

The Productive Ward

# *Patient Status at a Glance*

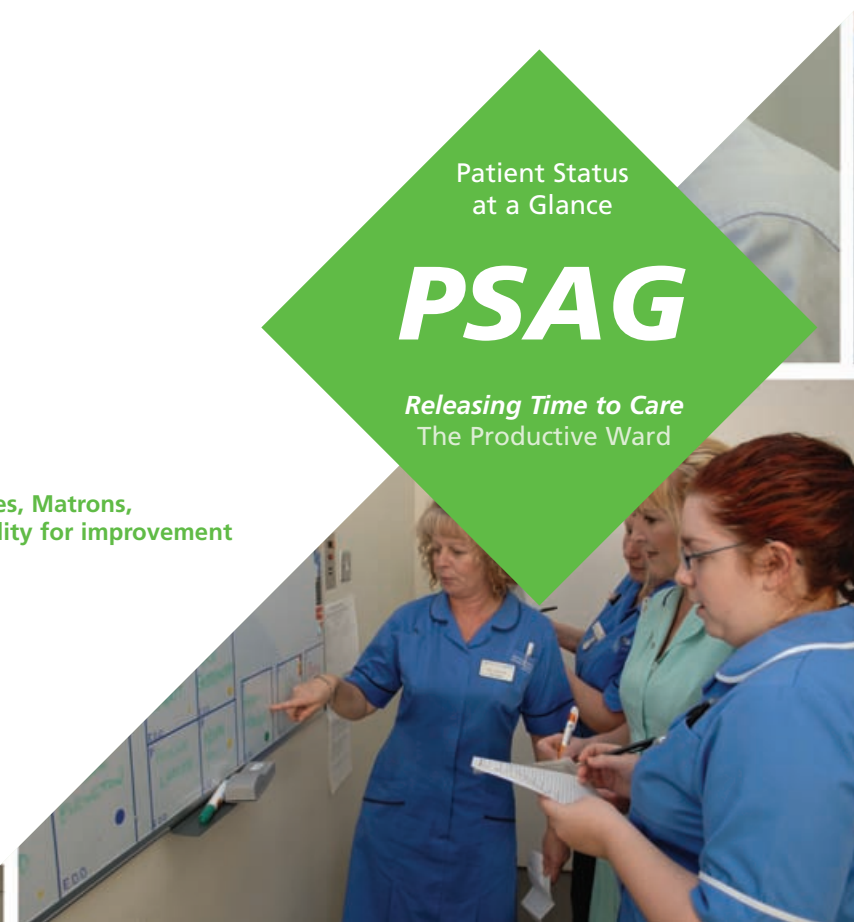
Version 2

This document is for **Ward Leaders, Lead Nurses, Matrons,  
Nursing Directors and Directors with responsibility for improvement**

Patient Status  
at a Glance

# PSAG

*Releasing Time to Care*  
The Productive Ward



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# Introduction

Our studies have found that nurses can be interrupted 10 times per hour\* That's once every six minutes....

Your staff get interrupted for a number of reasons. People often ask where something is, where a member of staff is, how to do something and finally people frequently ask about the status of a patient.

Visiting multi-disciplinary staff, bank and agency staff and the ward team need patient status information in order to carry out their roles. They need easy access to the answers to questions such as:

- where is the patient?
- what is next for the patient?
- which nurse is looking after the patient?
- which consultant is looking after the patient?

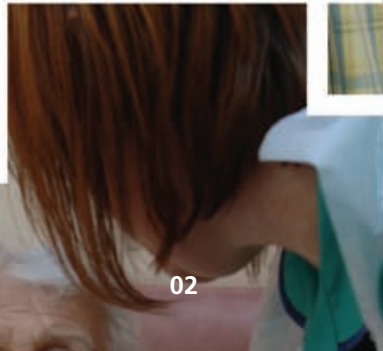
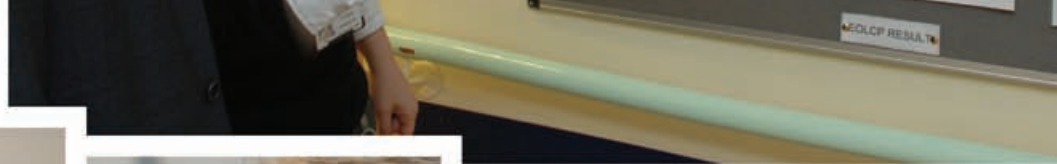
- has the patient had their physiotherapy assessment?
- risk assessment carried out?
- is the patient ready for the next step in their journey?
- when is the patient due to go home?
- have their take home drugs been requested?
- have the test results arrived?

If this information is not easily to hand then staff may have to interrupt someone, or spend time hunting for information in order to find out. This wastes valuable time and interrupts staff concentrating on care delivery.

This situation often results in the patients spending longer in hospital than required. Our patients should be on our wards because they are receiving care. Not because they are waiting for something to happen.

Patient Status at a Glance seeks to make information on patient status clear to those who need it. It seeks to help plan the patient journey visibly and to reduce the number of times your staff are interrupted, thus *releasing time to care*.

