Learning from the ordinary – The curious case of the broken light bulbs

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“Right at the beginning, I was told that they’ve done this before and never got anywhere, so why should PRIMO be any different. They’ve had Productive Ward initiatives that started to get going and then disappeared. So, I think I started with them being very negative about it. Nothing else has worked, so why should this work, and the two things in particular were the light bulb issue, which I was told I’d never get sorted out, and the issue of the feeding regime, which I thought was going to be easy to sort out but just hasn’t been easy at all. [...] I think it’s the culture. I think nurses are so demoralised. There’s so much negativity. Yes, it’s like a disease that you just can’t shake off.”
“I mean stupid things like not having a light bulb on the ward, it sounds ridiculous but half our patients at one time were in the dark. I mean it’s crazy. And we used to say ‘Why has this patient not got a light?’ Because you’ve got to ring Estates and then 2 men have to come with a trolley with all the light bulbs and it used to take them weeks but now we have a supply of light bulbs and when a light goes then we can pop it in. Now, how much nicer’s that? So simple but so good.”
Learning from the extraordinary

- Negative attitudes, done to cover oneself
- No feedback to staff
- Perceived as a nursing process

Learning from the ordinary

- Focus on hassle
- Empowering staff
- Learning relevant to local context
PRIMO Process

Staff Narratives

Qualitative Analysis

Set of Basic Problem Factors selected for monitoring (Questionnaire)

Identification of “Quick wins” improvements

Staff Perceptions (Quantitative)

Risk Profile

Investigation of highest-ranking factors

Action Plan
Journey so far

2008 - 2010
- PRIMO Pilot
- Hospital pharmacy

2011 - 2013
- Radiology
- Surgical Emergency Assessment

2014-2015
- Software development
- Two Italian environments
I had two patients who phoned to say that they had not received enough medication from us on their outpatient prescriptions. In both cases, the doctor had requested patients to have 6 weeks, but we had only given 4 weeks. When I explained we only supply 4 weeks from the hospital.

Tracker (log of prescriptions arrived, dispensed and completed in pharmacy) consistently going down so couldn't get information for ourselves or wider on the...
References

• Pilot Study:

• Pilot study evaluation