

SaTH Therapy Services Audit

Speech &
Language
Therapy



Dietetics



Physiotherapy



Occupational
Therapy



2015

Why was this audit carried out?

During April 2015,
the SaTH Clinical Audit Patient Panel
carried out an audit to discover:

- inpatient experiences of therapy services received at both SaTH hospitals
- feedback from carers/family members of the above patients to evidence the quality of therapy services



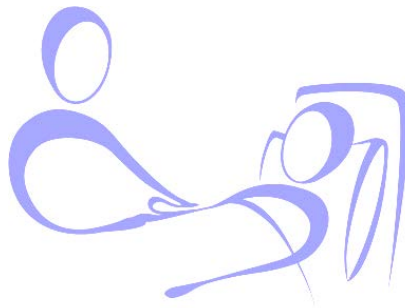
How was this audit carried out?

- Survey forms given to patients towards the end of their therapy inpatient care
- Panel members explained the reason for the survey to each patient
- Patients and carers, if present, were asked to complete the form or take it home with them to complete and post back in a freepost envelope
- 200 Patient and 200 Carer questionnaires distributed
- Questionnaires were handed out at various times during the day – many at visiting time to catch carers



Who was involved in this audit?

- Clinical Audit Patient Panel members – agreed the survey questions and distributed them
- Clinical Audit Manager and Administrator – advised and assisted the Clinical Audit Patient Panel
- Therapy Centre Quality Leads – discussed questions and identified patients about to be discharged
- Ward teams - advised whether any patients were unwell or lacked capacity to complete the forms
- Patients, carers or family members – who completed the forms



What was measured?

- Whether the patient saw a therapist and from which profession?
- How they felt they were treated?
- Whether they felt that they had received sufficient therapy?
- Any communication issues?
- Further therapy needs post discharge?
- Whether they would recommend SaTH therapies to friends and family?

The questions on the forms for carers/relatives mirrored these topics from their perspective.



By early June, 23 patient questionnaires and 19 carers questionnaires had been received.

The original target was 30 responses from each category.

However, from talking to patients, when handing out the forms, it was discovered that:

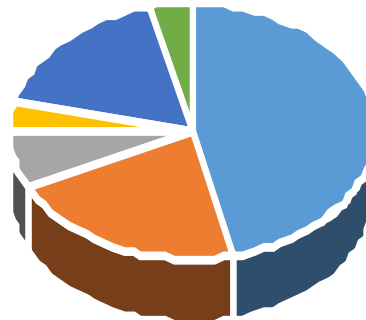
- Patients struggle to understand who a therapist is.**
- Patients tend to see all staff as nursing staff.**
- Therapies seem to be an almost invisible service.**

What was discovered?

Age range of respondents	
Under 50	1
51-65	4
65-75	2
Over 75	17

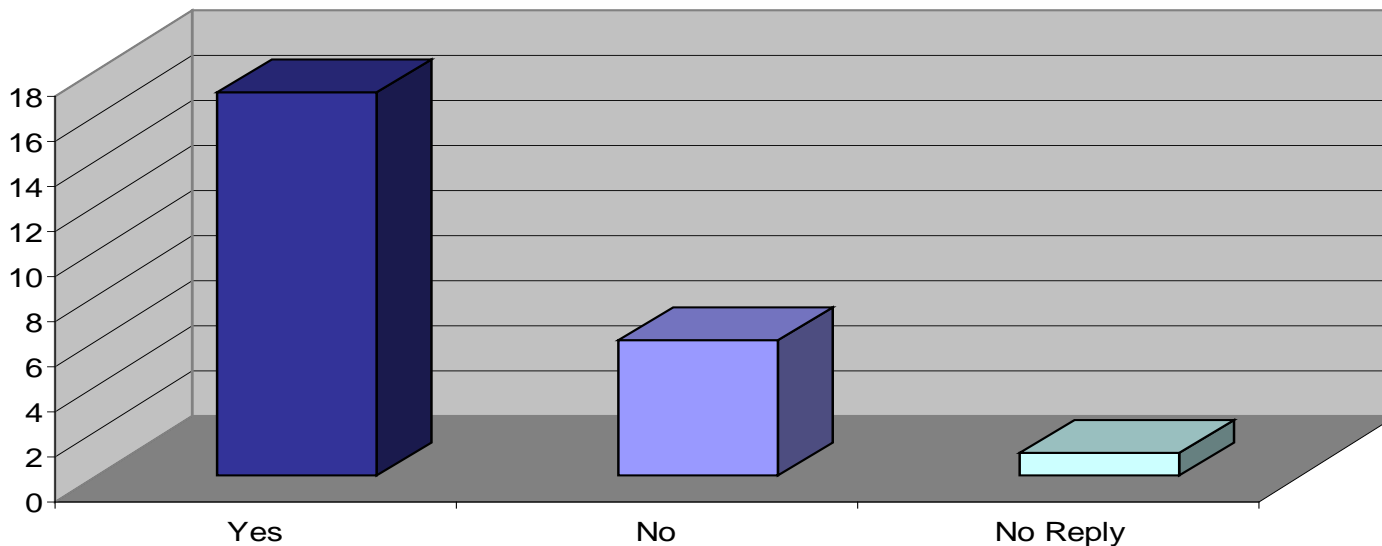
Gender of respondents	
Male	11
Female	13

