Releasign Time to Care

Productive Ward

Annual Report June 2010

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Lyn Barwick Programme Lead
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Executive Report

Annual Report of the Releasing Time to Care Programme across Derbyshire Community Health Service Community Hospitals Executive Summary

Introduction
Derbyshire Community Health Services (DCHS) introduced Releasing Time to Care in March 2009. The first Cohort consisted of four wards and during this first year a new cohort was introduced every sixteen weeks so that to date there are sixteen teams participating that consist of two minor injuries units, one day hospital and thirteen wards which means ten out of the twelve hospitals are participating.

This report highlights the impact Releasing Time to Care has had on patient’s experience of care in our hospitals, how staff have been empowered to make decisions about changed to the ward environment, ward routines and where there has been some cost savings.

Background
The NHS institute for Innovation and Improvement launch in Releasing Time to Care- The Productive Ward in May 2008, prior to this there had been extensive testing using Acute Hospitals as pilot sites.

The Programme draws active principles of “lean thinking” to help tackle previously neglected everyday issues faces ward teams. The programme introduces a range of tools that have been designed to engage whole teams to initiate and be involved with service improvement at ward leave. Releasing time to Care aims to improve clinical processes and working environments to help nurses and therapists spend more time on direct patient care.

The programme consists of modules made up of a foundation stage and a process stage. Each modules is systematically worked through and it is anticipated it will take up to eighteen months to complete the programme. The ward teams are supported by a facilitator who is in regular contact supporting the ward leader and helping the team to understand the tools and techniques used in the programme.

The NHS institute for Innovation has gone on to develop further programmes which have been introduced into our hospitals, these include: The Productive Community hospitals and the Productive Mental Health Ward. (see appendix 1 for other details). Programmes are being introduced into other parts of the DCHS and this has now become known as the Productive Series and is linked closely with the Integrated Business Plan.

Releasing Time to Care has a programme lead, a project manager who is a business change manager within DCHS and a programme management reporting structure to oversee the roll out across all the hospitals.
Benefits that have been realised from the first year

Findings include:

- Increases in direct patient care time for nurses and therapists and in particular, support workers.
- Engagement involvement of all members of the multidisciplinary team including other stakeholders such as hotel services and porters.
- Patient engagement and involvement supported by health panel members and patient and public involvement managers.
- How the programme has linked and supported other changes such as use of discharge management programmes (JONAH)
- Reduction of waste and cost savings on consumables.
- Positive feedback from patients on the introduction of recreational and social activities and changes to the ward process.
- Reducing time on handover of information and improved communication of patient information across teams.

To find out more please refer to the full annual report.

Conclusion

The rollout of the programme continues and will be completed by the middle of 2011. By which time all the teams will have embraced a xxx of service improvement which will enable them to continually improve the service they provide for the benefit of our patients.

Lyn Barwick
June 2010
1. Project Benefits

Introduction

It has been 12 months since DCHS rolled out Releasing Time to Care (RTTC) across the community hospitals. Although the project is still in the early stages there have been some significant improvements and changes made in the wards and departments. These range from elimination of unnecessary resources and reducing consumables, an increase in patient care time which contributed to improving patient experience and quality of care. What is significant is the empowering of staff to challenge and review the current ways of working, come up with ideas, make changes and take responsibility of maintaining the improvement.

Overall Benefits

Direct Patient Care Time

The overall direct patient care time has increased* :-

Registered Nursing Staff – 6% (from 35% to 41%);  
Unregistered Nursing Staff – 11% (from 50% to 61%) 
Registered Physiotherapy (PT) Staff – 2% (from 40% to 42%)  
Unregistered Pt Staff- 17% (from 38% to 55%)  
Registered Occupational Therapy (OT) Staff – 9% (from 26% to 35%)  
Unregistered OT Staff – 20% (from 9% to 20%)

Note: *The above data is based on cohort 1 & 2 activity follow audits

The initial impact on direct patient care time was due to focusing on the changes brought about by the Well Organised Ward which is part of the foundation modules. This module focuses on the ward layout, storage and use of equipment resources. Changes to the environment have lead to a reduction in motion and looking for items which has been measurable in terms of time savings.

