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**KING'S FUND
PROJECT PAPER**

WARD APPRAISAL SYSTEM

NUMBER II

JULY 1975

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KING'S FUND PROJECT PAPER

WARD APPRAISAL SYSTEM

Report on the production of a document which is presented as a method by which what happens within the ward, can be assessed objectively by those within and without.

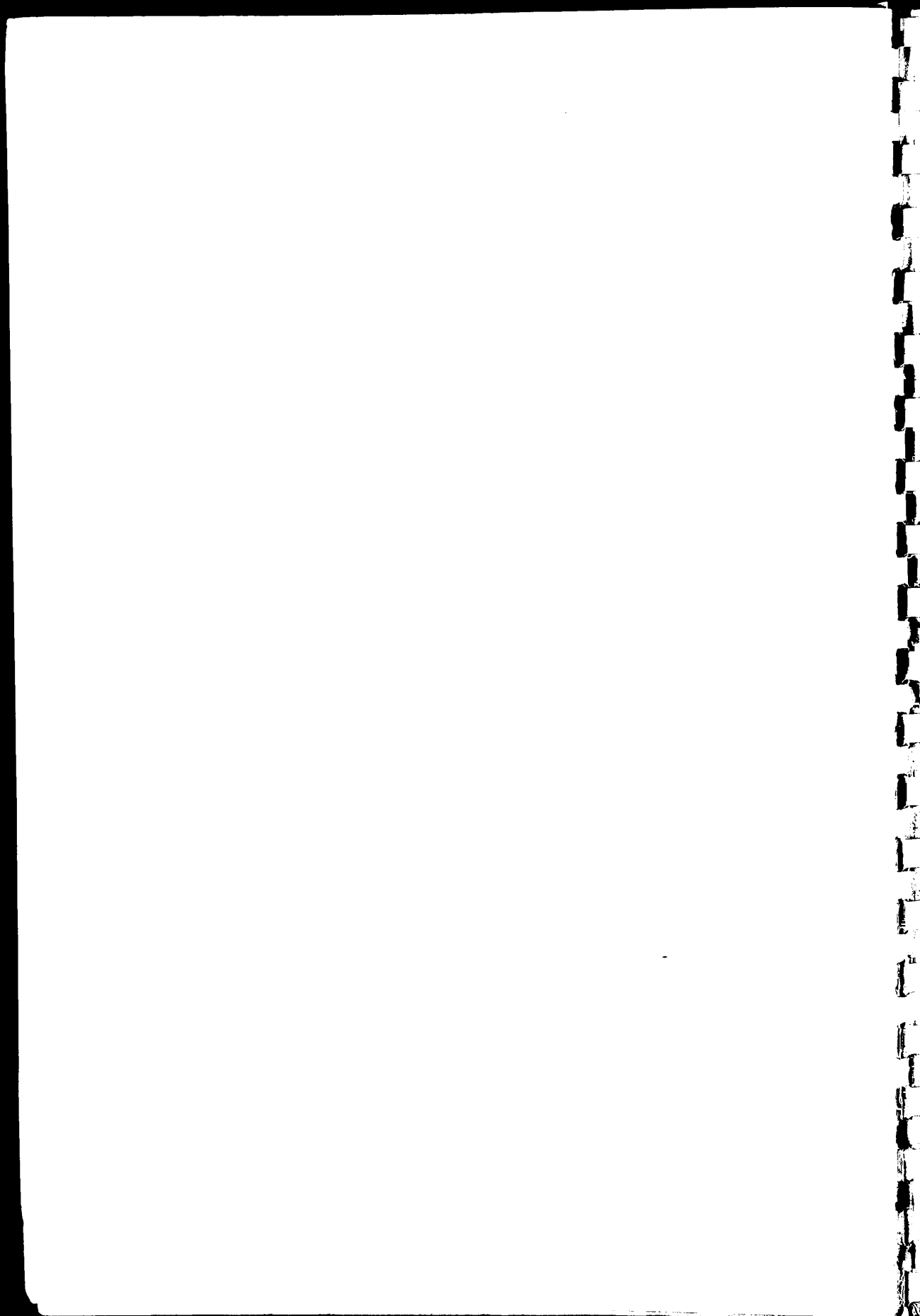
Miss S. Oxby

Mrs. E.M. Davies

July 1975

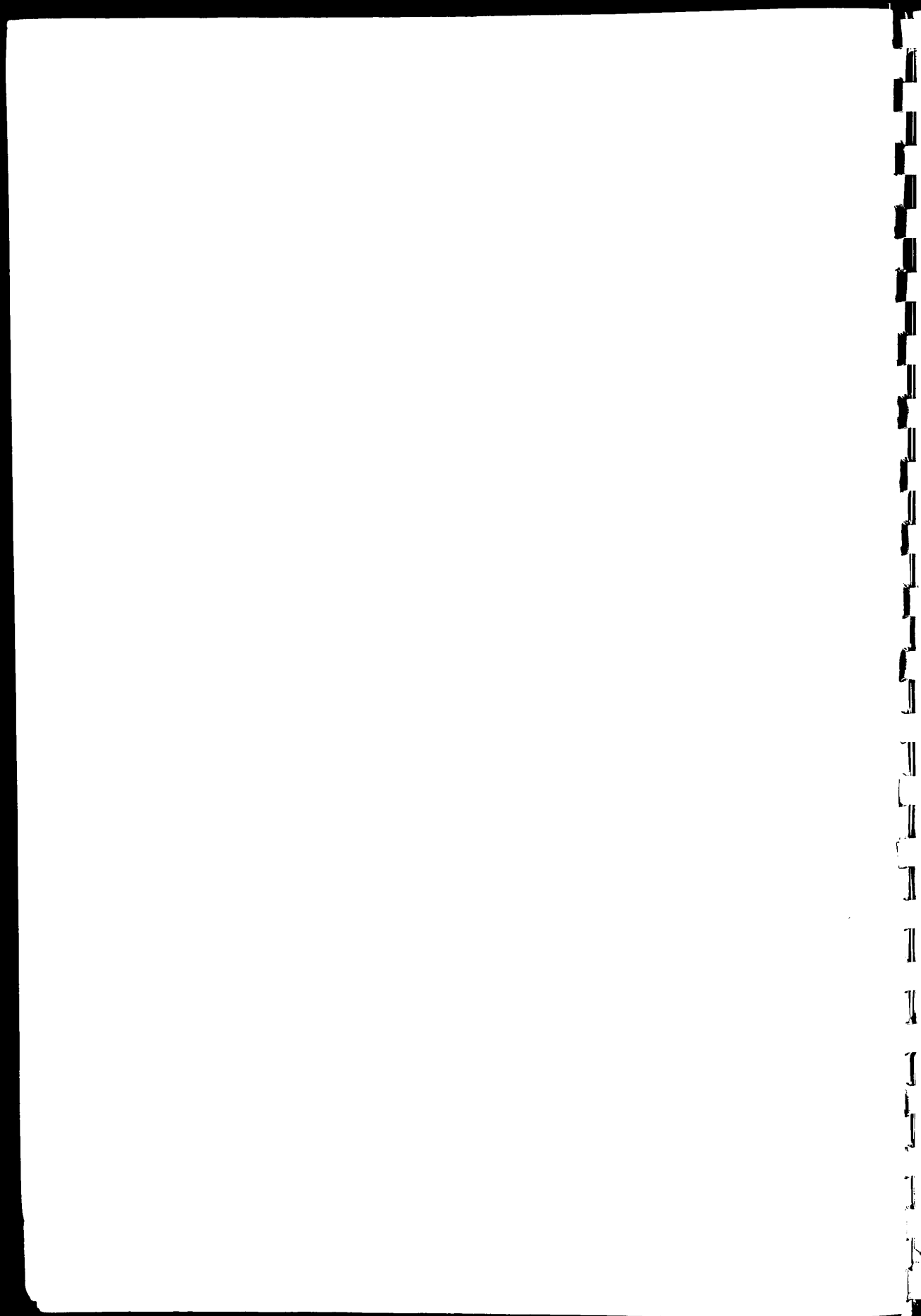
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5. Literature Reviewed.



INTRODUCTION

No where is there a written set of standards against which what happens within the ward can be judged by those within and without its confines.

How do we judge?

What criteria did we use?

What information is available to assist in formulating professional judgement on the ward, standards of care given to patients and the use made of observations?

Invariably the answers to such questions are subjective and, therefore, unsuitable as a means of making a reliable professional assessment. At a meeting of the Birmingham Nurse Research Discussion Group, discussion centred on the subjective nature of the judgements which, we as nurses, make of our peers, subordinates and superiors. Agreement could not be reached on what constitutes a professional judgement but it was agreed that in this day of sophisticated management it is essential that action should only be taken on the basis of reliable evidence.

Surely, it was thought, it is not impossible that nurses should produce a valid framework that would enable them to look systematically at the ward and all its activities - and provide a catalogue of check points which could be used by nurse managers at all levels.

The authors were at that time working within the central nursing office of a large hospital group, and became intrigued with the possibilities of the subject. Like many others they had been concerned about some of the current problems in nursing.

Who runs the ward? What tools are available to assist with ward management? Lastly, they were concerned that unless nurses looked in depth at nursing problems, then others surely would.

With this in mind, it was decided to undertake this study.

The aims were:-

1. To agree in detail the essential factors that result in a well run ward from which a high standard of patient care results.
 2. To find a rating scale against which one could measure these factors.
 3. To produce a realistic working document in which 1 and 2 were combined.
 4. To produce a document to be used as a management tool.
 5. To produce a document to be used in the education at all stages in nursing.
- During the last three years by a process of trial and error, elimination and addition, the Ward Appraisal Document has developed.

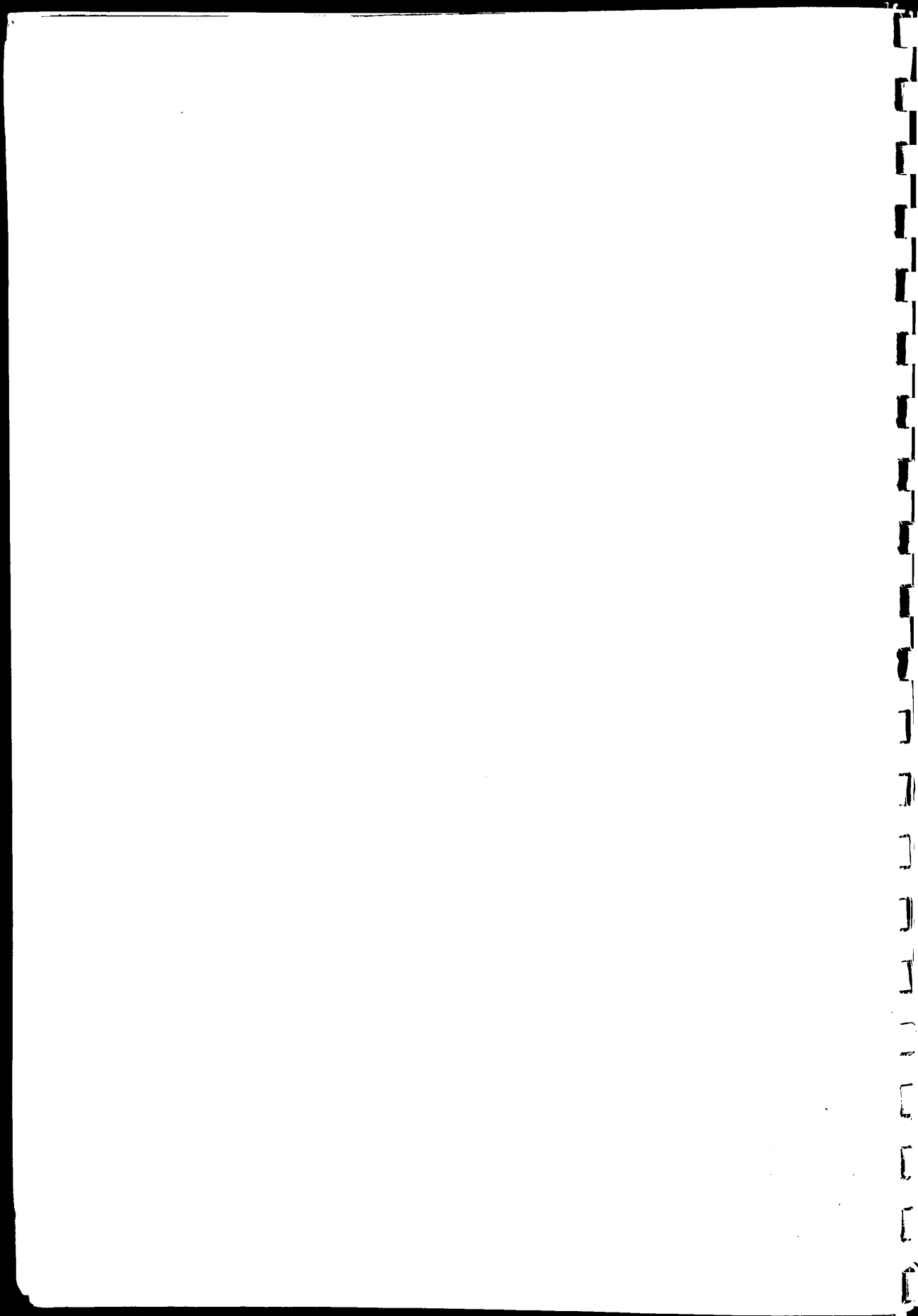
ACKNOWLEDGEMENTS

The authors would like to thank all those people who have assisted in this study for their comments, time and support without which it would have been impossible to draw the study to its necessary conclusion. We would like to give particular thanks to Miss B. Smith, OBE., formerly Chief Nursing Officer, East Birmingham Hospital Management Committee, for her encouragement, support and guidance and Dr. K. Wilson, Nursing Research Liaison Officer, Regional Health Authority, for her unfailing support, guidance and patience and finally for maintaining her sense of humour which must at times have been sorely tried. Our thanks also to the members of the West Midland Nurse Research Discussion Group who have supported us during the study.

WARD APPRAISAL SYSTEM

Miss S.J. Oxby
Mrs. E.M. Davies
1975

This document is presented as a method by which
what happens within a ward can be assessed objectively
by those within and without.



1.