Which therapist did you see?

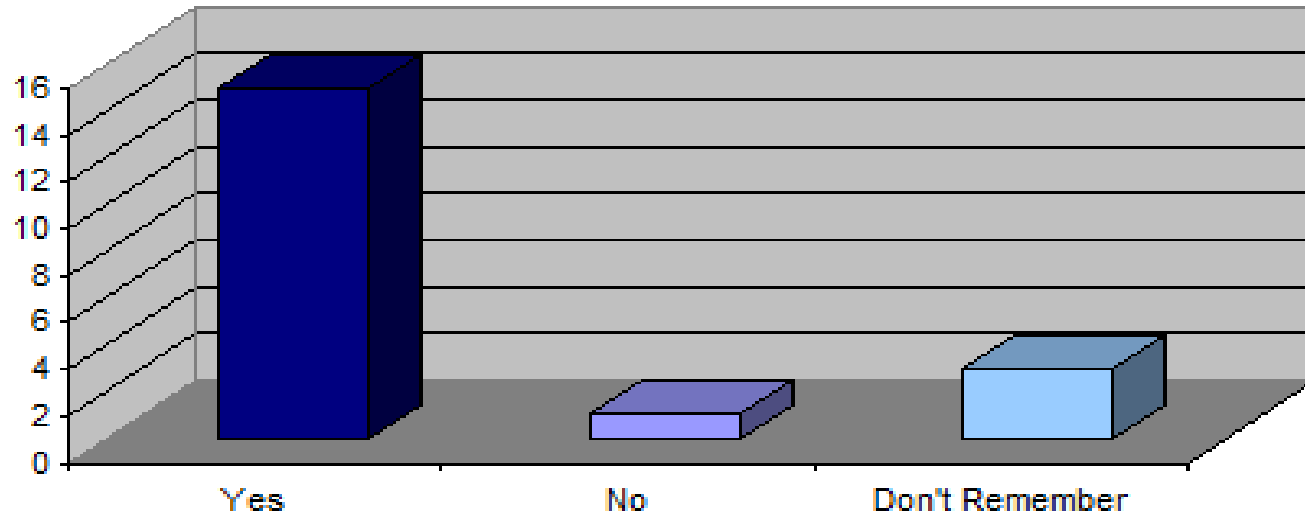


- Physiotherapist
- Occupational Therapist
- Dietician
- Speech & Language
- More than one Therapist
- Don't Know