As the ward and dept teams begin to work through the process modules some of which may not necessarily have an impact on reducing motion or interruptions, for example, the patient involvement process module which has little impact on contribution directly to reducing non-patient activities so that there may not always have been a demonstrable increase in direct patient care time when the audits were run.

Whilst ward teams have been working through the RTTC modules some have also been introducing the discharge planning programme (JONAH) and undertaking skill mix reviews (HURST) which will also have had an impact on measuring direct care time.
From the data it is noted that the greater increase of direct patient care time is across the unregistered staff as they have a smaller role in relation to patient and non patient administration. It was anticipated this would be higher than for the registered staff.

Apply the RTTC principles and methodology to other clinical areas.

- Therapy staff at Linacre and Melbourne set up “home visit packs” and “activity packs” to ensure everything is ready-to-go without looking and searching. Apply the 3 seconds rule therapy staff at Riverside to sort their office/activity cupboard to ensure “A place is for everything and everything has its place”.

- Clifton, Linacre and Melbourne wards will ensure lean processes and systems will be transferred to the new building.

Development and Leadership

- Project facilitators - 11 project facilitators were recruited; 8 of them received 4 days training through the Institute for Innovation and Improvement and 3 facilitators undertook the internal shadowing programme.

The role of the facilitators is to provide “on the ground” support to the Ward/Department Leaders throughout the project in terms of advice and guidance on the modules; introducing improvement techniques; supporting the wards redesign and streamlining processes; assisting in problem solving at the local level; sharing learning and good practice.

The development of the facilitators has been beneficial to both individuals and the organisation.

Benefits to the individual have been to increase facilitation skills, leadership skills, negotiation and communication skills.

Benefits to the organisation have been to provide the infrastructure for delivering the Productive Ward: which is bespoke to the needs of the DCHS i.e. geographical areas, the numbers and diversity of services, i.e. rehabilitation wards, old people mental health wards, minor injury units and day hospitals; to use the knowledge gained to support the future roll-out to other services and linking to the Capability Programme, using the same process improvement methodologies.

- Leaders at the local level – It is recognised that the effective leadership is the key of the success at ward and departments level. Leadership workshops have been run to ensure ward/department leaders are well prepared for the challenge.
Staff engagement and involvement

The RTTC programme uses a bottom-up approach. Recruiting the whole team and engaging all staff through encouraging them to take responsibilities, e.g. setting standards, auditing, sorting equipment, contributing to the decisions, relating to introducing “Patient Status At A Glance” boards. The improvement is driven by staff at all levels, including involving domestic catering and portering staff.

- Night staff at Johnson ward took a leading role in producing the Well Organised Ward overall plan, identifying storage areas that required revising.

- A Health Care Assistant (HCA) at Bentinck ward proposed the new breakfast process which is now in place. This in turn had an impact on time spent administering medicines with the round being completed between 9.30-10 each day. Both patients and staff have commented on how well the new process is working.

- Staff on the wards/departments now takes responsibility of maintaining standards of improvement. Audit tools for each module are in place to ensure good practice and processes are embedded in the day-to-day working environment. HCAs take responsibility for the audits, and it has helped them to understand the principles of Releasing Time to Care, they can identify and are proud of their contribution.

- All cohort members have individually created a RTTC logo for their areas. The idea originated from a therapist at Ilkeston hospital who created a logo and introduced the use of colour on their story board to improve accessibility for people with dyslexia.

- Johnson ward staff identified the workload and the start time of the early morning shift was not compatible and proposed to bring the shift start time forward an hour to improve the shift task management. The shift is now starting at 7.00. This means the team is able to manage the morning activities such as personal care, breakfast and medicine round more effectively and efficiently. It also means that patients are ready to participate in therapeutic activities earlier in the morning.

