

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

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WR

The Productive Ward

Ward Round

Releasing Time to Care

The Productive Ward

Ward Round

Version 3

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

Ward Round

WR

Releasing Time to Care
The Productive Ward



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Description This module will guide ward leaders, lead nurses, matrons, nursing directors and directors with responsibility for improvement through the steps necessary to: gain a thorough understanding of how well your ward is doing with its ward rounds; identify the opportunities for improvement; generate ideas to make this happen and take action to implement, monitor and evaluate your changes. This module will also help its target audience to determine the best way to improve ward rounds.	
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Introduction

The ward round is a fundamental element of delivering safe and effective patient care. It is a prime opportunity for all of the key players in a patient's care team to discuss, agree and review together the plan of assessment, treatment and discharge for the patient.

However, a poorly organised ward round can be a cause of major frustration for staff, with valuable patient time wasted looking for missing documentation and equipment or dealing with interruptions. At worst it can contribute to needless and possibly dangerous errors in communication, planning and documentation.

For the patients the ward round provides a valuable opportunity to meet key members of their care team and to gain information about their treatment and progress. Whether it is a positive or negative encounter can have a major impact on their whole experience of care.

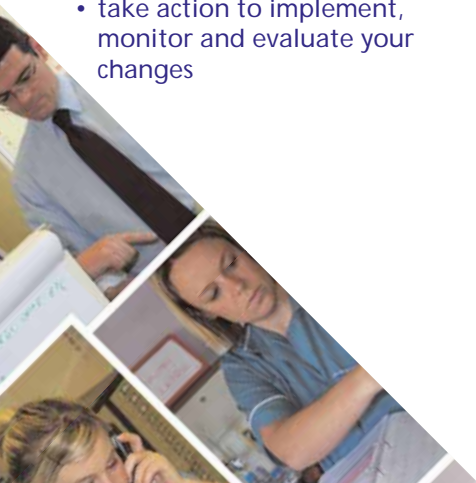
This module aims for a ward round where:

- all the necessary information is available to review the patient's progress
- each member of the care team is clear about their own role and responsibilities
- the team discusses and agrees a clear plan of assessment and treatment

- the patient (and carers) feel fully involved and able to ask questions and seek clarification
- there is a clear goal for discharge
- problems and issues can be raised by all members of the team
- the patient's confidence in their care team and their treatment increases
- opportunities for teaching are fully utilised
- the time and quality of direct interaction with the patient is maximised
- all plans, issues and decisions are clearly documented and communicated
- it is a positive experience for both the patient and the care team

This module will guide you through the steps necessary to:

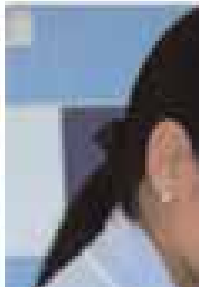
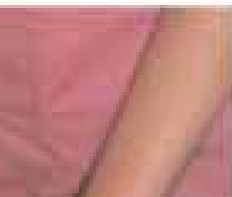
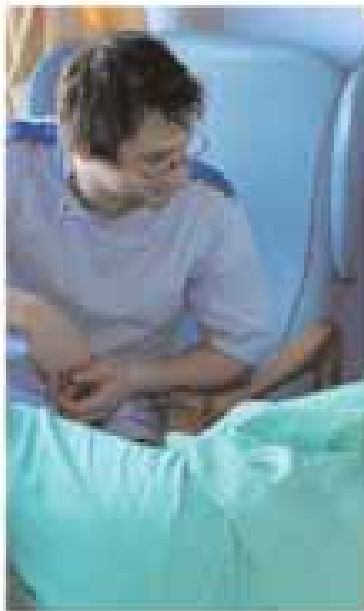
- gain a thorough understanding of how well your ward is doing with its ward rounds
- identify the opportunities for improvement
- generate ideas to make this happen and
- take action to implement, monitor and evaluate your changes

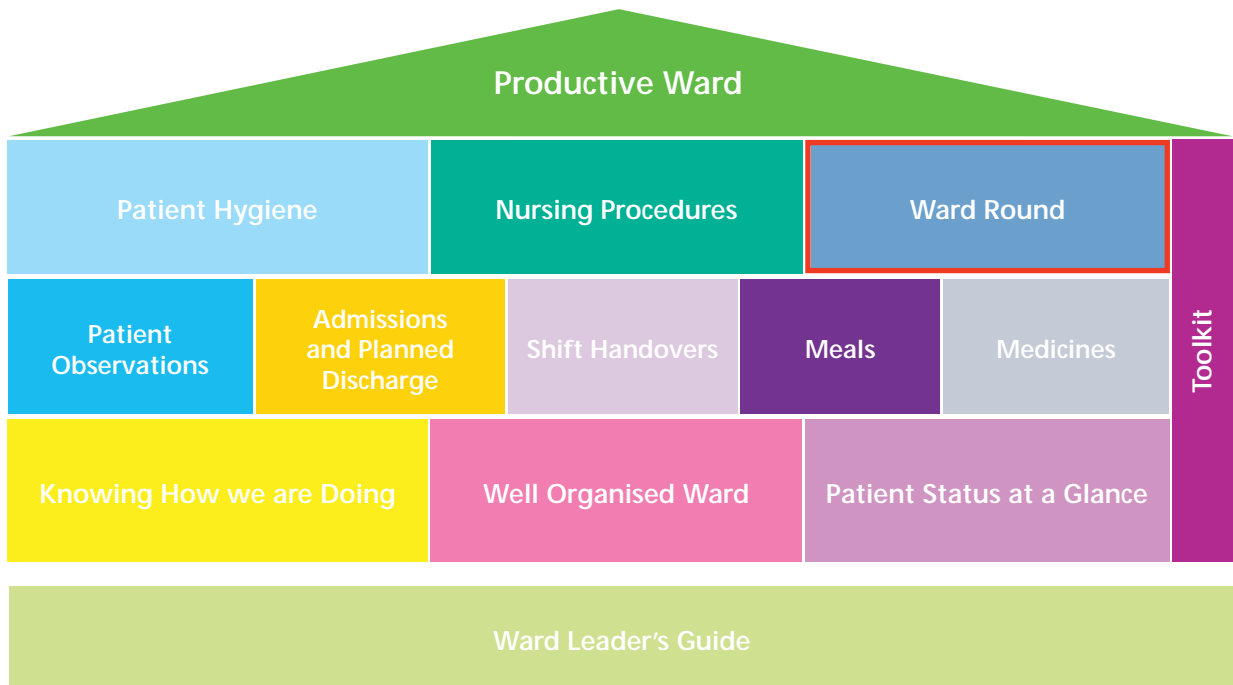




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What is the Ward Round module?

What is it?

A practical way to improve the quality and experience of ward rounds

Why do it?