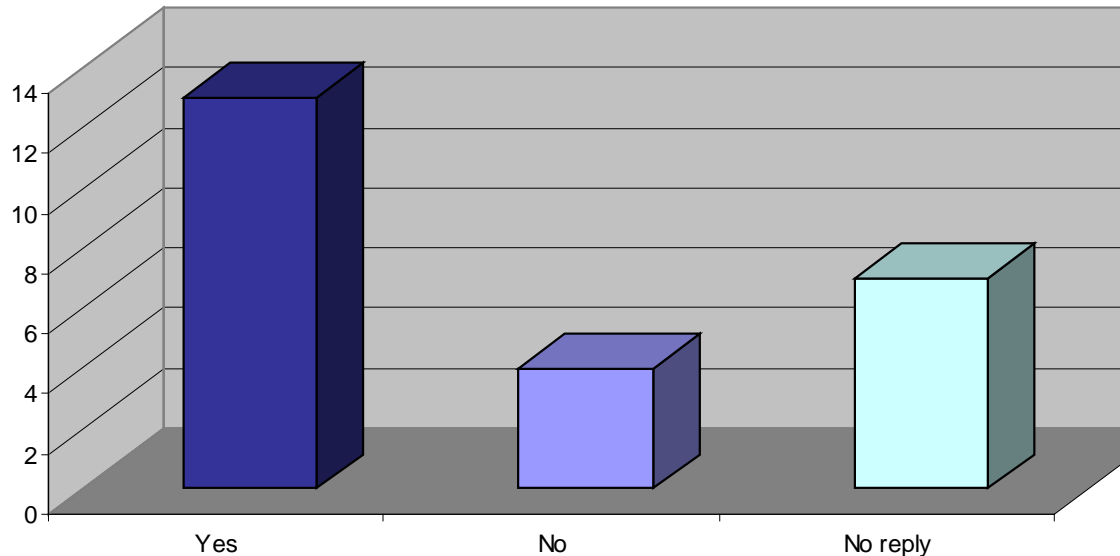
Did you see a therapist during your hospital stay?



Did the therapist introduce themselves to you?



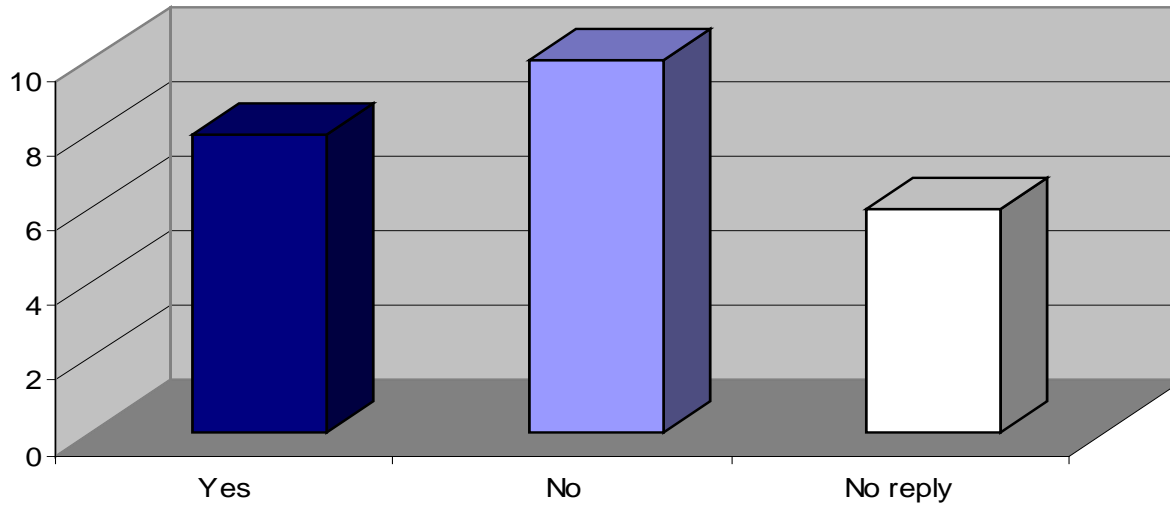
Did the therapist explain clearly what they did to you?