Hospital

Unit

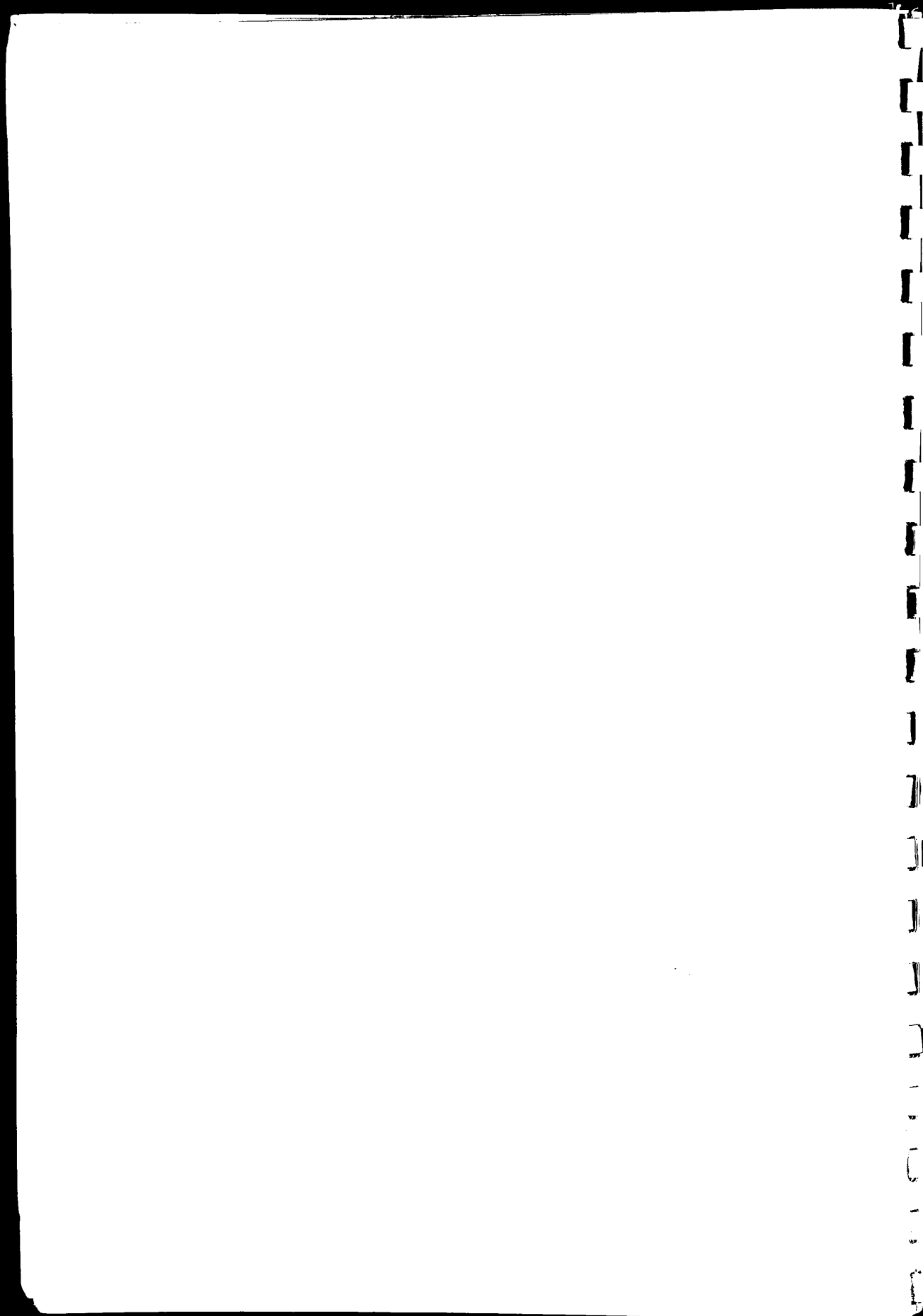
Ward

Date

Compiled by

Signature

Grade



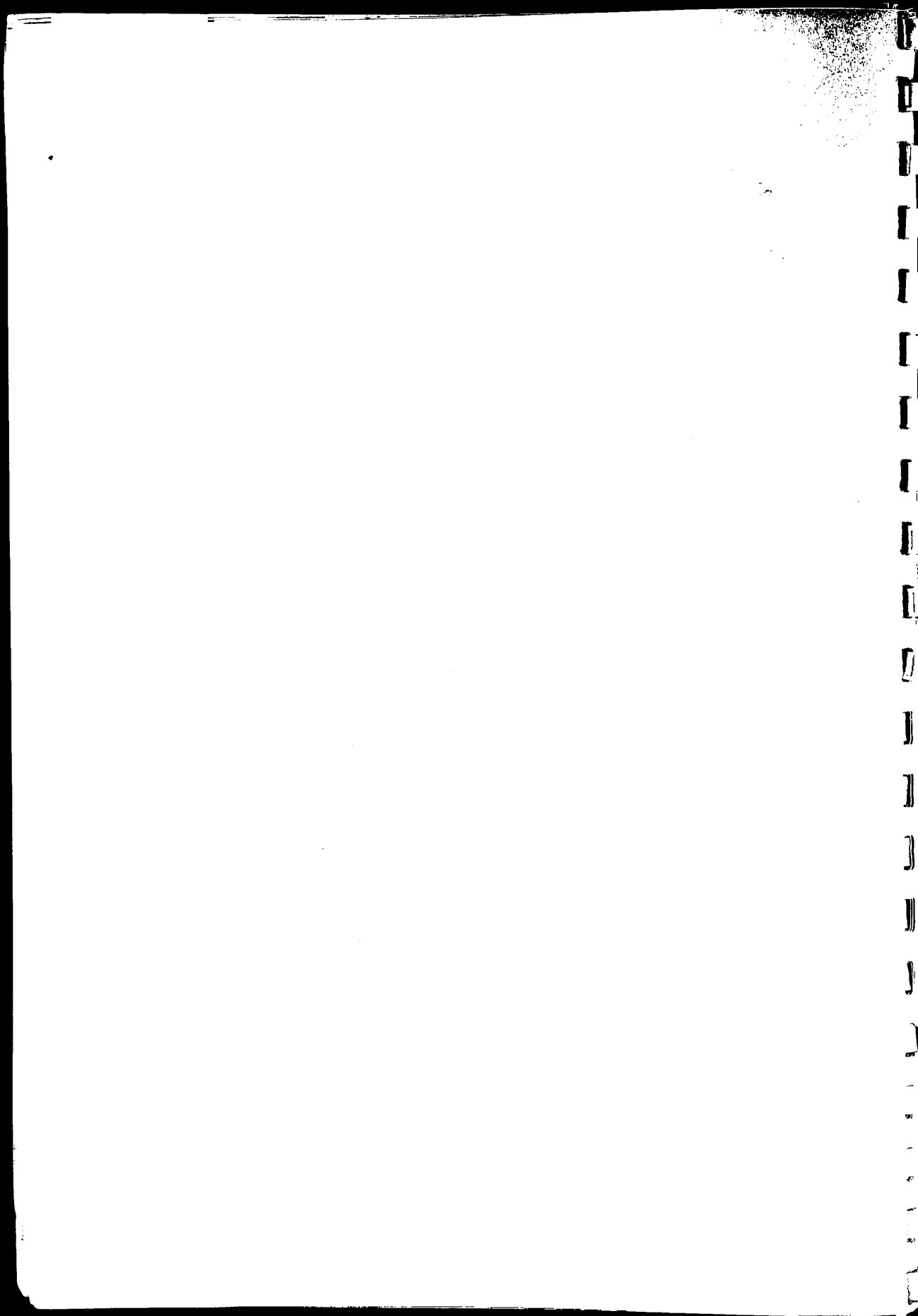
INTRODUCTION

This document is presented as a management tool to assist the ward sister and nursing officer in assessing standards of performance and patient care within the ward.

The questions are to be answered by indicating the point on the rating scale that would most correctly describe the state existing at that time, for example, if noise in the corridor areas is a constant problem and no attempt is made to control this, then "Y" would be the answer. Conversely, if noise in the corridor is never a problem then "X" would apply. Generally however, the answer will lie somewhere between these two points.

The evaluation sheet at the end of the document is intended as an action sheet that should be used to indicate problem areas and the course of action to be taken. This will be helpful to staff in pinpointing problem areas throughout the hospital in a factual manner.

The suggested procedure for completion of the document is found overleaf.



COMPLETION PROCEDURE

Directions for completion at ward level by the Nursing Officer and Ward Sister.

Answer all the questions carefully and fully.

The following notes will help you to do so.

When the forms are completed, the Nursing Officer will assess the findings and together you should discuss and compare ratings.

Assure the ratings are understood

SECTION 1

- A) Complete - Ward, Unit, Date
- B) Patient day and night - cross out what does not apply

SECTION 2 & 3

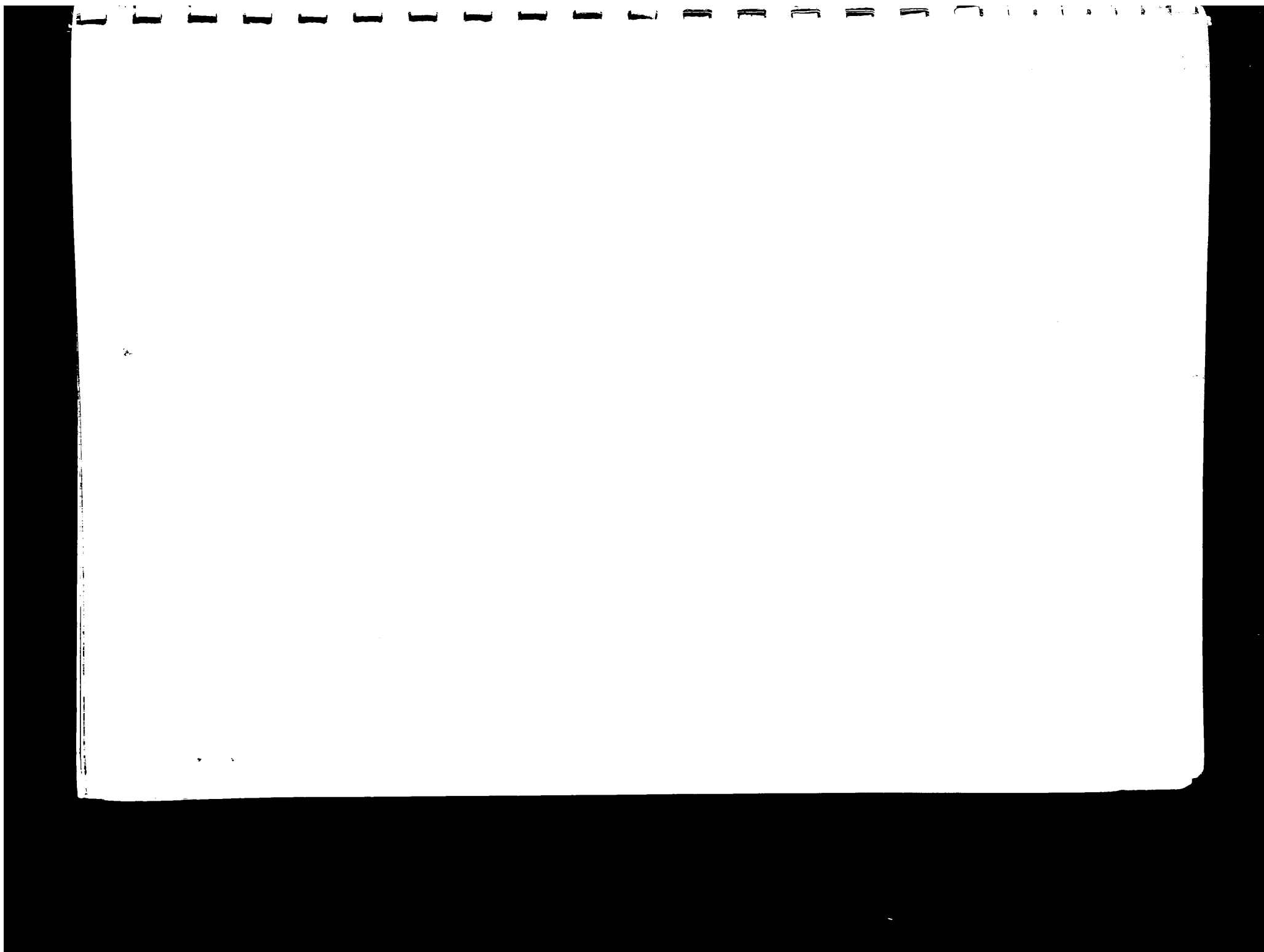
The Nursing Officer and Ward Sister tour the ward areas marking whatever applies, then returning to the office to add comments if necessary.

SECTION 4 & 5

Each question to be answered independently.

SECTION 6

These questions are subjective. A tour of the ward and general observation with patients should make completion possible.
The Nursing Officer and Sister completing this being required to exercise their own judgement.



4.

The Nursing Officer and Ward Sister should then discuss and compare ratings.

When the Nursing Officer has compiled the data from both documents, further discussion with the ward sister should take place providing her with the information revealed.

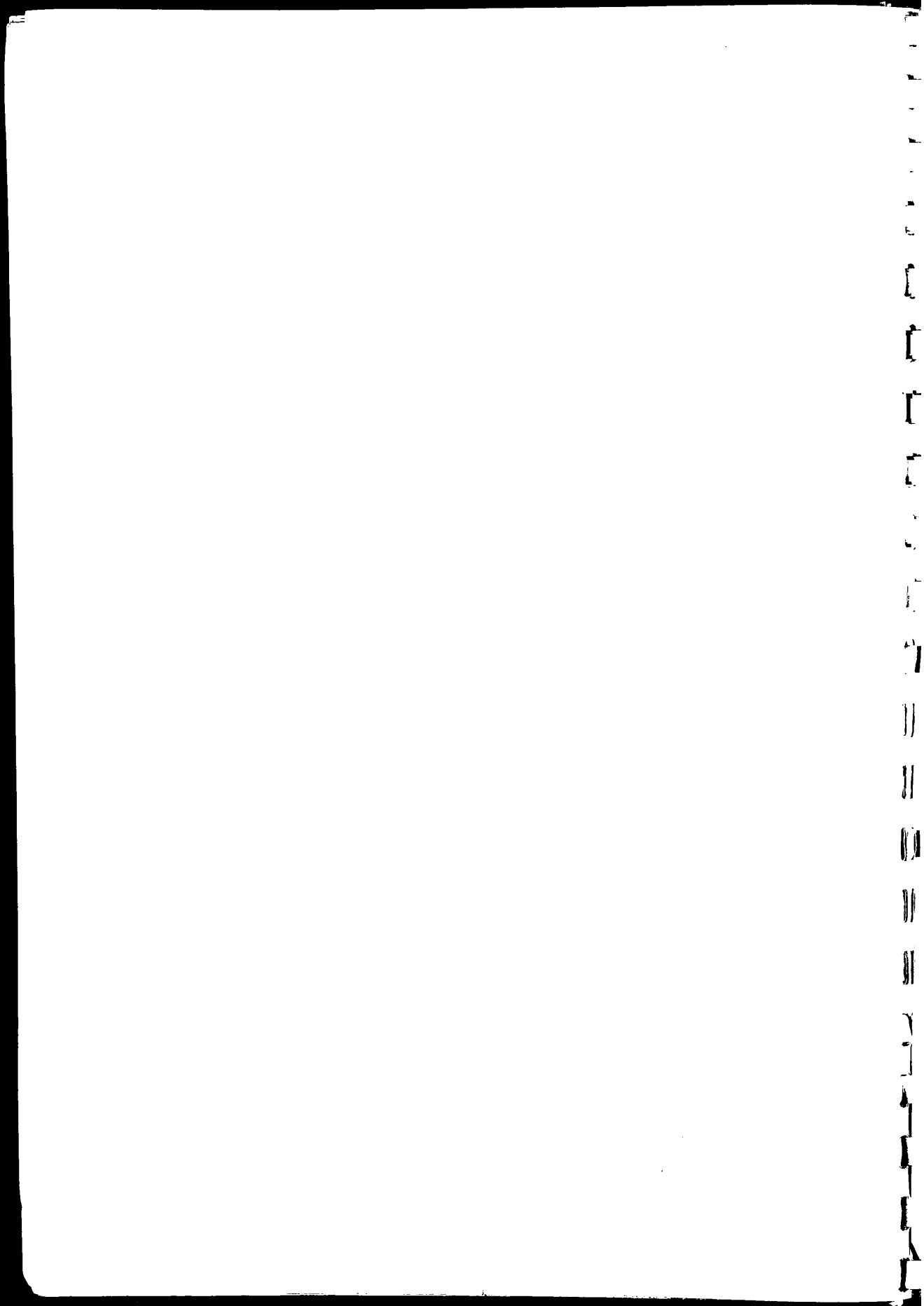
Where applicable, compare with previous findings.

Identify problem areas

Discuss problem areas

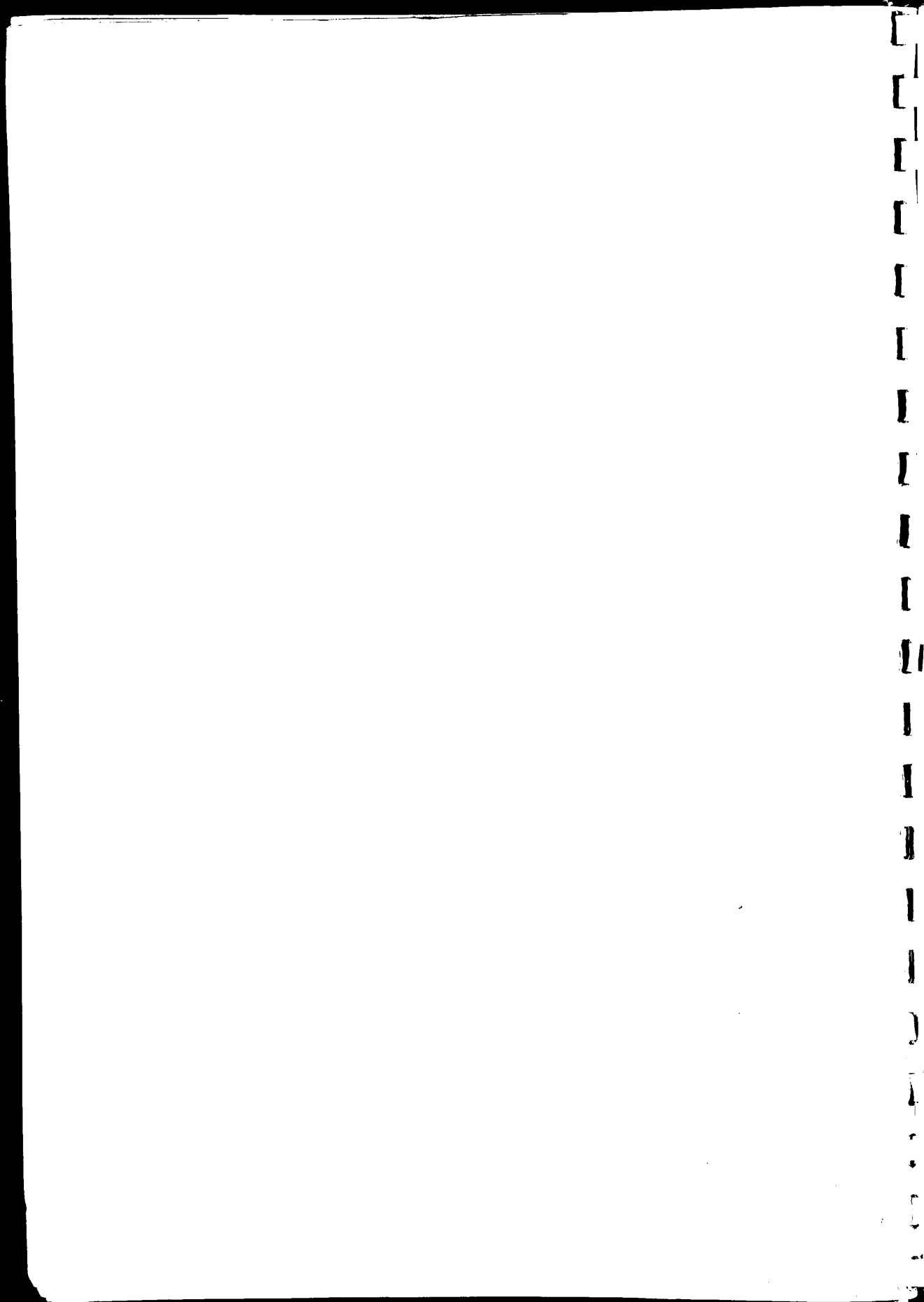
Decide action to be taken on problem areas.

Using the formal lines of communication the Nursing Officer takes the appropriate action.



