Organising medical equipment on wards to improve efficiency is not new. With nurses on acute wards spending just 40% of their time on direct care for patients, modifications are necessary to increase nurses’ availability. Attempts to better such healthcare service within the NHS have been made in the form of the Productive Ward Programme, a project designed and piloted by the NHS Institute for Innovation and Improvement, which is currently widely implemented in trusts across the country. In particular, ‘Well Organised Ward’, a foundation module under the programme, is targeted at the organisation of medical equipment within wards. The SS approach (Figure 1) forms the basis of this module with SUSTAIN being the focus of our audit. Through this survey, we hope to improve the current situation by increasing efficiency and, thus, the standard of patient care.

### Methods

Thirteen third year medical students currently on attachment at Northwick Park as well as one FY1 doctor were recruited to participate in this audit.

Six medical and six surgical wards were surveyed. Participants were instructed to locate equipment necessary to insert a urinary catheter and to administer IV fluids via a cannula. Volunteers were timed in finding this equipment. They were allowed to consult staff in the face of obstacles. Subsequently, participants filled in a questionnaire on their experience, that assessed the following:
- Which items were easiest/hardest to find
- How they would rate the wards’ organisation
- Any improvements they think need to be made.

According to our results, the average time it took to find equipment for both procedures was 7 minutes 33 seconds.

### Results

**Hardest items to find**

- Catheter bags
- Cannula packs
- Normal saline
- Drip stands
- Drip sets

**Unclutter store rooms**

- Freezer
- Ice blocks
- Water coolers
- Other items

### Conclusions

Recruited junior medical staff took an average of 7 minutes 33 seconds to locate equipment. As such, our data suggests that increased efficiency could be achieved through modifications in ward organisation.

The most elusive equipment was Instillagel—attributed to a lack of labelling and its placement in a separate storage area. It was indicated that bags of normal saline were also obscurely placed. Finally, tourniquets were unavailable on several wards.

To correct this, we suggest:

1. *Categorisation of equipment based on procedure* (Figure 2).
2. *Storage spaces should be clearly labelled*
3. *All equipment should be frequently tallied and replaced*
4. *Store rooms should be uncluttered*
5. *Foldable stools should be provided in store rooms*
6. *A list of items in each room should be posted on the door*

With the implementation of these proposals, efficiency on the wards in Northwick Park Hospital could be improved with less time spent locating equipment and more time spent addressing patients’ other needs. As such, we envision a significant rise in the quality of patient care.

### References