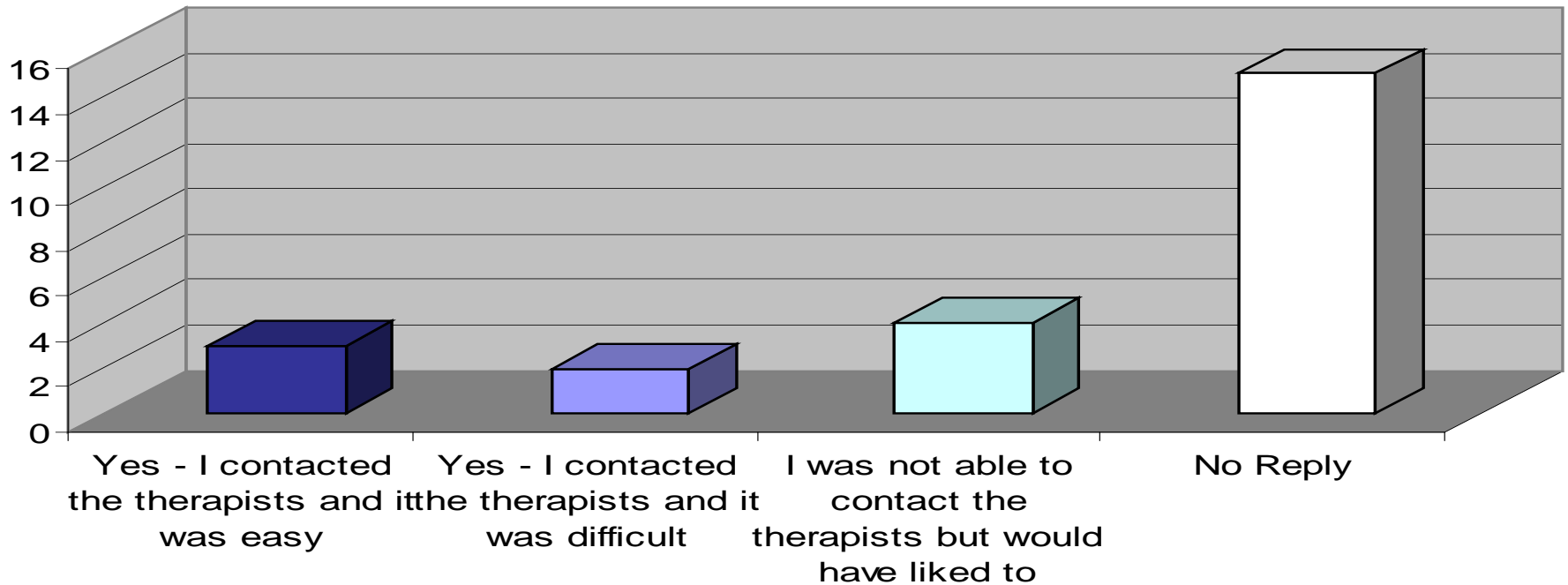
Did the therapist explain how the treatment would help you?



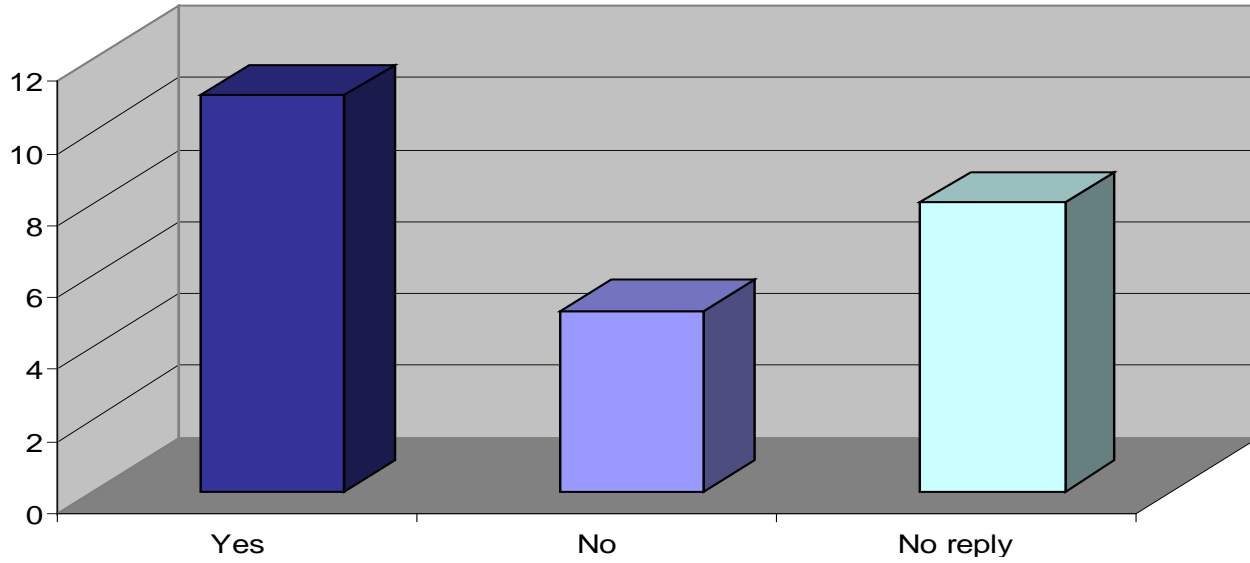
Did you know how to contact the therapist if you had a query?



