Exploring the long-term impacts of the Productive Ward: Releasing Time to Care™ programme in English acute hospitals

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On behalf of the study team

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Productive Ward: Releasing Time to Care™

Developed by NHS Institute for Innovation & Improvement in 2008 to:

1. Improve patient safety and reliability of care
2. Improve patient experience
3. Improve efficiency of care
4. Improve staff wellbeing

Productive Ward

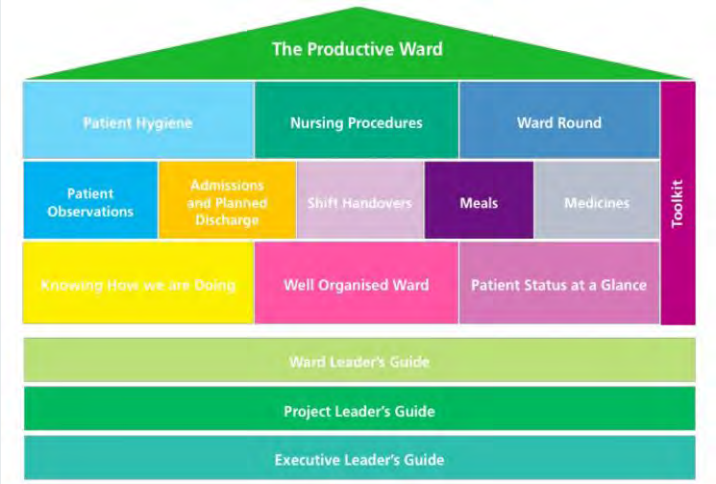
Drew on Lean methodology from Toyota …

… developed with and for nurses in acute care

Productive Ward methodology

The Productive Ward house (NHSI 2008):

- Guides for leaders (executive, project and ward)
- 3 ‘foundation’ modules
  - Knowing How We Are Doing
  - Well Organised Ward
  - Patient Status at a Glance
- 8 modules on ward processes
- Toolkit



Launch & take-off

- January 2008: launched at RCN conference
- Spring 2008: £50million government cash injection
- By March 2009: n=140 acute Trusts in England (83%) had bought a PW support package
- Since adopted in:
  - Canada
  - New Zealand
  - Ireland
  - USA
  - Australia
  - Denmark
  - The Netherlands
  - Belgium

Study aims

1. **To identify and evaluate any sustained impacts and wider legacies in adopting hospitals in England**

2. Explore how varying times of adoption, and differing local implementation and assimilation processes, have shaped sustained impact & wider legacies

3. *Recommendations on how to maximise and sustain the benefits from quality improvement (QI) interventions*

4. *Add to theory on assimilation and sustainability of QI*

Methods

2 complementary online surveys to all NHS acute Trusts in England (to DoN & PW lead)

6 case studies in acute Trusts (mixed qualitative methods)

Case study sample

Site	Adoption Year	Acute Trust type*	Region
A	2007	Teaching	Midlands and East
B	2008	Specialist	London
C	2007	Large	South
D	2009	Small	North
E	2008	Multi-service	South
F	2008 & 2011	Large	South

* Source: Health and Social Care Information Centre *Hospital Estates and Facilities Statistics 2015/2016* http://hefs.hscic.gov.uk/DataFiles.asp [Accessed 12.10.2016]

Data collection in case studies (March'17-Feb'18)

- Semi-structured interviews, ward & non-ward staff (n=88)
- Structured observations on 2 randomly selected wards in each Trust
- Questionnaire to ward managers on 2 randomly selected wards in each Trust
- Documents (implementation plans, internal & external reports, newsletters etc.)
- Outcome metrics data ….

Screening questions….about data gathered / used to analyse PW *at ward level*

1) Trust has collected this data at ward level (Y/N)

2) Trust has analysed this data specifically to monitor the impact of PW (Y/N)

3) If *answered Y* - Is there data at more than one time-point before implementation? (Y/N)