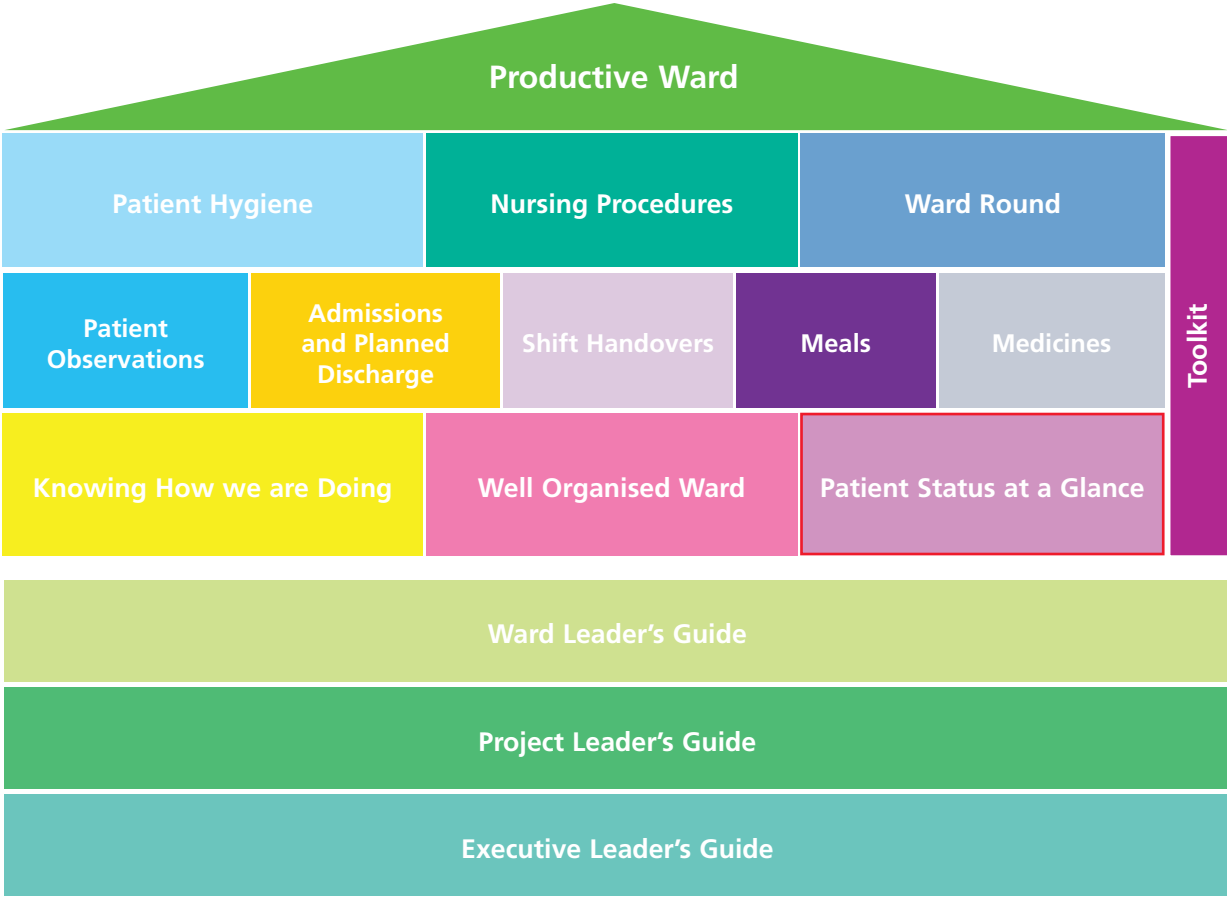
\* based on a 12hr observation of qualified nurses during Productive Ward testing



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1. What is Patient Status at a Glance?
2. What tools do I need?
3. Prepare
4. Assess
5. Plan
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7. Treat
8. Evaluate
9. How do I make it stick?





# What is Patient Status at a Glance?

What is it?	<ul style="list-style-type: none"><li>• the use of visual management to show important patient information so that it can be updated regularly, seen 'at a glance' and used effectively</li></ul>
Why do it?	To ensure safe, reliable and efficient patient care by: <ul style="list-style-type: none"><li>• making shift handovers quicker and safer for the patient</li><li>• making sure the patient journey from admission to discharge runs smoothly without delays</li><li>• saving time looking for patient information</li></ul>
What it covers	This module will help you to determine the best use of patient boards on your ward by asking you to think about the following: <ul style="list-style-type: none"><li>• what should they be used for and what type of information should be on it?</li><li>• who should update the information and how often?</li><li>• how should confidentiality issues be dealt with?</li></ul>
What it does not cover	<ul style="list-style-type: none"><li>• this module will not recommend specific actions on how to respond to information on the patient status board</li><li>• this module does not provide detailed information on shift handovers or discharge management – this is provided in the relevant modules ('Shift Handovers,' 'Discharge Management')</li></ul>

