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Introduction of the Productive Ward: Releasing Time to Care to Programme. Introducing the programme to a Care of the Older Person Unit

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Introduction of the Productive Ward:  
Releasing Time to Care to Programme

Introducing the programme to a Care of the Older Person Unit

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To loved ones who have had to suffer in silence I thank you!
Abstract

Recent times have seen changes within the healthcare sector providing residential services for older people. The publication the Residential Care Standards by the Health Information and Quality Authority in 2009 was followed by the advent of inspections to ensure compliance with standards. The public residential units then commenced a major journey of change which ultimately led to the improvement in quality of environment and care in many of the facilities. The change did not come easy and resulted in a number of staff leaving the service. The overall aim of this project was to improve the quality of patient care and the staff work environment through the introduction of the Productive Ward Programme.

The writer conducted a broad literature review, much of the literature had its foundations in the NHS where the programme was developed initially. The author also reviewed literature from other countries and despite the potential for bias in some cases, evidence was available of the possible benefits to be gained from introducing such a project. The planning, development and implementation phases were guided by the HSE change model with staff involvement at each step of the change process. The toolkit supplied as part of the programme was used to gather data with other tools being developed and employed to assist in evaluating all aspects of the project. The project timeline allowed for the introduction of two foundation modules of a much larger programme, the results obtained provided positive feedback on the programme and will be used to guide the continued introduction of further modules.
1 Introduction

On a worldwide basis, the majority of healthcare organisations are contending with the pressures of ageing populations with an increased number requiring care over time for lifestyle diseases such as cancer and diabetes (Al-Balushi et al 2014). In this respect Ireland is no exception as life expectancy here has increased and is presently above the EU average. We are living longer as a result of advances in medicine, the technology involved and the improvement in models of care (HSE, 2015). The population of over 65 years is set to increase by almost 10% over the course of the Health Service Executive Corporate Plan 2015-2017. The number over 85 years is set to increase by 12% (HSE, 2015). The trends are viewed positively however, the prevalence of chronic disease increases with age and with that comes an increase in the need to access healthcare services.

1.2 Organisational context

The HSE Corporate plan 2015-2017 recognises the need for investment in primary care services and community supports for older people to enable continued independent living. The need for public Residential services continues to exist with many capital projects being undertaken or at planning stage in order to upgrade old buildings and facilities. The corporate plan highlights the need for investments to have clear benefits, deliver value for money and improve the patient and service user experience in our healthcare system. The plan also recognises that evidence
shows happy, well motivated staff deliver better care and their patients have better outcomes. The plan aims to make it possible for all staff to do the best job they can, allowing them to contribute to and drive innovation and better care (HSE, 2015).

Care of the Older Person Residential services in Ireland have undergone major change since the introduction of the Health Act (2007) and the subsequent establishment of the Health Information and Quality Authority (HIQA). The role of the authority is to promote high quality and safe care within Residential Care Services. The publication of The National Quality Standards for Residential Care Settings for Older people in Ireland (HIQA, 2009) provided a baseline for all organisations involved in the provision of Residential care.

In the case of the Unit involved in this project, the process of achieving these standards has brought about a dramatic change to the environment in which Residents live and hence the work environment for the employees. This began with a building project which commenced in March 2014 and will not be due for completion until June 2016. The investment involved to bring Public Residential Units in line with the Standards has been and continues to be a costly exercise.

The author who is working within a Public Care of the Older Person facility as an Assistant Director of Nursing recognises the need to provide a high quality service for all users with the consumer being at the centre of all quality improvement programmes. The HSE Social Care Division Operational Plan for 2015 identifies as a priority the need to provide a service which has quality, safety and person centeredness at its core (HSE, 2015). The Organisational Development Project chosen by the author identifies the potential for improvements in these three priority areas as part of the rationale for its introduction.
The Unit involved in the change project comprises of 44 long-term care beds and has had building work/renovations complete, the staff have been working as a team since September 2015. The majority of residents on this unit would be assessed as being of high to maximum dependency in relation to their care needs. The team is led by a Clinical Nurse Manager (CNM) 2 who is supported by a CNM 1, 12 whole time Nurses, 14 Care Attendant staff, 1 kitchen staff and 6 part-time Cleaning staff. A medical officer provides cover with daily visits and access to other members of the multidisciplinary team is on an as required basis.

The ratio of nursing to support staff is approximately 40:60.

The unit team consists of experienced staff, dedicated to their caring role, they provide a high standard of person-centred care. The team are enthusiastic and recognise the scope and need for improvement within their Unit, the environment although newly refurbished does not fully support efficiency

1.3 Proposed Project

The project undertaken will involve the introduction of the Productive Ward/Community Hospital: Releasing time to care programme to a long term care setting for older persons. The Productive Ward programme was developed by the NHS Institute for Innovation and Improvement and launched in the England as far back as 2007, Wright and McSherry (2013). The Productive Ward programme has been described as being of great value with a local impact that includes improvements in staff skills (in particular ward level leadership), increased direct care time, improved service user experience, cost savings, and improved staff satisfaction (NHS, 2010).

The programme is based around lean methodology with the central focus being to identify what the patient values are and to ensure the provision of care aims to meet
these values. The lean approach will also aim to simplify care processes, improve efficiency and reduce waste while also improving safety within the workplace, Fillingham (2007). The programme is designed to help and empower care teams to review and streamline the way they operate leading to quality improvements.

The Productive ward programme consists of three foundation modules and realistically during the period of this project the hope would be to complete the initial module (A) and commence the implementation of the second module (B) namely;

A) Knowing how we are doing
B) The well-organised ward

1.4 Aims & Objectives

The overall aim of this project is to improve the quality and safety of care and enhance the efficient running of a 44 bed Long term care Unit for Older Persons with the introduction of the productive ward programme.

Objectives include:

- Obtain the funding required for the proposed project to proceed by October 1\textsuperscript{st} 2015
- All staff within the Unit involved will have attended an information and training seminar on the implementation of the Productive Ward by 20\textsuperscript{th} December 2015.
- The data gathering section for the first module of the productive ward programme will be complete by 31\textsuperscript{st} January 2016
- The findings and results from the first module will be made available to staff by 20\textsuperscript{th} of February 2016
- The second module of the programme will commence in February 2016
- A mid-point review of the impact the first two modules have had on efficiency and the time staff have to spend providing direct care to residents will commence on April 1\textsuperscript{st} 2016
- Evaluation of staff satisfaction with the change process will take place in March 2016
- Effect of project on reported incidents within the unit to be determined by April 1st 2016

1.5 Rationale for selection of the project

This project was chosen following close examination of the workplace involved and the issues which arise as part of quality review and audits. The author also discussed the proposed project and a number of other suggestions with members of management and staff. The overall feeling was that the potential change and improvements to be gained from introducing the Productive ward programme would serve to empower staff and become a building block on which to base future quality improvement initiatives. This approach was prompted by the planning section of the HSE change model by encouraging commitment and determining the detail of change (HSE, 2008). Although there remains a lack of robust evidence regarding the impact and sustainability of the Productive ward programme much of the literature points to the programme being successful in achieving the intended aims with improvements for both patients and staff, Smith & Rudd (2010). The programme has been piloted within the HSE and continues to be rolled out nationwide, a wealth of experience has been developed in this area with positive feedback emerging.

The literature review which follows this chapter provides valuable evidence to the author in recognising the potential benefits of the programme for the patients involved as well as the staff implementing the programme. (Wright and McSherry, 2013) highlighted the skills and knowledge gained by staff which acted as a foundation for further quality improvements. There are also reported benefits to staff attitudes and behaviours alongside the increase in contact time spent with patients,
Davis & Adam (2012). The Productive Ward implementation has had a reported significant impact on quality of care and Nurses job satisfaction, (Van Bogaert et al, 2014).

1.6 Role of the student in the process

The author in her role as Assistant Director of Nursing supports the Director of Nursing and is responsible for the management of staff and resources within the Unit involved. She works closely with the Unit Manager and provides advice and support regarding administrative and clinical issues. The student has taken the position as lead for the project and therefore has been involved at all stages from initiation to the planning for programme implementation which commenced in early 2015. This involved the author undertaking a process of information gathering about the Productive Ward programme itself and its benefits and challenges. The student has also utilised the services and expertise of local Nursing Midwifery Planning Development Unit (NMPD). The student will involve a staff member from the NMPD when undertaking the initial module which involves a number of observation activities and the student feels this will benefit from the involvement of someone from outside the immediate work environment.

The commencement of the programme was reliant on obtaining funding from the local NMPD, a comprehensive application form was completed and confirmation of funding was received in early October 2015. The continued support of the NMPD will not only be fundamental to the success of this project but also the continuation of the programmes introduction following the project completion.

The student will be the person providing information to all stakeholders and promoting the project in a positive light in order to gain support. The student has
conducted a stakeholder analysis which identified key stakeholders. The student has been in communication with senior management within the organisation and support for the project appears strong. The student will be facilitating the project at local level which will involve the formation of a project team with supports from the NMPD.

The project will also involve data collection at different stages of the project implementation to facilitate evaluation of changes implemented and dissemination of findings. The student will utilise the services of the practice development co-ordinator for the area in gathering the data required.

The student discussed and developed the plans for the projects commencement with the unit managers, they were enthusiastic and will play a major role initially in enlightening staff regarding the programme and encouraging motivation and engagement among their team. The two clinical managers will be better placed to identify potential change champions and recognise the development of resistance. The introduction of module two will rely heavily on the communication, supervision and support of the unit managers for the initiation of change within the workplace and if successful the promotion of their sustainability. The student being aware that effective communication is paramount in the form of both words and deeds as change can be greatly undermined by behaviour inconsistent with words (Kotter, 2007).

The student considered the ethical dimension relating to the introduction of change within the unit as part of a leaders role should be the creation of a moral organisation (Lawton & Paez, 2015). In doing this she examined the project being mindful of Kant’s duty of beneficence and the effect the project may have on staff and patients. The decision to proceed taken as following the review of the literature it was felt the project would benefit many rather than few (By et al, 2012). The project proposal
was forwarded to the regional ethics committee (HSE, DNE) for consideration and the decision was taken that ethical approval was not required in this instance as the project was a quality improvement initiative and organisational permission to undertake the project would suffice.

The student in leading the project gained valuable insight by contacting sites which have already undertaken the programme and gathering information relating to their experience and the potential pitfalls when implementing the programme.

1.7 Conclusion

The student anticipates a positive impact from the introduction of the productive ward programme, this will include an improvement in teamwork with a broadening of experience and knowledge. The importance of the team approach cannot be over emphasised or indeed the commitment of all stakeholders to the success of the project.

