



Understanding and improving the patient experience

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Why I fear becoming a patient.

".....to be made helpless before my time, to be made ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife's hand, to eat what I do not wish to eat. to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep."

Don Berwick 2009

2013 Systematic review.

"patient experience is consistently positively associated with patient safety and clinical effectiveness across a wide range of disease areas, study designs, settings, population groups and outcome measures"

"clinicians should resist side-lining patient experience as too subjective or mood orientated, divorced form "real" clinical work of measuring safety and effectiveness"

What have we learnt about measurement?

Challenges of measuring

- It's complicated ...
- Healthcare systems are not static hard to define exactly how specific improvements have impacted
- Improvement / change isn't neat or linear
- Quality means different things to different people.
- We're not always encourage to measure the right things and we don't always measure in the right way.
- 'Lining up' Huge variability in how hospitals collect, record or report making benchmarking difficult.

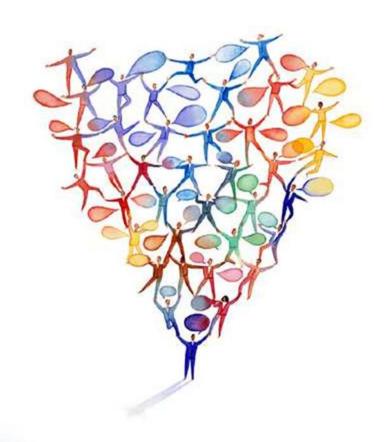
Pay attention to touch points

A touch point is 'any customer experience (interaction, episode or event) that makes a significant and lasting impression on how she or he thinks and feels about the produce or service.' (Bates, Roberts, 2007)

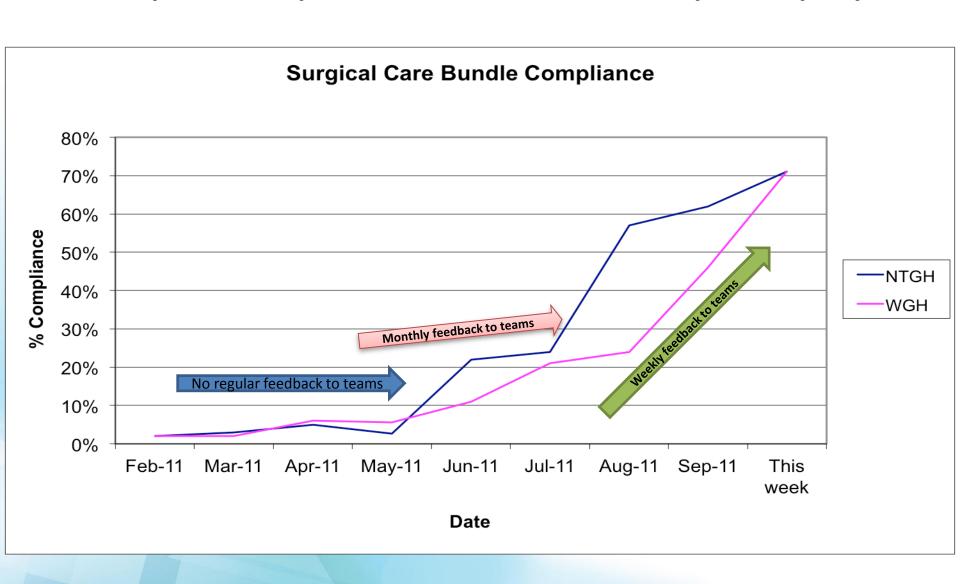
The emotions that people experience at these key moments are teased out, themed and shared in order to gain agreement of priorities for improvement.

Data that drives.

- Timely
- Owned
- Actionable
- Specific
- Talked about



Why it's important to feedback promptly.