Improving Multidisciplinary working and communication

- Therapy staff were actively involved in creating the layout of the ‘Patient Status At Glance’ (PSAG) Board and on some sites the therapy staff took a lead in the PSAG module on behalf of the ward team.

- Ward staff at Oakwell, Manners and Bentinck wards created a therapy store for physiotherapy equipment which has saved therapy staff time walking between the ward and department for equipment.
Therapy staff at Oakwell and Manners wards worked closely with nursing staff in the Well Organised Ward module and set up a hoist bay to ensure all hoists and changes are situated together and available for immediate use.

Staff at Clifton and Johnson wards produced news letters to brief staff on progress and achievements. Clifton ward developed an induction pack for new starters to explain about RTTC.

Improving of patient experience and quality of care

Redirecting the time saved Clifton ward developed new recreation and social activities, e.g. WII game, quiz and manicure sessions. Patients were very happy with the activities, “It’s fun, time seems go quicker.” “Before I know it, it is already visiting time” are some of the comments patients have made.

Birchover ward provides the patients with a personalised breakfast services – Patients have said they are delighted with the service.

Linacre and Melbourne wards ensure all patients receive a continence assessment and are now using the correct size of continent pads. Patients have more individualised care and the clinical documentation that supports the assessment and treatment planning is under the review and will be introduced across all the hospitals, so all sites will benefit from the learning.

Reduction of waste

Following systematic improvement of the ward/department working environment staff noticed there was too much stock some of which had to be thrown away due to being out-of-date. Unfortunately no records of the thrown-away items was collected at the time but will be addressed in the future cohorts.

Wards/departs now have improved stock management systems in place with inventory levels set for consumables and drugs. Costs were saved by some items being given to other wards to ensure that all consumables are used effectively and therefore all stock is kept to a minimum.

The completion of the inventory lists enabled a reduction in orders until stocks were at an appropriate level for the ward/department. At Ilkeston MIU the team agreed the minimum stock level of RDC materials and made a saving of £1,666.44 during January – March this year in comparison with the same period in the last financial year.

Linacre ward identified a huge amount of stock not needed whilst working through the Well Organised Ward module, which was worth several hundreds pounds. This has now been shared with other wards at Walton, and has contributed to a reduction of future orders.
• Oakwell ward have made a total saving of £7179 on drugs (from an overspend of £6138 in 08/09 to under spend of £1041) in the last financial year.

Involving stakeholders

Patient and Public involvement has been at three levels;

• Patient – Patients’ views on services were collected via patient questionnaires and patient focus groups.

• Health panel members - They are involved in assisting patients completing questionnaires across the county.

• A link to PPI managers is well established to ensure that patient perspectives are at the centre of the programme. They have assisted facilitators in the development of patient questionnaire a and a patient diary.

• Clifton ward engaged hotel services in the Well Organised Ward when they re-designed the process for storage of linen. Additional trolleys have been provided so that they can continue using the same process in the new hospital.

• Manners and Oakwell wards negotiated with hotel services to provide the additional storage for non clinical equipment off the ward areas thereby being able to create a therapy equipment store.

Linking to other initiatives

• Wards are advised to site the Patient Status at Glance board close to a computer so that discharge planning using Jonah and handover meeting are combined. This has reduced the time spent holding two separate meetings.

• Introducing protected meal times the wards undertook observation audits to monitor interruptions. This information has been used in the meals module.
2. Foundation Modules

There are 3 modules within the foundation modules that provide both a solid foundation for the more challenging ‘process’ modules (more details below) and a grounding in basic improvement principles.

In order to ensure patients wellbeing is at the heart of the whole programme it was decided that the “Patient Involvement” process module which is part of Productive Community Hospital series should be integrated into the foundation modules.

Knowing How We Doing (KHWD) - Developing ward or department based measures to help the team make informed decisions. Staff discussed the areas for improvement and selected 3 local measures and set the goals for improvement. This gives staff ownership of the data and measures that have to be displayed on an information board so patients and visitors can see how the ward/department is performing.

