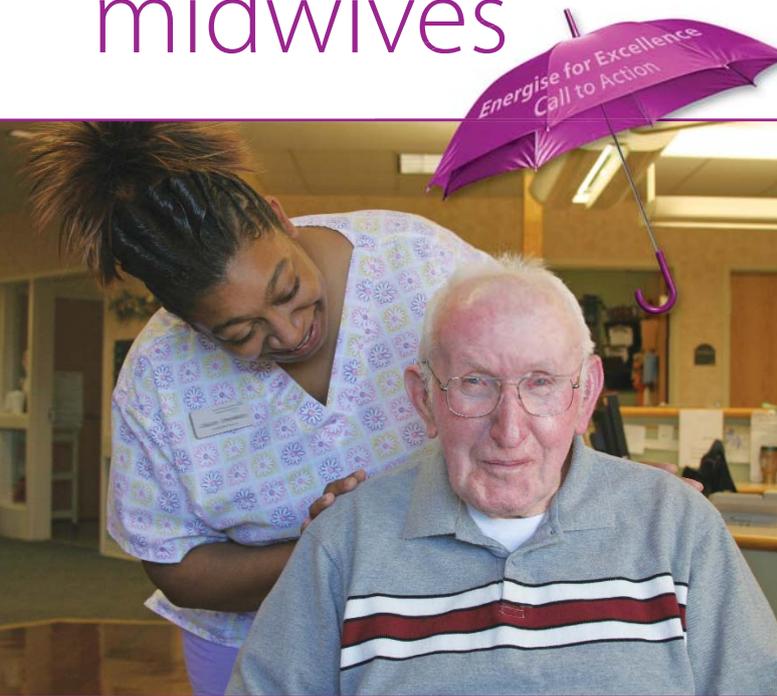


Energise for Excellence: a call to action for nurses and midwives



Energise for Excellence: a call to action for nurses and midwives



Our Challenge

Difficult times lie ahead for the NHS as it aims to save an unprecedented £20 billion. As nurses and midwives we want to ensure that we help to protect and improve quality while grasping the nettle and playing our part in cost reduction in these financially challenging times. We have a choice. We can choose to rise to the challenge and play a lead role in quality and cost improvement OR we can choose to put our heads down, do nothing and find ourselves being led by others with serious negative consequences for our patients and colleagues.

What follows is the story of a front line clinical leader, Susan Pettigrew. This is based on real experience and could be anyone's story – some of it could be yours. The story tells us of the stance Susan took which is similar to actions taken by hundreds of courageous nurses and midwives. Following Susan's story, we set out five actions that **EVERY** nurse and midwife can take and ask you to commit to taking these actions yourself.

Susan's Story Susan Pettigrew Ward Manager, General Medical Ward

After a week's annual leave I arrived early for my Monday late shift to read and deal with emails. When I arrived, a colleague told me that Edna, one of our regular ward attendees, had been readmitted and that on this admission, Edna had acquired a grade three pressure ulcer for the first time. This news upset me and I knew a difficult conversation awaited me with both Edna and her daughter. I was still thinking about Edna when I opened and read an email from the trust director of nursing showing the latest ward nursing quality indicators. The numbers of ward acquired ulcers were not reducing and it made me feel concerned and anxious as attempts to improve this were clearly not working.

I spoke to Edna who was very distressed about what had happened. Edna's notes showed a picture of the ulcer and details of the care required to treat it. It was a shameful thing to look at as I knew that Edna's suffering could have been prevented.

I carried on with my emails and came to one about the hospital's programme to improve quality and reduce costs. Everything came into focus, poor quality care, harm to patients like Edna and the need to help the hospital be more cost effective. Given the messages that were circulating in the hospital about the need to reduce costs I wondered if this would mean lower quality for patients. I knew that Edna's stay was already longer than usual. Edna was also experiencing considerable pain from the ulcer and I knew that even when Edna went home she would need on going care. The sadness and frustration I felt made me determined to get involved with the hospital's aim to reduce its costs by reducing harm to patients like Edna.