*Coming together is a beginning.*

*Keeping together is progress.*

*Working together is success.*

(Henry Ford)

The impact on the patient will be a general improvement in the care experience with an improvement in safety within their care environment. There will also be an anticipated increase in time spent providing direct care, in care of the older persons this will also involve freeing up time for social interaction and activities which are vital to the wellbeing of this client group.

In the following chapters there will be a literature review which will take a more in depth look at the evidence supporting the chosen change and identifying potential
limitations and challenges which may arise. Chapter 3 will identify the methods used in carrying out the organisational development project, the HSE change model will be utilised to guide the projects implementation. In Chapter 4 the author will explore the methods and tools used to evaluate the change process and a summary of results obtained will be included. The final Chapter 5 will contain the author’s discussion on the change process, experience and finding, she will endeavour to explain the impact the project has had on the organisation and compare this to the initial objectives outlined above. It is anticipated the conclusion will provide recommendations for future improvement and sustainability of the programme which will still be in its infancy.
2 Literature Review

2.1 Introduction

The following is a review of the literature on the introduction of the Productive Ward Programme since its inception within the United Kingdom, National Health Service in 2007. The author reviewed a variety of literature on the programme’s introduction not only in the UK but also its transfer to the Irish healthcare system.

Care of the older persons services, run by the HSE in Ireland, have undergone great changes since the introduction of the Health Act (2007) leading to the publication of the National Standards for Residential Care Settings, HIQA (2009) and the commencement of inspections by the Health Information and Quality Authority in 2009. These changes have brought about many improvements to the care environment and practices within the service. The emphasis for the service as throughout the wider healthcare field is on Quality improvement with the patient being at the centre of improvement initiatives. The following chapter presents a systematic literature review surrounding the introduction of The Productive Ward: Releasing Time to Care programme with a view to examining the potential benefits its introduction would bring to a Unit providing long-term care for older persons.

The Productive Ward Programme was developed with the aim of empowering staff to identify areas for improvement, this being accomplished by providing the information, skills and time for teams to take ownership of their ward and the provision of quality
care within. Those closely involved with the development and introduction of the programme in the NHS comment that motivation for change has always been present among staff, however what the programme provides to build on this is to give staff permission to make the change they feel should happen (NHS Institute & NNRRU, 2010)

With the author planning to commence the introduction of the programme, the literature review was undertaken to examine the evidence regarding the benefits of introduction for residents, staff and the organisation as a whole. The literature review was also used to inform the author regarding the key elements for successful introduction of the programme and also the challenges to be faced and how these may be overcome. The review commences with an outline of the strategy utilised in conducting the search including sources and inclusion criteria for information obtained. The author will discuss and analyse the information in relation to its impact on the selected quality improvement initiative.

2.2 Search Strategy

A number of databases were used in the search including Cinahl, Pubmed and Emerald, as the majority of literature on the topic comes from a Nursing background these databases provided a comprehensive source of information. Google Scholar was also accessed in the sourcing of information. Publications from Government and the Healthcare sector in Ireland the UK and abroad were reviewed as although the Productive Ward Programme originated within the NHS it has since been adopted by a number of countries. The writer decided to limit the search to journals published between 2006 to the present day, the reason for this being the Productive Ward
initiative commenced in 2006 in the UK. The search was also limited to English language articles.

The writer conducted the initial search using key terms such as ‘productive ward’, ‘productive community hospital’ and ‘releasing time to care’ which all figure in the programme title. Although lean methodologies figure strongly in the Productive Ward Programme the author decided not to include this in the search strategy as it was information regarding implementation which was required in this instance. The search was refined to review articles which examined the benefits of introduction, the implementation and adoption of the programme within healthcare settings both in the UK and further afield. The author reviewed a large number of articles and grey literature in an effort to have the literature review as comprehensive as possible.

The writer recognised the importance of exploring the challenges which were likely to be faced during implementation of the initiative and the change it would bring about. This being the main rationale for undertaking the approach documented. The following explores the key themes which emerged and proved to provide valuable resource for information to the author in planning and introducing the project.

2.3 Themes

2.3.1 Communication

Communication linked organisational change has been defined as:

“the process on which the initiation and maintenance of organisational change depends”

(Witherspoon and Wohlert, 1996, p. 378)
The literature identifies the importance of communication during the planning and introduction of the Productive Ward programme, this communication involves the various stakeholders the support of which plays a major role in the success of the project. Morrow et al. (2014) identified the need for positive leadership to be present at multiple levels within an organisation to communicate the benefits of the initiative and aid successful implementation. The alignment of the initiative with the organisations goals and objectives increasing the chances of continued support at an executive level. Open communication between these different levels and free flow of information helping to inform, enable and encourage those involved. When informing about the programme communication must be tailored to meet the needs of the audience concerned. Wilson (2009) while recognising that the productive ward programme had been designed as a bottom-up approach she highlighted the importance of support from senior levels within the organisation, good communication skills and approach are key components in gaining such support.

Van Den Broek et al. (2014) explored how the Productive Ward was communicated using various different messages depending on the audience level within the organisation. This is an interesting observation as those at executive management level will no doubt prioritise initiative outcomes differently from the frontline nurse. The writer recognises how the content of presentations although largely containing the same information will have emphasis placed on different key points about the initiative depending on the audience. Roberts et al (2011) in exploring the factors which led to the adoption of the programme in the UK refer to the title itself; in that the ‘Productive Ward’ wording appeals to those for whom budget would be a high priority. Whereas the ‘Releasing Time to Care’ section of the title will strike a chord with the frontline staff.
The final report published by the NHS Institute for Innovation and Improvement and the National Nursing Research Unit (2010) highlighted as part of their findings the importance of communication in the successful introduction and uptake of the Productive Ward initiative. They identify the programme as capable of developing a bridge between executive levels within the organisation and the frontline staff by facilitating communication through the provision of a shared language helping to bring about a convergence of interests and values. In their study Davis and Adams (2012) found respondents valued open and facilitative communication which informed and energised those involved in the initiative. Wright & McSherry (2013) in their study identified good communication between and across all levels as a key enabler to the successful implementation and sustainability of the productive ward programme.

As well as the planning phase effective communication is vital at all stages of implementation with the advise being to communicate widely and regularly (NHS Institute & NNRU, 2010).

2.3.2 Leadership

“Leadership is the process whereby an individual influences a group of individuals to achieve a common goal”

(Northouse, 2009, p.172)

At the outset of this project the writer was aware of the importance a strong leadership would play in its successful implementation. The various reports published on the Productive Ward programme highlight the importance of strong leadership at all levels for successful introduction and sustainability. Bloodworth
(2011b) stresses the value of leadership and support from the top of the organisation, Armitage and Higham (2011) on the other side of the coin identify one of the major positive impacts as coming from the presence of strong leadership at ward level. Morrow et al. (2014) in their study to explore the nature and impact of leadership on the implementation of the Productive Ward initiative they also recognise the need to have leadership present at all levels within the organisation with commitment to the project a must. The leadership roles vary depending on the level within the organisation but each has its part to play in the overall success. They identified four distinct roles at various levels each with a contribution to make, be it in aligning the project with goals, planning for implementation or involving, encouraging engagement and empowering those involved at the front line.

Morrow et al. (2014) also recognise the need to encourage leadership to emerge at local level, this can be developed through utilising a style of leadership which engages and inspires junior staff. The National Nursing Research Unit (2010) in their ‘learning and impact review’ identified a positive impact described as an unexpected benefit from the implementation or the programme on the development of leadership skills at unit level. Davis & Adams (2012) also identified the importance of a leadership style which was empowering and encouraged ownership of the initiative by front line staff. Participants in their study when discussing management style gave responses which were closely aligned with many of the key aspects of transformational leadership, considering the nature of the change initiative the author is not surprised by this. Blakemore (2009) discussed how leadership and the method of introducing the programme at ward level played a major role in determining the success of the implementation. Robert et al. (2011) identified key factors that influenced the successful implementation of the programme with the most commonly reported factor being the presence of dedicated project leadership.
It is important to recognise that the Productive ward initiative operates a bottom up approach and therefore it is vital to obtain engagement of frontline staff from the outset. The commitment of staff may come from them being members of a team and feeling a sense of belonging (Denis et al, 2012). The author feels that the ability of the leader to recognise the importance of, and foster, this sense of belonging, will encourage buy in and commitment. Hamilton et al. (2014) to improve the chances of successful implementation of the programme recommended a leadership style whereby the leader acts as a facilitator and mentor encouraging autonomy among staff. They also recommend leaders take a problem solving approach with the emphasis being on coaching staff, brainstorming and working through possible solutions to challenges as they arise.

As project lead, it is, however, easy to get swallowed up in one’s own role and neglect the need for support and training required by leaders working at other levels within the programme. Allsopp et al. (2009) identified the need for leadership training to enable implementation and the management of change. Wright and McSherry (2013) found in conducting their mixed methods study that for this programme to be sustainable into the future leadership and managerial support are a vital component, this includes their presence on the front line providing recognition and encouragement for the work being undertaken.

2.3.3. Engagement

‘The extent to which people in an organisation will, willingly, even eagerly, give of their discretionary effort, over and above doing what they have to do’

(Gill, 2011)
Almost all of the literature reviewed by the author highlights the importance of engagement at various levels within an organisation prior to and during the introduction of the programme, indeed it is a vital component of any quality initiative. The term engagement does not only cover the introduction and initial implementation but also the enthusiasm required for ongoing maintenance and sustainability of the initiative. Bevan (2009) when identifying the six lessons for introduction of the programme described the importance of engagement and support from all involved across all levels. In the early stages of this programme’s introduction in the NHS a review by the National Nursing Unit Research Unit (2010) found one of the major impacts of the programme’s introduction to be improvements in team working and staff experience overall. The authors of the review described how staff engagement and energy acts as a driver for the implementation of the programme and they identify the need for organisational supports to be available in a suitable format.

