VOICE OF THE PATIENT
Category: Customer Experience Research

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Contents

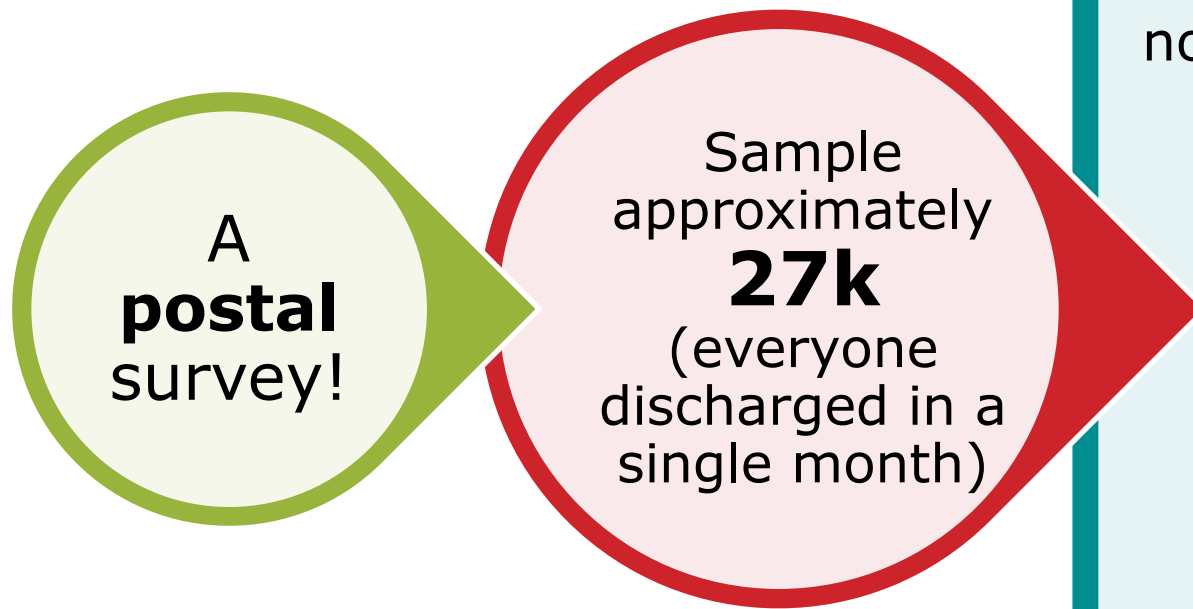**@banda_ie**

Project Objectives & Methodology

Provide **patients** with an opportunity to **share their experiences** as **their voice** tends to be only heard second hand.

The findings to be used to **shape policy** both at a national and local level.

Methodology

A **postal** survey!

Sample approximately **27k** (everyone discharged in a single month)

On the face of it, taking a postal approach might look old fashioned and might be expected to be easy to do – notwithstanding the scale of the project.

....but **data security and privacy were paramount** (and we held a lot of it!)

.... **information governance, policies and quality control procedures** had to take centre stage before research began

....and we needed a **frontline interface** for the public and a **backline interface** for hospital personnel

