

# The Productive Series in Nederland

[www.productiveseries.nl](http://www.productiveseries.nl)





# Inhoud

- Overzicht
- Welke versies bestaan er
- Geschiedenis The Productive Series
- Uitgangspunten 1 en 2
- Inhoud programma
- Resultaten
- Waarom werkt het
- Implementatie in een ziekenhuis
- Conclusies







# Overzicht; wat

- Afdelingsgericht
- Afdeling doet alles zelf,
- Programma ondersteunt hun proces
- Gaat over HOE en niet over het WAT
- Gebruik methoden van bewezen waarde
- Proces gedetailleerd uitgewerkt in modules
- Praktische handleiding voor elke module
- Herhaling proces leidt tot verbetercultuur

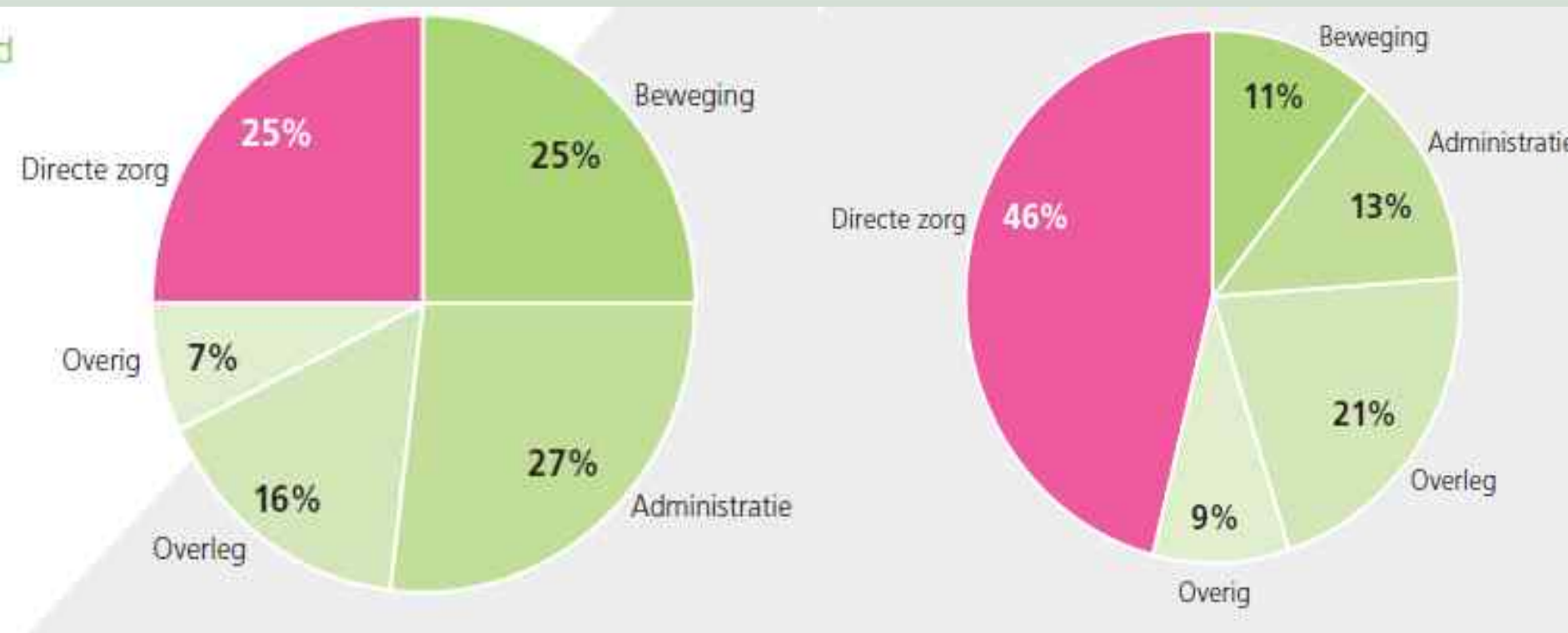




# Overzicht; resultaat

## Voor Prod Ward

## Na Prod Ward



# The Productive Series

## The Productive Ward

*Releasing time to care™*



## The Productive Mental Health Ward

*Releasing time to care™*



## The Productive Community Hospital

*Releasing time to care™*



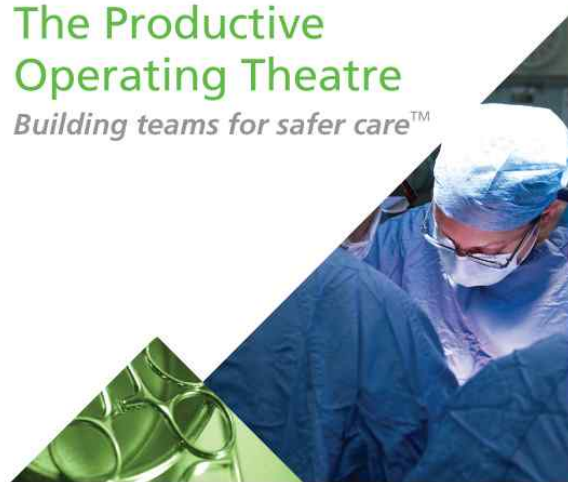
## The Productive Leader

*Releasing time to lead™*



## The Productive Operating Theatre

*Building teams for safer care™*



## Productive Community Services

*Releasing time to care™*



