

# Prioritising Patient Experience: A Multidisciplinary project using continuous patient feedback to drive improvement

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## Background

*"I'm so bored. I get up in the morning. I do my exercises. I then wait. If I'm lucky I might get to see the therapist. Otherwise, I sit here for 24 hours and then do the same thing again tomorrow"*

We all recognise the importance of patient experience in healthcare. However, in the face of competing service and resource pressures, this often becomes compromised.

**Aim : To increase the percentage of service users on our orthogeriatric ward rating rehabilitation experience as more than 6/10 to 90% by June 2024**

## Methods

Interviews with patient, staff and relatives were performed and repeated throughout the project. Patients and relatives scored their experience of rehabilitation on a 10-point Likert scale. Surveys were in multiple forms (large print, colour, laminate) to improve capture across all groups. Complaints and care opinion feedback from the past year were reviewed.

Quality Improvement methodology was used. Tests of change were co-produced with patients, relatives and the multidisciplinary team.

Emerging Improvement Themes were: **Provision, and facilitation, of rehabilitation activities. Communication. Ward environment.**

Proactive weekly update to relatives delegated at MDT

Weekly Exercise Class

Volunteers recruited to facilitate activities

Provision of choice of activities

Glasgow landmark mobility goals around the ward

Improved signposting

Music therapy

Thinking about the REHABILITATION (exercise, activities, therapy sessions, education, encouragement) you have experienced/observed over the PAST 7 DAYS.

How would you rate this ward?

0 1 2 3 4 5 6 7 8 9 10

Very Poor Experience. Lots of things could be improved. In the Middle. Some things could be improved. Excellent Experience. Nothing could be improved.

Please tell us something we could do better.

