Improving Patient Experience in Outpatient Services

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Our vision: the highest quality health and social care for all, always. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people’s needs and preferences.

- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.

- Empower those working in health and social care to improve experiences by understanding, measuring, and acting upon people’s feedback.
Why is it important to measure people’s experiences of care?
Quality care is...

- Clinical Effectiveness
- Safety
- People’s Experience

Quality
“to measure is to know” & “if you cannot measure it, you cannot improve it”¹

We must see “through the patient’s eyes”²

We must “put patients at the heart of healthcare”³

“Patient experience is the most powerful lever [for choice and quality] and will be used for service improvement”⁴

1: Lord Kelvin, 1883
2: Gerteis, M., 1993
3. NHS Plan, 2001
4: Lord Darzi, 2008
Patient experience is related to...

- Better staff experience\(^1\)
- Higher clinical effectiveness & better patient safety\(^2\)
- Lower complication rates\(^3\)
- Reduced likelihood of adverse drug events\(^4\)
- But also distinct:
  - “Although there are associations between clinical quality and measures of patient experience, the 2 domains … remain predominately distinct”\(^5\)

3 Black, N. (2014). Relationship between patient reported experience (PREMs) and patient reported outcomes (PROMs) in elective surgery. *BMJ Qual Saf, 23*(7), 534.
What should we measure?
Picker Principles of Patient Centred Care

Our work reflects and builds upon the “Picker principles of patient-centred care”, derived from empirical research conducted by the Picker Institute in the USA.

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Continuity of care and smooth transitions
- Involvement in decisions and respect for preferences
- Clear, comprehensible information and support for self-care
- Involvement of, and support for, family and carers
- Emotional support, empathy and respect
- Attention to physical and environmental needs
National Outpatient Survey

BEFORE THE APPOINTMENT

WAITING IN THE HOSPITAL

LEAVING THE OUTPATIENTS DEPARTMENT

TESTS AND TREATMENT

SEEING A DOCTOR

SEEING ANOTHER PROFESSIONAL

OVERALL ABOUT THE APPOINTMENT

HOSPITAL ENVIRONMENT AND FACILITIES

Involvement of, and support for, family and carers

Clear, comprehensible information and support for self-care

Fast access to reliable health advice

Effective treatment delivered by trusted professionals

Continuity of care and smooth transitions

Involvement in decisions and respect for preferences

Emotional support, empathy and respect

Attention to physical and environmental needs
Experiences of Outpatient Services
Experiences of Outpatient Services

• The last national outpatient survey was carried out in 2011
• CQC survey consultation in 2016
  – Significant interest was generated by a proposal to discontinue the Outpatient survey. Forty four percent of respondents agreed with a proposal to cease the outpatient survey in its current format and to incorporate questions on outpatient experience within the Adult Inpatient survey
  – However, concerns were raised about the impact of the proposal:
    • The impact on the length and response rates to the inpatient survey from including questions on outpatient experiences.
    • The focus on only specific outpatient experiences which are most likely to be focused on follow up visits rather than, for example, the management of long term conditions that do not require inpatient stays.
    • Many outpatients don't have an inpatient episode. Those who do are often not typical of all outpatients
National Outpatient Survey 2011

- Since 2009, more people:
  - were seen on time or earlier for their appointment.
  - felt that they were treated with respect and dignity.
  - felt that their doctor listened to them.
  - felt involved in decisions about their care and treatment.
  - reported that doctors gave reasons for any treatment or action.
  - reported that toilets in outpatient departments were ‘very clean’.
However, the results also show that staff need to improve the way they provide information to patients about:

- how long they have to wait if their appointment is delayed.
- risks and benefits of treatments.
- what happens during treatments.
- why tests are needed.
- test results.
- the purpose of medication and side effects.
How can we explore outpatient experiences? Real-time feedback and Always Events
Compassionate Care Toolkit
What is Near Real-Time Feedback?

- Asking patients about their experiences while they are still in hospital or shortly thereafter.
- Usually involves technology to allow for faster reporting and save time on data entry.
- Results can be made available daily or weekly.
- Patients may need assistance completing a survey on an electronic device.
Why use Near Real-Time Feedback?

Staff receive patient feedback faster than from traditional paper-based or telephone surveys.

- Eliminates the need for data entry/collation.
- Uses reporting templates that can be automatically populated.
- Volunteers can collect data and free up staff.

Staff can act on patient feedback immediately.

Volunteers can share immediate concerns with staff as they arise.

Recommended by Sir Robert Francis as a result of his Inquiry of 2012 into hospital care.

- All NHS trusts are encouraged to use near-real time feedback more widely to understand and monitor patient experiences.
What is Compassionate Care?

Compassionate care, also referred to as relational aspects of care, involve the interactions and relationships patients form with staff while in their care.

- Compassionate care includes communication with patients as well as the patients’ feeling informed, safe and in good or competent hands.

Sometimes referred to as the “how” rather than “what” of care.
Why focus on Compassionate Care?

Compassionate care is an important component of patient experiences, which are associated with:

- Increased safety
- Increased treatment effectiveness
- Better treatment outcomes
- Fewer post-operative complications
- Reductions in overall service use
- Better staff experiences

Compassionate care has been included to a small extent in national surveys but this has not been the focus of the data collections.