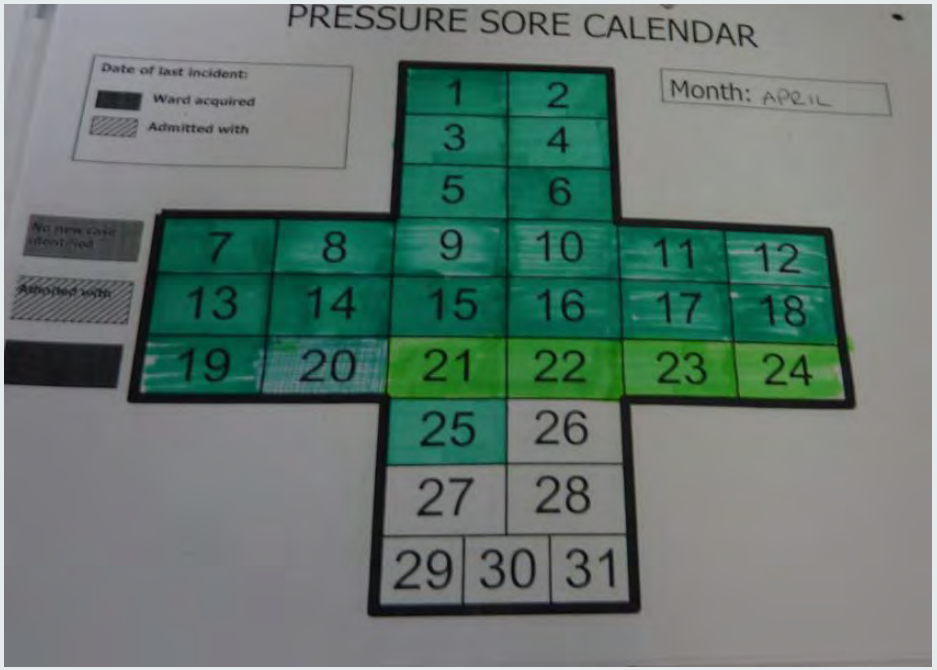
4) If *answered Y* - Is there data at more than one time-point after implementation? (Y/N)

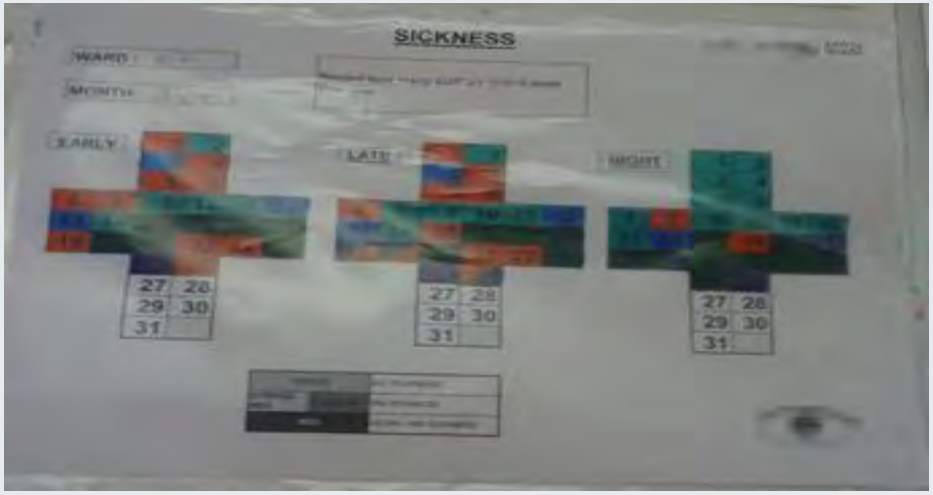
5) Has this ward-level analysis been reported, within or beyond the Trust (Within / Beyond /N)

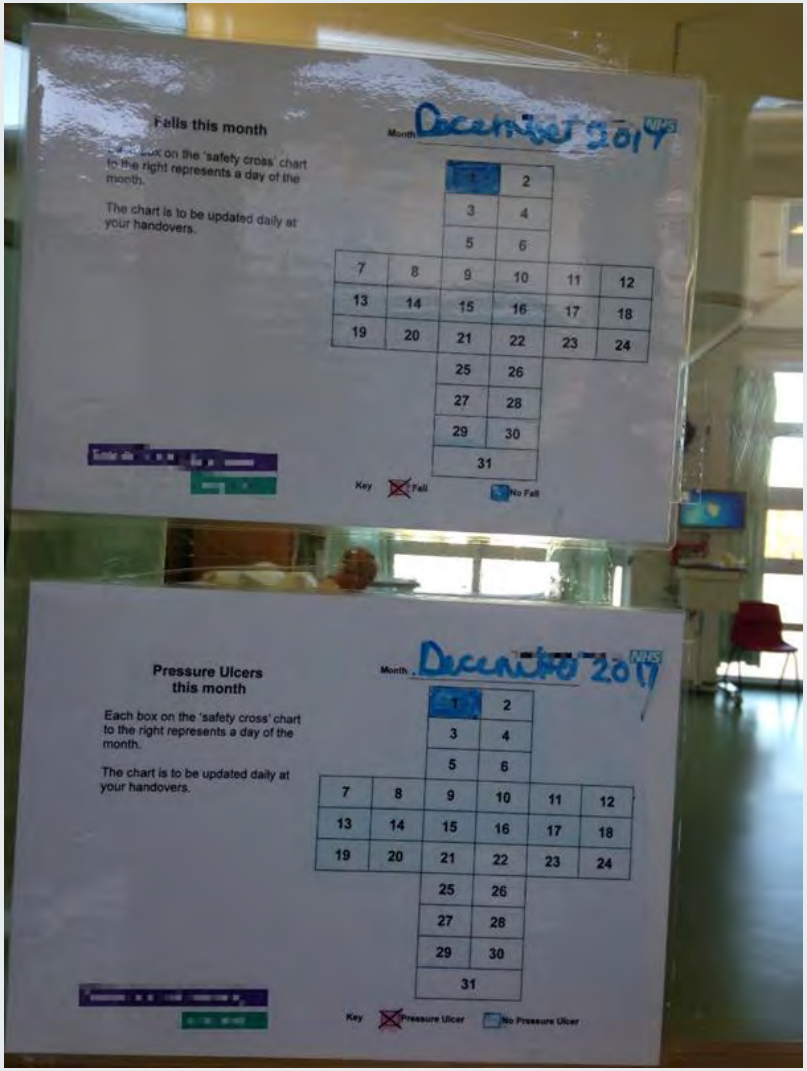
Number of Trusts responding 'yes' to screening questions about available metrics