# The Productive Series





# Geschiedenis Productive Ward

- NHS Instituut for Innovation and Improvement sinds 2005
- NHS lange wachtlijsten; slechte naam
- Bedrijfsmatige aanpak in de zorg gewenst
- Mc Kinsey en zorgverleners in ontwikkelteam
- Uitgangspunten en creatief proces
- Uitproberen op 12 testsites in 6 trusts
- Beschikbaar in Engeland sinds januari 2008





# Uitgangspunten 1

- Afdelingsgericht; daar gebeurt het
- PW gaat over HOE, niet over WAT
- Team zelf laten verbeteren
- Versterk teamband
- Ondersteun verbeterproces; help de zorgverleners
- Alle voorkomende werkzaamheden
- Zelf meten en spiegelen aan persoonlijke doelen
- Organisatieverbetering
- Heeft positieve invloed op 'staf moraal'





## Uitgangspunten 2

- Methoden van bewezen waarde
  - Lean, 6Sigma, TOC, Prince2, etc, etc
  - Vermoei de professionals niet met theorie
  - Reduceer variatie, verstoring en verspilling
- Simpel en stap voor stap; modulair
- Meetbare resultaten op alle onderdelen
- Borging van verbeteringen





# Inhoud; doelen en meten



Measures in blue = basic measures for improvement that need to be in place early on

Measures in red = advanced measures to implement as and when available (ideal situation)

