Implementing three foundation Productive Ward modules resulted in increased time for care, reduced infection rates and decreases in non-pay expenditure.
Patient Status at a Glance aims to make information on a patient’s status clear to those who need it using visual tools. The aims were to provide up-to-date information that could be interpreted at a glance and used effectively.

We held two workshops with a company called CY Health and ward leaders to pilot SMART board technology to develop the Patient Status at a Glance boards. This is being piloted on the four fast-track wards with a view to interfacing it to the trust patient administration system. The aim is to visually display patients’ journeys and reduce the number of times staff are interrupted – thus releasing time to care.

**SUPPLY CHAIN TO THE WELL ORGANISED WARD**
During the implementation of the Well Organised Ward module, it became apparent that there were significant opportunities to improve the supply chain process to the wards. It was notable that non-pay expenditure decreased significantly after each ward’s rapid improvement event, following simple stop working around problems and solve them quickly."

It is noticeable that staff felt encouraged and empowered to solve their own problems. After rolling out the foundation modules, direct care time has increased by 12–15% and time spent in motion – that is, time previously spent walking to collect equipment for procedures, putting stock away or finding equipment – has reduced by 10%.

### Knowing How We Are Doing module
Two years before Productive Ward, the trust had developed a ‘nurse performance indicator’ (NPI) web-based tool.

This tool uses a quality safety dashboard display to illustrate metrics with the view that any member of staff can understand the information within three seconds.

Tailor-made notice boards on every ward display standardised ward metrics and these are clearly linked into the organisation’s corporate objectives. These are visible to staff, patients and visitors and emphasise the trust’s commitment to service improvement.

The Knowing How We Are Doing module has helped to make this information visible for the public within the wards. This has proved to be incredibly powerful when setting off on the path of service improvement at ward level.

The focus on the ward environment while implementing Well Organised Ward, combined with a greater emphasis on Knowing How We Are Doing, has contributed towards the significant decrease in healthcare-associated infections.

The Productive Ward has encouraged staff to think about how they can overcome infection prevention and control problems. There has been an overall reduction in infection rates in the trust, presented in Fig 1.

**Patient Status at a Glance**
The final foundation module to be rolled out was Patient Status at a Glance.

We had identified as part of the project that nurses are interrupted, on average, once every five minutes. Most of these interruptions were from multiprofessional team members and relatives, who were looking for information about the location or discharge status of a patient. Patient Status at a Glance aims to make information on a patient’s status clear to those who need it using visual tools. The aims were to provide up-to-date information that could be interpreted at a glance and used effectively.

We held two workshops with a company called CY Health and ward leaders to pilot SMART board technology to develop the Patient Status at a Glance boards. This is being piloted on the four fast-track wards with a view to interfacing it to the trust patient administration system. The aim is to visually display patients’ journeys and reduce the number of times staff are interrupted – thus releasing time to care.
improvements to the ward layout. This was because wards were not overstocked and it was easy for staff to find what they needed.

The reduction in non-pay expenditure for one ward is shown in Fig 2.

However, some problems with supplies continued, resulting in valuable nursing time being diverted away from delivering direct patient care.

Common problems reported with the supply of stock to wards included:
- Stock not being available when needed by a member of the ward team;
- Ward staff spending significant amounts of time chasing stock or borrowing items from other wards;
- Once-weekly deliveries being insufficient.

During discussions with ward staff, it became apparent that they felt the process should be similar to that of going to the supermarket – staff on the ward are the customers and every time they need an item it should be there.

Based on this 'supermarket' principle, staff also began to question why there was only one delivery a week to the wards. They felt that increased deliveries would improve reliability as ward stock usage can fluctuate significantly within days if patient dependency increases.

The first step was to map the current supply chain process, noting value- and non-value-adding elements. Ninety-five per cent of the process between the order being placed and the item being put in the correct place on the ward involved non-value adding activity, for example waiting.

Additionally, a stocktake revealed that, although there was enough stock in the hospital, staff were experiencing problems as this was not in the right place at the right time.

The trust is about to start a pilot project involving rapid replenishment of stock to the wards, based on actual demand. Minimum and maximum levels have been established by examining current usage information.

Clear visual management systems are to be set up in wards so supplies staff can see at a glance what needs to be reordered.

Expected results include:
- Elimination of items being 'out of stock';
- Ward staff time freed up to deliver direct patient care;
- Reduction in non-pay expenditure.

![Fig 2. A Ward's Non-Pay Expenditure After Rapid Improvement Event](image)

PLANS
Following the roll-out of the three foundation modules to all ward areas, the trust now plans to fast-track four wards through all of the process modules, with concentrated support from the continuous improvement team.

The trust continues to share and learn from experiences gained through the Productive Ward roll-out programme across the West Midlands and nationally.

The trust is keen to evaluate the programme’s implementation and has been successful in obtaining a Higher Education Innovation Fund bid to work with the Faculty of Health at Staffordshire University. The plan is to establish a knowledge transfer partnership to ensure the findings from the Productive Ward inform programmes of nursing within higher education.

There is a strong commitment to sustainability supported by ongoing visits by the executive team and trust chair who visit wards to ensure momentum is maintained.

CONCLUSION
West Midlands SHA has played a key role in ensuring the successful implementation of the Productive Ward. The trust’s executive team has fully supported the programme.

The approach taken by Shrewsbury and Telford Hospital NHS Trust has resulted in remarkable benefits for patients and their families.

The evidence emerging indicates that the Productive Ward has real benefits, and is more than just a tidying exercise for nurses as it actually has a significant impact on releasing time to care.

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