Yeovil District Hospital NHS
NHS Foundation Trust

Staff Survey: Patient Experience
ERAS UK 2013

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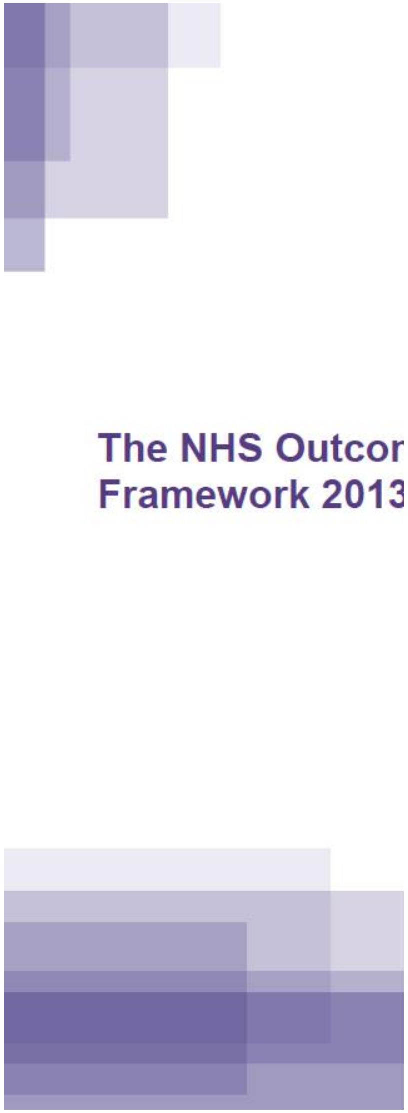
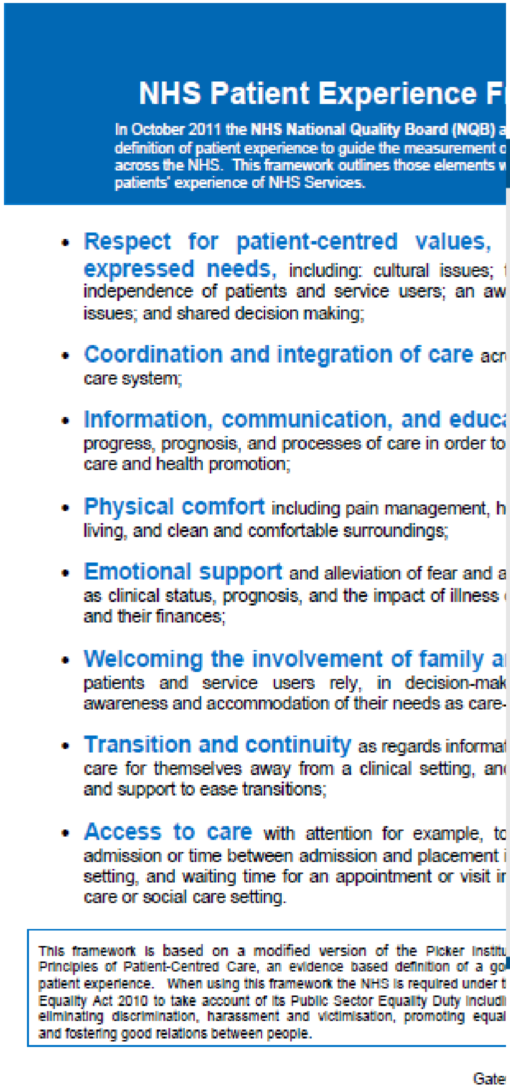
Glass designs by Sasha Ward



The NHS Outcor
Framework 2013



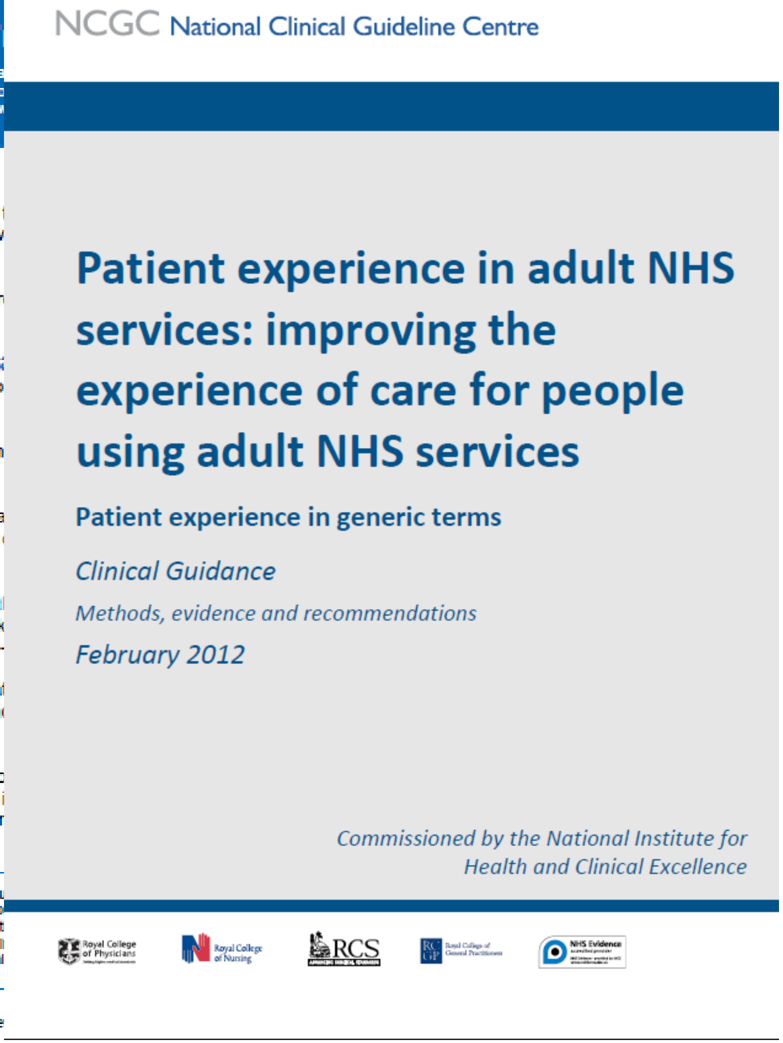
NHS Patient Experience F

In October 2011 the NHS National Quality Board (NQB) a
definition of patient experience to guide the measurement o
across the NHS. This framework outlines those elements w
patients' experience of NHS Services.

