

DISCURSIVE PAPER

The transition of a large-scale quality improvement initiative: a bibliometric analysis of the Productive Ward: Releasing Time to Care Programme

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Aims and objectives. To examine the literature related to a large-scale quality improvement initiative, the 'Productive Ward: Releasing Time to Care', providing a bibliometric profile that tracks the level of interest and scale of roll-out and adoption, discussing the implications for sustainability.

Background. Productive Ward: Releasing Time to Care (aka Productive Ward) is probably one of the most ambitious quality improvement efforts engaged by the UK-NHS. Politically and financially supported, its main driver was the NHS Institute for Innovation and Improvement. The NHS institute closed in early 2013 leaving a void of resources, knowledge and expertise. UK roll-out of the initiative is well established and has arguably peaked. International interest in the initiative however continues to develop.

Methods. A comprehensive literature review was undertaken to identify the literature related to the Productive Ward and its implementation (January 2006–June 2013). A bibliometric analysis examined/reviewed the trends and identified/measured interest, spread and uptake.

Results. Overall distribution patterns identify a declining trend of interest, with reduced numbers of grey literature and evaluation publications. However, detailed examination of the data shows no reduction in peer-reviewed outputs. There is some evidence that international uptake of the initiative continues to generate publications and create interest.

Conclusions. Sustaining this initiative in the UK will require re-energising, a new focus and financing. The transition period created by the closure of its creator may well contribute to further reduced levels of interest and publication outputs in the UK. However, international implementation, evaluation and associated publications could serve to attract professional/academic interest in this well-established, positively reported, quality improvement initiative.

Relevance to clinical practice. This paper provides nurses and ward teams involved in quality improvement programmes with a detailed, current-state, examination and analysis of the Productive Ward literature, highlighting the bibliometric patterns of this large-scale, international, quality improvement programme. It serves to disseminate updated publication information to those in clinical practice who are involved in Productive Ward or a similar quality improvement initiative.

What does this paper contribute to the wider global clinical community?

- Disseminates detailed analysis and publication trends from an international nurse-led QI initiative.
- Identifies the decline in the nursing and healthcare media in relation to PW, indicating that interest in the initiative in the UK has most probably peaked.
- Highlights the requirements for successful QI efforts to have continuous long-term, political, professional and financial backing.

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Aim

This paper aims to:

- Explore the current state of literature in relation to the Productive Ward: Releasing Time to Care Programme (PW) and describe the development and publishing interest of this quality improvement (QI) initiative.
- Examine the findings to identify the pattern of publications and reports over a period of time in an attempt to map the general uptake, interest and spread of this initiative through a bibliometric analysis.
- Discuss and the impact that this may have for the clinical teams currently involved in this initiative, those considering uptake and those who are examining the implementation of this or a similar QI initiative.

Background

Attempts to improve quality in health care can be traced back to the efficiency reporting of military hospitals, first documented by the Romans (Cilliers & Retief 2006). This quest to improve the standards and quality of care has continued throughout history by champions like Florence Nightingale (McDonald 2010), and the American Surgeon Ernest Codman (McIntyre 2012). The requirements to provide efficient, effective and quality care to the highest standards are even greater now than before (Ferlie & Shortell 2001). Successfully introducing initiatives into health care that can improve the quality, standards and patient experience is now part of the way clinicians must work and deliver health care (Darzi 2008). The past two decades have seen the successive rise and fall of a number of concepts, ideas and innovations in healthcare improvement (Walshe 2009). The Productive Ward: Releasing Time to Care programme (PW) is a relatively new quality improvement concept. It has many similarities to the Institute for Healthcare Improvement's (IHI) offering, Transforming Care at the Bedside (TCAB), also designed to promote ward-based change and improvement. PW was designed and developed by the NHS Institute for Innovation and Improvement (NHSI) in 2005 and it aims to:

- Increase the proportion of time nurses spend in direct patient care.
- Improve the experiences of staff and patients.
- Make structural changes to the use of ward spaces to improve efficiency in terms of time effort and money (NHS Institute & NNRU 2010b).

