Exemplar Ward Development Programme – Assuring Excellence in Care

The Royal Bolton Hospital has developed an action learning approach to improving patient care and ensuring improving standards both in operational performance such as length of stay and planned patients discharges, and patient outcomes such as reducing HCAI’s since the introduction of Bolton Improving Care System [BIC’s] in 2005. Underpinning this is the philosophy of introducing standard work and removing variation in all we do and the removal of waste in all our processes using LEAN methodology and improvement tools, such as Gemba, 6S, value stream analysis.

Our initial approach to developing standardisation was to go and find out what exactly was happening on our wards and develop a process of fact finding and assessing what was happening in those areas. The principle of Nursing ‘Go and See’ was introduced in 2006 and reviewed and revised in 2008. Matrons, Divisional Nurses and the Director of Nursing and Performance Improvement undertake regular standard ward visits and reviews directly linked to monitoring and supporting improvement to the original 4 key True North aims of the hospital

- Best Possible Care
- Improving Health
- Joy and Pride
- Value for Money

Central to the purpose of these aims is the patient experience and the outcome of their care, linked to ensuring the fundamental principle of reduction of avoidable death, harm, and waste. A further complimentary initiative led by executive directors is the Board of Directors ‘Go and See’ reviewing and understanding patient safety issues and linked to the Health Foundations Patient Safety Initiative. Reports and actions are agreed and fed into the divisional governance processes.
BICS Achievement Boards

Key to the review of care and performance on the wards and departments are our Achievement Boards whereby ward compliance audits, patient outcomes, Key Performance Indicators and staffing levels are publicly displayed. This data also provides Trust wide comparison on performance. The development of Key Performance Indicators [KPI’s] for nursing which are based upon the Essence of Care benchmarks was developed and introduced in 2007, these KPI’s are a major driver for improvement and consistency in care across the wards. Trust wide we will undertake audits of all 13 KPI’s every 3 months to provide an overall Trust position. Individual wards will then agree which three will be worked upon and audited monthly to an agreed improvement target.
High Impact interventions are evidence based care bundles for the management of infection control from the national Saving Lives Campaign and form part of the requirements for the Hygiene Code. These are also published on the Achievement Boards. Wards are expected to undertake compliance audits and trust wide standards are set, for example if hand hygiene audits are less than 95% they must be repeated weekly.

The dignity and privacy of our patients is core to ensuring a positive experience within the hospital and in particular our wards. ‘Compassionate Care’ is a philosophy that is gaining momentum across the country and is likely to have national standards developed in the next year. Our matrons have developed standards Compassion in Caring, we plan to develop a self assessment profoma and use this as a comparative benchmark between wards.

There has been a trust wide cascade of standards and compliance audits directly linked to the Trusts 5 year break through objectives and incorporated in the L2 clinical practice matrix from which Divisional Nurses, Matron and Ward managers take their clinical objectives. In 2007 discussion took place amongst senior nurses and midwives on developing consistency and standardisation on wards, from this the 'Exemplar ward' programme was developed. The pilot involved volunteer wards who applied to be considered to undertake an intensive 3 month project. £5,000 was provided to each of the three pilot wards to release staff to support the project. All the wards achieved the improvements and outcome measures at the end of the three months.

The plan is to roll out across the trust, direct support from corporate teams will be provided with the expectation of achieving the outcomes identified, should the outcomes not be met then divisions will be expected to support a development plan for the ward. 3 further wards commenced the programme in September but we did not have the resources to provide backfill so have identified this programme to be completed over 4 months. Once awarded Exemplar ward status an annual review will be developed to ensure standards are maintained. The status will be removed if the performance and outcome measures are not achieved and a development plan put in place.

The Exemplar ward is not to be confused with the Productive ward. The Productive ward is a national initiative by the Institute for Innovation and Improvement and identifies 11 areas of quality improvement for ward management and patient interventions, based on Lean principles it releases ward staff time for more direct patient contact. When we compared the two programmes, the Exemplar programme had already included 10 of the elements the Productive Ward identifies and therefore it is complementary to our internal programme. We therefore now use the Institute modules and audit tools to ensure standardisation for our Exemplar programme. The role out of the Exemplar ward programme will mean the Trust will be compliant with the Chief Nurses Officers call for the Productive Ward to be implemented in all hospitals.

However it is important to note the Exemplar ward goes further than the Productive Ward programme. The Exemplar ward programme is linked to the Trusts 4 main aims and key initiatives into one fast track programme. The anticipated outcome is to bring all wards to a baseline standard of the highest delivery of care, underpinned by enhanced competency and awareness of patient safety and quality improvement. A further feature of the Exemplar wards is to support our ward managers to equip our staff with the skills to provide the highest and consistent standard of care, with a 100% of their staff
having PDP’s, KSF outlines and having accessed all relevant mandatory and clinical training. Resource and staff management is also an underpinning aspect of the programme. Finally the Exemplar wards looks to skill ward managers with inherent leadership and service improvement skills and brings all the projects and national initiatives within the Trust into one core approach for our wards.

We have funding for a project team which supported the roll out of the Exemplar ward programme to be fast tracked with the aim for all wards to have been through the programme in 15 months. We also provide dedicated training and development support from practice educations and professional development nurses and put in place a robust and sustainable audit infrastructure.

The next stage of ‘Assuring Excellence’ will be for some wards to move to Model ward status. There is clear patient and staff benefit and has supported nursing and midwifery to contribute to the overall 5 year breakthrough objectives of the Trust. We have also revised our True North Aims linked to the fact that we are becoming an Integrated Care Organisation in 2011 and have encompasses the IHI Triple Aim that our community colleagues have looked to develop, in essence we have brought best possible care and improving health together so that the public health and wellbeing agenda integrates into our pathway and redesign agenda.

While this paper shares the nursing and midwifery story, in 2010 the clinical departments took up the challenge to develop relevant KPI’s and standards for their various departments linked to their own professional and national standards. The roll out was rapid, the enthusiasm no less linked to the cultural change of the organisation for quality improvement linked to BIC’s. They too feed into the divisional exemplar performance standards, demonstrating we have reliable model that can be adapted for any area. The Board are now, along with our public governors assessors on the validation of the exemplar programme. Our corporate non clinical departments are now developing their programme and our community services will be developing their own programme having already embarked on the productive community programme.
It is a whole system approach, led by some amazing staff who took an idea forward, it allows us to demonstrate performance and quality of care and service but most of all it has brought the pride back into the organisation.

Lesley Doherty
Chief Executive