- **Respect for patient-centred values, expressed needs,** including: cultural issues; t independence of patients and service users; an aw issues; and shared decision making;
- **Coordination and integration of care** acr care system;
- **Information, communication, and educa** progress, prognosis, and processes of care in order to care and health promotion;
- **Physical comfort** including pain management, h living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and a as clinical status, prognosis, and the impact of illness and their finances;
- **Welcoming the involvement of family a** patients and service users rely, in decision-mak awareness and accommodation of their needs as care-
- **Transition and continuity** as regards informat care for themselves away from a clinical setting, an and support to ease transitions;
- **Access to care** with attention for example, to admission or time between admission and placement i setting, and waiting time for an appointment or visit ir care or social care setting.

This framework is based on a modified version of the Picker Institu Principles of Patient-Centred Care, an evidence based definition of a go patient experience. When using this framework the NHS is required under t Equality Act 2010 to take account of its Public Sector Equality Duty includi eliminating discrimination, harassment and victimisation, promoting equal and fostering good relations between people.

Gate



NCGC National Clinical Guideline Centre

Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

Patient experience in generic terms

Clinical Guidance

Methods, evidence and recommendations

February 2012

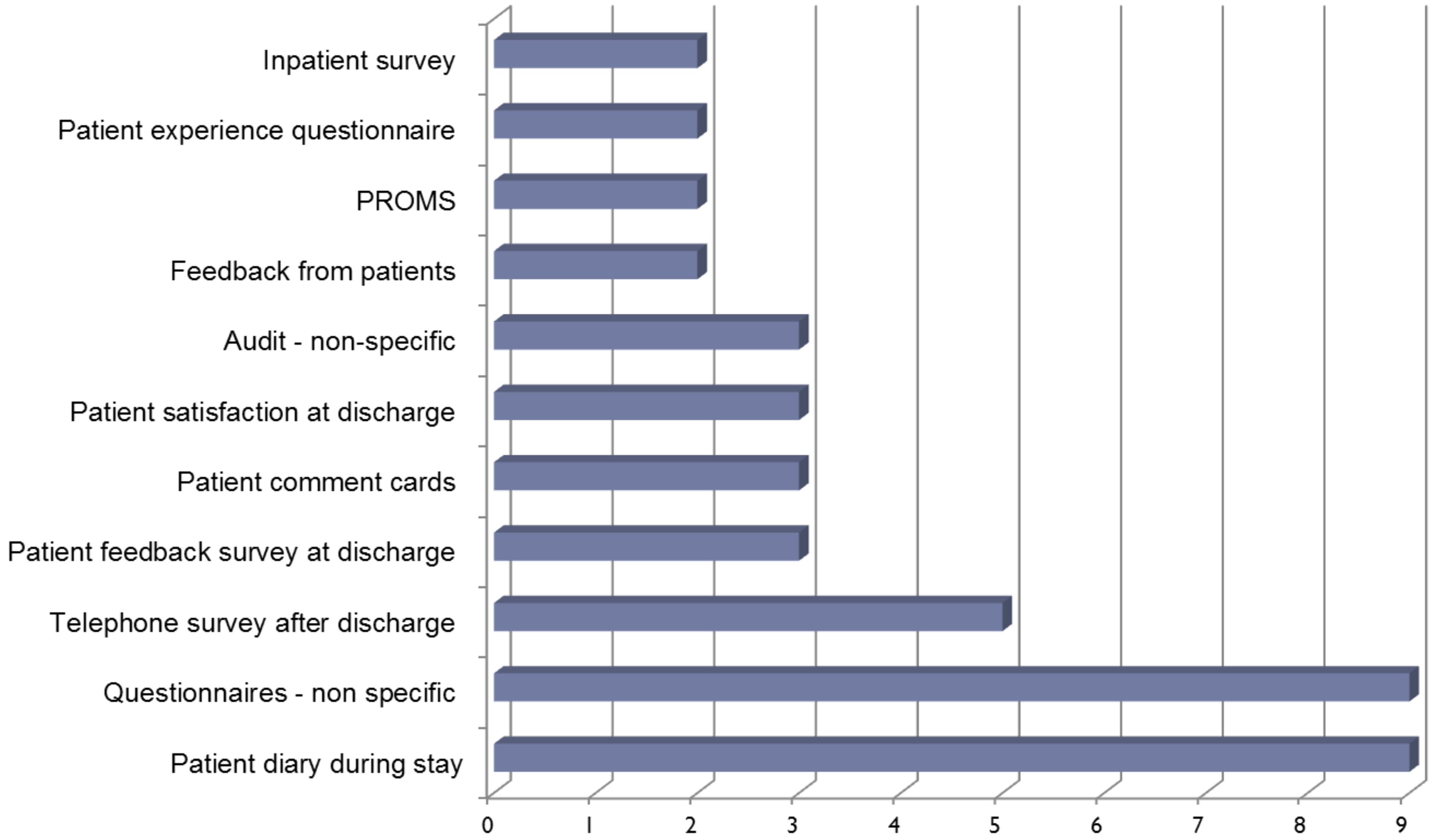
Commissioned by the National Institute for Health and Clinical Excellence

Royal College of Physicians
Royal College of Nursing
RCS
Royal College of General Practitioners
NHS Evidence