SECTION 1

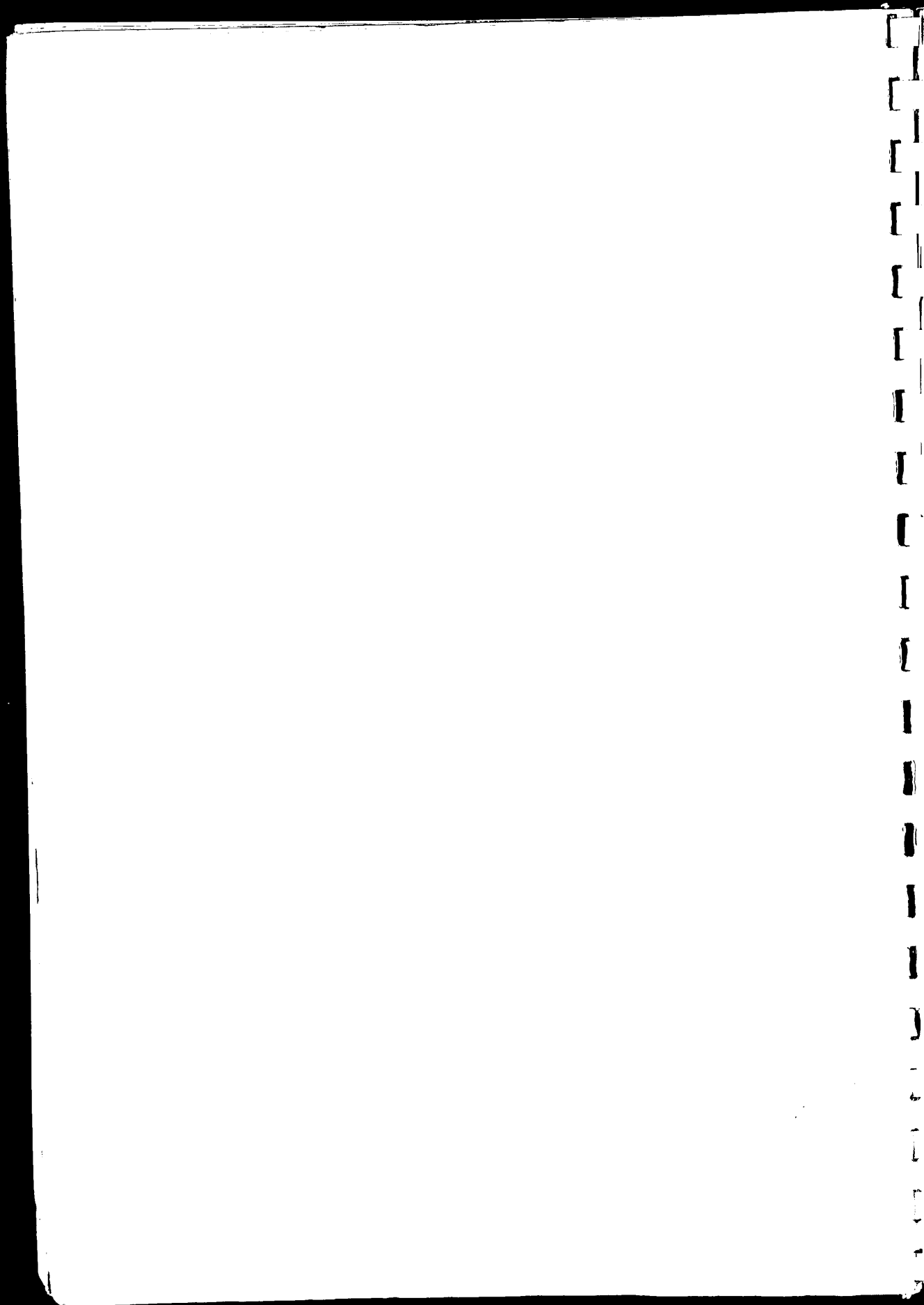
X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	
1.1 There is an agreed patient day for the ward .							There is not an agreed patient day for the ward
1.2 The pattern of the patient day is always followed .							The pattern of the patient day is never followed
1.3 There is an agreed patient night.							There is not an agreed patient night
1.4 The pattern of the patient night is always followed.							The pattern of the patient night is never followed
1.5 The pattern of the patient day is regularly reviewed.							The pattern of the patient day is never reviewed
1.6 The pattern of the patient night is regularly reviewed.							The pattern of the patient night is never reviewed.



6.

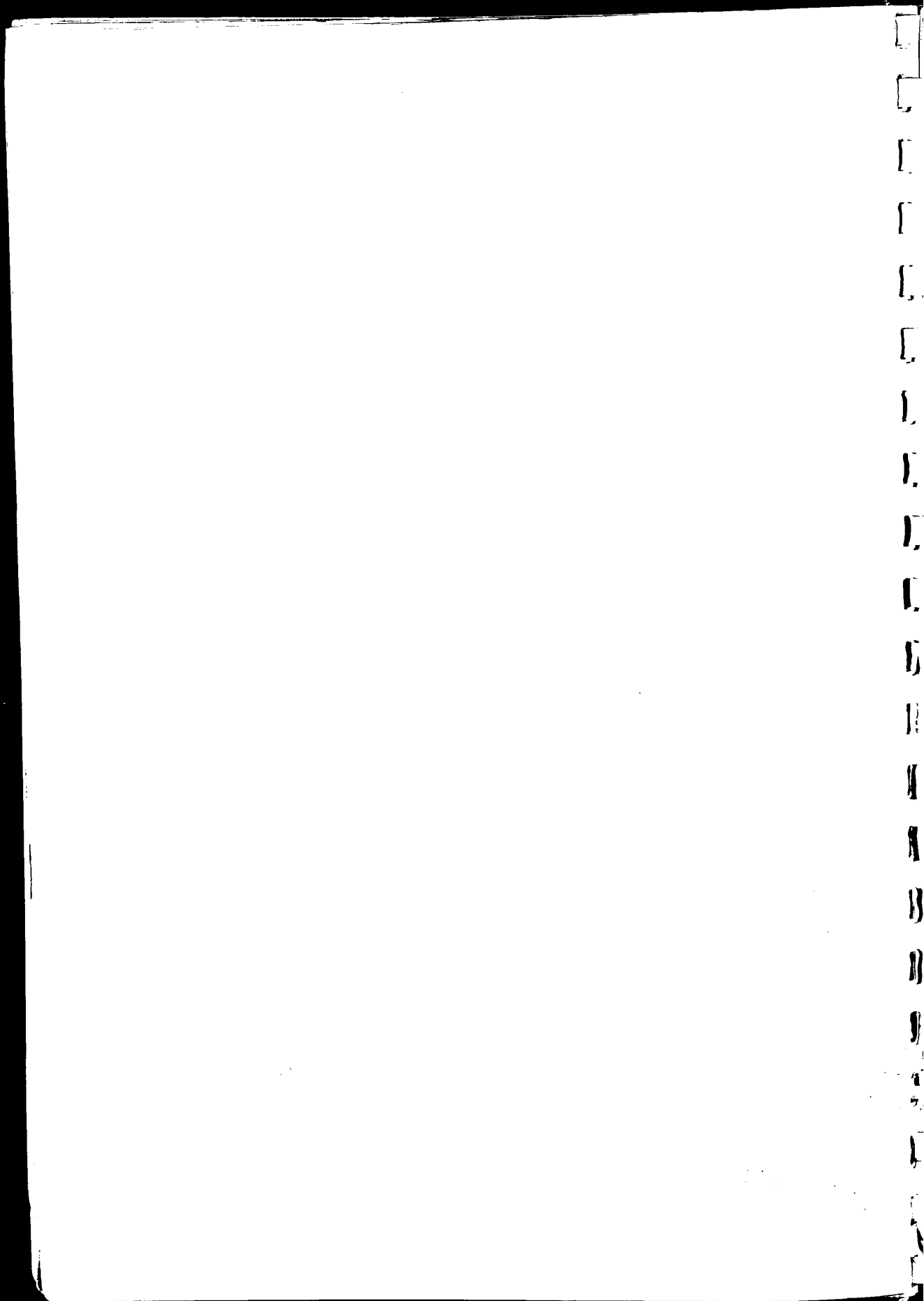
SECTION 1

COMMENTS



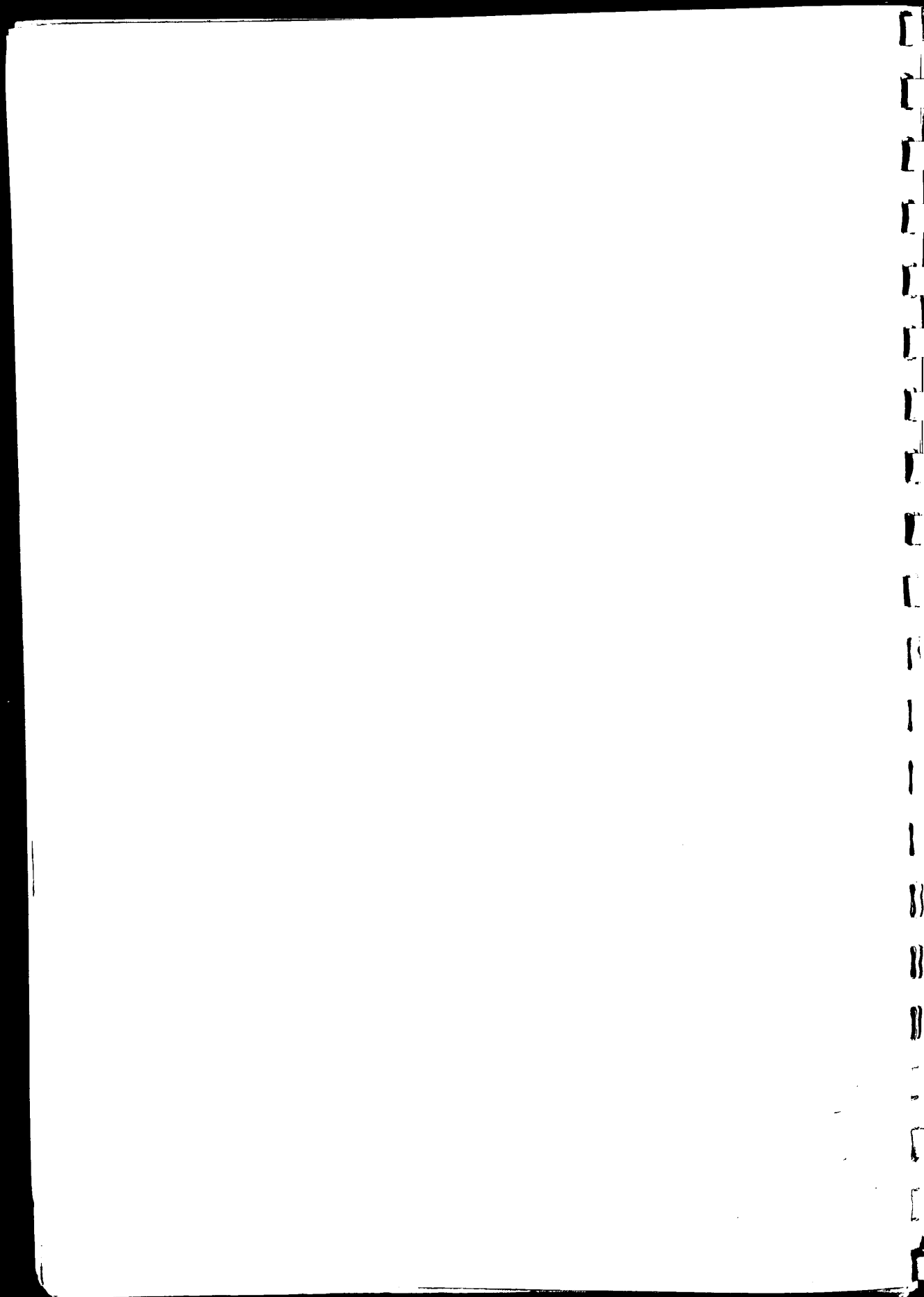
SECTION 2

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
2.1 Facilities to provide personal privacy are being used to maximum benefit in:-- a) Bed areas							Facilities to provide personal privacy are not being used in:- a) Bed areas
b) Lavatories							b) Lavatories
c) Bathrooms							c) Bathrooms
d) Shower							d) Shower
e) Washing facilities							e) Washing facilities
2.2 Call bells are correctly positioned							Call bells are not correctly positioned
2.3 Call bells are in working order at all times							Call bells are not in working order
2.4 There is good control of ventilation							There is no control of ventilation
2.5 The control of warmth is in accordance with the needs of the patients in different areas.							The control of warmth is not in accordance with the needs of the patients in different areas.



SECTION 2 contd.

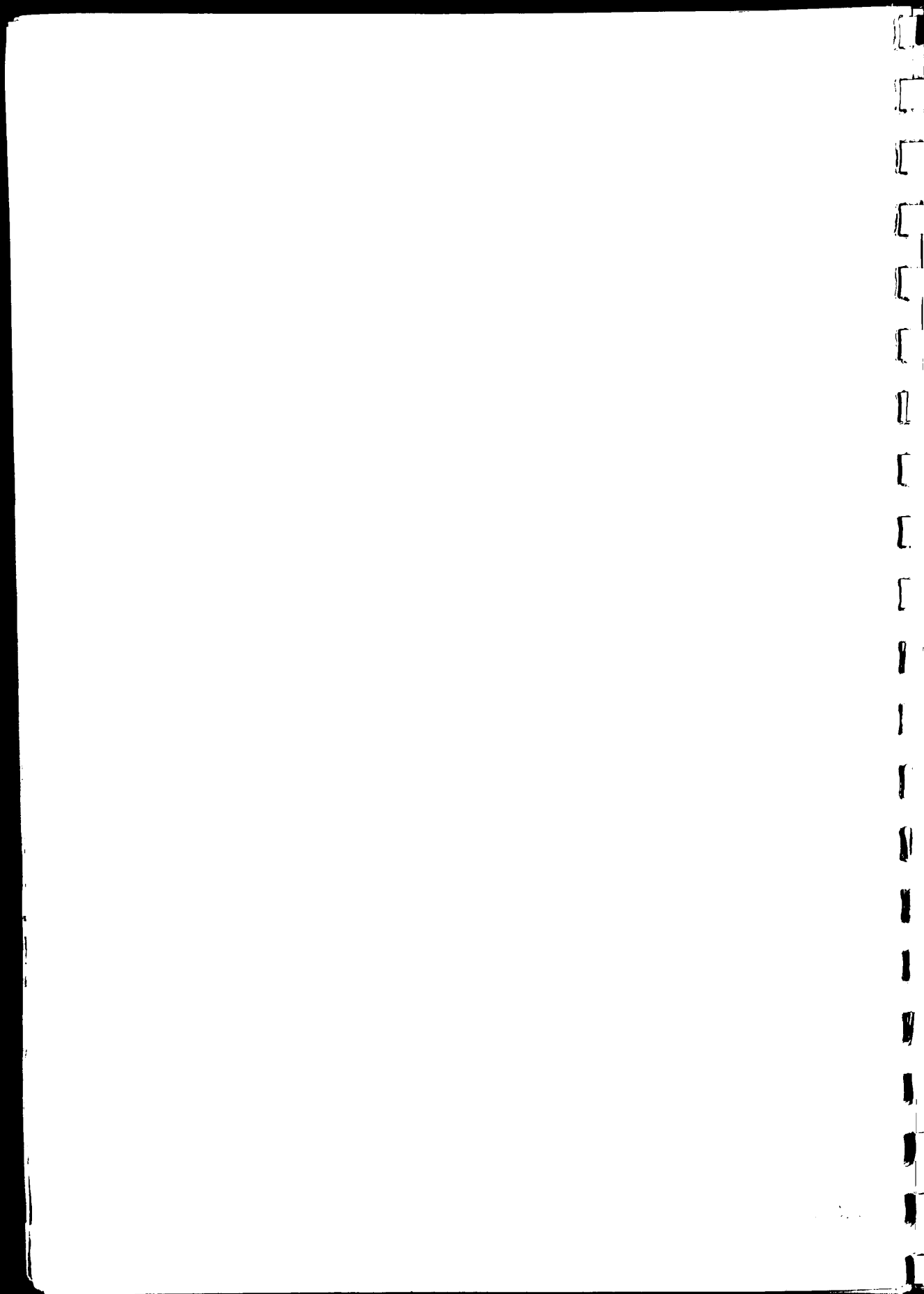
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9.