The initiative was originally sponsored and endorsed by the chief nursing officer in the UK who identified with many of the frustrations experienced by front-line staff, who are dedicated to the care of patients, but who are prevented from spending time with them because of inefficient or outdated work practices. Multiple systems, increased paperwork, lengthy handovers, missing equipment and interruptions were all identified as key areas that could be streamlined and improved, significantly increasing the amount of time available for patient care.

Soon after it was launched in 2006, it was hailed as a 'phenomenon' in terms of its impact on improvements for nurses and patients (Shepherd 2008). However, it has recently been reported that appetite for this initiative is dwindling (Wright & McSherry 2013).

The NHSI offers the PW in the form of a self-directed, improvement toolkit. The programme comprises 13 modules which provide tools and guidance that help nurses take proven, systematic, inclusive approaches that will improve their ward environment and work processes. All modules and specific project role guidance are included in the PW box-set that is provided under licence from the NHSI. It is the original offering in a now well-developed suite of adapted improvement toolkits called the 'Productive Series' (Community Hospital, Mental Health Ward, Community Services, Operating Theatre and General Practice), which can be used in most healthcare environments (Wright & McSherry 2013).

The PW programme is designed around the improvement principles of 'Lean Manufacturing' to help nursing staff tackle previously neglected everyday issues (NHS Institute & NNRU 2010b). The Lean principles and tools are used to review and reassess patient and nurse processes to identify and eliminate waste or those activities that add no value for the patient (Wilson 2009). The programme also incorporates social movement theory to appeal to the

intrinsic values of front-line nursing staff (Bate *et al.* 2004). Some of the prelaunch marketing strategies included the publishing of NHSI research which identified that nurses working in acute care settings only spent approximately 40% of their shift on direct patient care (Evans 2007).

The PW programme was conceptualised by the NHSI in partnership with nurse leaders and industry partners in 2005 (Foley & Cox 2013). The work appears to have been triggered by a number of initiatives and strategies merging into one workstream in an attempt to meet the requirements of supporting better direct care processes (NHS Institute & NNRU 2010b). The intention of the programme was to increase the efficiency of NHS working practices and therefore create more time for staff to devote to patient care (Foley & Cox 2013). After early testing with four pilot sites by the NHSI in 2006, the PW was formally launched in the UK by the Chief Nursing Officer for England, Dame Christine Beasley, at the Royal College of Nursing Conference in 2007.

Early-phase implementation sites, also called 'Learning Partner sites', were recruited by the NHSI later in 2007 and widespread NHS implementation commenced in 2008. As a concept of health service improvement, it is entirely unique, in that it is reported to have the backing of the UK Health Secretary (Nursing Management 2008), and the UK Prime Minister at the time (Nursing Standard 2012). It has received positive reviews and reports in the nursing and healthcare press (Taylor 2006, Jenny 2007, Nolan 2007, Castledine 2008, Blakemore 2009a, Bloodworth 2009, Kendall-Raynor 2010, Smith & Rudd 2010, Davis & Adams 2012), positive evaluations (NHS Scotland 2008, Gribben *et al.* 2009, NHS Institute & NNRU 2010a,b, Avis 2011, Foley & Cox 2013) and its implementation is reported to positively impact on cost-savings, productivity and workplace efficiency (QIPP-NHS Evidence 2009, NHS Institute 2011, Foley & Cox 2013). It has been reported that it is receiving international interest (Clews 2011), and there is evidence of adoption in Ireland, the Netherlands, Denmark, Australia, New Zealand, Canada and the USA (Avis 2009, Edmunds 2010, Haylock 2010, Davidson 2011, Farrell & Casey 2011, van den Broek *et al.* 2013).