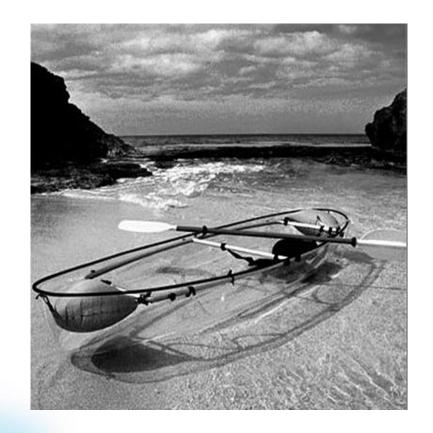
Transparency

Sharing our learning and performance

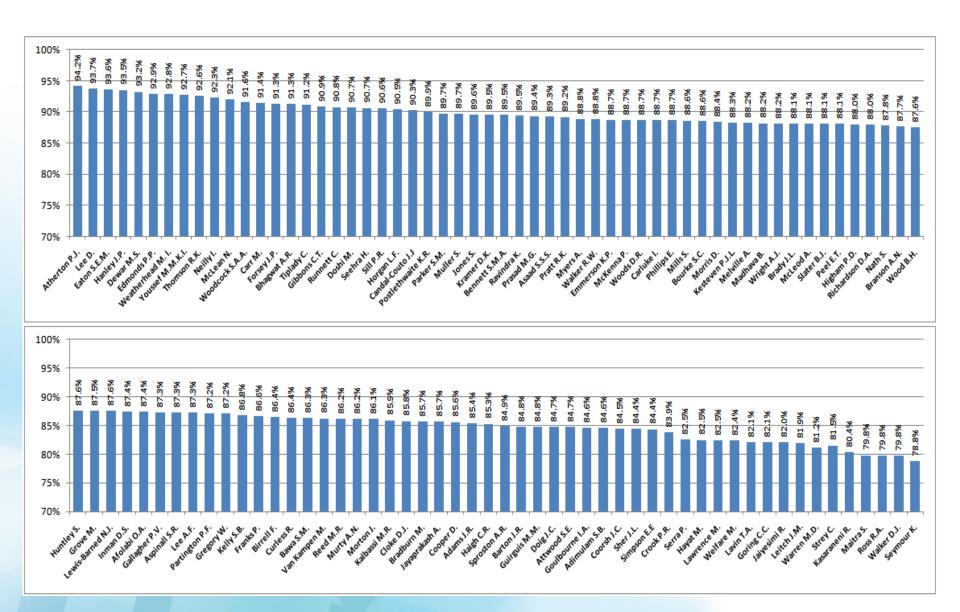
Transparency

Be open and honest about current state, expectations and actions needed for Improvement.

If you're going to be naked it's good to be buff.



Individual consultants.

