

Question 1

How would you describe the relationship between patient experience and QI in your trust?



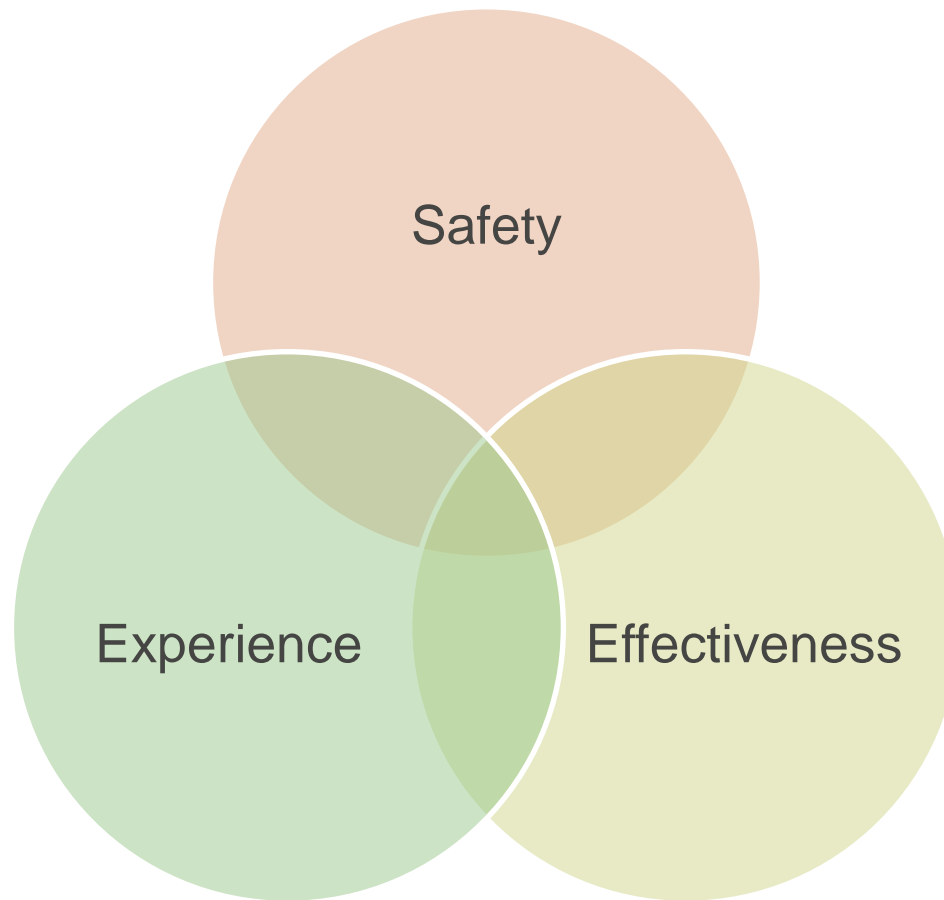
The
Point of Care
Foundation

The relationship between patient experience and quality improvement

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The three pillars of quality



Darzi A (2008) High Quality Care for All: NHS Next stage review: final report. London: Stationery Office

Why we should care about patients' experiences

Sources of suffering in healthcare

1. Diagnosis. Unavoidable. e.g.. pain; loss of function; fear
2. Treatment. Unavoidable. E.g. pain; side effects; loss of functioning; loss of control
3. System /delivery dysfunction. Avoidable. e.g. fear and anxiety associated with lack of information, confusion, double messages; loss of trust in teams; loss of dignity and agency; delays and waits.

To improve clinical outcomes and safety

“ 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.”

Doyle C, Lennox L, Bell D (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3 (1)

Patient experience is positively associated with

1. Self-rated and objectively measured health outcomes
2. Adherence to recommended medication and treatments
3. Preventative care such as use of screening services and immunisations
4. Healthcare resource use e.g.. hospitalisation and primary care
5. Adverse events.