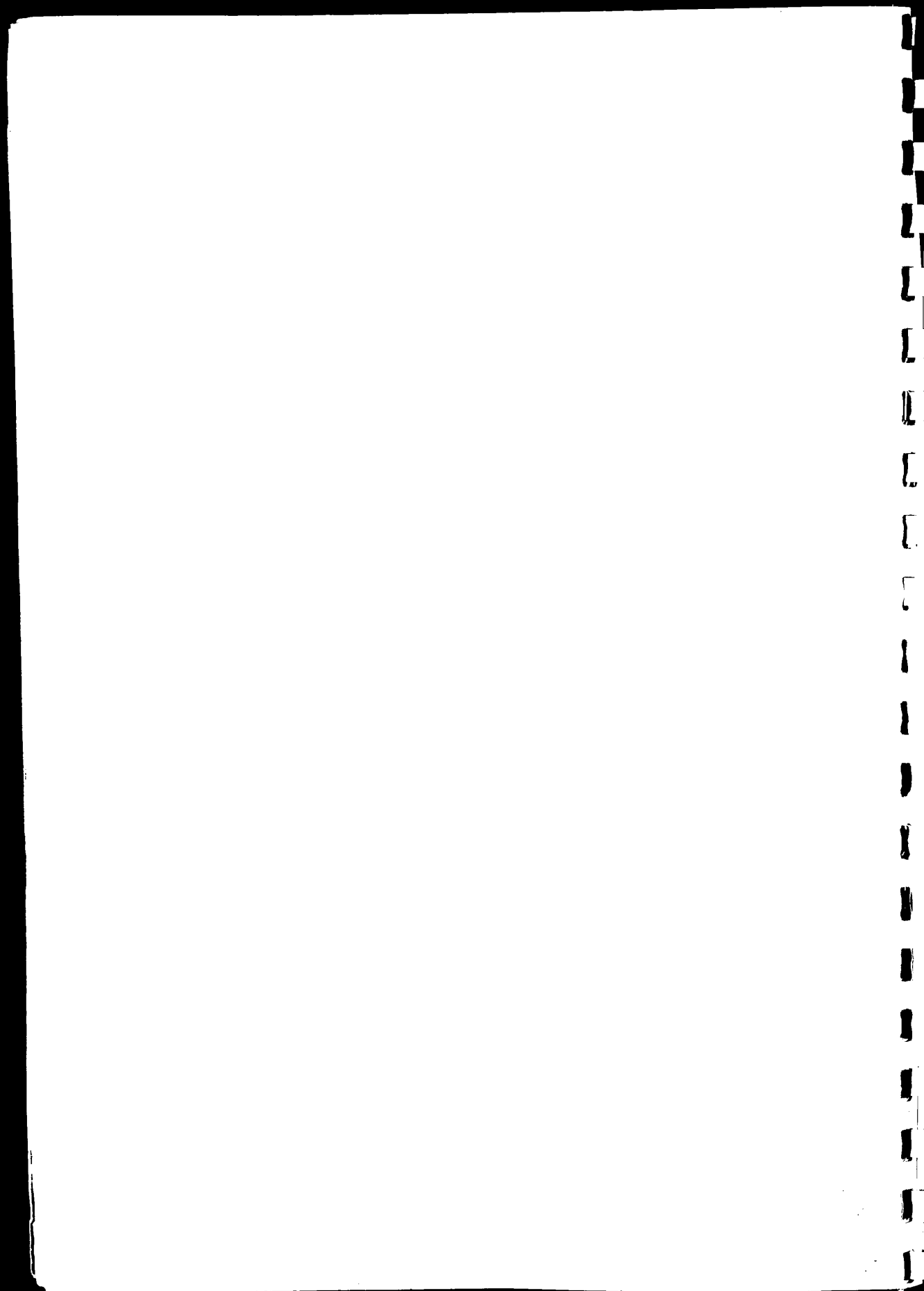
SECTION 2

COMMENTS



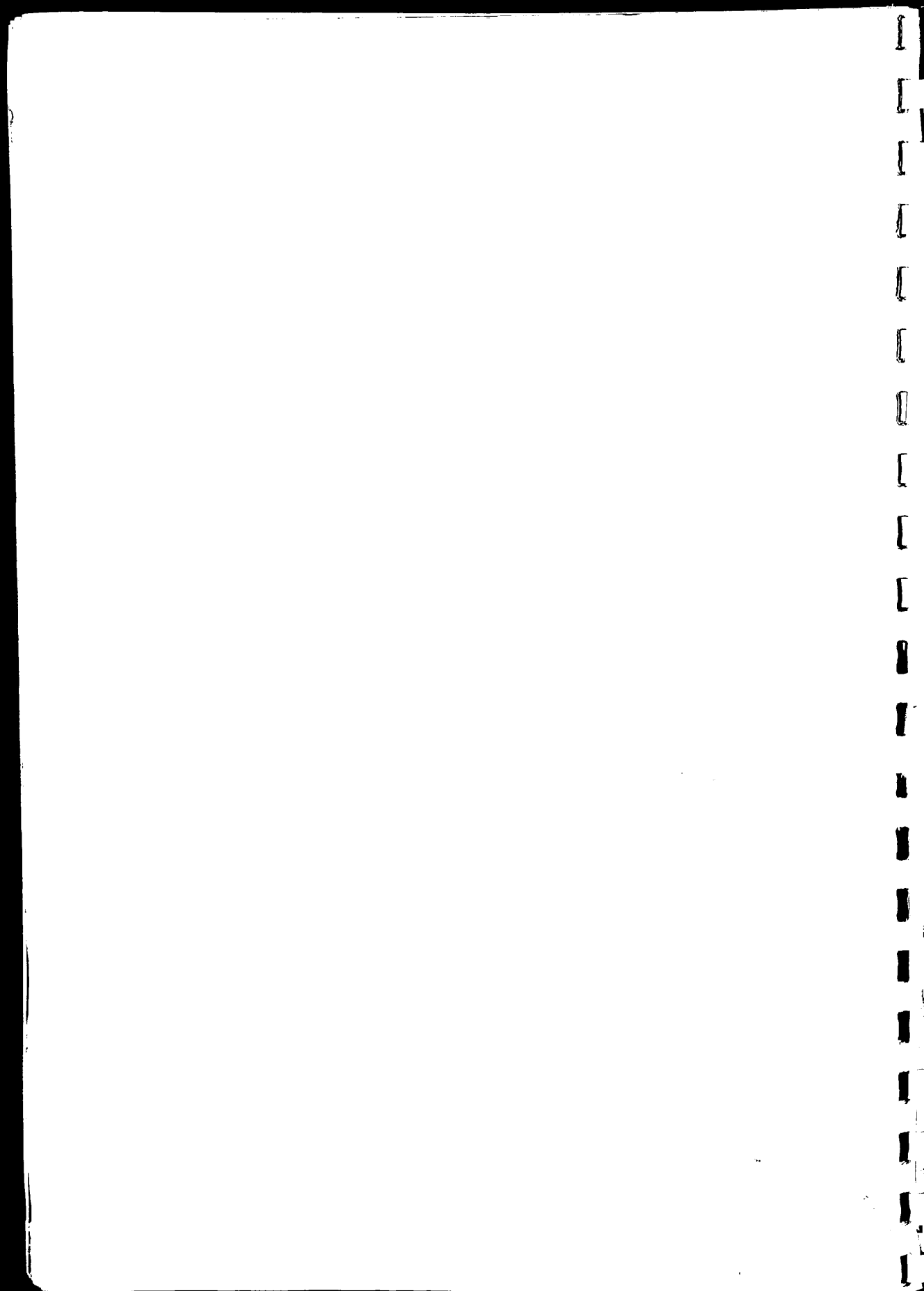
SECTION 3

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
3.1 Electrical equipment is in safe condition							Electrical equipment is in dangerous condition
3.2 Fire fighting equipment is immediately accessible							Fire fighting equipment is not accessible.
3.3 Available type of beds are being used for the right patients at all times							Available type of beds are not being used for the right patients
3.4 Available type of chairs are being used for the right patients at all times							Available type of chairs are not being used for the right patients
3.5 Toileting procedures as taught in the School of Nursing are being carried out							Toileting procedures are not being carried out as taught in the School of Nursing
3.6 Control of infection (excluding aseptic techniques) The following items are being dealt with according to agreed procedures:							Control of infection (excluding aseptic techniques) The following items are not being dealt with according to agreed procedures:
a) Infected materials							a) Infected materials
b) Routine waste							b) Routine waste
c) Items for reprocessing							c) Items for reprocessing



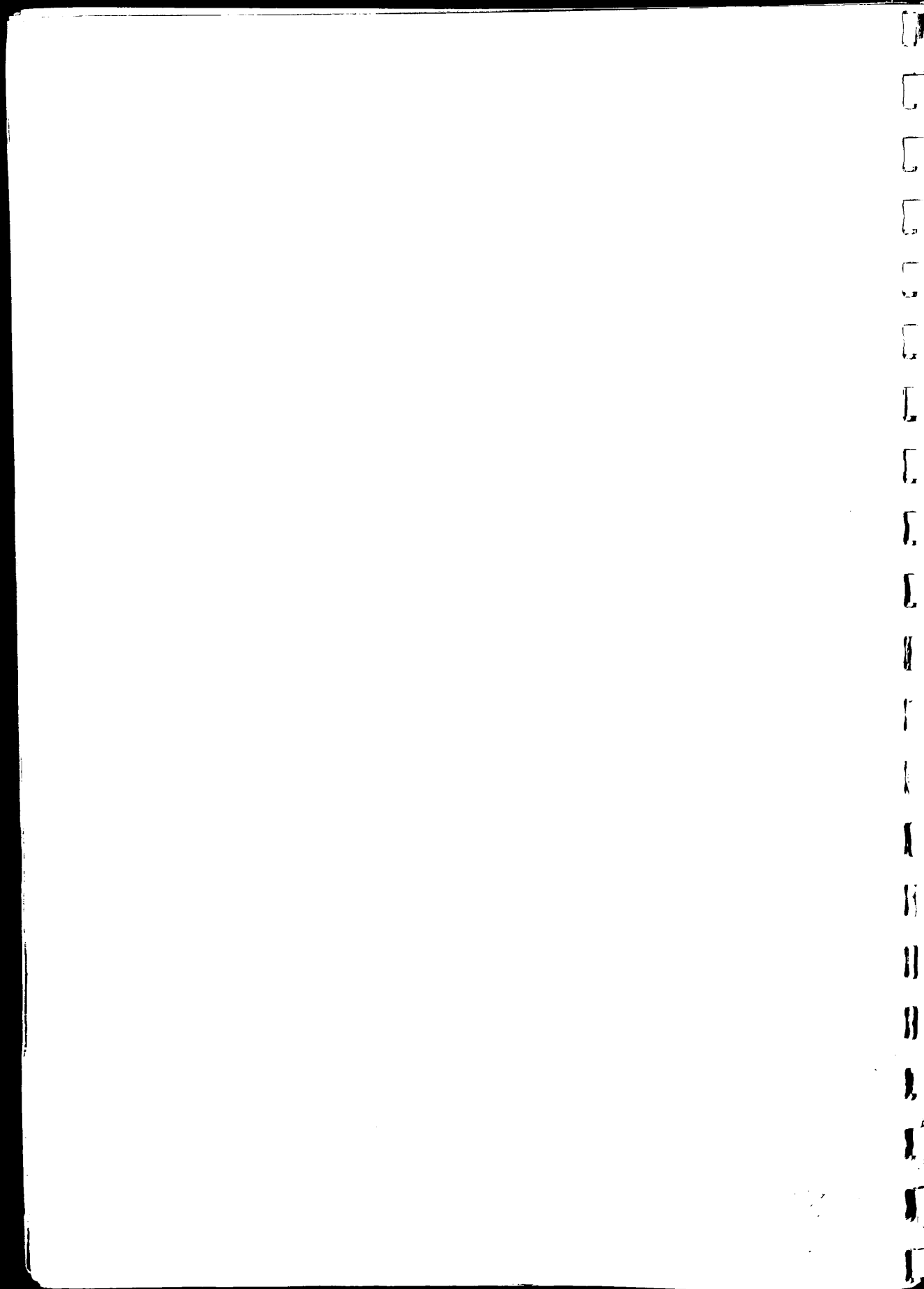
SECTION 3 contd.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
3.6 d) Used materials							d) Used materials
e) Foul materials							e) Foul materials
3.7 Ambulant patients are receiving the assistance appropriate to their condition.							Ambulant patients are not receiving the assistance necessary
3.8 The ward is tidy but meets the needs of the patients.							The ward is tidy to the detriment of the needs of the patients.
3.9 Equipment is correctly stored.							Equipment is left around the ward
3.10 Equipment is clean							Equipment is unclean
3.11 Equipment is well maintained							Equipment is not maintained
3.12 The following rooms are clean and kept in an orderly manner:							The following rooms are not clean and are not kept in an orderly manner:
a) Preparation/clean utility room							a) Preparation/clean utility room
b) Treatment room							b) Treatment room
c) Sluice room/dirty utility room							c) Sluice room/dirty utility room



SECTION 3 contd .

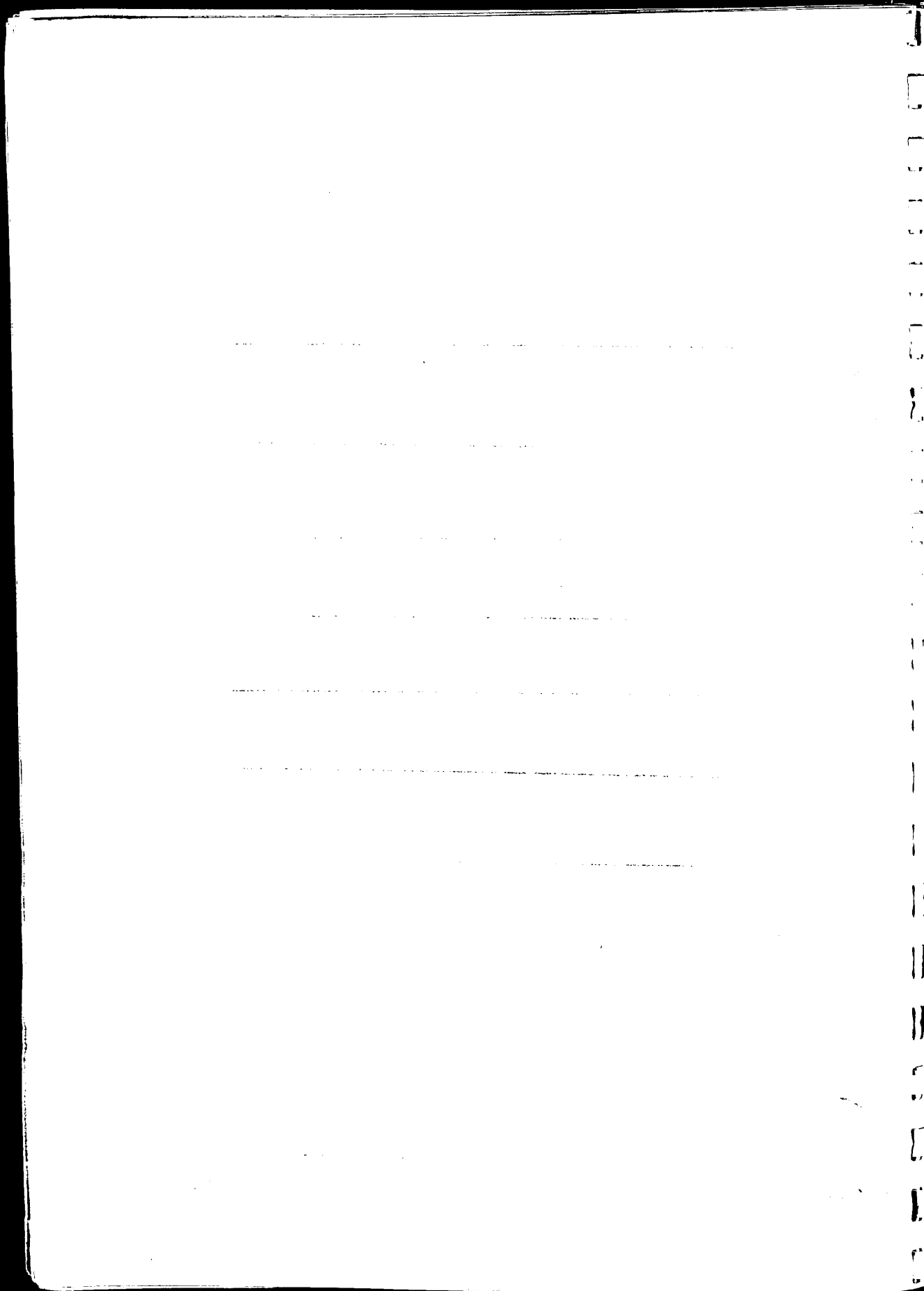
X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
3.12 d) Day room							d) Day room
e) Kitchen							e) Kitchen
f) Ward office/nurse station							f) Ward office/nurse station
g) Patient bathroom							g) Patient bathroom
h) Patient lavatory							h) Patient lavatory
i) Patient washrooms							i) Patient washroom
j) Patient showers							j) Patient showers
k) Other utility rooms							k) Other utility rooms
l) Store room/cupboards							l) Store room /cupboards
m) Visitors room							m) Visitors room
3.13 Patients' clothing is always dealt with according to agreed procedure							Patients' clothing is never dealt with according to the agreed procedure.
3.14 Patients' valuables are always dealt with according to agreed procedure							Patients' valuables are never dealt with according to the agreed procedure.
3.15 The agreed procedure for notification of accidents within the wards is always followed							The agreed procedure for notification of accidents within the ward is never followed.



SECTION 3 Contd.

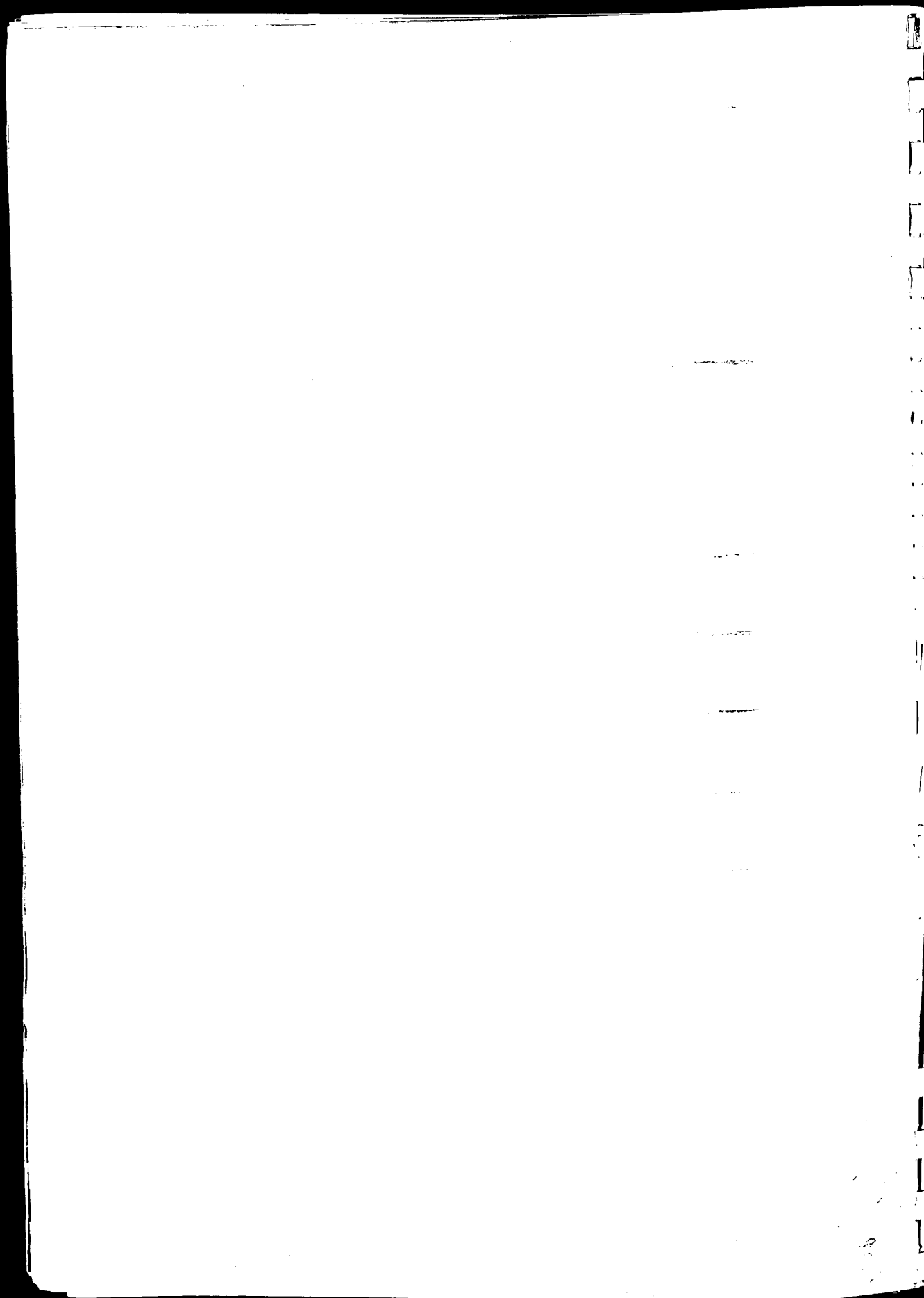
X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
3.16 The agreed procedure for notifying complaints whether written or verbal is always followed							The agreed procedure for notifying complaints whether written or verbal is never followed.
3.17 The agreed procedure for notifying untoward incidents is always followed							The agreed procedure is never followed.

