Best care for our mothers and fathers

What we did, what we learnt and what difference did it make?
Aneurin Bevan University Health Board

"I'm an individual, not just another customer" MK

The Context

In 2010, the Royal Gwent Hospital was not a good place to be treated if you were an elderly patient admitted with a broken hip. Each year the hospital was treating 400 such patients and the quality of care was in the lowest 25 percent of units in the country.

- High **30 day mortality rates** (9.2%)
- High **time to surgery** (3.6 days)
- **Frequent complaints** regarding medical care and fundamentals of care
- Lack of **clinical leadership** and staff engagement

From late 2010, a multidisciplinary group has been engaged in a quality improvement effort to process map, redesign, reliably capture data and monitor metrics. Despite significant improvements, several clinical leaders felt that the methodology did not fully address the experience of care from the eyes of the patient. The King's Fund programme came at just the right time when we were searching for an answer.

What we did

Understanding the patient experience
- Through shadowing and in-depth patient interviews we mapped the key domains which patients found most important. These domains were : pain, communication, hygiene/dignity, food and staff behaviour. These were integrated into our existing driver diagram and the stories were shared amongst the staff.

Capturing patient experience data
- We cannot present a complete chart of patient experience data since we have only finalised our data capture methodology and implemented it 4 weeks ago.
- We have tried and failed multiple times due to the following reasons :
- We initially started capturing pure clinical process data. Whilst we would love to share all the improvements it does not relate directly to this programme. For example our average 30 day mortality in 2013 is 5.85% which is now in the 60th centile in the country. Time to surgery is now just over 1 day.
- We then revised our metrics to reflect pure patient experience and collected using paper which was time consuming and not popular with staff.
- We now capture using an ipad aiming for 50% of patients on the ward every 2 weeks.

Small changes, big differences
- Changes were derived from individual patient stories.

Paramedics now inform patients of what will happen in hospital to alleviate fear

Patient are now given a private area to use the commode/bed pan

Patient kitchen and day area being developed to provide food/drink when they need it

What we learnt

About patient experience
- There was a strong tendency for us to default to clinical processes of care because it was easier to understand, measure and to implement changes.
- Small changes from a single patient experience can result in big differences in care.
- The motivation and plan for change did not originate from data but individual patient stories.
- Sharing patient feedback was a positive motivator for staff and may improve sustainability.

About family experience
- The needs of the family appear identical to those of the patient.

About clinical leadership
- Ideas for change originated from any front line staff who displayed authenticity and honesty.
- Coordinating a PFCC programme required leaders to accept complexity and that sometimes *"things get a little messy"*.
- Changes occurred through relationships and individual conversations between staff.

About organisational context
- It is demoralising for staff to be trying to improve patient experience when their own experience is not considered e.g under staffing, financial constraints, excessive paperwork.

What difference has it made?

"I want to feel safe" 88% of our patients rate the welcome from the staff as excellent

"They were very efficient, I was impressed. And there was teamwork" JR

"Look after my needs" 94% of our patients rate the standard of care as excellent

Would you return? 100% yes

"Sort out my pain" 80% of patients now receive a IF block

Where we are heading
- **Reliable** care – *"Getting it right for every patient, every time"*
- **Honest** care– *"We will listen, not just hear"*
- **Competent** care - Evidence based clinical care
- Building **resilience** – Allow staff and patients to be heard