

Productive Times

Issue 3: The Productive Ward and Maternity – Walsall Hospitals NHS Trust

SPECIAL MATERNITY EDITION

FOUND! 27 YEAR OLD MEDICAL ARTEFACT PAGE 3

Maternity wards blossom under The Productive Ward

The Productive Ward: "I'll have some of that," says maternity matron

new techniques to improve care in the maternity unit at Walsall programme was started in Hospitals NHS Trust, October 2007 with two pilot there was no hesitation to wards. embrace the principles of The ProductiveWard.

Head of Midwifery Karen the antenatal wards. Palmer and maternity matron programme was what they maternity.

How We are Doing module principles

Then it came to working environment, which introducing would boost staff morale and reassure mothers on the ward.

> The Productive Ward In April 2008 maternity began productive journey on two of

Ann said: "At the time Ann Clare both felt that the implementing The Productive Ward in maternity was fairly were looking for to make some new, I attended an SHA quality improvements in study day with Tracie Wilson (Improvement and Research gathered when Innovation Manager) to see if working through the Knowing we could adopt some of the ourselves showed that midwives spent maternity. I thought there 28 per cent of their time was so much we could tackle providing direct care. The in maternity through it and programme was introduced to said I want some of that! help increase this time and Until we looked at the way





how we were doing."

Ann's enthusiasm for the programme was extremely high following the study day where she was the only maternity participant. She followed this up by visiting other wards who were implementing The Productive Ward.

With more than 50 staff to with support from the Improvement and Innovation team, by creating a staff room from a room previously designated for mothers to socialise in, but which was never used. Now it is a wellused staff area and includes a TV and computer, and a Productive Ward Board to provide updates. The ward's Productive Ward journey is also recorded in a folder complete with comic strip 'Before and After' photos, which staff can look through to remind themselves just how

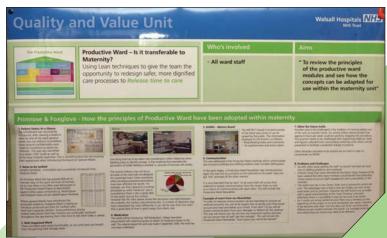
far they have come.

The two wards were redesigned with Foxglove becoming a 12-bedded ward for women who undergo Caesarean section, while Primrose remained a 20-bed general antenatal ward. A breast-feeding café also forms part of the unit.

Angela Bubalo, the newly get on board, Ann began, appointed maternity sister, said: "I think The Productive Ward is a licence to change there are always things we can improve."



- Don't try to do too much at once. Resist the temptation to introduce Productive Ward across more than one ward at a time. Walsall Hospitals NHS introduced the programme on two similar antenatal wards, but subsequently found there were enough differences between the two wards to merit a separate approach.
- Keep revisiting and improving: no matter how good things seem, they can always get better.
- Identify a quick win that will get staff on board. We created a much-needed staff room that doubles as Productive Ward information centre.
- Use The Productive Ward to focus efforts and funding on long-needed improvements, such as furnishing and equipment.
- Keep going!



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Releasing doctors' time to care

Ward rounds have been redesigned to release four out of five doctors from the daily catch-up.

Historically a registrar from each consultant team would attend the ward round to catch up on his or her patients' progress. This would mean as many as five doctors attended each day.

Improvements carried out during The Productive Ward programme have led to a huge drop in attendance: now one doctor comes to the ward round and feeds back to the others. Thanks to the programme, doctors are releasing their own time to care.



More independence for mums

ew lockers are being installed as part of a scheme to enable women to self-administer their medicines, helping to improve care and release staff time to spend on direct care.

A regular complaint from women is how long they can wait to get pain relief. For the midwives it is the time spent running around getting the keys to the drug cabinet and administering medicine.

The new system will enable women to keep the drugs in a locker by their bed – and take them home when they go, this reduces delays in discharging women by removing waits for prescriptions to be filled to take home (TTOs). Women will also have more independence and be confident in their drug regime when they return home.

Midwife Jan Lawrence described a already and they will familiar scenario for midwives: "We and when to take it.



provide a lot of pain relief – we will go to a patient and then we go to the drug cupboard, then we need to get the keys and go back to the drug cupboard, and then back to the patient with the drugs.

"The new scheme should reduce our workload. When patients go home we don't have to order TTOs as it's done already and they will know what to take and when to take it."

Dear **Head of midwifery**



Head of midwifery Karen Palmer talks about her experience of The Productive Ward

Will The Productive Ward work in maternity?