PW Metrics (using PW definitions)	1) Trust has collected this data at ward level ?	2) Trust has analysed this data to monitor the impact of PW?	3) Is there data at more than one time-point before?	4) Is there data at more than one time-point after?
Patient Observations	3	3	0	1
Patient falls	6	6	3	4
Pressure Sores	5	5	3	4
MRSA Infection Rate	5	4	2	3
Cdiff Infection rate	5	4	2	3
Patient satisfaction	2	1	0	2
Direct Care Time	5	5	1	3
% patients going home on EDD	0	0	0	1
Length of stay	2	1	1	2
Ward cost per patient spell	0	0	0	0
Unplanned staff absence rate	3	3	1	1
Other indicators used to evaluate PW				
Financial (e.g. Ward staffing costs)	0	1	0	0
Patient experience	2	2	1	0
Drug administration errors	3	3	2	2
VTE prevention	3	1	0	1
Other	2	2	0	0

Findings: Ward-level data collection & display

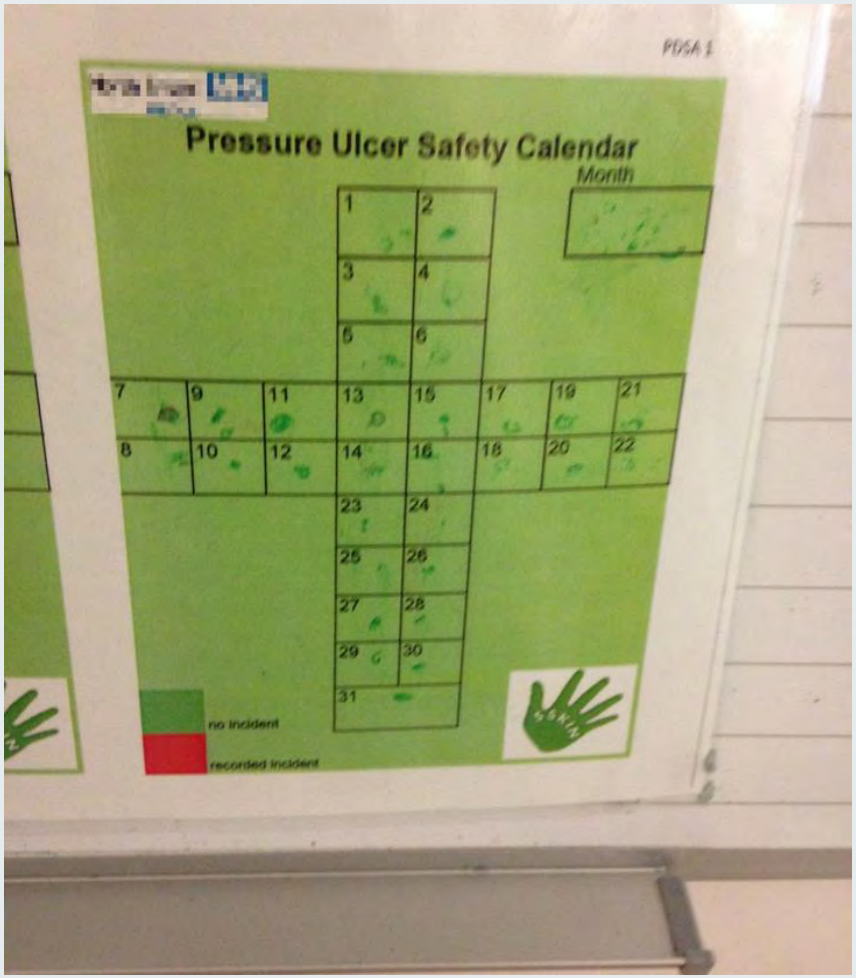