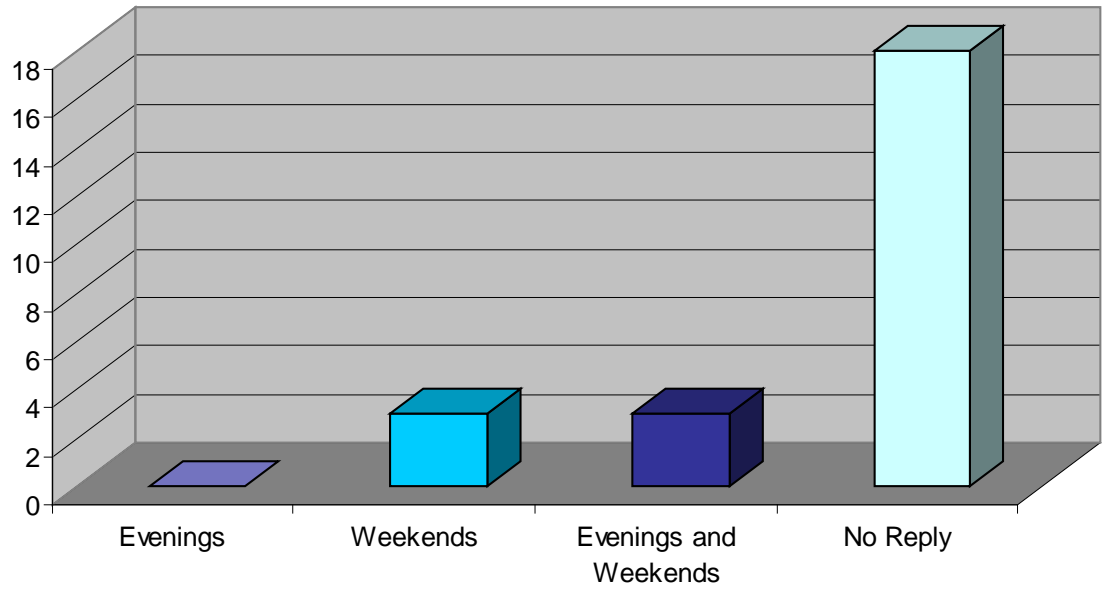
How easy was it to contact the therapists?



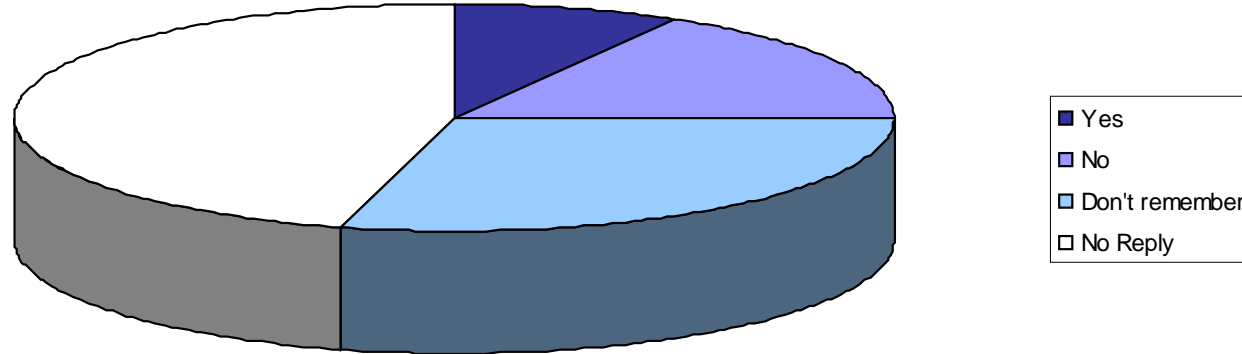
Did you feel that you had sufficient therapy?