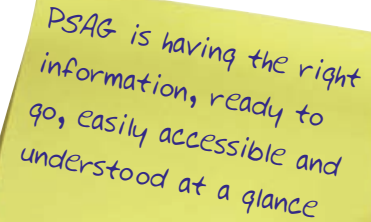
## Learning objectives:

The team will:

- understand what causes interruptions
- understand how principle of visualisation works and why it is important to all staff
- understand how to communicate changes in patient status
- understand how to make audits a positive activity that help sustain the team's improvements

### 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.



PSAG is having the right information, ready to go, easily accessible and understood at a glance

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

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

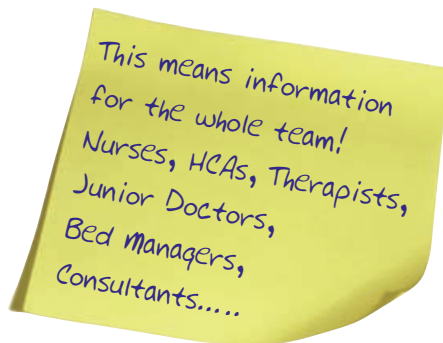


## Visualisation – 3 second rule

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.

The aim of PSAG is to make patient information clear and easily understandable for all relevant disciplines. Working through this module, aim to make the most frequently used information clearly accessible so that it is understandable in 3 seconds.





## Why use it?

- it makes shift handovers quicker and safer for the patient
- affects proportion of direct care time

*“I can plan the day for the ward staff, using the colour codes to indicate which patients are going home or delayed.”* Discharge Coordinator, Productive Ward Test Site

- it makes sure that the ‘patient journey’ moves smoothly from admission to discharge
- involves patients and families in the planning of care
- affects patient satisfaction

*“It is very useful as a quick reference and easy to use with the symbols and colours.”*  
Auxiliary Nurse, Productive Ward Test Site

- it saves time looking for patient information
- affects proportion of direct care time

*“It really does make a difference and I feel I am not interrupting nurses to ask which patients need referral, as it is there in black and white... in the form of a blue square!!”*  
Physiotherapist, Productive Ward Test Site

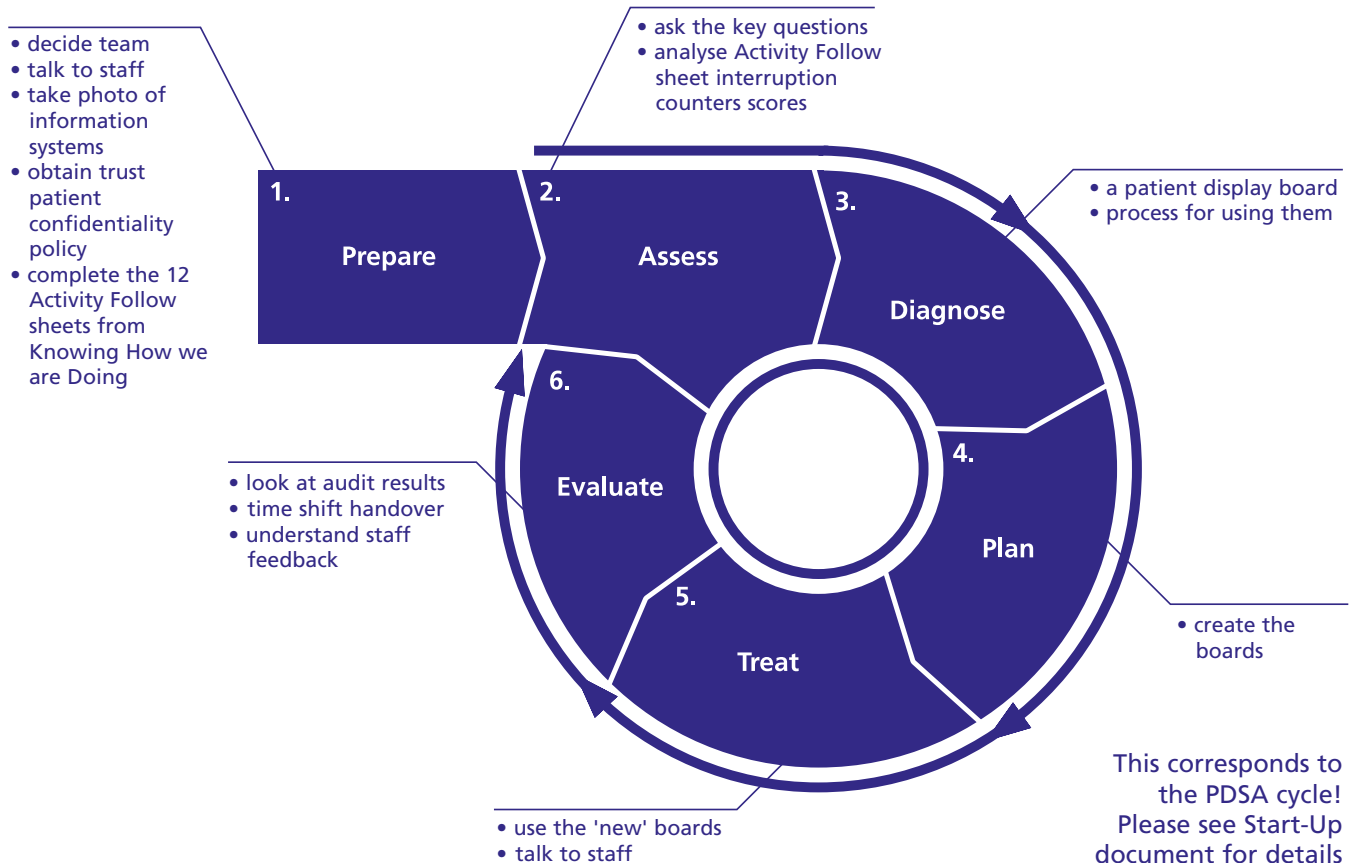
*“Having a central, clear and simple place for information stops deliberation and reduces chances of the information not being correct.”* Nurse, Productive Ward Test Site