The need for staff to be assured that the backing of the organisation is behind them has been identified as an important factor, this may be in the form of education, financial support or simply being given the time to carry out the required changes,(NHS Institute & NNRU, 2010a). In a follow up review of lessons learned from the introduction of the programme the Institute examined the reasons why some areas failed to sustain the change. They found the loss of staff effort and commitment had a strong influence on sustainability, this loss was affected by a reduction in support and changes to the pace of the programme. The review recommends the need for managing the programme as a continuous quality improvement initiative in order to embed changes and support sustainability (NNRU, 2011).
The structure of the Productive Ward Programme itself and the module components have been identified as promoting engagement and encouraging motivation with staff being keen to participate in the practical aspects of process mapping, lean approaches and resulting problem solving sessions (Lipley, 2009, Avis, 2009, 2011). The Health Quality Councils report following a pilot project for introduction of the programme to a long term care setting recognised the implementation to be challenging but positive as it led to engagement and improved motivation for both the team and Residents involved. The council recognised the value of facilitating the conversion of ideas from staff involved into action plans for quality improvement, they also outlined management support as being vital to the successful implementation of the programme (Health Quality Council, 2011). The engagement of senior management has been described as essential to the programme as it is not just about making small changes, the overall aim being organisational change (Bloodworth, 2011). The NHS Institute and NNRU (2010a) recognised the risk of Productive Ward Programmes losing momentum and lacking sustainability in the absence of organisational engagement and support.

White and Waldron (2014) in their review suggest successful engagement occurs as a result of those working on the project being actively involved in the work of planning for and bringing about the improvements. The involvement of Nursing staff in the activity of designing, planning for and implementing improvements has been recognised by others as having an impact on the engagement level of staff in quality initiatives (O’Neill et al. 2011). Van Bogaert et al. (2014) in their longitudinal study investigating the impact of the Productive ward programme implementation in a hospital transformation process found that the alignment of such initiatives with organisation goals and policies facilitates staff who are committed and engaged in producing positive outcomes.
There are many challenges related to lack of engagement and the development of resistance this is something the project lead must be aware of and develop action plans to overcome. The initial challenge may often be having to convince the team involved of the need for change to occur followed by sourcing and selecting those who will actively participate in undertaking roles to bring the change about (Blakemore, 2009). Coutts (2010) places emphasis on the time needed prior to introduction to build and develop support from all levels for the change. Hamilton et al. (2014) in their study of a number of units where the Productive Ward Programme had been introduced found that front line ownership was key to the successful implementation. This became obvious in one unit where staff were ‘pushed’ to undertake the initiative rather than having the internal motivation to participate resulting in less than positive outcomes. The researchers continue to describe how a similar unit demonstrated very positive outcomes as a result of staff being enabled to identify and work through areas of concern developing trial solutions.

2.3.4 Resources

The commitment of resources for the implementation of the productive ward programme is essential and should be agreed prior to the commencement of the initiative. (Morrow 2012, Gribben et al. 2009) highlight the importance of budgetary awareness as investment will be required initially for equipment and possible structural changes to the environment. The literature shows evidence of a change in the enthusiasm for the programme implementation when funding ceases (NHSI & NNRU, 2010a). In relation to funding for human resource element the need to relieve staff from ward duties in order to participate in the project requires financial support and is essential to the successful implementation of the project (Robert et al. 2011).
Morrow et al. (2012) describes funding for implementation as a key facilitator for success. They also go on to identify the negative impact of staffing shortages and increased demands on being placed on staff for the implementation process, in contrast the ability the fund study days and facilitated training were identified as being key to success. The implementation of the programme including process mapping and data collection is itself time consuming thereby requiring a human resource input, failure to provide adequate resources has been shown to impact negatively on the commitment of staff (Kendall-Raynor, 2010). The literature recognises the Productive Ward Programme as a long term initiative and therefore funding must be available to support long term sustainability. In relation to investment Wright & McSherry (2013) in their literature review provide evidence of savings to be made through the programmes introduction and the potential financial benefits of introducing the ‘Well Organised Ward’ module. The potential for savings may be a selling point when negotiating funding requirements for the initial introduction of the programme (White et al. 2013).

2.4 Implications for the project

The literature review provided the author with a comprehensive overview of the Productive Ward Programme and its introduction in various settings in the UK and beyond. The review identified approaches to the programmes implementation which on evidence appeared effective in bringing about successful introduction, an example being the importance of staff engagement and the role of empowerment in sustaining the project. The information gained helped direct the writer in compiling the content for the initial education sessions to incorporate information which would foster an interest for the project and motivate staff to participate enthusiastically with the initial modules.
The writer will also draw on the literature to assist in recognising where the challenges may appear during the project implementation. The importance of leadership for success will involve the author ensuring effective communication exists between all levels involved in the project, senior management engagement requiring the author to keep this level informed and ensure their awareness of the improvements which come about as a result of the initiative. The author will work closely with frontline staff to encourage motivation and promote leadership skills among staff involved. The review identifies the many benefits of programme introduction which supports the authors selection of this as an Organisational development project.

2.5 Summary

The Productive Ward Programme was developed as a national initiative by the NHS Institute for Innovation and Improvement in 2007 and was launched in January 2008 (Bloodworth, 2011). The programme became very successful within the NHS and has since been adopted in many countries including Ireland. The programme as outlined in the literature review has had positive feedback regarding its general aims of improved efficiency, reduced waste and improved staff and patient satisfaction as a result of areas participating. The author recognises the benefits as evident from the literature but is also aware of the potential challenges and effort required to ensure sustainability. Although the programme has a collection of positive studies and reports published exploring the experiences of those participating in the programme and relaying the lessons learned as a result a gap remains. The literature identifies the benefits of implementation however the author also recognises that there is a scarcity of evidence relating to the sustainability of the programme and the overall
impact throughout organisations. The implementation of the programme in the planned setting may therefore provide further evidence to add to the available literature.

3 Organisational Development Process

3.1 Introduction

“An empowered organisation is one in which individuals have the knowledge, skill, desire and opportunity to personally succeed in a way that leads to collective organisational success”

(Stephen Covey, 1992, P.56)

The organisational development project and methodology described in the following chapter involves the introduction of the Productive ward initiative within a Care of the Older Persons Unit. The writer prior to commencement of the project was acutely aware of the academic research and literature pertaining to why a large proportion of change initiatives fail. The common rate of failure quoted by a number of academics was in the region of 70% (Kotter, 2008, Senturia et al., 2008 & Aiken & Keller, 2009). The failure of change projects has also been linked to having the potential to leave an organisation in crisis (Probst & Raisch, 2005). Choi (2011) would agree that the majority of failures related to change introduction stem from implementation failures
as opposed to the failure of the initial idea. It is interesting to note however that Hughes (2011) cites a lack of valid, reliable evidence to support the 70% figure.

The author believes that for success to be achieved comprehensive planning must take place involving the examination of all tools to be used. The following chapter describes how the author analysed the various approaches to undertaking an organisational development project and the reasons for selecting the change model utilised. The rationale for choosing the selected model was influenced partly by the authors belief that change introduction requires a greater focus on facilitation as opposed to management, the aim being to promote and encourage the involvement of employees and foster sustainability. The chapter will then outline how the development project was progressed using the stages contained in the model selected.

3.2 Considered approaches to Organisational Development

In carrying out a review of the literature prior to the commencement of the project the writer began to discover the abundance of advice, information and research available on approaches to change management with several models being developed over the years. The study of organisational development has its roots in the works of Kurt Lewin who has been considered the founding father of philosophies of organisational development and the planning of change (Al-Haddad & Kotnour, 2015).

Lewin identified three phases of planned organisational change, phase 1 being to Unfreeze and create the feeling of a need for change. This can be accomplished through establishing good relationships, provide evidence that the present position is ineffective and minimising resistance. Phase 2 comprises of Implementing the change involving the selection of appropriate change, putting the changes in place
and identifying effective behaviours. Phase 3 involves refreezing or stabilising the change through creating acceptance, supporting and positive reinforcement. The model described by Lewin appeared simplistic and broad however it provided the foundations for many authors to develop their own models. Burnes (2004) discussed the criticism which has been directed toward Lewins 3 step model and highlighted that when used in conjunction with the other concepts of Lewins planned approach to change namely, field theory, group dynamics and action research the robustness of the approach strengthens. The writer believes the recognition by Lewin that regardless of what level of an organisation the change is initiated if the need for change was not felt by all concerned the chance of success was greatly diminished. In this instance the writer was seeking a more practical model to guide the development project, however valuable insight was gained by reviewing the works of Lewin.

The second model considered by the author was Kotter’s eight step model for transforming an organisation the steps were as follows,

1) Establish a sense of urgency about the need for change
2) Create a guiding coalition
3) Develop a vision and strategy
4) Communicate the change
5) Empower broad based action
6) Generate short term wins
7) Consolidate gains and produce more change
8) Anchor new approaches in the corporate culture

(Kotter, 1996)
This model provides a step by step approach to implementing change and is one of the most widely recognised models for the management of organisational change (Pollack & Pollack, 2014) its successful uptake since its first publication providing some evidence of its value. Prior to the development of the model Kotter had spent some time reviewing why organisational change initiatives fail and the steps were developed to tackle what he considered as the reasons for failure (Bucciarelli, 2015). The model, however, adopts a somewhat linear approach to change, outlining the steps to be carried out but there is limited detail regarding the process required to achieve each stage. (Appelbaum, 2012). The general use of the model within a variety of organisational structures has been questioned and with the leaning toward a top down approach also it has been noted that a lack of research exists on its practical use in change management (Pollack, 2015). Appelbaum et al (2012) following a literature review found many of the case studies on change management involved a descriptive examination of the process involved in Kotter’s model as opposed to a critical review. Parker et al (2013) identifies a shortfall in appropriate tools and techniques for achieving each step and suggest there maybe a connection to the significant failure rate of change initiatives. The writer given the environment and nature of the change project to be undertaken found the model to be unsuitable for the project in question.

The writer also reviewed the Senior and Swailes (2010) organisational development model and in fact had considered utilising this model. In contrast to Kotter this model is more cyclical in design with the aim of dissolving problems rather than simply resolving or solving. The model has six individual steps namely:

1) Diagnose a current situation
2) Develop a vision for change
3) Gain commitment to the vision
4) Develop an action plan
5) Implement the change
6) Assess and reinforce the change

The individual elements of the model feed into each other, allowing for reflection as the change progresses and facilitating movement back and forward between each of the steps, it can be described as employing soft systems methodology (Isaksson et al 2011). This model while suitable for more complex change initiatives was not specifically geared to the healthcare sector and therefore the writer decided to favour the HSE change model.

3.3 Rationale for choosing HSE Change Model

Organisational development has been described as:

‘A systematic application and transfer of behavioural science knowledge to the planned development, improvement and reinforcement of the strategies, structures and processes that lead to organisational effectiveness’

(Cummings & Worley, 2009, Pg. 1.)