I knew I had to take action so arranged to see the Medical Matron, Jane Coles. When we met, Jane told me about the Energise for Excellence in Care initiative which is mobilising nurses and midwives across the NHS who want to improve the quality of their care and make best possible use of resources. We both looked at the Energising for Excellence website and discovered links to many useful tools and approaches. We were pleased to see that it included The Productive Ward which we had embarked on three months ago and we agreed that the time released from implementing this could be used to tackle the incidence of pressure ulcers on the ward.

I also learnt that my trust was one of more than 100 local hospitals across the NHS that had signed up to be part of the Safety Express campaign and that Safety Express has a specific aim to reduce the incidence of pressure ulcers.



In addition I noted that action to reduce pressure ulcers is one of the High Impact Actions for Nurses and Midwives so there was a wealth of information and data about existing good practice. I was so glad that I didn't need to reinvent the wheel as the tools and case studies would be really useful to me. Previously I had felt confused by the mass of information on how to tackle quality issues and reduce cost coming piecemeal from different directions. Now I could see possible ways forward.

The Productive Ward was showing early benefits and provided a terrific foundation for our new actions. Jane agreed that my ward would be included in the initial stages of the Safety Express campaign and along with the team we would use an approach called the Safety Thermometer. This is a way to measure the prevalence of a number of 'harms' including pressure ulcers. When I learnt about the remit of Safety Express, I was keen that the ward team would also take action on other harms including patient falls and urinary tract infections. I recognised that, applied together, these things would greatly help my drive to measure and eliminate pressure ulcers.

I involved the ward team, including health care support workers and allied health professionals in my initiative and we adopted a best practice approach based on the SKIN bundle tool from Abertawe Bro Morgannwg Health Board which I found in a guide that is part of High Impact Actions for Nursing and Midwifery called The Essential Collection.

The best outcome of all was the impact on patients as the incidence of patients with pressure ulcers on my ward dropped from 6.5 a month to zero. I calculated that the saving to the trust on this ward alone was £8,000 a month. Jane and I highlighted the potential to prevent pressure sores to managers and members of the trust board by reporting their progress in the monthly matron's report. This meant that our ideas and good practice spread across the trust.

I had originally felt out of my comfort zone but my confidence grew as the project developed and I kept thinking about Edna. Now that every ward across the trust was measuring the occurrence of pressure ulcers as part of the Safety Thermometer approach we knew the message was getting across.

I was able to work with other nursing leaders in the trust and we integrated our work on Safety Express, Productive Ward and High Impact Actions under the banner of Energising for Excellence. We now had a consistent approach and a powerful joined-up story. I also linked with colleagues from other professions within the trust so that everyone; nurses, medics, allied health professionals, managers, were all working to the same agenda.

The campaign to eradicate pressure sores continued with the introduction of the SKIN bundle to all the other medical wards. We now have the goal of eradicating pressures everywhere in our trust. This has to be the right thing to do as it is best for patients and also reduces costs.

I got the opportunity to tell my story and celebrate the success of this initiative at the annual International Nurses Day event at the trust and won an award for the improvements made. I captured the actions of our ward team, talked about our triumphs and what we were most proud of: no more cases like Edna's, taking part in Safety Express and High Impact Actions and our courage to make changes – and, for me personally, the time one of my colleagues told me the effect my story had on him and getting to know Edna. My story was also highlighted on the Energising for Excellence national website and I have received many requests from other teams to tell my story and help others do the same thing.



What choices are we making?

Susan's story shows us the importance of the choices that we make as nurses, midwives and leaders. Susan could have chosen to ignore what was happening and to see pressure ulcers as an inevitable consequence of an inpatient stay for some people.

She could have stood back as the hospital was forced to reduce services to patients in order to cut costs and blamed 'them' (the trust's senior leaders). Instead, Susan chose to take decisive action to improve patient experience and outcomes and help reduce costs by improving quality. Susan chose to see herself and her team as part of the solution. All of us have the potential to make a choice and take action like Susan.

Like Susan, most of us have probably been upset at some point when confronted by patients who have received poor care, particularly when this involved not getting the very basics of care right. We feel that others in our organisations are making the financial decisions and that they don't always make the decisions that are best for patients. We can choose to make these feelings a thing of the past and not leave it to chance. However it means that we, as nurses and midwives, have to step forward and take leadership. Energising for Excellence in Care provides us with a fantastic opportunity to do this.



