



Improving the experience of patients with COPD

Hywel Dda Health Board

“Standing from the outside in you see things you wouldn't notice from the inside out”

A carer

Do we really know what it is like to be a patient with COPD or do we just think we know best?

Unless we create the space to truly see things through the eyes of the patient, their family and carers, we cannot understand the whole picture.

We realised we weren't looking at the whole person and could do a whole lot more.

We found the COPD Care Bundle and we saw an opportunity to use it to change the way we did things.

What did we want to do?

- We wanted to change the world! We soon realised we could only do this one step at a time, so focussed specifically on the discharge from hospital so that every patient with COPD would feel 'safe, confident and well-informed' after discharge.

What were our main achievements?

- It gave us the space and permission to **think** about doing things differently
- It enabled us to see people with COPD as people not just patients
- We looked at the whole care experience, cutting across acute, primary and community boundaries
- We developed good working relationships with local Breatheasy group and the British Lung Foundation
- We secured charitable funds to buy a year's supply of patient information packs
- We know there is better sharing of information, networking and knowledge of COPD
- Patients score 7 -10 (out of 10) when asked if they feel 'safe, confident and well-informed'
- We are starting to recognise this is about good experiences – not just another bit of paper
- Wider organisational awareness of the centrality of patient and family centred care to care provision

What were our main challenges?

- Even when you are bold and enthusiastic - organisational change slows down progress
- Making changes when the ward is in a temporary location means staff are less likely to feel 'at home'
- Medical engagement isn't just signing up to principles, it is being able to dedicate real time
- Staff changes is destabilising – this is everyone's job but we gained real momentum when someone was given dedicated time to pick it up and run with it

What would we do differently next time?

- Make sure that the role of medical and executive engagement was properly understood right at the start (just like we were told!) – we thought it was but we were wrong
- Communicate differently to staff – we would work harder to ensure understanding of **why** this is important
- Retain conscious focus on why we are doing this and not get waylaid by implementing a bundle
- Encourage more staff to shadow to help 'get it', be more aware of reality for patients and hopefully be more motivated – we will still shadow, we will not drop this essential tool

“I just wish I'd had this information 15 years ago”

A patient