The NHSI recently became one of the many casualties of the UK government's focus on reducing 'quangos' (quasi-autonomous nongovernmental organisations), and reports of its abolition were confirmed in its 2012 end-of-year reports (NHS Institute 2012a). The NHSI closed its doors on the 31 March 2013 and transferred its many roles, functions and products to a new improvement body, NHS Improving Quality (NHSIQ). The PW continues to be supported in the UK by various consultancy-based 'partners'

and a licensed e-learning package. Continuing to maintain momentum and the legacy of PW will be challenging (Carlisle 2013). The impact of closing the doors of the NHSI may well have unintended consequences on the pace and scale of roll-out and 'spread' of this quality improvement initiative. Efforts to sustain this initiative will most certainly be impacted without the resources, expertise and intellectual capital previously provided by the NHSI.

Design

A bibliometric approach was used to examine and review the PW literature. Bibliometrics is a set of methods used for the quantitative examination of publications (journals, books, grey literature or other digital media) and has become a popular research method among information scientists (Gautier 1998).

Measuring the spread and uptake of PW

One way to analyse and measure the interest, spread and uptake of the PW initiative is through bibliometric statistics. The purpose of using this method is to map the previous and current PW literature, identifying previous and contemporary levels of interest, author trends and outputs. Although it is not a perfect tool (Walshe 2009), and it has its limitations (Nightingale & Marshall 2011), most notably the absence of any type of content analysis, it can be adapted to analyse the quantity, quality and structure of most types of literature. The most popular bibliometric measures used are journal impact factors and their related citation analysis (Gautier 1998). This method has previously been used to measure the dissemination and uptake of other similar quality improvement initiatives over a period of time (Walshe 2009).

This bibliometric study of the PW literature aims to identify the pattern of publications and reports over a period of time in an attempt to map the general uptake, interest and spread of this initiative.

Methods

A comprehensive review of the literature was undertaken to identify research papers, case study reports, evaluations and any 'grey literature' reporting related to the PW or elements of its implementation. The review was limited to published material from January 2006–June 2013 which covers the period during which the PW was being developed and implemented in the UK. Language restrictions were included, which limited the search to texts available in

English. A number of electronic and web-based databases were used, which were accessed via a ‘multisearch platform’. They are represented in Table 1. Key search terms used were ‘Productive Ward’, ‘Productive Series’ and ‘Releasing Time to Care’. Research, reviews, editorials, letters, professional columns, reports and evaluations were included. Further de-selection was also carried out on material solely reporting other productive series products, for example Productive Operating Theatre (tPOT).

Included papers were further examined and categorised using an electronic database. Analysis was performed identifying authorship and co-authorship/collaborative patterns. Bibliometric measures of authorship and chronology were calculated. A simple collaboration index was used to identify and connect the number of authors involved in multiple research initiatives/collaboratives. Publications were also examined by type and by general subject. This enabled comparison mapping of authorship, research, evaluation and publication trends. For the purpose of this paper, data were categorised into three simple categories: peer-reviewed publications (original research, systematic review or case study), evaluation or report (a published evaluation or report of implementation or experience) and grey literature (professional journal articles, general reviews/discussions, case studies, editorials/opinions/letters).

Results

The search retrieved a total in excess of 3100 references from the ‘PW’ search theme and 1800 from the ‘Releasing Time to Care’ search theme. Once duplicate and nonrelevant citations were removed, 528 potential references were screened for relevance and selected based on their appropriate PW subject matter, and this yielded 90 articles for consideration. A further search through the reference lists of the relevant publications and using ‘Google’ and ‘Google Scholar’ yielded six additional references.