For example:

- Ilkeston MIU chose to measure the effectiveness of follow-up clinics. Having collected 3 month data it showed the department ran more clinics than was required. The team made the decision to reduce certain poor attending clinic slots and saved 2hrs nurse staff time each week.

- Linacre and Melbourne wards decided to have continence assessment as one of their local measures. In the past the completion of continent assessment was inconsistent, the quality of the assessment was variable and the patients were all offered the same size of pad. Now the completion of the assessment is at nearly 100%, the quality of the assessment has vastly improved. Patients are given the appropriate size of pads and information on patient need is included in the discharge process.

Well Organised Ward (WOW) – The activity follow results showed that staff spend an average of 19% of their shift time in walking, looking for things. WOW is focused on improving the ward or dept environment to identify areas where staff wastes time in motion. By applying the 5S principles (Sort, Set, Shine, Standardise, Sustain) and undertaking “waste walks” on storage of equipment and resources staff have reorganised working areas so that they are now able to easily locate equipment and materials using the 3 second rule. It has positively engaged staff and enabled them to see the merits of lean working. There are many examples of improvement in WOW module (see Appendix1) and it is noted that the average motion has reduced by a third to 13%.

Patient Status at Glance (PSAG) – Another large proportion of staff time wasted is by dealing with interruptions, related to staff asking for patient information. The PSAG board contains patient information which is central to their care and discharge planning. The layout and the position of the board is decided by each team. The
The board has a range of symbols that describe care interventions and the team will update the information continuously so that all staff knows that the patients are progressing.

A number of workshops involving all stakeholders took place to agree standard symbols for the patient information. Having standardised the symbols ward staff discussed and agreed what information should be contained on the board and its layout. This normally took on average 3-4 prototypes prior to the final version. This means that the symbols used across all the wards are standard but the layout of the PSAG board is individualised to each ward.

Using the Patient Status Board has contributed to the overall reduction in the interruptions to nursing staff by half.

For example:
- At Oakwell and Manners wards the introduction of patient status board has made an impact on shift handover. The handover time has been reduced from 41 minutes to 12 minutes. The number of interruption relating to patient information has reduced from 6% (baseline data) to 0% (data based on audits carried out in July and November 2009) during one shift.

Patient Involvement – This module is focused on the information available to the patients during their journey through their stay in hospital. The key issue is knowing what information is required by patients and how accessible is the format of the information provided.

During the implementation we extended the remit to patient experience and well-being. A patient focus group was piloted at Oakwell ward and we received valuable feedback from the patients. The formula for the session has been evaluated and has been rolled out to all the wards.

It has been noticed that when lay persons or staff who have no direct link to wards are involved in assisting patients with questionnaires or supporting focus groups the patient feedback is more open than when undertaken by ward staff.

- The feedback of the patient focus group ran on Oakwell ward is “to be introduced to neighbouring patients” and “offered a couple of tea on arrival”. The ward now has modified its admission checklist to incorporate these basic things rather than “orientation of the ward”.

- The patient questionnaire conducted at both Ripley and Ilkeston MIU showed that patients are confused with MIU processes and terminology such as “triage”. The two MIUs produced a patient leaflet explaining the treatment process and other useful information.

- The patients at both Linacre and Melbourne would like more activities on the ward; carers would like to be better informed on the patients' well-being and progress.
Feedback from Johnson – sometimes it takes too long to get help from staff;

The results and feedback of patient questionnaires and patient focus group have been returned to the wards for action and changes are being made.

All the above changes will be explored the patient focus group in the future.

3. Process Modules

There are 9 process modules to be implemented for the wards and MIUs and day hospitals have 3 process modules. Each of these modules enables staff to review the specific clinical processes and make improvements accordingly.