The organisational development approach to change places equal emphasis on the content and the process of the planned change (Coghlan and McAulliffe, 2003). The author favours this approach with its emphasis on staff involvement in identifying areas for improvement and designing and implementing solutions to the problems with a follow up evaluation of the results achieved. The initiative being introduced by the author required employee involvement at this level and valuable learning was gained by studying the approach and the HSE model.

The organisational development project undertaken by the writer involves the introduction of the Productive Ward initiative to a unit involved in care of the older
persons. Burnes (2000) made the point that the change agent should be aware few models will provide all the solutions but we should examine the strengths and weaknesses of each and there suitability for application in a given situation. Michel et al (2013) agree that defined change methods or approaches are not suitable for all situations with the organisational context being an important factor in deciding the final approach. Kotter and Schlesinger (2008) pointed out that a ‘one size fits all’ approach to change methodology frequently resulted in failure. The Health Services in Ireland have undergone major changes in recent years with Care of the older person services being no exception. The changes to the health act and subsequent introduction of Health Information and Quality Authority inspections brought many changes for residents and staff, the effects of which are still being felt within the service (Health Act, 2007).

The structure of the organisation, as well as the change to be implemented, has had an impact on the change model chosen by the author, the linear nature of Lewin and Kotter’s model being best suited to a more stable environment. Hughes (2015) reflects on the work of Kotter commenting on the increasing speed of change and how ‘stability’ is no longer the norm within organisations. The healthcare environment reflects this being an area of great complexity, the unit involved in this project having undergone major changes both structurally and managerially in recent years. Mintzberg (1997) described hospitals as series of systems with subsystems that are, on the whole disconnected from each other making it increasingly difficult to manage the service and subsequently introduce successful change. McAuliffe & Van Vaerenbergh (2006) recognise change as an ever-present aspect in the healthcare environment and highlight the importance of developing individuals and teams capable of assessing the need for change, communicating effectively to lead change and motivate others.
The HSE model was favoured for the factors described in the previous paragraphs, the principles of ensuring the service user and staff, are at the core of the change process and the importance given to promoting their active participation the writer believed enhanced its suitability for this particular project. Van et al (2013) believe that for change to be successful a greater emphasis must be placed on the people involved in the process.

The practicality of the model and its close relationship to the organisational development approach were other important reasons for its selection. The writer in making her model selection was aware of the influence an organisations culture has on readiness to change and the potential for commitment to the change process, the HSE model recognises the influence of organisational culture within its framework. Davis and Mannion (2013) describe organisational culture as being the values, beliefs and assumptions that are shared by groups within the organisation, in the area of healthcare many groups may exist and need to be recognised and worked with closely during the change process (Willis et al, 2016). The writer having past experience of involvement in change projects which were driven using a more linear approach with little time given to recognise the complexities that exist and the need to review or revisit stages of the process also proved a strong influence in the selection.

3.4 HSE Change Model

The Health Service Executive (HSE) model was developed with the knowledge that change is a constant feature within healthcare and impacts on our everyday lives from the way we work and deliver services to our interactions with colleagues and service users. The model was adapted for the healthcare sector from work carried out by a number of experts in the field of change management. In an effort to
carry out successful change the model focused on a number of important factors including creating a shared vision, placing the needs of service users at the centre of decision making and providing a high quality service with accountability at all levels (HSE, 2009).

The model as previously alluded to advocates a supportive people-centred approach to change with the emphasis on managing transitions, uncertainty and the unpredictability of change while understanding resistance. The writer found the framework of the model a valuable tool for focusing efforts on the important aspects of the change process. The guidance document which supports project leaders in the utilisation of the change model outlines ten activities important for effective change these activities were again adapted from the work of academics in the field and proved useful for the writer.

Figure one: HSE Change model
The model itself is based on four stages of the project management lifecycle (figure one) which provided the framework for the author’s project. The first phase is Initiation and the developers of the model point out that efforts made in preparing to lead the change often contribute greatly to the successful implementation of a project. Weiner (2009) views organisational readiness for change as a shared psychological state where members are committed to implementation of a change and have belief in their ability to undertake the change.

3.4.1 Initiation

The author’s project involved the introduction of the productive ward to the first care of the older person unit in the area. The implications for the author were far reaching as the concept was new to the majority of staff and with many other commitments to be met un undertaking a comprehensive review during the initiation phase was vital for the provision of solid foundations for the projects introduction. The author utilised a number of tools to analyse factors relevant to the success of the change. Included was a force field analysis (Appendix 1) carried out to identify the drivers for change and assess the level of urgency, the analysis also highlights the potential resisters. A pestle analysis was also undertaken and it further identified key drivers for change.

The author also conducted a stakeholder analysis which again identified those who would have the greatest impact and also those who experience the largest impact as a result of the change. This analysis provided the author with information regarding where communication should be focused and assisted in determining the level of involvement and consultation required with various groups or individuals. A SWOT analysis of the project identified for the author the strengths and weaknesses prior to commencement this allowed for the necessary planning and development required to enhance the likelihood of a successful change process (Appendix 2).
The initiation phase of the HSE model was of great value to the author in focusing attention on factors which would prove significant to the readiness for change and thereby success of the development project. Holt et al (2010) indicate that by understanding readiness for change the ability to implement planned change is enhanced.

3.4.2 Planning

The planning phase of the HSE change model guided the author in establishing the specific detail of the change process and in achieving support for the process from the relevant stakeholders

3.4.2.1 Building Commitment

The author initially communicated the idea for change to the Director of Nursing who has the role of person in charge (PIC) and the designated Service provider who in this instance is also the Area co-ordinator of Services for older people. These two managers rate as high importance/high influence in the stakeholder analysis and therefore the author was conscious of the importance of gaining their support. The author presented the managers with the project proposal which identified the drivers for change and a summary of the available evidence regarding the benefits of the programme introduction both were enthusiastic about the initiative. The proposal outlined the planned introduction and the resources which were required to facilitate the education of staff involved in the project. Gaining the support and commitment of the managers in question was an essential requirement for the continuation of the project. The author arranged to meet the Director of Nursing on a weekly basis to keep her informed of the projects progress and the impact on the unit involved.
The author also discussed the potential for implementation of the project with the Clinical Nurse Manager on the unit where the initiative was planned to be introduced. The author organised an informal meeting with the manager and again outlined the project proposal giving a comprehensive description of the potential benefits of the initiative and the impact it would have for all involved. The manager was enthusiastic about the productive ward initiative and had some knowledge regarding its introduction within the acute services. She confirmed her support and agreed to place the project on the agenda at all team meetings. The author provided the manager with literature on the productive ward programme and contact numbers for other managers who had already commenced its introduction. The meeting ended with dates being agreed for the author to provide information sessions for staff.

The area Nursing and Midwifery Planning and Development Unit (NMPD) were approached as the author was aware their support and funding would be crucial for the introduction of the productive ward programme to proceed. The author made contact with the NMPD team member involved with the roll out of the programme in the area and discussed plans for the introduction in care of the older person services. The contact was keen to see the productive ward programme being introduced to care of the older person services and gave valuable information on the ordering and utilisation of the toolkit provided to guide the introduction. The author completed an application for funding to purchase the toolkits and the licence required for its use. The funding was granted and NMPD offered to provide support and advice as required, the author maintained frequent contact with the NMPD advisor and her assistance in putting together an educational package was invaluable.

The writer also contacted the practice development co-ordinator within Services for Older People to inform her of the project and seek her assistance with part of the
projects initial information gathering. The co-ordinator confirmed her interest in the project and agreed to assist with the data gathering exercise.

3.4.2.2 Determining the detail of change

The writer was lucky to have the framework for change contained within the Productive Ward toolkit. The package provided guidelines for the programmes introduction with each module being introduced separately and the 3 foundation modules recommended as building blocks for the remainder of the programme. The writer realised the success of the change process would involve major commitment from the ward team and the best way to gain such commitment was to involve the team with planning the change details and allowing time for debate and discussion. The productive ward encourages teams to look at their ward, see how it is organised and ultimately make improvements which will increase the time available for direct patient care (NHS Institute & NNRU, 2010b). Education sessions were held for all Unit staff, the content of these training sessions being formulated with the help of the NMPD lead for the programmes introduction. Evaluation forms were devised and completed following the sessions. The author ensured the ward manager was present at these sessions and her ambitions for the Unit were relayed to those present. The resulting thoughts and opinions of those attending the sessions were documented by the author and considered at the initial project team meeting.

The project team consisted of the project leader (Author), the CNM2, CNM1, nursing staff and healthcare assistant staff, membership of the project team was voluntary. The skill mix within older person services requires that any project team have representation from all disciplines for a change process to be sustainable. The initial meeting of the group had time allotted for discussion and suggestions on how the project should proceed, the team also considered the vision for the future. Prior to
the development of a vision statement it was decided a suggestion board would be placed in the unit to allow all staff to make their contributions before the formulation of a final vision statement.

3.4.2.3 Developing the implementation plan

The project team met weekly, the suggestion board proved very successful with the expected themes emerging around future vision. The author was surprised to find many suggestions coming forward from the staff regarding the efficiency of the Units operation and how it could be improved. The following meetings discussed the structure of the productive ward programme and how to proceed with the first module which involved recording data on knowing how the ward was operating prior to the introduction of any interventions. The team set out a time line for the required data to be collected and collated. The team agreed a six week period for the collection of data. The commencement of module two would take place following the collection of this data. The CNM2 would inform the Unit team of progress at team meetings and prior notice would be given of an Activity Follow analysis which involved members of staff being accompanied during their work shift. This was carried out to determine the amount of time spent in direct patient care and also to highlight inefficiencies which reduce the time spent with patients.

The writer throughout the planning stages which involved close consultation with staff was conscious and indeed aware of the potential for resistance to the planned change process. Resistance can be evident by refusal to comply or engage with the change initiative however resistance may not always be obvious (Appelbaum et al, 2015). The writer being aware of the factors which could potentially lead to resistance attempted to allay staff anxiety regarding the changes through communication, vision development, identification of benefits, promotion of
engagement and involvement. The writer was also aware that not all resistance is negative and can reflect engagement by the individual which may provide a strengthening value during the change (Ford et al, 2008). The writer is therefore aware of the importance of inclusive relationships and active communication with all involved in the process.

3.4.3 Implementation

The Education programme for staff on the Unit was commenced in November 2015 and completed Mid December. The writer presented the two hour sessions using a combination of power-point presentation and group work to encourage active participation. The CNM2 was present for these sessions as her leadership played a major role in the introduction of the initiative at ward level. The sessions were evaluated using a questionnaire which was devised based on the Kirkpatrick model level one.