To give patients safe, reliable and efficient care by:

- reducing errors and omissions in information and documentation
- improving the patient experience
- reducing wasted time and interruptions
- promoting a calmer ward atmosphere
- improving clarity of information and communication

To improve the experience for staff by:

- putting the emphasis on quality not speed
- minimising the time staff spend looking for or duplicating documentation
- maximising time for direct patient care
- reducing interruptions
- reducing wasted time and movement



What it covers

This module will help you determine the best way to improve your ward rounds:

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

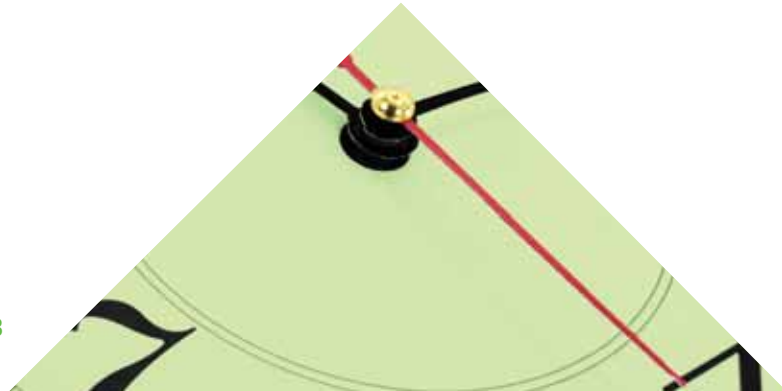
What it does not cover

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

Learning objectives:

The team will:

- understand the importance of engaging and communicating with all clinicians and management
- understand the benefit of an observation sheet
- understand the benefit of taking photographs
- understand the benefit of redesigning a regular ward process



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 Health check. See the NHS Institute website for details.

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

At the back of this booklet you will find an example module checklist template and a blank one for your use.

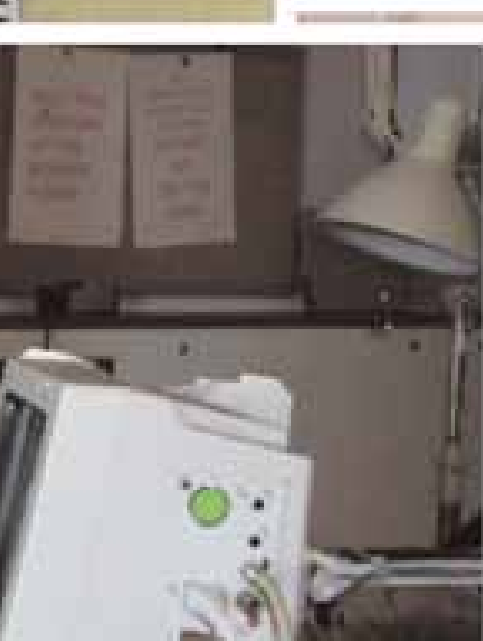
Go and assess your ward round process now!



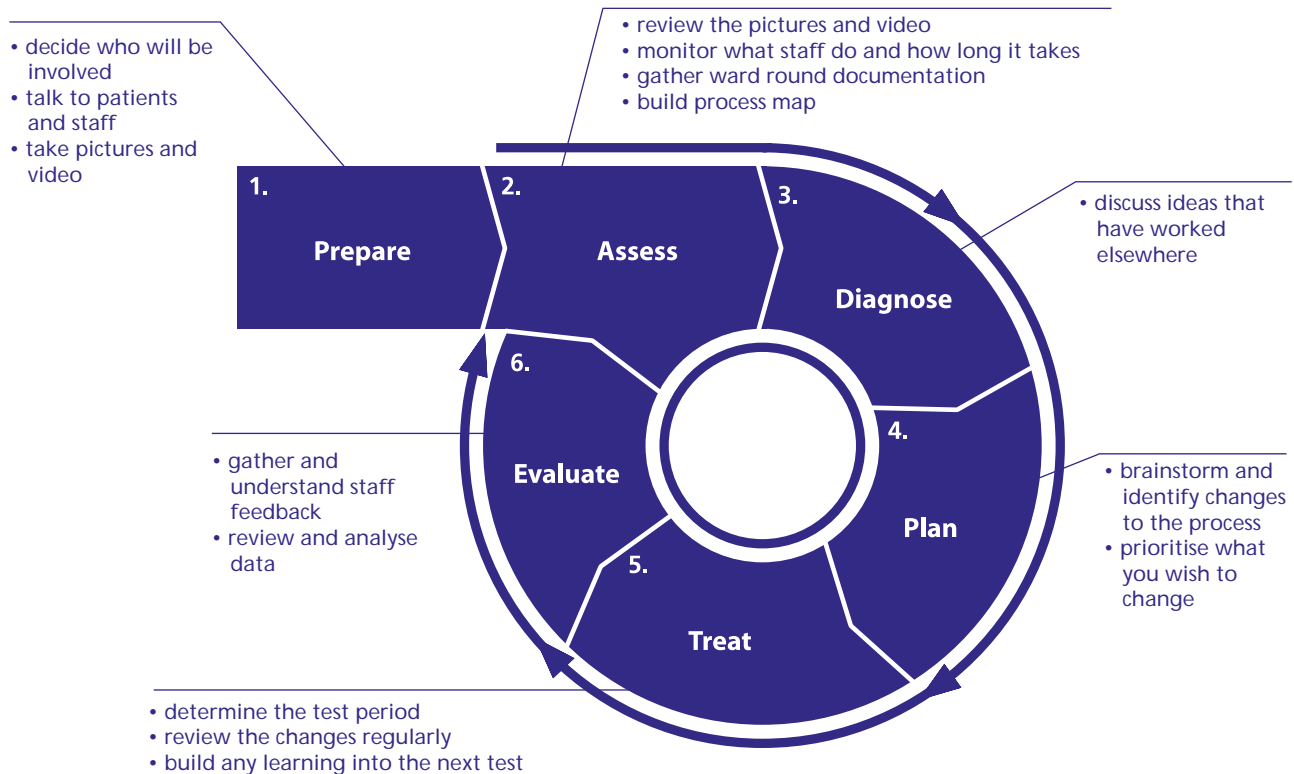
What tools will I need?



Tool	Toolkit Reference Number
Interviews	Toolkit Tool No. 5
Photographs	Toolkit Tool No. 6
Video	Toolkit Tool No. 7
Timing Processes	Toolkit Tool No. 8
Process Mapping	Toolkit Tool No. 10
Cost/Benefit Analysis	Toolkit Tool No. 11
Module Action Planner	Toolkit Tool No. 12
Spaghetti Diagram	Toolkit Tool No. 14



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



Prepare



Prepare

Step 1. Decide who will be involved:

Some people may need to take an active role at each stage of the module – this is your core team. For example:

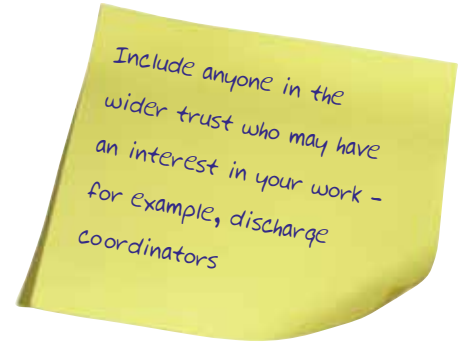
- ward leader
- senior nursing staff (junior sister, senior staff nurse)
- junior doctors assigned to ward
- consultants

In addition to your core team, as many ward staff as possible should be involved in reviewing the work and adding their comments and ideas.