Sir Robert Francis (2013) recommended a much greater focus on compassionate care to improve patient experiences and how care is provided.
Recommendations

- Volunteers can effectively collect feedback and share immediate concerns with staff.
- Support and engagement of the entire ward/clinic team and leadership is crucial for volunteer success and use of the patient feedback.
- The near-real time feedback approach is cost-efficient over time with little ongoing costs. Some initial investments are needed, which make the approach suitable for ongoing use.
Recommendations

• Results need to be fed back to front-line staff as often as possible, in a direct and accessible format which highlights potential areas for improvement.

• Findings should also be shared with volunteers to maintain their continued engagement. Volunteers could be involved in presenting findings to staff on a weekly basis in rapid-style briefings.

• Reporting formats may evolve over time to meet the informational needs of staff and address the internal reporting requirements at trusts.
Where Can I Find the Toolkit?

The toolkit is available on the following site:

www.picker.org/compassionatecare
Learning about what matters to patients and carers is at the heart of Always Events®.
Always Events®

It is an always experience that addresses “what matters?”

Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system.”

Always Events® provide a framework for ensuring positive experiences of care.
“We always understand what matters to you.” – Sutter Care at Home

“I always know what to do when I get home or, if not, I know who to contact.” – Blackpool Teaching Hospital

“I understand how to take my medications and I know how to care for myself at home.” – UnityPoint Health
Criteria for Always Events®

**Important:** Patients and families have identified the event as fundamental to their care

**Evidence-based:** The event is known to be related to the optimal care of and respect for patients and families

**Measurable:** The event is specific enough that it is possible to accurately and reliably determine whether or not it occurs

**Affordable and sustainable:** The event can be achieved without substantial capital expense
How are Always Events® different to other initiatives?

Always Events are not done ‘for’ patients – they are co-designed with patients, families and carers to ensure changes are happening in areas which really matter to service users.

Always Events are not simply the opposite of Never Events – Never Events focus primarily on breaches in patient safety and operational issues. Always Events focus on making changes to standard working procedures and behaviours which have real impact on the quality of patient experience.

They are not isolated, provider-specific initiatives – the programme is designed to foster learning between healthcare providers so innovative solutions can be easily disseminated.
Understand “What Matters to Patients?”

Co-Design an Always Event®

Co-Design an Always Event® to Address “What Matters?”

Test the Components and the Composite of the Always Event®

Translate the Always Event® into Standard Work Processes

Reliably Implement Standard Work Over Time

PLAN
- Communicate Standard Work Processes
- Use Process Measures to Assess Progress

DO
- Implement Standard Work

STUDY/ACT
- Observe & Redesign Standard Work as Needed to Increase Reliability
Always Events – success stories
New fathers and birthing partners are now being offered the opportunity to stay overnight with their loved ones and newborn babies, as part of a national pilot scheme being run at Furness General Hospital (FGH).

UHMBT was chosen as an ‘Always Events’ pilot site by NHS England in November 2015. The project was co-designed with those who use maternity services and frontline NHS staff to identify an area of improvement that really matters to women and families.

Since the announcement, maternity staff from across UHMBT have worked closely with the Maternity Service Liaison Committee in Morecambe Bay and service users to understand what is important to local families and what they would like to see changed in the Trust’s maternity services.

We will always offer women and their families the choice for a birth supporter to stay for the first 24 hours following birth.

Success for new family overnight scheme at Morecambe maternity unit

Families have praised a scheme at University Hospitals Morecambe Bay Foundation Trust which allows fathers or other loved ones to stay overnight with new mothers after they have given birth.
Open visitation for family members

Patient power praised as Hospital's visiting hours are changed

Patients who called for more flexible visiting hours at Liverpool’s Aintree University Hospital have seen the scheme highlighted nationally.

The old visiting hours were in two blocks, the afternoon and the evening. Following patient and family requests, a more open drop-in system was introduced to allow visits from 1.30pm to 7.30pm in all wards.

Now the change has been spotlighted by NHS England in the national Leading Change, Adding Value programme, which supports nursing staff who want to improve services based on patient feedback.

June Taft, corporate assistant director of nursing at Aintree, said: “Patients and their families told us that they found different times on different wards confusing. This way, everyone knows what the times are, wherever they are.”
The right information, at the right time, at their fingertips

Handi Maternity

The app contains general pregnancy information that is useful to all prospective parents and their families, but also contains information specific to MPH and useful contact telephone numbers. Other features include different colour category tabs taking you to local and national videos and a tour of the unit, local and national leaflets, appointments tab and national guidelines.
About the initiative

NHS England, in collaboration with Picker Institute Europe and the Institute for Healthcare Improvement (IHI) have developed a programme to pilot and test the Always Events® framework and create guidelines and a toolkit for implementing Always Events® within the NHS in England.

New learning webinars starting in October!

Toolkit available at https://www.england.nhs.uk/ourwork/pe/always-events/

Webinar series available at https://www.england.nhs.uk/ourwork/pe/always-events/webinars/

Evaluation of the pilot at http://www.picker.org/always-events/

#alwaysevents
Summary

• Patient experience a key component of quality

• Consensus on what should be measured

• But, no national survey makes it difficult to understand quality

• Other tools and frameworks such as compassionate care toolkit and Always Events can be used