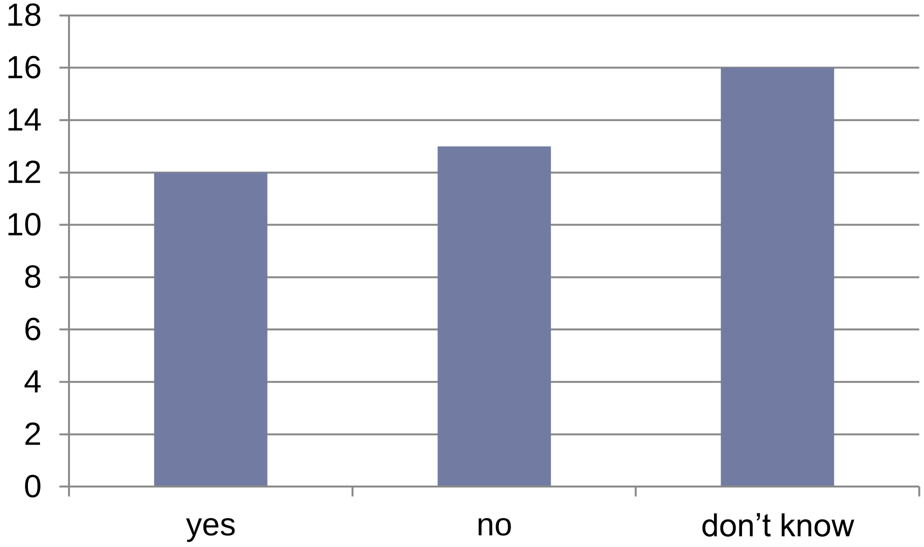
Definition and Benefits: 2012

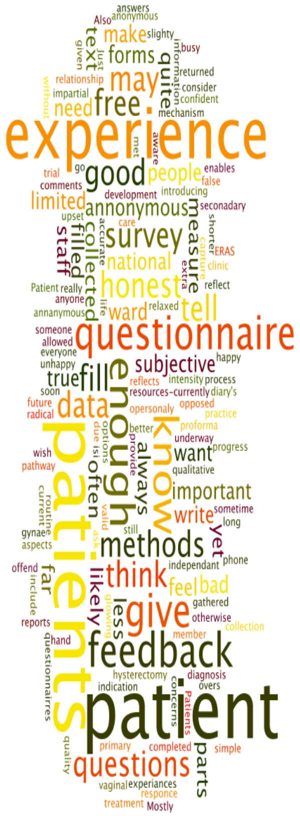
- •Patient centred care
- •Service Improvement
- •Compliance of patients
- •Compliance of professionals
- •Adjust treatments
- • Less complaints

Methods of measurement: 2012



Detecting patient experience: 2012





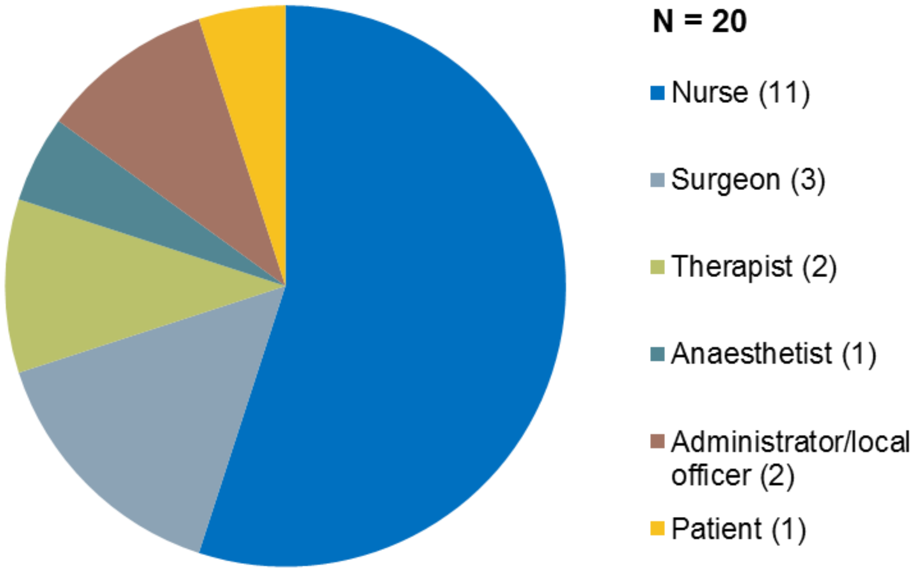
Yes - the questionnaires are anonymous (4)

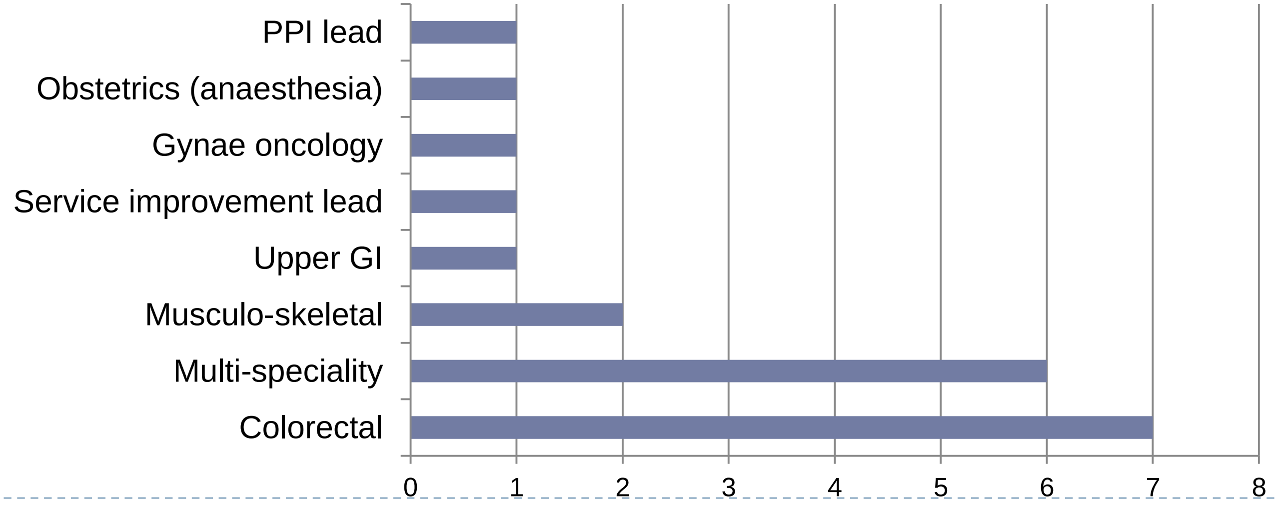
No - We do not know what is important for a good or bad experience (2)

I don't know – Not enough data to judge this (9)

- Survey, questionnaires and diaries often not completed (4)
- Bias: patients know the staff (3)
- Are patients honest about us when they are in hospital? (3)