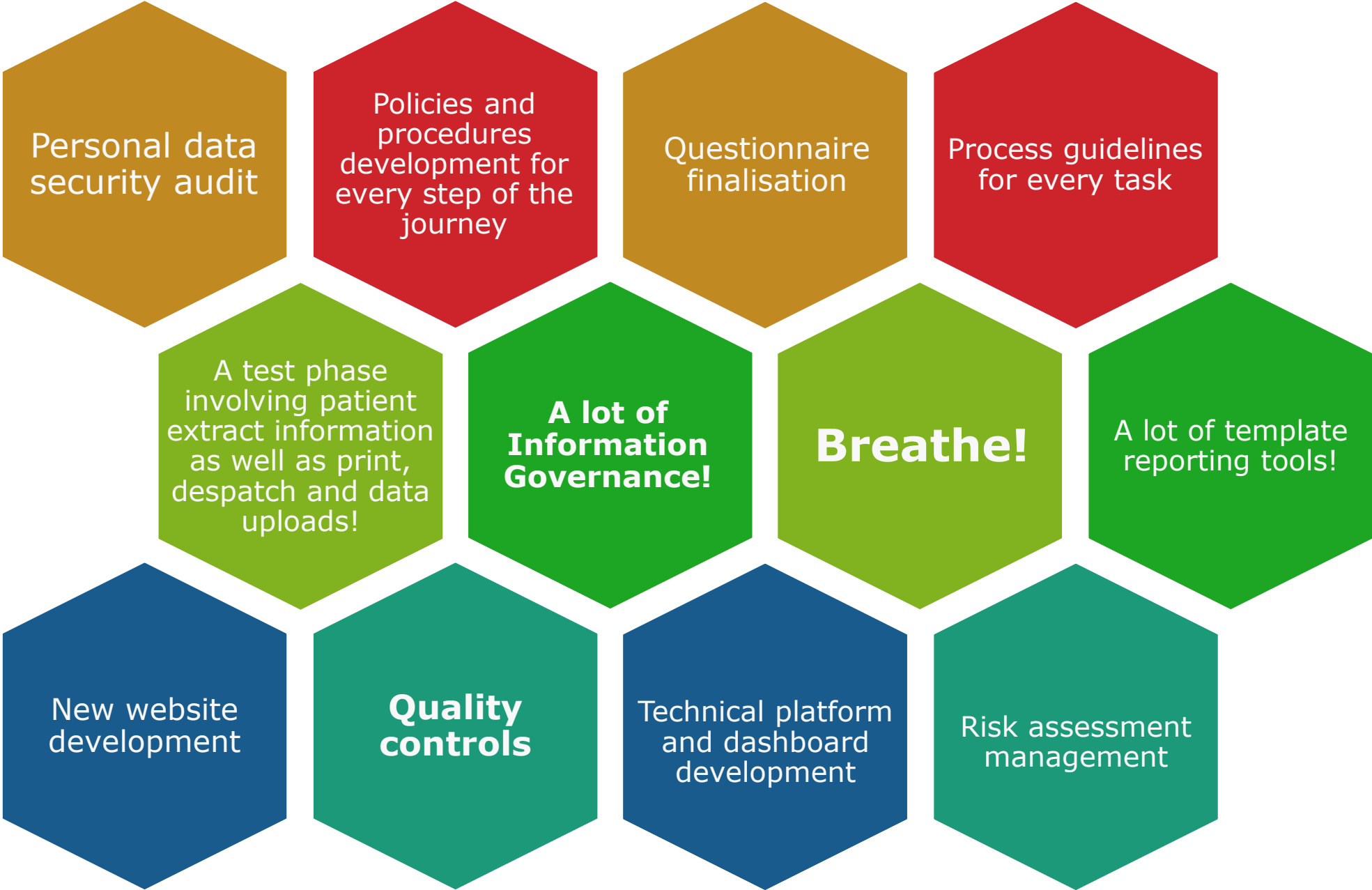ISO 27001:2013 instrumental in understanding requirements.

A partnership approach at all levels
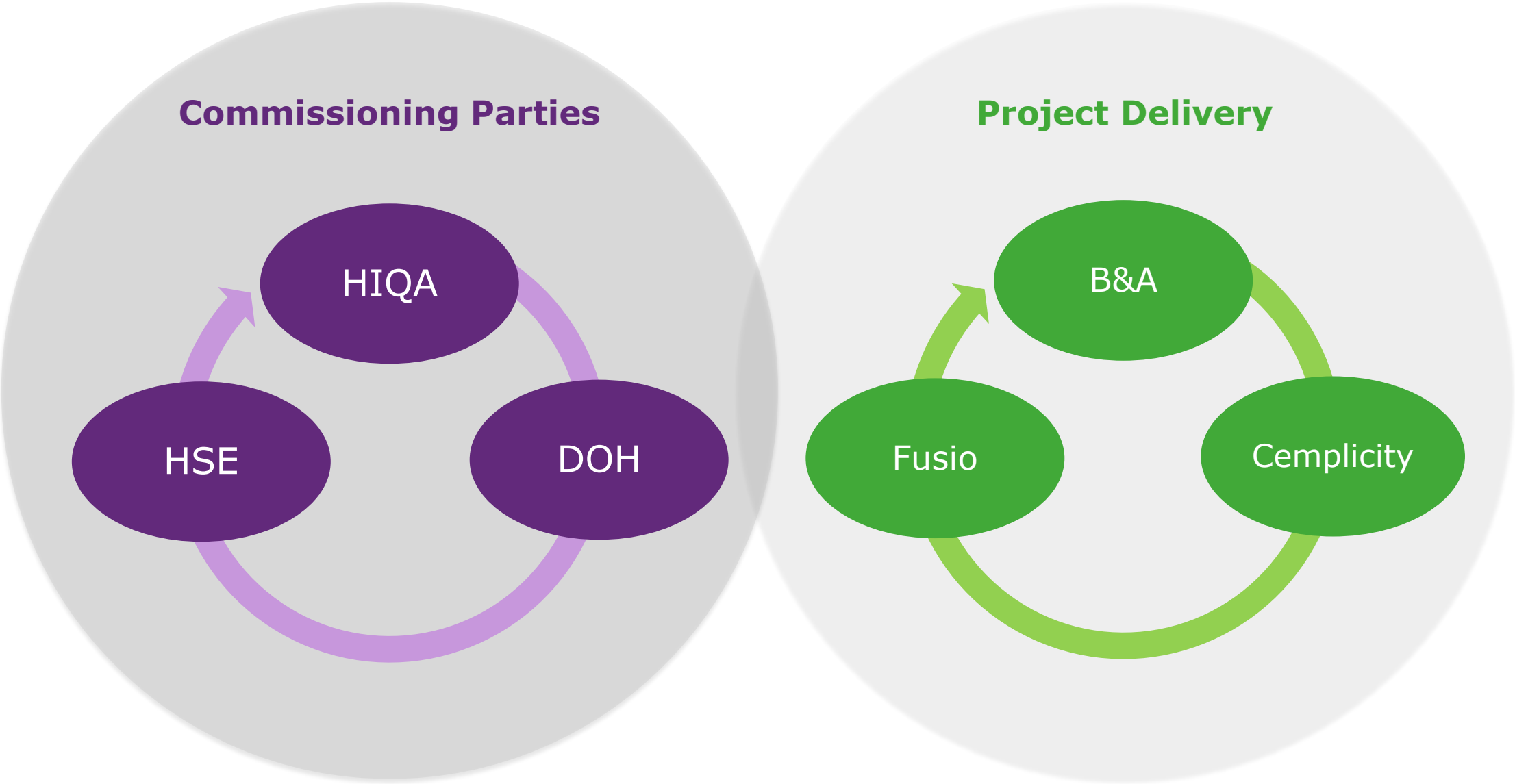
Project overview

