indicators updated?

Were next steps identified?

Was a person assigned to follow up each next step?

Did the meeting finish on time?

Score

Assess both the display board and the review meeting

Yes or No responses are informative and quick to complete

Assess the impact of introducing a display board and holding reviews

Collect information	Analyse

• interview staff (see Toolkit):
   o how appropriate was the meeting schedule and attendees list?
   o could the agenda be improved?
   o was the board updated?
   o were the charts easy to understand?
 • understand the checklist results
	• what did you expect?
	 • what actually happened?
	 • decide where there are still opportunities for improvement and where further training is required to make the changes work as designed
	 • return to the Checklist on the previous page to see whether the changes have had an impact.

Use the feedback to improve your meetings.

Improve your meetings = Improve your ward

Evaluate - Milestone Checklist

	Completed	✓
1. Display board format evaluated.		☐
2. Outcome measures SMART goals evaluated.		☐
3. Ward review meeting format evaluated.		☐
4. Data easily accessible.		☐
5. Impact assessed.		☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

75

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

Appendices:

Appendix	Content	Page
1	How can I make it stick?	78
2	Hints and tips – General	79
3	Hints and tips - Problem Solving	80
4	The Productive Ward Measures quick reference table	81
5	Patient Satisfaction	83
6	Ward measures self-assessment	86
7	Review Meeting Guidelines	90
8	Weekly Review Meeting Checklist	91

Appendix 1: How can I make it stick?

Monitor and audit continually	• create audits from the 'standards' created and audit at least once a week • use the measures board in the weekly ward review
Ensure leadership attention	• ensure your Nursing Director visits and reviews board • ensure visitors follow visit guidance sheets (see Toolkit Tool No.16) and visit ward measures board
Do not stop improving	• encourage ward staff to continue to find better ways of displaying data, using it and holding ward review meetings • consider compiling the ward's 'Standard Operating Procedures' into a ward manual • promptly take on board comments from staff and implement any suggestions that the wider team agree with swiftly • visit other wards who have implemented Knowing How we are Doing – consider standardising across multiple wards so that staff moving between wards have a standard to work to
Maintain the standard	• keep updating and communicating the Standard Operating Procedure as your measures board and meeting review format evolves

Appendix 2: Hints and tips - General

To renew enthusiasm, visit another ward in the hospital to see how far you have come!

Once you have a system that works, look for more ways to improve it.

Don't get stuck – ask for help from your support team or management.

For inspiration, visit a ward that has finished this module.

Remember to celebrate your success!

Appendix 3: Hints and tips – Problem Solving

What if this happens?	Ideas on what you can do
• data not available	• look to build data collection into your daily routine
• charts falling behind	• update your board with latest charts weekly – this will build analysis into your weekly routine
• meeting not taken seriously	• make sure that you take decisions at this meeting. Follow up on decisions
• issues causing measure to decline are outside ward control	• talk to the other people or department influencing the performance of the measure • invite them to the review meeting to discuss ways to resolve the issue
• chart updates begin to fall behind	• check that availability of data is not hindering chart update • rotate responsibility for chart update – this will also encourage more staff involvement • agree disciplinary measures with team
• your review meeting gets cancelled because…	• plan ahead • seek resources to ensure adequate cover • share your concerns with management

Appendix 4: The Productive Ward Measures (quick reference table):