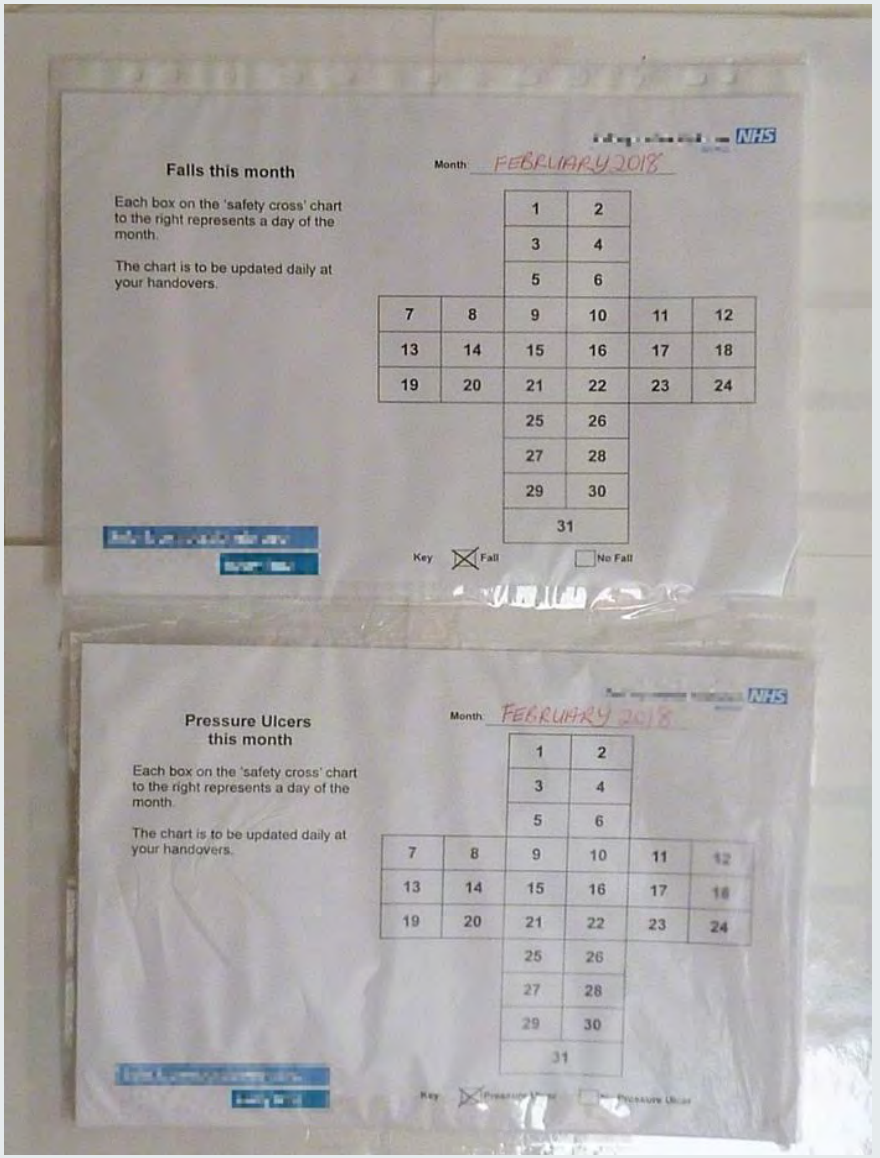




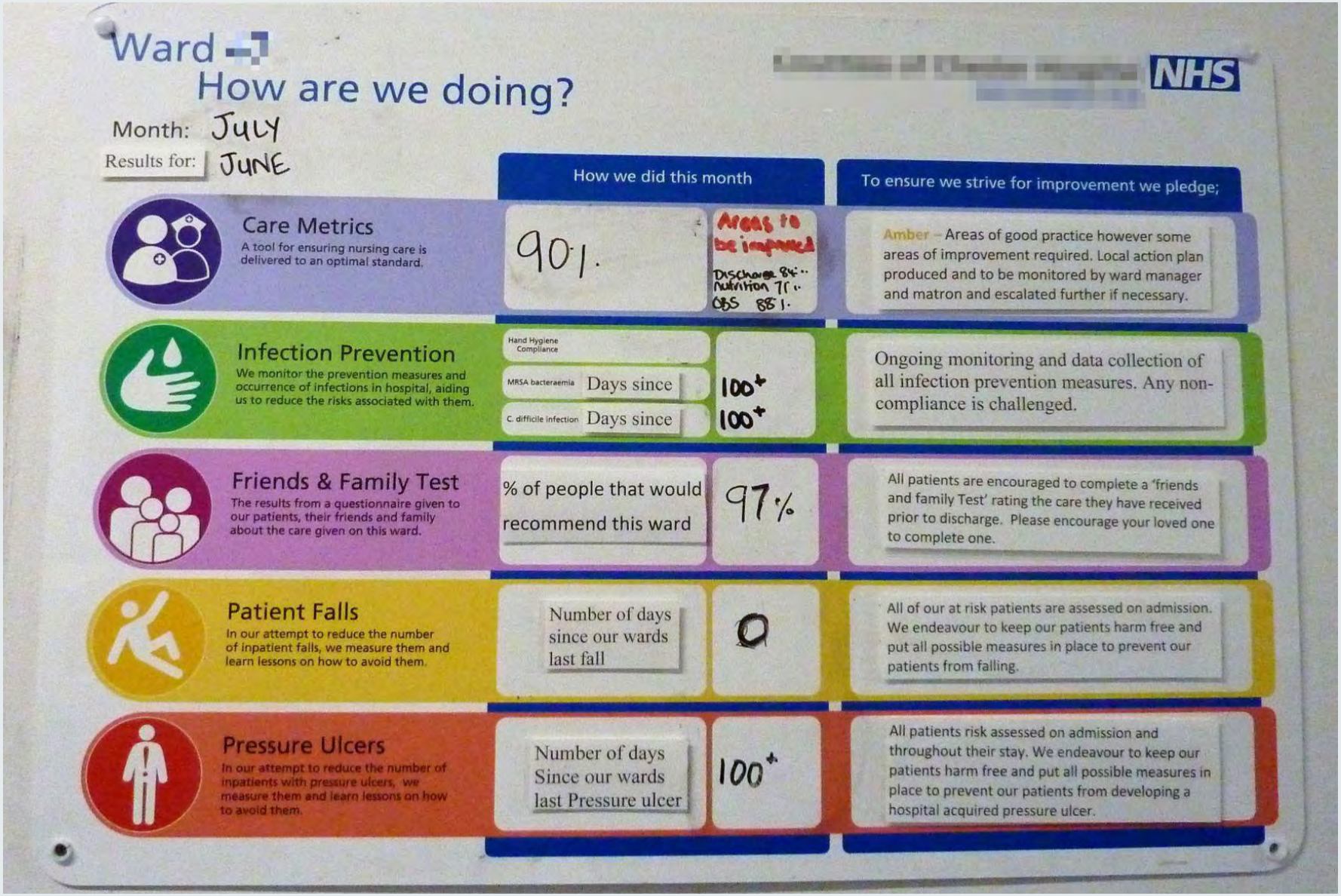
Still common ……

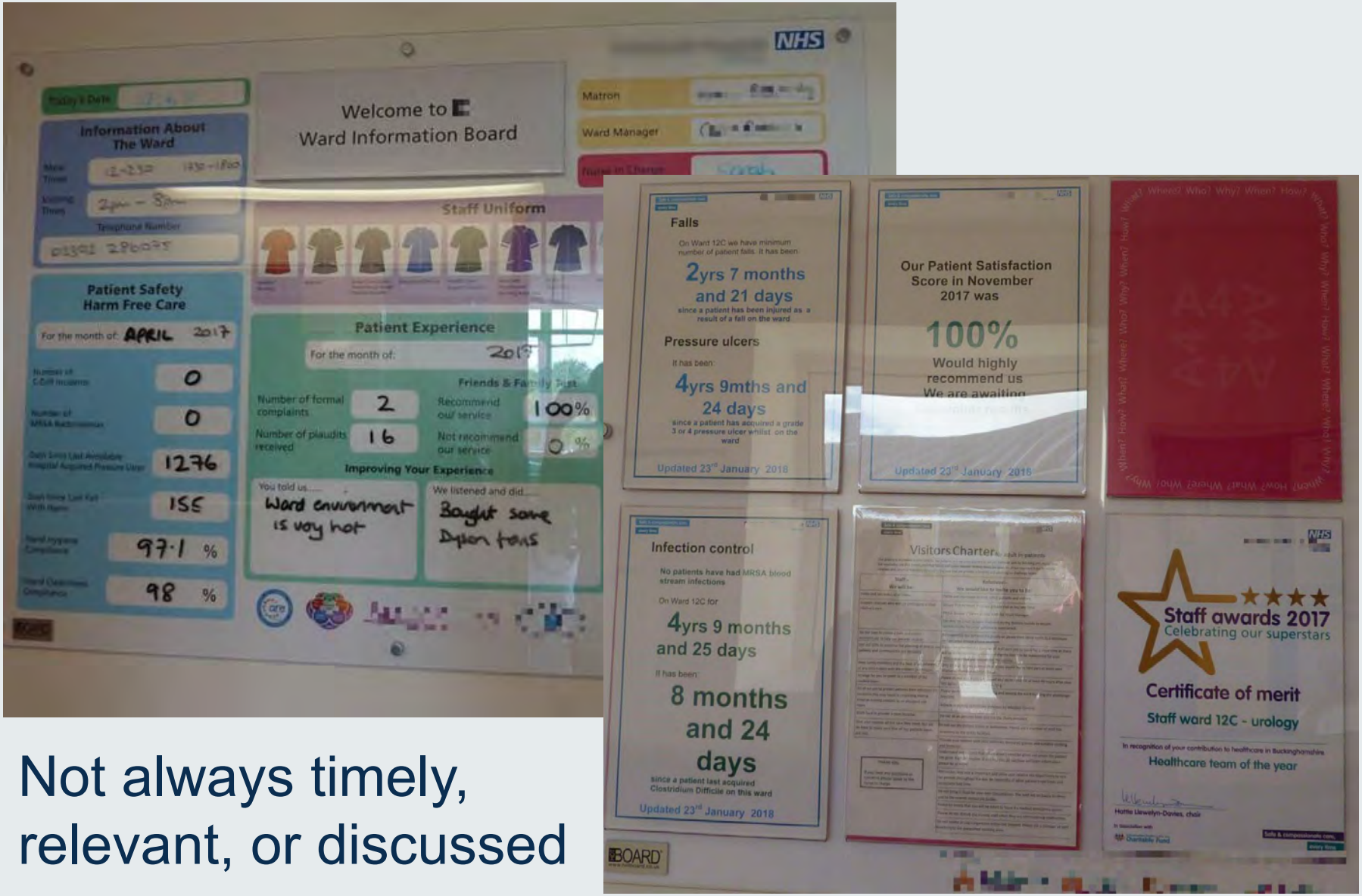
… but sometimes more form than function





Knowing How We Are Doing boards





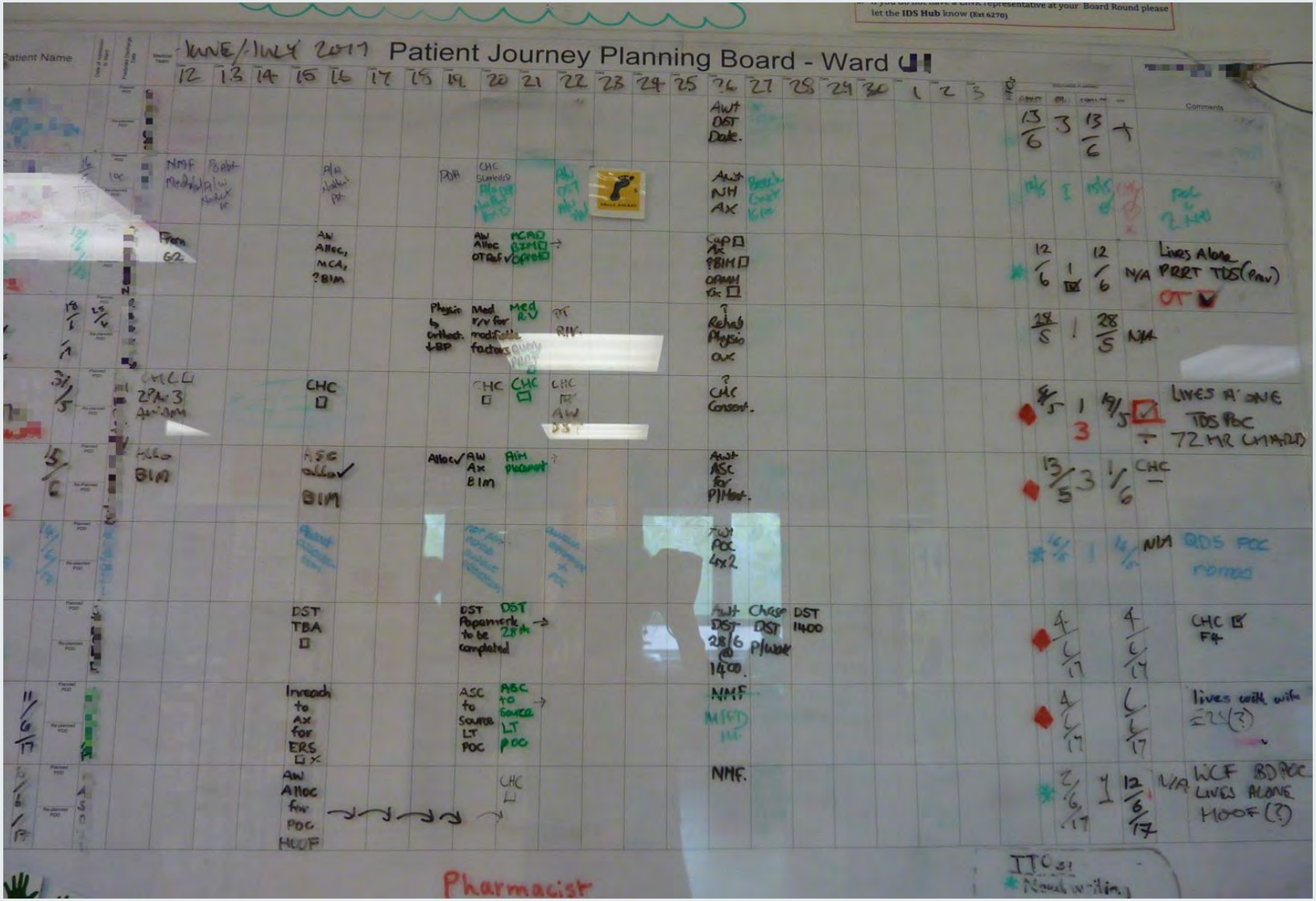
Not always timely, relevant, or discussed

Like-with-like, colour-coded storage

A place for everything

and everything in its place

‘Patient Status at a Glance’ boards



Legacy on ward routines 

1. Protected mealtimes as Trust policy (though needed constant policing)
2. Additional equipment keeping care closer to bedside
3. Documented audits of i.e. nursing procedures, medicine rounds, patient observations, mealtimes (variability between wards)
4. Methods of shift handover changed over time, but handover of information is generally systematic and efficient.