1. Website development explaining objectives, information governance and providing results. Website also the interface for patients and hospital staff.

2. Provide a web hosted survey software tool to manage the patient experience surveys - allow stakeholders access their results. All hospitals to have access to their own results and a national norm.

3. Manage the master file discharge lists from all 40 hospitals including updating with deaths, opt outs and paper survey completions.

4. Manage the weekly mail merge including print, despatch and quality control. Initial invitation followed up with fortnightly reminders.

5. Manage a helpdesk for respondent queries including any new information on deaths from families.

6. Punch and upload all returned paper questionnaires to the platform

7. Type and redact all open ended commentary. Post code and upload to platform.

8. National report

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Overall, the project was a like a large mosaic with significant project elements in every cube. Here is some idea of the amount of preparation and paperwork that was required before we printed any single letter of invitation!

Personal data security audit

Policies and procedures development for every step of the journey

Questionnaire finalisation

Process guidelines for every task

A test phase involving patient extract information as well as print, despatch and data uploads!

A lot of Information Governance!

Breathe!

A lot of template reporting tools!

New website development

Quality controls

Technical platform and dashboard development

Risk assessment management

The process involved the following.

AGREEMENTS (6 documents)	POLICIES & PROCEDURES (15 documents)	INFORMATION GOVERNANCE (7 documents)
6 contracts	15 documents	7 documents

And the following.

PROCESSES & GUIDELINES (20 documents)	PHYSICAL TASKS	REPORTING TOOLS (6 documents)
20 documents	12 weekly tasks	6 weekly reporting tools

HIQA team focussed on helping engage the audience.

Communications included national radio campaign, hospital information leaflets, banners and discharge pack information

NPES team garnered attention where possible on TV and through social media.

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In summary

26,635 were people eligible to participate

51%

Response rate

An **astonishing response level of 51%** of patients shared their experiences. Higher than the **40% target** that had been set as the KPI for success.
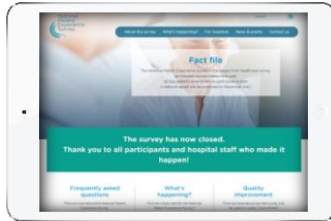
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To get there...

We printed **46k** questionnaires and punched **12k** of them.

No. of surveys returned

Online:
1,126

By post:
12,007

No. of reminders

1st reminder:
20,637

2nd reminder:
18,317

We managed **65k** pieces of collateral over the course of the project.

- On the helpdesk side, we handled approximately 1,000 phone calls. It took us approximately **400 hours just to book in returned questionnaires, never mind punch them!**

- For data input, we had approximately **2.5 million key depressions** and typed **approximately 25k personalised comments** while redacting to an agreed plan all the way!