At the time of reporting, 96 published papers met the selection criteria (see Table 2) and were identified to be in the 90-month criteria period from 2006 until mid-2013 (a mean of just over 12 papers per annum). Categorisation of the literature identifies that the majority of the PW literature is ‘grey literature’ at 64.5%. Peer-reviewed papers

Table 2 Search results

Peer-reviewed papers
Twenty-one were peer-reviewed articles from academic/professional journals. (Grant 2008, Allsopp <i>et al.</i> 2009, Blakemore 2009b, Bloodworth 2009, Foster <i>et al.</i> 2009, Wilson 2009, Coutts 2010, Smith & Rudd 2010, Armitage & Hingham 2011, Bloodworth 2011b, Burston <i>et al.</i> 2011, Kemp & Merchant 2011, Robert 2011, Robert <i>et al.</i> 2011, Davis & Adams 2012, Lennard 2012, Morrow <i>et al.</i> 2012, Rudge 2013, van den Broek <i>et al.</i> 2013, White <i>et al.</i> 2013, Wright & McSherry 2013)
Evaluations and reports
Thirteen were Health Service Evaluation Reports. (NHS Scotland 2008, Avis 2009, Gribben <i>et al.</i> 2009, QIPP-NHS Evidence 2009, Morrow <i>et al.</i> 2010, NHSI & NNRU 2010b,a,c, Avis 2011, HQC 2011, NHSI 2011, 2012b, Foley & Cox 2013)
Four of these reports were commissioned by the NHSI to the National Nursing Research Unit (NNRU). (Morrow <i>et al.</i> 2010, NHSI & NNRU 2010a,b,c)
Grey literature
The remaining 62 papers were mainly news reports, cover stories and updates from professional journals and newsletters

represent 21.9% of all publications, and evaluations, 15.6% (Please see Table 1 and Fig. 1).

Figure 2 shows the distribution of the PW literature over the 90-month period from 2006–2013. The rise in the numbers of publications peaked in 2009 with a gradual general reduction in publications observed since. Declining trends of popularity with quality initiatives, such as PW, have been noted previously (Walshe 2009).

Further examination of the chronological trends and publication types shows that the reduction in peer-reviewed, scholarly literature is not following the same distribution trends. Peer-reviewed publications appear to trend mild rise and falls in numbers annually with four publications to date in mid-2013 and showing no real pattern or sign of reductions to date (please see Fig. 3). This may be in some part due to the way that ideas get shared between healthcare professionals and academics (Greenhalgh *et al.* 2004), either as a result of the fragmentation of healthcare improvement initiatives and healthcare academic learning partners (Perla *et al.* 2013) or just the result of publication timelines in many peer-reviewed publishing houses.

Table 1 Databases included in ‘Multisearch’

Academic Search Complete	ABI/Inform Global	Blackwell Synergy	Business Source Premier
Cambridge Journals Online	Cinahl	Cochrane Library	Directory of open access
Emerald Management Xtra	ERIC	Google	Google Scholar
InformaWorld	ISI Web of Knowledge	Library Catalogue	Medline
Nexis	Nurimedia Journals	Ovid Nursing	Ovid Journals

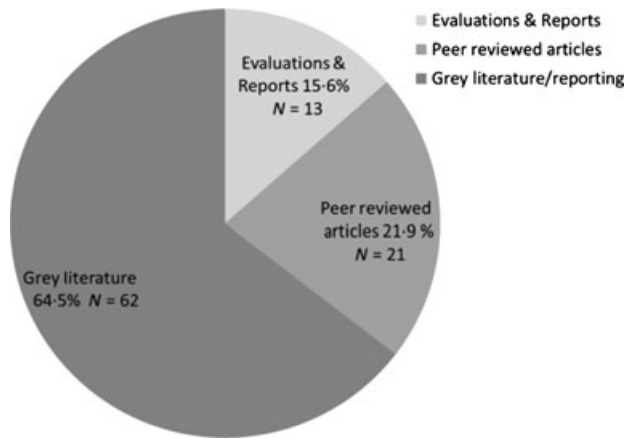


Figure 1 Productive Ward publications by type, 2006–2013.

