

## Information for Ward Leaders

The information below is intended to support ward leaders to decide whether they wish to undertake the processes involved in working towards the Quality Mark. The Quality Mark is a ward-level scheme, so buy-in from the Ward Manager is essential to successful participation.

### What is the Quality Mark for Elder-Friendly Hospital Wards?

The Quality Mark for Elder-Friendly Hospital Wards is a voluntary quality-improvement programme for individual hospital wards. Participation in this process shows a commitment by the hospital, the ward and the staff to continual improvement of the care provided to patients over the age of 65, which make up a significant proportion of inpatients, and who have been repeatedly shown to be more vulnerable to adverse hospital outcomes. The Quality Mark will collect information from patients, ward staff, the Ward Manager, a Lead Consultant, hospital management and governors. Observations of care will also be carried out on your ward by two members of hospital staff who have undergone [Person, Interactions and Environment](#) training.

### What stages are involved in achieving the Quality Mark?

#### Stage I- Assessing Quality

At the point of sign up the ward will submit contextual data and start working towards achievement of the Quality Mark by completing a full set of assessment tools and observations of care over a three month period. A minimum number of patient questionnaires will be specified. Feedback in the form of a detailed local report describing and summarising the ward's results will be received by month 5 and will highlight areas for action planning. The ward will then develop and submit an action plan identifying its top priority actions. The ward has 9 months from completing Stage I to begin implementing their action plan and to initiate a second round of assessment. If the report suggests that the ward is not performing at the level required to achieve the Quality Mark, wards will repeat Stage I. If results from Stage I suggest that the ward is already or close to achieving the criteria for being awarded the Quality Mark, the ward will inform the Project Team that they wish to proceed to Stage II.

#### Stage II - Achieving the Quality Mark

The same assessment tools are used within each stage of the Quality Mark over a three month period. Stage II will require a higher level of patient questionnaire return, additional data on complaints plus commitment to external observation. Within two months of completion, the ward will receive a report detailing their performance and comparing their results with those from the previous round of data collection. These results will be forwarded to the Quality Mark's Awards and Advisory Committee (AC) who will assess whether the results confirm that the ward is meeting the criteria for being awarded the Quality Mark. The decisions from this group will then be ratified. If the ward is unsuccessful, they will be able to complete another action plan and continue to make improvements before attempting Stage II again. If successful, the ward will hold the Quality Mark for three years, subject to terms and conditions including interim review and further patient feedback, before being required to repeat Stage II.

### What are the benefits of participation?

- Participating wards can demonstrate to patients a **commitment** to the quality of their care
- The Quality Mark provides **ward-level feedback** in the form of a detailed local report on a range of key aspects of care quality, including measures of **patient and staff experience**, ward staffing levels and skill mix.
- **Problem areas** on the ward are identified to facilitate ward leaders to develop an **action plan to enable improvements**

- Wards receive a **certificate in recognition of elder-friendly achievement** to display, on completion of each stage of the Quality Mark
- Participation can help to demonstrate the effectiveness of additional local improvement initiatives
- The fee includes **training for two ward staff members** in Person, Interactions and Environment (PIE) observational methodology. PIE is a qualitative observational tool designed for use by staff to assess the care received by people with dementia in general hospital wards. It aims to help staff understand and reflect on elements of patient experience and to develop ward action plans for person-centred practice.

## What role do Ward Leaders play in the Process?

The Quality Mark is based on the assumption that quality improvement in care depends upon the empowerment and involvement of frontline staff. As it is a ward-level initiative, the leadership of the Ward Manager (or equivalent) of the process is essential. The Ward Leaders will be the main contact for the Quality Mark Project Team throughout, and will be responsible for delegating QM related tasks to other members of the ward team, governors and senior management in order to complete the required dataset. The Ward Manager will liaise and work with a Lead Consultant on the ward on planning and completing the data return and ensuring MDT involvement.

## What time commitment is the process likely to entail?

At each stage, the data collection process takes place over three months. The main tasks within this time include disseminating information to ward staff and patients about the ward's participation in the scheme, distribution of patient questionnaires, and ensuring that the rest of the questionnaires are completed by their target respondents (please see [www.wardqualitymark.org.uk](http://www.wardqualitymark.org.uk) for details of all questionnaires and how long each takes to complete). Additionally, you will be required to send two members of your ward staff to attend a one-day PIE training session within this period, and enable them to complete two observations over 2 hours on a partner ward. Following data collection and receipt of your report, it is expected that you will take up to nine months to plan and implement improvements before re-commencing data collection. The total time commitment therefore depends on your ability to delegate tasks and the nature of the planning and improvements required.

## What are the resource implications?

Few resources are required other than the annual fee (£1,200 + VAT) and the time outlined above. Additional resources include access to the internet for staff to submit their questionnaires, travel costs of staff attending the workshop, and the provision of meals for visiting governors when they come to complete their toolkit.

## What support can I expect from the Quality Mark Team?

Prior to data collection, the Project Team will send you a Project Pack. This includes a Project Management document giving details of all the data requirements, planning guidance, and template emails to send to staff informing them of the ward's participation the scheme, what it means, and what their responsibilities are in working towards the award. Also included are posters and leaflets to publicise the ward's participation in the scheme for staff and patients, sample copies of all questionnaires, and 50 patient questionnaires with self-addressed envelopes attached. Once data collection starts we will send weekly updates on the total amount of data received from the ward to help you keep on track. A member of the Project Team will be available to answer any queries you may have either by email or over the phone 9am-5pm, Monday to Friday.

## Contact us:

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