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Management  
Consultants



# Kwaliteit centraal bij The Productive Series

Team prestatie en leiderschap



Veilige en betrouwbare  
zorg

Effectieve zorg



# Modules Productive Ward



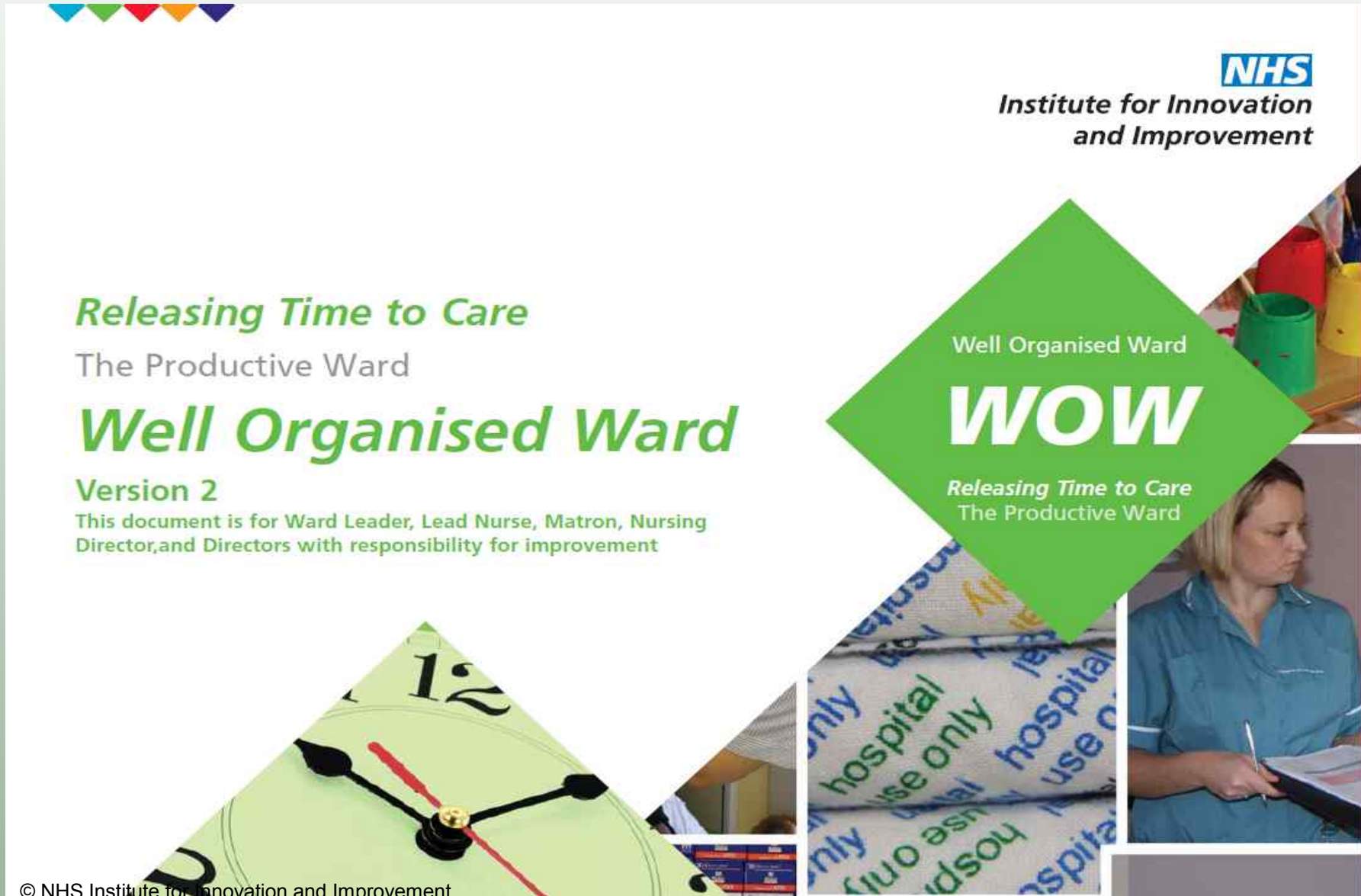


# Wat zit erin

- Handleiding voor elke module voor elke afdeling (11 totaal)
  - Te gebruiken als “kookboek”
  - Dezelfde inhoudsopgave, onderwerp verschilt
  - Proces, voorbeelden, hints en tips verschillen
- Handleiding voor
  - Leidinggevende afdeling
  - Projectleider van het ziekenhuis
  - Raad van Bestuur
- Methodenboek/toolkit; training
- Chat box op internet
- Uitwisselingsbijeenkomsten
- Adviseurs



# 15 van de ~1000 blz



# Contents

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# *What is the Well Organised Ward?*

The Well Organised Ward is an approach to simplify your workplace and reduce waste by having everything in the right place, at the right time, ready to go.

## *What it covers*

This module describes how to use the 5S approach to organise areas in the ward.

## *What it does not cover*

This module does not comment on what to change, it concentrates on how areas should be improved.

02



# 5S is not about sorting and cleaning!

5S is NOT about just a good tidy up

It IS about having a ward where:

- things are immediately made ready for the next person
- the process for doing this is agreed and understood by everyone on the ward
- changes are maintained once they've been implemented until they are second nature
- there is the option to go back and make changes when things still aren't quite right
- you understand why things are done the way they are done

*By starting with 5S you will be able to see visible changes on your ward and staff will see that they are empowered to make changes to their workplace!*

*People keep thinking back to when the matron told them to keep the ward clean – and think 5S is the same. But the big difference is, in 5S the whole team decides what to do, and owns it!*