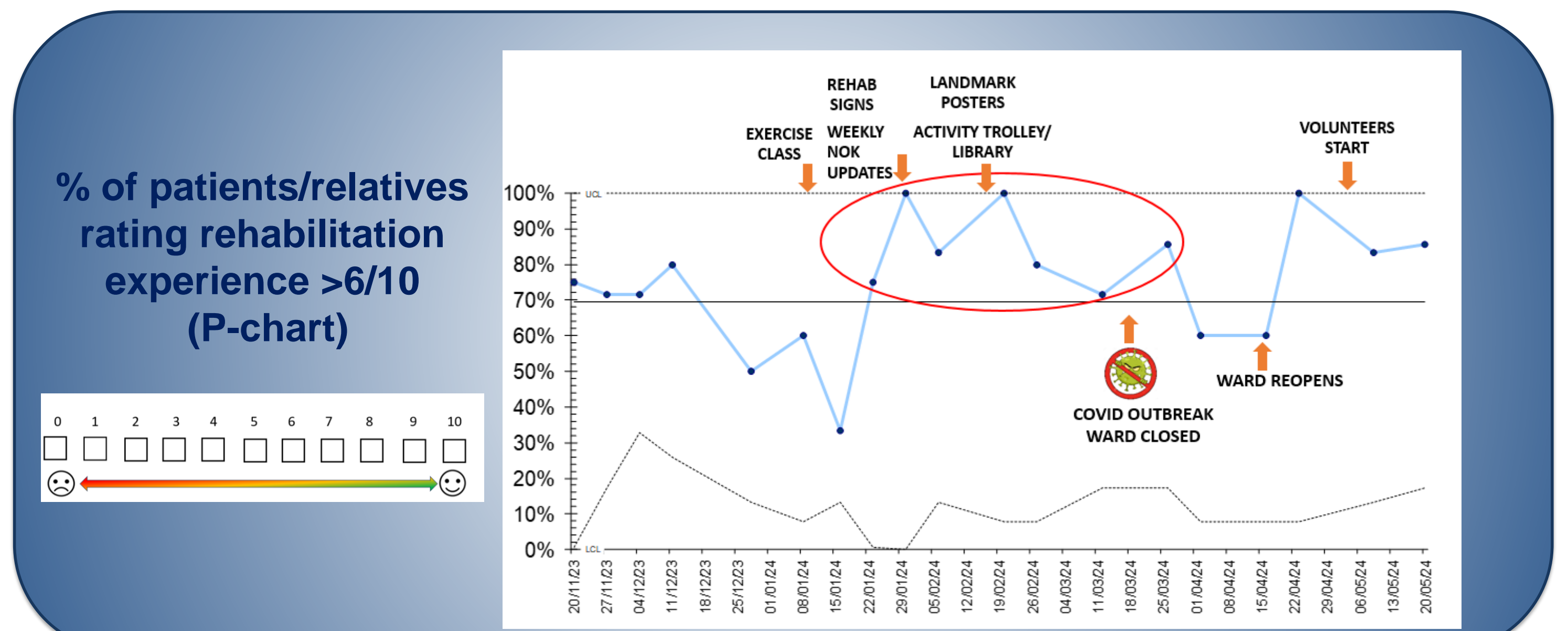
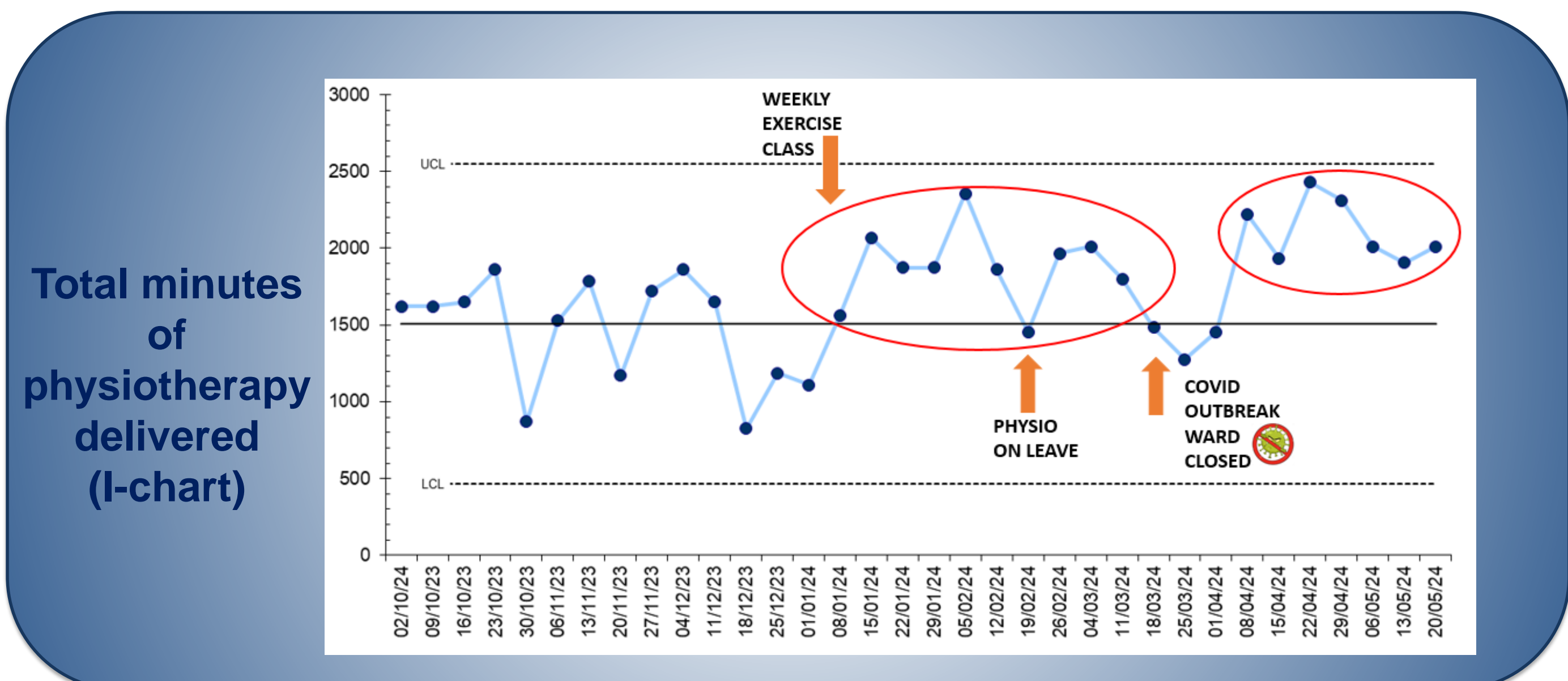
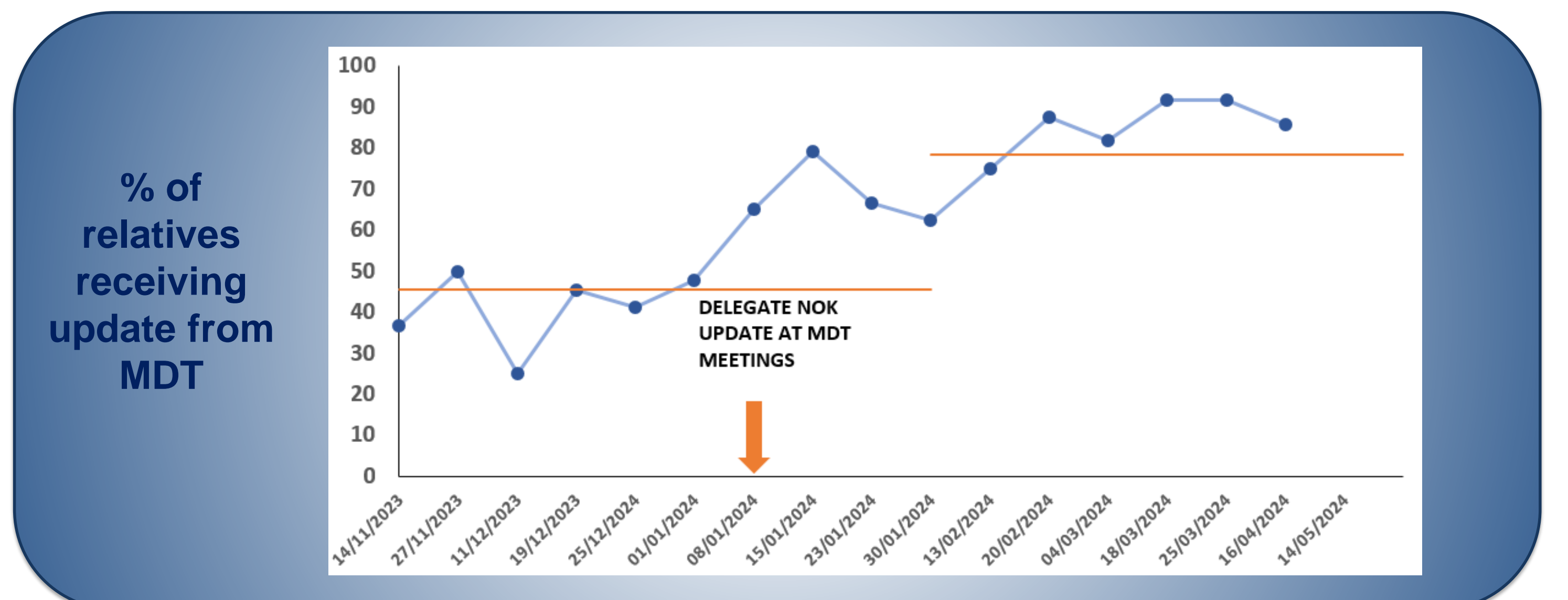