Doyle C, Lennox L, Bell D (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3 (1)

Staff morale and experience

- Staff like to work in organisations that treat patients as they want family members to be treated
- 14 NHS trusts with high levels of mortality had high rates of sickness absence, especially doctors and nurses
- The most important factor for patient satisfaction: % staff feeling satisfied with the quality of work and patient care they are able to deliver
- Literature on 'moral distress', job satisfaction, intention to leave, the business case

Point of Care Foundation (2008) Seeing the person in the patient. London: The King's Fund

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England

Dawson J (2018) Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015. London: NHS England

The Beryl Institute defines patient experience as

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

<https://www.theberylinstitute.org>

Care experiences are multi-dimensional

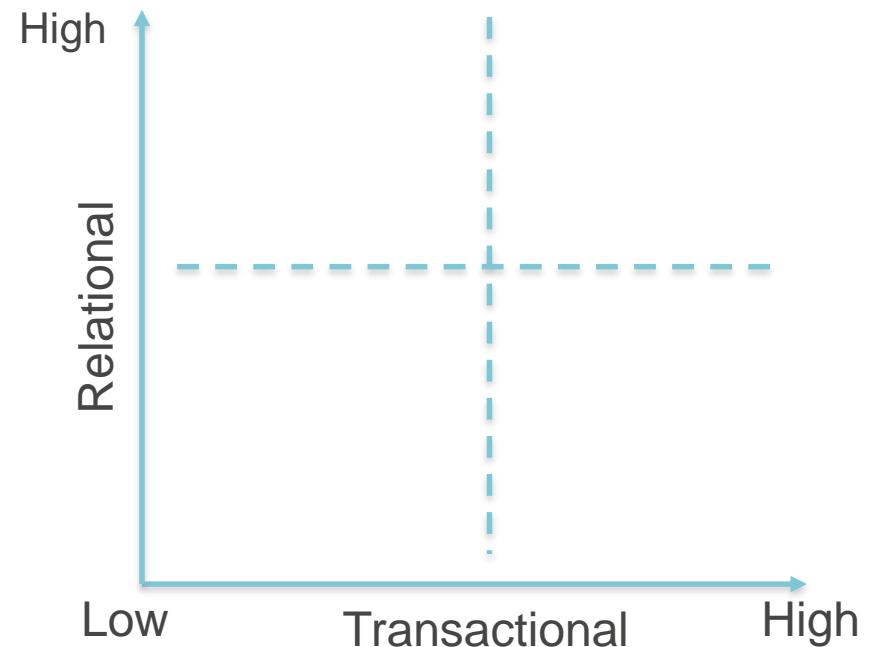
1. Compassion, empathy and responsiveness to needs, values and expressed preferences
2. Co-ordination and integration
3. Information, communication and education
4. Physical comfort
5. Emotional support, relieving fear and anxiety
6. Involvement of family and friends

Institute of Medicine (2001) Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press

They are a mix of what (T) and how (R)

1. Respect for values, preferences, and expressed needs (R)
2. Coordination and integration of care (T)
3. Information, communication, and education (T+R)
4. Physical comfort (T)
5. Emotional support (R)
6. Welcoming the involvement of family and friends (T + R)
7. Transition and continuity (T)
8. Access (T)

