

Stanford Lightning Report: ARCS implementation update

Executive Summary

- There is a highly dedicated clinical lead, project manager, and enthusiastic teams present in the site.
- Considering the busy schedules of clinical staff and competing priorities, it has been challenging to progress the implementation in the site and it is currently behind schedule.
- Going forward, the ARCS implementation team is aiming to provide more intensive support to site teams and work more closely with the project manager.

Interest in ARCS from sites and staff

- The wards participating in the implementation have self-selected themselves, demonstrating their interest and the staff were keen to test it.
- Staff perceive ARCS as being potentially beneficial in reducing length of stay in wards by facilitating patient plans being followed-up and actioned.
- First wards on board are short Stay, Respiratory, Endocrinology/Gastro, and the Stroke Unit.
- There is a highly dedicated clinical lead in Rotherham, supporting the implementation.

Dedicated project manager

- Senior staff recognised the importance of having a project lead based in the Trust. This led to the assignment of a resource as a project lead for ARCS. Having a site project manager who is motivated to support the implementation and has dedicated time available to support ARCS is facilitator.

Expanding staff training

- A Project Manager from the Improvement Academy (IA) has been trained on implementing ARCS and is starting to support implementation on site.
- Three wards are currently in the testing phase and staff members on these wards have received initial training. One of the wards has made excellent progress with their testing, so the programme lead is considering a 'train the trainer' approach in that ward.

Alignment with current priorities

- The aim of ARCS is to reduce the length of stay in the hospital. This aligns with the Trust priority to prevent deconditioning (Preventing unnecessary stays in hospital or reducing the length of stay in hospital etc) and therefore considered a priority area.

Funding availability

- Clinical director in the site has secured more funding to support the project manager role for ARCS implementation.

Adaptability

- The Short Stay unit is being supported to adapt ARCS to their needs and instead of doing it daily, they are looking at it twice a day and incorporating criteria led discharge.

Positives

Challenges

Availability of key stakeholders

- Availability of key stakeholders has been an issue. Staff on the wards are quite busy and often are unable to find the time for essential ARCS meetings due to other competing demands.
- The project manager is extremely engaged; however, they are supporting ARCS work in addition to their other routine roles and responsibilities.

Loss of momentum

- ARCS implementation has been ongoing in the site for 6 months however it has lost momentum. It is a specific way of working and if the staff do not get a chance to put their skills into practice, it is quite easy to forget.
- Due to delays in implementation, the site team have not seen any tangible results from ARCS and therefore haven't seen it working in practice yet. This increases the dependency on the IA ARCS Programme Lead.

Integration with current processes

- Some wards have existing white boards in their MDT rooms being utilised for similar purposes. This board has information about the patient's discharge plan and the medical plan. Additionally, there is a screen as well with similar information. Some staff members are finding it difficult to adapt to the new ARCS boards as they perceive it as additional work that doesn't seem to add value for the staff/patients.
- Some staff think that as the Trust is moving towards digital systems and using screens more than whiteboards, using a whiteboard seems like going backwards. Additionally, patient records are electronic, so it doesn't make sense to write it manually as well.
- Storing the board was also perceived as a problem as it is quite large.

Communication gaps

- There are some gaps in communication as staff members on one of the wards believe that they must wait for the IA Programme Lead to join a board round before they can initiate testing.

Team engagement key to implementation

- For ARCS implementation, team willingness and engagement are essential. It should be supported by the leadership but not be perceived as top-down.
- Staff need to see demonstratable benefits from the ARCS board for them to be interested in continuing to use it.

Role of champions

- Having a champion in the site supports implementation. This individual ideally engages with the local site teams as well as with the IA team and is dedicated and motivated to drive implementation. Having a champion who has an interest in improvement facilitates implementation. They should also have some dedicated time available to support ARCS work and have leadership support.

Intensive support for teams

- Based on the implementation learning thus far, it may be useful to provide more intensive physical support on the ground to support the site teams to help them with the implementation. Implementing ARCS is supported by having good relationships with the site teams and face-to-face interaction and support.

Reassessing capacity

- The initial aim of the programme was to support 3 cohorts however the learning so far has shown that initially, supporting a small number of teams and providing them more intensive, on-site support may be more useful.

Understanding current systems

- Before starting ARCS implementation, it would be helpful to understand what boards and processes are already in place and how ARCS fits into the existing systems and processes. This could mean enhancing their existing boards and integrating ARCS more into the current processes.
- There could be some exploration to come up with a more digitised version of ARCS which can be integrated with the electronic systems.

Improved messaging

- There is a need to tweak the training as currently, the main take away for several people coming out of the training was that the ARCS boards are dependent on pens. Pens not drying out is important, but the training should be softened to reflect that ARCS are not completely dependent on one element as this is being seen as a barrier by some people.