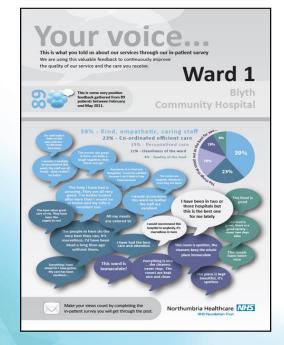


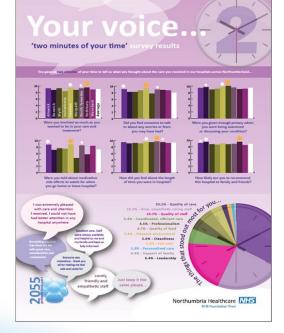




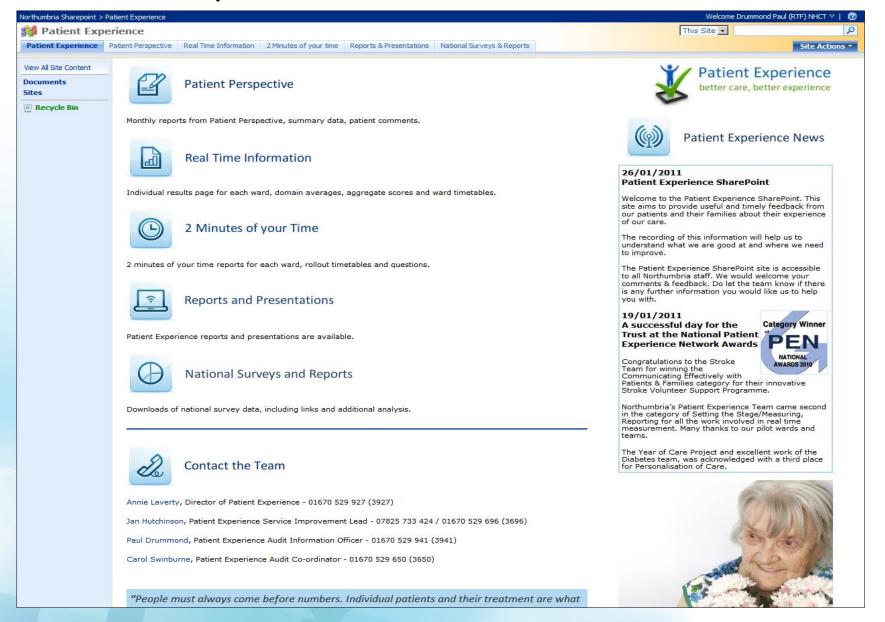








Sharepoint available to all on the intranet



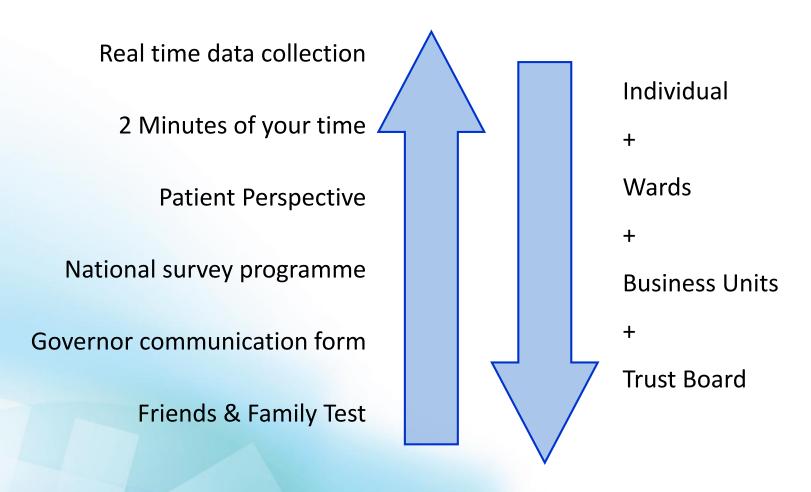
The evidence

Measuring what matters

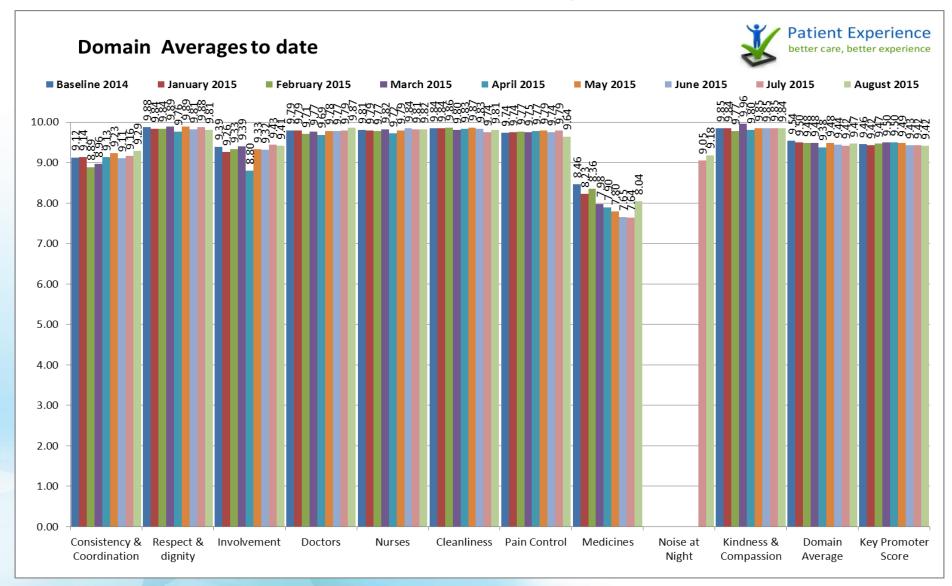
- Consistency and coordination of care
- Respect and dignity
- Involvement
- Doctors
- Nurses
- Cleanliness
- Pain control



