

The Quality Mark: Ward Managers' Experiences

We asked two ward managers to comment on how they had found the Quality Mark process and if they had any tips for other ward managers to aid successful data collection. Two ward managers share their experience:

We wanted to take part in the Quality Mark for Elder-Friendly Hospital Wards because Weston General Hospital treats a large number of elderly patients, and it's important to us to assess the care we provide. The Quality Mark was explained to the ward team during a staff meeting, and by completing staff questionnaires, they have gained a better understanding of the project. The consultant involved is very supportive of the nursing team and very much involved in the care that patients (especially the elderly) receive. I think I could have asked most of the consultants here and they would have been happy to be involved.

In terms of managing the project, I have to say that initially, one person needs to constantly drive it as the ward has many pressures. The team has faced numerous challenges and changes in the past 18 months, so when it comes to adapting to projects they are very proactive. The patient questionnaires are given out on discharge with the explanation leaflet that the Quality Mark project team provided. I believe that most patients and relatives like to see improvements being made and feel that this is an opportunity to have their say, whether it is good or bad.

We are looking forward to receiving our report and creating our action plan, which will hopefully provide a more focused approach to the areas of care that we need to improve on, or maybe even highlight areas that we thought we were good at.

By Kate Rimmer, Ward Manager of Steephelm ward at Weston General Hospital

I agreed to participate in the Quality Marking as I believe it will be a good opportunity for us to get independent external feedback. We do get a lot of positive feedback from our patients and leadership team, and I thought it would be good to compare this with an external body.

For successful data collection, it was important to involve the whole team. I took the opportunity at handovers and team meetings to inform staff about the process and the benefits of it. We work well with our medical team and our consultants. Dr Wilson was also keen to get this done and has given her time to do these questionnaires. I have allocated our enthusiastic weekend receptionist to hand out the patient questionnaires. She took it on board and was very proud to be part of this. Most of our patients are not able to complete the questionnaire themselves, so we had to rely on their relatives to help them. Therefore, our receptionist used the visiting hours to encourage relatives to complete the questionnaires. She asked them to inform her whether they have managed to complete it when they leave our ward. It is ideal to identify one or two administrative staff to hand out these questionnaires as clinical staff are so busy in our acute setting that they would not be able to do this.

I would strongly recommend everyone to read the Project Management Guide before starting to complete any questionnaires.

As a ward manager, I had to believe in this process more than anyone else so that I could influence my team. We are all so busy and it is normal for staff to feel 'not another survey/paperwork to fill in'. It does require a lot of hard work and time to ensure staff are actively participating. I kept a list of the names of staff in the sister's office for them to mark when they had fully completed the staff questionnaire. Most staff have managed to do this as I have given them protected time to complete the online questionnaire (I, myself, or other sisters were on the clinical floor to cover them during this period).

By Sreeja Sukumaran, Ward manager of Wisley ward at Royal Surrey County Hospital