05



# Why use it?

Time will be saved

Increase proportion of direct care time

The ward will 'look and feel' better – space will be created

Increases patient and staff satisfaction

Things will be easier for staff

Reduces unplanned absence

Mistakes and errors will decrease – some clinical risks will be eliminated

Reduces adverse incidents, MRSA and C Diff infections

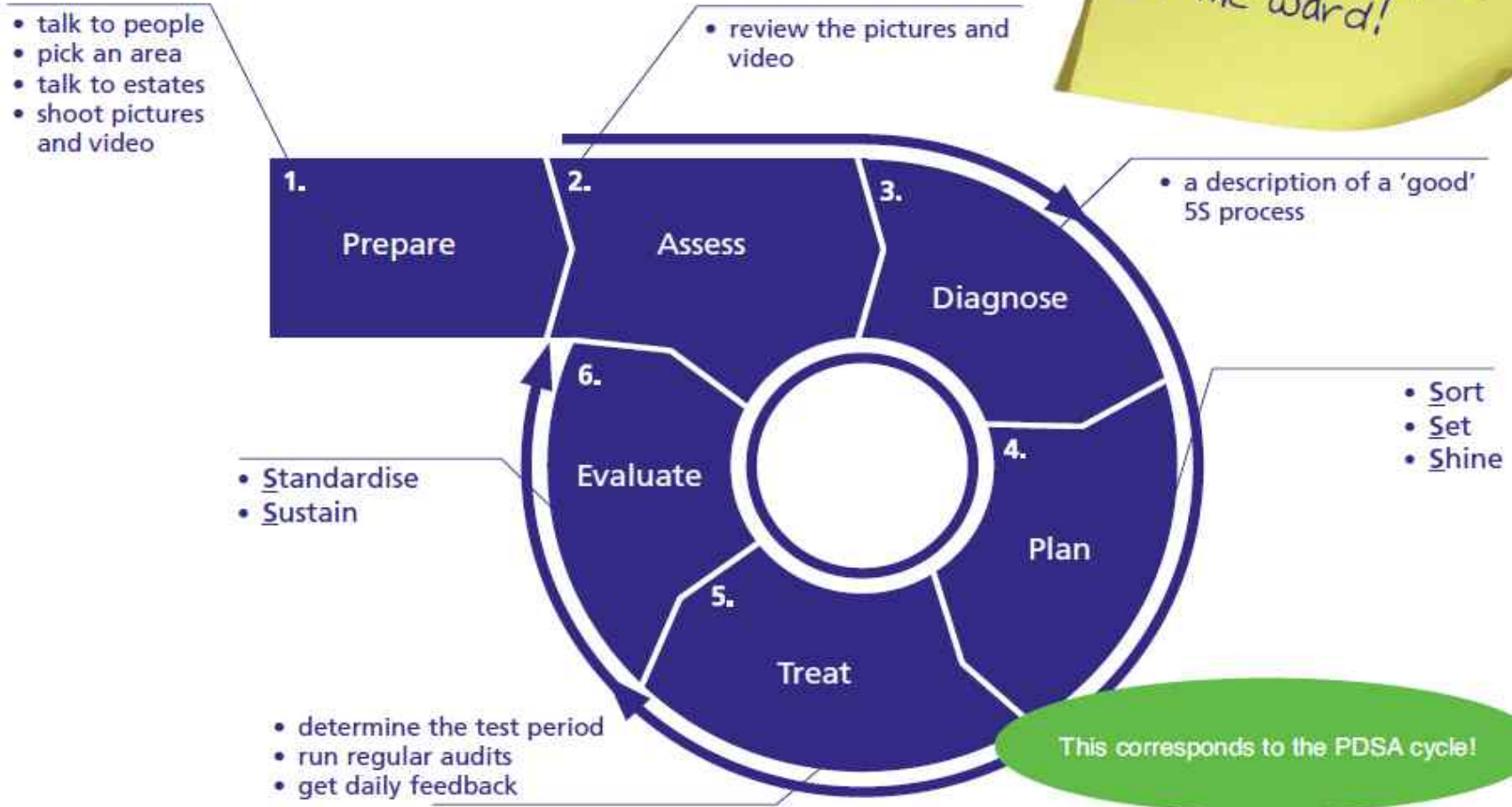
Case study examples can be found throughout this publication.