ERAS UK Staff Survey 2013

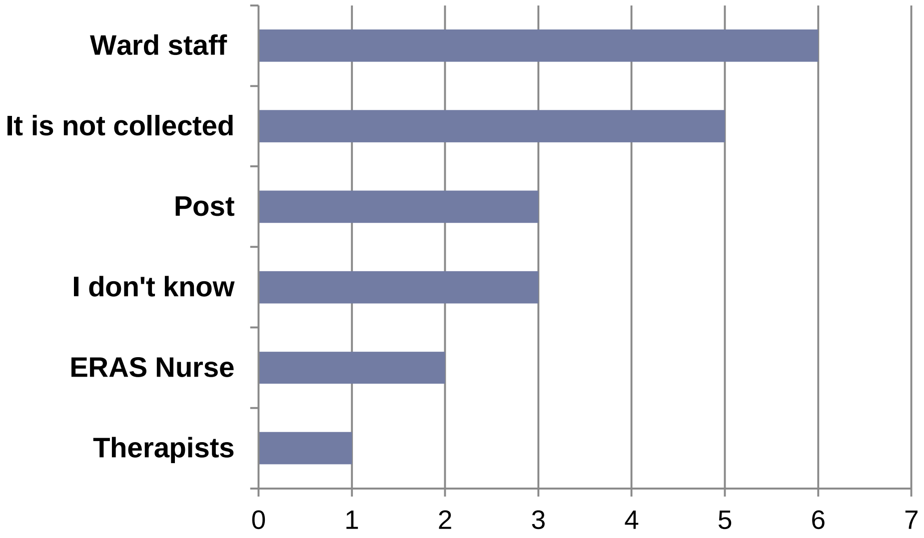




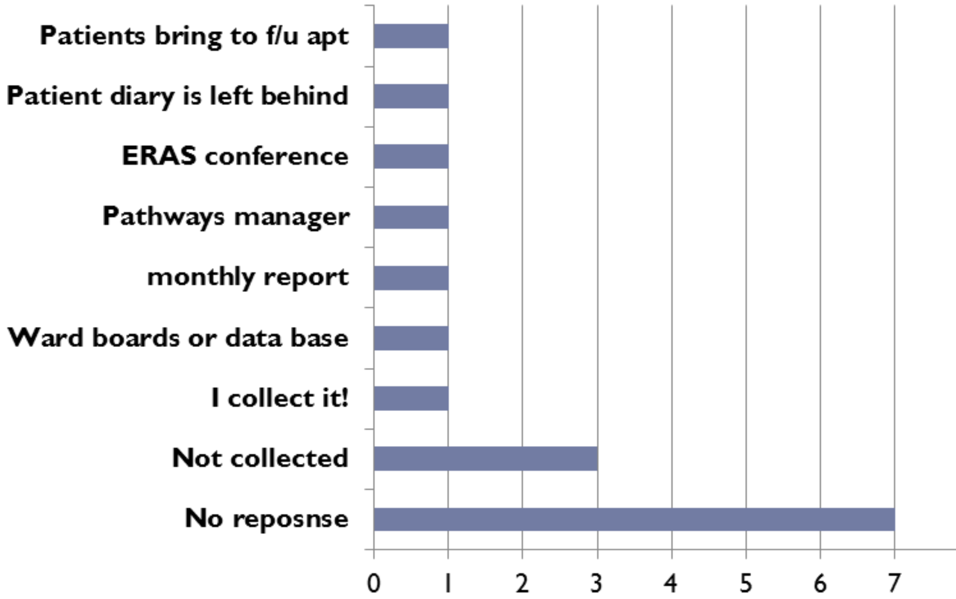
Capture of PROMs in ERAS

"Any report of the status of a patient's health condition that comes directly from the patient themself, without interpretation by a clinician or anyone else"