Strategy		Measure	Why is it important?	Operational Definition	Data Source	Who is the measure intended for?	Who collects?	Frequency?	Suggested Trend	How do I use this measure? (Tools available on the NHS Institute Productive Ward pages)	Reported as
Improve patient safety and reliability of care	Choose at least one of these	Patient Observations	Correctly completed, on time and actioned patient observations tend to improve response clinical deterioration of patient	Percentage of on time, fully completed and correct patient observations. Based on a case note review of 10 observation sets, from 10 different patients. Standard observation set = Temperature, BP, Pulse, Respirations and Oxygen Sats. Also includes additional set during patient assessment	Ward, Patient Notes	Ward leader and ward staff	Ward leader	Weekly sample	UP towards 10 out of 10	Once a week audit 10 sets of notes. Record the scores in the Patient Obs Audit Tool and print out the latest chart. Implement Patient Observation module for guidance	Score
		Falls	Patient and staff safety risk	The definition of a fall is: "any event when the patient unexpectedly came to rest on the ground, floor or another lower level". The measure is the gap in days between falls	Ward	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	Initially UP then DOWN	Record the date of any fall in the Patient Event Tool and print out the latest chart. Also complete the Safety Cross Tool	Gap between events
		Pressure Sores	Patient and staff safety risk	A pressure sore is diagnosed based on the following definition: "a pressure ulcer is an area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and/or a combination of these". The measure is the gap in days between pressure sores	Ward	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	Initially UP then DOWN	Record the date of any confirmed pressure sore in the Patient Event Tool and print out the latest chart. Also complete the Safety Cross Tool	Gap between events
		MRSA Infection Rate	Infection control is a key indicator of patient safety. Increases length of stay	Record any MRSA cases that are reportable to the HPA (Health Protection Agency). The measure is the gap in days between cases	Ward	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	UP	Record the date of any confirmed MRSA case in the Patient Event Tool and print out the latest chart. Also complete the Safety Cross Tool	Gap between events
		Cdiff Infection rate	Infection control is a key indicator of patient safety. Increases length of stay	Record any Clostridium difficile cases that are reportable to the HPA (Health Protection Agency). The measure is the gap in days between cases	Ward	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	UP	Record the date of any confirmed Cdiff case in the Patient Event Tool and print out the latest chart. Also complete the Safety Cross Tool	Gap between events
Improve patient experience		Patient Satisfaction	Reflection on the quality, safety and dignity of the care we deliver	Patient satisfaction questionnaire given to all patients the day before discharge from ward (including move to another ward / area of hospital). Sum score for all patients discharged (from trust or to another ward) in a week divided by the number of patient spells in the same week. Questionnaire is a six question, quick to complete form. Based on Picker Institute questions	Ward	Ward leader, matron, ward staff	Ward clerk	Weekly sample	UP towards 100% compliance	Input the results from the questionnaire to the Patient Satisfaction Tool and print out the latest chart	% score per week
Improve efficiency of care		Direct Care Time	The more time that is available for direct patient care, the more likely it is that the quality of care will improve or remain at a high standard	1st Assessment: 12hr observation of one trained nurse between 6am and 6pm on a weekday not featuring a ward round. 2nd to 6th assessment: monthly featuring 8hrs 7am to 3pm. Ongoing assessments: Quarterly 8hr. Weekday to remain constant. (Count of direct care time minutes over the time period/total minutes in assessment period)*100. Ideally to feature the same nurse	Ward	Ward leader, matron, ward staff	Ward leader	Monthly moving to quarterly	Initially UP then stabilise	Input the results from the Activity Follow sheets into the Totaliser Tool and print out the latest chart	% direct care
		% patients going home on agreed date (EDD)	Indicates good use of beds for flow and planning. Gives patient and carers more certainty and builds confidence. Enables forward planning of community support	Total number of patients discharged (each week) from your ward to home/a rehab hospital or ward/nursing home on the planned EDD, divided by the total number of patients discharged that same week from your ward	Ward	Ward leader, matron, ward staff	Ward leader	Weekly sample	UP	Record whether each patient achieves their EDD on PAS or locally on paper. Each week count up the number of patients achieving the EDD and also total number discharged. Enter the numbers into the Excel tool and print out the latest chart	%
		Length of stay	Direct reflection on patient flow and impacts on ward cost per spell	Time in days of patient spell on ward. From admission to discharge. Total days LOS / no. patient spells	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Weekly, no sampling	DOWN	Add the latest weekly value to the previous values and look at the trend	Days
		Ward cost per patient spell	Reflection on long term efficiency of the ward (only when used in conjunction with safety and reliability measures on the ward)	Total pay and non pay costs for the month are divided by the number of patient spells. Included in ward cost: total establishment for the calendar month, overtime, bank and agency spend, all variable non pay costs such as consumables, meals. Excluded from ward costs: Fixed running costs, drug costs, transport costs, central cleaning	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Monthly, no sampling	DOWN	Add the latest weekly value to the previous values and look at the trend	£
Improve staff well being		Unplanned absence rate	Reflects staff satisfaction	Total unplanned absence hours in the month / Total available establishment hours in the month. Unplanned absence = all absence hours - absence episodes longer than 3 days in duration	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Weekly sample	DOWN	Add the latest monthly value to the previous values and look at the trend	% Unplanned Absence