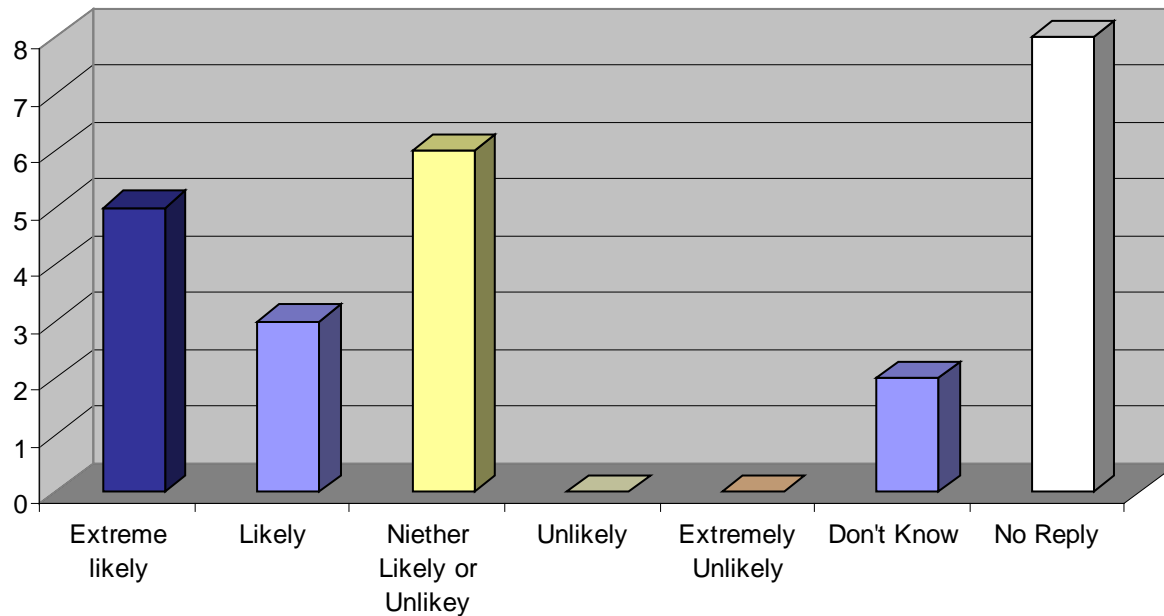
When would you have liked therapy?



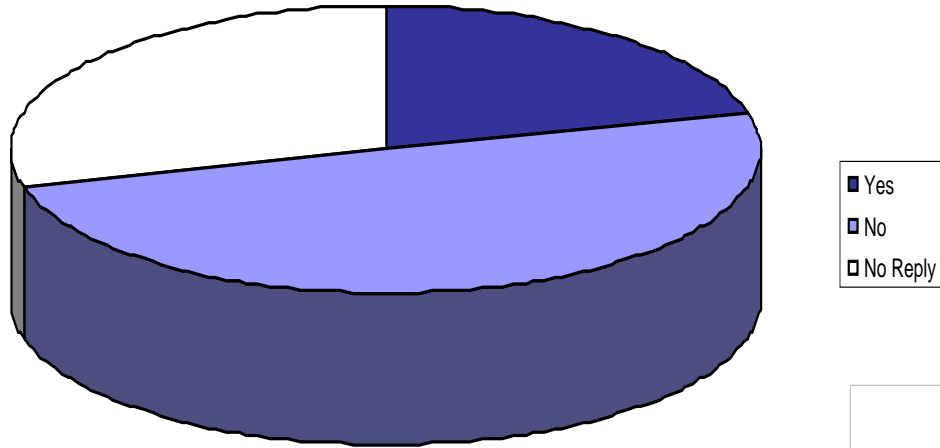
If you were seen by different therapists, were you asked the same questions by each one?



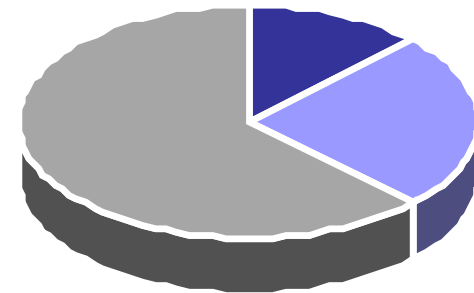
How likely are you to recommend therapies to your friends and family if they needed similar care or treatment?



Are you having further therapy treatment when discharged from hospital?



Have you got an appointment for this therapy?



■ Yes ■ No ■ No Reply

The final question – *some comments received:*

What was good about your care, and what could be improved?

Not trying to get me mobile sooner, I believe my discharge was delayed by this. Put my mind at rest once visited.

More daily therapy

I find it very good and help to settle my nerves.

I see dietician when on dialysis and am given help and advice on diet and new products etc

The physios came once to my bed. With the help of a zimmer frame I transferred from my bed to a chair. We discussed the amount of pain I was in and that was it.

