

Quality Report

A focus on Patient experience

Vicky Morris
Chief Nurse/ Director of Quality and
Safety

Putting
Patients
First

Honesty
And
Integrity

Being a
Clinically-Led
Organisation

Working and
Collaborating
Together

Encouraging
Individual
Ability and
Creativity

Taking Pride
in our Work
and our
Organisation

Patient experience – A range of actions

- Opportunity for the whole Board to understand the range of systems and processes in place to support improvements
- Process for reviewing and triangulating pt experience information
- The role of PEIP and senior Nurses & work programme
- How our work aligns with national and regional patient experience programmes for improvement.

Fundamentals- Baseline data

- Patient services team – Complaints and PALS
 - 3.5% increase in complaints in 2011/12
- Refined and improved process-
 - Case management approach to making a personal approach to patients and families.
 - Clinical centre focus on building on making personal contact to support complaint investigations.
 - 42% increase in closure rate in Quarter 4
- PALS- 1,962 concerns but 3000 compliments
- Serious Complaints presented to a Trust wide “High risk Scrutiny” group- looking at joint issues and “hot spots”

Main themes

- PALS and complaints in 2011/12 identify
 - Care, monitoring and delays
 - Outpatient appointment problems
 - Communication issues involving patients& carers
- Main areas complained about were
 - Outpatients
 - A&E
 - Car Parking

Ward to Board – Quality Assurance

- Range of questions used to test out patient experience as well as care standard issues
- Sept to date – providing a picture of the areas of priority
- Privacy and Dignity surveys - future approach
 - Timely response to call bells
 - Discussion on medication
 - Preparing patients for discharge

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Comfort rounds and improvements

- A process of comfort rounds- Sept '11
 - Improved evaluation by patients and staff
 - Recognised improved focus on tissue viability
 - Refined document –
 - to include hydration,
 - pain, SKINN care bundle
 - & Dementia care plan where required
- National process and alignment

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Inpatient and Outpatient action plans for improvement

- Outpatient survey published February 2012 – Bi-annual
 - patient information
 - Waiting times information in OPD
 - Involvement in care choice/ treatment
 - Explanations given to patients about tests & treatment
- Action plan for improvement
- Ward to Board measures- enabling real time patient feedback will be rolled out in A&E, Outpatient Dept during the summer of 2012
- PEIP work programme will support other methods of feedback

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Inpatient national survey

- Annual survey-
 - consistent with last published report
 - Month on month improvements
 - Consistent with real time patient feedback (ward to Board).
 - Need for patient representatives to work with us to keep the pace of improvements
- Information about discharge & contact points after discharge
- Information on medication and side effects
- Improve the quality of the patient experience – mealtimes (protected mealtimes)

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Patient experience Action team

- PEAT- annual survey- Excellent in each section
 - Monthly planned PEAT visits across both sites
 - Monitoring estate, facilities and cleanliness
 - Patient representatives
- PEIP
 - Supporting putting patients first
 - Training programme
 - Expanding group representing all patient / client groups

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PEIP programme

- Real time patient feedback- Protected meal time audits
- Observations of Care
- Collecting patient stories and Diaries
- Ward reviews following triggers/ concerns
- Planned reviews
- PEAT inspections
- Committee challenge and holding to account

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Family and Friend test- Net promoter Question

- Real time patient emerging from 2010 white paper- strengthening efforts to tackling poor clinical outcomes & perceived insufficient focus on patient experience and patient engagement.
 - “No decision about me, without me”
 - 10% of all discharges per week
 - “How likely is it that you would recommend this service to friends and family?”
 - Answers mapped to
 - Promoters (extremely likely)
 - Passive (likely)
 - Detractors (neither likely or unlikely)
- 5500 discharges in March- 138 pts per week across both sites

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