Measures in black text are basic measures
Measures in red text are advanced measures

Appendix 4: The Productive Ward Measures (quick reference table):

Appendix 5: Patient Satisfaction

The patient satisfaction tool is designed to allow the clinical area complete control over the questions asked, the sample size and the frequency.

It should be limited to 5-6 questions and should reflect the patient perspective of the care you are providing patients. Questions related to food or the physical environments do not need to be asked as they are captured in the PEAT survey process.

It is better to ask a few focused questions frequently than a long complex questionnaire once a year. You will be able to assess the impact of your improvements with real time frequent surveys.

Patient Satisfaction questionnaire example form

Patient Name

....

....

Purpose

We want to continually improve the services we offer to patients and would find it very helpful to have your feedback.

Instructions for Completion

Please complete this questionnaire and return it to

....

If you have any questions, please talk to the nurse in charge.
All the information you give us will be treated as confidential and kept secure. It will only be seen by the trust undertaking the survey. No one will be able to identify you or any answers you give in the report they produce.

Section one: Privacy and dignity

Q1. During this hospital attendance / stay did you feel you were treated with dignity and respect?

• Yes, always

• Yes, sometimes

• No

Section two: Involvement in and information about own care

Q2. Did you have good opportunity to participate in the decisions that applied to your care?

• Yes, definitely

• Yes, to some extent

• No

Q3. Did the doctors, nurses or other staff give your family or someone close to you all the information needed to help you during your stay or treatment?

• Yes, definitely

• Yes, to some extent

• No

• No family or friends were involved

• My family or friends did not want or need information

Section three: Knowledge of discharge

Q4. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

• Yes, completely

• Yes, to some extent

• No

• I did not need an explanation

• I had no medicines

Q5. Were you provided with the equipment you needed to go home with?

• Yes, I received the equipment

• No, I did not receive the equipment

• I did not require any equipment

Section four: Your experience here

Would you like to make a comment of your care and experience, below?

....
....
....
....

If you would like to help us improve our services by telling us more about your time with us, please see one of the staff.

Appendix 6: Ward Measures Self Assessment

Date:

Ward:

1. What data about ward performance? Who do you
   send it to? How often do you provide the data?
   Do you ask for feedback?

Data about...	Who to	Frequency	Feedback
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

2. What data about the ward's
   performance **is sent to you?**
   Who sends it? How often?

Data about...	Who from	Frequency

3. Where is the data kept?

4. Is any of the performance data discussed with:

    a. ward staff?

       YES / NO

    b. your Line Manager?

       YES / NO

5. If data is discussed identify what it is, who it is discussed with and how frequently.

Data about...	Discussed with	Frequency

Before answering the next questions

GO AND WALK ROUND THE WARD.