## *What tools will I need?*

<i>Tool</i>	<i>Toolkit Reference Number</i>
Photographs	Tool No.6
Interviews	Tool No.5



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



# *Prepare*



# Prepare

**These are the things you need to have done or get ready before you start the section on Knowing How We Are Doing.**

## **Step 1: Decide who will be involved**

- 1 ward manager
- 1 ward sister
- 1 improvement leader (if there is one)
- any other staff members who use the board

## **Step 2: Talk to staff**

- what is the general feeling about display boards on the ward?
- how helpful are they?
- what kind of board would be helpful?

(Refer to Toolkit Tool 5, Interviews)

## **Step 3: Take photographs**

- try to capture all areas where patient information is kept, even if not on display (e.g. patient chart at foot of bed and ward diary)

## **Step 4: Understand your trust's policies**

- patient confidentiality
- consent

## **Step 5: Information Governance**

- find out trust priorities and strategy for information management

# Prepare Milestone Checklist

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

	Completed <input checked="" type="checkbox"/>
1. Team decided (record team members).	<input type="checkbox"/>
2. Time made available to discuss key questions with staff.	<input type="checkbox"/>
3. Photographs of current information boards and display methods taken.	<input type="checkbox"/>
4. Understand trust policy.	<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 data-bbox="1302 423 1350 468" type="checkbox"/>
2. Was the discussion open?	<input data-bbox="1302 489 1350 534" type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input data-bbox="1302 552 1350 596" type="checkbox"/>
4. Did the team remain focussed on the task?	<input data-bbox="1302 616 1350 660" type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input data-bbox="1302 678 1350 723" type="checkbox"/>



# Assess



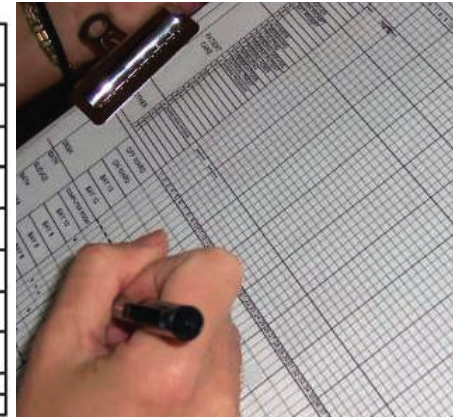
# Assess – the key questions

Are there display boards?	<ul style="list-style-type: none"><li>• display boards?</li><li>• anything else?</li></ul> <p>(If there are no patient boards, look to the next few pages for ideas)</p>
What are boards being used for?	<ul style="list-style-type: none"><li>• bed utilisation, discharge status?</li><li>• who uses the boards?</li><li>• for what purpose?</li><li>• how often are they used?</li></ul>
Where are the boards located?	<ul style="list-style-type: none"><li>• are they in a place where they can be easily seen by all staff?</li><li>• are they in a place where patient confidentiality is maintained? i.e. not seen by the public?</li></ul>
Where does the data come from?	<ul style="list-style-type: none"><li>• is the information from a patient chart?</li><li>• is the information from a lab report?</li><li>• is it verbal information?</li><li>• does it come from the nurse team?</li><li>• does it come from the medical team?</li></ul>
What do we do with the information?	<ul style="list-style-type: none"><li>• are the boards used as the basis for any formal discussion?</li><li>• are there people responsible for actions based on information on the boards?</li></ul>
Who is responsible for the information on the board?	<ul style="list-style-type: none"><li>• when is a patient first added to the boards?</li><li>• who puts information on the boards and how often?</li><li>• who checks the boards and how often?</li><li>• who checks for accuracy?</li></ul>

# Understand how we are doing now

## Information from your Activity Follow analysis

Interruption Counter		Sub Totals	Interruption Counter		Sub Totals
Interrupted by someone else			Interrupted someone else		
Interruption Type	Tally		Interruption Type	Tally	
Patient Status			Patient Status		
Advice			Advice		
Location of equipment			Location of equipment		
Location of information			Location of information		
Relatives			Relatives		
General Staff Query			General Staff Query		
Patient			Patient		
Other			Other		
Total			Total		



The Activity Follow analysis your ward carried out, in order to set up your team board during the *Knowing How We Are Doing* module, gave you the amount of direct care time your ward staff currently have.