**Meals** - Reduce the time the team spends physically delivering meals and allows more time for the team to assist patients with their meals, ensures protected meals time principles are embedded in the daily routine and improves the patient’s experience. Three wards have completed the Meal module.

- The review of the breakfast process at Clifton ward has seen a vast reduction of the breakfast serving time. The ward now saves 186 minutes each week, a total of 1612 hours staff time per year.

  Feedback from the patients is that they are happy with the service and in particular that toast is served hot not cold.

- Birchover ward introduced a more personalised breakfast service to all patients. The lunch time is much calmer and organised. Patients say that they are satisfied with the portion of food being offered.

- Bentinck ward has introduced a new breakfast process which not only saved serving time but also make medicine round run more smoothly. Both patients and staff have commented on how well the process is working.

**Handovers** – Reduce the time the team spends on handover of patient information, whilst also making the information handed over more appropriate, easier to remember and easier to understand. Now all handovers are taking place in front of the Patient Status at a Glance Board.

- The afternoon handover time on Bentinck ward has reduced from between 30-40 minutes (baseline data) to average 17 minutes (audit after completion of the module).

**Admissions and Discharge** - Removes the pressure of admission and discharge by making the process much more a planned process. It ensure the team arranges social care and support functions, i.e. transport to aid discharge, at the correct point in the patient’s care.
• Oakwell and Manners wards developed a traffic system for admission documentation. It breaks down all the documentation into bite-size tasks with RAG symbols (red, amber and green) indicating completion stage. The quality of documentation has improved and documentation completion time has reduced from 7hrs 10mins to 2hrs 52mins for each patient admission. This improvement has been shared across all the hospitals and the process is being introduced on each ward.

• A traffic system was also developed for discharge tasks checklist which has been working well with Jonah to ensure the smooth discharge process.

4. Future Plan

Project Governance

RTTC is a part of the Productive Series which will be rolled out to other services in DCHS for example, Productive Operating Theatres this year. This will all form part of the Integrated Business Plan programme and it is incorporated in the Capability Programme. The governance arrangements will be the creation of a programme board for the productive series. The membership of the new programme board and terms of reference are yet to be finalised.

Next Cohort

Following the exception report dated 5th April 2010 it is agreed that next cohort will consist of two MIUs at Buxton and Whitworth.

5. Summary

During the last 12 months the project has learned, developed and refined from each cohort’s roll-out and every module implemented by: -

• Introducing project leadership workshop to ensure ward/department leaders are briefed and prepared for the roll-out
• Establishing a locality support network
• Making Patient Involvement module mandatory and incorporated in the foundation stage
• Integrating the MDT Working module to all modules wherever it is appropriate.

Productive ward project is committed to a long term schedule. We are confident that building on the current success, maintaining staff momentum with adequate
facilitators' support will deliver the completion of the roll-out of the foundation modules cross all the community hospitals by 2011.
Appendix 1

**Releasing Time to Care**

**Programme Deliverables**

**Productive Ward:**

Foundation Modules:
- Knowing How we Are Doing
- Well Organised Ward
- Patient Status at A Glance
- Patient Involvement

Process Modules:
- Patient Hygiene
- Nursing Procedures
- Ward Round
- Patient Observation
- Admissions and Planned Discharge
- Shift Handovers
- Meals
- Medicines

**Productive Mental Health Ward:**

Foundation Modules:
- Knowing How we Are Doing
- Well Organised Ward
- Patient Status at A Glance
- Patient Involvement

Process Modules:
- Patient Wellbeing
- Therapeutic Interventions
- Ward Round
- Safe and Supportive Observation
- Admissions and Planned Discharge
- Shift Handovers
- Meals
- Medicines

**Productive Community Hospitals:**

Foundation Modules:
- Knowing How we Are Doing
- Good Stock Management
- Patient Involvement

Process Modules:
- Patient Flow
- Managing Drug Admission
- Day Hospitals and In-Patient
- Admission and Discharge
- Multidisciplinary Team Working
- Handover
### Appendix 2

