Improving the productivity of hospital wards

Country: New Zealand
Partner Institute: The University of Auckland
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Health Policy Issues: Quality Improvement

1. Abstract

A program called Releasing Time to Care: The Productive Ward has been introduced into 62 public hospital wards in 10 of the 20 District Health Board regions. The program, which was developed in the NHS in England, takes a patient-centered approach to improving the quality of care on acute care nursing units by freeing up caregivers’ time for more direct patient care. It gives frontline staff the opportunity to design safer and more reliable care by improving ward processes and environments.

2. Purpose of health policy or idea

The overall objective of the Productive Ward: Releasing Time to Care program is to enable nurses and other hospital staff to spend more time with patients, thereby improving the safety and efficiency of the ward. The program aims to empower ward teams to identify areas for improvement by giving staff the information, skills and time they need to regain control of their ward and the care they provide. They do this by looking at processes such as drugs rounds, ward rounds and discharges, and then finding ways of streamlining these processes so that the ward staff can spend more time on direct patient care.

Main objectives

- Increase the proportion of staff time spent with patients
- Improve safety
- Reduce costs and waste
- Improve staff morale

Type of incentives

The incentive to participate in this program stems from the empowerment that staff feel in taking ownership of the problem and finding their own solutions.
Groups affected
Hospital ward staff, hospital patients

3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Controversy</td>
<td>consensual</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
<td>marginal</td>
<td>fundamental</td>
</tr>
<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
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</table>

This program is uncontroversial and is supported by both decision-makers and health professionals. It is also not system-dependent, having been developed in England yet successfully implemented in New Zealand. Although the program has fairly low public visibility, the Minister of Health makes a point of bringing some of the positive results being reported in hospitals to the attention of the media.

4. Political and economic background

Improving productivity in hospitals is an ongoing challenge for all health systems, especially in the current economic environment where public budgets are being squeezed following the world-wide recession. While public spending on health is not being cut in New Zealand, the government is trying to curb its rate of increase. The current government also has a policy of shifting resources into the provision of frontline services.

5. Purpose and process analysis

<table>
<thead>
<tr>
<th>Idea</th>
<th>Pilot</th>
<th>Policy Paper</th>
<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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Origins of health policy idea

This program was developed by the English National Health Service (NHS) Institute for Innovation and Improvement in 2007/2008 and is now operating in all of the acute care trusts in England. In 2008, the NHS invited the New Zealand Ministry of Health to participate in the program and it is now being extended to many other countries. The Productive Ward is part of The Productive Series of programs for improvement and innovation in the NHS. The series adopts efficiency techniques previously used in car manufacturing and safety techniques learned in the aviation industry and applies these techniques to different parts of the health system.

Initiators of idea/main actors

- Government
- Providers
**Approach of idea**

The approach of the idea is described as: renewed: The program was first developed for and introduced in the English NHS in 2007/08.

**Stakeholder positions**

There are three levels of stakeholders in this program: the Ministry of Health which led the initiative, negotiated adoption of the program with the English NHS and funded the program licences; hospital managers who choose to support the program within their hospital; and ward staff who undergo training, identify problems and suggest solutions. All are very supportive of the program, especially ward staff. For example, one ward manager reported that: "Frontline staff, nurses have found a new passion in organising, working together in teams to eliminate waste, and shaping their work unit into a well organised ward."

**Actors and positions**

Description of actors and their positions

**Government**

Ministry of Health very supportive strongly opposed

**Providers**

Hospital managers very supportive strongly opposed

Ward staff very supportive strongly opposed

**Influences in policy making and legislation**

No legislative change is required to implement the program.

**Legislative outcome**

**Actors and influence**

Description of actors and their influence

**Government**

Ministry of Health very strong none

**Providers**

Hospital managers very strong none

Ward staff very strong none

**Positions and Influences at a glance**

**Adoption and implementation**

Implementation of the program in New Zealand commenced with a pilot being run in two wards in one public hospital. It was soon extended to other wards in the same hospital and is now operating in 62 wards in 10 of the 20 District Health Board regions. Because the program aims to secure permanent change, the implementation process takes time. Once the staff have been trained, a lot of time is spent in collecting data, analysing what is currently happening, and identifying where changes can be made. It can take up to 6 to 12 months for changes to be embedded and for improvements to be seen.
Review mechanisms
Evaluation is ongoing, with individual units monitoring relevant indicators as the program is implemented.

Results of evaluation
Very positive results are being reported from the program, including:

- Nurses are getting back at least 10 per cent of their time to spend on patient care. In some wards, time spent with patients has doubled from around 28% to over 50%
- Cost savings, for example from reduced stock levels and on laundry
- Calmer wards and fewer patient complaints
- Increased patient safety, including reduced medication events
- Improved staff morale
- Barriers broken down between frontline staff and managers between disciplines.

6. Expected outcome

This program has been very successful in the UK, especially in reducing medication errors and releasing nursing staff to patient care. Similar outcomes are expected in New Zealand, with early evidence indicating that both the quality and efficiency of services are improving. A similar program, also developed in the NHS, is now being rolled out in operating theatres in New Zealand.

Quality of Health Care Services

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<th>Quality of Health Care Services</th>
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<th>fundamental</th>
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7. References

Sources of Information


Author/s and/or contributors to this survey
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