



Family Nursing & Home Care

**The Patient Experience Survey
Guidance for staff**

June 2017

Document Profile

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Contents List

1. Introduction
2. Policy/Procedure Purpose
3. Procedure
4. Quality Standards applicable
5. Development and Consultation Process
6. Dissemination and Implementation Plan
7. Appendices

1. INTRODUCTION

Family Nursing & Home Care (FNHC) recognises that to create a truly patient centred organisation and to deliver the best possible care there has to be genuine and meaningful involvement with our patients and carers so that they can genuinely influence and inform decisions.

A patient experience survey can demonstrate that an organization is interested in quality and in doing things better This Procedure is performed as a means of enabling FNHC to receive useful patient feedback on the quality of services being provided through a process of identification, benchmarking and monitoring.

1.1 SCOPE

These guidelines apply to all members of staff employed within FNHC who are involved in patient /client care. The purpose of this guideline is to define the process of when to capture patient/client feedback.

1.2 Principles

We must ensure we systematically listen to, capture and use the views and experiences of individuals, groups and organisations in the delivery, evaluation, improvement and development of our services.

The benefits of improving patient experience mean that

- Patients/clients have more control over their care and the ability to make informed choices about their treatment
- Patients/clients who have a better experience of care generally have better health outcomes
- Patients/clients who have better experiences may require shorter stays in hospital and less treatments.
- Patients/clients who have a better experience impact positively on staff experience and the culture of the organisation
- Patients/clients who have better experiences enhance the reputation of the organisation

2. VISION

Family Nursing & Home Care's vision for Patient Experience is a patient focused organisation actively seeking the views of our patients and carers and engaging them in shaping and developing our services whilst consistently providing high level, quality care. We want our patients to have the very best experience of community services in Jersey

FNHC vision is that:

1. We will be the Island's leading nursing and care service in the community.
2. We will provide services that allow people to be cared for and remain at home.
3. The care we give will be compassionate and excellent to enable people to live life as fully as possible.
4. We will develop and improve to ensure that people receive the best care.

FNHC vision reflects the services that are provided and which seek to give children the best start in life; where appropriate keep patients out of hospital, in their place of residence and maintaining their independence for as long as possible and to provide support and care when at the end of life.

Priority

It is against this background there are three priority areas have been identified:

1. Ensuring a systematic approach to capturing feedback – empowering staff with the tools and techniques with which to collect feedback and ensuring this informs the organisational wide plan

3. Action for improvement – using patient experience information alongside other quality data to make demonstrable improvements to care and systematically implementing improvements

4. Building meaningful and systematic engagement – Sharing and building on Where good engagement and involvement of our patients and carers exists and supporting development across the organisation

To turn these themes into reality a number of specific goals have been identified (Appendix 1).

5. PROCEDURE

The Survey Tool

The survey tool is composed of 7 questions

Sampling frequency will be different according to divisional patient/client group.

Adult Services will survey patients/clients

- At the start and finish of episode of care if less than 6 months.
- For those patients not expecting to be discharged in 6 months then at the start of the episode of care and 6 monthly.

Child and Family will survey clients /patients /parents

Health Visitors

- Follow up visit
- Weaning visit
- 1 year and 2 year developmental assessment

School Nurse

- Immunisation's
- Selective health assessments

Looked After Children

- BAAF assessments
- 6mth or annually

CCNT

- At discharge
- During palliative care pathway

Community Nursery Nurse

- Group attendance

Rapid Response and Reablement will survey patients / Clients

- On discharge

Family Nursing & Home Care will undertake a survey of all clients/patients where appropriate. Training will be provided for staff on the use and access of the survey during iPad training and on induction for new staff.

- The procedure is to be followed by all staff throughout FNHC.
- The Survey Tool will be accessed via an app on the IPAD
- The Survey instructions will be at the beginning of the survey for the patient/client to read
- A carer / relative/ friend can complete the survey on behalf of the patient /client
- A carer or relative can complete the survey regarding their experience.
- Staff will explain to the patient /client the purpose of the survey and show the patient/client how to complete it.
- Staff will offer assistance if required otherwise the patient/client will be asked to complete the survey independently of staff member
- Once the survey is completed it will automatically be sent to a central point on the Survey Monkey System and collated

Survey Results

Survey results will be distributed quarterly to the Operational Leads, the senior Management Team and form part of the quarterly performance and quality report.

It is the responsibility of each Operational Lead in conjunction with the relevant Team Leader to ensure that where indicated by the survey results, appropriate improvements are made with regards the delivery of services.

Where a patient who has been surveyed responds with a concern, it is the responsibility of the Quality and Governance Lead in conjunction with the Operational Leads and Team Leaders to follow up on this concern.

Reporting and Accountability

Delivery and performance in this area will be monitored through the Operational Governance Meeting and ultimately by the Committee via the Quality report. This includes quantitative and qualitative data on patient experience including narrative, complaints and compliments, themes, actions and learning.

6. DEVELOPMENT & CONSULTATION

The guideline was developed by the Quality and Governance Lead in response to the implementation of organizational electronic records and the requirement to capture patient experience.

6.1 CONSULTATION SCHEDULE

Name	Title	Consultation Date
Tia Hall	Adult Services Operational Lead	17/10/2016
Clare Stewart	Out of Hospital Operational Lead	17/10/2016
Michelle Cumming	Child and Family Operational Lead	17/10/2016
Elspeth Snowie	Clinical Effectiveness Facilitator	17/10/2016
Justine Bell	Education and Training Coordinator	17/10/2016
Claire Whelan	Information Governance Officer	17/10/2016

7. DISSEMINATION AND IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Information Governance Officer	Within 2 weeks following ratification
Policy to be placed on FNHC Central Files	Information Governance Officer	Within 2 weeks following ratification
Staff to sign up to documents if relevant	Operational Leads	Within 2 weeks following ratification

8. APPENDICES

Appendix 1 Patient experience plan

Appendix 1

Patient Experience Plan



Priority area	Goal	What will success look like	Timescale Short -S Medium -M Long-term - LT
Ensuring a systematic approach to capturing feedback	<p>Develop and implement effective mechanisms for</p> <p>a) capturing and measuring patient experience through survey monkey</p> <p>b) Systematically implementing improvements to care.</p>	Success will be measured by extending the range (e.g. social media) and scope of how we capture feedback and demonstrating improvement in measures	Short – Medium term
Action for improvement	<p>Capture and use the views and experiences of patients, families and carers, in the evaluation, delivery and improvement of our services.</p> <p>Develop effective mechanisms for feeding back to our patients, families and carers and commissioners what we have done as a result of their feedback and involvement.</p>	<p>Success will be measured by citing increased examples of how services have been improved as a result.</p> <p>Success will be measured by demonstrating improved and increased visibility and transparency of when things go well (compliments) as well as when things go wrong (e.g. complaints) demonstrating improved and increased profile of what actions</p>	Medium – Long term
Building meaningful and systematic engagement	Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development.	Success will be measured by an increase in participation in initiatives and profile	Long term