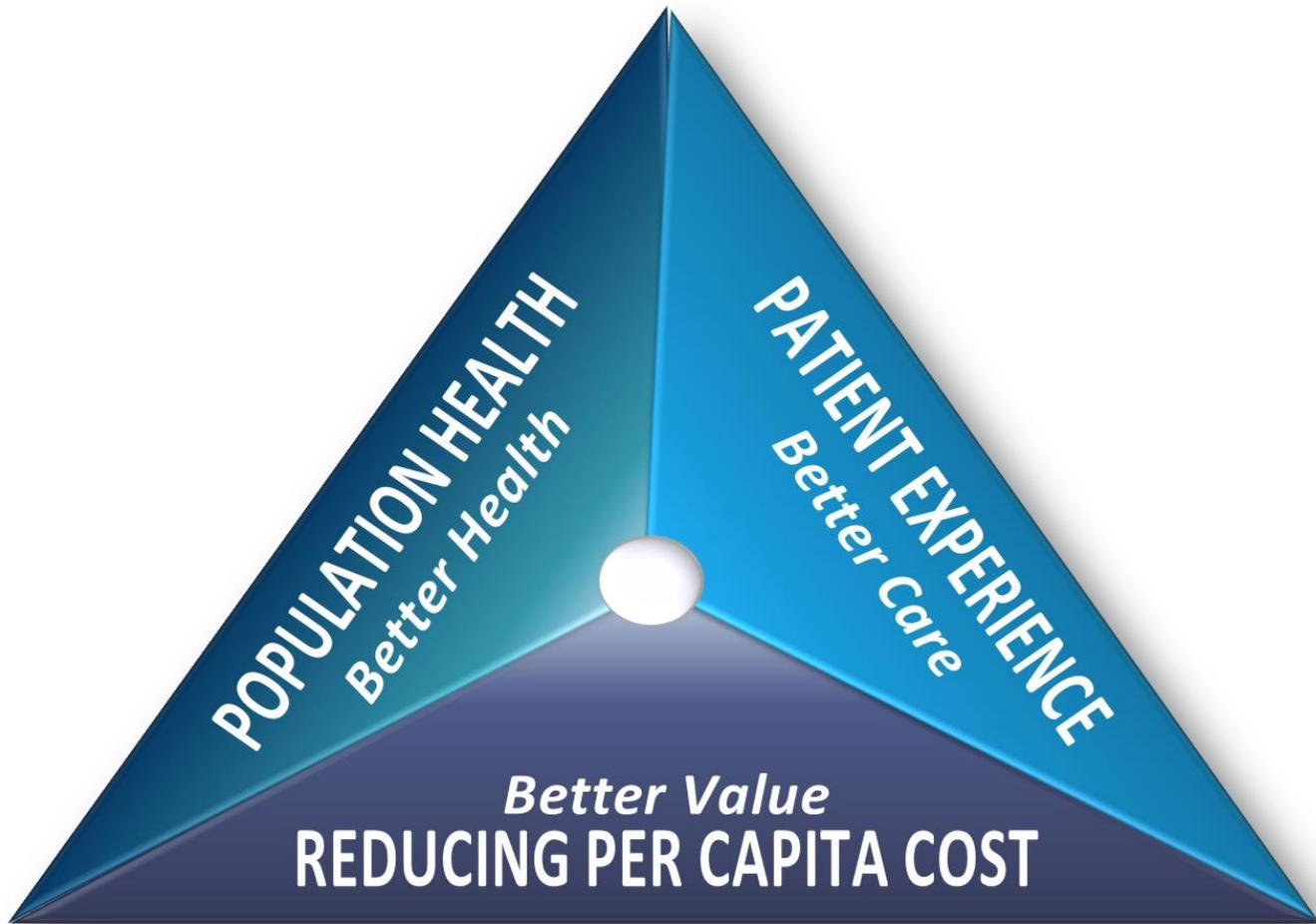


# NHSL Quality Academy QI skills

## Patient experience



**LothianQuality**

BETTER HEALTH, BETTER CARE, BETTER VALUE

**NHS**  
Lothian

*I had the misfortune of being referred to St. John's Hospital for treatment of a kidney infection. I had been battling this for 14 days, without adequate response from oral antibiotic therapy. There had been inconsistencies in my attention and treatment to that point.*

*At the Primary Assessment area, I was examined, had bloods taken and after some discussion at junior doctor level, informed that I would be admitted to have intravenous antibiotic treatment. Having been admitted to a ward, my husband then took his leave and drove back to Leith.*

*15 mins after he left, one of the consultants approached my bed (asked me my name because they didn't know who I was) and launched into a tirade of reasons for which they considered that I should not have been admitted to the ward, and said I was being sent home.*

*The consultant stated that I was in 'the wrong place' and that what I needed was Renal or perhaps Gynaecological assessment, and that they would instruct my GP to refer me for these as an outpatient.*

*I was feeling extremely unwell, and to my detriment, did not fight my own corner. All I was able to do, was highlight the inconsistencies in my treatment to date, and point out that there was still strong evidence of urinary/kidney infection present.*

*The doctor agreed a compromise, and stated that I would be prescribed a one dose of intravenous gentamicin, and send me home with oral antibiotics. Had anyone been listening, one of the reasons my GP sent me in to hospital in the first place was because I was vomiting the oral antibiotics that I had been taking.*

*So, 4 hours after being admitted to the ward, I was given an infusion of gentamicin, and an hour and a half after that, at 22:30 hrs at night, I was given some oral medication and told to go home.*

*In groups*

- *What are your thoughts about the video?*
- *How can you use Patient Experience within your projects?*

# Patient perspective

- Patient journey walk-through
- Shadowing a patient
- Experience based co-design
- Observations of care
- Patient questionnaires
- Focus groups
- Patient interviews
- Executive Walk Rounds

# 1. Patient journey walk-through (Put yourself in the patients shoes)

- If there is a waiting area sit in the chairs.
- Read the leaflets and posters.
- What questions are they asked?
- What do they see, hear, touch and feel?
- What does not add value to the patient experience?

## 2. Shadowing a patient (staff or volunteer accompanies patient)

- Patient perceptions of the service
- What aspect of the patient pathway you want to focus on
- Patient and shadower understands and is comfortable with their role
- Write an information sheet.

### 3. Experience based co-design (experiences at crucial points in the care pathway)

- Patients and carers to 'tell their stories'
- Listen, learn, act
- Emotional Touch Points
- Working with patients, carers and frontline staff to redesign these experiences
- Focus Groups
- In-depth interviewing

## 3 Questions

- What have we got right for you?
- What could have been better?
- How did you feel?

- *What do you do locally?*
- *How can you make it part of your baseline data (and ongoing) data*
- *What do you already have?*
- *Do you use it?*
- *Can you use it better?*
- *Then make improvement*

## ***Key messages***

- *What do you want to know?*
- *Who is going to collect it?*
- *When? Where?*
- *From which patients? (staff, carers etc)*
- *Do I need to consider an information sheet?*
- *What about consent?*
- *How will the information be recorded and stored?*
- *Who will analyse?*
- *How will you present the data?*
- *Tell people what you are doing*
- *Test, test and keep testing*
- *Think governance*