GATHERING REAL-TIME PATIENT SATISFACTION FEEDBACK USING AN ELECTRONIC TABLET-BASED APPLICATION

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Background Hospices are increasingly expected to collect data from service users in order to demonstrate the quality of the care provided. However, there can be challenges in gathering feedback from patients who may be too ill or fatigued to complete lengthy surveys. Additionally, by the time paper-based surveys are processed, important issues and concerns may have been missed. Many hospitals are now using portable electronic devices to obtain patients’ views, but this approach is seldom used in hospices.

Aim To use a short electronic survey to gather feedback from hospice in-patients and day patients.

Method Patients use a tablet computer to rate statements about their care using a standard scale. The statements are based on the National Institute for Health and Care Excellence quality standards for end of life care. Patients complete the survey either by themselves or with assistance, simply touching the screen to indicate their responses. A free text box allows patients to make comments. Results are transmitted wirelessly to a relevant staff member within two minutes of the survey being completed.

Results Between January 2015 and April 2016, 200 in-patients and 46 day patients completed a survey. The results show a generally high level of satisfaction with care. The real-time nature of the feedback allows us to act quickly on any issues – for example, comparing the time and date of any negative feedback about nurse response times with the actual call times and staffing levels for that day. Results are used to inform future planning and contribute to staff training. Patients find the survey easy and quick to complete.

Interpretation and conclusions We continue to gather data using the survey on an ongoing basis. It enables us to continually monitor patient satisfaction, covering a large percentage of our in-patients and day patients, and address problems swiftly.
“Talk to Us”. Since this time two further CCGs have joined the project.

The principle behind Talk to Us is very simple, patients or bereaved carers who have self-nominated talk to volunteers who record their experiences. The conversation is led by the participant; it really is about their experience. Once the conversation has been concluded the volunteers think about what they have heard and how it relates to the Quality Standards for end of life care for adults (QS13). The role of the volunteers should not be underestimated as it is their careful support that draws out the experiences without the use of questions that might influence the direction of the conversation.

The written account is used by the CCG Quality Lead to inform and influence system wide improvement. The challenge has been to retain the narrative as this is where the impact lies. Sharing the narratives has ignited change where data would have had little impact.

29 recorded experiences which have resulted in action will be discussed at a Stakeholder event in June 2016 prior to the publication of an impact report.

Understanding the experiences of people who use a service is crucial to support quality improvement, however, gathering unbiased feedback is particularly challenging when the service is delivered in the person’s own home, when they may be dying or distressed.

The aim of this project was to develop an effective and sustainable approach to gathering feedback from both patients and carers about their experiences accessing a specialist community palliative care service.

Such feedback will i) inform new service development, ii) provide quality assurance to the team, managers and regulators and iii) provide RNs evidence for revalidation of their registration.

What is being done and how it is being evaluated

A workshop with key stakeholders explored the purpose of the survey and key measures, based on the Warwick Patient Experience framework (Staniszewska et al., 2014). Questions were prioritised, recognising the link between length of survey and response quality (Cape, 2010). Selecting questions that were validated, or heavily utilised in other healthcare settings, using Likert-style ratings and free text response options and following feedback from our patient and public involvement group, the questions were tested on a sample of patients and carers before rolling out.

Questionnaires are sent both to community patients and to family/carers following their bereavement. Response rate for the first four months was 28% (n = 108).

Overall satisfaction rating is 95%, with the highest response reporting perceived dignity at 98.4% and the lowest around support for whole person, being 89%.

The methodology appears to successfully provide a mechanism for experience of care reporting in this setting. A procedure was developed to follow up negative comment directly with the respondent, or, if anonymous, within a team reflection session, demonstrating a commitment to quality improvement. Positive comments are circulated.

Feedback received thus far demonstrates the effectiveness of the approach, and is proving to be a valuable contribution to quality assurance and service development.

Abstracts

P-154 DEVELOPING A METHODOLOGY TO GATHER FEEDBACK FROM PEOPLE ACCESSING SPECIALIST COMMUNITY PALLIATIVE CARE

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