To me if it's about reorganising a ward and releasing time to care, the principles should be the same. My division is fairly diverse. There is gynaecology, maternity and paediatrics. Paediatrics are moving and we needed an established ward, and I said can we have The Productive Ward in maternity. There was a sense of 'oh, I don't think maternity will work', but I thought why not? Why can't we give it a go?

We knew we had things to do and The Productive Ward keeps things focused. We get people to come in and help and support staff, which includes continued support from the Improvement and Innovation team. Maternity can be seen as separate — but it's not, don't forget it's all nursing.

How do I measure up?

The first thing I see on entering the ward is the Knowing How We are Doing board, and for me, that's a real highlight. Measurements in maternity is not a problem: we have a maternity dashboard that is taken to our trust board every month and I would like to see more of those on our board.

The Knowing How We are Doing board features a range of measures: there are breastfeeding rates, incident reporting and complements and complaints. It is about being honest with the public, it's not just there in cold numbers. We also show any complaints we have had and what we have done about them.

Where do we go next?

Delivery suite, antenatal and postnatal wards are all different but we will be going into the delivery suite. The delivery suite was on wave 5 of The Productive Ward launch in October 2009. I can see no reason why The Productive Ward won't work here. We have a designated matron on the labour suit, who manages the team leaders and delivery suite staff — a big part of her role is quality.

We are moving to a new unit soon, should we wait?

I think you should wait until your move and then start the programme properly. At Walsall our paediatrics is moving to a new hospital in 2010 and we will be implementing The Productive Ward then.

Supporting the Team

Tracie Wilson, from Walsall Hospital's Improvement and Innovation team said that supporting teams to implement The Productive Ward is crucial.

"At Walsall Hospital the role of the gained ex Improvement and Innovation team is to much ne support, facilitate and guide staff through The engage st Productive Ward modules. We work with forward."

teams to help them put their ideas into practice and help them achieve results that will not only benefit their patients, but staff well being also.

"For example, one of the quick wins we gained early on was the development of a much needed staff room. This helped to engage staff in taking The Productive Ward forward."



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Board goes hi-tech

Information at a glance

The popular Patient Status at a Glance boards introduced as part of The Productive Ward on the Primrose and Foxglove wards are to be replaced with a high-tech electronic version.

Walsall Hospitals NHS Trust is the first in the country to introduce the electronic boards to replace 'communications book' traditionally used by staff on the ward to record patients' arrival and discharge.

Maternity matron Ann Clare admits staff have become very attached to the board provides which instant information about their patients - and minimises interruptions by those seeking it.

The computer screen-style boards will be used to provide information on wards 'at a glance' with staff able to choose some of the information displayed - and the maternity staff hope to use their current



high-tech version.

The current board was Patient Status at a Glance module of The Productive Ward. The board is kept in view of the ward clerk desk and nursing station, allowing staff to see their patients status and minimise interruptions from visitors and visiting staff, who can see, not only which patient is where, but a range of other information.

The board maps out the

board as a model for the new ward and tells staff 'at a glance' where their patients are and the level of care they require. This introduced as part of the includes patient's names and black magnets to identify babies with special care needs, as well as colour coding to identify which consultant team the patient is under.

> The ward worked with the Improvement and Innovation team to develop the board, and have identified a blank white magnet stating 'see staff for details' which can be used for any patient who doesn't want their details displayed. This may include victims at risk of domestic violence, or simply those who prefer to remain anonymous.

Staff continue to keep the communications book up-todate as it provides a record of patients. previous electronic board will replace this as it will store the information on a database.

60 seconds with... a Ward Clerk



"Stick with it!" says Lesley

Ward clerk Lesley Smith has been working for 15 years at Walsall Hospitals NHS Trust.

"The Productive Ward is a big change " she said. "Sometimes people don't like change, but I am quite open minded and I saw it as a way to make everybody's life easier."

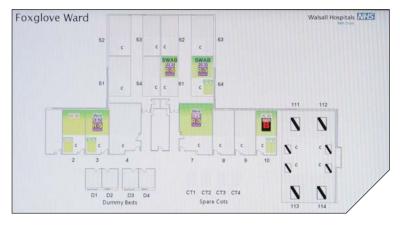
Her well-organised stationary system has made a massive difference to the ward and the new system is so good, she can't remember where it used to be kept!