#### Current Implementation Progress on Cohort 1-Cohort 4

<table>
<thead>
<tr>
<th></th>
<th>Cohort 1</th>
<th>Cohort 2</th>
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**Key**

KHWD = Knowing How We are Doing  
WOW = Well Organised Ward  
PSAG = Patient Status at A Glance
## Releasing time to Care - Cohort Implementation Scheme

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<tr>
<th>Cohort</th>
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<td>Foundation (1/2-25/5) with one month review</td>
<td>P1 (27/7-9/10)</td>
<td>P2(12/10-18/12)</td>
<td>P3(4/1-5/3)</td>
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**Appendix 3**

Derbyshire Community Health Services

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**Notes:**
- One extra week holiday allowance during July/August and three weeks allowance during Christmas period.
- Facilitator meeting with ward/department 4 weeks prior to the start date.
- Leadership workshop 2 weeks prior to the start date.
### Well Organised Ward Benefit Realisation Table

<table>
<thead>
<tr>
<th>Ward</th>
<th>Process</th>
<th>Benefits Realised</th>
<th>Data Source</th>
<th>Calculation</th>
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<td>Bentinck</td>
<td>WOW</td>
<td>Identified a storage for therapy equipment to save therapist time walking back to department for equipment</td>
<td>Reduced from 171 to 17 steps Minimum - one fetching per day Maximum - three fetching per day</td>
<td>Minimum saving - 39 seconds X 365 days Minimum saving - 39 seconds X3 X 365 days</td>
<td>Minimum saving = 4 hours/yr therapist time Maximum saving = 11.8 hours/yr therapist time</td>
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<td></td>
<td>WOW</td>
<td>Reorganising linen cupboard (swapping it with patient clothing cupboard)</td>
<td>Reduce from 72 to 46 steps; Minimum - one bed linen collection per day plus three additional changes necessary throughout the day Maximum - one bed change per day plus five additional changes</td>
<td>Minimum saving - 13 seconds X4 X 365 days Minimum saving - 13 seconds X6 X 365 days</td>
<td>Minimum saving = 5.3 hours/yr nurse time Maximum saving = 7.9 hours/yr nurse time</td>
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<td></td>
<td>WOW</td>
<td>Setting Catheter trolley in treatment room</td>
<td>Ward data</td>
<td>Ward calculation (one per week)</td>
<td>3.9 hrs per year staff nurse time</td>
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<tr>
<td></td>
<td>WOW</td>
<td>Reorganising Store room and treatment room to reduce to, spend on looking for things (3 seconds rule)</td>
<td>Time saved on looking for things</td>
<td>3-5 sec each time</td>
<td>Time saved vary (to be quantified)</td>
</tr>
<tr>
<td>Oakwell and Manners</td>
<td>WOW</td>
<td>Hoist bay – relocation of battery chargers so they are next to hoist and charged all the time (charges were stored in 3 different places in the wards)</td>
<td>Reduce travel distance by 65 steps Minimum – one change required Maximum – four changes per day required</td>
<td>Minimum saving - 33 seconds X 365 days Maximum saving – 33 seconds X 4 X365 days</td>
<td>Minimum saving = 3.3 hours/yr nurse time each ward Maximum saving = 13.4 hours/yr nurse time each ward</td>
</tr>
<tr>
<td>WOW</td>
<td>Sluice room - collecting/returning a commode</td>
<td>Ward data</td>
<td>4 x 7.5 hr shifts per year each ward</td>
<td>Saving = 30 hours per year nurse time each ward</td>
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<tr>
<td>WOW</td>
<td>Reorganise RDC room - setting up a dressing trolley</td>
<td>Ward data</td>
<td>0.8 x 7.5 hr shift per year each ward</td>
<td>Saving = 6 hours per year nurse time each ward</td>
<td></td>
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<tr>
<td>WOW</td>
<td>Room on main corridor – relocating nebulisers</td>
<td>Ward data</td>
<td>24 seconds X 365 days</td>
<td>Saving = 2.4 hours per year nurse time each ward</td>
<td></td>
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<tr>
<td>WOW</td>
<td>Create a storage on the ward area for therapy equipment to save therapist time walking back to department for equipment</td>
