Service Improvement Task

Resource Pack
Dear colleague

Thank you for taking one of our students for their practice placement experience. We expect the student to complete a small service improvement task during their placement and would like to give you some background information to help you to understand the nature of this piece of work.

The students should be well prepared for this task but please feel welcome to contact either myself or the designated visiting tutor should you have any questions.

Yours faithfully

Jon Larner

On behalf of Jon Larner, Jill Jepson and Jennie Vitkovitch

Undergraduate Course Directors

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4. Student Guidance – A copy of the additional guidance notes that are given to students in advance of their placement.

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The Service Improvement Initiative

The UEA is working in partnership with the NHS Institute for Innovation and Improvement to introduce students to the principles and benefits of service improvement. During their first year students are introduced to the basic theory of improvement science. They are encouraged to recognise the need for improvement in the quality and safety of healthcare and to be innovative in thinking about the design and delivery of services. The methodology is kept simple with students being introduced to the Plan Do Study Act (PDSA) cycle (Langley et al, 1996)\(^1\) and a process mapping tool. They have the chance to practice process mapping a real service-user experience in the classroom setting. During placements 4 (year 2) and placement 6 (year 3), students have the opportunity to apply their learning in a real clinical setting. In liaison with their practice educator the student should identify a situation where a service improvement may be desirable. They will be expected to process map this situation in order to identify all the key steps involved and then consider how changes could be made to improve the process. They are expected to consult with the whole team during this process. Alternatively students may chose to analyse a situation where practice has been noted as particularly good. These small projects may involve any staff or service user experiences, but must be manageable for the student. The student is not expected to take action after completing the process map, but the practice educator may chose to build upon the student’s work. The work should take a maximum of 4 hours to complete and the student will be expected to ask their educator for feedback on their improvement ideas. A summary of the improvement task including a simple traffic-light scoring system are included in the resource pack which will be e-mailed to the educator in advance of the placement. Students will be expected to complete a reflective template on return to the university, on which they will receive formative feedback.

By undertaking the service improvement task twice during their programme, it is anticipated that students will become more confident using the tools. In their final year the student will relate their service improvement task to a number of important contextual topics including understanding and measuring quality, developing service-user involvement, managing change and business planning. It is expected that by recognising the common barriers to change they will begin to consider some potential strategies for overcoming these barriers in the future. Training, support and advice is also available from the UEA to support educators with this project if required. Please contact your visiting tutor if you have any questions.

The Service Improvement Task

Practice Educator Guidance

This task is not expected to take a great deal of the educator’s time. It should be led by the student who will be expected to spend approximately 4 hours of their placement time doing it. However student feedback tells us that a supportive educator is a critical factor in the student experience and increases the value they gain from doing the task. You may ask the student to pursue ideas for improvement that you or your team would like to evaluate, however the student should be encouraged to think for themselves as much as possible.

In consultation with their educator the student will:

• identify a situation where an improvement may be desirable
• complete a process map in order to identify each step of the current process
• consider what changes could be made to improve the process

The project should:

• be small & manageable
• involve any staff or service-user experiences
• take no more than 4 hours of clinical time (unless the educator feels it warrants more).

Reflection – S.I. Template

The student has been provided with a template to complete and they have been made aware that they can access an e-copy of this on the student Blackboard site. The template prompts the student to reflect on the following areas:

• Background – including their aim
• Actions – what steps did they take?
• Impact – how will they know if an improvement is made
• What went well?
• Who did they involve?
• Did their project link with any other projects?
• Were there any issues/constraints?
• Did the team agree to take their idea forward?
• Have they appended their process map?

**Expectations of the Students**

• The student will identify a suitable process or situation to analyse with a process map. They should do this in consultation with their educator and the team.

• Students are not expected to implement the change, merely to analyse the situation and make suggestions for improvement. However if the educator agrees with the suggestions and they are happy for the student to dedicate the time to it, a student may expand their project as desired.

• The student will leave a copy of the process map with their educator who may consider implementing changes if appropriate.

• The student will complete an evaluation, append their process map and then e-mail this to a nominated person from the school after the placement.

**Practice Educator Responsibility**

• We would like the placement educator to support the student with this task. It should not take more than 4 hours of clinical time unless the educator wishes it to do so. The students have been told that it is their responsibility to explain the task and ensure that the placement educator understands what is required. Hopefully it will provide some helpful information and perhaps even lead to some successful improvements.