Others may need to get involved at key points, such as the Action Planning stage. For example:

- modern matron
- Assistant Director Nursing (senior stakeholder)
- discharge coordinator
- other health care professionals (e.g. physiotherapist, occupational therapist)
- pharmacy staff
- improvement facilitator

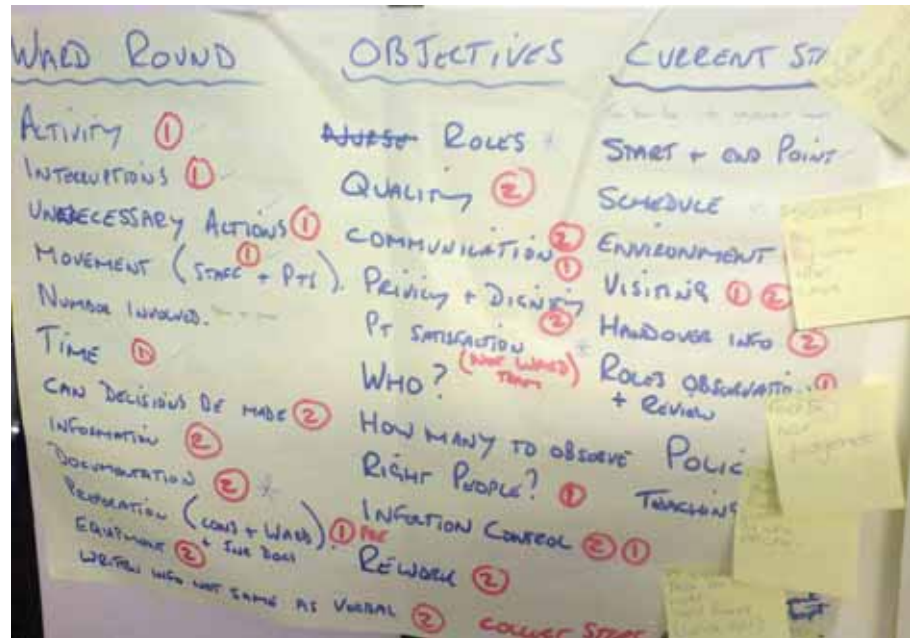
Whatever their level of involvement, all your stakeholders need to be briefed on the aims of the work you are about to commence.





Step 2. Brainstorm what you want to find out:

- gather the team and as many ward staff as possible together
- brainstorm all the issues that you need to understand about the current state of ward rounds in your area
- list them all on a flipchart headed 'Ward Round Objectives – Current State'





Step 3. Develop a Ward Round Observation Sheet:

- use your flipchart of issues to develop a specific Ward Round Observation Sheet to support observation of the ward round
- examples of what this may contain include:
 - who is involved in the ward round
 - timing ward round preparation activities
 - mapping movement around the ward
 - counting number and nature of interruptions to the ward round

- infection control observations
- Ward Round Checklist (see below)

Ward Round Checklist

A checklist will help to observe and note specific steps within the process. Again, your Ward Round Objectives flipchart will help you identify what the list should contain.

A checklist could include, for example:

- was the patient available?
- was any necessary equipment available?
- was the patient examined?

- were infection control procedures adhered to?
- was a plan of care agreed?
- was length of stay predicted?
- was communication between team members appropriate?
- were teaching opportunities utilised?
- were there any decisions that were not made?
- was the patient's privacy and dignity respected?

Step 4. Film the ward round:

Use Toolkit Tool No. 7 (Video)

- agree with the team (and particularly the consultants) what you will video. You will need to be aware of patient confidentiality in terms of what is captured on film
- make sure everyone on the ward round is fully briefed on what you are doing
- follow at least one ward round filming what you have agreed
- consider filming 2-3 if there are significant differences in the way in which different consultants carry out their ward rounds



• because of patient confidentiality issues, you are unlikely to be able to film the ward round in enough detail

• having other team members observing and using your Ward Round Observation Sheet will help capture the detail you need to map the current state





Step 5. Observe the ward round using your Ward Round Observation Sheet:

At the same time as videoing, use two other team members to observe the ward round. Allocate different roles to each. For example:

Person 1:

- follow and observe the consultant
- map their movement to each patient on the ward (using spaghetti diagrams – Toolkit Tool No. 14)
- complete the ward round checklist

Person 2:

- follow and observe the other members of the ward round
- list and time ward round preparation activities (Toolkit Tool No. 8)
- map their movement around the ward for non-patient tasks (e.g. finding missing notes or other records)
- track interruptions to the ward round:
 - number of interruptions
 - reason for interruption / who by
- observe infection control measures

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



Step 6. Take photographs:

Use Toolkit Tool No. 6 (Photos)

Take plenty of photographs to get an overview of everything you are currently doing relating to ward rounds.

Include:

- a series of photographs showing the ward round in action
- any ward round related paperwork
- the environment around the patient bed

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

- spaghetti diagrams of movement around the ward
- staff and patient feedback
- themes from any complaints and incidents





Step 7. Talk to staff:

Use Toolkit Tool No. 5 (Interviews)

Your objective is to get general feedback from staff involved in ward rounds.

- what works well?
- what causes problems and frustrations?
- where do incidents/complaints occur?
- what would they like to do differently?

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

To get round this, follow Toolkit Tool No. 5's interview guidance and also consider the following method to get staff views:

- a) Give each team member some blank post-its and asking them to write down:
 - two positive things about the current ward round process – *things they want to keep or build on*
 - two things that most frustrate them about ward rounds – *things they want to change*
- b) Put up some flipchart paper and ask staff to stick up their post-its. This will help to quickly build an overall picture of feedback that will stimulate others to add their own.



Step 8. Talk to patients:

Use Toolkit Tool No. 5 (Interviews)

Keep things simple and think of four or five good questions to put to patients. Be specific and ask questions that will get to what you want to know.

For example:

- did they feel included in the ward round?
- was their planned treatment explained?
- did they feel able to ask questions?

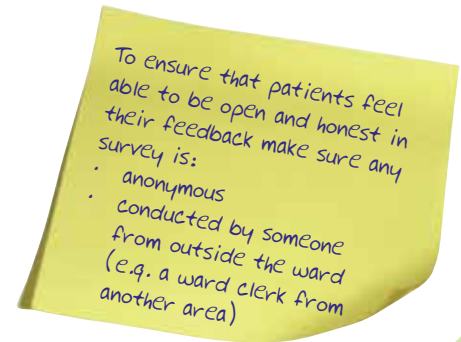
Use the 'Open Questions' guidance in Toolkit Tool No. 5 to also construct questions around the patient's general experience of the ward round.

For example:

- how did they feel during the ward round?
- are there ways in which the process could be improved?

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

- talking to any family members who are present at the ward round
- talking to PALS (Patient Advice and Liaison Services) representatives about any issues that have been brought to them relating to ward rounds



Step 9. Gather information from incident reports:

- obtain the last 50 incident reports

Step 10. Gather information from patient complaints:

- look back over the past 12 months and identify any complaints relating to ward rounds

Step 11. Look at your trust patient survey results:

Step 12. Obtain your trust policy or guidelines:

- Obtain the trust's policy on ward rounds and predicted discharge

Step 13. Gather all documentation relating to the admission process:

This should include:

- ward round documentation
- nursing notes



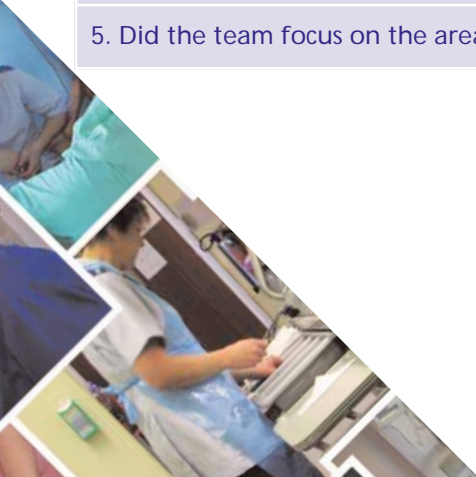
Prepare – Milestone Checklist

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

	Completed	<input checked="" type="checkbox"/>
1. Decide who will be involved.	<input type="checkbox"/>	
2. Develop a Ward Round Observation Sheet and Checklist.	<input type="checkbox"/>	
3. Video the process.	<input type="checkbox"/>	
4. Complete your Ward Round Observation Sheet.	<input type="checkbox"/>	
5. Take photographs.	<input type="checkbox"/>	
6. Talk to staff.	<input type="checkbox"/>	
7. Talk to patients and carers.	<input type="checkbox"/>	
8. Gather information from patient complaints.	<input type="checkbox"/>	
9. Gather information from incident reports.	<input type="checkbox"/>	
10. Look at trust patient survey results.	<input type="checkbox"/>	
11. Obtain trust policy or guidelines.	<input type="checkbox"/>	
12. Gather all documentation relating to the ward round.	<input type="checkbox"/>	

Make sure staff working all shifts are aware of progress – discuss this as part of your 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 on individuals?	<input type="checkbox"/>



Assess



Assess: *What do we do now?*

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

Your analysis should enable you to identify:

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

Quick overview:

- review all the information and data gathered
- understand the feedback
- watch the video
- map the current process

Review all the information gathered

Bring together all the information you have gathered on your ward rounds during the 'Prepare' stage. This will include film, photos, observation sheets, feedback from staff and patients as well as trust policies, complaints and incident reports, and all documentation relating to the ward round.



- display information where the team can see it
- arrange a time when the team can come together to review and understand the information

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

Step 1. Understand feedback from patients and staff:

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

- make sure everyone has had a chance to see and reflect on the feedback gathered
- summarise key themes from staff, patient and family comments
- use these to add insight into your Current State map (see step 4)





Step 2. Look at incidents and errors relating to ward rounds:

a) Understand the numbers involved (use Toolkit Tool No. 9)

1. From the last 50 incidents:

- identify any that relate to ward rounds
- estimate the numbers over a week (e.g. if there were 2 ward round related incidents over the last month, this equates to roughly one every two weeks)

2. Speak to staff to:

- understand the 'errors' or near misses which may not be reported
- try to estimate the number per week

3. Add the two figures (reported incidents plus 'near misses'). This is your error rate 'before' the changes you are going to put in place.

b) Are there any trends or themes?

c) Identify issues (e.g. with documentation, communication) that need to be addressed

Step 3. Review any complaints received relating to the ward round:

- are there any trends or themes?
- identify key issues for patients – e.g. clarity of information, feeling unable to ask questions about treatment and discharge plans





Step 4. Discuss your trust policy on ward rounds:

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

Step 5. Check accuracy of ward round documentation and communication:

- a) Review patient and nursing notes after the ward round to ensure accuracy and completeness of documentation.

In particular check:

- is the plan of care documented?
- is there a predicted date of discharge?

b) Allocate a team member to sit in on the nurse hand over

- does the verbal information given match what is documented in the notes?

Step 6. Map your current ward round procedure:

Your Ward Round Observation Sheets and your video will be crucial in helping you to understand and map the process you are trying to improve.

As a team:

- a) Watch the video of your ward round (seek guidance from Toolkit Tool No. 7)

While you watch, get the team to think about the following and note important points on post-its:

- the sequence in which things happen
- are staff following a standard procedure?
- or does everyone do things differently?
- what good *and* bad practice can they see?
- are there any particular concerns?

- b) Review all the information gathered on your Observation Sheet:
- ward round preparation activities and timings
 - spaghetti diagrams of movements by consultant and other team members
 - nature and number of interruptions
 - infection control observations
 - ward round checklist information
- c) Using the information from your video and observations, create a Current State Process Map of your ward round. (Refer to the guidance in Toolkit Tool No. 10).





Step 7. Populate your map:

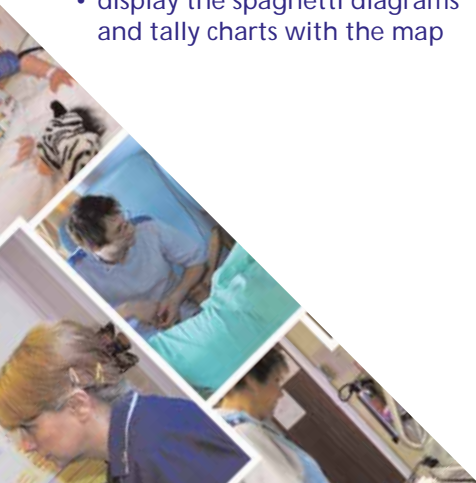
- add staff and patients' feedback to the relevant steps on your process map
- look over your photographs – add to the relevant steps on the map
- review your activity timings - add them into the map
- display the spaghetti diagrams and tally charts with the map



• display the Current State Process Map in a prominent area

• encourage all staff who did not take part in the mapping session to review the map and add their comments

• further amend the map if required. Do this over course of a week and before moving on to future state mapping



Assess – Milestone Checklist

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

	Completed <input checked="" type="checkbox"/>
1. Understand feedback from patients and staff.	<input type="checkbox"/>
2. Understand incidents and errors.	<input type="checkbox"/>
3. Review any complaints received.	<input type="checkbox"/>
4. Discuss your trust policy.	<input type="checkbox"/>
5. Review all current documentation.	<input type="checkbox"/>
6. Watch video and review ward round observations.	<input type="checkbox"/>
7. Map current state.	<input type="checkbox"/>
8. Add photographs, diagrams and feedback information to map.	<input type="checkbox"/>

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

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



Diagnose

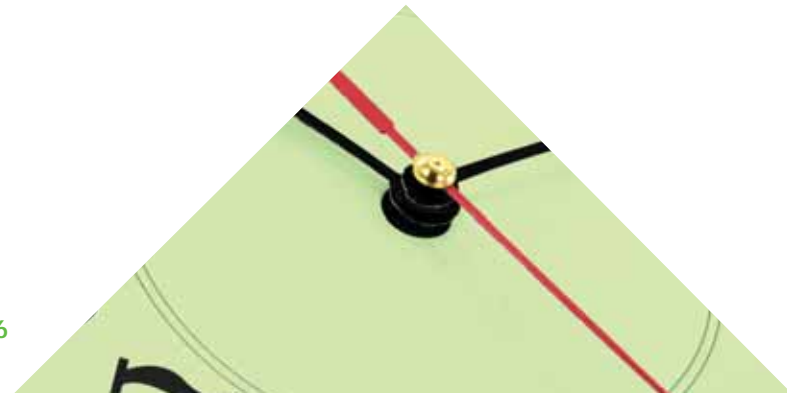



Diagnose: What does good look like?

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

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

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





Ideas that have worked - Example 1:

Improve preparation for the ward round

Sorting out what needs to be prepared before the ward round commences can drastically reduce the amount of time wasted on non-patient activities during the ward round.

One ward identified a checklist of activities that needed to take place before each ward round, including:

- ensure that all notes and documentation are ready, available and up to date for each patient
- prepare any equipment which may be needed

- agree which nurse(s) will attend the ward round, based on who is most familiar with the patient
- communicate any clinical changes to the patient overnight either by:
 - a direct handover from night staff to the nurse attending the ward round or
 - a member of the night staff staying on for the ward round

The team also agreed a change in time to the start of the ward round in order to ensure that all preparation activities could be completed before it commenced.