<td>Reduced travel from 233 to 31 steps for Manners and 41 steps for Oakwell Minimum - one fetching per day on each ward Maximum - four fetching per day on each ward</td>
<td>Minimum saving - 101 seconds X 365 days Manners; 96 seconds X 365 days for Oakwell Maximum saving - 101 seconds X 4 X 365 days Manners; 96X4 X 365 days for Oakwell</td>
<td>Minimum saving = 10.2 hours/yr therapist time Manners; 9.7 hours/yr Oakwell Maximum saving = 50 hours/yr therapist time Manners; 38.9 hours/yr Oakwell</td>
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<tr>
<td>WOW</td>
<td>Relocation of wheel chairs from the store to the shower room</td>
<td>Saving 68 steps per trip Minimum - 12 fetches per day Maximum - 20 fetching per day</td>
<td>Minimum saving - 34 seconds X 12 X 365 days Maximum saving – 34 seconds X20 X 365 days</td>
<td>Minimum saving = 41.4 hours per year nursing/therapy time Maximum saving = 68.9 hours per year nursing/therapy time Manners ward</td>
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<tr>
<td>WOW</td>
<td>Reorganise RDC and treatment room (3 second rule)</td>
<td>Saving time in looking for things 3-5 seconds each time</td>
<td>Time saved vary</td>
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<tr>
<td>Birchover WOW</td>
<td>Relocation linen cupboard to Bay 3</td>
<td>Reduced travel from 111 to 37 Minimum - one bed linen collection per day plus three additional changes necessary throughout the day Maximum - one bed linen collection per day plus five additional changes</td>
<td>Time saving - 37 seconds per fetching Minimum saving - 37 seconds X4 X 365 days Minimum saving - 13 seconds X6 X 365 days</td>
<td>Minimum saving = 15 hours/yr nurse time Maximum saving = 22.5 hours/yr nurse time</td>
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<tr>
<td>WOW</td>
<td>Sluice room – collecting incontinent pad</td>
<td>Reduced from 60 steps to 47 steps. Minimum - 30% of patients requiring changes twice per day Maximum – 50% of patients requiring changes 4 times per day.</td>
<td>Minimum saving - 7 seconds X 3.6 patients X 2 X 365 days Maximum saving - 7 seconds X 6 patients X 4 X 365 days</td>
<td>Minimum saving = 5.1 hours/yr nurse time Maximum saving = 17 hours/yr nurse time</td>
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<td>WOW</td>
<td>Sluice room – Urine test</td>
<td>Reduced from 26 steps to 17 steps. Tests on admissions plus additional test required on daily basis, average 2 per day</td>
<td>5 seconds per test. Minimum saving: 5 X 232 Based on 232 admission in financial year 08/09 Maximum saving: (5X232) + (5 X 2X 365 days)</td>
<td>Minimum saving = 19.3 minutes per year nurse time Maximum saving = 30 minutes per year nursing time</td>
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<tr>
<td>Baron</td>
<td>WOW</td>
<td>Identified a storage for wheelchairs and therapy equipment to save therapist walking back to department for equipment and it also save nursing staff time to fetch wheelchairs</td>
<td>Save 141 steps each fetching from the therapy department Minimum - one fetching per ay for therapy staff Maximum - three fetching per day for therapy staff</td>
<td>Minimum saving - 70 seconds X 365 days Maximum saving - 39 seconds X3 X 365 days Saving on nursing staff time is vary</td>
<td>Minimum saving = 7 hours therapist time per year Maximum saving = 21 hours therapist time per year</td>
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<tr>
<td>WOW</td>
<td>Reorganise the Sluice room – housekeeper trolley</td>
<td>Reduced travel from 117 to 15 steps Minimum - one fetching per day Maximum - two fetching per day</td>
<td>Minimum saving -51 seconds X 365 days Maximum saving -51 seconds X 2 X 365 days</td>
<td>Minimum saving = 5.2 hours nurse time per year Maximum saving = 10.34 hours nurse time per year</td>
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<tr>
<td>WOW</td>
<td>Relocating storage from off ward to the ward(corridor) to reduce travel time for both housekeepers and nursing</td>
<td>Reduced travel distance – 30 steps for housekeepers; 2 trips per week Reduced travel distance – 32 steps for nursing staff; 3 times per week</td>