6. Is any performance data displayed on the ward for everyone to see?

   YES / NO

7. If data is displayed identify what it is, where is it displayed and when was it last updated?

Data about...	Displayed	Last Updated on

Appendix 7: Review Meeting Guidelines

Review Meeting Guidelines

Where: _____   When: _____

Objectives

Follow up on actions from previous meeting

Understand changes in performance since last meeting

Discuss issues, identify next steps and assign responsibility

Who do I contact if I won't be here or can't update my chart? _____

Participants and Roles

Chair _____
Others _____
_____
_____
_____
_____
_____
_____
_____

Inputs

Agreed aims
Updated measures data
Actions from previous week

Outputs

Agreed actions and responsibilities

Agenda

1	Welcome	1 min
2	Update on actions from previous week	5 min
3	Review charts with RED and YELLOW status indicators, discuss changes since last week	5 min
4	Agree what actions will be taken to improve the measure - Refer to Reaction Plan for guidance	5 min
5	Decide who will take each action and by when - document this on the Problem and Countermeasure	5 min
6	Confirm attendance for next meeting	1 min
		22 min

Appendix 8: Weekly Review Meeting Checklist

Weekly Review Meeting Checklist

Yes = 1
No = 0

Date: _____

Did the meeting start on time?

Did everyone attend the meeting?

Was an update given on last week's outstanding actions?

Were all charts up to date?

Were all status indicators updated?

Were next steps identified?

Was a person assigned to follow up each next step?

Did the meeting finish on time?

Score

Learning objectives complete?

Four 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
Why is ward-based measurement important?	• provides factual information about how you are doing now and what the team is aiming for in areas of importance to patient, staff and hospital • fact is more useful than opinion and hearsay • provides direction on how to improve important areas and solve problems • allow the measurable progress towards the ward's vision
What is an outcome measure?	• an outcome measure is how we know we have been successful against a SMART target
What is a process measure?	• a process measure is the measurement of something that contributes to an outcome measure
Describe a SMART target?	• SMART, MEASURABLE, ASPIRATIONAL, REALISITIC, TIME BOUND
Why have a weekly ward review?	• to provide focus on the vision of the ward through the measures board • time to pause and reflect about ward performance towards the ward's vision • gives consistent, structured communication • structures improvements towards ward's vision • encourages ownership and responsibility

10 Point Check List

Example:

	Status 1	Status 2	Status 3	Status 4
The grid to follow allows you to measure your performance against the 10 point check list for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible. **Status 1:** Before module is implemented **Status 2:** After 2 weeks of implementation **Status 3:** After 4 weeks of implementation **Status 4:** After 8 weeks of implementation You should continue to monitor monthly	🟥	🟩	🟩	🟩
	🟥	🟥	🟥	🟩
	🟩	🟥	🟥	🟩
	🟥	🟩	🟩	🟩
	🟥	🟥	🟩	🟩
	🟩	🟩	🟩	🟩
	🟥	🟥	🟩	🟩
	🟩	🟩	🟩	🟩
	🟥	🟩	🟩	🟩
	🟥	🟩	🟩	🟩

10 (11 this time) Point Check List Knowing How we are Doing	Status 1	Status 2	Status 3	Status 4
There is a measures board located in a (prominent) position on the ward				
The board displays the agreed measures, or as close to these as possible				
There are agreed measures definitions and measures				
There is a simple procedure to update each chart with a set frequency and person responsible				
Staff (and patients) can tell how the ward is doing based on the presentation of the data				
A weekly review meeting is held that follows a set agenda within set time frames				
It is easy to prioritise discussion items during the meeting				
Actions are quickly identified, recorded, and a person made responsible for completing the action by a specified date				
The 'team problem solving area' is being used to understand the underlying measures in more detail, e.g. review hand hygiene audits if there is a problem with infections				
Staff and stakeholders are showing an active interest in the board and its impact on performance progress				
Overall measures are showing improvement over a period of six months				

This board is an example of possible things we could have at a glance to prevent interuption ie physio, n/s status + OT + TTO's

This should give us and the MDT were the patient is uph... and what is needed for discharge.

Please Comment as to how we could use this ie Do we... for what needs doing in the Comments. Or could we have a... lights process were Green is done Amber in process and...

The aim of patient status at a glance is to have quicke... as informate...

COMMENTS
BO...
V...
NEEDED BY THURS...
PLEASE CONTRIBUTE...
MOANING AFTER...

STOCK LEVEL

STOCK L...

KOSNAROVA

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Acknowledgements