Introduction
In ward setting, colleague, including nurse, doctor, health care assistant, comes across many problems and difficulties in daily practice. Most of the problems are occurring regularly and repetitively. Each colleague need to solve the problem when it occurs.
Those problems can be divided in three levels:
1. Resources infectiveness e.g. equipment inefficient / failure, tools break down, ineffective repair/maintenance system, outdated quantity setting in supply of material.
2. Operational difficulties e.g. Lack of practical guide for nurse such as PCN, pigtail, dual lumen care, fall prevention, needle stick injury. Different practices in different wards. Routine/duty arrangement not copes with changed service demand
3. Low team spirit e.g. Staff feel tired or loss their prospect. They feel lack of support from managerial level (no expected response). They prone to be exhausted or even burn out.
Moreover, a busy working environment will have more problems and difficulties. It is an obstacle to improve our service.

Objectives
A high level of patient service is maintained and sustained. Patients and relatives appreciate our work. The continuity of patient care is well sustained. Staff are engaged in our strong team that they are encouraged to tackle and speak up the problems. We are inspired to use a win-win (good for patient, staff and hospital) problem solving approach to suggest solution. Colleagues help each other and morale is well bolstered.
Happy Patient, Happy Staff is our goal.

Methodology
The problem of third level is solved through the first two levels are achieved. A system (Excel file) as a tool is suggested. Communication and inspiration from managerial level is the core.
Timely response to colleague’s voice and each problem or difficulty will be
managed by Ward Manager. Ward Manager nominates liaison if necessary. Documentation and sharing will be followed.

Result
A strong team is maintained and sustained in our ward to improve patient service. Staff are inspired to improve service in different levels and their contribution is recorded. Colleagues can recall related issues from the record timely. Ward Manager have evidence to staff's contribution and performance.