• Additional service improvement learning resources covering the theory of the Plan, Do, Study, Act (PDSA) cycle and process mapping are available on request. It is not a requirement of the educator to read these as the task should be led by the student, however they may be useful for interest and for CPD. Examples of previous students improvement tasks are also available on request. Please contact Jon Larner directly for these resources.

• The practice educator is requested to provide feedback to the student about their improvement task at the end of the placement. They should use the traffic light system to evaluate the *potential* impact of the task.

**Visiting Tutor Responsibility**

• The visiting tutor is expected to ask the student about their progress with the task when they visit them.

• The visiting tutor should remind the student to complete the task and return the paperwork to the school after the placement.
• To visiting tutor will provide any further help or advice required for either the student or the educator, or to organise for them to speak to Jon Larner if they cannot answer the question themselves.
Service Improvement Template

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<tr>
<th>Name:</th>
<th>Date:</th>
<th>Placement Location:</th>
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**Background – This should include your aim (what you are trying to accomplish)**

Description of problem and your identification of the need for improvement including any implications for patients, carers and staff.

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**Actions – What changes can you make that will result in the improvement you seek**

The steps you plan to take or have taken to address the need for improvement including stakeholder/colleague involvement and specific activities/actions.

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**Impact – Measurement – how will you know that a change is an improvement**

The change your improvement activities should make or have made for patients, carers, staff or a service including any specific indicators or measures of that change.

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<table>
<thead>
<tr>
<th>Reflection</th>
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<tbody>
<tr>
<td><strong>What went well?</strong></td>
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<tr>
<td><strong>Who did you involve? (patient/user/colleague/MDT)</strong></td>
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<tr>
<td><strong>Did the improvement link to any current improvement programmes in your placement setting?</strong></td>
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<td><strong>Were there any issues/constraints?</strong></td>
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</table>
| **Did the team agree to take your ideas forward?**  
Ask your practice educator for feedback using the Traffic Light System. |
| **Have you appended your Process Map?** |
Service Improvement Template – Student Guidance

Name:                      Date:                      Placement Location:

This template will describe a piece of service improvement work you have identified whilst on placement and your reflections on the experience.

Background – This should include your aim (what you are trying to accomplish)

*Description of problem and your identification of the need for improvement including any implications for patients, carers and staff.*

Please make sure that the aim is really clear at the start.

Under background it is helpful to consider that you are explaining this to someone who may not understand your environment. Therefore please state where you were located and explain any key terms that you have included.

Also try to explain why you feel an improvement is necessary. Remember to always be professional and sensitive when doing this, but it is helpful to try and understand what made you chose this topic to look at and why you felt an improvement was required.

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<tr>
<th>Actions – What changes can you make that will result in the improvement you seek</th>
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<td><em>The steps you plan to take or have taken to address the need for improvement including stakeholder/colleague involvement and specific activities/activities.</em></td>
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<tr>
<td>Try and be as clear as possible with the suggested actions and link them with your aim as much as possible. Remember you are not expected to try and complete these actions, merely to make suggestions. If you have been able to put some of them into action then please reflect on these.</td>
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<tr>
<td>Think carefully about all things that you can measure that would provide evidence that your improvement idea has been successful. This may include clinical outcomes, patient of staff satisfaction etc. Consider how you could audit these different aspects.</td>
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(Cont.)
Reflection

What went well?

Think broadly about the whole process you have been through. As well as the results of the task itself, think about all the positive things you have learnt about service improvement from doing it and through communicating within the team.

Who did you involve? (patient/user/colleague/MDT)

This is referring to who you involved in identifying and discussing the problem, process mapping it and considering suggestions for change. Remember that successful projects involve the wider team and service-users as early, and as much, as possible. Try and think about all of the stakeholders, even if their direct role is not immediately obvious they may be able to add valuable information about the process that you didn't know. Try and see the process from all of the stakeholders' perspectives, talk to them as much as you can. If this is about the patient journey, why not walk it through with them to try and fully appreciate the stages. If possible try to process map with the members of your team as a group. If you can't do this then make sure you get their opinion somehow. Even a short brainstorming session could be valuable. Don't forget about the magic post-it notes!

Did the improvement link to any current improvement programmes in your placement setting?