06



# How will we do this on our ward? - the 6 phase process

*This improvement cycle is the same as the care cycle on the ward!*



09

# Prepare

There are five steps in preparing to do a 5S exercise:

## 1. Pick an area of the ward:

The decision about what area to start first can be split into two areas:

### Impact:

- is there an area that has to be addressed immediately because of safety issues?
  - look through your last 20 incident reports to see if there are any trends in location or accident type

- is there an area that causes the most frustration for staff?
  - use tool 5 (Interviewing), from the Toolkit
- where can you have the most impact?
  - use tool 3 (Activity Follow) and tool 4 (Waste Walk) from the Toolkit, to find out what areas staff are spending time in and where you can find waste

### Resources / Experience:

- do we have enough experienced staff to start with something big? (e.g. nursing station, a place used by many people)
- is it better to start with a small area to build confidence on the ward?

## 2. Decide a team:

- 1 ward leader
- 1 ward sister
- 1 improvement leader (if there is one)
- any other available ward staff depending on area:
  - clerical staff
  - supply staff
  - pharmacy staff

### 3. Talk to Senior Management:

- discuss budget in case work needs to be done by estates
- confirm regular involvement in 'Shine'
- talk to estates before you are ready to begin so they are aware you may need their services
- agree a small budget so sign off is not required

### 4. Record how the chosen target area currently looks:

- use tools 6&7 (Photographs and Video) from the Toolkit

### 5. Decide on the main process that uses the area:

- refer to the tool 8 (Timing Processes) section in the Toolkit
- time the process (the section where it uses the area only)
  - i.e. for the toileting process, time how long it takes to collect and / or replace a commode

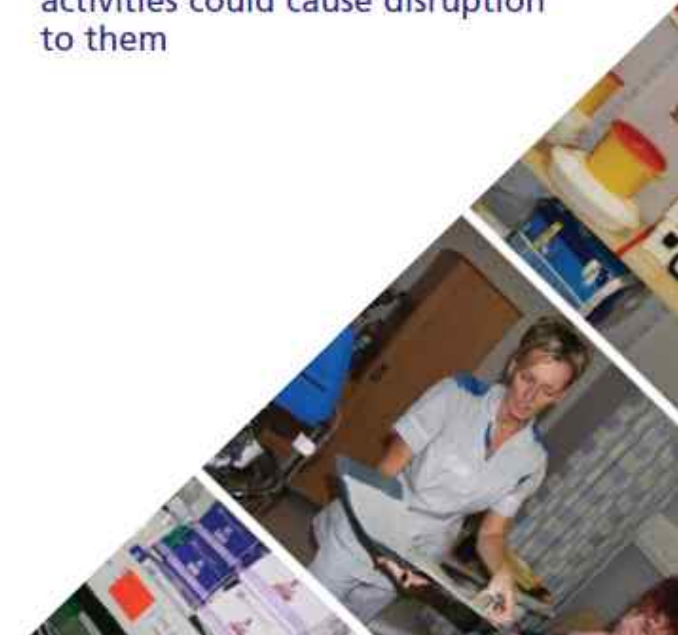
### 6. Introduce 5S to the team:

- use the 5S game (guidelines can be found on the NHS Institute for Innovation and Improvement's Productive Ward web pages at [www.institute.nhs.uk/productiveward](http://www.institute.nhs.uk/productiveward))

- playing the 5S game with all staff on the ward will give them a better understanding of what 5S means. This should be done at each stage if there are any new staff joining the team

### 7. Communicate to patients:

- make sure patients are fully briefed if you think that your 5S activities could cause disruption to them



## Prepare Milestone Checklist

Move on to 'Assess' only if you have completed ALL of the items on these checklists

	Completed <input checked="" type="checkbox"/>
1. Decided on the team.	<input type="checkbox"/>
2. Talked to senior management and estates.	<input type="checkbox"/>
3. Used Toolkit to pick ward target area.	<input type="checkbox"/>
4. Recorded how the area currently looks using video and photographs (using guidance from the Toolkit).	<input type="checkbox"/>
5. Played the 5S game with the team.	<input type="checkbox"/>
<b>Effective Teamwork Checklist</b>	<b>Tick if YES</b>
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed?	<input type="checkbox"/>
4. Did the team remain focussed on the task?	<input type="checkbox"/>
5. Did the team focus on the area / process, not individuals?	<input type="checkbox"/>

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

# Assess

Once the area has been selected you need to understand what the area is currently being used for. You need to answer the following questions:

- what is the 'official' use of the area?
- is this right - should it be redefined?
- is it being used for something different?