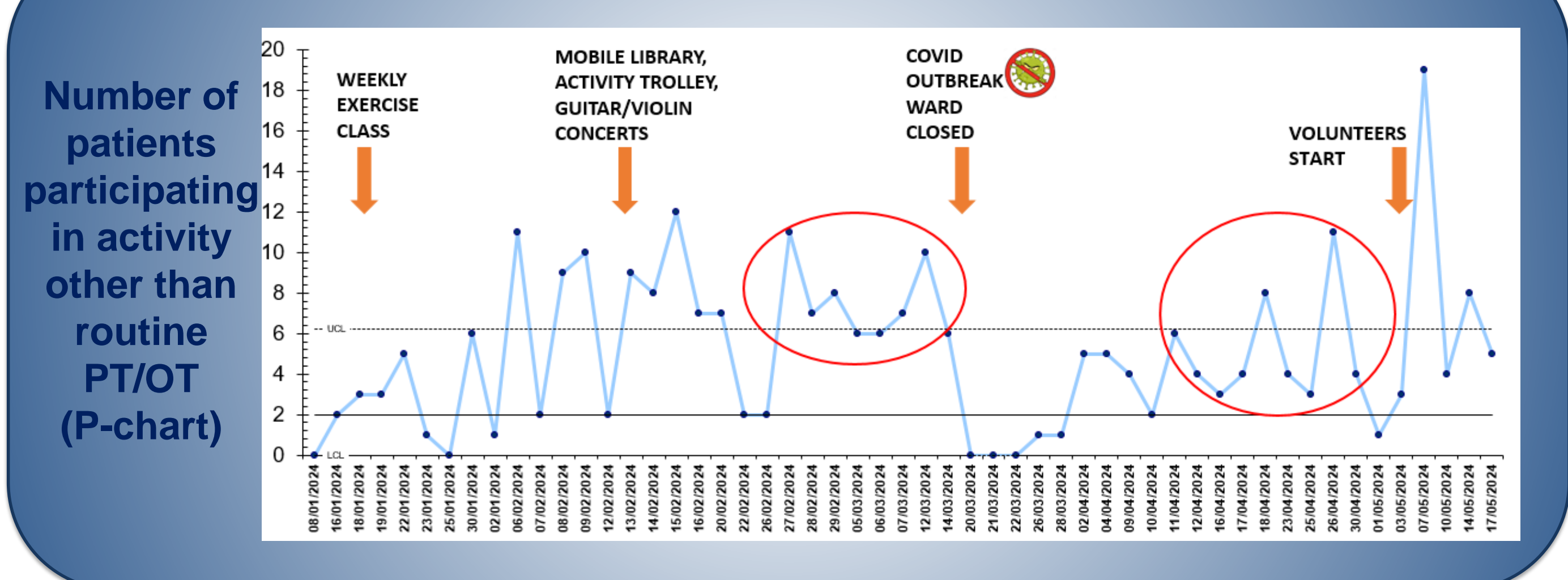
Please tell us why you gave this answer.