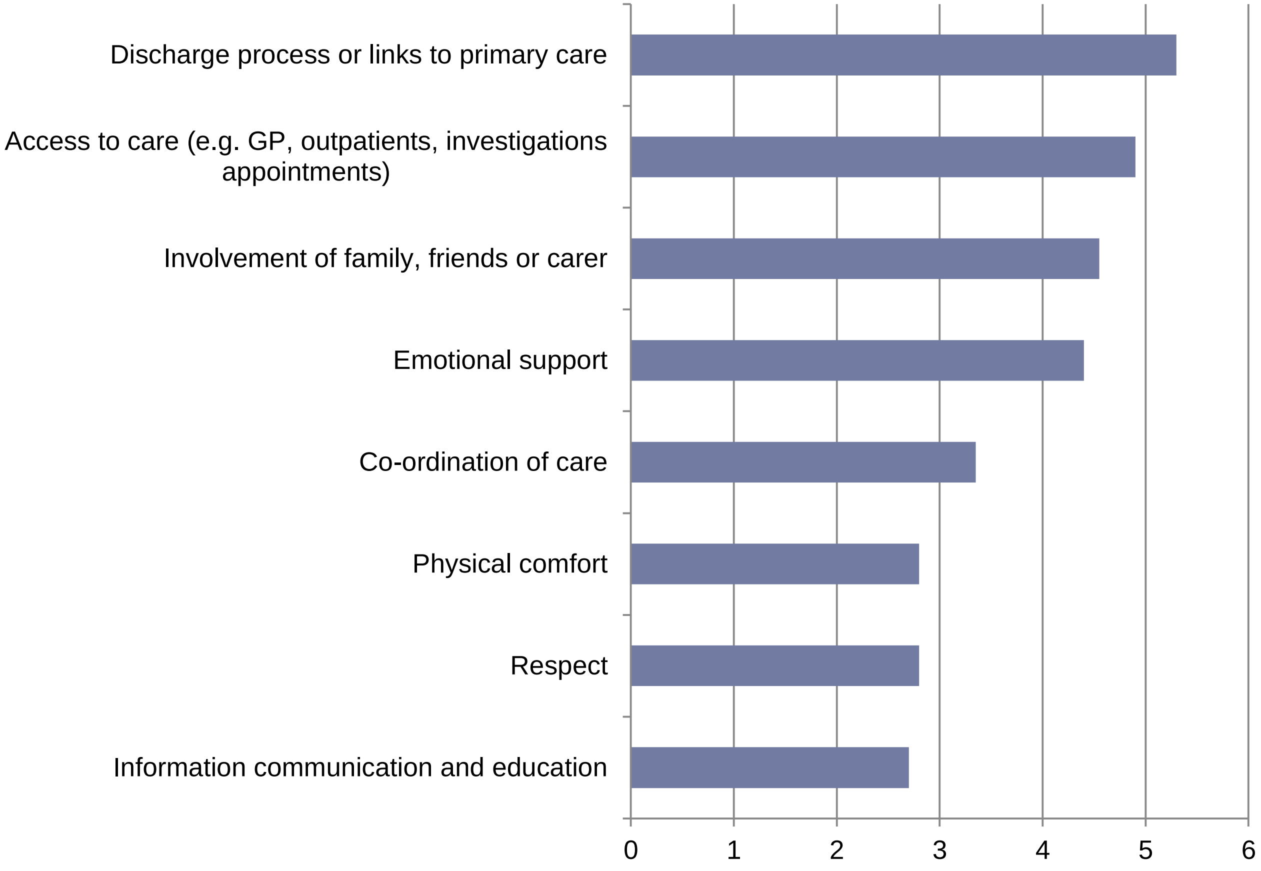
Collection



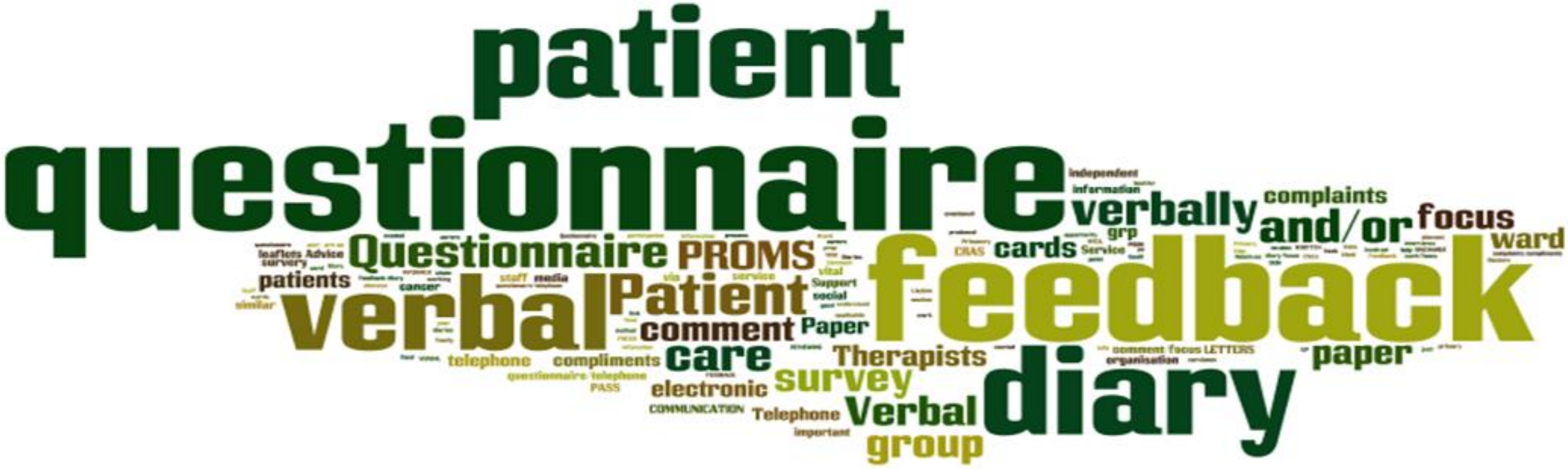
Feed back



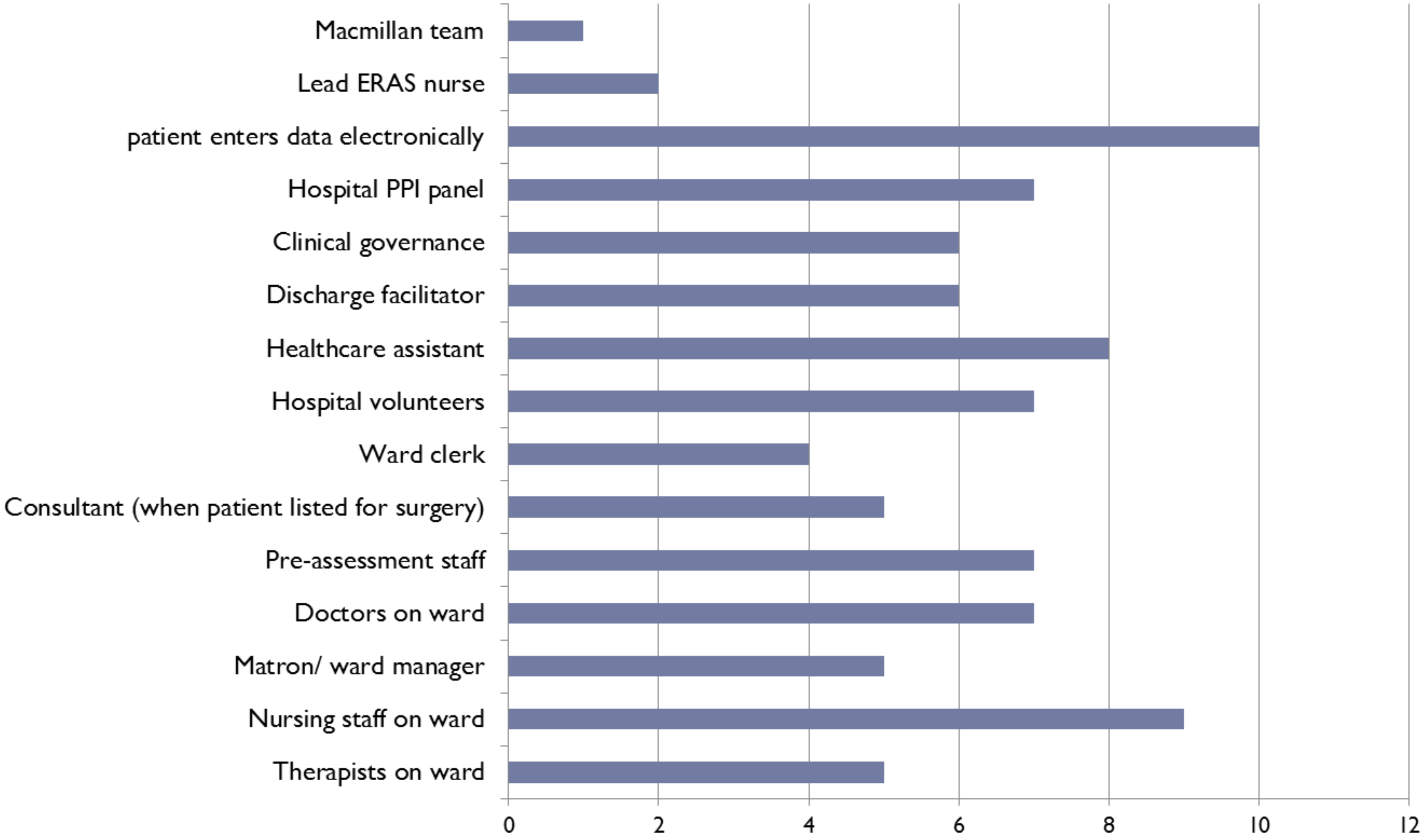
Ranked dimensions of experience (1 = most important)