As well as considering any obvious projects that are going on within your profession, have a word with other MDT members and see what they are involved with. Are they aware of improvement projects? Can you learn anything from them or link your idea with theirs in any way? If there are no obvious improvement projects going on then do you think that your service improvement idea may have made any impact on the other staff?

Were there any issues/constraints?

Think broadly and be honest. Very few projects run smoothly without any difficulties. Consider how behaviour and willingness to change may affect the project in the future. Are there any financial, political or organisational constraints?

How about you? What made the project difficult for you?

Remember that often the best learning comes out of facing barriers and finding ways to overcome them.

(Cont.)
**Did the team agree to take your ideas forward?**

Make sure you get some good honest feedback about this. Although this project is more about developing the confidence using improvement tools that finding a winning idea, it is always helpful to know what your team think. If they don't think it will work then ask them why so that you can learn from the experience. Some of the best learning comes from ideas that didn’t work initially. If the answer is maybe, then ask them what they would need to do to make it work.

If the answer is yes, then ask them if they are able to try and make it happen. Why not keep in touch and follow up the progress in future? This would be excellent portfolio evidence and may be good for your future employability.

Please ask your educator to use the traffic light system to grade their response to your improvement task:

- **Green = Yes** – we could use this idea as it is.
- **Amber = Maybe** – with some further work this idea could be useful. Ask them for feedback about how it needs to be developed in order to make it useful.
- **Red = No** – this idea would not be used in the future. Make sure you get some feedback about why this is the case so that you can learn from it.

**Have you appended your process map?**

You should map the current process that you think might benefit from improvement. This will then give you some evidence to discuss with the team. Can you identify and highlight any areas for improvement on your map?

If you wish you can then map the improved service to use a comparison with the original map.

Here are some useful questions that may act as prompts for you when evaluating your process map. They may help you to recognise typical areas where improvements could be made:

- How many times is the service-user passed from one person to another (known as a hand off)?
- Where are delays or queues built into the process?
- Where are the bottlenecks?
- What are the longest delays?
- What is the approximate time taken for each step (task time)?
- What is the approximate time between each step (wait time)?
- What is the approximate time between the first and last step?
- How many steps are there for the service-user?  

(Cont.)
• How many steps add no value for the service-user?
• Are there things that are done more than once?
• Can you see any reworked loops, where work is unnecessarily delayed waiting for something else to happen?
• Is work being batched (stored until there are sufficient numbers to proceed)?
• Where are the problems for the service-user?
• At each step is the action being undertaken by the most appropriate staff member?
• Where are the problems for staff?
• Where is the greatest amount of time currently lost or wasted?
• Can any processes be carried out simultaneously?
• Consider what service-users complain about.
• Are any other teams affected if your team changes its process.

If you have any questions about your service improvement task please contact your visiting tutor, Jon Larner or Jill Jepson.
Evaluating the Service Improvement Task

Although our experience to date tells us that students are capable of producing very valuable improvement ideas, the Service Improvement Task is predominantly a learning activity. By undertaking a real improvement task in a clinical setting, we hope that students will develop awareness of some of the challenges they are likely to encounter once they have qualified. Therefore this task is not just about producing a winning idea. It is about developing the competence to work with the team to analyse current practice using simple improvement tools, and gaining the confidence to ask questions and propose potential solutions.

- The traffic light system is a simple way to visualise the potential impact of the students’ improvement task within the context of the feedback they receive from you, their placement educator.
- In reality most of the learning is in the ‘doing’ of the task, therefore those students whose ideas are not considered suitable for adoption will still learn from the experience. It is hoped that they will develop the courage to carry on improving in the future.
- By giving the students feedback about why their project may, or may not be adopted, you are helping them to understand more about the barriers to change. Students have also been asked to complete a reflective template at the end of their placement and this will receive formative feedback from the School.

This feedback from you is very important for helping the students and the School to evaluate the potential impact of the students’ ideas. Therefore we would be most grateful if you could arrange to discuss your traffic light evaluation with the student at the end of their placement.

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<tr>
<th>Traffic Light</th>
<th>Description</th>
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<tr>
<td>Red</td>
<td>The placement educator did not think that this was a suitable idea to consider for improvement.</td>
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<tr>
<td>Yellow</td>
<td>The placement educator thought that this was a good idea but it requires more work or discussion with the wider team prior to implementation.</td>
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<tr>
<td>Green</td>
<td>The placement educator thought that this was a good idea and the team are going to adopt it.</td>
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**Placement Educator Feedback Sheet**

Student Name: ..........................................................