TESTS OF CHANGE



## Results



- Patient experience (Likert scale) improved but special cause rules were not met: there was a trend towards this but experience was negatively impacted during a Covid-19 outbreak when activities were paused.
- Themes constructed from feedback shifted positively and allowed a more personalised, storytelling approach which was more powerful than a Likert score in influencing change. What one person rates as 8/10 care may not be the same as another- experience is unique to the individual.
- There was no change in falls, readmissions or length of stay during the project.
- All interventions were financially cost neutral.
- Staff workload increased and this may impact on the sustainability of the project's interventions.

**Positive shift in themes over project**

"We want activities for different interests"

"I feel that I constantly have to chase staff for information and sharing of updates is not done proactively"

"We all enjoyed the exercise class- see after it- I was able to move better! He says we can choose the music next time! Enjoyable!!"

"All staff have been good, caring, compassionate and encouraging. I have been kept up to date and informed of x-rays"

## Conclusions

- Using continuous feedback from patients and carers, we tested multiple interventions across several areas, demonstrating positive changes in qualitative and quantitative measures.
- 'Experience' is challenging to measure quantitatively but should not deter improvement work in this area- qualitative themes, storytelling and process measures, can be powerful.
- Given staffing and resource constraints, future tests of change should explore further use of the voluntary sector and proactive involvement of relatives/carers in rehabilitation activities.

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**Thank you to our improvement team and all of the staff on ward 6c.**



**SQS Fellowship**