<td>Housekeeping – 15 seconds X2 X365 days Nursing staff – 16 seconds X3 X365 days</td>
<td>3 hrs housekeeping staff time per year 4.9 hrs nursing staff time per year</td>
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<td>WOW</td>
<td>Reorganising the linen cupboard to minimise the time spent in searching for items. (with 3 second rule and minimum stock level)</td>
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<tr>
<td>Ward data</td>
<td>Time saved vary</td>
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<tr>
<td>Clifton</td>
<td>WOW</td>
<td>Relocation of gloves and apron from storage cupboard to outside bays</td>
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<td>Reduce travel distance by 40 steps on each usage. It is difficult to quantify as gloves and aprons are used for lots of things such as personal hygiene, dressings, toileting.</td>
<td>Each usage will save: 20 seconds X 365 days</td>
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<td>Saving could be enormous - each usage will save 2 hours nurse time per year</td>
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<td>WOW</td>
<td>Putting all catheters in one central location to reduce time to collect catheters (previously some in treatment room and others in RCD room)</td>
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<td>Reduce travel distance 100 steps each collection Minimum – one a day Maximum – two a day.</td>
<td>Minimum saving -50 seconds X 365 days Maximum saving -51 seconds X 2 X 365 days</td>
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<td>Minimum saving = 5.2 hours/yr nurse time per year Maximum saving = 10.3 hours/yr nurse time per year</td>
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<td>WOW</td>
<td>Relocation of hoists on the ward (at both end of the ward)</td>
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<td>Reduce travel distance by 48 steps Average depends on how many patients you have using the hoist. If you have 5 hoist patients you would use the hoist at least 4 times per patient per day.</td>
<td>Based on one patient 4 times per day 24 seconds X 4 X 365 days</td>
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<td>Saving = 9.7 hours nurse time per year</td>
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<td>WOW</td>
<td>Storage of RDC and sterile supplies – from 4 different places to one location</td>
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<td>Reduce travel distance from 262 steps to 62 steps Minimum – 2 times a day Maximum – 6 times a day</td>
<td>Minimum saving -100 seconds X 2 X 365 days Maximum saving -100 seconds X 6 X 365 days</td>
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<td>Minimum saving = 20.3 hours nurse time per year Maximum saving = 60.8 hours nurse time per year</td>
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<tr>
<td>Johnson</td>
<td>WOW</td>
<td>Reorganised the location of materials and equipment for easy access – e.g. dressing wound process</td>
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<td>Reduce travel distance from 258 steps to 174 steps Minimum – 1 dressing a day Maximum – 3 dressing a day</td>
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<td>Location</td>
<td>Description</td>
<td>Time Saved</td>
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<td>WOW</td>
<td>Change location of equipment – setting up a stock venepuncture trolley</td>
<td>Reduce travel distance from 53 steps to 6 steps Once per week</td>
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<tr>
<td>Linacre</td>
<td>WOW Reorganising the ward areas to minimise the time spent in searching for items. (with 3 second rule and minimum stock level) and will continue WOW once moving into the new build.</td>
<td>Ward data Time saved vary</td>
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<tr>
<td>Melbourne</td>
<td>WOW Reorganising the ward areas to minimise the time spent in searching for items. (with 3 second rule and minimum stock level) and will continue WOW once moving into the new build.</td>
<td>Ward data Time saved vary</td>
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