She identified there had been over-ordering and stationary got lost because there was no designated storage areas. Working with the ward clerk on the other antenatal ward, they developed a system to share orders and storage space.

"There was never anywhere central to keep stationary," she remembers. "We now have somewhere to keep it and staff are beginning to find things more easily. If I'm not here people know where to put it." She admits the clear up led to a sudden plentiful supply of scrap paper on the ward.

The highlights for Lesley includes the new staff area, which is encouraging different staff grades to mix more, "it's a nice quiet place to get away from the ward" and the Patient Status at a Glance board, "I love that board. It is more up-to-date than the communications book and anybody can fill it in".

But this doesn't mean more improvements aren't on their way. They are now looking for a better way of storing stationary to make it even more accessible to all.



WOW! What a difference

20th century medical artefact unearthed

The Productive Ward programme has revealed witnesses to an incident involving a used plate medical equipment dating back 27 years along with hundreds of pounds of unwanted and out-of-date stock.

The clear out and clean-up formed part of The Productive Ward's Well Organised Ward module. The module is not about having a good tidy up, but looks at what is currently stocked, where and how stock is kept and whether it works for the staff and ultimately the patients.

Audits on the wards had identified staff spent 13 per cent of their time in motion much of this running around trying to find things!

The work also found almost £1,000 in unwanted stock - stock that has gone back to pharmacy and money that has gone back into the division to be spent where it is needed.

The work continues to keep the ward looking good, with posters recently seeking found hidden in an office drawer.

Head of midwifery Karen Palmer said of the post -Well Organised Ward, "the first thing that strikes me is how clean and tidy it looks. There used to be lots of equipment in the corridors; it's a relatively new building but for the patient that gives the impression that it's dirty. With everything now in its place, and the new flooring that replaced the carpets it looks so much better."

Midwife Jan Lawrence said the staff support kicked in when they saw things happening for the better: not least a new staff room and easily accessible stock and equipment. She said: "Our ward is definitely less cluttered and it's great to be tidier so we can find things more quickly."

And the 27-year-old catheter? Maternity matron Ann Clare admits she has taken it home as a souvenir!



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Do not disturb!

"Give me a rest," say new mums.

Midwives are setting up a 'do not disturb' rest period for new mums on their antenatal ward at Walsall Hospitals NHS Trust.

Maternity matron Ann Clare said the aim is to provide a siesta period after lunch to give mums a protected hour of quiet time without risk of disturbance.

It comes following a complaint made by one woman on the ward, who felt that she was bombarded with visitors, whether clinical, ward staff or other visitors to the ward such as the photographer or bounty representative.

In response, one staff midwife did her own audit of the number of interruptions one of her patient's experienced during her shift and this has become the basis for an idea to develop protected time.

Ann explained they were looking at The Productive Ward Meals module as the basis for introducing it. As with other maternity units, the Meals module is not seen as a major issue, as the delivery of meals is often not a problem.

"The biggest challenge will be to resist the temptation to use the siesta time to do patient observations," admits Ann. To try and divert this, she has chosen to look at piloting the scheme during their handover period. "Also when a doctor comes into the ward, and we have a woman who wants to go home, we have to be sensible about it and always put the patient first."

The time may be used to sleep, for feeding or whatever the mums choose to do with their time.



New tags will save hours at Walsall Hospitals NHS Trust



n audit has shown that midwives could save two days a month by changing the way women and their babies are tagged and discharged.

Since the unit was created 15 years ago, midwives at Walsall Hospitals NHS Trust have accompanied new babies out of the unit and only removed their tags at the security reception. This was adopted as a safety precaution to ensure mothers and babies left the unit safely.

Recognising the system could be improved to release midwives' time, staff tried to introduce a new system two years ago. This meant removing tags on the ward and asking parents to report to security on their way out so security would have a record that they had safely left the unit. But this system was rejected on the grounds parents may forget to report in.

Now an audit, carried out as part of their Productive Ward programme, has revealed staff spent five hours a week escorting mums and their babies from the unit –providing a strong motive for finding a new way of discharging them.

The audit revealed a change in this practice using a new tagging system would reduce this time by two-thirds down to one hour 40 minutes. These results are being used to support an application for the new high-tech tagging system which will enable staff to say goodbye on the ward and be sure babies have safely left the building.

Midwife Jenny Webber said: "For 15 years babies have been carried out of the unit by members of staff. But this audit showed that changing the policy and introducing an up-to-date tagging system would free up all this staff time."

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