Your Activity Follow analysis also gave you important information on the level of interruptions your staff deal with during their working day. This information was captured in the 'Interruption Counter' section of the Activity Follow sheets.

Once you have the total number of interruptions, which are automatically summarised in the Totaliser, display them on your team board. It will form the baseline for your work on Patient Status at a Glance. The number of interruptions should go down after you have implemented the module.

## *Understand how we are doing now*

Once you know how you communicate patient status now, then ask questions around particular activities related to patient status e.g. shift handover.

<b>Shift Handover</b>	<b>Discharge Management</b>	<b>Information for visiting staff</b>
<ul style="list-style-type: none"><li>• does the board help handover or slow it down?</li><li>• is the board in the right location for the handover?</li><li>• does the board include all the information needed for handover?</li></ul>	<ul style="list-style-type: none"><li>• does the board show Estimated Discharge Day (EDD)?</li><li>• does the board show the steps needed for discharge?</li></ul>	<ul style="list-style-type: none"><li>• do you know where the board is?</li><li>• does it give you the information you require?</li><li>• does it give you an overview of the basic status of the patients in the ward?</li><li>• does it tell you who is looking after particular patients?</li><li>• can you find the patient?</li><li>• do you know who is responsible for updating the board?</li></ul>

A 'good' board is an important part of shift handovers and discharge management. Please see the modules 'Shift Handover' and 'Discharge Management for additional detail.

## Assess - Milestone Checklist

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

	Completed <input checked="" type="checkbox"/>
1. Key questions asked, answers recorded.	<input type="checkbox"/>
2. Photographs viewed, comments recorded.	<input type="checkbox"/>
3. Confidentiality issues considered and how the ward will be addressing them documented.	<input type="checkbox"/>
4. Number of interruptions taken from Activity Follow sheets.	<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 data-bbox="1302 452 1350 497" type="checkbox"/>
2. Was the discussion open?	<input data-bbox="1302 516 1350 561" type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input data-bbox="1302 580 1350 624" type="checkbox"/>
4. Did the team remain focussed on the task?	<input data-bbox="1302 644 1350 688" type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input data-bbox="1302 707 1350 752" type="checkbox"/>

# *Diagnose*



# Diagnose

The next three pages detail examples of patient status boards created by wards implementing the Productive Ward.

## Consider what 'good' looks like: Ideas that have worked. Example 1

Location: Nurses' station

Main objective of the board decided by the team: making patient journey planning more visible

A 'good' board should have all the patient information needed for **both** patient handover and discharge management

Diagram illustrating a patient status board with callouts:

- Patient's location
- Patient's name
- Consultant's name
- Columns for each step in discharge are included on the board so you can see what needs to be done and when it has been completed
- Additional section for comments
- Investigations to be done - information needed at handover

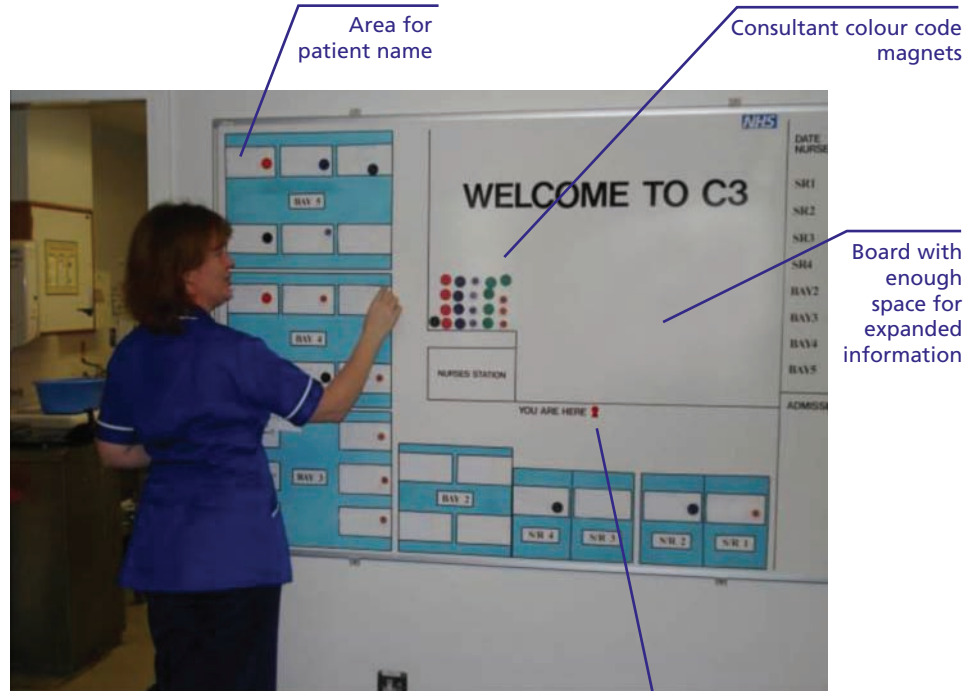


# Diagnose

Consider what 'good' looks like: Ideas that have worked. Example 2

Location: Corridor beside nurses' station

Main objective of the board decided by the team: making it easier to find patient location



Location of board on ward for visitors and visiting staff

# Diagnose

Consider what 'good' looks like: Ideas that have worked. Example 3

Location: computer room

Main objective of the board decided by the team: making patient location easier to find and making planning patient journey visible.