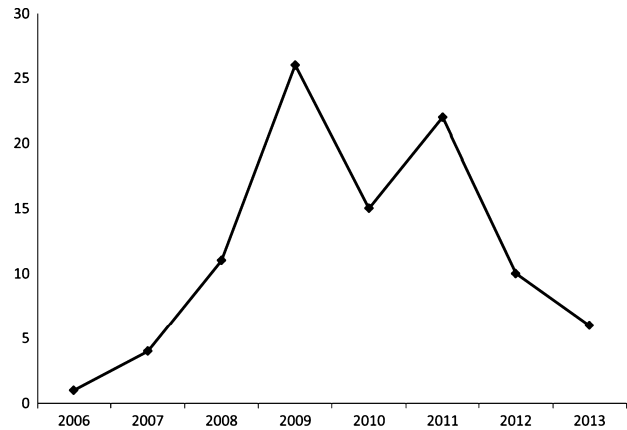


Figure 2 Productive Ward publications per annum, ($n = 96$).

Just under half (47.6%) of the peer-reviewed papers were of sole authorship, and the majority of authors only wrote one paper (Table 3). In terms of prolificacy, no author has produced more than two peer-reviewed papers. In terms of collaborations, there only appears to be evidence of two authors (Robert and Morrow) in the peer-reviewed literature who have also collaborated on a number of national evaluations. In relation to the types of peer-reviewed publications, only one third (33%) of the peer-reviewed publications presented the results of original research ($n = 7$) or outlined any methodology (Table 3). The majority of papers contained anecdotal reports of

implementation, improvements or commentary. Whilst this literature serves as a guide for interest, demand and reports of successful implementation, it provides no empirical offering to the paucity of evidence required to gauge success and impact.

In terms of papers from disciplines, all but three (14%) (Grant 2008, Coutts 2010, van den Broek *et al.* 2013) emanate from authors who were from the nursing discipline and these were also published in nursing journals. This may in part be due to how the 'PW' has been marketed predominantly at nursing and how nurses have accepted and positively received the initiative (Davis & Adams 2012).

Table 3 Author status for Productive Ward peer-reviewed and evaluation publications

Name	Sole author	First author	Co-author contribution	Original research/method	Anecdotal report-update-commentary	Evaluation/report contribution
Grant	1	–	–	–	1	–
Allsopp	–	1	–	–	1	–
Blakemore	1	–	–	–	1	–
Bloodworth	2	–	–	–	2	–
Foster	–	1	–	–	1	–
Wilson	1	–	–	–	1	–
Coutts	1	–	–	–	1	–
Smith	–	1	–	–	1	–
Armitage	–	1	–	–	1	–
Burston	–	1	–	1	–	–
Kemp	–	1	–	–	1	–
Robert	1	1	1	1	–	4
Davis	–	1	–	1	–	–
Lennard	1	–	–	–	1	–
Morrow	–	1	2	1	–	4
Rudge	1	–	–	–	1	–
Van den Broek	1	–	–	1	–	–
White	–	1	–	1	–	–
Wright	–	1	–	1	–	–

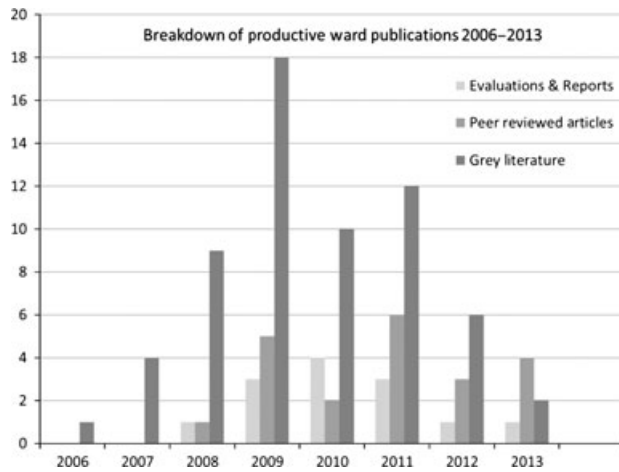


Figure 3 Breakdown of Productive Ward publications by type, 2006–2013.