COMMENTS



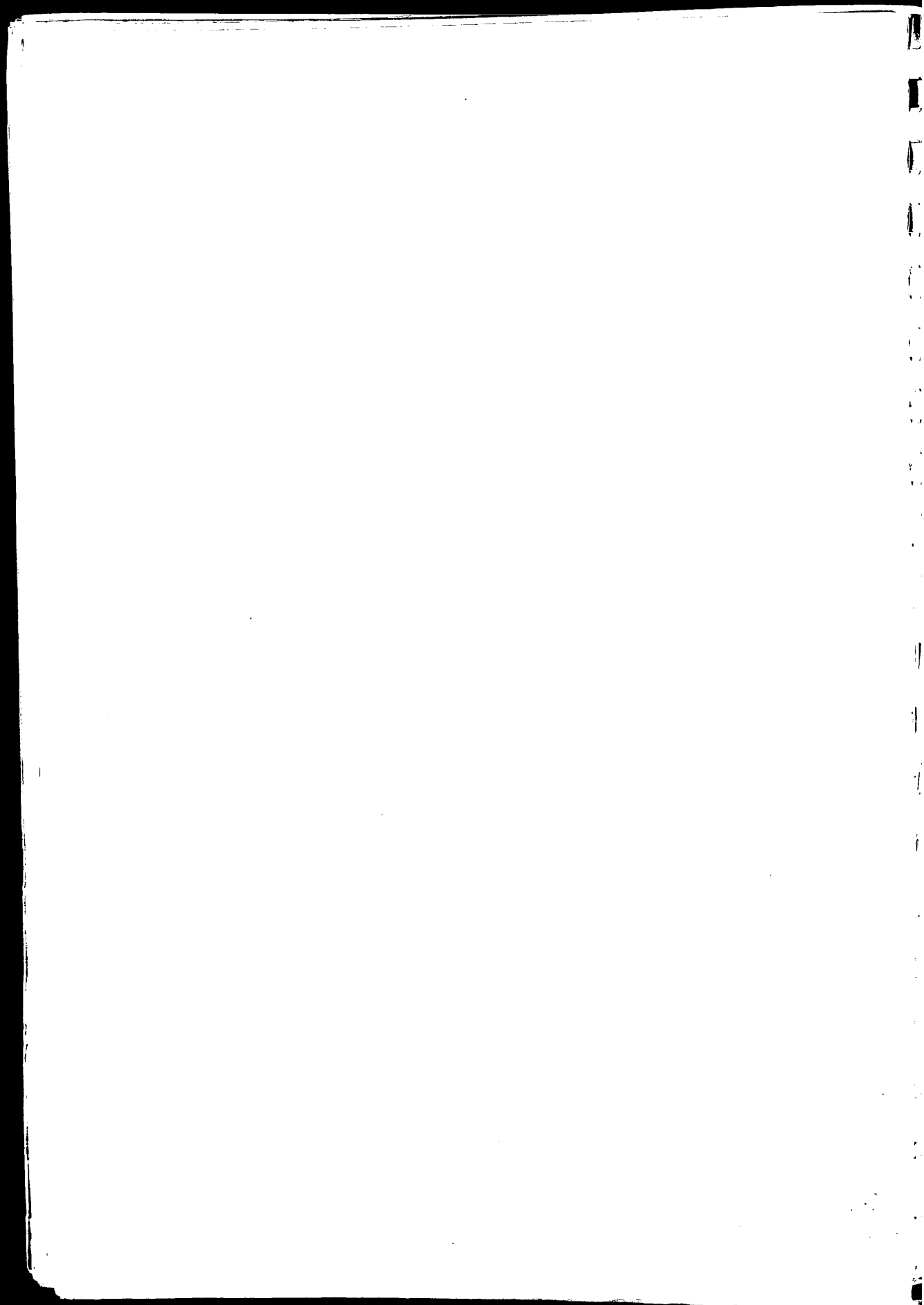
SECTION 4

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
4.1 a) There is a daily review of the workload							a) There is no daily review of the workload
b) There is a daily review of nurse staffing requirements							b) There is no daily review of nurse staffing requirements
4.2 All activities which contribute to patient care are arranged systematically.							There is no attempt to programme activities contributory to patient care
4.3 A system of patient allocation is used.							A system of job allocation is not used.
4.4 Effective contact is maintained with non-nursing staff.							There is no effective contact with non-nursing staff
4.5 The correct procedures are used for:							The correct procedures are not used for:-
a) Requisitioning for the maintenance of equipment							a) Requisitioning for the maintenance of equipment
b) Replacement of equipment							b) Replacement of equipment
c) Requisitions planned in advance							c) Forward planning
d) Investigating delays in the fulfilling of requisitions							d) Investigating delays in the fulfilling of requisitions



SECTION 4 contd.

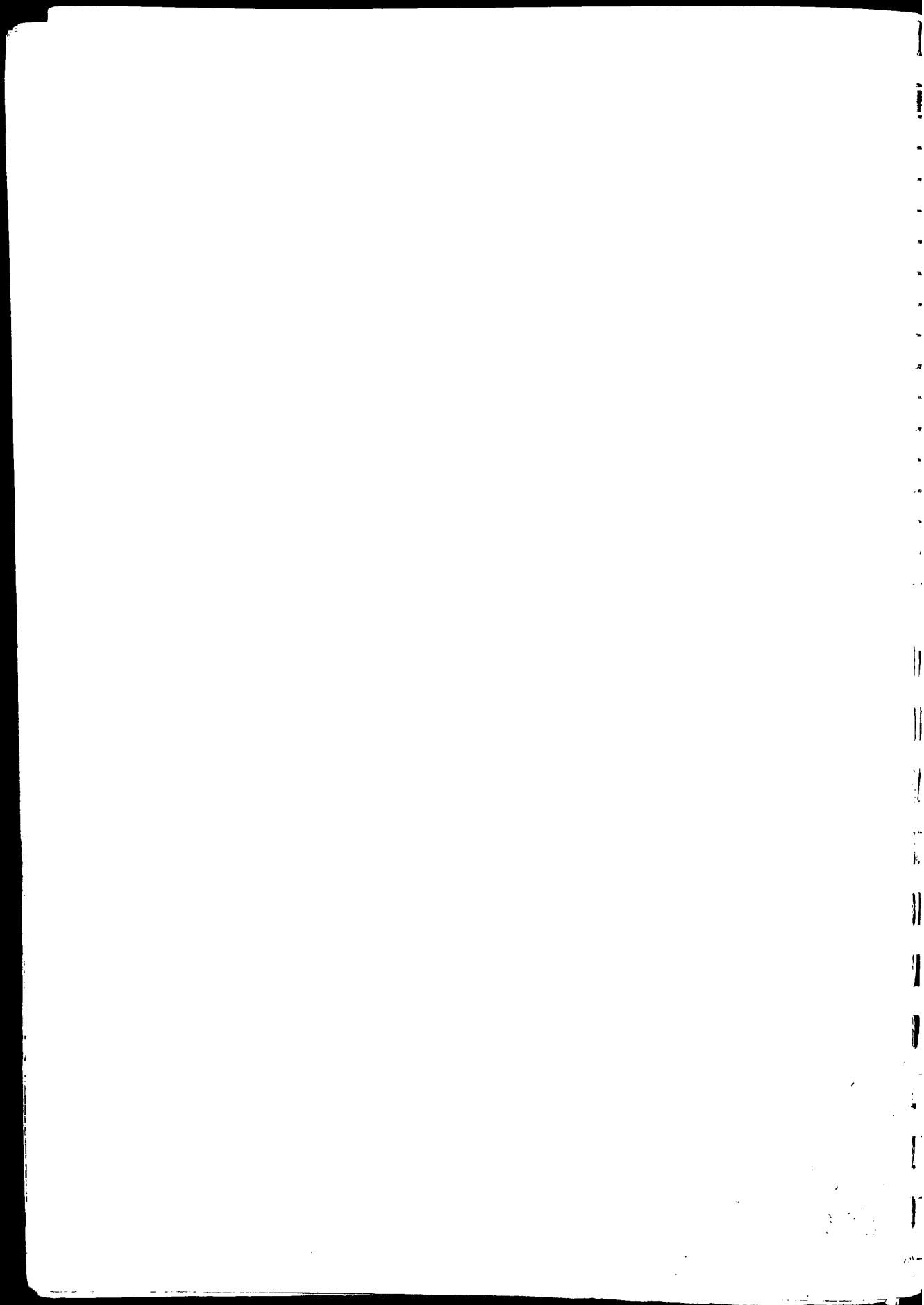
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SECTION 4 contd.

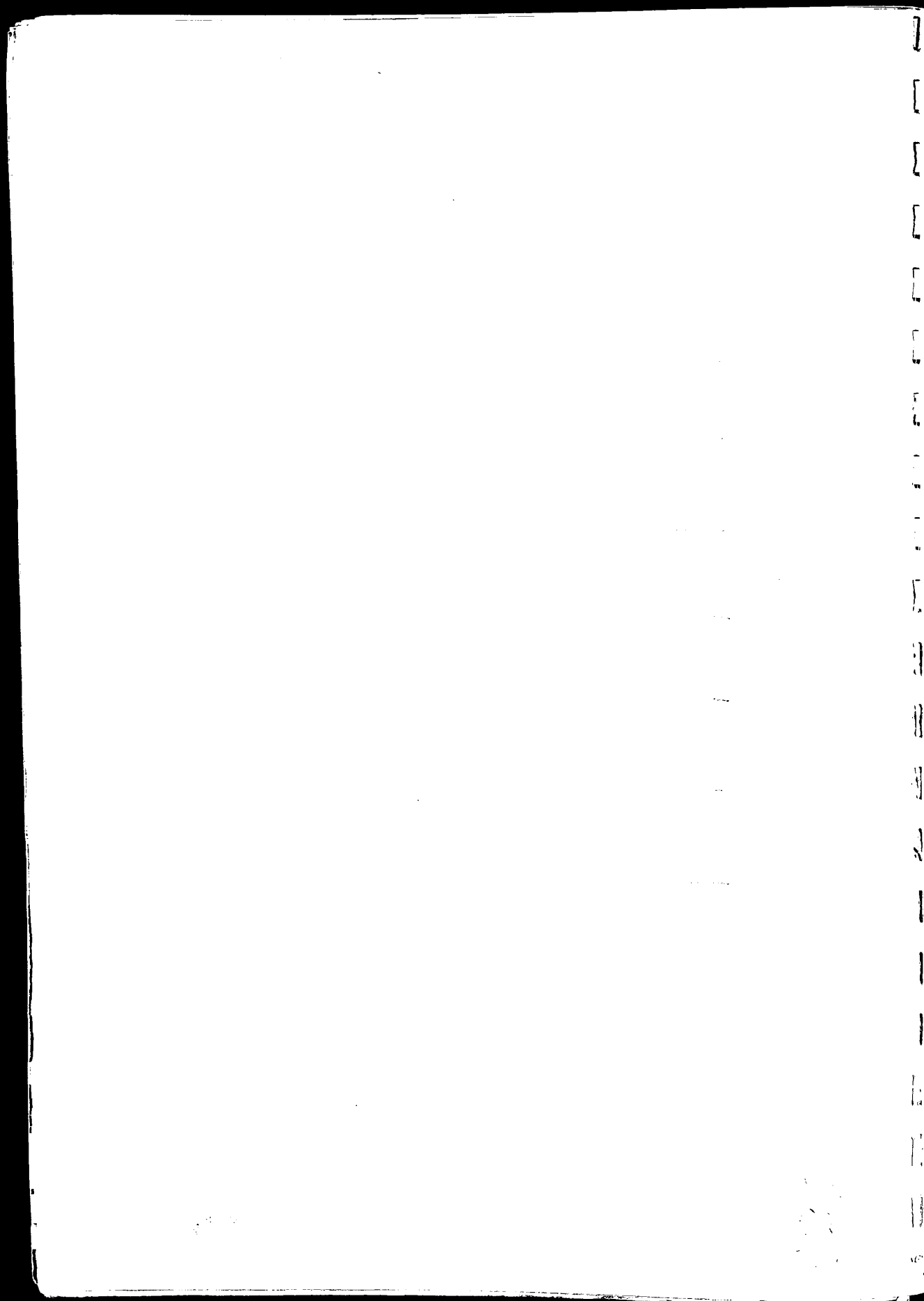
X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
4.11 Information (returns etc.) required by other depart- ments are despatched according to agreed procedures							Information is not despatched from the ward
4.12 Ward meetings other than clinical report sessions are held regularly							Ward meetings other than clinical report sessions are not held regularly
4.13 Unit meetings are always attended							Unit meetings are never attended

COMMENTS



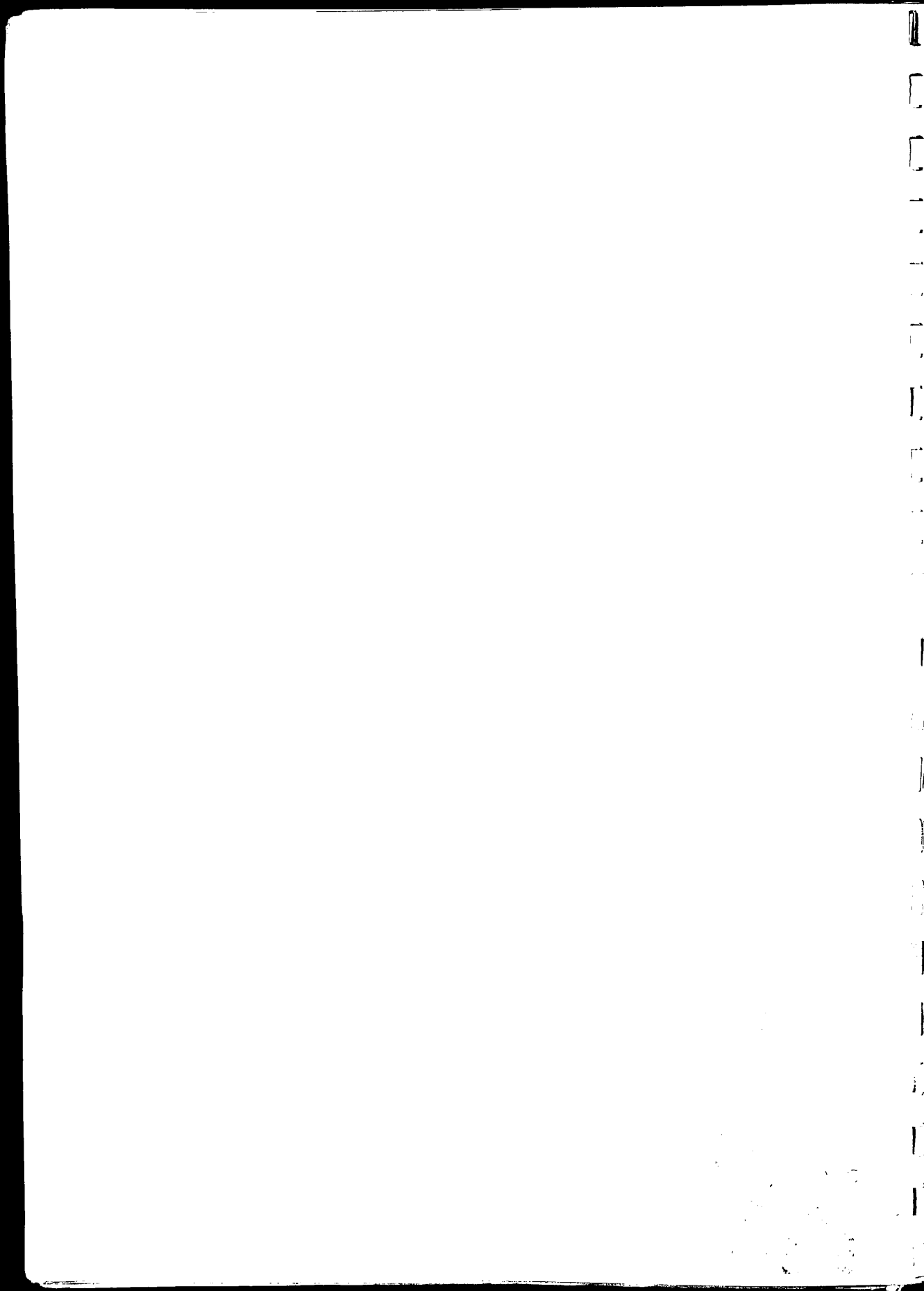
SECTION 5

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
5.1 There is supervision of nursing procedures ensuring that they are carried out as taught in the School of Nursing							There is no supervision of nursing procedures
5.2 The standard of nursing care is constantly high							The standard of nursing care is low
5.3 Nursing treatments are given as prescribed							Nursing treatments are not given as prescribed
5.4 Medical instructions/treatments are given as prescribed							Medical instructions/treatment are not given as prescribed
5.5 The Kardex contains up-to-the minute information on:							The Kardex does not contain up-to-the minute information on:
a) Nursing care to be given to the patient							a) Nursing care to be given to the patient
b) Medical care to be given to the patient							b) Medical care to be given to the patient
c) Condition of the patient							c) Condition of the patient
d) Patient education							d) Patient education
e) Education of relatives							e) Education of relatives



