

Working to improve patient experience: Real-time monitoring

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Background

Feedback from the 2010 National Cancer Patient Experience Survey revealed poor experiences of cancer patients treated by Imperial College Healthcare trust. These results lead Imperial to identify work streams to investigate areas highlighted by the survey to gain a deeper understanding of what good patient experience means, and to implement and measure the impact of improvement interventions. The majority of recent improvements to the care of cancer patients at Imperial have been underpinned and supported by the development of an in-house real time monitoring system.

Real time monitoring methods

Imperial patients are asked five core questions that relate specifically to Trust CQUINs and national targets. Core questions are supplemented at ward/clinic level with ten local questions, which are determined by local priorities. Responses to the survey questions are collected via Personal Digital Assistants (PDAs), tablets and kiosks. These are immediately exported to the technology provider and reported back to Imperial.

A sophisticated desktop monitoring system (PERSy – Patient Experience Reporting System) is used to drill down to review results for individual wards, specific questions and time periods. Ward/departments are RAG (Red-Amber-Green) rated to highlight variations and improvement/drops in patient experience from previous months. A monthly RAG Analysis is produced, displaying the data in a ‘traffic light’ format (see Figure 1). A target is set against each colour to show performance against the agreed standards. The rating thresholds (for scores out of a possible 100) are as follows:

- Red: scores equal to or less than 84.99,
- Amber: scores between 85 – 89.99,
- Green: scores equal to or greater than 90.

From November 2011 Imperial’s reporting system has used this rating system for all questions (with the exception of 2).

This ward and department specific real time data generated enhances the retrospective National Cancer Patient Experience Survey findings. It is particularly useful in connection to any complaints, to establish trends and themes that need to be addressed as a priority.

Core questions:

TC4: How would you rate the courtesy of our staff?

TC5: Overall, how would you rate the care you received?

TC6: Were you involved as much as you wanted to be in decisions about your care and treatment?

TC7: Did you find someone on the hospital staff to talk about your worries and fears?

TC8: Were you given enough privacy when discussing your condition or treatment?

Results

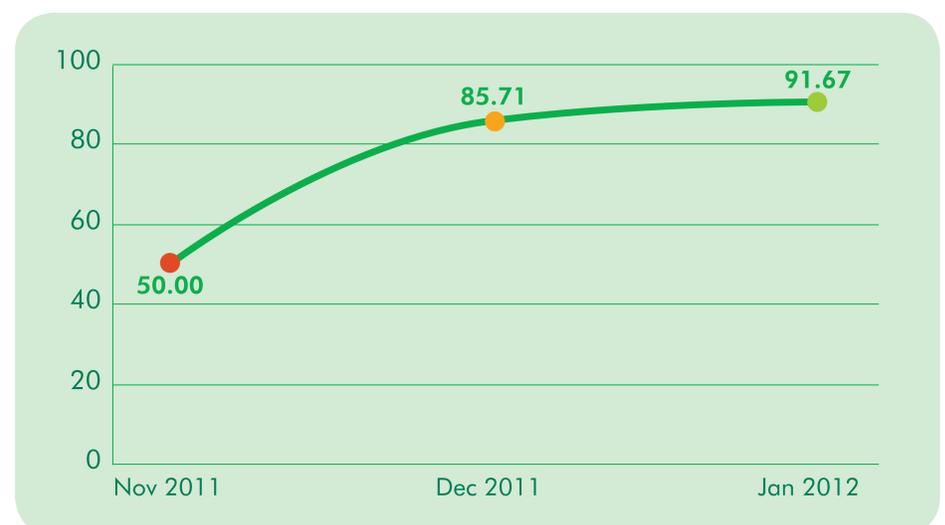
The data generated from the real time monitoring system has informed a service review and a subsequent shift in specialist nursing input. For example, real-time monitoring feedback highlighted that chemotherapy patients were not involved as much as they would have liked to have been in decisions about their care. In response to this feedback, patients are now pre-assessed prior to chemotherapy by a nurse led service.

The real-time monitoring was then used to track the impact of this intervention. Data shows that patient satisfaction increased from rating red in November 2011, amber in December 2011 then green in January 2012 (see Figure 2). The unit is confident that the changes made have had the desired impact on the patients’ experience.

Figure 1: Chemotherapy ward RAG status, November 2011 onwards

Patient Experience Rating		Monthly responses	Core questions				
	Ward/department		4	5	6	7	8
November 2011	Chemo Day Care, CXH	84	●	●	●	●	●
	Chemo Day Care, HH	23	●	●	●	●	●
	Chemo Day Care, SMH	8	Not rated				
December 2011	Chemo Day Care, CXH	82	●	●	●	●	●
	Chemo Day Care, HH	99	●	●	●	●	●
	Chemo Day Care, SMH	45	●	●	●	●	●
January 2012	Chemo Day Care, CXH	83	●	●	●	●	●
	Chemo Day Care, HH	96	●	●	●	●	●
	Chemo Day Care, SMH	20	●	●	●	●	●

Figure 2: Involvement in decisions – RAG scores, Nov–Jan (Chemotherapy Day Care HH)



Learning and next steps

Real time monitoring has enabled Imperial to implement responsive interventions specific to patient needs and the immediate measurement of their impact on patient experience creates a feedback loop to inform further improvement work.

Macmillan are publishing a best practice guide to promote examples like this one, of how to improve patient experience and support the delivery of outstanding patient experience for cancer patients across the UK. The guide will be available in July 2012.

Macmillan Cancer Support and Imperial are currently working to use real-time monitoring to develop a framework to measure the impact of the introduction of the Macmillan Values Based Standard.

The Values-Based Standard

Macmillan Cancer Support have developed the Macmillan Values-Based Standard in order to improve the dynamic between patients and professionals across the health and social care system. This was co-created by patients, carers and professionals who all identified ‘moments that matter’ to them which are captured in a set of simple behaviours that staff can apply to their every day work to significantly improve both patient experience and the vocational satisfaction of staff.

Data notes:

Figure 1 shows RAG results for chemotherapy patients from 3 wards from November 2011 to January 2012

Figure 2 shows results for chemotherapy patients from chemotherapy ward HH for November 2011 to January 2012 (based on responses from 23 patients in November 2011, 99 patients in December 2011 and 96 patients in January 2012)

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For more information on the Macmillan Patient Experience Guide or Values Based Standard contact **Katy Saunders, Macmillan Cancer Support, 07850 208 987**