Although this initiative has now had international implementation (Clews 2011), the majority (76%, $n = 16$) of peer-reviewed publications originate from UK authors. Three of the non-UK papers (Burston *et al.* 2011, van den Broek *et al.* 2013, Rudge 2013) are theory-based papers and are not directly related to the roll-out of this initiative or its implementation.

Discussion

The analysis of publication numbers over the lifespan of the PW initiative demonstrates both the initial, rapid growth and a gradual reduction trend for this initiative. General interest and paper productivity appear to have peaked between 2009–2011. The constant process by which quality improvement ideas come in and out of fashion is a phenomenon that has been described previously (Walshe 2009). Public services, including health care, are constantly on the lookout for the latest quality improvement panacea (Radnor & Boaden 2008). This may provide some explanation for the reduced interest and publications in relation to this initiative, as healthcare organisations scan the environment for the next quality improvement initiative or ‘pseudoinnovation’ (Walshe 2009).

The high-level political support (Kinnair 2012, Nursing Standard 2012), and financial backing (Wilson 2009) that the PW has received in the UK should be considered as an important success factor for this initiative, as evidence of the promised change and improvements are yet to be materialised. However, as political priorities change in the UK, and the global economic climate continues to recede, the trajectory of general interest by publication would appear to mirror the political and financial attention that

the PW has received during the same time period. Without these political and financial ‘drivers’, large-scale quality improvement initiatives, such as PW, are challenged to succeed (Langley & Denis 2011, Perla *et al.* 2013).

The low numbers of international contributions to the literature raises questions about the scale and intensity of global roll-out and merits some further scrutiny in relation to actual numbers of countries and uptake. The success of this initiative in the UK, and the reports, commentary, publishing and marketing attention it has received, is most probably the main reason for initial international interest and participation in this initiative. With the closure of the NHSI and the future of its worldwide section still uncertain, the momentum to make this initiative a truly global phenomenon may well already be lost.

It could be argued that the international literature is playing ‘catch-up’, and the trends of the UK peer-reviewed contributions will be observed in the coming years as the initiative spreads globally. However, the volume of international grey literature is much less than expected and does not appear to be following the UK bibliometric trends observed in the early stages of UK implementation. It could yet be discovered that the PW initiative is not as successful in other countries and health care systems as it was reported to be in the UK. We have been led to believe that the initiative is flexible and adaptable, and the PW box-set has all the solutions contained within. However, the translation and impact of quality improvement programmes across multiple healthcare settings is already reported to vary immensely (Shojania *et al.* 2004, Dixon-Woods *et al.* 2011). The important issues of condition and context (Ovretveit 2011) for the international spread, adoption and success of this initiative have not yet been explored, tested or described in any detail.

Although there is some evidence of collaborative publishing activity (Morrow/Robert), this can be partially attributed to the employment of both authors/researchers within the same department, which, in this instance, was the National Nursing Research Unit (NNRU). The NNRU were commissioned by the NHSI in 2008/2009 to undertake the evaluation of the PW in the UK.

The fact that peer-reviewed publications do not appear to have a declining bibliometric trend is a positive sign that this initiative whilst continuing to be rolled out is still attracting both academic and practitioner interest. With large-scale evaluations expected from both Canada (Saskatchewan) and the Republic of Ireland in 2014, there is an opportunity to provide robust evidence of impact, which may well stimulate clinicians and practitioners involved to contribute to the growing numbers of publications. It has been noted previously that insufficient data and competing

demands in health care have impeded the adoption, spread and impact and of this initiative (Morrow *et al.* 2012, van den Broek *et al.* 2013, Wright & McSherry 2013). The large-scale evaluations in the UK have provided researchers with fertile data and the experience of implementation to publish. There is some evidence of crossover and collaboration between the researchers involved in these UK evaluations and their publications. The opportunities to evaluate and publish in academic or professional publications may also present themselves in other jurisdictions, and there are promising signs of this in Ireland (White *et al.* 2013).