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<tr>
<th>RED:</th>
<th>COMMENTS:</th>
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<tbody>
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<th>AMBER:</th>
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**ANY OTHER COMMENTS:**
Frequently Asked Questions

What is the Service Improvement Task?

The Service Improvement Task is a small mini-project that should take no more than 4 hours of clinical time to complete. It requires the student to work in collaboration with their practice educator to identify a process or situation to analyse. Normally this would be something that they feel might benefit from improvement. They will then be expected to produce a process map to identify all of the stages involved in that situation. This will involve collaborating with all of the different people involved in that process to gather information about what really happens. Finally they will be expected to analyse the process and propose some simple suggestions for improvement. They are not expected to implement these suggestions, but if the educator feels that it is beneficial (and possible) to take some further action, then they may continue to do so.

Why do we ask students to undertake the task?

The healthcare climate is changing rapidly. Students qualifying into this challenging political and economic climate need some additional skills to ensure that they can make a valuable contribution to service evaluation and design. They need to be ready to share new ideas and to look for ways to improve the quality of service provision. By engaging with a practical task in a clinical setting, students have the chance to put some simple theory into practice. Perhaps more importantly they will develop an awareness of the many barriers we face when trying to implement change in the NHS. This awareness is essential if they are to develop meaningful strategies for overcoming these barriers in future.

What sort of things should the students identify for their tasks?

This will usually be one of the following:

- a) The student has an idea for improvement
- b) The student recognising a problem and can see the need for improvement (does not necessarily have an answer in mind)
- c) The placement educator or team recognise a problem
- d) The student selects a process to look to see if there are opportunities for improvement

Any of these routes can lead a student to a suitable improvement task.

Is the task compulsory for students?

Yes

How long should students spend on the task?

4 hours maximum. However, if the educator wishes more time to be dedicated to the task then that is acceptable.
How should the task be evaluated?

The practice educator is required to give feedback to the student about their task at the end of the placement and to use the Traffic Light system to gauge the potential impact of their work. Students will also be asked to complete and submit a reflective template to the School, which will receive additional formative feedback.

What are your responsibilities as practice educator?

These are outlined in the document ‘Guidance for Practice Educators’.

What are the responsibilities of the student?

These are outlined in the document ‘Guidance for Practice Educators’.

What are the responsibilities of the visiting tutor?

These are outlined in the document ‘Guidance for Practice Educators’.

What sort of examples are there of previous students work?

A small selection of examples has been included in the resource pack that you should receive prior to placements 4 and 6. Further examples can be provided by e-mail or as a hard copy on request.

Who can I ask if I want to ask more questions or I need help?

The visiting tutor will be able to answer your questions, however you can also contact Jon Larner on 01603 591681  j.larner@uea.ac.uk or Jill Jepson on 01603  j.jepson@uea.ac.uk should you need to.
# Service Improvement Template – Student Example

**Name:** Physiotherapy Student  
**Placement Type:** Orthopaedic Hospital Ward

## Background – This should include your aim (what you are trying to accomplish)
Description of problem and your identification of the need for improvement including any implications for patients, carers and staff.

**Problem:** Total hip or knee replacement patients who were put on the ‘enhanced recovery programme’ (ERP) are frequently not discharged from hospital any quicker, than those not put on the programme.

**Need for improvement:** One shortfall of the ERP is that a physiotherapist should see the patient on the same day as surgery (day 0). However, this is often impractical for 3 reasons:
1. The patient returns back to the ward late afternoon (physiotherapist finished for the day).
2. The recent anaesthetic makes mobilisation unsafe.
3. The patient is drowsy, which can limit exercise concentration and compliance.

If a post-operative patient is seen by a physiotherapist on the day of surgery, it is proposed that they will be discharged from hospital sooner. This benefits the patient (they return to daily function quicker) and staff (lessens demand for hospital beds).

**Aim:** To increase the possibility of a physiotherapist being able to see a post-operative total hip or knee replacement patient on the day of surgery (day 0), in line with the ERP.

## Actions – What changes can you make that will result in the improvement you seek
The steps you plan to take or have taken to address the need for improvement including stakeholder/colleague involvement and specific activities/actions.