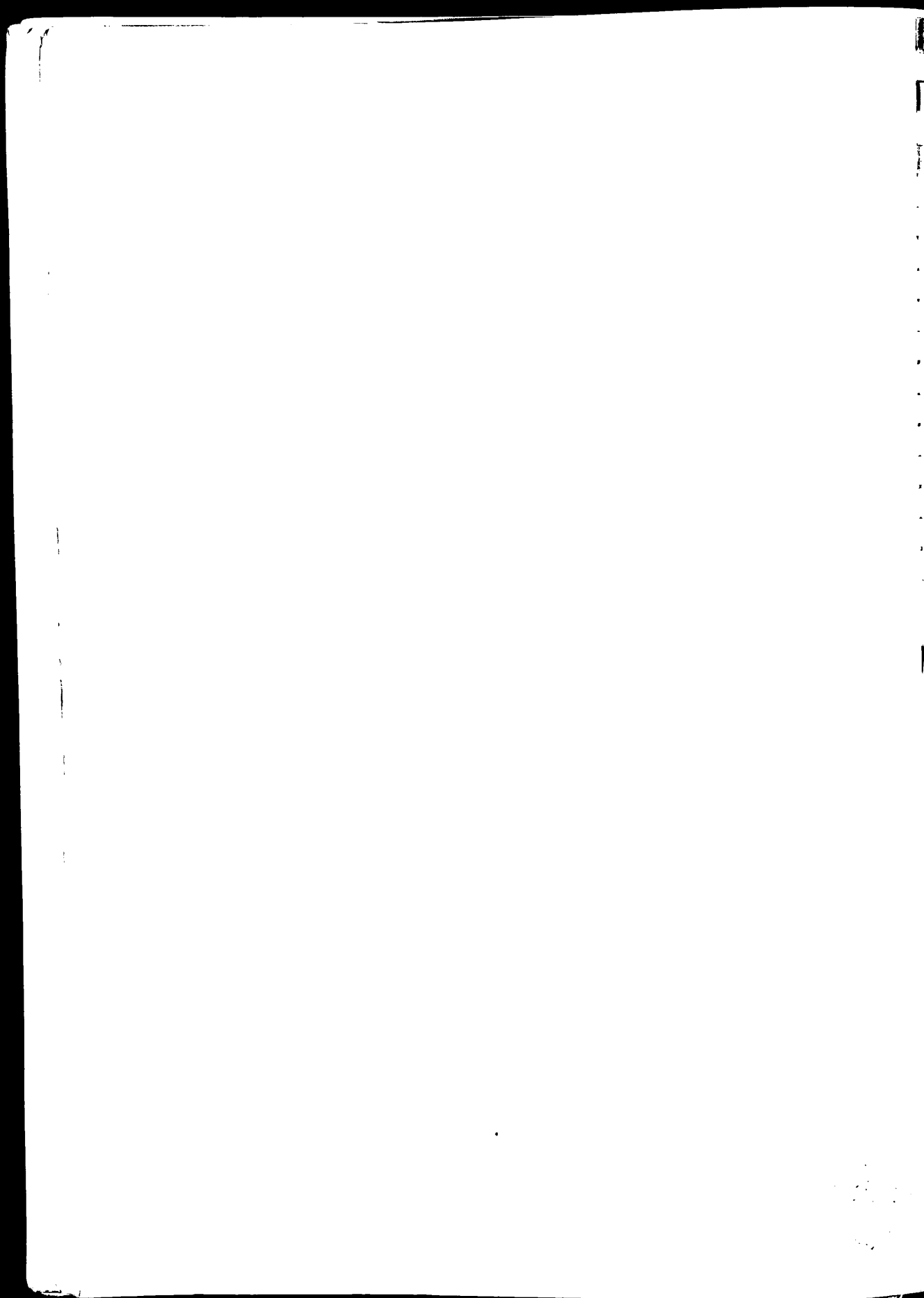
SECTION 5 contd .

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
5.6 The system by which all staff pass on information to the nurse in charge is efficient							There is no "feed back" system.
5.7 The nurse in charge takes action on information received							No action is taken on information received.
5.8 Custody of control drugs is in accordance with hospital policy							Custody of control drugs is not in accordance with hospital policy.
5.9 Agreed procedures as laid down by the hospital, are achieved in the checking and administration of medicines							Checking and administration of medication is not in accordance with the agreed procedures
5.10 There is liaison with tutorial staff in planning a programme to provide experience for learner nurses							There is no liaison with tutorial staff in planning a programme to provide experience for learner nurses.
5.11 Trained staff do participate in teaching learner nurses in the ward							Trained staff do not participate in teaching learner nurses in the ward
5.12 Trained staff do participate in teaching learner nurses in the School of Nursing							Trained staff do not participate in teaching learner nurses in the School of Nursing
5.13 Opportunities are provided to develop the nursing skills of the staff							The nursing skills of the staff are not developed



SECTION 5 contd.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
5.14 There is participation in training of other than nursing staff							There is no participation in the training of other staff
5.15 Trained staff are accepting the responsibility of participating in the arrangement for the patients' meals, special diets and the meals service							Trained staff are not accepting the responsibility of participating in the arrangement for patients' meals, special diets and the meals service
5.16 Trained staff do have the knowledge and skill to deal effectively with all situations that may arise							Trained staff do not have the knowledge and skill to deal effectively with all situations that may arise
5.17 Trained staff ensure that all staff are aware of possible emergencies which may occur and how to deal with them							Trained staff do not ensure that all staff are aware of possible emergencies which may occur and how to deal with them
5.18 Trained staff do ensure that the cleanliness of the ward is in accordance with the nursing requirements							Trained staff do not ensure that the cleanliness of the ward is in accordance with the nursing requirements
5.19 Staff are instructed in the proper use of new equipment							Staff are not instructed in the proper use of new equipment

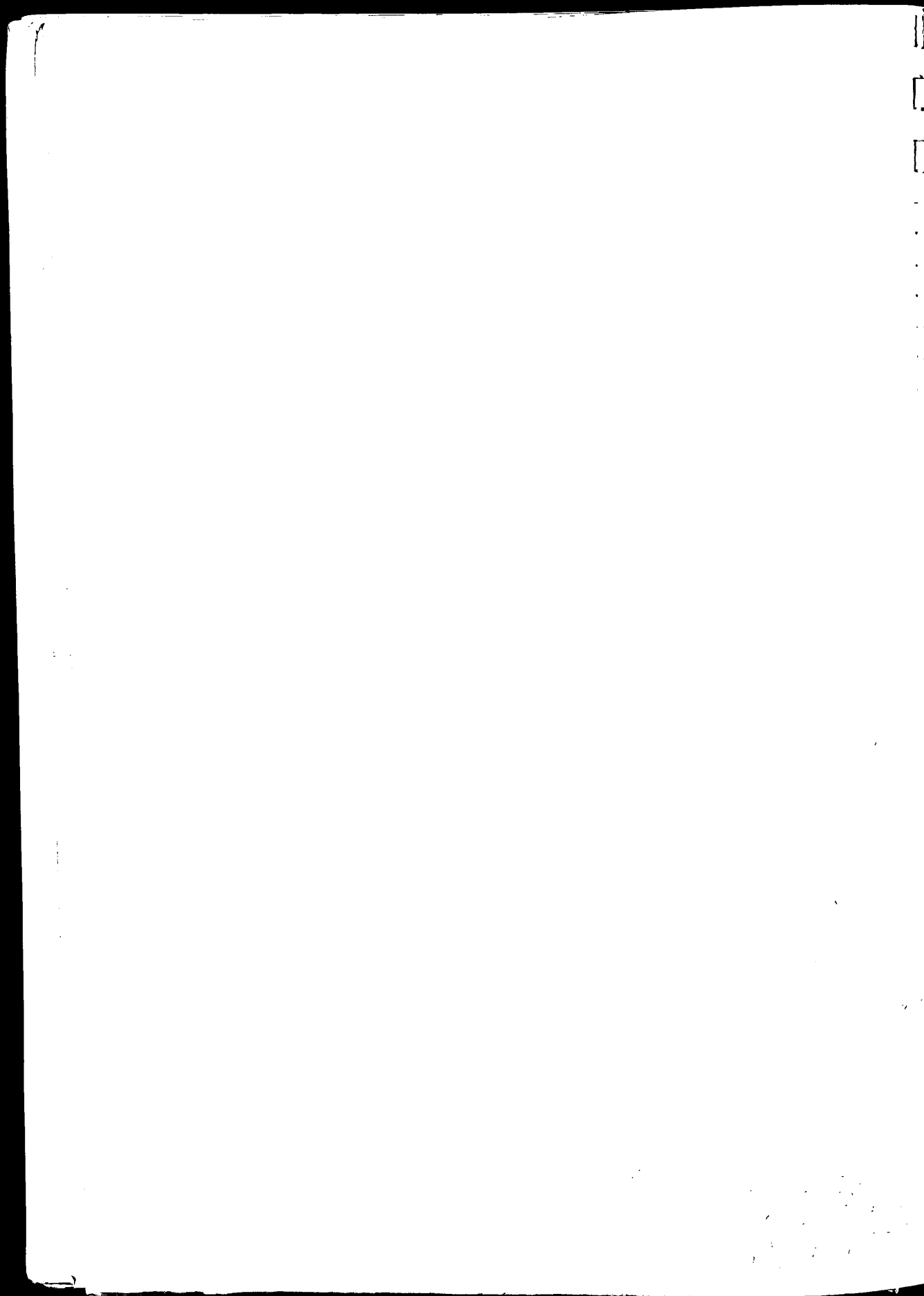


SECTION 5 contd.

20.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
5.20 Staff are competent in the use of new equipment							Staff are not competent in the use of new equipment
5.21 Staff are competent in the use of existing equipment							Staff are not competent in the use of existing equipment

COMMENTS



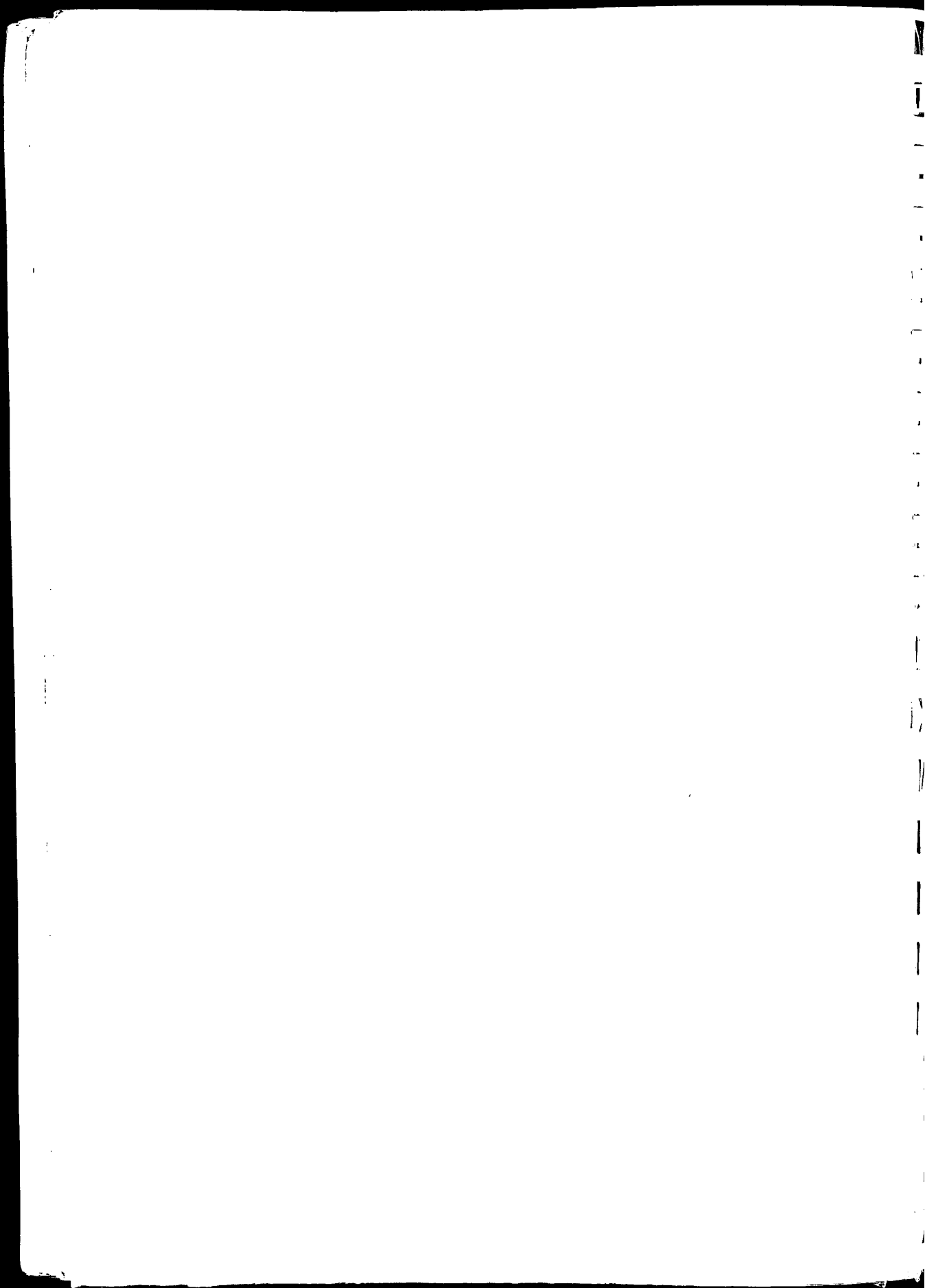
SECTION 6 This is opinion data. Please note that these points are both Subjective and Objective. Judgement will be expressed in both personal observation and patient verbal opinion.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
6A1 Patients are relieved of pain and discomfort within the limits of prescribed treatment							Patients are not relieved of pain and discomfort
6A2 Patients are comfortably positioned in the chair							Patients are not comfortably positioned in the Chair
6A3 Patients are comfortably positioned in bed							Patients are not comfortably positioned in bed
6A4 Patients are adequately clothed whether confined to bed or ambulant							Patients are not adequately clothed whether confined to bed or ambulant
6A5 Work is arranged to provide patients with the maximum opportunity to rest and sleep							Patients are afforded minimum opportunity for rest and sleep
6A6 (a) Patients are satisfied with food (b) Patients are satisfied with presentation of food							(a) Patients are not satisfied with food (b) Patients are not satisfied with presentation of food
6A7 Patients are rendered assistance whenever it is required							Patients are not rendered assistance



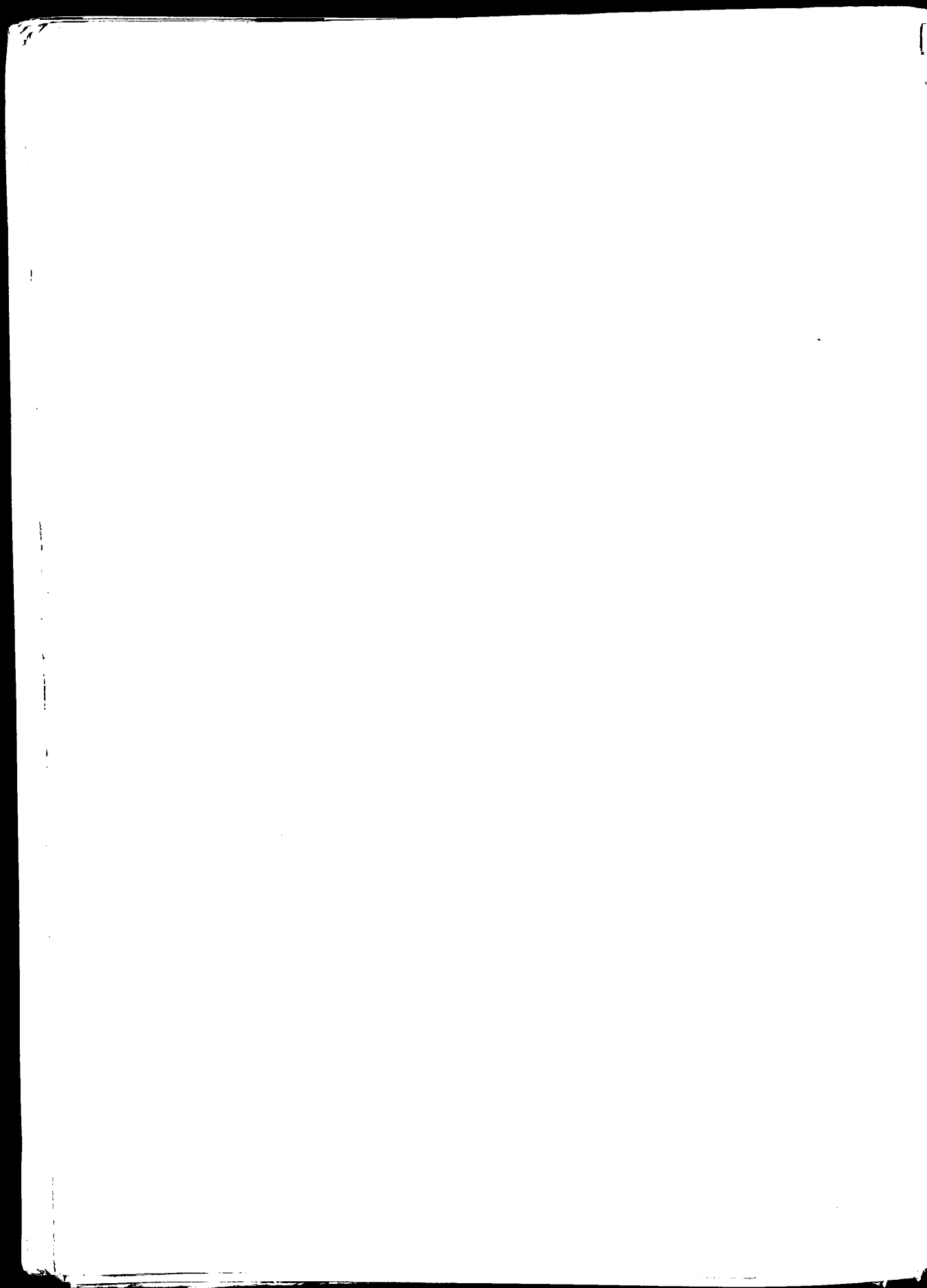
SECTION 6 cont'd.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
6A8 Patients are encouraged to participate in other activities according to their needs and capabilities							Patients do not participate in other activities according to their needs and capabilities
6A9 Patients are satisfied with standards of personal hygiene							Patients are not satisfied with standards of personal hygiene
6A10 Patients are satisfied with the facilities provided for personal hygiene							Patients are not satisfied with the facilities provided for personal hygiene
6B1 The patients appear to have confidence in the nurses							The patients do not appear to have confidence in the nurses
6B2 The patients appear to know who the following staff are: a) Nurses b) Doctors c) Paramedical workers d) Other grades of staff							The patients do not understand the work of the following staff: a) Nurses b) Doctors c) Paramedical workers d) Other grades of staff
6B3 Nurses know what the doctors have told the patient about their condition							Nurses do not know what the doctors have told the patient about their condition



SECTION 6 contd.