The board is a map of the ward so you can see the physical location of the patient

The consultants are colour-coded so you can see who is caring for which patient

The nurses on each team are listed on the board



The ward team areas are clearly marked

Magnets are used to traffic light patient status so they can be easily added and changed

# Diagnose

Consider what 'good' looks like: Ideas that have worked. Example 4

Location: Nurse Station

Main objective of the board decided by the team: making patient journey status very clear

The board is a grid with 20 rows and multiple columns. The columns are labeled with patient names and various status indicators. The rows are numbered 1 to 20. The board is filled with colored magnets (green, red, yellow, blue) and some text, representing patient status and care plans.

The board is a smaller grid with a legend on the right side. The legend includes items like 'Web being', 'No. after activity time', 'No. Episodes', 'Screening', 'Dietician visit', 'Complaints', 'EMIS', 'Discharge', 'Surgery', 'Medication', and 'EMIS'. The board is filled with colored magnets (green, red, yellow, blue) and some text, representing patient status and care plans.

Different shaped magnets replace sentences.  
Making communication instant and updating very quick.

# Diagnose

Consider what 'good' looks like: Ideas that have worked. Example 5

Location: Just outside Nurse Station

Main objective of the board decided by the team: basic patient status but adhere to trust confidentiality policy in busy through area.



Half of board (with confidential information) is covered by hinged panel

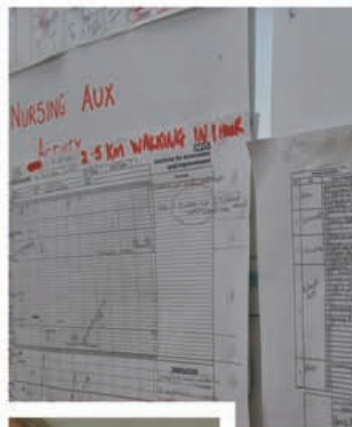
# Diagnose

*Consider what 'good' looks like: Ideas that have worked. Example 6*

Location: In main entrance to the ward

Main objective of the board decided by the team: basic visitor information so that interruptions can be reduced





# *Plan*



## Board size

The aim of any information board is to enable the transfer of information quickly. The size of the board has an impact on this. Too small and the board is very hard to read and information is cluttered. Too big and the board becomes overwhelming and it is tempting to 'over populate' with information.

Your decision on the size of board will involve factors such as the availability of space, the information you need to show and the availability of materials.

During Productive Ward testing a popular choice was the traditional 4ft by 3ft office whiteboard. This was because it allowed plenty of space, they are easy to hang, many are magnetic and with a bit of luck, you can normally find an unused one somewhere in the trust!

*Magnetic boards can also be engraved to make marking permanent for a finished look*





# Board location

Your team's decision on the location of your patient board is vital to the success of your board. You and your team should consider the following:

*Consider putting the board near the main ward phone so that it is easy to access when queries are phoned in*

- how much accessibility is required by visiting staff members?
- how much accessibility do the ward team require?
- do visitors need to see it?
- where do we have the space we need?
- where do people congregate, enter and exit the ward?
- where do we hold our handovers?

It is a good idea to involve your Nursing Director and matron in this discussion. You will need to consider very carefully the balance between accessibility of vital information for the safe running of your ward and the level of patient information that is visible to outsiders visiting the ward.

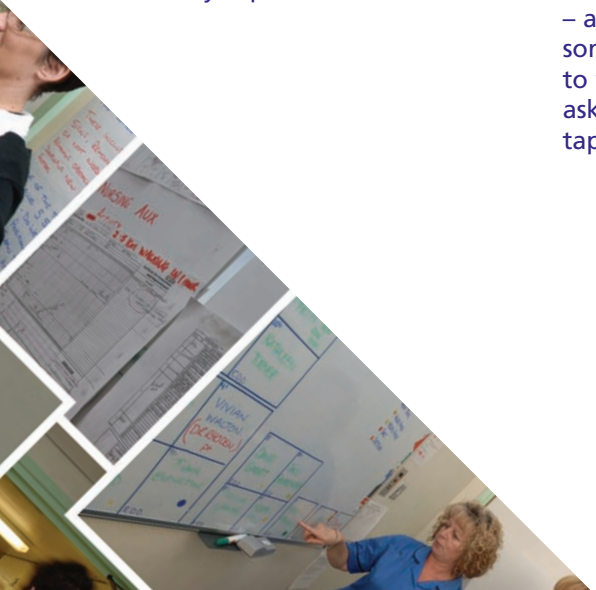


# Board materials

The creation of your board need not be an expensive exercise.