I still need to improve my mobility so a little more therapy and exercise would be helpful.

Excellent on all accounts. Thank you very much for the care

13 patients who responded received Physiotherapy

- All 13 patients recalled the Physiotherapist introducing themselves
- 10/13 patients responded that the physiotherapists explained clearly what they did to them
- 10/13 patients said that the physiotherapists explained how the treatment would help
- 9/13 patients confirmed that they had received sufficient therapy.



6 patients who responded received Occupational Therapy

- All 6 reported that the therapist introduced themselves
- 5 patients said that the therapist explained clearly what they were going to do with the patient
- 5 patients explained how the treatment would help the patient
- 5 patients felt that they had sufficient therapy



1 patient reported that they had received Speech and Language Therapy



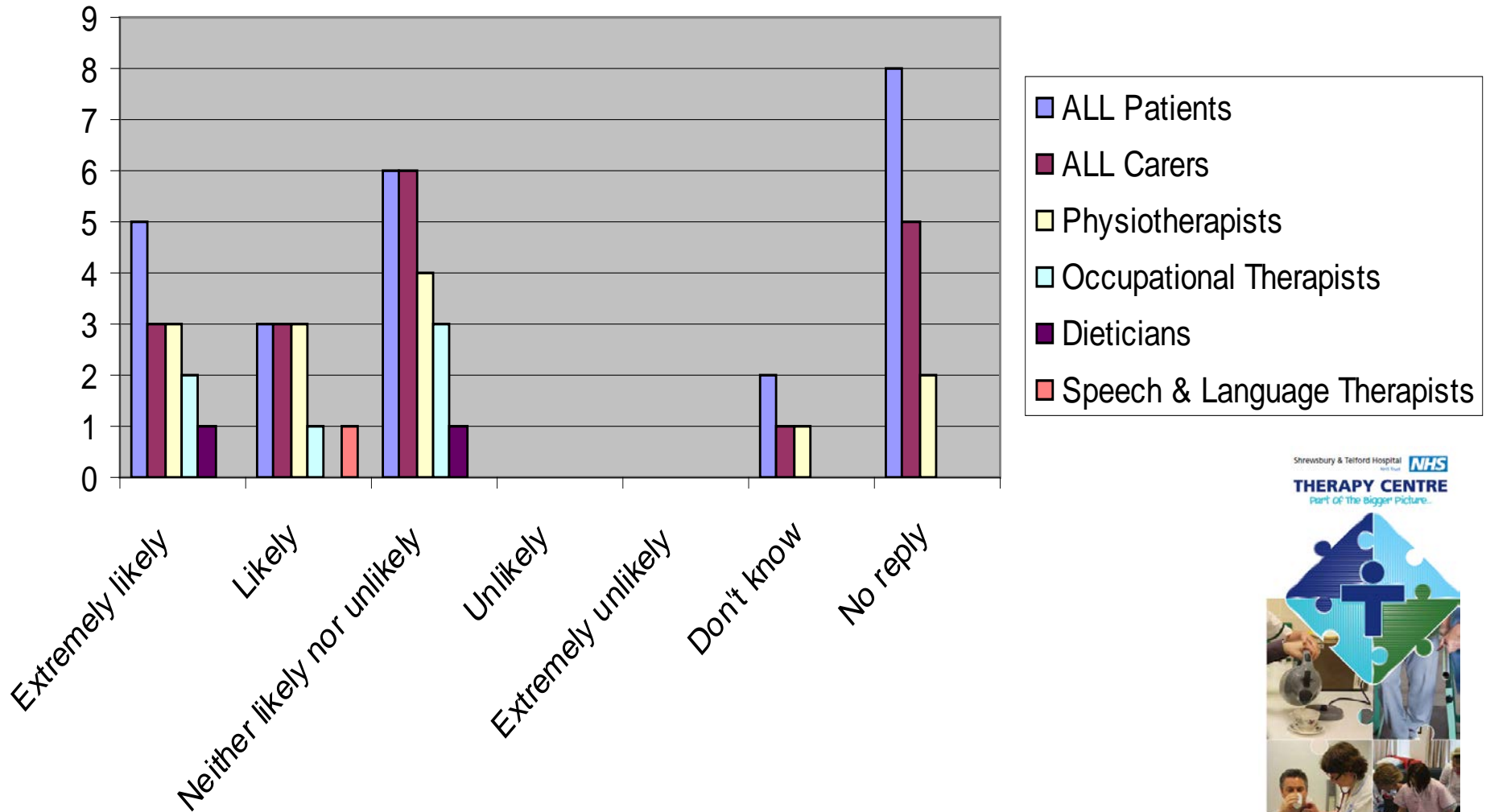
The therapist introduced themselves, explained the treatment and its benefits. The patient confirmed that they felt that they had sufficient therapy.