With your team, watch the video or review the photographs of the area, and consider the following questions:

- are things easy to find?
- do you see risks to patient and staff safety?
- are staff struggling to do a particular task?
- what would a visitor/relative think?
- what does our environment say about us?

*Write your answers on a flipchart so everyone's thoughts can be seen. The page can be posted in the 5S area to remind the team where they started.*



## *The 5S process will look like this*



## Diagnose: Ideas that have worked. Example 1

These are ideas that have worked. They are not necessarily right for your environment.

**SORT:** (in this case, due to the nature of the area, much of the 'shining' was done at this early stage)

**BEFORE (Linen cupboard):**



Don't be tempted to 'cherry pick' these ideas, work through the module fully

22

SET: (Pictures and coloured tape ensuring visual management)



SHINE:



10 Point Check List Well Organised Ward	Status 1	Status 2	Status 3	Status 4
All the items in the area have a clear purpose and reason for being there				
There are specific locations for everything				
The locations for these items are clearly marked				
It's easy to see if something is missing, in the wrong place, or needs to be re-stocked				
All the equipment is regularly maintained and kept ready-to-go				
There are standard operating procedures on the use of the area and all staff are aware of how things should be done				
Regular and random audits are conducted against the standard operating procedures to make sure the changes are maintained				
A new member of staff can easily find things and understand how things are done				
Quantities of stock are based on usage				
The replenishment of stock matches demand				

# Acknowledgements

Thank you to all staff at:

Basingstoke and North Hampshire NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust

Royal Liverpool and Broadgreen University NHS Trust

Luton and Dunstable Hospital NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Central Manchester and Manchester Children's University Hospitals NHS Trust

NHS Institute for Innovation and Improvement, and staff from our improvement partners, who have had an input into this document

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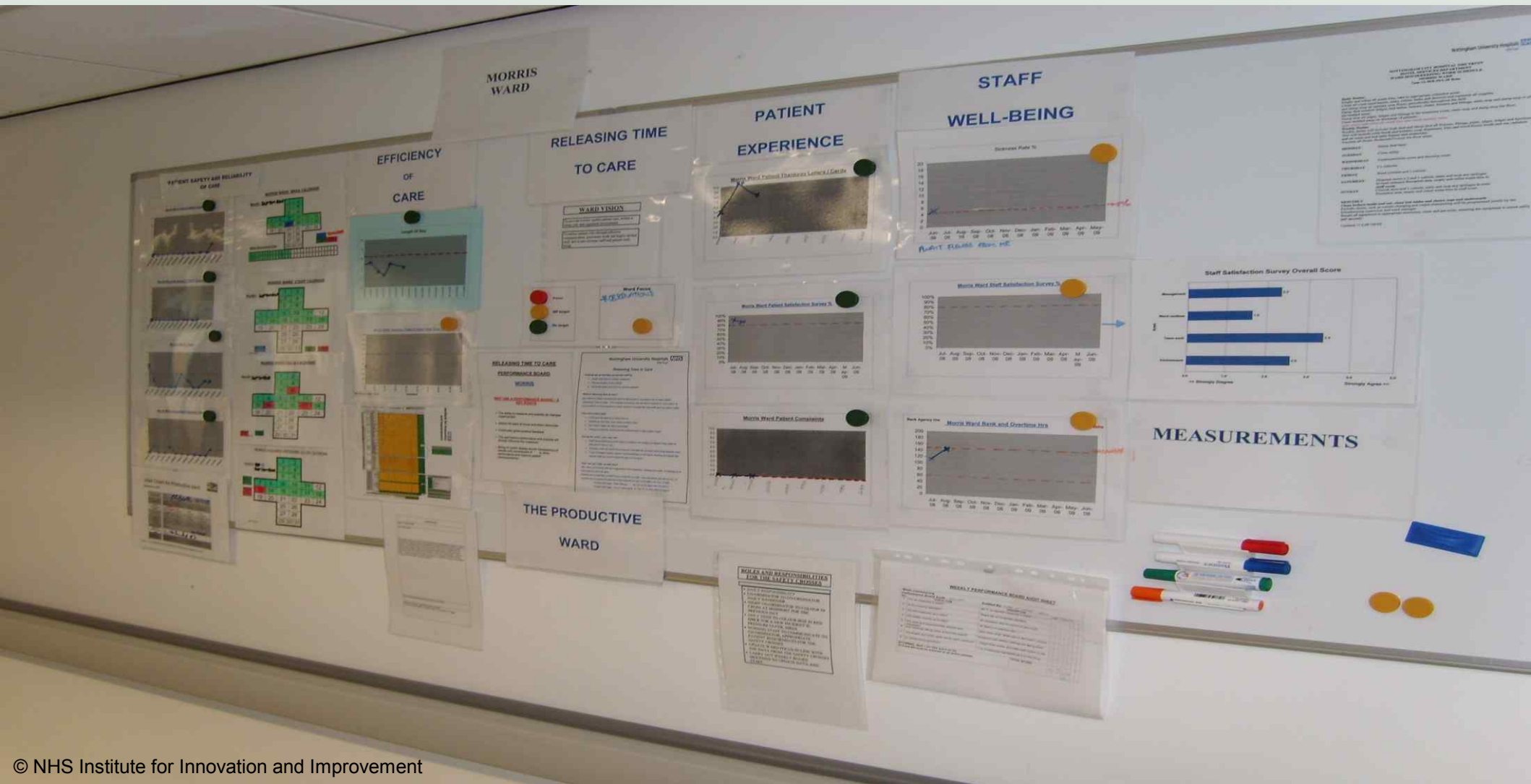
Lizzie Cunningham, Matron, Basingstoke and North Hampshire Hospitals Foundation NHS Trust

