Healthcare Improvement Scotland | ihub

Patient and family feedback: a catalyst for meaningful person-led improvement

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#RTRT1819

Improvement Hub

Enabling health and social care improvement

Objectives of session

This session will enable participants to:

1. Define the key components of the Care Experience Improvement Model (CEIM).

2. Describe how applying this model can improve outcomes for service users and reliably deliver improvements based on feedback.

3. Consider how this model might be applied and utilised within your own setting

Prioritising and listening to care experience feedback is one of the ways that can help us deliver person-centred outcomes

- Improved clinical outcomes
  (Meterko et al 2010; Bezold C, 2005, Stewart, M. et al.,2000, Doyle et al 2013)

- Cost effectiveness
  (Olsson et al; 2009, Picker, 2016)

- Improved adherence to treatment and medication regimes
  (Haynes et al 2008; NICE, 2009)

- Increased trust in clinicians
  (Keating et al 2002)

- Improved patient experience and satisfaction
  (Raleigh et al 2009)

- Improved staff experience
  (Raleigh et al 2009; The King's Fund, 2012)

So what's the problem?

Sheard, L., Marsh, C. et. al. (2017)
Martin G. P., McKee L., Dixon-Woods M. (2015)

Guiding question:

Does combining an improvement approach with conversational methods of asking for and receiving feedback from service users help care teams to make improvements directly related to what matters to people?

"Previously although services were collecting patient feedback there was little evidence of the feedback being used to inform improvements, celebrate success or being fed-back widely to staff."   (Programme lead, NHS Tayside)

Challenge of making improvement using care experience feedback

Assurance	Improvement
predominantly quantitative	focus on qualitative and quantitative
large volumes of data	lower volumes of data
becomes an industry to collect	contextualised with detail
loses context and detail	systematic convenience sampling
aggregated high level themes	'good enough' analysis and reporting
delays between collection and review	timely review by care team
formal reporting of complex data	no 'specialist' analysis skills needed
benefits corporate team most	benefits front-line team most

Principles adopted for set-up and testing

1. Collect narrative (conversation) experience feedback rather than satisfaction scores *(Cleary et al 1992; Cleary 1998)*

2. Minimum convenience sample of 5 patients, family members, carers per month *(Etchells E, Woodcock T, 2017).*

3. Feedback collected in the care environment provided rapidly to the care team within 48   hours of collection *(Brown H et al., 2009),* **or**

   Feedback collected two to three weeks following the episode of care *(Sweeney J et al., 2003).*

4. Regular care team reflective improvement review *(Reeves R et al., 2003).*

5. Take an improvement approach to using insights from feedback *(Sheard L. et al., 2017).*
   Prototyping, small tests of change, adaptation, measure if change is an improvement, implementation and spread
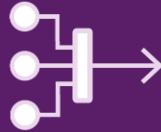
Findings

2059 conversations (predominantly positive or neutral)

346 improvement opportunities identified (1:6)

43% improvement opportunities prioritised (during a reflective improvement meeting)
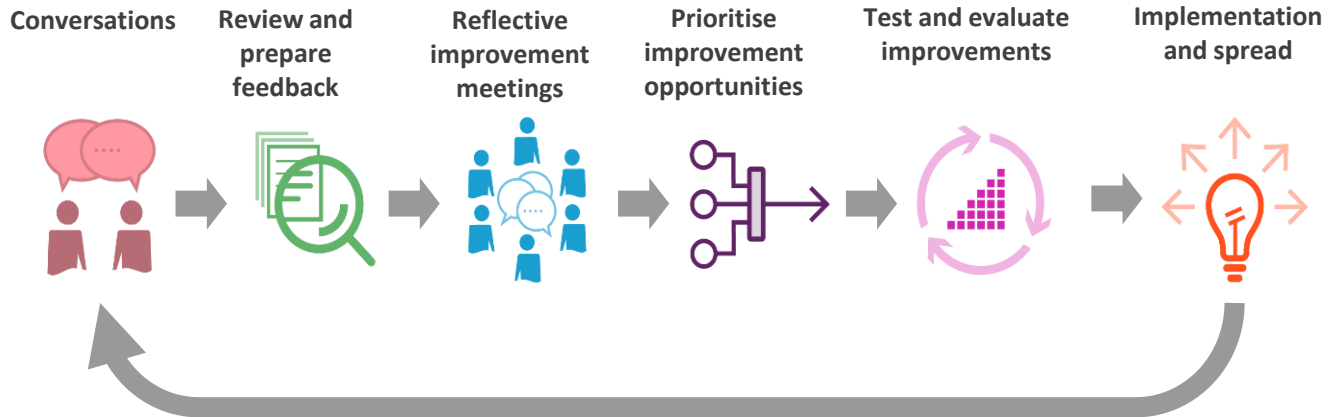
149 improvements tested

163 improvement opportunities Implemented **(47%)**

Care Experience Improvement Model developed

Conversations → Review and prepare feedback → Reflective improvement meetings → Prioritise improvement opportunities → Test and evaluate improvements → Implementation and spread

Care experience

An affective measure, based in emotion. ❤️

This involves understanding how a person's behaviours, attitudes, and emotions are impacted by a range of interactions, processes, or environment within a health or social care system.

Satisfaction

A cognitive measure. 🧠

This involves rating how positive someone feels about an encounter.
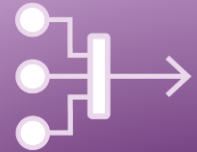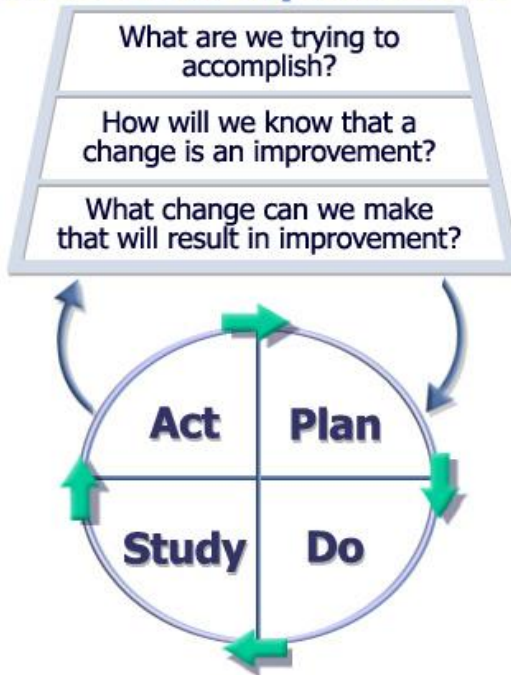
Conversations

Key success factors: team reflective improvement meeting

Reflective improvement meetings

Key success factors: an improvement approach to test, adapt and implement changes

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act **Plan**

Study **Do**

improve

Case study
Glasgow Royal Infirmary

https://vimeo.com/266454314

Thank you

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🐦 **PersoncentredSco**

Find out more at:
https://ihub.scot/improvement-programmes/people-led-care/person-centred-health-and-care/real-time-and-right-time-evaluation-report/