**Ward Collaborative – Overall summary**

### Aims

- **MCA Ward Collaborative Aims**
  - To support up to 10 wards at STH to improve care for the patients they serve by March 2016.
  - To build quality improvement capability with the staff on those wards so that quality improvements can be maintained and improvement becomes continuous during this period.
  - To support and develop new MCA coaches working in the ward environment by buddy them with experienced service improvement coaches.
  - To create an opportunity for wards to learn from each other, share improvements and good ideas to accelerate the rate of improvement for patients.
  - To spread the approach and learning from the improvement approach adopted in the Respiratory wards.

### Challenges

- **What are we learning - Challenges**
  - Conditions remain challenging – operational pressures do not always allow staff to meet and work on improvement.
  - Communication to the wider team from the core improvement group is problematic and variable.
  - Timing of sessions is tricky – teaching what the teams need at the right time.
  - Measurement is a challenge – outcomes are measured but many ward processes are not routinely measured.

### Themes and PDSA’s

<table>
<thead>
<tr>
<th>Team &amp; Wards</th>
<th>Themes</th>
<th>PDSAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSM (65,6 &amp; 7, RH5 &amp; 6 NGH)</td>
<td>Communication, Noise</td>
<td>Board Round redesign, E-discharge, Case note standardisation</td>
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<tr>
<td>Gastro (RH3 &amp; RH4 NGH)</td>
<td>Patient Flow (timely discharge), Patient</td>
<td>Daily Board Rounds and Ward Rounds, Junior doctor induction pack, Patient entertainment – availability of a newspaper/sweet trolley and working TV's</td>
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<tr>
<td>Spinal (Osborn 2)</td>
<td>Organisation, Ward Processes, Food</td>
<td>MDT ward round standardisation, Patient information &amp; Food storage, Drug round redesign, Ward documentation</td>
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<tr>
<td>Spinal (Osborn 3)</td>
<td>Team Work</td>
<td>Improving flow of ward round, MDT communication tests, Standardisation to reduce time wasted</td>
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<tr>
<td>Infectious Diseases (E1 &amp; E2 RH)</td>
<td>Ward attendees</td>
<td>Overall process redesign, New labelling for tests, diary system, blood result redesign, patient tracking</td>
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<tr>
<td>Orthopaedics (F1 RH)</td>
<td>TED Stockings Process Pain Management Patients belongings</td>
<td>Tested stockling aid reducing delay in discharge, Test re X ray process to improve pain management and immediately start physiotherapy.</td>
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<tr>
<td>Cardiology CCU</td>
<td>Left collaborative after learning session 2</td>
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### Positives

- **What are we learning - Positives**
  - **People power** – over 100 front line staff engaged.
  - Collaborative helps build capability, rhythm and pace for sustained improvement.
  - Develops QI understanding and ownership.
  - Co-coaching model helps support ‘novice’ coaches and aids ‘resilience’.
  - Teams regularly sharing ideas and challenges supports spread and sustain.

### Participant comments

- **Participant comments**
  - “The Co-coaching has been most valuable, instant feedback - asking did I talk too much”
  - “There is real value in feedback, sharing ideas and in reassurance about pace”
  - “It has been great to see what happens with a whole system view”
  - “We’ve realised that this is not linear & QI doesn’t fit into boxes, we took it back to basics and met the ward where they are at and tried to keep things simple”

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**Ward Collaborative MCA teams at 12 months**

- **Green - Active**
  - Specific Aim
  - Theme
  - Flowchart
  - Cover & Effect
  - Change Ideas
  - SP Assessment

- **Red - Inactive**