Cathie Blackwell, Sister, Royal Liverpool and Broadgreen Hospital NHS Trust





# Op de gang participierende afdeling





# Simpele borging valincidenten





# Analyse valincidenten (plot)





# Resultaten Prod Ward

- 30% meer tijd voor patiënt
- kortere ligduur
- minder infecties
- 50% snellere medicijnronde
- minder medicatiefouten
- minder verspilde maaltijden
- 30% snellere overdrachten
- minder ziekteverzuim
- trotse verpleegkundigen
- inmiddels in vele landen toegepast





# Resultaten



## The Productive Ward: *Releasing time to care™* Learning and Impact Review



Final report



# Waarom werkt het

- Laat zelf weinig tijd voor zorg meten/oorzaak wordt gevoeld
- Zorgverleners bepalen het WAT en doen het zelf
- Alle activiteiten van afdeling en niet mode/beleids onderwerpen
- Programma ondersteunt zorgverleners
  - Simpel en hanteerbaar; geen theorie vereist
  - Alle modules gelijk stramien; verbeter-routine
  - Praktische voorbeelden en uitwisseling ervaringen
- Honneurs komt bij de afdeling terecht; motiverend
- Borging is onderdeel van programma
- Leidt tot cultuurverandering
  - Meer zelfoplossend vermogen; nieuwe problemen ook





# Implementatie

- Raad van Bestuur start project en motiveert besluit
- Keuze pilotafdeling (twee, max drie)
- PR, projectleider, training projectleider en afdelingshoofden
- Projectplan en bespreek; bereid pilot voor
- Start pilot, drie modules, evalueer
  - Elke module 6 weken
  - Open instroom andere afdelingen
- 11 modules; minimaal 66 weken totaal per afdeling
  - In praktijk niet alle modules en niet achter elkaar





# Conclusie voor afdeling

- Productive Series laat afdeling zelf managen
- Zorgverleners komen aan eigenlijke taken toe
- Resultaten stimuleren om door te gaan
- Voor alle activiteiten module beschikbaar
- Betere zorg, tevreden patiënten, tevreden medewerkers, grotere veiligheid
- Doorbreekt de tendens meer controle





# Conclusie voor organisatie

- Rol topmanagement
  - Coacht en stimuleert
  - Delegeert verantwoordelijkheden, geen taken
- Leidt tot
  - Hogere productie
  - Betere zorg
  - Betere veiligheid
  - Minder kosten
  - Tevreden patiënten
  - Tevreden medewerkers
- Minder controle; minder bureaucratie

