



St George Hospital & Community Health Services

# The Renovated House Productive Ward



Health  
South Eastern Sydney  
Local Health District

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## Introduction & Background:

The Productive Ward program was commenced at St George Hospital in 2013 and after engaging teams in a reflection process was 'renovated' in 2017. The renovation process aimed to create a supportive framework that was meaningful, relevant and engaging.

There are 24 inpatient and outpatient areas participating in Productive Ward at present.

Every clinical area engaged in Productive Ward works through the same module together over a 3 month period. This allows for collaboration, sharing evidence from practice and innovation together as a collective group.

Each ward aims to have at least 3 leads that take ownership of a 'module' at a time. With the support of their NUM and CNE, the leads are encouraged to engage their teams, using a facilitation method, allowing staff to discuss their current ways of working and collaboratively design new and creative ways of working

## Aim:

The Renovated Productive Ward program is a quality improvement project aimed at reviewing current processes to ultimately release more time to direct patient care. This is achieved through engaging teams with collaborative, inclusive and participatory methods to build workplace culture and implement strategies that improve patient care. Workplace culture is an influential factor in delivering effective, person-centred and adaptive care (1) and without this, strategies for improvement may be less effective.

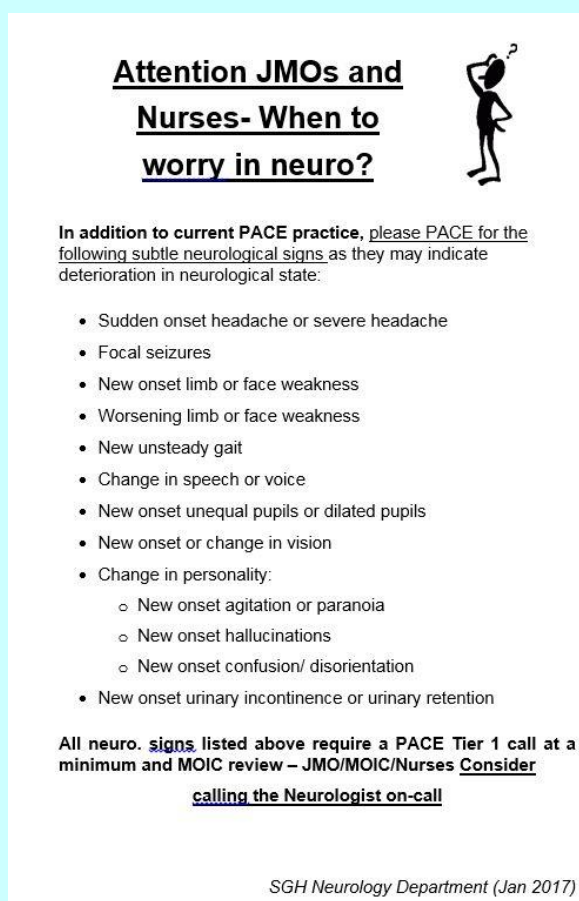


## The Modules:

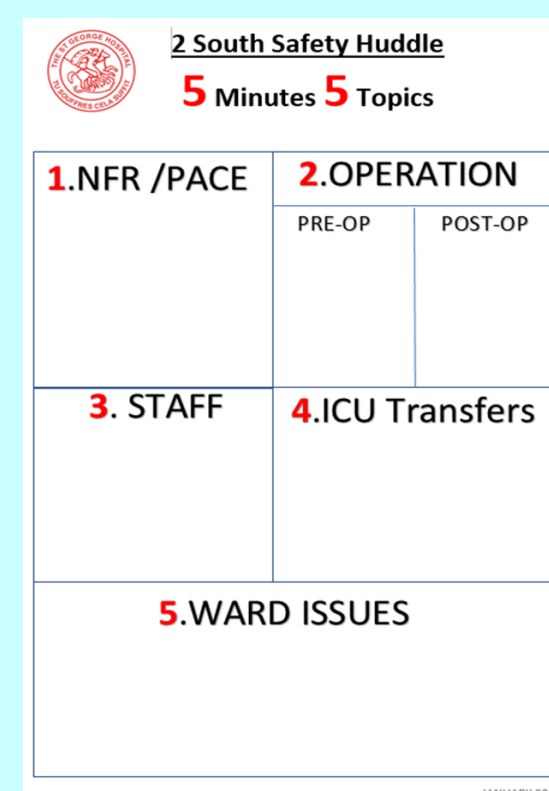
The renovated house consists of four foundation modules and seven process modules. The purpose of the foundation modules is to create a strong base that allows staff to explore shared values and create value statements, to consider their wellbeing and factors that influence this, and the role of leadership in building their capacity and enhancing the delivery of person-centred care.