Legacy on ward routines 

1. ‘Productive’ ward rounds not successfully implemented
2. Mealtimes on some wards were chaotic, and patients ill-prepared
3. Dietary restrictions often on more than one board, not all updated regularly
4. No systems for visibly flagging missed meals, observations, medicine

Active use of Productive Ward?

- 5/6 sites no longer had a nominated PW lead working at Trust level
- Use of box-set or tools very rare in 2017-18
- Staff too busy fire-fighting to find time for doing PW activities

Activity follow: very resource intensive

“when you have one person actually kind of doing a job and being followed and you need at least two people to follow them round all day and you're paying their wages and their time and what have you to do that, I couldn’t necessarily see the benefit, other than actually directly proving you only spend x amount of time directly with a patient. Well yeah we know we never spend as much time directly with them as perhaps we’d like, but do I need to prove that every time? I don’t know.” (A06)

Active use of Productive Ward?

- 5/6 sites no longer had a nominated PW lead working at Trust level.
- Use of box-set or tools very rare.
- Staff too busy fire-fighting to find time for doing PW activities.
- Increasing amount of time spent on data collection, auditing and using IT systems
  - even less time for PW activities
  - even less time to care

Time spent on computer less time to care…..

“There’s still a continued fight for releasing time to care. And that frustration (I feel a bit emotional almost) is just never-ending. Because I spend most of my days messing about when really what I’d like to do is go and care for my patients and [I] spend so much time hanging over a computer looking at training and looking at this and looking at that and you just think to yourself well actually I just want to do a good job.” (A05)

Wider legacies

- Ward-level responsibility for continuing service improvement:

  'if you went to wards and say 'Do you do Productive Ward?' I guarantee that most of them would say 'No. We don't do that anymore.' But if you said 'Do you look at how you can improve your environment? Do you look at how you can improve whatever, how you do the such and such?' they'd probably say 'Oh yeah, yeah, we do that' (A01)

- Engagement of all levels of staff in service improvement (wide variability between wards & Trusts)-including HCAs

- Quality improvement skills (for those to the fore of implementation) and leadership skills (previous studies)