The data collection process which formed a the bulk of the ‘Knowing how we are doing’ module commenced in early January 2016 and was completed slightly behind schedule in the first week of February. The data was collected with some assistance from the Co-ordinator for practice development using the toolkit provided as part of the productive ward programme. The project team having agreed to data collection by someone other than the Unit staff in order to reduce the potential for bias. Data on other specific unit measures such as falls, infection rates and pressure sores were already being gathered and monitored on a weekly basis and the writer was able to use and analyse these statistics as part of the project.

Separate to the data recommended by the productive ward programme for the first
module the writer also collected data over a two week period on the number of steps taken by members of staff throughout the standard eleven hour shift. The recording of these figures before and after the introduction of the second module ‘well organised ward’ would provide further evidence on the benefit of its introduction. The process also encouraged the engagement of the staff at the early stages of the initiative. The results of the data collection were presented to staff at team meetings in late February and will be discussed further in chapter four of this document.

On the completion of module one the project team turned their full attention to the introduction of Module two ‘Well organised ward’ this module requiring the support of all team members for its introduction and sustainability. The project team identified staff members within the team who showed enthusiasm for the project and had volunteered to be involved in the initial introduction of module two. Literature has shown that for effective staff engagement those involved should feel they are being listened to and have the opportunity to make a realistic impact to the change initiative (Saul et al, 2014). The staff identified worked well within the team and were likely to lead by example regarding the changes which were about to take place. These staff members identified with feedback from the team and audits reports areas of inefficient room usage and stock/stores over ordering. Photographic evidence (not involving any resident) was also recorded for feedback at team meetings.

The staff proceeded to reorganise areas on the unit following consultation with the team and the development of plans which were agreed upon at team meetings. The changes to layout and stock control were introduced slowly with the CNM2 guiding and supporting the changes. In the weeks following each reorganisation the team had a consultation and review meeting to encourage and promote sustainability of effective changes and discuss any adaptations required. These meetings were open
with all staff encouraged to give feedback and voice suggestions regarding future phases of the change process.

3.4.4 Mainstreaming

3.4.4.1 Making it “the way we do our business”

This step in the change process involved staff integrating the new work practices resulting from the introduction of the well organised ward module. The writer being aware of the value in achievement recognition took the opportunity at both project team and Unit meetings to recognise the efforts of the staff. This recognition was incorporated into the ongoing review process for the changes which were implemented and had the added benefit of further encouraging participation in the review and evaluation process. Prior to the evaluation process the staff voiced their opinions on the benefit in relation to workload they experienced as a result of the changes. The benefits were simple for example:

“easier to locate items in treatment room”
“less clutter”
“less walking as a result of change in store room utilisation”

The author recognised the positive aspect associated with benefits of change being experienced at an early stage in the process and the effect this would have on future engagement and participation (Willis et al, 2016). The recognition of positive outcomes and proof that the required results are being achieved early in the change process assist in encouraging continued motivation and averting resistance (Ford et al, 2008). The author is also mindful that early benefits during the change process should be utilised to further the overall change process and inform future direction (Kotter, 1995). The organisation development project in this instance builds the foundation for a process which will continue into the future with each new module
undertaken using the framework set out in the HSE model. The author was conscious that strong a foundation would be required for the future successful implementation of the programme with support, leadership, empowerment, motivation and an ongoing change based momentum being but a few of the key ingredients (Jansen, 2004).

3.4.4.2 Evaluating and learning

Chapter four of this report will focus specifically on the outcome and evaluation of the project. The author briefly in this section will consider the importance of reflecting on and evaluating the process of change while considering any adaptations which may be required during the various stages of the project and indeed through the future implementation phases. There are many factors to be considered that can impact on the success or failure of project implementation (Chandoir et al, 2013). Nielson et al (2012) identify the importance of post intervention review of staff involvement, autonomy, continued motivation and wellbeing.

The author in conjunction with the project team reviewed the implementation process, this included an examination of the staff satisfaction survey and discussions on the feedback received. The team being aware that the successful introduction of any remaining modules of the Productive Ward Programme would be aided by a comprehensive review of what had gone before with the necessary adaptations being made to processes. The authors rationale for emphasising this part of the project is the promotion and support for continuous quality improvement within the unit. The lessons learned from the project support in providing a solid foundation on which to build future change initiatives with the help of an experienced,
knowledgeable and motivated workforce who are willing to embrace change but also challenge ideas in order to promote excellence. Bateman (2005) identifies that for sustainability to be realised continuous improvement must be facilitated by team leaders through support for the team and communication which encourages a structured review and problem solving approach.

3.5 Summary and Conclusion

The author aware of the many potential stumbling blocks to change implementation in the healthcare environment researched the various models which would assist by providing a framework for successful introduction of the proposed organisational development project. The HSE model (HSE, 2008) has been designed exclusively to facilitate organisational development in the Irish healthcare environment, the model was based on best practice. The author was particularly drawn to the models emphasis on the role of employees at all levels in the organisation their impact on the successful implementation of proposed changes. The author utilised the HSE model as a framework for the introduction of the programme with the various stages providing a guiding framework which was easily accessed and understood by the staff involved.
Chapter 4 Evaluation

4.1 Introduction

‘Not everything that can be counted counts and not everything that counts can be counted

(Albert Einstein)

The following chapter will discuss the importance of evaluation with particular emphasis being given to the field of healthcare. The writer will proceed by describing the methods used in evaluating this OD project, with analysis of the theories and models that guided the evaluation process. The chapter will conclude with a review of the results obtained and the writers plan for the use of the results and subsequent information in the further development of the project. Healthcare evaluation has been assigned several definitions the writer favours the following World Health Organisation view for its appropriateness given the complex environment we’re involved in.

“The systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness”

(WHO, 1998, Page3)
4.2 Significance of Healthcare Evaluation

The health service in Ireland has undergone major transformation in recent years and in the writer's own field Care of the Older Person, the introduction of National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA, 2009) highlighted the importance of evaluation in the provision of quality care. The recommendation being that service providers put service user's needs and preferences at the centre of all their activities (HIQA, 2012). Evaluation in healthcare occurs on a daily basis having many important functions and as with other activities involved in the introduction of OD projects, the writer is all too aware of the need for the tools for measurement to be designed and used appropriately (De La Harpe et al, 2008). The introduction of OD projects such as that described in this work aimed at the improvement of quality in healthcare involves the investment of resources which are sometimes quite sizable. The return on investment being an important aspect of consideration for stakeholders involved, this can best be reflected in outcome measures (Philips & Phillips, 2008). Ovretveit & Gustafson (2008) point out that often little evidence exists regarding the effectiveness of many programmes leading to a lack of knowledge regarding the conditions needed for successful implementation of such initiatives.

4.3 Evaluation

Evaluation plays a key role from an early stage in this organisational development programme, Lazenbatt (2002) defined it as being "A method of measuring the extent to which an intervention achieves its stated objectives". The basic evaluation design outlined by Ovretveit (1998) which involves the gathering of data before and following interventions describes the general approach taken in this development project. The stakeholders identified were considered when designing the evaluation
process as the change agent is obliged to take into account the evidence required to ensure ongoing support.

Several types of evaluation exist these include process evaluation which examines the procedures and undertakings involved during the implementation of the programme. Impact evaluation focuses more on long range results and helps to show changes in knowledge, attitudes and beliefs and allows management to revise planned use of resources where appropriate. Outcome evaluation can be used to gain descriptive data and document short term results. The evaluation method used for this project can be seen as a combination of process and outcome as continuous quality improvement is at the core of the initiative. The literature suggests strong evidence for quality initiatives can be produced utilising comparative before and after designs (Ovretveit & Gustafson, 2008). The stage at which the evaluation occurred and the data available do not allow for a strong impact evaluation as the project remains in its infancy.

A number of models are available to provide a framework on which to develop the approach and tools for evaluation these include:

**Kirkpatrick’s Model**

Kirkpatrick’s Model was introduced over four decades ago and is still used by many for evaluating training and development programs. This model still provides the most popular framework for the evaluation of training in organisations (Bates, 2004). It commenced as a hierarchical four level model which was later adapted to include a fifth level to record return on investment. The evaluation model describes four levels of training outcomes namely: reaction, learning, behaviour and results each measure different aspects of the training and development from satisfaction with the program
to the effect its implementation may have had on long term results (McNamara et al, 2010).

This evaluation model provides what has been described as a simple system to examine the extent to which training programmes achieve their objectives. This allows a business case to be made regarding the value of training as contributor to organisational success. Kirkpatrick’s model has also had its critics highlighting the lack of consideration given to the potential impact of intervening variables, effective use of resources and relationships within the program (Holton, 1996). Bates (2004) criticises the perception among many that the most useful information is obtained by establishing level four results he argues that weak conceptual links within the model do not give an adequate foundation for this assumption. The author has utilised this model previously when designing training evaluation questionnaires and its framework can be seen in the evaluation tool used following the education session of this project.

CIPP Model (Stufflebeam)

This model was developed in the 1960’s and consists of four core concepts, Context, Input, Process and Product evaluation. The model has been described as providing comprehensive framework for formative and summative evaluation in a number of situations (Zhang et al 2011). The creator of the model initially intended the evaluations to focus on program improvement with the first three elements of the model effective in formative evaluation, the fourth element being geared to summative evaluation (Frye & Hemmer, 2012). Evaluation using the CIPP model may include all four concepts or a combination of the four.

The Context evaluation stage-This stage assists in the planning and decision making process and involves the evaluator assessing the background and environment in
which the project will take place. The evaluator also assesses the goals of the programme and collects data which may include formative and summative measures (Mertens & Wilson, 2012).

The input evaluation stage assists with process design and determining educational requirements. It involves examining potentially relevant approaches to the project; this may be done through a literature review or reviewing similar projects to ascertain the proposed projects relevance, feasibility and value for money (Stufflebeam & Shinkfield, 2007).

The CIPP process evaluation element of the model is often used to assess a programmes implementation, this evaluation can be conducted several times as the programme progresses to provide formative information for guiding any modifications required to the implementation process. At this point programme activities are examined and assessed by the evaluator.

The product evaluation identifies and assesses the programmes outcomes being similar to outcome evaluation (Zhang et al, 2011). This part of the model attempts to assess the advantages worth and significance of the project and can provide summative information used to judge the impact of the project. It also can provide formative information which can be used to improve the implementation process if a programme is to progress or in cases of planned future implementation. This evaluation may also give information on the projects sustainability and transferability to similar or different settings.