- if you have a metal backed white board then magnets are ideal as markers - magnets are available in all shapes and sizes from stationery superstores

- large stationery suppliers also stock magnetic tape which is great to help divide up areas of the board, and modify those divisions as time goes on
- coloured tape is also ideal for dividing up sections of your board – a good way of getting hold of some coloured tape is by talking to your estates department and asking for electrical 'insulation' tape



# *Agree what you want to implement*

## ***Board***

### **The board itself**

- choose the board type, location and hanging height
- consider the design of the board
- what do you want on it?
- how do you want to lay it out?

### **How to use the board**

- decide who will update the board and how to let people know this person is responsible
- decide how often the board will be updated and when e.g. before every morning handover meeting
- decide where information on the board will come from
- consider any patient confidentiality issues



## *Use a mock up first*

You should use a mock up of your new board so that you can easily alter your board design after people give feedback as they use it. It also allows people who were on holiday, or off shift, when the board was being designed to understand and influence the design of the board. This will help to engage everyone.

As you can see from the picture below, it is a good idea to also summarise the process you have gone through to design the board and the objectives you are trying to achieve. Summarise this on a flip chart and display near the board.



Prototype



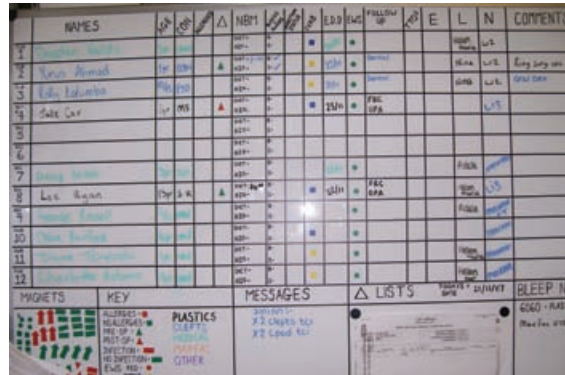
Finished board after testing



Prototype



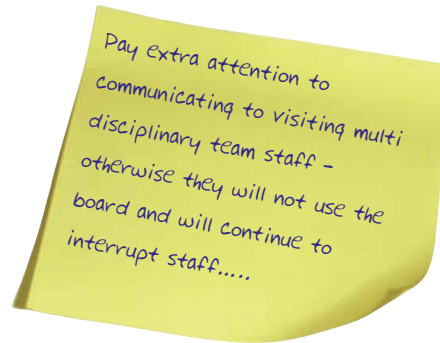
Finished board after testing



## Implement in stages

Patient boards can be used very effectively to provide a large amount of information clearly and quickly. If your ward does not currently use boards effectively then a new board can be a little overwhelming if it has a lot of different colour coding and symbols.

The trick is to start slowly and gradually implement the change and develop the board in stages. Start with something simple like patient location and then, each week, add a little more information, such as consultant, ward team, or EDD. If you do things gradually you can get a lot of information onto the board without putting people off.



*"At first we did not add the dieticians as a symbol, but it did not take them too long to ask for their own colour and symbol." Ward Sister, Productive Ward Test Site*

# Communicate, communicate and communicate some more

Despite the fact you will have developed the ideas for the new PSAG board with a team, many team members will not have been involved.

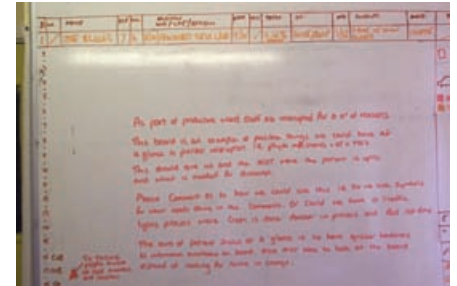
This needs much more than a memo; if possible communicate the planned changes in person. If this is not possible leave messages detailing the aims, methods and thinking behind the planned changes.

Take any feedback seriously and feed into the planned changes.

**Team working through the PSAG module and documenting the planned changes**



**Example of one type of team communication on planned changes**



## Plan - Milestone Checklist

	Completed <input checked="" type="checkbox"/>
1. Layout of the patient board and bed boards decided.	<input type="checkbox"/>
2. Responsibilities and deadlines agreed.	<input type="checkbox"/>
3. Planned implementation communicated clearly.	<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 focussed on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



*Treat*



# Test what is agreed

## What are we testing?

1. Do the changes make any difference?
2. Are staff following the changes?
3. Are the changes affecting the time the board is used for?