Ideas that have worked - Example 2:

Change patient allocation to reduce wasted movement and time

On one hospital ward, the consultants realised that they were wasting a lot of time during ward rounds going to and fro to see patients who were scattered across different parts of the ward.

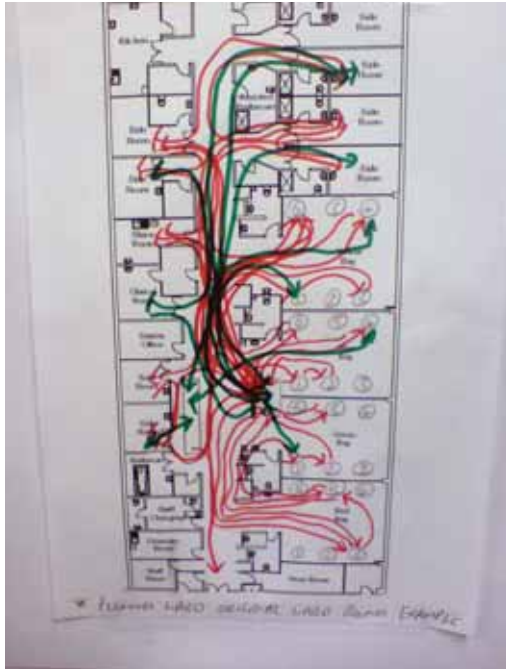
The team gathered data to illustrate this by:

- a) mapping the movement across the ward during ward rounds (using spaghetti diagrams – Toolkit Tool No. 14)
- b) timing the amount of time spent walking to and fro (timing processes – Toolkit Tool No. 8)

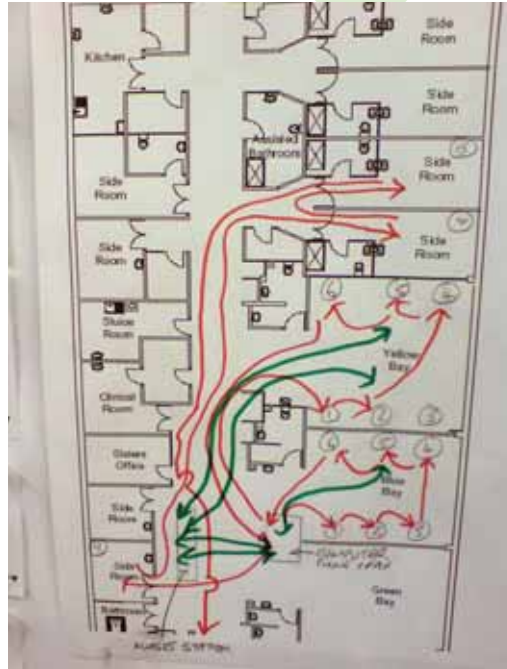
After brainstorming a number of possible solutions, the team tested a change in how patients were allocated to the two consultants.

Allocating all female patients to one consultant and all male patients to the other has:

- enabled each consultant to focus on one patient bay each
- produced a 70% reduction in the amount of movement around the ward during ward rounds
- reduced time wasted on non-patient contact during ward rounds
- freed up more time to spend with each patient



Spaghetti Diagram of consultant movement around the ward BEFORE the change



Consultant movement around the ward AFTER the change



Ideas that have worked - Example 3:

Protect the ward round to reduce interruptions

Interruptions during the ward round can be a great cause of staff frustration and can waste time as well as having a negative effect on the patient experience. At worst, they can contribute to needless errors in treatment planning and documentation.

Most interruptions occur through:

- bleeps going off
- staff from other wards or departments wanting time with the patient or team
- the needs of other patients on the ward

- other departments carrying out their ward processes at the same time

One ward has tested three key ideas that have drastically decreased the number of interruptions to their ward rounds:

- 1) All members of the ward round team hand over their bleeps to Reception at the start of the ward round. Any incoming calls during this time are answered by the receptionist.
- 2) A separate nurse is allocated to 'guard' the ward round. His/her role is to deal with any queries or needs from other patients,

relatives or staff who come onto the ward and to therefore pre-empt interruptions.

- 3) Introducing 'protected time' for each ward round, ensuring that other ward processes, such as medication rounds and meal rounds do not coincide with this.

The other benefits of these changes include:

- reduced staff frustration
- increased focus on the ward round and individual patients
- reduction in wasted time
- improved patient experience of the ward round



Diagnose – Milestone Checklist

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

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

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 on individuals?	<input type="checkbox"/>



Plan



Plan

You have already process mapped your current state and discussed what an ideal ward round might look like for your ward.

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

Look back at the issues you raised on your Current State Map and make sure that you address any of these in your future State Map

If you have many consultants linked to your ward, it is unlikely that you will be able to involve and gain agreement from all of them. To help deal with this:

- pick obvious champions and enthusiasts to plan and test a new ward round process in the first instance

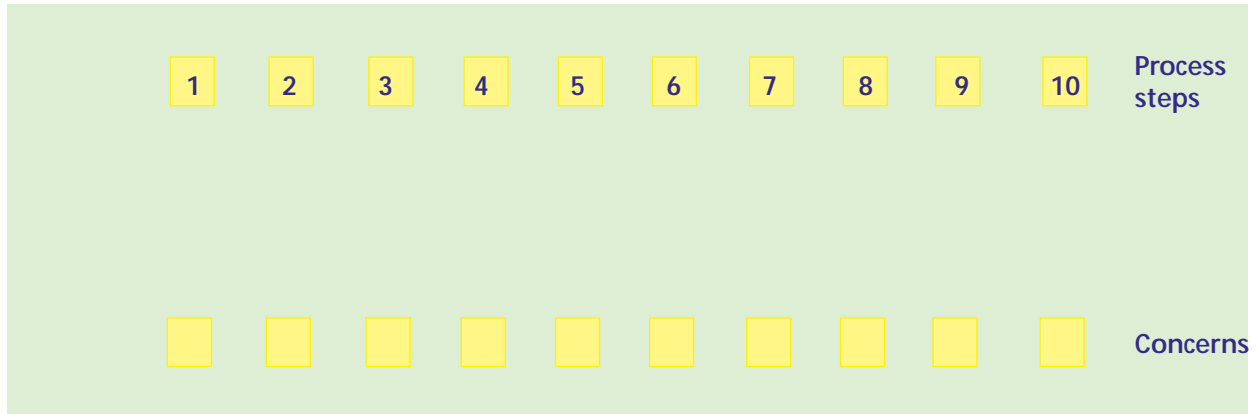
- communicate the aim of trying to improve the patient experience
- develop "simple rules" that all consultants can apply to their ward rounds without having to completely change their style
- make sure that positive improvements as a result of any changes are communicated widely

Step 1. Create your 'new design'