The author found the CIPP model to have the advantage of being flexible yet simple to follow guiding the user in the composition of appropriate questions for evaluation. Harrison (1993) pointed out that the model is flexible and allows the evaluator to intervene during the process as required, the ability to evaluate for only one
component is also seen as an advantage. The collection of repeat data sets being an intricate part of the Productive Ward Programme linked in well with the model. The author chose this model as it, accompanied by the HSE change model provided a comprehensive framework for the planning and implementation of the project. The fact that the model focuses on improvement rather than proving something about the programme made it an appropriate choice (Frye & Hemmer, 2012). The author used each of the components to provide direction and allow for adaptations to be made during the journey through the change process.

4.3.1 Aims
Evaluation undertaken during the introduction of the productive ward initiative, had a number of aims from assessing the context of the project to determining if the objectives documented in chapter one of this project were realised. As this project is a small part of a part in the introduction a long term initiative the author will utilise the evaluation findings to guide the introduction of further modules of the programme and use the results to inform and encourage continued staff motivation. Solberg et al (1997) reasoned that the most successful quality improvements usually come from an understanding of processes, this project aimed to facilitate this understanding.

4.3.2 Methods and Measures
A number of data collection methods were utilised during the development project and each will be considered and linked to the corresponding objective in the upcoming paragraphs. The author used a mixed method approach to data collection with qualitative data giving information on what the teams are doing and barriers that may develop. Quantitative data providing feedback on progress toward achievement of stated objectives (Parry et al, 2013).
Objective two: All staff within the Unit involved will have attended an information and training seminar on the implementation of the Productive Ward by 20th December 2015.

This objective was achieved as all unit staff had completed training and a training evaluation questionnaire was designed based on the likert scale and issued following each training session, (Appendix 5) The evaluation was used to provide information on the context of the project which could be described as level one using Kirkpatrick’s Model, the author used the findings initially to adapt future training sessions as appropriate and to plan for the introduction of module one of the Productive Ward.

Objective three: The data gathering section for the first module of the productive ward programme will be complete by 31st January 2016

This objective was again achieved by the planned date, data on activity levels being collected employing a collection instrument (Appendix 6) provided as part of the Productive Ward toolkit. This collection of data was labour intensive, the area practice development co-ordinator assisted with gathering the data.

At the request of the staff following a project team meeting the decision was made to record distance travelled to provide feedback and allow for comparison following the introduction of planned changes in module two, randomly selected staff members being issued with pedometers for the duration of a 12 hour working shift. Step counts were documented on a record sheet at the end of each work shift. Participation with this section of the data collection was voluntary, in saying that, all staff appeared interested in taking part.

Objective four: The findings and results from the first module will be made available to staff by 20th of February 2016
In conjunction with the data collection and as a result of discussions during a project team meeting a suggestion board was erected on the unit and staff were encouraged to contribute any proposals for change during the well organised ward module of the programme. Contributions were readily forthcoming with a large number of suggestions received these were compiled into a presentation along with the data collected, feedback and open discussion occurred during planned team meetings. This involvement in planning with the communication regular feedback encouraged motivation and engagement among staff.

- Objective six: A mid-point review of the impact the first two modules have had on efficiency and the time staff have to spend providing direct care to residents will commence on April 1\textsuperscript{st} 2016

This review was carried out during the first week of April and involved a repeat of the activity follow and distance travelled data collection. This formed part of the process evaluation and also allowed for comparison of data collected before and after the introduction of the well organised ward. The product evaluation although at a very early stage in the long term project did provide some useful data as we will see in the results section.

- Objective seven: Evaluation of staff satisfaction with the change process will take place in March 2016

A questionnaire was designed again utilising the likert scale and issued to all unit staff following a team meeting at the end of March. This largely explored staff satisfaction with the programme and their perceived benefits from engaging with the project. The questionnaire also allowed for staff to add their opinion regarding changes which could be made to the programme

- Objective eight: Effect of project on reported incidents within the unit to be assessed by April 1\textsuperscript{st} 2016
A collection template for this data was already in use within the unit as such data is recorded on a weekly basis (Appendix 7). The author compared data collected for the month of December 2015 with that gathered for March 2016.

4.3.3 Results

- Objective one: Obtain the funding required for the proposed project to proceed by October 1\textsuperscript{st} 2015

Funding for the purchase of the Productive Ward toolkit and licences was received in full from the NMPD with confirmation coming in mid October.

- Objective two: All staff within the Unit involved will have attended an information and training seminar on the implementation of the Productive Ward by 20\textsuperscript{th} December 2015.

The complete complement of Nursing and Attendant staff totalling thirty two completed the training session. Two members ward staff who were on extended leave at the time were not included, a number of relief staff who work regularly on the unit were included. The questionnaire used to evaluate the training can be found in (Appendix 5).The following chart gives a summary of the results which demonstrate an overall satisfaction with the training. There is evidence that lack of knowledge about the programme existed this being understandable as the initiative is new to the field of Care of the older person. The session achieved its objectives as those attending were satisfied with the training acquired the information about the programmes introduction. The results equate to level one of the Kirkpatrick model.
Objective three: The data gathering section for the first module of the productive ward programme will be complete by 31\textsuperscript{st} January 2016

The tool employed for this data collection came as part of the Productive Ward Programme and is was completed on schedule. Results are summarised below. The activity follow results give a representation of the time spent engaged in different activities. An audit of the distance travelled by a total of 13 staff was conducted at this time, the results of which are charted under objective six as the figures are used for comparison with those recorded post module two introduction.
Objective six: A mid-point review of the impact the first two modules have had on efficiency and the time staff have to spend providing direct care to residents will commence on April 1st 2016.

The results indicate a 6% increase in the time spent delivering direct care to patients with a subsequent 3% reduction in time spent on clinical administration. This may be the outcome of a more efficient environment resulting from the changes initiated in
module two. The author is conscious that these figures are limited in the conclusions that can be drawn as the programme is at an early stage of introduction and short term enthusiasm may have an impact on results.

**Figure five: Results from distance travelled audit carried out in January and April 2016**

**Figure six: Total number of steps recorded for all 13 participants conducted in January and repeated in April 2016**

The results of the distance travelled audit are striking in the obvious reduction in steps counted for the April when compared with the January figures. The author suggests the key reason for this being the introduction of swipe cards to access side
corridors which cut down significantly on the distance travelled, this resulted from a suggestion made by staff members through the suggestion board.

- Objective seven: Evaluation of staff satisfaction with the change process will take place in March 2016

The following chart shows the results of the questionnaire (Appendix 8) issued of the thirty two surveys distributed twenty eight were returned a response rate of 87.5%.

The overall response being favourable for the introduction of the Productive Ward Programme with staff recognising advantages gained as a result of the programme. The author is again cautious regarding the results owing to the timing of the survey

![Image of the results of the staff satisfaction survey]

**Figure seven: Results of staff satisfaction survey**

- Objective eight: Effect of project on reported incidents within the unit to be assessed by April 1st 2016

The following was collected using a weekly information collection tool which was developed within the Unit to record resident data on a weekly basis and to monitor
the quality of care delivered (Appendix 7). The data recorded demonstrate similar figures for the months concerned. The author was not expecting a comparable change in these figures as the Productive Ward programme is still in the very early stages.

![Figure eight: Incidents recorded for January and March 2016](image)

4.3.4 Dissemination Plan

The evaluation data to date has been compiled and presented to staff on the unit, the author has also forwarded details of findings to other key stakeholders with ongoing support resulting. The findings are accessible to all staff and have been presented at local clinical meetings. The findings will form the platform from which to launch further module of the programme with the continued support of all persons involved.

4.4 Summary and Conclusion

Evaluation formed major part of this project as it was also included within the programme being introduced. The findings demonstrate positive results being obtained as a consequence of introducing the programme to the unit concerned. The
The author believes the results are evidence of a successful organisational development project implementation however remains cautious about placing too much significance on the results at this early stage of the programmes introduction. The author being reminded of Kotters warning

“celebrating the win is fine, declaring the war won can be catastrophic”

(Kotter, 2008, p.9)

5 Discussion & Conclusions

5.1 Introduction

The author on commencement of this project visualised an opportunity for a newly refurbished unit specialising in care of the older person to improve the quality of the service provided to residents while enhancing efficiency and team work. The introduction of the productive ward programme provided an opportunity for staff to become involved in the planning and implementation of a quality initiative which also aimed at reducing workload through efficient use of resources. The organisational development initiative was implemented employing the HSE Change Model (2008) with its emphasis on communication and engagement. The project saw the successful introduction of two foundation modules from the Productive Ward Programme resulting in the creation of a solid foundation for the development of further modules. The following chapter will discuss the impact of the project while outlining the strengths and limitations identified and making recommendations to guide future development of the programme.
5.2 Project Impact

The project had a greater impact than initially predicted by the author, largely positive but there were also lessons to be learned which would alter future plans for upcoming module implementation. The approach taken led to positive staff engagement with the process and an overall feeling of satisfaction with the improvements discussed in chapter 4 evaluation. The change agent ensured that recognition was given to all involved for their contribution to the success of the project while bearing in mind the potential for further quality improvement with the continued roll out of the programme.

5.2.1 Stakeholders

- The positive figures demonstrated in Chapter four although the result of evaluation at an early stage of the overall implementation plan have added depth to the rationale for continuing with the introduction of further modules. Senior management are in favour of progressing with the remaining foundation module and will continue to provide the resources necessary for this to happen. Evidence of an increase in time spent in the provision of direct care and the potential for further increases being viewed positively. The NMPD are also supporting the continuation of the programme and will be funding further education on the programme with an expert speaker from the UK facilitating a study day. Collaboration with the acute services will occur during these training days and will provide staff with an opportunity to exchange ideas and problem solve.

- The unit clinical nurse manager and staff involved in the programme provided were initially apprehensive about the programme introduction. The development of a project team and the ongoing involvement of all staff
resulted in improved team work with critical discussion and reflection playing a role at all meetings. An improvement in overall communication between team members was also noted by staff. There was a sense of accomplishment experienced on as one staff member described;

“A job well done”

Other comments included;

“I couldn’t see the point at first but it gradually made sense”

“Organisation is important”

“Co-operation from all was required for things not to fall back again”

➢ The author as change agent for the project is pleased with the success to at the time of writing, also recognising the challenge that lies ahead with the introduction of further modules. The author gained valuable experience in managing change realising fully the significance of communication and engagement in overcoming resistance. Taking a close up examination of the change process allowed the author to reflect carefully on her part in the process and how actions taken by the change agent can impact greatly on the behaviour of others. The project strengthened the authors self belief with regard to leading and managing change and has already been of benefit in other areas of work. The reflection which accompanies this dissertation reviews the impact felt by the author in greater detail.