- Surgical operations for all patients on the ERP to take place before midday.
- Every Monday (busiest day of the week for operations), one physiotherapist will work between 17:00-20:00.
- A decision will be made regarding the feasibility of the changes.
- If agreed, a physiotherapist rota will be organised for the Monday evening shift.
- A pilot trial will take place for 1 month and its effectiveness will be reviewed.
- If successful (and practical), the ERP modifications will be introduced permanently.

## Impact – Measurement – how will you know that a change is an improvement
The change your improvement activities should make or have made for patients, carers, staff or a service including any specific indicators or measures of that change.

- Length of post-operative hospital duration, comparing ERP to non-ERP.
- Feedback from physiotherapists involved in the ERP.
- Patient feedback and satisfaction with treatment.

## Reflections

**What went well?**
- The orthopaedic physiotherapy team all agreed that the ERP had its faults.
- The team were pleased that I came up with a solution to address the main ERP shortfall.
- Greatly received by the majority of patients i.e. if they were seen earlier, their joint stiffness may have decreased.

**Who did you involve? (patient/user/colleague/MDT)**
- Discussion with my educator and orthopaedic physiotherapy colleagues.
- Liaised with the lead ERP physiotherapist.
- Received feedback from post-operative patients on the ERP.
### Did the improvement link to any current improvement programmes in your placement setting?
- The ERP has been recently introduced to aim to decrease a patient’s duration in hospital following a joint replacement.
- This service improvement proposal aimed to slightly modify the current programme, to improve its efficiency/successfulness.

### Were there any issues/constraints?
- Is it possible for surgeons to routinely operate on patients on the ERP in the morning?
- It may not always be the time of surgery which influences the time the patient arrives back on the ward. Duration in the recovery area also has an impact.
- Staffing levels and costs re: working an evening shift on Monday.
- Not ALL joint replacement operations take place on Monday. What would happen on the other weekdays?

### Did the team agree to take your ideas forward?
No, not during my 4 weeks in the orthopaedic team. Although, the team were keen to put forward the idea in the future.
Service Improvement Template – A Student Example

Name: Speech & Language Therapy Student  Placement Type: Children’s Nurseries

Background – This should include your aim (what you are trying to accomplish)
Description of problem and your identification of the need from improvement including any implications for patients, carers and staff.

There are two different nurseries within this region which have been targeted to use MAKATON in the past. This has not been successful in generalisation, especially with the training used and resources given. Signs and symbols have been pasted around the nurseries but not many staff use these at all, leaving them redundant. If staff were using the signs and symbols, it was to greatly varying degrees. If MAKATON was implemented within the nursery, it would improve the communication between both children and staff, especially considering that there are children in both nurseries which use this as a main means of communication. There are also high rates of bilingualism within the nurseries which indicates the need for a common means of communication. There will be fewer barriers between children who have different needs, also improving their social integration. Parents may also find this effective and it has been shown to improve speech and language development amongst children. Children generally use both the MAKATON signs and speech - parents do not need to worry that using MAKATON could affect their child’s speech.

Actions – What changes can you make that will result in the improvement you seek
The steps you plan to take or have taken to address the need for improvement including stakeholder/colleague involvement and specific activities/actions.

1. Communicate with nurseries to encourage them to take part in new MAKATON training to help implementation in the environment.
2. Teach and model how Pictoys packs can be used alongside MAKATON in both the nurseries and at home (to help generalisation).
3. More games and songs that use MAKATON will be demonstrated.
4. Encourage staff to cascade the information to their colleagues if they cannot attend the training.
5. Give resources including 2 copies of each sign to the nurseries to avoid them being forgotten.
6. Request feedback on the training so that further improvement can be made in the future.

Impact – Measurement – how will you know that a change is an improvement
The change your improvement activities should make or have made for patients, carers, staff or a service including any specific indicators or measures of change.

The nurseries will be receiving more resources than previously which encourage the use of MAKATON and are easily accessible. Duplicate signs will also be provided so that fewer are lost or forgotten (these were also laminated so that they were not ruined). Speech and Language Therapists need the nursery to use MAKATON and have requested that we do the training. Therefore they will be able to observe and record the outcomes and judge if they are effective. Due to MAKATON now being implemented, there is a common means of communication used that children enjoy. This further encourages the use of it and members of staff always have resources available. Any new members of staff will be able to access training materials that will be given to the nursery.
## REFLECTIONS

### What went well?
Majority of staff were enthusiastic at the training and were willing to learn. Staff members were keen to be left with resources after the first training session so that they could start trying to use it.