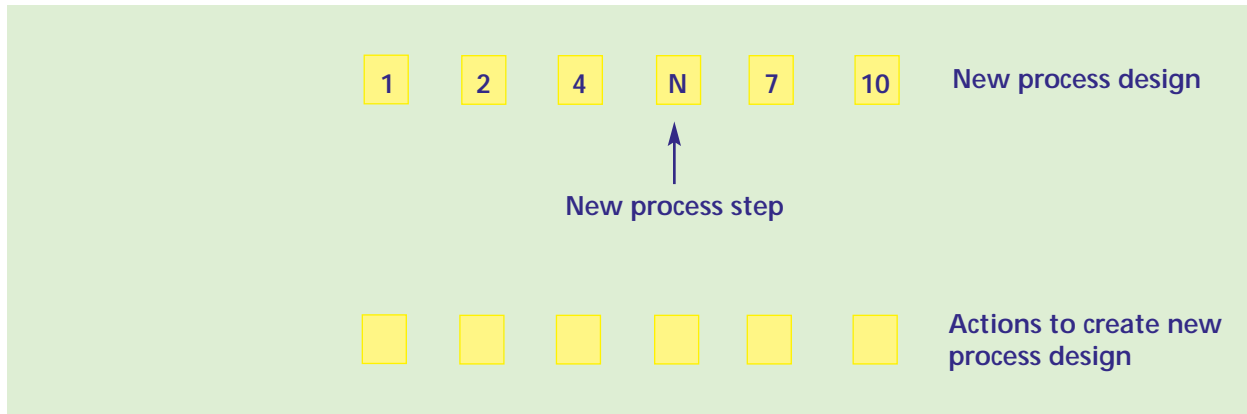
Use your team's expertise, discussion around the 'ideas that have worked', examples and the information on your current state map to generate your new design for the ward round.

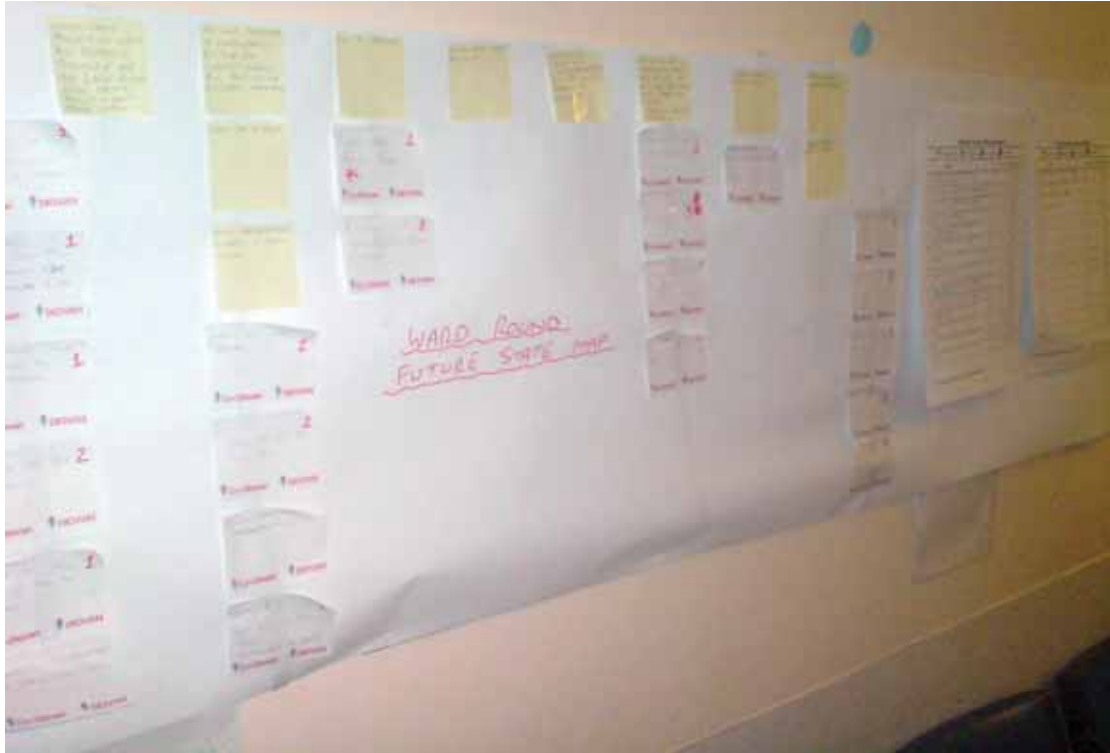
Develop a future state process map using guidance from Toolkit Tool No. 10.

Current State:



Future State:





Step 2. Agree the changes

As well as agreeing as a team what changes you want to implement, you may need to gain wider agreement from other stakeholders, particularly where your change ideas will have an impact outside the ward.

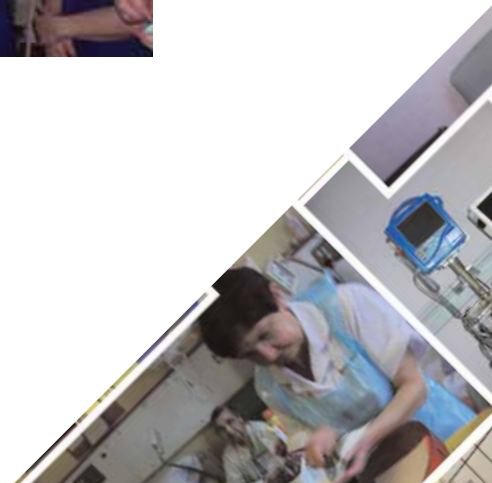
Think about whether you need to consult and involve, for example:

- other senior and junior medical staff
- physio and occupational therapists
- Patient Advice and Liaison (PALS)
- medical director



Involving others will help to:

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



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

Use the Cost Benefit/Analysis framework (Toolkit Tool No. 11) and the Module Action Planner (Toolkit Tool No. 12) to create an implementation plan for your new ward round processes:

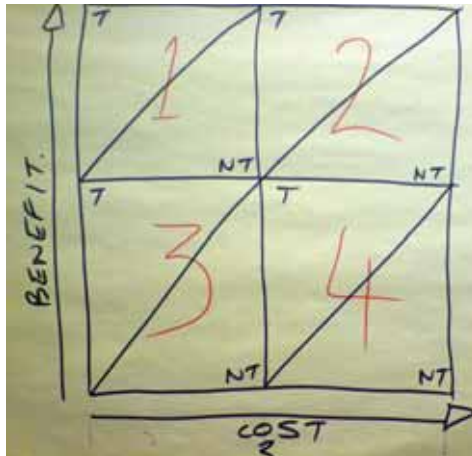
1) Review the actions captured on post-it notes from your Future Map and write each one in the activity section of the planner.

- 2) Use the Cost/Benefit analysis tool to identify what can realistically be taken forward in the next few weeks and months.
- 3) Identify who will take responsibility for completing the action. This should be completed as a team.
- 4) Add the times for completion onto the planner. These must be realistic and set by the individual responsible for taking forward the action.
- 5) Review the progress with the team on a weekly basis.