With a strong base in place, the seven 'process' modules allow wards to engage their teams in collaborative ways to consider what each of the modules means for their ward. While working through these modules, teams consider ways they could enhance their patient-centred service as they engage in clinically relevant and meaningful discussion on each topic. Teams then engage in a process of action planning and evaluation to track progress, ensure sustainability, and enable celebration of achievements.

The development of a 'When to worry' template in neurology to assist new and casual staff to identify deteriorating neurology patients.



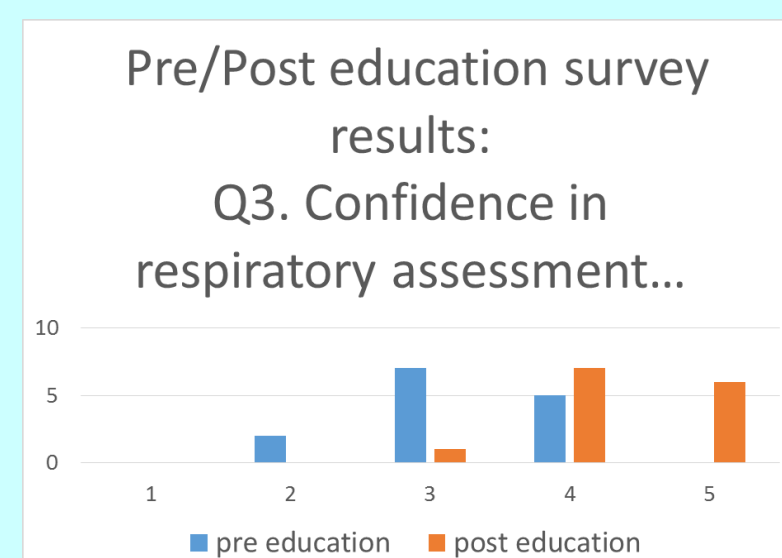
The development of a 5 minute safety huddle at the commencement of shifts prioritises safety concerns and results in more targeted clinical handovers



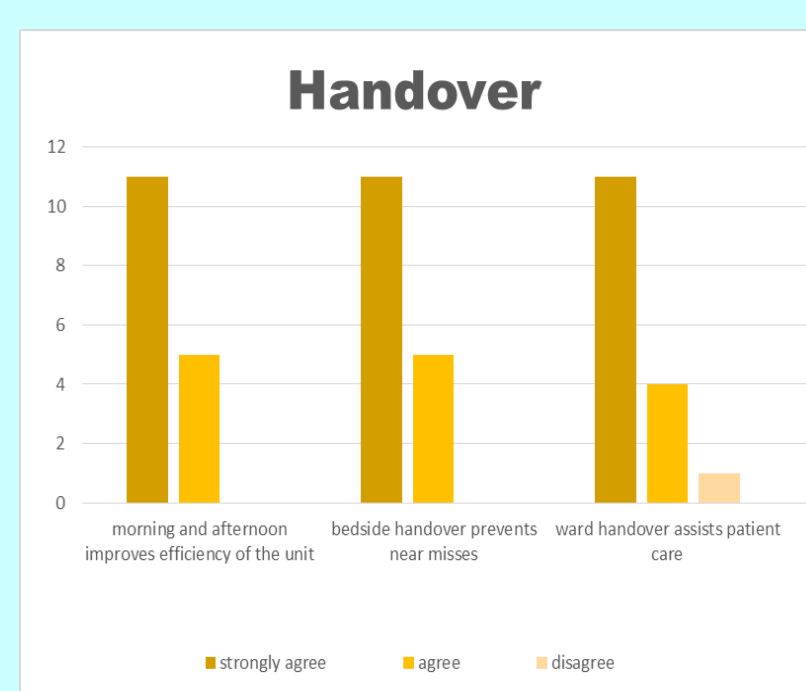
The inclusion of Total Parenteral Nutrition on the ward's imprest list has resulted in a reduction of time where patients are not receiving TPN.