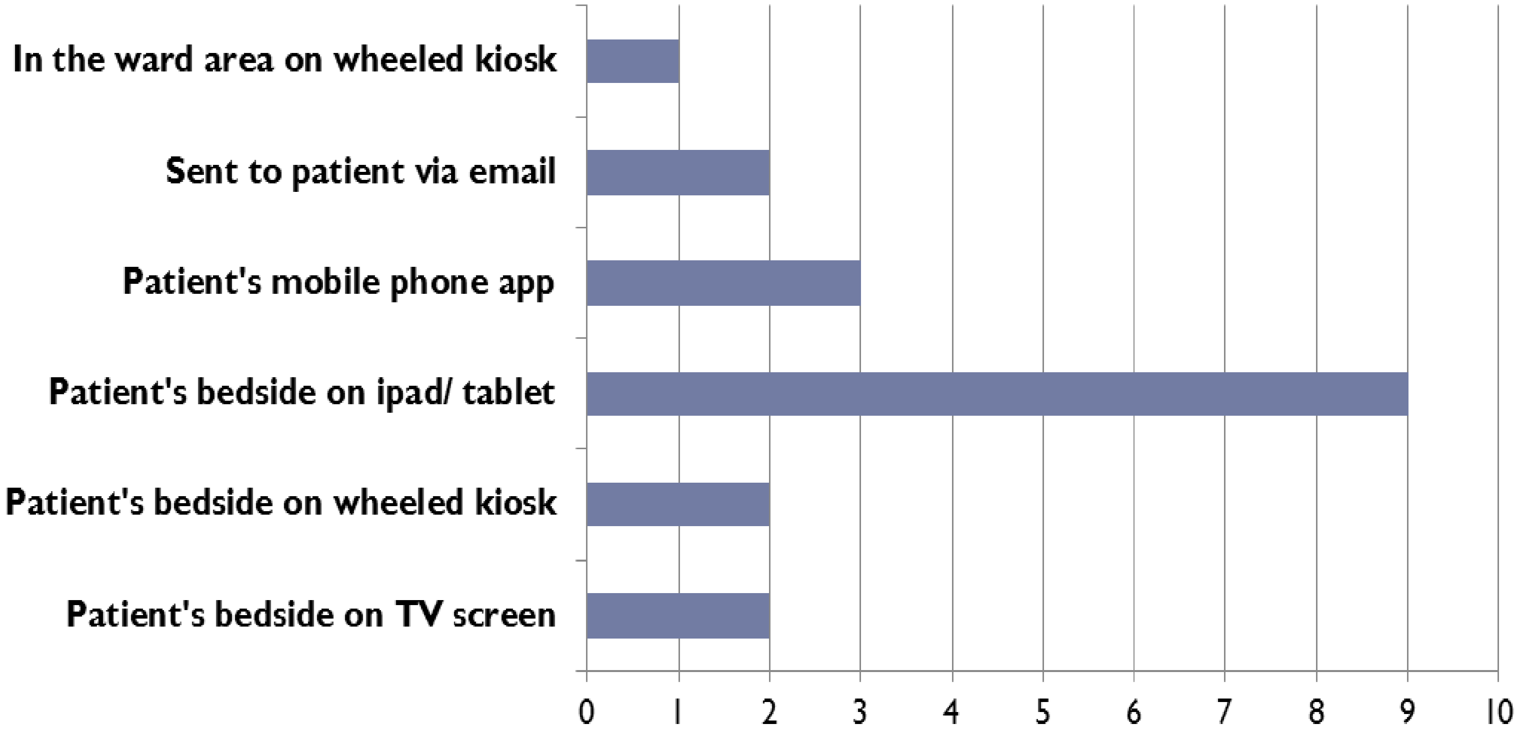
Measurement of experience dimensions



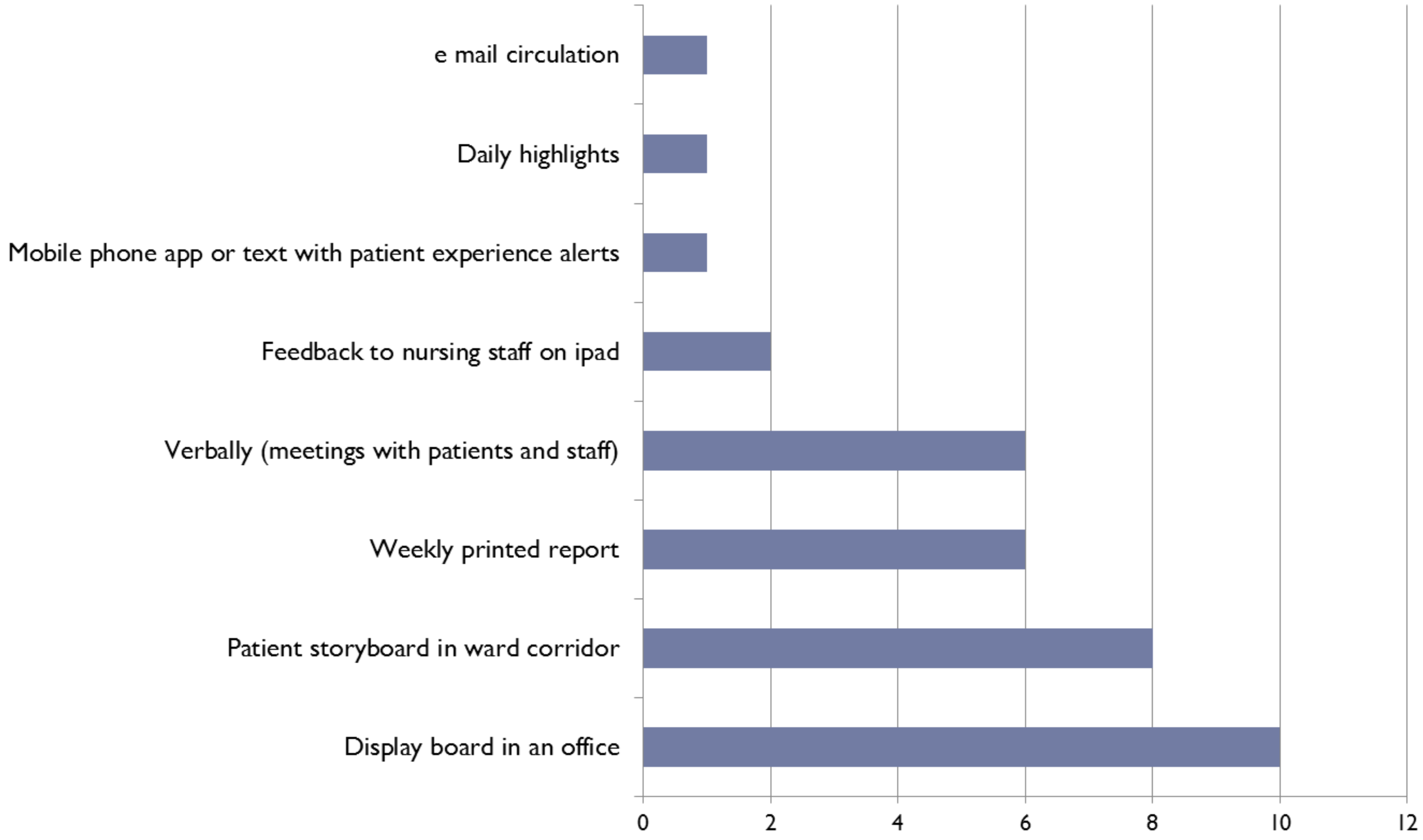
Who should collect patient experience data?