- In doing this, our punching quality ran at **an error level of 000.3%** and our quality control on open ended theme coding ran at an average of **99% agreement** across the three open ended questions.

- **Security in house was at an all time high.**

- Questionnaires had to be stored under lock and key.

- Punchers had to work in a room that could be locked when they left (with spot checks part of the quality control procedures).

Outcome & Learnings

Impact on business

Based on the findings from the study, serious changes are being introduced and will be ongoing over 2018.

- Starting point is the acknowledgement that in order to meet the needs of patients, the **work starts from within. It's a mind set change viewing every interaction trough the eyes of their patients.**

- Senior patient experience leadership team dedicated to understanding and future policy development.

- **Patient champions** introduced at every level.

- Immediate improvement goals set **for engagement levels** between healthcare professionals, patients and their families.

- Staff capacity and adequate resourcing under greater scrutiny in specific areas.

- Much needed staff morale boost (a high proportion rate staff very highly indeed).

- Other actions are being introduced across specific areas identified from the research (discharge planning, communications, etc).
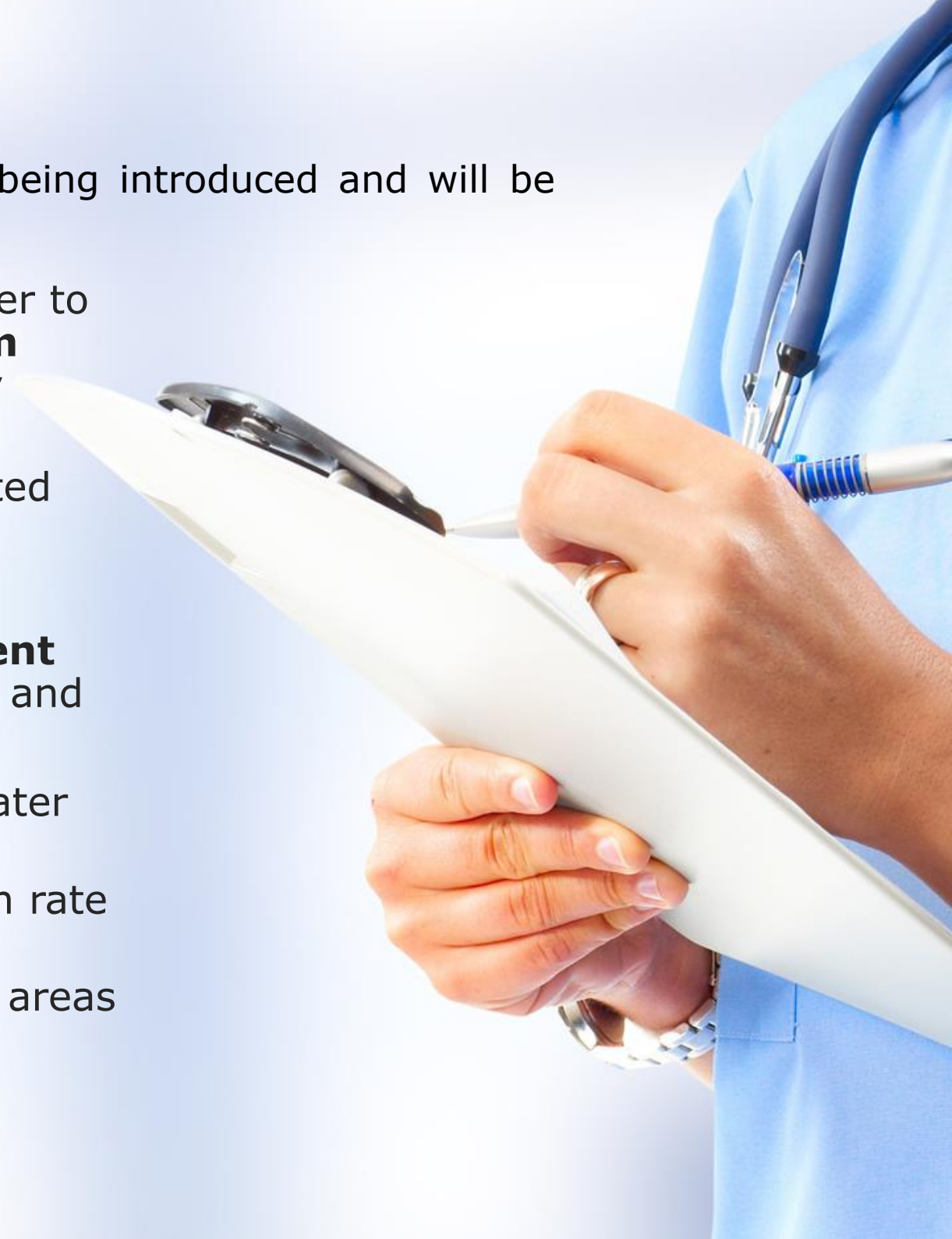
Outcomes

The margin of error on such a project is 0.49% and so we know we have 'the voice of the patient' in our hands. This is a living tool that will be used over the next 12 months both for planning and to demonstrate to hospital staff that they are appreciated by patients (notwithstanding room for improvement).