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

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

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



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

	Action	Who	When
1	AGREE FORMAL START TIME (DATE + TIME)	ENV	1/13
2	SUPPLATE MAPS AVAILABLE TO MOST OF WARD BOARD FOR INTRODUCTION WORK	ENV	1/13
3	DISCUSS WITH COORDINATOR TO IDENTIFY + CHECK NOTES ARE AVAILABLE	JANE	1/13
4	DISCUSS WITH COORDINATOR TO SET ALL WARD BOARD TERMS	JANE	1/13
5	FINAL PREPARATION REQUIRED FOR SIGNAGE DESIGN	ENV + ENV	1/13
6	AGREE PREPARATION REQUIRED FOR WARD	ENV	1/13
7	ENDORSE FOR PREPARATION TO BE MADE	ENV	1/13
8	IDENTIFY + FIND SOLUTIONS TO PROBLEMS	ENV	1/13
9	LET SIGNAGE DESIGNER OF WARD TO START DESIGN AFTER BOARD + ACTION PLAN IDENTIFIED	ENV	1/10
10	GRIP TO SET + HELP SIGN TO POLICE OF WARD BOARD TERMS	ENV	1/13
11	IDENTIFY + WRITE ROLES + RESPONSIBILITIES	ENV + ENV	1/10
12	CREATE CHARTERS FOR WARD	TIM	1/12
13	IMPLEMENT A SCHEDULE FOR ENV	ENV + ENV	1/12
14	INVESTIGATE SPEED OF TACS	TIM + ENV	1/12

Create a 'standard operating procedure'

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

It is important to summarise these new working practices in a 'standard operating procedure'. You can capture this on a flip chart sheet or as an A4 document.

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



Plan – Milestone Checklist

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

	Completed <input checked="" type="checkbox"/>
1. Consider examples of ideas that have worked.	<input type="checkbox"/>
2. Consider the results of the 'Assess' section.	<input type="checkbox"/>
3. Create your 'Future State' process map.	<input type="checkbox"/>
4. Develop a prioritised schedule on the Module Action Planner.	<input type="checkbox"/>
5. Create a 'standard operating procedure' for the new process.	<input type="checkbox"/>

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

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	<input data-bbox="1289 404 1337 449" type="checkbox"/>
2. Was the discussion open?	<input data-bbox="1289 468 1337 512" type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input data-bbox="1289 532 1337 576" type="checkbox"/>
4. Did the team remain focussed on the task?	<input data-bbox="1289 595 1337 640" type="checkbox"/>
5. Did the team focus on the area / process, not on individuals?	<input data-bbox="1289 659 1337 704" type="checkbox"/>



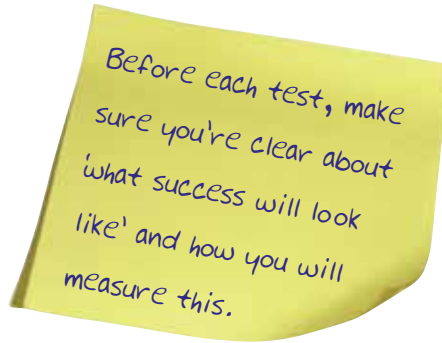
Treat



Treat

In this phase, you are not implementing the entire new process, but rather testing out several smaller changes. Some will take longer than others to achieve (for example, if they involve new equipment or a new layout for the ward).

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





What sort of tests can we do?

Consider:

a) Audits and surveys (before and after the change)

For example:

- how do patients feel about their ward round visit?
- are staff sticking to the new process?
- is there an improvement in staff experience?
- Have we improved documentation and communication?

b) Observation (watch, take photos, use observation sheets etc.)

For example:

- does the process feel calmer and more organised?

- have we reduced the number of interruptions to ward rounds?
- is the environment around the bed less cluttered?

c) Spaghetti diagrams (before and after the change):

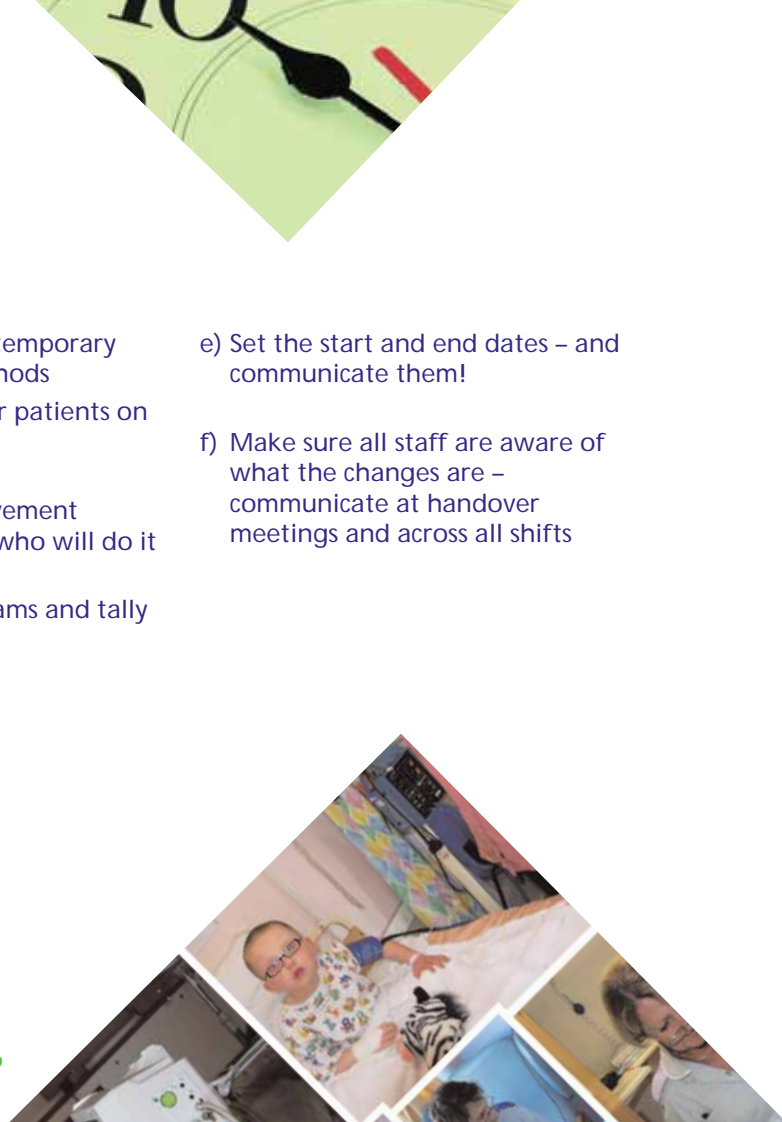
- have we reduced the amount of wasted movement around the ward?

d) Time checks:

- have we increased direct patient time?
- have we decreased time wasted on other things (e.g. looking for missing notes)?

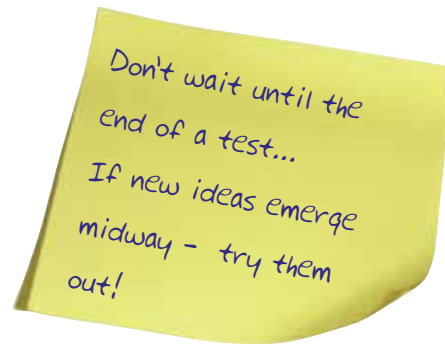
Before the test starts:

- a) Identify what 'success' will be for the test and how you will measure it
- b) Determine the period for the test
 - long enough to allow failures
 - short enough to change and retest
- c) Identify additional temporary data collection methods
 - e.g. 4-5 questions for patients on the ward
- d) Agree the time/movement collection method, who will do it and when
 - e.g. Spaghetti diagrams and tally sheets
- e) Set the start and end dates – and communicate them!
- f) Make sure all staff are aware of what the changes are – communicate at handover meetings and across all shifts



During the test:

- a) Get daily feedback from staff and patients on how they feel the new process or a specific change is working
- b) Take 'after' photos and film during the test period
- c) Use the Toolkit guidance for your chosen time/movement collection method
- d) Invite members of senior management and other wards to observe the new process and give their suggestions and comments