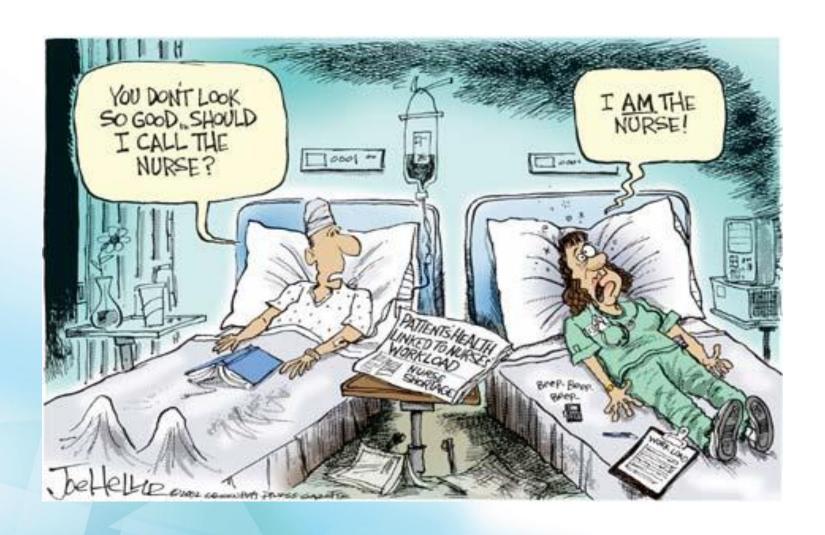
Our approach



Real Time Domain Averages 2015 to date



Important lesson.



Make staff experience your priority too.

- Improving HR processes alone is associated with an 8% improvement in mortality rates (West, 2006)
- The link between staff satisfaction and mortality holds true for both clinical and non clinical staff, strongest correlation with nursing staff (Pinder 2013)
- The NHS could release as many as 3.4m additional working days each year if it reduced its sickness absence record by a third – a potential saving of £555 million (Boorman review 2011)
- A 5% increase in staff working in real teams is associated with a 3.3% improvement in mortality rates – that would equate with about 40 lives saved in an average acute hospital. (West, 2013)

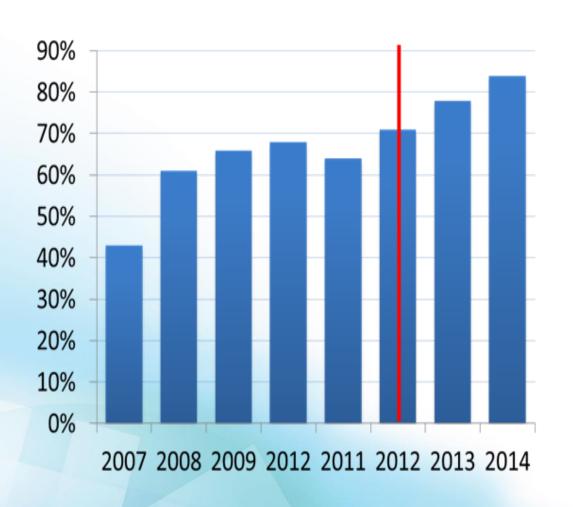
Staff well being and patient experience

Seven staff variables ('wellbeing bundles') which are linked to good patient-reported experience. These are:

- good local (team)/work-group climate
- perceived organisational support
- high levels of co-worker support
- low emotional exhaustion
- good job satisfaction
- supervisor support
- good organisational climate



Number of staff believing high quality patient care is the No1 priority of the trust.



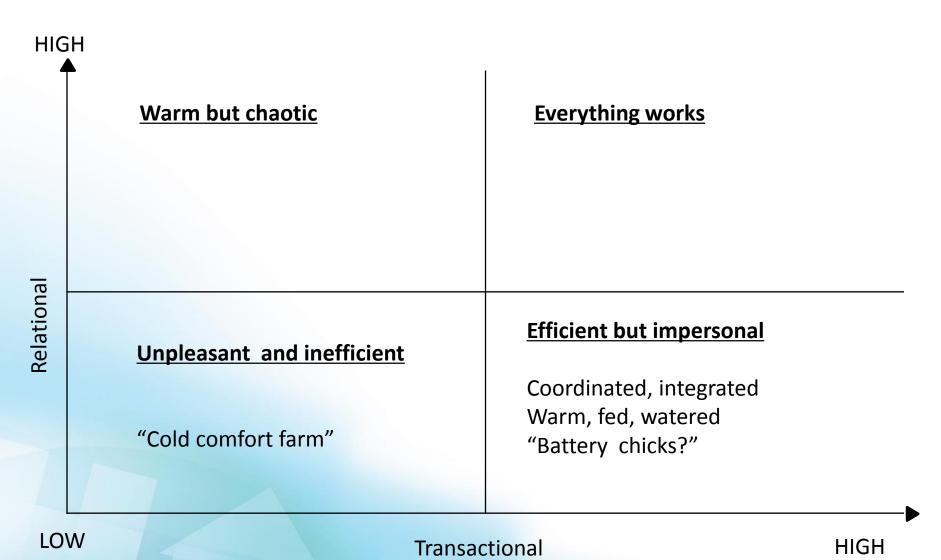
"You cannot make things happen, but you can create a space in which what you want is more likely to happen."