PAIN MANAGEMENT

82% of people (9,254) said that hospital staff definitely did everything they could to help control their pain.

" I was happy during my stay. I wasn't a sick patient. I was sore but I got enough medications to alleviate pain."

PRIVACY WHEN BEING EXAMINED OR TREATED

85% of people (11,325) who answered this question said that they were always given enough privacy when being examined or treated on the ward.

" Nurse's aide on ward was particularly warm and caring. I admired the way she helped elderly patients both male and female to shower and dress afterwards. She respected their privacy and personal space."

OPPORTUNITY FOR FAMILY OR FRIENDS TO TALK TO A DOCTOR

43% people (4,000) said that their families or people close to them did not always have sufficient opportunities to talk to a doctor.

" Keep patient and family more informed about what's going on. My children felt that they were told nothing and constantly had to ask."

Care on the ward

Very good 56% · Good 29% · Fair to poor 15%
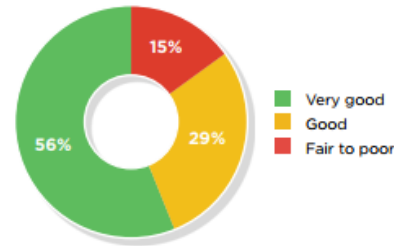
**56%** rated their experience of care on the ward as very good.

49% of people (4,132) said that they could not always find a member of hospital staff to talk to about their worries and fears.

48% of the comments about care on the ward included suggestions for improvement.

SUGGESTION FOR IMPROVEMENT:

" More nurses needed on the wards, nurses were run off their feet. Toilets and shower areas could be cleaner."

Admission to hospital

Very good 54% · Good 25% · Fair to poor 21%
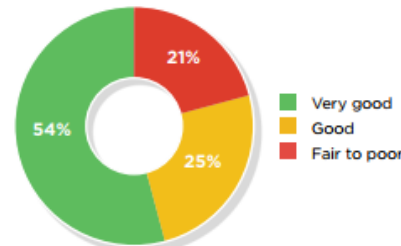
54% rated their experience of admission to hospital as very good.

70% of people (5,910) said they waited for more than six hours before being admitted to a ward.

78% of the comments about admission to hospital included suggestions for improvement.

SUGGESTION FOR IMPROVEMENT:

" The A&E section seemed to be very under-staffed and very under-equipped, as in not enough chairs and trolleys."



Very good 57% · Good 23% · Fair to poor 20%
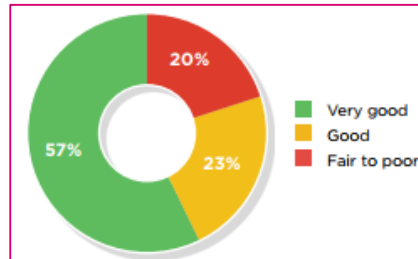
57% rated their experience of examination, diagnosis and treatment as very good.

40% of people (5,277) said that they did not always have enough time to discuss their care and treatment with a doctor.

45% of the comments about examination, diagnosis and treatment included suggestions for improvement.

SUGGESTION FOR IMPROVEMENT:

" I was in the corridor of the ward for 2 days before I was given a bed and I should have been given more privacy for examination and treatments."

Very good 39% · Good 21% · Fair to poor 40%
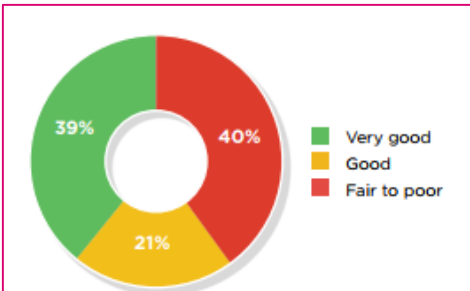
39% rated their experience of discharge or transfer as very good.

43% of people (4,981) said that they did not receive enough information to manage their condition after they were discharged from hospital.

85% of the comments about discharge or transfer included suggestions for improvement.

SUGGESTION FOR IMPROVEMENT:

" Discharge doctor needs to spend a bit more time explaining condition and options available. Being discharged felt very rushed."

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THANK YOU

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Delve
deeper