



Staff Attitude, Patient Feedback, and Lasting Improvements to the Patient Care Experience

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Background

Patient's views and their experiences are one of the key integral elements to consider if long lasting improvements in care are to succeed.

PHFT were given the opportunity to combine the 'patient voice' and research through participation in a NIHR project:

- Focused on relational aspects of care
- Volunteers surveyed current patients
- Older Peoples Services and Emergency & Ambulatory Care involved
- Near 'real-time' feedback of data
- Monitored impact of service improvement initiatives to the patient experience
- Poole was 1 of 6 NHS trusts selected to participate
- Run by Picker Institute Europe in conjunction with the University of Oxford

Service Improvements during the Study

Patient feedback	Action taken
Ward staff take too long to answer call bells.	Two call bell audits. Results shared with staff and patients.
37% said that not all Emergency dept. staff introduced themselves.	Supported the introduction of a named nurse policy.
54% said that staff did not take opportunity to learn about patient as a person.	Use of "This is me" and "My usual life before this admission to hospital" documents.
Information given to family/friends as well as patient involvement in care discussions could be improved.	Introduction of a 'Meet the team' process on all Older People Services inpatient wards.

Lasting Improvements to Relational Aspects of Care

The study closed at the end of the data collection period but, locally, it was felt that the momentum generated had a lasting and ongoing impact on clinical practice. Through semi-structured interviews this was formally reviewed, and the key findings were:

Confidence to just talk to patients

- Study helped to normalise stopping to have a chat with patients
- Unrecognised skill
- How to talk to patients modelled and promoted by senior staff

Importance of communication

- Creating an open dialogue
- Tackling problems early

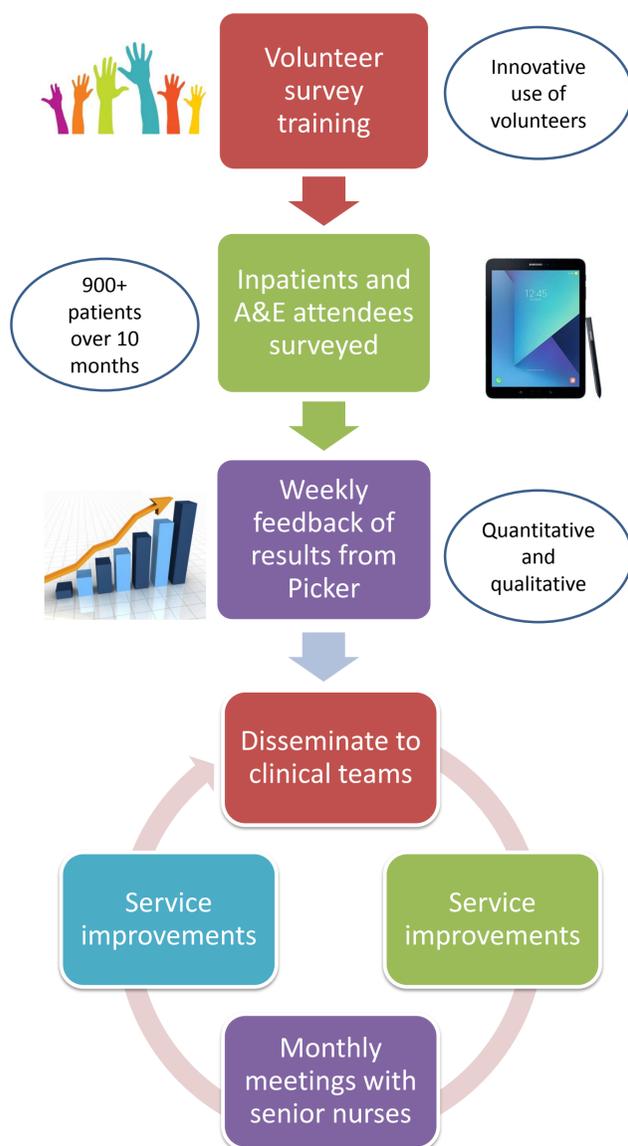
Valuing the differences in perception

- Being able to obtain 'live' patient feedback
- Encouraging a more reflective style of practice

Leadership

- Styles of leadership influence commitment and attitude of teams
- Role setting for values and behaviour
- Success seen with increased ownership of results and shared responsibility for learning across teams.

Implementation at Poole



Study Results at Poole

- At the end of the study, a small improvement in the overall mean patient survey score was identified.
- The largest increase in mean score was observed on the Older People Services wards. For Ward 1 this was statistically significant.

Hospital Level	Mean	p-value
Pre intervention score	85.141	
Post intervention score	86.327	0.044
Ward Level	Mean	p-value
Ward 1 change in score	7.32	0.007
Ward 2 change in score	1.63	0.404
Ward 3 change in score	-8.26	0.085
Ward 4 change in score	-2.14	0.361

Intervention score maximum = 100

Post Study - Initial Reflections

- Initial anxiety from ward staff towards study morphed into a 'normal way of working'
- Ward staff overwhelmingly valued the ability to access the 'live' patient experience
- Innovative use of volunteers to undertake the surveying successful and very well received

Challenges when R&D dept. takes on role of PI

- Ensuring study team have necessary training and oversight
- Practicalities of working with volunteers
- Good awareness of governance structures supported team to meet challenges



Final Thoughts

Healthcare delivery is constantly evolving and ways to make improvements are continually sought. However, sometimes, the simplest strategies, like instilling confidence to start a conversation, can be the most effective. Dynamic and motivational leadership is seen as key to achieving this.

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Acknowledgment to Picker Institute Europe



"I think the biggest thing was getting that real time information from the people first hand... tell us at the time what they were feeling..."

"I think it encourages people to be more reflective of their approach as well."

"It's trying to instil confidence in that they (ward staff) can chat to patients and the hardest thing is chatting to patients."

"What staff do see us do now is that we (senior team) go around and sit down and talk to a patient... and ask how their stay has been."

".. having that open discussion... is so important... having that open dialogue with people".

The Poole Approach: Friendly, professional, patient centred care, dignity and respect for all