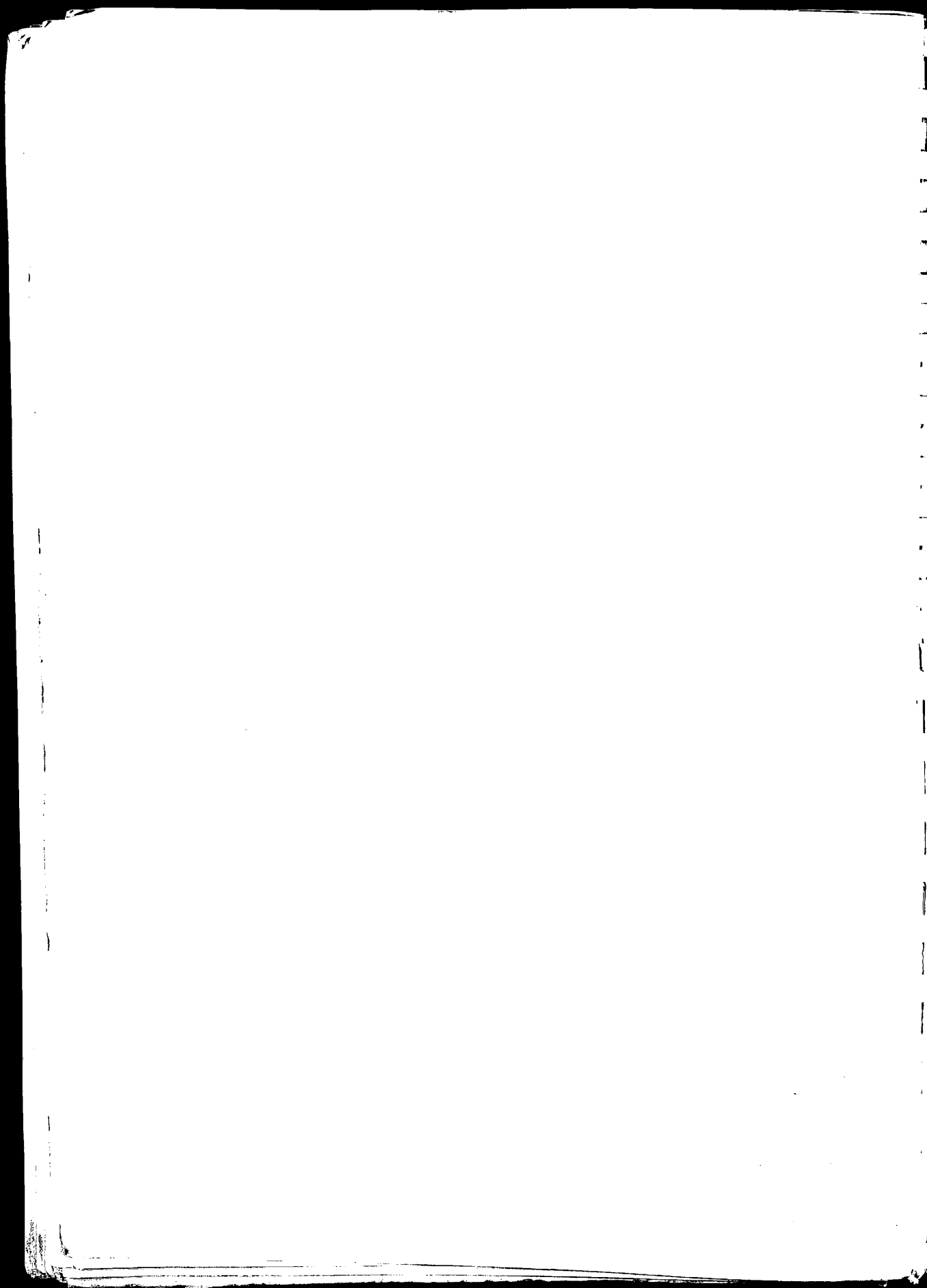
X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
6B4 Patients are helped to understand their illness and its consequences							Patients are offered no help towards understanding their illness
6B5 The following procedures are explained to the patient: a) Medications b) Treatments c) Diagnostic tests							The following procedures are not explained to the patient: a) Medications b) Treatments c) Diagnostic tests
6B6 Patients feel that the nursing staff have the knowledge and skills that make them feel safe							Patients do not feel that the nursing staff have the knowledge and skills that make them feel safe
6B7 Patients feel that nursing staff are really concerned to give them every care							Patients do not feel that nursing staff are really concerned to give them every care
6B8 Patients' social/domestic problems appear to be understood by the nursing staff							Patients' social/domestic problems are not understood by the nursing staff
6B9 Visitors are given access which is appropriate to the patients' condition							There is no flexibility in visiting patterns.



24.

SECTION 6

COMMENTS



WARD INVESTIGATION - Evaluation Sheet

25.

Section	Problem	Action requested/suggested	Referred to

Signature (1) _____

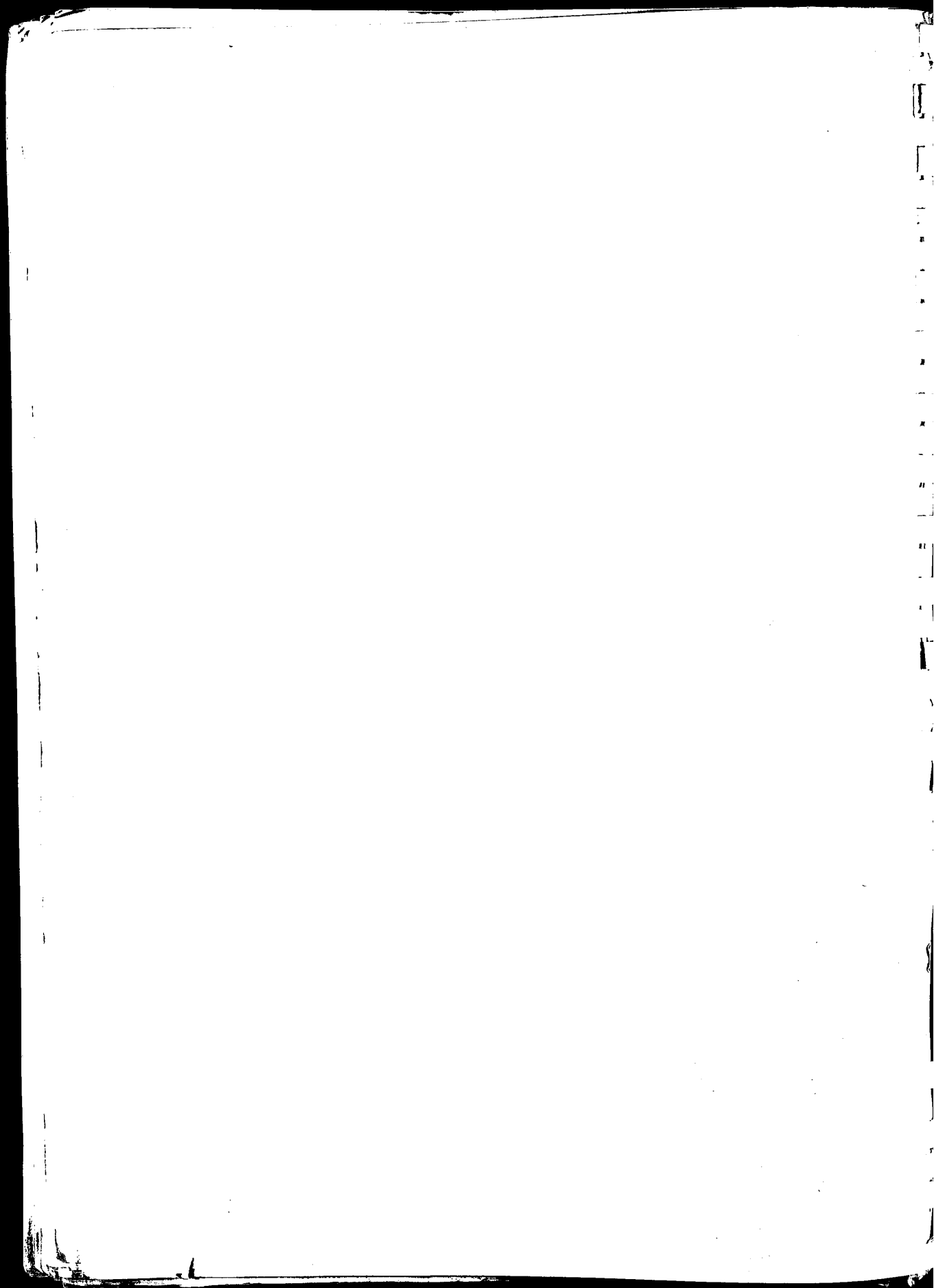
(2) _____

Hospital _____

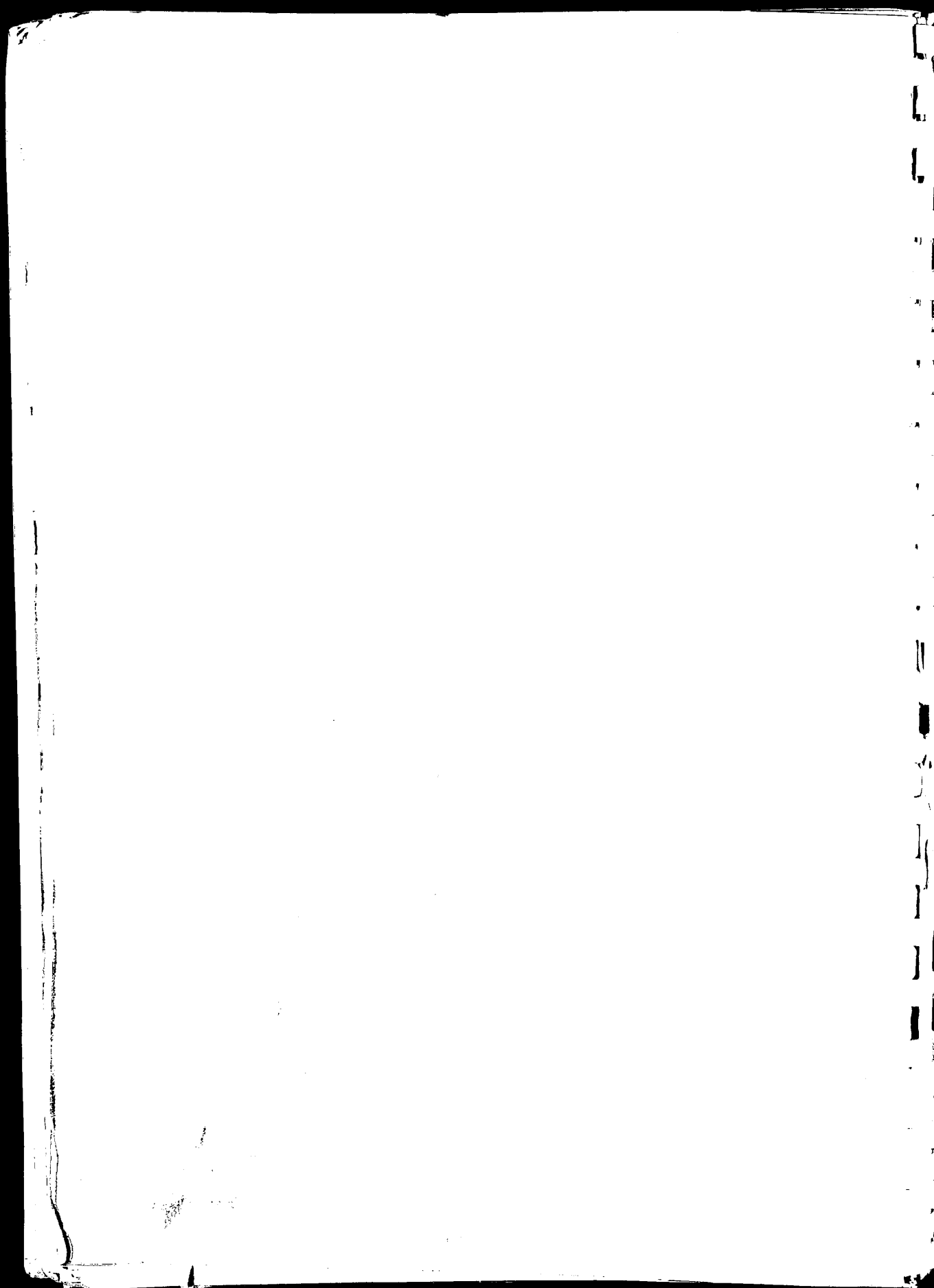
Ward _____

Unit _____

Date _____



SURVEY REPORT - SUMMARY OF RESEARCH



1.

At the original research meeting discussion centred on producing a check list of a few headings under which activities could be judged. However, this was found to be impractical as the headings were covering so wide an area as to be meaningless.

Therefore, identifiable ward activities were listed and approximately 500 emerged.

These 500 activities were then grouped and sub-grouped under the headings developed by Rhys Hearn.

1. The patient day (24 hours).
2. Routine care:- defined as care appertaining to all patients regardless of their degree of illness.
3. Indirect care:- defined as relating to the ward as a whole, sub-divided into administrative and professional.
4. Direct care:- defined as nursing care indentifiable as being related to the individual patient.

No attempt was made at this stage to bring in a rating scale.

The items listed were discussed at the Nurse Research Discussion Group Meeting and many points were raised that helped the authors to clarify their ideas.

As a result, the headings were re-phrased and were presented as either direct questions or statements of fact against which a rating scale could be applied.

An illustration of this is given below:

1. Are facilities being used to provide maximum benefit for:

- a) Personal privacy
- b) Dignity of patients

2. Availability of call bells:

- loose
- unplugged
- out of reach

A five point rating scale (see below) was introduced for experimental purposes in the first instance and retained because it had a certain popular appeal.

E	D	C	B	A
Very much below average	Below average	Average	Above average	Very much above average
1	2	3	4	5

Small pilot runs were undertaken in order to test the document.

These pilot runs proved that the work was as yet embryonic. The rating scales were highly subjective when used and the questions lacked clarity.

The project was moving towards its aim, but subjectivity rather than objectivity was emerging.

3.

It became evident that what was needed was a rating scale that was specific to the questions and questions that were themselves highly specific.

At this stage, it was decided to accept the format of the nursing staff appraisal document, i.e. the X to Y rating scale shown below.

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
2.6 steps are taken to control the level of noise in:							2.6 steps are not taken to control the level of noise
a) Bed areas							a) Bed areas
b) Nurse working areas							b) Nurse working areas
c) Day spaces							c) Day spaces
d) Kitchen							d) Kitchen
e) Corridors							e) Corridors

The refining process was long and tedious. For this, the grouping and words and their meanings were re-examined, each question tested for validity and clarity.

In order to use this rating scale the questions had to be reworded into statements to which the rating scale could apply.

Section 1	The patients' day
Section 2	General comfort of the patient
Section 3	Safety - patients, visitors and staff
Section 4	Nursing - administrative
Section 5	Nursing - professional
Section 6	A Quality of care
	B Consideration of the patient as a human being

The document was again tried out in the wards of the hospital group and was completed by the authors and the unit nursing officers. Results showed that, identifiable problem and non-problem areas were beginning to emerge, although it was clear that further sub-division of the items was necessary.

It was felt that the time had come to mount trials outside the parent hospital group.