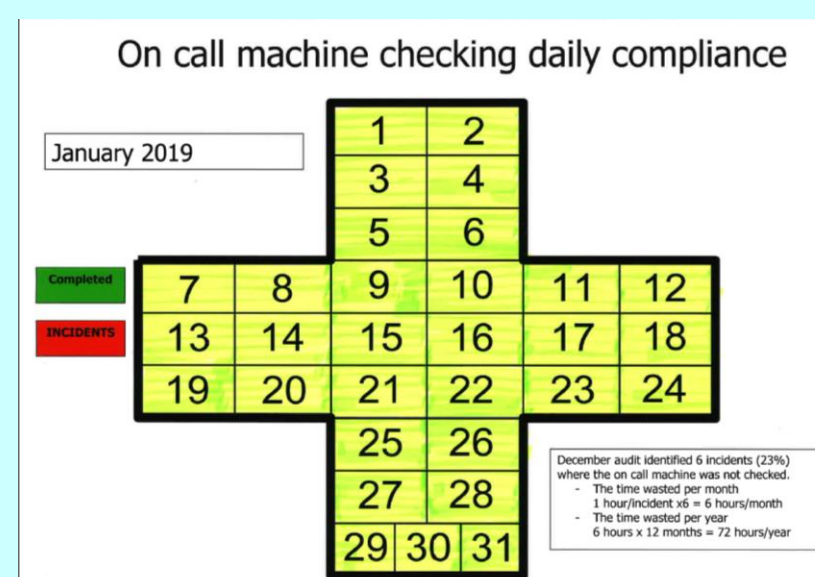
The development of education strategies in respiratory leading to an increase in staff confidence in chest auscultation.



The implementation of a leadership handover in Dialysis resulting in improvement of staff's perception of communication and safety



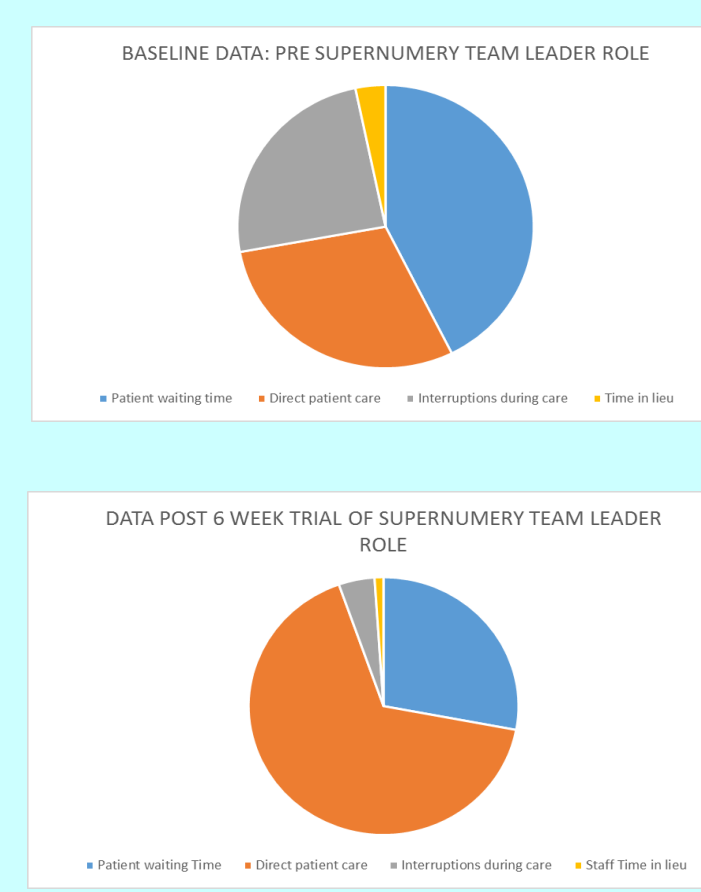
The inclusion of safety checks of on-call dialysis machines resulting in a reduction of approximately 100 hours per annum in delayed dialysis.