2 patients reported that they had received therapy from a Dietician

One patient could not remember any details about the therapy. The other confirmed that they felt that they had sufficient therapy; that the therapist introduced themselves and explained the treatment and its benefits.



How likely are you to recommend therapies to friends and family if they needed similar care or treatment?



What did we learn?

Despite a poor response the following CONCLUSIONS were deduced by CAPP

- Although all inpatients contacted were referred to CAPP by the Therapy Centre as having received at least one therapy in hospital, several could not recall this.
- Many respondents were over 65 and may have memory issues or could possibly be more confused than usual by what is happening to them in an unfamiliar setting.
- Of the patients, who recalled having a therapist treat them, a clear majority said:
 - that the therapist introduced themselves
 - that the therapist explained clearly what was happening to them
 - that it was explained how it would benefit them
 - that they felt that they received sufficient therapy.
- Responses to the Friends and Family Test question are encouraging. Disregarding the 'No reply' and 'Don't know', no ratings are negative.

What did we learn?

CONCLUSIONS CAPP – *cont...*

- Some questions were rather confusing/ ambiguous
- Despite any confusion over whether a patient remembered being seen by a therapist, there is strong correlation between the pairs of carers/patients as to whether a therapist was involved or not.
- There is confusion over how easy it was to contact a therapist or whether therapists could be contacted.
- The important contributions made to patients' health and well-being by therapists is not always recognised as being provided by them. Most patients appear to assume that only nurses/ doctors provide care:
 - *Patients struggle to understand who a therapist is.*
 - *Patients tend to see all staff as nursing staff.*
 - *Therapies seem to be an almost invisible service.*

What did we learn?

After the initial analysis of the data received, CAPP met with the Therapy Centre TQILs to discuss the results.

CONCLUSIONS ... from Therapists

- Not surprised to learn that Therapies are not recognised.
- Almost everyone is unsure what Occupational Therapy is
- Some questions were rather confusing/ ambiguous
- Some room for improvement
- Pleasing that most patients and carers felt sufficient therapy was provided.
- Might be interesting to compare data from different wards – e.g. are comments from Rehab and ITU similar?
- Is it really that important that patients recognise that therapists are different from the ward staff?

What will happen as a result of this audit?

RECOMMENDATIONS - CAPP

- **Could therapists leave a card listing contact details with patients that their Carers could see what the aim of treatment is?**
This information needs to be written using non technical, easy to understand words.
- **Could a continuing plan of care given to patients on discharge so that home carers can chase things up if needed?**
- **The need for more awareness within the wider healthcare team about how therapists can reduce inpatient stays, readmissions and mitigate the effects of long term conditions *cannot be overemphasised.***
- **Could the therapists' episodic engagement with patients be enhanced by other health professionals reinforcing their advice.**
- **Include relatives/caregivers as essential partners in order to *support and encourage compliance with treatment both in hospital and at home***

What will happen as a result of this audit?

RECOMMENDATIONS - Therapists

- The audit data will be shared within staff teams to discuss issues and discover solutions.
- Leave a business card/treatment plan/discharge slip with patients to list therapy treatment – also addresses ‘how to contact a therapist’ *Discuss with teams which is appropriate format*
- Find ways to help other health professionals to understand therapists’ roles. *This could enable ward staff to reinforce and exercises etc. and enable patients who are not scheduled for therapy, to self refer.*
- Make every contact count – signpost patients to other services
- Arrange PEIP Observations of Therapists care

How will patients be assured that future patients will benefit as a result of this audit?

In approx 12 months, after the Therapy Teams have discussed the data and implemented changes in practice, another audit could be carried out by CAPP.

This will repeat many of the questions in this audit – although tweaking some survey questions for greater clarity.

The re-survey will explore, in more detail, whether patient experience has been enhanced by introducing the recommendations.