### Who did you involve? (patient/user/colleague/MDT)
Nursery staff (including SENCO) and children who attended the nurseries. Speech and Language Therapists were also involved in the planning of the training and will be included within following up the nurseries afterwards.

### Did the improvement link to any current improvement programmes in your placement setting?
The improvement was suggested to us by Speech and Language Therapists that currently work with the nurseries after a previous training session didn’t produce the results they wanted. Using the cascade training meant that it was more cost effective for the nurseries.

### Were there any issues/constraints?
- Not all staff could attend training sessions.
- Some training environments were difficult and distracting.
- Not all members of staff wanted to take part.
- We could only provide 3 sessions of which the nurseries could only have 2 due to half term.
- Due to the nurseries being short staffed, it was very difficult to find the time and environment to carry out the training.

### Did the team agree to take your ideas forward?
Management of both nurseries were very keen for their staff to implement MAKATON. Due to their motivation and interest, they were more encouraged to use it with the children in different settings.
With new resources, staff thought it would be easier to generalise. The staff requested extra symbols that they thought would be useful.
Service Improvement Template – A Student Example

**Name:** Occupational Therapy Student  
**Placement Type:** Spinal Injuries Unit

### Background – This should include your aim (what you are trying to accomplish)
Description of problem and your identification of the need from improvement including any implications for patients, carers and staff.

- There were no social activities incorporated into the in-patient timetable. After discussion with the MDT, I found that they were aiming to organise an activity for all the patients to engage in.
- There appeared to be no element of socialising for the patients and my aim is to encourage this aspect through the various activities offered.
- I aim to plan weekly activities e.g. The Wii, Pool, outings, educational programmes etc with the help of the Occupational Therapy assistant.
- The level of supervision required will depend on the amount of patients and their level of spinal cord lesion.

Budgeting will also determine the type of activity permitted.

### Actions – What changes can you make that will result in the improvement you seek
The steps you plan to take or have taken to address the need for improvement including stakeholder/colleague involvement and specific activities/actions.

- I held discussions with the MDT to find out what they hoped to achieve by carrying out organised activities for patients
- I spoke to the patients to find out what their interests were and whether we could incorporate them into future sessions under a budget.
- I set out weekly activity sessions and booked these into late afternoon slots and this was agreed with by all MDT. This was to ensure that;
  - Patients would have a suitable length of time for maximum participation in the activity
  - The activity would not compromise any other therapy sessions.
- All activities will be working within a budget and utilising the resources in the hospital.

### Impact – Measurement – how will you know that a change is an improvement
The change your improvement activities should make or have made for patients, carers, staff or a service including any specific indicators or measures of change.

- I will supply a comment sheet after each activity so patients have a means by which to express their opinions as to what went well, not so well, improvements etc. Also, they will be actively encouraged to verbalise these comments especially if they are unable to write.
  This is a qualitative approach.
- As a measurement tool I could carry out the Likert Scale to monitor what the patients thought of the activity. These results are quantifiable.
## REFLECTIONS

### What went well?
I felt all aspects went well; the preparatory phases were difficult at times as problem solving was important for maximum participation by the patients and to keep coming up with new ideas. I enjoyed speaking to the patients about their preferences and their reactions of enjoyment were priceless and I felt I added to their rehabilitation. One comment was that they felt using a wheelchair in the community was vital in returning to a normal way of life.

### Who did you involve? (patient/user/colleague/MDT)
We actively encouraged all patients to participate but this was not mandatory. Any colleague could help supervise or join in; this was easier when the activities were based on the hospital grounds.

### Did the improvement link to any current improvement programmes in your placement setting?
No.

### Were there any issues/constraints?
The budget was a constraint, at times the activity sessions involved going on outings. I had to be creative with my ideas and ask the patients/MDT for any ideas so as to build up a portfolio of activity sessions. No other issues were raised.

### Did the team agree to take your ideas forward?
Yes, the team have agreed to take my ideas forward. It was also very helpful that the MDT had been given approval to carry out therapeutic activities with patients as part of their therapy timetable.