5.2.2 Practice

The introduction of the development project described in this report had been undertaken by the change agent with the intention of altering practice in an effort to achieve improved quality of care for residents while promoting the efficient use of scarce resources. The introduction of the programme compelled staff at an early
stage to examine the environment and work practices within the unit and critically review how changes could be undertaken to improve areas which were identified as needing attention. As revealed in chapter one Staff on the unit had experienced significant changes to both their environment and work practice with the publication of the Standards for Residential Care Settings for Older People (HIQA, 2009). The commitment shown by staff in striving to meet these standards received recognition and praise from management.

This commitment continued through the productive ward programme and indeed the level of teamwork further improved. Staff involved appeared keen to learn from the data collected and once empowered to make necessary changes to environment and practice the level of engagement increased. A sense of pride developed within teams involved with undertaking small improvement projects as part of the well organised ward and their continued monitoring will be a valuable resource in promoting sustainability. This is an example of how it was important for the change agent of consider group dynamics within the unit and how this could influence the sustainability of the development programme (Burnes, 2004).

5.2.3 Theory

As stated previously, this report has been compiled at an early stage in the overall implementation process of the productive ward programme, however positive results have been ascertained which compare with benefits identified in the literature review contained in chapter two of the dissertation. A number of academic papers were reviewed by the author prior to advancing with the introduction of the programme, many originating in the NHS where the programme was developed. The findings in the literature pinpoint a number of advantages to be obtained by the programmes introduction including improvements in the quality and safety of care, teamwork and
communication with Wright and McSherry, (2013) recognising it as a foundation on which to build future quality initiatives. In the process of implementing the project the author has seen the emergence of some benefits identified in the literature. The author recognises that the extent to which these benefits have provided a worthwhile return for the resources employed has yet to be evidenced.

The data collected on Distance Travelled prior to and following the introduction of the well organised ward module of the project demonstrates a visible reduction in the distance travelled by staff during the course of a 12 hour shift. The feedback of such data to the team was found to encourage engagement with the process as it provided tentative evidence of the potential benefit the change would bring to staff in their everyday activity. Gill (2011) recognised that staff engagement becomes more likely when the initiative can be seen to be personally and professionally rewarding with Bovey & Hede (2001) highlighting the how change agents need to work closely on the human factors which can be associated with apathy and resistance.

5.3 Strengths of the Project

The key strength identified by the author had to be the participation and enthusiasm shown by staff on the unit where the project was undertaken. Commencing with the information and education training the team involved, approached the project with understanding and demonstrated a willingness to learn about the programme and the benefits it could produce. As the change agent I Knew it would be essential for the programme success to have support from the majority of staff, effective communication being a vital element in the achieving this support. The feedback received from the Suggestion Board highlighted to the author not only the level of commitment that exists within the team but also the depth of knowledge and ideas
for improvement and development potential. The author reflects back to the study by Hamilton et al. (2014) which found that front line ownership was key to the successful implementation of the Productive Ward Programme.

The support and collaboration which developed between the change agent and the NMPD was also fundamental to the success of the project to date. The author was conscious of her limited knowledge and experience of the Productive ward Programme and utilised the services of the NMPD which also provided a networking platform that will continue to be advantageous into the future.

The support received from senior management and the NMPD provided the change agent with the resources necessary to facilitate the programme introduction, harnessing the ideas of front line staff and incorporating these ideas into the change process. Morrow et al (2010) had identified the role of the change agent in encouraging staff at different levels to generate energy for support of the project and the organisation.

The change agent being a member of the management team developed many new skills as a consequence of leading a project involving staff at many levels within the organisation. The role of strong and effective leadership as discussed in Chapter two and three was crucial to the success of this project with the development of new leadership skills surfacing among frontline staff. The emergence of future change champions has the potential to benefit the organisation into the future provided their skills continue to be developed and encouraged. Allsopp et al. (2009) emphasise the significance of cultivating leadership skills on the ground to further the implementation, communication and management of change.
5.4 Limitations of the Project

The most obvious limitation of the project would have to be its size and the fact that this report is being compiled at an early stage in the introduction of what will be a longer term initiative. The evaluation as discussed in Chapter four has shown favourable outcomes and indicates that we are going in the right direction. An evaluation at this point has also provided useful information to guide the next steps of the process. The author is aware however that positive results at this juncture provides little evidence of the overall sustainability of the project. This evaluation was conducted at a time when support and momentum remain strong, the challenge will be to maintain this enthusiasm into the future as other projects battle for priority (Davis & Adams, 2012).

The project was conducted on one 44 bed unit which had recently been refurbished, the environmental upgrade and the improved morale among staff may have impacted on their approach to the change process. The results found in this report may not be replicated in a unit where the environment is less conducive to the introduction of this programme.

The author also acknowledges that the amount of time and resources required for the introduction of the Productive Ward Programme may pose a limitation for many units. The change agent having a personal interest in the programmes progress spent a portion of time outside normal working hours in developing the education presentation and reviewing staff feedback among other administrative tasks. The programmes implementation requires a significant input of resources which in the present financial climate within the healthcare sector may not be available or may be allocated elsewhere. The author would feel she underestimated the amount of time required for the for the change agent to oversee the implementation of the
programme this is further referred to in the reflection which accompanies this
dissertation.

The leadership for this project began with the change agent who may be described
as having legitimate power as a result of the position they occupy within the
organisation. This power was seen as an asset in the early stages of the project as
the agent aimed to establish direction within the project team involved while inspiring
and motivating frontline staff as recommended for effective leadership (Kotter, 1996).
The agent acknowledges that in ideal circumstances the leader for a programme
such as the Productive Ward should be ward based and plans to facilitate and
support the transfer of this role to the ward manager during the next phase of the
programme. Harris et al. (2014) concluded that as the Productive Ward Programme
enables staff to increase the time spent in direct care also leaders should be freed
up to lead.

5.5 Recommendations

On reflection the author commenced this project with a limited knowledge of the
practicalities involved in the introduction of such a programme however at this point
in the process there are a number of recommendations which can be suggested.

- The lead for the introduction of the programme should be based within the
  unit involved and provided with the necessary further training to support the
  continued successful implementation of the programme. This will require
  commitment of resources from the organisations management and ongoing
  support for the programme.

- Further evaluation to be undertaken on the introduction of Module Two, Well
  Organised Ward as the project evaluation was embarked on at an early stage
  in the process. The module involved the introduction of some changes to
environment and work practices however the author predicts the team involved will identify further changes to be made prior to and during the introduction of the next module.

- The development of change champions within the team involved in the project should be supported and encouraged in order to increase the prospect of sustainability as the programme advances. Schon (1963) proposed that during innovation and change the emergence of a champion is required and where underground resistance develops the initiative finds a champion or dies. Howell & Shea (2006) describe how champions of change can influence and sustain performance over time by encouraging the talents and resources within the team.

6 Summary and Conclusion

The introduction of the Productive Ward Programme as part of this organisational development project had the aim of improving the quality and safety of patient care while enhancing the efficiency within the unit involved. The project involved the creation and provision of a training session to inform and educate staff about the programme itself. This was followed by the commencement of a module which entailed the gathering and review of data in relation to how the unit was performing prior to change implementation. This section of the project depended heavily on the involvement of staff for the review and planning process required prior to the commencement of module two. Following the introduction of module two data was again collected utilising the tools employed earlier; figures were collated and reviewed; the objectives set out in chapter one were met and following the comparison of the data collected prior to and following the changes implemented, the impact of the project was viewed to be successful.
6 References


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Saul, J. E., Noel, K., & Best, A. (2014). Advancing the art of healthcare through shared leadership and cultural transformation. Available at [http://www.longwoods/content/23770](http://www.longwoods/content/23770)


White, M., Wells, J., & Butterworth, T. (2013). Leadership, a key element of quality improvement in healthcare. Results from a literature review of “Lean Healthcare” and


## Appendix 1

### FORCE-FIELD ANALYSIS

**Introduction of the Productive Ward Programme**

<table>
<thead>
<tr>
<th><strong>POSITIVE FORCES (+)</strong></th>
<th><strong>NEGATIVE FORCES (-)</strong></th>
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</thead>
<tbody>
<tr>
<td>Support from management</td>
<td>Standard and Value of service</td>
</tr>
<tr>
<td>Resident centred initiative</td>
<td>Lack of time</td>
</tr>
<tr>
<td>Cost saving potential</td>
<td>Lack of resources</td>
</tr>
<tr>
<td>Quality improvement potential</td>
<td>Reduction in staffing numbers</td>
</tr>
<tr>
<td>Staff enthusiasm and motivation</td>
<td>Additional staff support for audit</td>
</tr>
<tr>
<td>HIQA regulations and standards</td>
<td>Cost of programme license</td>
</tr>
<tr>
<td>NMPD support</td>
<td>Culture within Unit/established practices</td>
</tr>
<tr>
<td>Improvement in working conditions</td>
<td>Lack of knowledge of project</td>
</tr>
<tr>
<td>Recent refurbishment</td>
<td>Lack of IT support</td>
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<tr>
<td>Evidence regarding previous introduction of the programme</td>
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### SWOT analysis

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<th>Weaknesses</th>
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<td>• Support of Hospital Management</td>
<td>• Heavy workload of staff involved</td>
</tr>
<tr>
<td>• Funding available from NMPD</td>
<td>• Workload of project lead/ many areas requiring attention</td>
</tr>
<tr>
<td>• Support from NMPD team in devising educational content</td>
<td>• Recently upgraded facility</td>
</tr>
<tr>
<td>• Staff interest and buy in</td>
<td>• Recent transfer under social care umbrella</td>
</tr>
<tr>
<td>• Increased involvement of all staff levels in planning and initiating changes</td>
<td>• Resistance from nursing and care staff</td>
</tr>
<tr>
<td>• Improved service for Residents</td>
<td>• Communication failures</td>
</tr>
<tr>
<td>• Opportunity to Improve working conditions for all staff levels</td>
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</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For quality improvement</td>
<td>• Staff resistance</td>
</tr>
<tr>
<td>• Reduction in costs</td>
<td>• Staff shortages due to restructuring of services, loss of key staff</td>
</tr>
<tr>
<td>• Enhance staff morale</td>
<td>• Reduction in care standards and inability to meet HIQA requirements</td>
</tr>
<tr>
<td>• Spread to other units</td>
<td></td>
</tr>
<tr>
<td>• Improved communication and teamwork</td>
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</tr>
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## PESTLE ANALYSIS