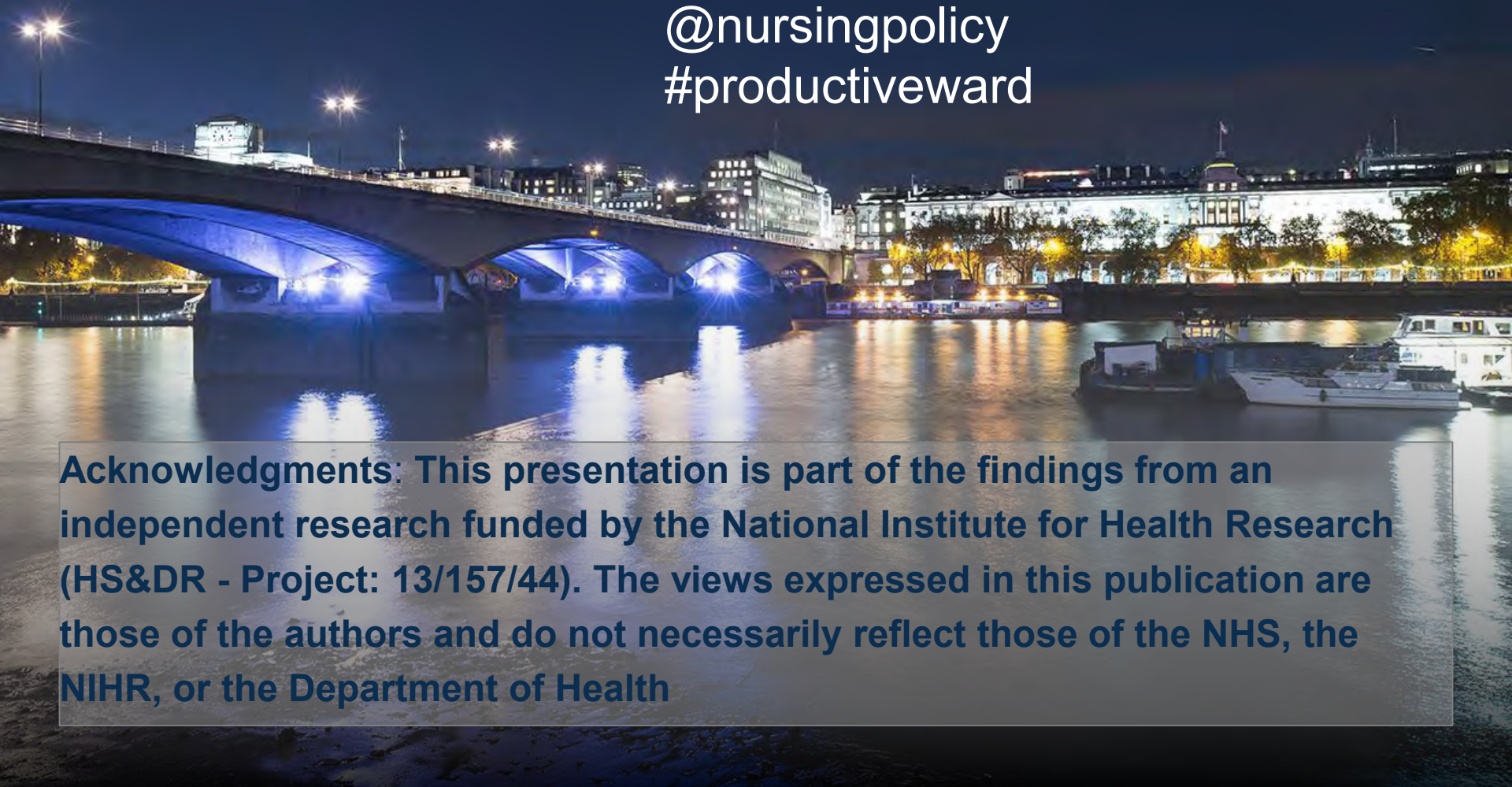
In conclusion: sustainability of PW as continuous improvement

- Dependent upon:
  - Quality of the product- staff liked it
  - Quality of initial implementation- varied between trusts & early late wards
- Post initial implementation, continued use relies on:
  - Designated PW lead (1 person in 1 trust)
  - Resourcing the work involved (esp. time)
  - Staff involvement & staff turnover
  - Is it helpful (enough)?
  - Do other initiatives support or distract?
  - External factors (CQC inspections; IT, expansion in nursing role, patient complexity)

Thank you

For more details contact: **glenn.robert@kcl.ac.uk**

@gbrgsy
@nursingpolicy
#productiveward



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