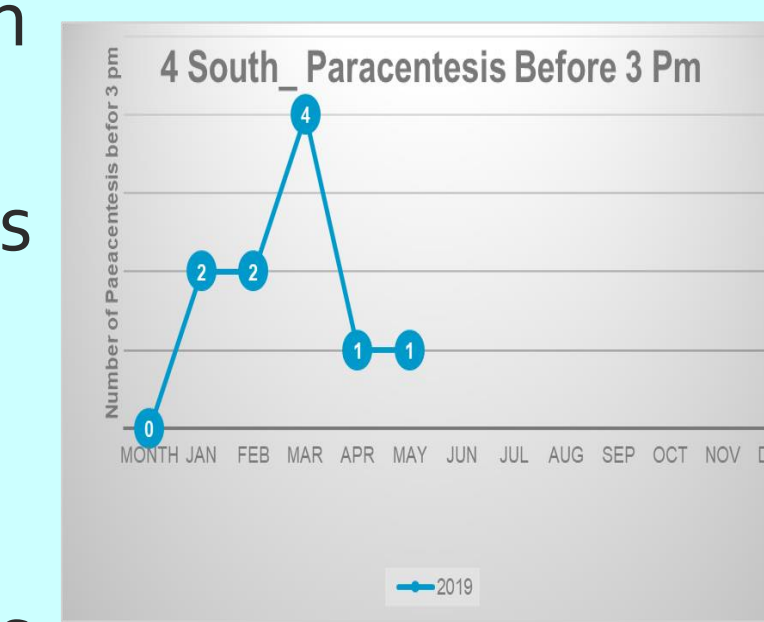
The introduction of an afternoon medical/nursing round in Cardiology has resulted in improved communication and planning processes for patient discharges.



The introduction of a team leader role in the Ambulatory Care Unit has resulted in an increase in the provision of direct patient care by nurses and a reduction in patient wait time.



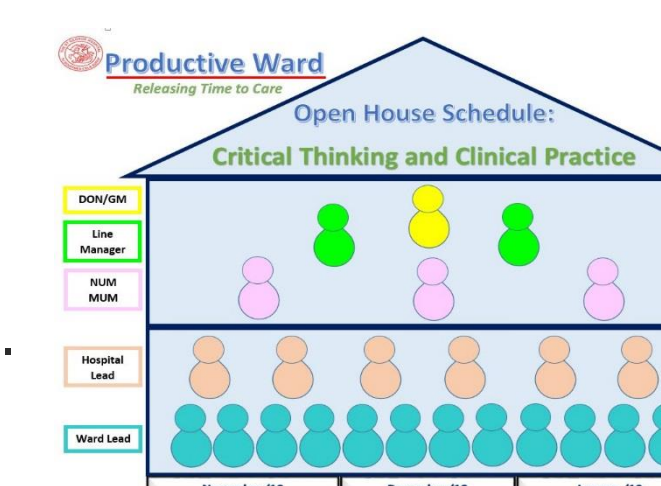
Improved communication and planning for gastroenterology patients undergoing abdominal paracentesis resulting in safer completion of procedure within business hours.



The development of a sticker in a postnatal maternity ward to highlight daily jaundice checks, resulting in an increase in compliance from 10% to 80%

## Sustainability:

The ongoing support and development of clinical leads has seen 59 new leads trained in the past 18 months. These leads are supported by monthly catch up meetings where ideas, progress and challenges are shared from each ward in the hospital. This has enabled a 'swap and steal' time, where wards are able to share initiatives with each other, building the capacity and capability of each ward. The program has strong governance and executive sponsorship, with the nursing executive team regularly attending ward rounds to engage and support teams in this process. This also allows clinicians to know who their executive and leadership teams are and for showcasing current activities. Ward based leads are allocated protected Productive Ward time to work on projects within their wards. This governance structure is a key part of the sustainability of the Renovated Productive Ward program.



A productive ward visit house allows wards and leadership teams to create accountability and transparency

## Conclusion

The Renovated Productive Ward program has enabled clinical areas to engage, collaborate and utilise innovative ideas and processes to improve patient, staff and consumer wellbeing and safety. Future planning for Productive Ward involves improving links to organisational priorities, improving rounding structure and promoting ongoing training for current facilitators.

## References

- Manley, K., Sanders, K., Cardiff, S. & Webster, J. 2011, 'Effective workplace culture: the attributes, enabling factors and consequences of a new concept', *International Practice Development Journal*. Journal 1. No. 2.

The renovated house is adapted from the NHS Institute for Innovation and Improvement Productive Ward Program 2007