Treat – Milestone Checklist

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

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

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



Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	<input data-bbox="1374 400 1422 445" type="checkbox"/>
2. Was the discussion open?	<input data-bbox="1374 462 1422 507" type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input data-bbox="1374 518 1422 563" type="checkbox"/>
4. Did the team remain focussed on the task?	<input data-bbox="1374 574 1422 619" type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input data-bbox="1374 630 1422 675" type="checkbox"/>



Evaluate



Evaluate

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

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

Step 1. Collect Information:

You will need to gather:

- information from a documentation checklist such as:
 - completeness of ward round documentation
 - predicted date of discharge given and recorded
 - treatment plan documented and updated
- observational data such as:
 - timings
 - tally of interruptions
 - movements round the ward (spaghetti diagrams)
 - verbal handover information matches what is documented in notes
- patient and staff feedback
 - use patient surveys or questionnaires to assess whether patients feel their overall experience has improved
 - talk to staff to get their views on how the new ward round is working

Step 2. Analyse Information and Data:

- plot numerical data (e.g. number of interruptions, time spent on non-patient activities) on Run Charts to give a visual picture of what is happening

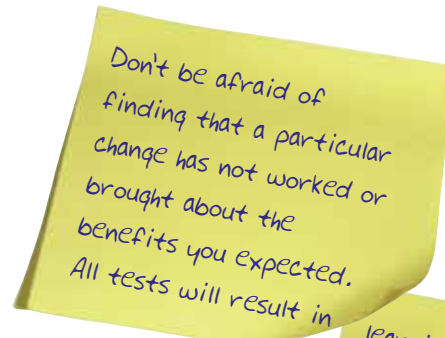
(Refer to the Knowing How we are Doing module for tips on how to discuss results)

- identify trends and themes in staff and patient feedback
 - have the changes dealt with the key issues raised in the 'Assess' stage?

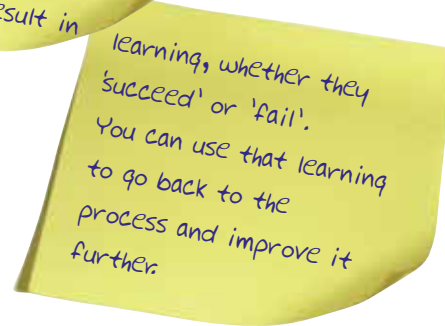
- evaluate your outcomes:
 - has there been a significant improvement - in communication, patient and staff experience, documentation?
 - has there been a discernible drop in the number of interruptions to the ward round?
 - has unnecessary movement and non-patient time reduced?
 - is the environment around the patient bed less cluttered?
 - are patients benefiting as expected?
- are there unforeseen benefits?
- are staff positive and engaged in the new process?
- what are the opportunities for further improvements?



Key Question: Did the changes make an improvement?



Don't be afraid of finding that a particular change has not worked or brought about the benefits you expected. All tests will result in



learning, whether they 'succeed' or 'fail'. You can use that learning to go back to the process and improve it further.

Step 3. Communicate success:

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

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

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

Promote your successes and learning through:

- wall displays in prominent areas
- newsletters

- emails to the team and key stakeholders
- presentations and sharing events
- invitations to visit and observe the ward



Evaluate – Milestone Checklist

	Completed <input checked="" type="checkbox"/>
1. Seek out and review data on the ward round.	<input type="checkbox"/>
2. Talk to staff, patients and relatives about the new ward round. Record and share comments.	<input type="checkbox"/>
3. Look at 'before' and 'after' process steps.	<input type="checkbox"/>
4. Communicate success!	<input type="checkbox"/>

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

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

How can I make it stick?

Monitor and audit continually	<ul style="list-style-type: none">• continue to monitor the process• get team members to do spot checks• put a review date on standard operating procedures – name someone as responsible for making sure this happens• conduct a process audit once a month (at least) – to ensure basic changes made are being followed
Training and education	<ul style="list-style-type: none">• a simple list of ALL ward staff – get them to sign their name against this once they have read and understood the new work processes• make sure new standard procedures are clearly displayed and physically pointed out for any new staff or bank/agency personnel
Ensure leadership attention	<ul style="list-style-type: none">• ask modern matron or equivalent to carry out the monthly process audit• ensure you (ward leader) discuss audit results with ward staff at least once a month (even if for five minutes in a 20-minute catch-up meeting)• ensure changes made and improvements achieved are brought to the attention of senior leadership
Link improvements to efforts	<ul style="list-style-type: none">• make sure the team realise that improvements are a result of their hard work
Do not stop improving	<ul style="list-style-type: none">• encourage ward staff to continue to find new and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about continually improving the process

Have we met the learning objectives?

4 learning objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid opposite. Ask the questions in the 1st column and make an assessment against the answer guidelines in the 2nd column.

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met
- note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time

Remember: the results of this assessment are for use in implementing this module and are not in any way a reflection on staff aptitude or performance.



Question (ask the team member)	Answers for outcome achieved
Describe the importance of engaging all the team	<ul style="list-style-type: none"> • ensures there are no surprises for any members of the team • gain support and co-operation • provides opportunities to get insights, experiences and ideas from all members of the team
Describe the benefits of observation sheets	<ul style="list-style-type: none"> • consider in advance what we want to look for • helps focus on facts not opinions • consistently capture relevant detail • helps identify key areas for action
Describe the benefits of taking photographs	<ul style="list-style-type: none"> • provides a record of how things were 'before' • can be used in meetings when assessing current state • can be used in communications, presentations, meetings • helps staff to really see how things are (in addition to videos, interviews etc.) • more powerful than written words • can act as a powerful reminder of standards (e.g. a picture of a well set up ward round trolley)
Describe the benefits of redesigning a regular ward process	<ul style="list-style-type: none"> • challenges habitual ways of doing things that may not be supporting good care • organises the work to achieve the desired outcome • improves reliability and quality of care • reduces stress for all staff as roles and processes are defined

10 Point Check List

Example:

	Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks
<p>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.</p> <p>You should continue to monitor monthly.</p>	Red	Green	Green	Green
	Red	Red	Red	Green
	Green	Green	Red	Green
	Red	Green	Green	Green
	Red	Red	Green	Green
	Green	Green	Green	Green
	Red	Red	Green	Green
	Green	Green	Green	Green
	Red	Green	Green	Green
	Red	Green	Green	Green

13 (not 10!) Point Check List Ward Round	Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks
The purpose of each ward round is clear and specified to all (e.g. consultant ward round, junior doctor ward round & MDT ward round).				
Given the purpose, the right people are present at every ward round.				
All information required for ward round is prepared and ready to go (e.g. case notes, charts, blood results, x-rays results, dates when these are booked).				
Start time and date of ward round agreed by all in advance.				
Patient/relatives feel involved in ward round (e.g. invited to ask questions) - evidence to demonstrate this.				
All staff aware of post ward round tasks and priority - allocated time given for these.				
Estimated date of discharge is discussed, agreed and recorded on ward round - patient made aware.				
All team members are able to discuss problems regarding patient care during the ward round.				
All issues and plans are clearly documented.				
Ward round always starts with the most unwell patients.				
All relevant patients are seen (no patients are missed) - this is documented.				
Staff go back to patients after ward round within agreed timescale where clarification or assurance is required.				
Confidentiality and dignity are upheld at all times during ward round.				