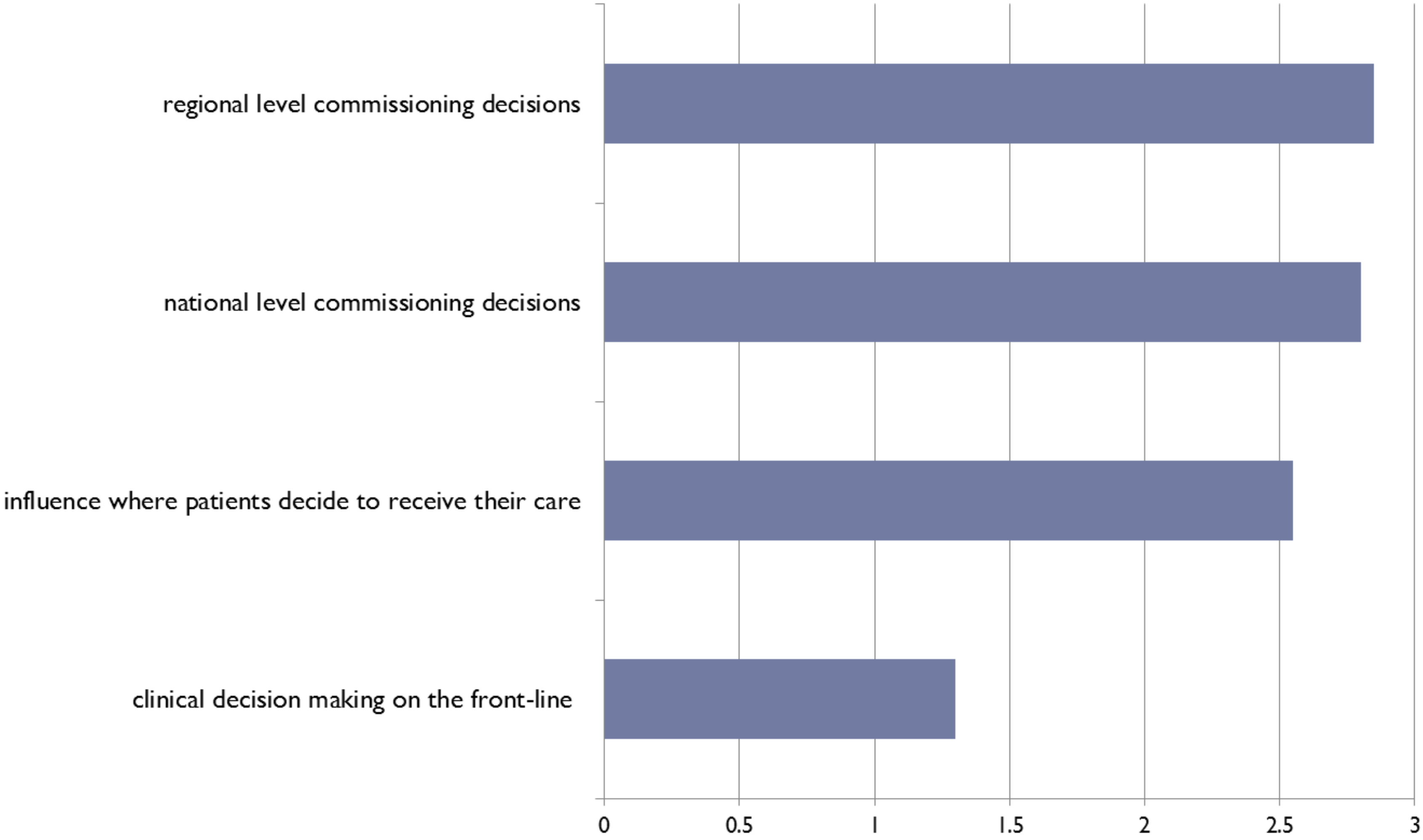
Electronic data collection



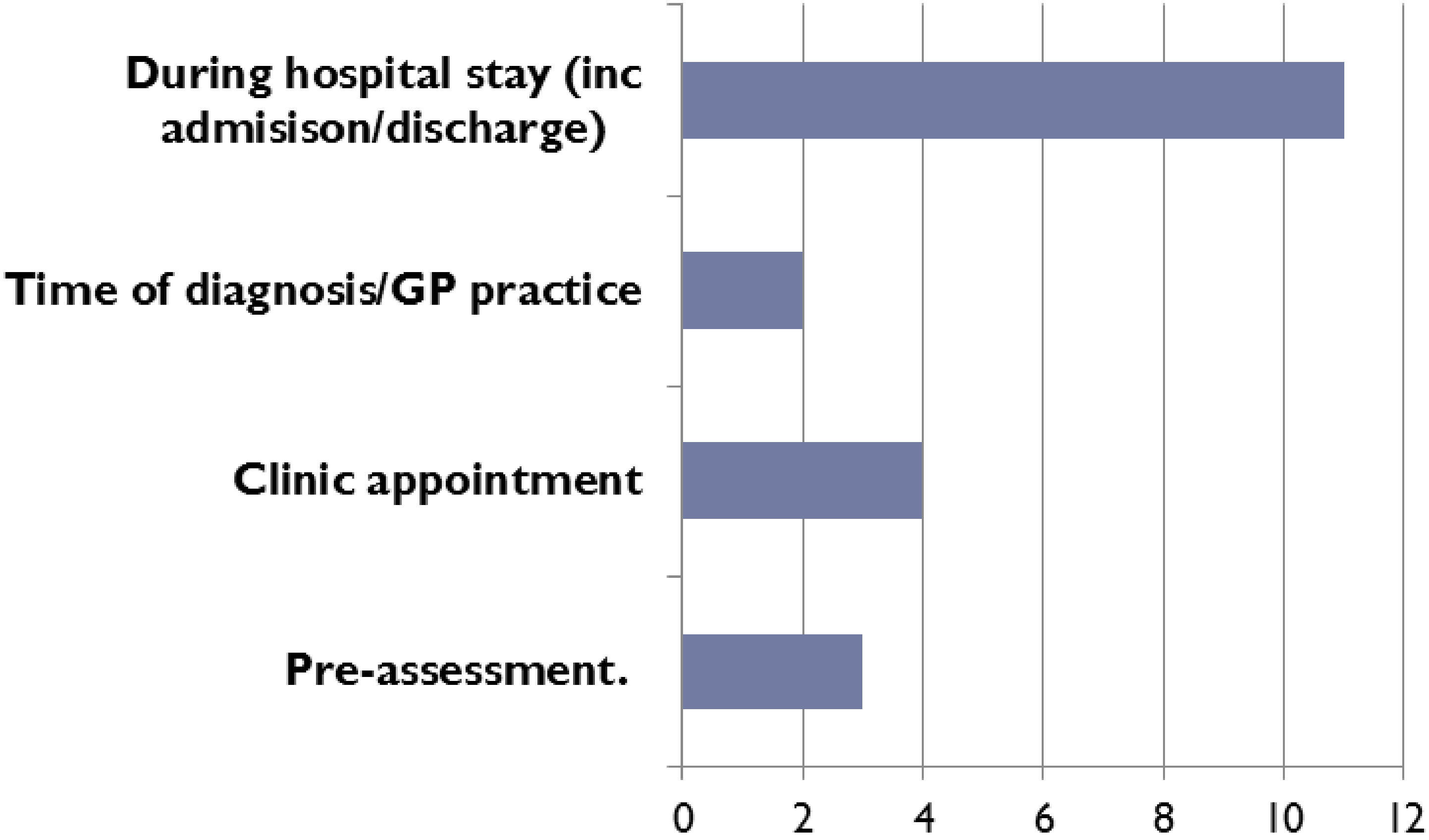
Feed back of patient experience data



Ranked utility of patient experience data (1 = most important)



Timing of patient experience data collection

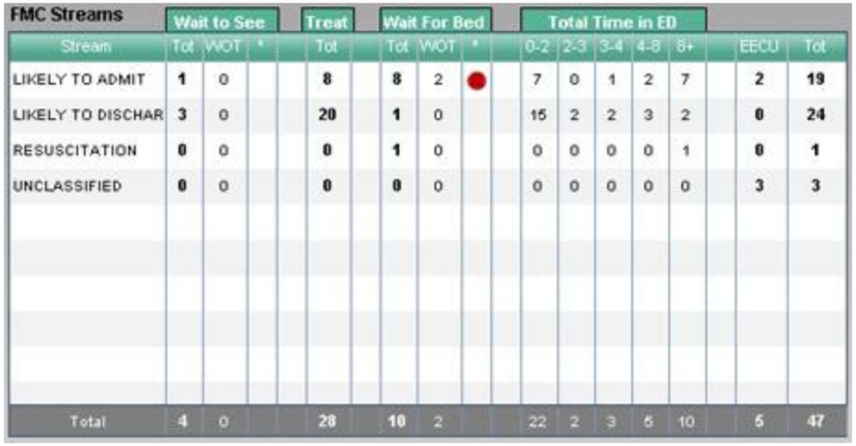


Conclusions

- PROMs data feed-back is sub-optimal
- Staff perceive 'Information communication and education' as important
- Verbal and electronic data collection could be important across the patients whole journey

The way forwards

- Why is this?
- Does this correlate with what patients think?



FMC Streams	Wait to See			Treat	Wait For Bed			Total Time in ED						
Stream	Tot	WOT	*	Tot	Tot	WOT	*	0-2	2-3	3-4	4-8	8+	EECU	Tot
LIKELY TO ADMIT	1	0		8	8	2	●	7	0	1	2	7	2	19
LIKELY TO DISCHAR	3	0		20	1	0		15	2	2	3	2	0	24
RESUSCITATION	0	0		0	1	0		0	0	0	0	1	0	1
UNCLASSIFIED	0	0		0	0	0		0	0	0	0	0	3	3
Total	4	0		28	10	2		22	2	3	5	10	5	47

Patient Experience

“Clinicians’ views about outcome may not always be in the best interest of the patient”

“What patients want may not be what we perceive they want”

“Data should be collected all the time: if our patients are not happy we should solve it there and then”

“Patient Experience is probably the only thing that matters”

“The method is not important, what matters is that patients have the opportunity to feed back”

Implementing patient experience data: workshop

- 1) How should we collect patient experience – dimensions, and methodology
- 2)Involving patients, carers and service users in the collection, and actioning of patient experience
- 3) Pragmatism in real time patient experience data collection –engaging frontline staff in developing responsive services