The low number of authors producing empirical papers around the PW creates the impression that this quality improvement initiative may indeed be a passing 'fad' or fashion and any 'low-hanging fruit' may already have been harvested (Radnor & Walley 2008). Papers emanating from an author based in a PW 'whole hospital site' (Bloodworth 2009, 2010, 2011a,b) have not been updated, further published or reported in recent years. The two authors who have written or collaborated on more than two papers are well-established researchers from the NNRU and appear to have already moved onto other interests (Morrow *et al.* 2013).

Managing scepticism and engaging clinical staff has proven challenging in other quality improvement initiatives (Gollop *et al.* 2004, Davies *et al.* 2007). It has been argued that the 'desire' to be 'productive' can easily be interrupted. Nurses who have been previously captured by the panacea of being 'productive' and 'releasing time to care' may simply have escaped the captivity and control of that dream-like desire, and are just refusing to engage with the dance of efficiency (Rudge 2013).

Conclusion

This paper has highlighted a general reduction in overall publication productivity with the initiative PW. Coupled with the closure of its creator and main driver, the NHS, the future of the PW initiative is most certainly in transition. Other key drivers for this initiative in the UK, the political and financial support it has had up until recently, also appear to be in decline and show signs of fading. With implementation continuing at pace in other countries such as Canada and Ireland, the expertise and competency in relation to delivering this quality improvement initiative may leave the UK altogether. Evaluations to date in the UK have yet to show any real hard evidence of sustained quality improvement or real financial savings, and time and interest appear to be running out.

If this initiative is to be sustained, and is not to join the growing list of failed quality improvement and lean-type initiatives in health care (Walshe 2009, Radnor & Osborne 2012, Radnor *et al.* 2012), it will require urgent political, professional and financial assistance. It looks unlikely to get any of this in the UK, and the lifeline for this initiative appears to lie within two veins:

First, the international implementation of this initiative is still in its early phases, and the impact and evaluation of PW in other jurisdictions is one of the keys to its survival. Robust evidence of positive impact on the quality of the patient experience, employee well-being and dramatic financial savings is what is required from the adopting countries. This robust evaluation evidence will provide credibility, which has been lacking in the literature to date, to the marketing 'improvement' claims made when this initiative was first launched. This should create enough international political and professional positive affirmations to sustain the initiative and continually generate publishing interest.

Second, as the numbers of good empirical-based studies continue to emerge (and there is no evidence of any reductions in the peer-reviewed publications), general interest and discussion can be maintained. Good research in this subject area will stimulate further research interests and publications. It has been highlighted in this paper that there has been a real paucity of theoretical, empirical and experimental research with this initiative. Regular academic and professional contributions can only serve to promote, market and raise the profile of the initiative and the many elements of quality improvement that it has been reported to deliver.

Relevance to clinical practice

This paper provides nurses and ward teams with a detailed examination and analysis of the PW literature, highlighting the bibliometric patterns of this large-scale, international, quality improvement programme. It serves to inform the many ward teams in clinical practice who have either invested in PW or are about to embark on a quality improvement journey. Evaluation reports of PW to date have been generally positive, with some evidence suggesting the programme has positively empowered and engaged the ward teams who have implemented it. If this initiative, and the reported positive outcomes are to be sustained by the nurses and ward teams who have invested time, energy and effort into it, it will require the continued backing and support from the professional, political and organisational leaders from where it emanated. Without this continued top-level support, there is a risk that all quality improvement initiatives will be viewed sceptically by the nurses and ward

teams in clinical practice who inevitably implement them, jeopardising any future roll-out or new site recruitment for PW.

Disclosure

The authors have confirmed that all authors meet the ICMJE criteria for authorship credit (www.icmje.org/ethical_1author.html), as follows: (1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data, (2) drafting the article

or revising it critically for important intellectual content, and (3) final approval of the version to be published.

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Conflict of interest

None.

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