## Before the test starts

- determine period for the test, e.g. 'We will test the new board for one week.'
  - long enough to allow failures
  - short enough to change and retest
- inform all staff personally at handover meetings across all shifts, and also post notices in the ward

- make sure that:
  - a person(s) is responsible for completing the information on the board
  - the information is pulled from the same location

## During the test

- create an audit checklist for your board (see next page for a template) and audit it everyday during the test period
- invite visitors from your senior management team to view the board and watch its use during a shift handover
  - make sure they fill 'audits' during these visits
- get daily feedback from staff, ensure you know whether the boards are working or not

- provide a suggestion box and immediately implement any easy changes
- take "after" photos and video during the test period

**This is a good opportunity to test the impact of shift handover. Use a stopwatch to time the handover both before and during the test**



# Treat

## Audit Checklist

Decide:

- who will fill out the checklist (e.g. ward manager from another ward, matron, Director of Nursing etc)
- how often to use the checklist
- how often to discuss the checklist results

Assess both the patient board and the bed board

<b>Patient Board Checklist</b>	
<b>Date:</b> _____	Yes = 1 No = 0
Were patients on the board up to date?	<input type="checkbox"/>
Were investigations needed up to date?	<input type="checkbox"/>
Were all status indicators updated?	<input type="checkbox"/>
Was the patient board used for shift handover?	<input type="checkbox"/>
Were the bed boards up to date?	<input type="checkbox"/>

Yes or No responses are informative and quick to complete

## Treat - Milestone Checklist

Move on to 'Evaluate' only if you have completed ALL of the items on this checklist

	Completed <input checked="" type="checkbox"/>
1. Test period decided.	<input type="checkbox"/>
2. All staff informed, document in notebook.	<input type="checkbox"/>
3. When patients should be added to the board decided – record in notebook.	<input type="checkbox"/>
4. Person responsible for adding information identified.	<input type="checkbox"/>
5. Information sources identified.	<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 data-bbox="1378 463 1426 508" type="checkbox"/>
2. Was the discussion open?	<input data-bbox="1378 527 1426 572" type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input data-bbox="1378 591 1426 636" type="checkbox"/>
4. Did the team remain focussed on the task?	<input data-bbox="1378 655 1426 700" type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input data-bbox="1378 719 1426 763" type="checkbox"/>

# Assess the impact

## Collect information

- understand audit results to establish whether the test is complete
- talk to staff:
  - have changes to the board helped shift handover and patient discharge?
  - was the board updated regularly as planned?
  - was information easier to find?
  - did it save time?
  - were people clear about whose responsibility it is to update the information?

## Analyse

- decide whether the boards can still be improved and if additional training is required to make the changes work
- return to the Key Questions to determine whether any other changes can be made



## *Evaluate - Case Study from D11 Notts*

## Evaluate - Milestone Checklist

	Completed
1. Talked to staff about the new board, comments recorded.	<input type="checkbox"/>
2. Decided whether additional improvements can be made.	<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 focussed 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?

<b>Monitor and audit continually</b>	<ul style="list-style-type: none"><li>• continue to audit the board at least once a day – discuss this if required, but it should be checked weekly at minimum</li></ul>
<b>Ensure leadership attention</b>	<ul style="list-style-type: none"><li>• get the Head of Nursing or equivalent to participate in audits of the board</li><li>• ensure you (ward leader) discuss audit results with ward staff at least once a month during the weekly meeting (refer to 'Knowing How You're Doing' module)</li><li>• ensure changes made are brought to the attention of senior leadership</li></ul>
<b>Do not stop improving</b>	<ul style="list-style-type: none"><li>• encourage ward staff to continue to find newer and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about improving them continually</li><li>• standard operating procedures can be used to make sure the changes are maintained and to create a ward manual</li></ul>



# 10 Point Check List

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

<b>10 Point Check List Patient Status at a Glance</b>	<b>Status 1</b>	<b>Status 2</b>	<b>Status 3</b>	<b>Status 4</b>
The patient board is in a location central to staff				
The patient board is used in shift handovers and discharge management				
Information on the bed boards feeds easily into the patient board				
Bed boards have information helpful to the patient (e.g. consultant name, EDD)				
Patient confidentiality issues have been considered				
Staff understand where information on the board is coming from				
The frequency of updates and the person responsible is agreed				
The board is always up-to-date				
Staff can quickly understand patient status by reviewing the board				
Regular and random audits are conducted on how complete and up-to-date the board is and whether it is being used for its designated purpose				
Staff spend less time searching for information				

## *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 below. 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 achievement of outcome
What causes interruptions?	<ul style="list-style-type: none"> <li>• people looking for things</li> <li>• people looking for information</li> <li>• by making information easier to find we can reduce interruptions</li> </ul>
What is the principle of visualisation?	<ul style="list-style-type: none"> <li>• making information so easy to understand people can get information they want in three seconds</li> <li>• use symbols and pictures instead of words</li> </ul>
How should changes be communicated?	<ul style="list-style-type: none"> <li>• in person if possible</li> <li>• should include: <ul style="list-style-type: none"> <li>◦ objectives</li> <li>◦ method</li> <li>◦ reasoning behind planned changes</li> </ul> </li> </ul>
Where do audits fit into the PSAG module and how are they used?	<ul style="list-style-type: none"> <li>• ensure people are updated about the new team designed PSAG board</li> <li>• should be quick</li> <li>• based on the standard created by the team</li> <li>• never stop using audits</li> </ul>

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