Energise for Excellence in Care

- What can I do?

The **Energise for Excellence** vision is for at least 200,000 nurses, midwives and health visitors to sign up to Energise for Excellence, take action and tell others their quality and cost saving stories.

As nurses and midwives we can be proud of our many achievements as practitioners, partners and leaders.

Energise for Excellence is a call to action to all nurses and midwives aimed at harnessing our collective energy, commitment and expertise.

Under the **Energise for Excellence umbrella** we have gathered an array of tools, approaches and measures that will help you respond to the call to action and decide which priorities you want to focus on so that you can be confident that your patients receive the best possible care.

Energise for Excellence embraces a number of key programmes that nurses and midwives can use to drive both quality improvement and cost reduction. Select the ones which will make the most difference for you. It may be that combining them will give you even better outcomes and a strong platform from which to begin your quality and cost reduction journey.

- **High Impact Actions** (HIAs) for nurses and midwives go to the heart of what matters to patients by focusing on the essentials of care - the things that all patients have a right to expect. They point to good practice and actions that we can take to improve quality and make best use of precious NHS resources.

- **Safety Express** is a national campaign to reduce harm for patients. It provides a collective approach to change, a powerful measurement system and many aspects of guidance and support to help you reduce patient falls, pressure ulcers, urinary tract infections and venous thromboembolism. These all make a massive difference to outcomes and experience for our patients AND by preventing this harm, reduce costs.

- **The Productive Series** have been adopted by nurses and midwives up and down the country. The Productive Ward, The Productive Mental Health Ward, The Productive Community Hospital and Productive Community Services have provided great outcomes for patients and staff by reducing waste, duplication and improving staff morale. They release staff time to focus on things that deliver better quality care, like the High Impact Actions and Safety Express initiatives.



What is my call to action?

Under the banner of Energise for Excellence, we call you to commit to take FIVE actions.

1. Commit to take a specific action to make a specific change within a specific timescale

This could be any action under the Energising for Excellence framework: the first steps around one of the goals of Safety Express or a Productive programme or a High Impact Action. Sign up for this action explicitly. Tell others what your goals are.

2. Use the most relevant tools

Find useful approaches from the Energising for Excellence website. Rather than 'reinventing the wheel', look at and learn from what others have done and adapt it for your own local setting as Susan did.

3. Measure it

Measure for improvement showing the difference you have made rather than measuring to achieve a target. Prove to your trust board or your director of finance just what a difference clinical teams can make when they focus on improving quality for patients.

4. Celebrate success

Show others what a difference we can make when we win hearts and minds and energise and mobilise our clinical workforce for change. Make those that took part in the change feel great about their contribution. Help others to see the potential of change.

5. Tell your story to others

Promote your success story far and wide. Help others to see what is possible when we unite around a common cause. Make a compelling case for others to change. Create hope that it IS possible to deliver quality and eliminate harm whilst reducing costs. Demonstrate that nurses and midwives are at the forefront of the movement for improvement. Energise for Excellence!

Susan followed the five actions. Her story shows how one nurse leader championed change whilst taking others with her. We all have an equally powerful way to demonstrate and call nurses and midwives to action using Energise for Excellence. We can all take action, measure success and share our stories of improvement – whether in one to one situations, with a team, a division, a hospital, a community or mental health trust, a community or wider audience.

If enough of us commit to and follow through with the five actions, we can help secure the future of the kind of NHS we want for our patients, ourselves and our own families. It is in our hands. Susan responded to the Call to Action. Like Susan, let's make the choice to get up on our personal stage, make the change, become role models and celebrate success.

Make your choice now, find more information on www.dh.gov.uk/energiseforexcellence or to ask questions and get in touch email: energiseforexcellence@dh.gsi.gov.uk. Contact your director of nursing/chief nurse to find out how you can get involved and make your contribution.

"The best outcome of all was the impact on patients; the incidence of patients with pressure ulcers on my ward dropped from just over six a month to zero. I calculated that the saving to the trust on this ward alone was £8,000 a month."



The Energise for Excellence Umbrella

A call to action



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