Chief Nursing Officers within the Birmingham Region afforded the opportunities for the researchers to undertake surveys within the hospital groups. Each study was carried out within one unit of a hospital, and hospitals were chosen in such a way as to provide a variety of specialities in the sample.

Studies were carried out within the following areas:

Medical Unit

Surgical Unit

Psychiatric Unit

Specialist Units i.e. Gynaecology

Maternity Unit

Unit caring for the Mentally Sub-normal.

5.

It was agreed that after an initial teaching session, the nursing officer and ward sisters of the unit would undertake the survey. Handouts were given to assist the staff to use the document, these were an introduction to the document and its aims, ⁽¹⁾ and a suggested procedure for undertaking the survey, ⁽²⁾ and making use of the findings.

The procedure detailed the steps to be undertaken, through to the "action on information" stage, and the researchers undertook to complete the data analysis, the report and the points which were considered to require action.

The method of introducing the study was the same in each hospital.

1. Agreement to the study by senior officers.
2. Meetings with unit staff completing the document.
3. Data collection by unit staff.
4. Data processing and analysis (researchers).
5. Meeting with hospital staff in order to report findings and get feed-back from those involved in study.
6. Results made available to senior nursing staff.

The teaching sessions were conducted by one of the researchers and consisted of a full explanation of the document and its aims, followed by taking the staff on a walk around a ward which was not to be involved in the study, then discussing the ratings that would have been allocated to that ward.

1. An introduction to the document and its aims (See Appendix A).
2. A suggested procedure for completing the document (See Appendix B).

This method highlighted the initial difficulty in being objective when filling in the document and it also revealed some items which were not quite clear. As before, when this trial was completed, the documents were returned to the researchers for analysis of data.

At a second meeting, results were presented and discussed.

The feed-back sessions were invaluable in that the participants have fresh insight into the subject.

From these emerged:

1. Subjects not covered.
2. Items not fully understood.
3. Areas within which rating was persistently high.
4. Problem areas highlighted as a direct result of the survey in question.

A report was prepared for each hospital, the results of the trial being presented to the staff of each hospital under total section and question analysis. In some cases areas of activity which were given low rating came as a surprise to senior nursing administrators.

The choice of questions for question analysis was totally subjective in that the researchers selected questions that in their opinion would illustrate the use of question analysis.

All results were amalgamated and the total survey results are shown below.

A total of 34 documents were completed during the survey.

7.

SECTION 1 - PATIENT DAY

1	Is there an agreed patient day for the ward?	YES	34
		NO	0
		N/A	0
2	Is the pattern of the patient day followed?	YES	34
		NO	0
		N/A	0
3	Is there an agreed patient night pattern?	YES	25
		NO	4
		N/A	5
4	Is the pattern of the patient night followed?	YES	25
		NO	4
		N/A	5
5	Is the patient day reviewed on a regular basis?	YES	25
		NO	9
		N/A	0
6	Is the pattern of the patient night reviewed on a regular basis?	YES	20
		NO	9
		N/A	5

(N/A illustrates those who indicated the question did not apply in their area).

SECTION - Question	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies
SECTION 2 - General comfort. Total Responses = 415	148	154	59	30	14	10
SECTION 3 - Safety - patients, visitors, staff Total Responses = 691	358	253	61	14	4	1
SECTION 4 - Nursing Administrative Total Responses = 534	288	130	74	13	15	14
SECTION 5 - Nursing Professional Total Responses = 779	410	235	77	17	8	32
SECTION 6 - Patient Satisfaction Total Responses = 1181 The method of recording responses to Section 6 varied in that where possible, patients were asked their opinion but the nurse completing gave a consensus response and in others, illustrated every patient response.	631	323	116	73	7	31

SECTION - Question contd.	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies
Patients in the long-stay hospitals were not always able to give valid responses .						
TOTAL SURVEY	1835	1095	387	147	48	88
TOTAL RESPONSES = 3600						

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
4 There is good control of ventilation	4	12	7	9	2	0	There is no control of ventilation
6 Steps are taken to control the level of noise in:							Steps are not taken to control the level of noise in:
a) Bed areas	8	19	3	1	0	0	a) Bed areas
b) Nurse working areas	6	20	6	0	0	0	b) Nurse working areas
c) Day spaces	5	15	5	2	1	1	c) Day spaces
d) Kitchen	2	11	14	5	0	0	d) Kitchen
e) Corridors	1	15	15	1	0	0	e) Corridors
2 Fire fighting equipment is immediately accessible	25	9	0	0	0	0	Fire fighting equipment is not accessible
6 The agreed procedures for the control of infection are being used (excluding aseptic techniques)	18	11	3	0	1	1	The agreed procedures for the control of infection are not being used
7 There is control of pharmaceutical supplies on the ward according to the agreed procedures	27	6	1	0	0	0	There is no control of pharmaceutical supplies on the ward

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
10 There is no cooperation between the ward and other wards and departments	19	12	2	0	0	0	The ward is run as an isolated unit.
5 The Kardex contains up-to-the minute information on:							The Kardex does not contain relevant and necessary information
a) Nursing care to be given to the patient	11	10	1	0	0	4	
b) Medical care to be given to the patient	16	5	1	0	0	4	
5.5 a) Conditions of the patient	18	3	2	2	1	0	
d) Patient education	13	5	4	0	0	4	
5.9 Agreed procedures as laid down by the HMC are achieved in the checking and administration of medicines	21	8	5	0	0	0	Checking and administration of medication is not in accordance with the agreed procedures
5.19 Trained staff do ensure that the cleanliness of the ward is in accordance with the nursing requirements	11	16	7	0	0	0	Trained staff do not ensure that the cleanliness of the ward is in accordance with the nursing requirements

X	X Applies	Marked tendency to X	Some tendency to X	Some tendency to Y	Marked tendency to Y	Y Applies	Y
6A9 Patients are satisfied with standards of personal hygiene	18	12	7	9	2	16	Patients are not satisfied with standards of personal hygiene
6B2 The patients appear to know who the following staff are:							The patients do not under- stand the work of the following staff:
a) Nurses	35	13	11	1	1	0	a) Nurses
b) Doctors	32	16	12	3	0	0	b) Doctors
c) Paramedical workers	13	7	18	8	4	3	c) Paramedical workers
d) Other grades of staff	13	14	14	10	3	2	d) Other grades of staff

As previously stated a total of 34 documents was completed by ward sisters and nursing officers. These nurses were judging within their own work situation and this is thought to be the best method of undertaking the review because results are more likely to be accepted as valid.

Initial reaction was not always favourable but in most cases this changed after using the document and being presented with the findings. The participants' reactions varied and the fact that a number of people said that it made them look and think again about a number of things which were either being taken for granted and therefore commonplace, or were valued as new and surprisingly original.

Written and verbal comments were noted and changes were made to those "questions" which were not sufficiently clear.

The following changes were made after this set of trials of the document:

1. Introduction of a "completed by" section. This was thought necessary for record and reference purposes.
2. Expansion of the introductory sheet. - The introductory sheet wording was changed and expanded.
3. Section 1 - Patient day/night.

Up to this time the questions in this section had remained on the Yes/No/Does not apply scale, as it was thought to be a fairly simple section, but results showed that it would be more helpful to adapt the items and introduce the X - Y scale.

4. Section 2 - General Comfort.

Question 2.6

Steps are taken to control the level of noise in: X - Y Steps are not taken to control the level of noise in:

a) Bed areas

a) Bed areas

b) Nurse working areas

b) Nurse working areas

- c) Day spaces
- d) Kitchen
- e) Corridors

- c) Day spaces
- d) Kitchen
- e) Corridors

Discussion with the respondents showed that this question should be further divided into a day and a night section because of the differing levels of noise which are acceptable during these times.

5. Section 3.12 - Safety: patients, visitors and staff.

After discussion with the respondents some minor changes were made in the wording of three items and additional items were formulated on the following topics.

6. Sections 4, 5, 6a and 6b.

Most of the suggested deletions and amendments were accepted. However, it was found that confusion regarding an item arose when the activity involved was not normal practice in that hospital. For example in item 5.12.

Trained staff do participate in teaching learner nurses in the School of Nursing.	X - Y	Trained staff do not participate in teaching learner nurses in the School of Nursing.
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This question was found to be problematical in that only rarely were the trained ward staff being requested to teach in the School of Nursing. However, as there is a place for the clinical expert to teach her subject formally in the school as well as in the ward the question was not deleted or changed.

Remarks

Space had been provided in which staff could comment on the reasons for the grade given to items. The reasons indicated that some action was required.

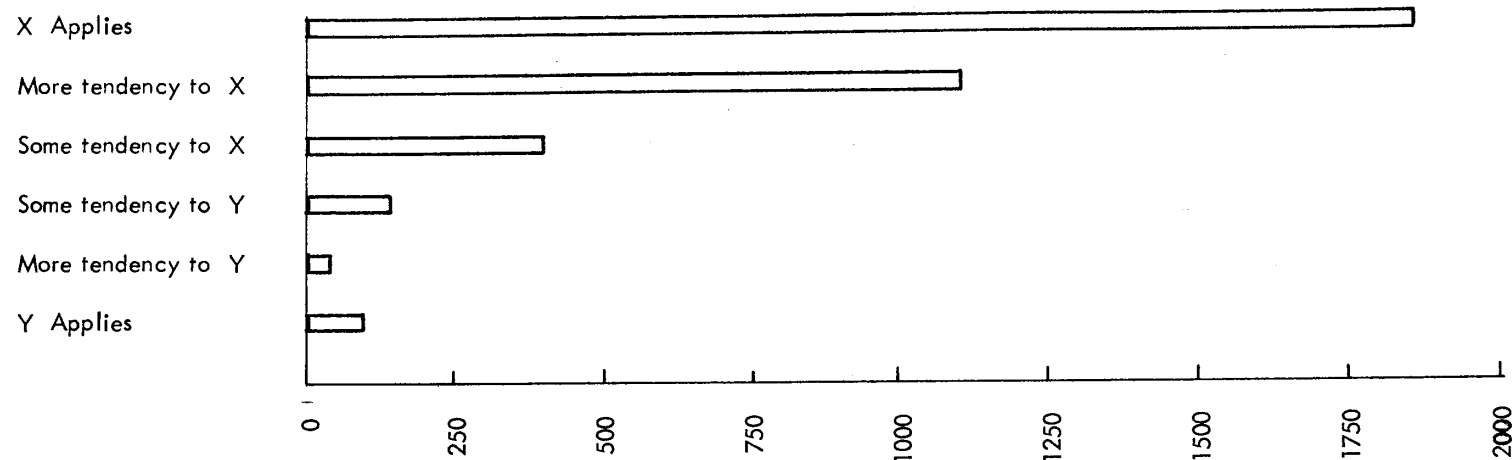
It is difficult to draw the line between what is and what is not an acceptable standard of ward organisation. However, by using this document areas of concern will be identified which can be investigated in relation to how they affect the quality of patient care provided. This will be difficult and may take a long time to achieve but the use of this document does provide a starting point.

These are self-explanatory such as drug procedures and aseptic techniques.

The reason for scores falling below that point were interesting and in many cases worthy of discussion. No complicated statistical comparisons were undertaken, all that was done was to express each score as a percentage of the given total.

Total survey N = 3600 responses.

Of the overall results only 283 were in the Y columns. Of these 147 were in the Some tendency to Y, 48 in the Marked tendency to Y and 88 the Y Applies column.



PICTORIAL ILLUSTRATION OF RESULTS

It may be that the assessors were over generous but even so it does seem that standards of ward organisation are generally high although some problem areas exist. The problem areas are, and their causes are, discussed under section headings.

Section 1

Whilst all respondents declared that there was an agreed plan for the patients' day and that this was adhered to, 16.6% stated that it was not reviewed on a regular basis.

In 73.5% of the cases it was declared that there was an agreed plan for the patients' night but that this was not always followed.

Remarks and discussion showed that the day was not really thought of as a 24 hour continuum of care with work arranged on a regular pattern throughout, but that it was viewed as two distinct periods of time with differing work patterns.

What emerges from this is that, in order to consider a standard of ward organisation, items should not be taken in isolation.

Section 2 N = 415

13.01% of responses fell below the mid-line but examination of results showed that the following factors strongly influenced ratings:

1. Personal privacy - item 2.1

The presence of extra beds made it impossible to use the facilities provided, i.e. curtains and in these wards old fashioned screens were either not available or adequate for the needs of the patients.

2. Call bells - item 2.2

Some hospitals included in the survey had no call bell system. Of these some marked not applicable but others marked themselves in the Y columns. Extra beds made a nonsense of call bell systems as there are more beds than bells.

3. Control of ventilation - item 2.4

32.35% of responses were on the Y scale. One of the factors which affected ventilation was that there were too many people in the wards where "block" visiting is still in use.

In some of the older hospitals the regulation of the temperature was inefficient. They were either too hot or too cold.

4. Control of noise - item 2.6

Whilst noise was controlled to an acceptable level in the bed areas, nurse working areas and day spaces, the ward kitchens and corridors emerged as problem areas. Comment was made on the necessity to control the type of footwear worn by all staff entering the ward. Special reference was made to the unsuitable shoes worn by students during teaching rounds. Modern equipment sometimes contributes to high noise levels.

Section 3 N = 691 responses.

The general result to this section was good with only 2.75% of the responses occurring in the Y columns but it should be recalled that three important items have since been added (see page 14).

The comments column showed some areas of concern.

Item 3.9 - Facilities for the storage of equipment.

The facilities provided in both new and old hospitals caused concern.

Item 3.12 - Cleanliness of environment.

The standards requested were not always met and the problem is difficult to deal with in view of the split of responsibilities. The ward staff know what standards should apply but communication and understanding between them and the domestic staff of joint problems is not easily achieved.

Section 4 N = 534 responses.

There was a total of 7.87% of responses in the Y columns.

The problem areas revealed are discussed below.

Item 4.3 - patient allocation/job allocation.

Patient allocation was rarely used in any of the hospitals undertaking the trial. Reasons given for this were the pattern of work in the ward and the small number of staff on duty during the morning and evening and night shifts.

Items 4.5 and 4.9 - ward clerk duties.

Responses to these questions clearly indicated a failure to appreciate and understand the functions of Ward Clerks.

Explanation.

1. Ward Clerk hours did not always co-incide with known peaks in her workload.
2. Nowhere was there adequate cover provided when the ward clerk was absent through sickness, holidays etc.
3. The ward clerk duties in many cases were seen as an aid to the general secretariat and medical records rather than the nursing staff.

Section 5 N = 779 responses.

A total of 7.32% of responses fell below the agreed level of acceptability.

Points of interest that emerged are shown below.

Item 5.5 - Kardex.

In all instances, the Kardex contains current information only and in many areas work books or their equivalent are still being used.

Item 5.10 - Rest periods (patients).

Responses showed that in busy wards it was almost impossible to have adequate rest due to the constant activity other than nursing, in the ward.

Item 5.18 - Standards of ward cleanliness.

It appears that maintenance of a high standard of cleanliness is difficult. Under the heading of "comments" the following suggestions were made which it was felt could lead to improvement.

1. Better liaison between nursing and domestic staff.
2. More training and supervision for domestic staff.
3. That during this training the domestic staff should be made more aware of the reasons for setting the standards requested.

Section 6 N = 1181 responses.

The methods used by those answering this section varied from hospital to hospital. In most cases the patients were asked their opinions but in the long-stay hospitals for the mentally subnormal and psychiatric patients this was not always possible.

9.4% of responses were in the Y continuum.

Illustrated are points taken from results of section six survey.

Item 6A.9 Personal Hygiene.

42.19% of the responses were in the Y columns and 25% in the Y Applies column.

Patient comment centred around the lack of adequate facilities for the provision of high standards of personal hygiene.

Item 6B.2 - Patients' knowledge of who staff are.

6B2A %N = 61 responses 3.28 in Y columns

6B2B %N = 63 responses 4.7% in Y columns

6B2C %N = 53 responses 28.3% in Y columns

6B2D %N = 56 responses 26.9% in Y columns

These results show that whilst patients have no great difficulty in identifying the doctor and nurse they do have great difficulties with identifying the people who approach the bedside.

Other factors emerging from comments of participants which might have contributed to these results were as follows:

- a) Uniform/Protective clothing for differing disciplines of staff too similar.
- b) Too many people were confusing to patients despite name badges.
- c) Patients could not always see the badges, when worn, clearly enough to read them. Some could not, in fact, read English.

d) Staff do not always introduce themselves to patients or explain procedures about to be carried out.

e) We are assuming a level of knowledge in our patients that they do not have.

The results of this question could be said to illustrate some problems in personal communication at the patient level.

Item 6B.3 - Nursing staff have knowledge of what a doctor has told a patient.

Responses have shown this to be a recurring problem in that doctors tend to leave nursing staff to pass on routine information to the relatives and where the doctor does interview the patient and their relatives, they do not always document in the notes the information which has been given.

CONSLUSIONS.

The intention of this project was to produce a method which could be used by nurses to assess systematically the organisation of a ward using a measuring scale.

This document could enable nurses to look in depth at standards of care given within the ward without looking at the details of care given to individual patients and provide information which could be used by managers at various levels in the organisation.

Educationally, it is of value at all stages in the career of nurses, giving the learner nurses a gradual introduction to the activities that influence the quality of patient care and of ward management. To the newly qualified/appointed trained nurse the document provides a detailed list of activities which constitute the workload of the ward.

The document could be used in management courses to highlight the range of management responsibility of the participants. To all

levels of the organisation this could provide a valuable management tool under many headings:

1. Assists with the identification of standards within the ward.
2. Identifies problem areas.
3. Illustrates what is really happening within the ward.
4. Gives continuity of measurement regardless of personnel changes.
5. Enables the manager at all levels to set realistic objectives and key tasks.

Last but by no means least, if by using this document nurses stopped to look more closely at their work and questioned the premises upon which some of their activities are based changes might be made which were to the advantage of the patients and the staff.