<table>
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<tr>
<th>Political factor</th>
<th>Economic factors:</th>
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<tr>
<td>➢ Health Regulations, HIQA standards</td>
<td>➢ Budget constraints/austerity impact</td>
</tr>
<tr>
<td>➢ Increasing pressure on services for older persons</td>
<td>➢ Cost of care within HSE run facilities</td>
</tr>
<tr>
<td>➢ Structural changes within HSE, change to Community Health Organisations</td>
<td>➢ Fair Deal budget overruns</td>
</tr>
<tr>
<td>➢ Recent damming reports both nationally and in the UK</td>
<td>➢ Reduced funding</td>
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<table>
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<th>Technical / technological factors:</th>
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<td>➢ Staff engagement and morale</td>
<td>➢ Introduction of new technologies/software</td>
</tr>
<tr>
<td>➢ Organisations ratings</td>
<td>➢ New ways of providing staff development training</td>
</tr>
<tr>
<td>➢ High Standards</td>
<td>➢ Communication routes changed</td>
</tr>
<tr>
<td>➢ Work overload/burnout</td>
<td></td>
</tr>
<tr>
<td>➢ Reorganisation of daily work practices</td>
<td></td>
</tr>
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<td>➢ Resident and Relative forums to be consulted</td>
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<th>Environmental factors:</th>
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<td>➢ Health Act 2007</td>
<td>➢ Upgrade of Nursing Home</td>
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<td>➢ Professional bodies (NMBI)</td>
<td>➢ Structural changes affecting work practices</td>
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</table>
### Appendix 4 Stakeholder Analysis

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<th>HIGH INTEREST / LOW POWER (keep informed)</th>
<th>HIGH INTEREST / HIGH POWER (manage closely by effective communication)</th>
</tr>
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<tr>
<td></td>
<td>Residents of Unit</td>
<td>Area co-ordinator</td>
</tr>
<tr>
<td></td>
<td>Clerical admin staff</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td></td>
<td>Frontline staff involved</td>
<td>Asst DON</td>
</tr>
<tr>
<td></td>
<td>Families/Advocates</td>
<td>Unit CNM2</td>
</tr>
<tr>
<td></td>
<td>Practice development co-ordinator</td>
<td>NMPD</td>
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</table>

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>LOW POWER / LOW INTEREST (monitor as may be passives)</th>
<th>HIGH POWER / LOW INTEREST (Keep satisfied)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Medical Officer</td>
<td>HIQA</td>
</tr>
<tr>
<td></td>
<td>Allied Health Professionals</td>
<td>Employer</td>
</tr>
<tr>
<td></td>
<td>Staff on other units</td>
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<table>
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<th></th>
</tr>
</thead>
</table>


Appendix 5

PROGRESSIVE WARD PROGRAMME

STAFF TRAINING

| Date of Training: |
| Trainers: |

Please complete and return this form to the facilitators.

Please indicate, by ticking (✓) the appropriate answer, your level of agreement with the following comments:

**The training provided was sufficient for each of the following areas:**

| Prior to the training I had a good knowledge of the Productive Ward Programme |
| The venue was appropriate |
| The Training achieved its aims and objectives. |
| The facilitation and presentation during the training were open and helped me to learn. |
| The content of the training was relevant to my unit |
| The content of the training helped me to understand how the | 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
programme will be introduced

What I have learned will impact on my ability to participate in the upcoming programme introduction

The content of the training identified benefits to be gained by the programme's introduction

Following the training I feel confident about participating in the Productive Ward Programme

On completion of the training I have a good knowledge of the Productive Ward Programme

Sufficient time was devoted to each module

What improvements/changes would you suggest for similar training sessions?

Please give any other comments/suggestions.

Thank You for completing this evaluation form
## Appendix 6 Activity follow data collection tool

<table>
<thead>
<tr>
<th>Activity description</th>
<th>Hour start: 8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<td>CPD/ give or receive training</td>
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<td>Yes / No</td>
</tr>
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<td>Relative/Carer Contact</td>
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<td>Yes / No</td>
<td>Yes / No</td>
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<td>Clinical/medical audit</td>
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# Weekly Resident Information Data

**To be completed by Night Nurse on Monday Night.**

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<thead>
<tr>
<th>Ward: ____________</th>
<th>Date: ______________</th>
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</thead>
<tbody>
<tr>
<td>1. Number of residents requiring regular analgesia ..................</td>
<td>☐</td>
</tr>
<tr>
<td>2. Number of residents with pressure sores .........................</td>
<td>☐</td>
</tr>
<tr>
<td>3. Number of residents requiring Bed Rails: For safety reasons .........</td>
<td>☐</td>
</tr>
<tr>
<td>Resident Choice: .............</td>
<td>☐</td>
</tr>
<tr>
<td>4. Number of residents receiving psychotropic medication</td>
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</tr>
<tr>
<td>(Include antidepressants, mood stabilizers, antipsychotic , anxiolytics)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Number of residents receiving sleeping tablets .......................</td>
<td>☐</td>
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<tr>
<td>6. Number of residents with indwelling catheter .......................</td>
<td>☐</td>
</tr>
<tr>
<td>7. Number of residents who are bed/chair bound........................</td>
<td>☐</td>
</tr>
<tr>
<td>8. Number of residents with recorded weight loss .......................</td>
<td>☐</td>
</tr>
<tr>
<td>9. Number of residents requiring wound care ..........................</td>
<td>☐</td>
</tr>
<tr>
<td>10. Number of residents with M.R.S.A. positive status..................</td>
<td>☐</td>
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<tr>
<td>11. Number of residents on antibiotics .................................</td>
<td>☐</td>
</tr>
<tr>
<td>12. Number of residents on prescribed laxatives daily..................</td>
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<tr>
<td>13. Number of residents suffering from the following</td>
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</tr>
<tr>
<td>E.S.B.L.</td>
<td>☐</td>
</tr>
<tr>
<td>Flu like symptoms</td>
<td>☐</td>
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<tr>
<td>C Difficile</td>
<td>☐</td>
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<tr>
<td>Norovirus</td>
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<tr>
<td>Wound Infections</td>
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<tr>
<td>Peg site/Catheter infections</td>
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<tr>
<td>Diarrhoea</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Urinary tract infection</td>
<td>☐</td>
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<tr>
<td>14. Number of complaints received at Ward level .......................</td>
<td>☐</td>
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<tr>
<td>15. Number of incidents recorded.......................................</td>
<td>☐</td>
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<tr>
<td>Falls..........................</td>
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</tbody>
</table>

Signature of Nurse: ________________________________
## Appendix 8

### PRODUCTIVE WARD INTRODUCTION

### STAFF EVALUATION OF PROGRAMME

**Date:**

Please complete and return this form to the designated box.

Please indicate, by ticking (✓) the appropriate answer, your level of agreement with the following comments

**The introduction of the Productive Ward has:**

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Improved the environment for the residents</td>
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<tr>
<td>Improved the environment for staff</td>
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<tr>
<td>Increased the time I spend with residents</td>
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<tr>
<td>Layout changes within the unit has resulted in items being easier to find</td>
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<tr>
<td>Teamwork has improved</td>
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<tr>
<td>I feel I am being listened to</td>
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<td>I feel confident to voice my opinion</td>
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<tr>
<td>I would like to see the programme continue</td>
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</tbody>
</table>

Thank you for completing this questionnaire.
The Productive Ward Programme
Introduction to a Care of the Older Person Unit

Care of the Older Person Residential services in Ireland have undergone major change since the introduction of the Health Act (2007) and the subsequent establishment of the Health Information and Quality Authority (HIQA).

The publication of The National Quality Standards for Residential Care Settings (2010) for Older people in Ireland provided benchmark for all organisations involved in the provision of Residential care.

In the case of the Unit involved in this project the process of achieving these standards has brought about a dramatic change to the environment in which Residents live and hence the work environment for the employees.

The project involved the introduction of the Productive Ward/Community Hospital: Releasing time to care programme to a long term care setting for older persons. The Productive Ward programme was developed by the NIHI Institute for Innovation and Improvement and launched in the England as far back as 2007.

The programme is designed to help and empower care teams to review and streamline the way they operate leading to quality improvements.

Aims & Objectives

The aim of this project is to improve the quality and safety of care and enhance the efficient running of a 44 bed long term care unit for Older Persons with the introduction of the productive ward programme.

Objectives include:
1. To provide all staff on the Unit with the education and training required for the successful introduction of the Productive Ward programme
2. To gather baseline data on the time spent by staff in the provision of direct care to residents
3. Record rate of falls, pressure sores and infection within the unit prior to and following project implementation
4. Assess staff workload
5. Improving efficiency within the unit
6. Increase staff involvement with planning and implementing change

Methodology

The HSE change model provided a framework for the programmes introduction.
Chosen for many reasons but particularly the emphasis it places on the people involved in the process.

Figure 1: HSE Change Model

Step 1: Initiation
- Assessed readiness for change/identified potential resistors
- Develop urgency
- Analysis of stakeholders, risk, swot & force field analysis

Step 2: Planning
- Business plan, gain support & funding/communicate and inform
- Information sessions/Project team set up/involvement in planning process
- Promote engagement & involvement

Step 3: Implementation
- Education programme
- Data collection (knowing how we are doing)
- Assess & review ward structure, layout & work practices: Implement agreed changes.
- Evaluate impact

Step 4: Mainstreaming
- Achievement recognition & ongoing support
- Identified benefits/effectiveness
- Staff utilise audit tools & review findings weekly and reflect on change process

Figure 2:

Evaluation

Data collection played a key role in the OD project prior to the planning and implementation of the changes seen in module 2, data collection included:

- Activity follow
- Steps recorded during an 11hr shift
- Evaluation of education programme
- Rate of falls
- Rate of pressure sore occurrence
- Rate of Infections

Activity follow result:

Organisational Impact

The impacts of the programme introduction include:

- Placing the client at the centre of change process, introducing common sense approach to quality improvement
- Improving work processes, bottom up approach, improve efficiency within the unit
- Organisation responsive to frontline staff, facilitates empowerment, team work

Conclusion

The OD project commenced the introduction of the Productive Ward Programme at a time when great changes had been undertaken in care of the older person services. The project provided staff with the opportunity to have an input in planning and implementing the changes brought about by the introduction of the productive ward. The early evaluations show improvements in efficiency and a positive impact on teamwork. The programme is in the early stages and the author hopes will continue to develop and expand.

References

3. Health Services Executive (2009). Improving services: a user's guide to managing change in the Health Service Executive, Dublin: Health Services Executive