Transactional (T) and Relational (R) dimensions of care



Relational care trumps the rest

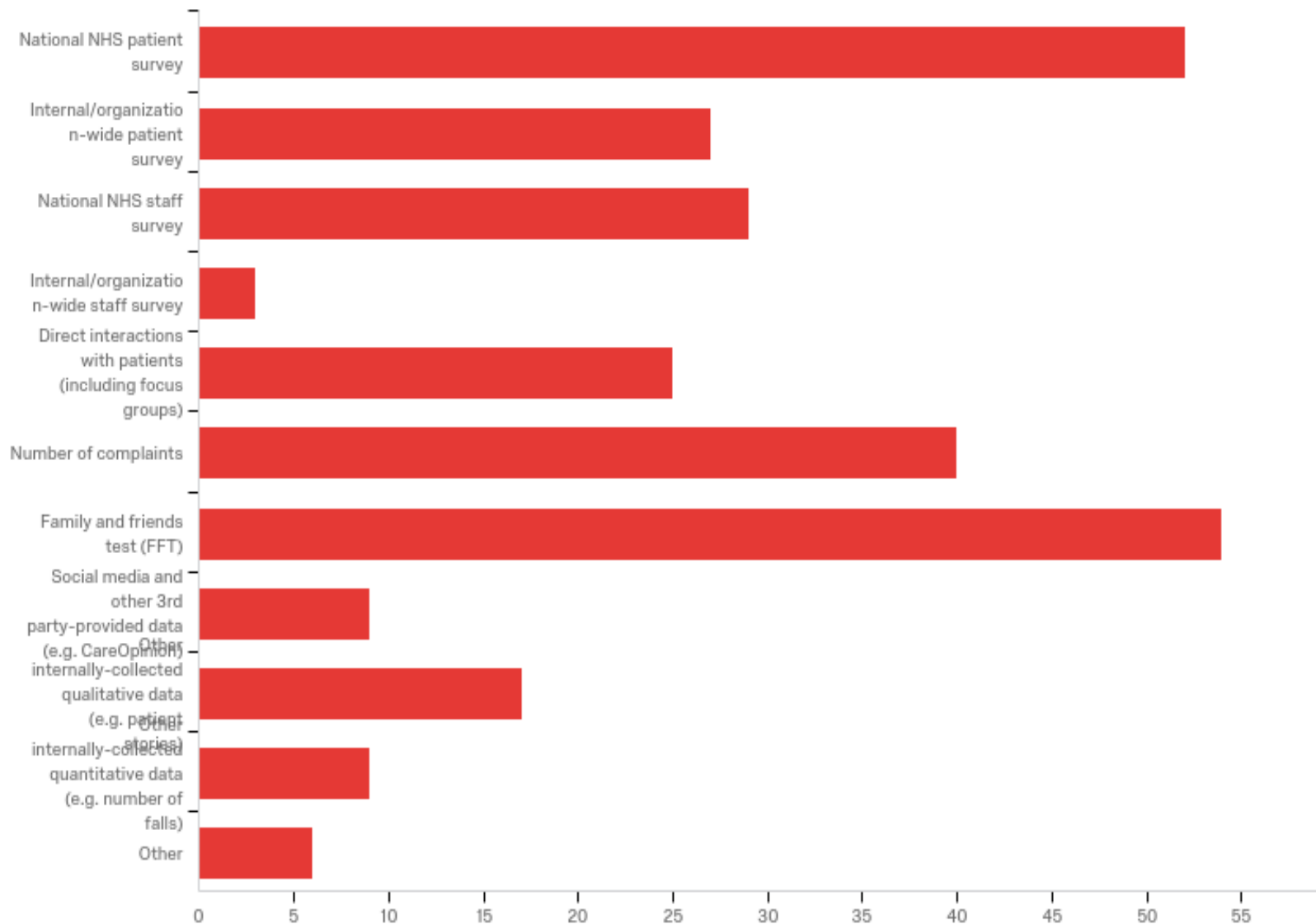
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1. Team work
2. Trust
3. Responsiveness, treating me as a person, compassion

Origins of most NHS QI are industrial



Measuring performance. When it comes to understanding overall improvement in patient experience, what measures are most consistently used in your organization (select up to four)?



Methods to get at patients' experiences

1. Observations of waiting and care
2. Shadowing patients
3. Discovery interviews/ guided conversations with patients and carers
4. Patients' stories

Patients and families bring new insights and resources

1. They share experiences – as an expert source of knowledge
2. They help to identify priorities for improvement
3. They offer innovative solutions working alongside
4. They help evaluate and implement these solutions



Boaz A, Robert G, Locock L, Vougioukalou S, Sturmev G, Gager M, Ziebland S and Fielden J. (2016) 'What patients do and their impact on implementation: an ethnographic study of participatory quality improvement projects in English acute hospitals', *Journal of Health Organization and Management*, 30(2): 258 - 278

Patient-centred methods complement other approaches

- Patients' perspectives add to problem definition, and potential solutions
- Complement existing approaches (e.g.. patients' definitions of 'value' or recognising that patients, not just staff, are human factors in the system)
- Intrinsic to design approaches that seek to understand customer needs
- Do not advocate a particular approach to finding solutions – horses for courses

Q2: What would enable you to work more closely with your patient experience/Qi counterparts?

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Tick as many options as you like

- Meet up informally to talk about what I do/ what they do
- Co-location in same or nearby office space
- Belong to the same team
- Integrate patient feedback into clinical dashboards
- Training in QI methods
- Training in patient experience measures

Thank you



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