Chinese proverb

Making sense of the qualitative data

A consistent approach to analysis

Transactional and relational aspects.



Patient Comments Analysis – (August 2014)

Total number of individual patient comments:	201		Total number of positive transactional themes: (themes that include the processes we have to deliver care to our patients)	103	47%
Total number of positive themes:	219	62%	Total number of positive relationship themes: (themes that include the empathy, kindness and compassion we show to our patients)	116	53%
Total number of negative themes:	137	38%	Total number of negative transactional themes:	70	51%
Overall total of positive and negative themes:	356		Total number of negative relationship themes:	67	49%

Analysis of free text data – 2015

Analysis of 378 comments between Nov 14 and April 15

Sourced from: Real Time; NHS Choices; Patient Opinions; Complaints; Social Media (Facebook/Twitter); 2 Minutes of your time

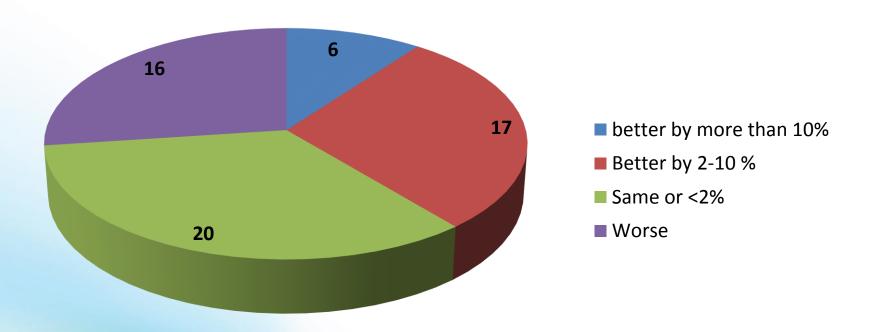
Generating 1187 themes

- Excellent improvement in qualitative feedback
- Clear that the team have changed their practice and approach
- 14.5% improvement swing: number of positive comments now in line with 70: 30 ratio that we see on other wards
- Where almost half the negative comments previously related to poor relationships, this has fallen to 18%
- The absence of kind, empathetic staff as an area of concern has fallen from 8% to 2%
- The 3 main reason people are now happy with the service is the quality of the staff, personalised care and the kindness and empathy of the staff.

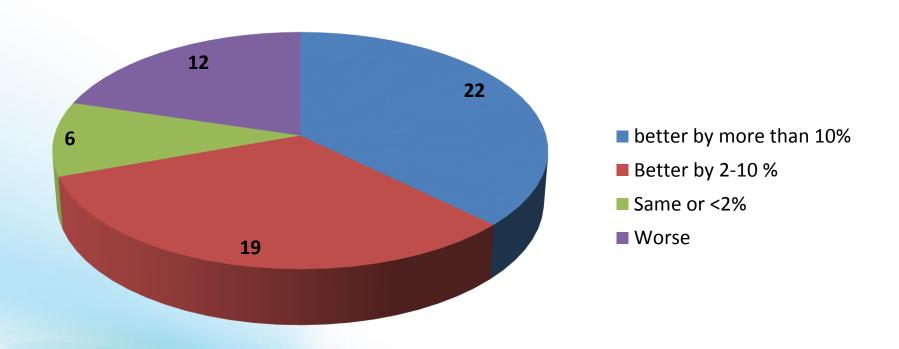
Changes over time

Improvement for the organisation

NHS England over time



Northumbria over time



Our shared purpose







Our commitment to dignified and compassionate care for frail older people.

Thanks for listening

Any questions?