Patient Reporting and Action for a Safe Environment

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PRASE

• Background
  – Theory
  – Imperative
  – What makes PRASE different
• Collecting feedback
• Using the feedback
• Recommendations
• The Future
What is PRASE?

• PRASE is an evidenced based system for collecting patient feedback about how safe they feel whilst in hospital AND working with the ward team to improve care.

• Developed by the Yorkshire Quality and Safety Research Group
The Yorkshire Contributory Factors Framework

- Active failures
- Situational Factors
- Local Working Conditions
- Latent/Organisational Factors
- Latent/External Factors

YQSR
Yorkshire Quality and Safety Research Group

PRASE
Bradford Institute for Health Research
Making Research Real
Can patients tell us about safety?

Can patients report patient safety incidents? A study on behalf of PRASE Group

Jane Kathryn O’Hara,1,2 Gerry Armitage,2,3 Caroline Reynolds,2 Claire Coulson,4 Liz Thorp,2 Ikhlac Din,2 Ian Watt,5 John Wright2,6

ABSTRACT

Introduction Emergent evidence suggests that patients can identify and report safety issues while in hospital. However, little is known about gathering safety concerns potentially providing an opportunity for health services to gather patient feedback from their perspective.

Developing a reliable and valid patient measure of safety in hospital

Developing a patient measure of patient-reported safety concerns in a hospital setting? An exploratory pilot study of three mechanisms

Rosenbaum, S. G., Armitage, G., Reynolds, C., Coulson, C., Thorp, L., Din, I., & Wright, J.
Measuring patient feedback about safety

**Patient Incident Reporting Tool (PIRT)**
- Tell us about the **good** experiences of care during your hospital stay.
- What has **concerned** you about your care, or the care of others, during your stay in hospital?
- **WHY** do you feel this was a safety concern for you?
- What do you think could be done to **PREVENT** it happening again?
- Patient’s perspective on preventability and severity.

**Patient Measure of Safety (PMOS 30 questionnaire)**
- Communication & Team Working
- Ward layout
- Delays
- Access to resources
- Staff training
- Information flow
- Organisation & Care Planning
- Staff roles & responsibilities
- + Dignity & Respect
Why listen to patients?

- Patient safety problems exist throughout the NHS as with every other health care system in the world.
- ‘Clear warning signals abounded and were not heeded, especially the voices of patients and carers.’
- Growing evidence that patient experience, safety and clinical effectiveness inextricably linked
A commitment to act

- Place the quality of patient care, especially patient safety, above all other aims.
- Engage, empower, and hear patients and carers at all times.
- Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.
- Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.
We already get patient feedback

Halo & horns

• Thank-yous
• ‘Friends & Family Test’
• Patient opinion
What about Mr & Mrs Average
PRASE patient feedback is different?

- Specifically about safety
- Feedback collected whilst in hospital by an independent person
- Feedback not just *given* to a ward
- Action planning
Collecting the Patients’ Feedback

- Research team
- Medical students

UNIVERSITY OF LEEDS

- Volunteers
- The Health Foundation
- Closing the Gap
- Improvement Academy
The Volunteers – selection & training
The Volunteers - outcomes
I feel that the strength of the PRASE Project lies in the trust, respect and collaboration between patients, volunteers and all the professionals who are involved with the project – a positive multi-disciplinary approach. Wendy Paley, Volunteer
## Report Summary

<table>
<thead>
<tr>
<th>Domain</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Dignity and Respect</td>
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<td>Communication and teamworking</td>
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<td>Organisation and care planning</td>
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<td>Access to resources</td>
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<td>Ward type and layout</td>
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<td>Information flow</td>
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<td>Staff roles and responsibilities</td>
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<td>Delays</td>
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### Key
- **Negative-**
- **Negative**
- **Neutral**
- **Positive**
- **Positive+**
- **Something Good**
- **Concerns**

### Notes
- ✔️ = Positive feedback
- ✗ = Negative feedback
- ! = Concerns or areas for improvement
## Organisation & Care Planning

<table>
<thead>
<tr>
<th>Question</th>
<th>Patient Comments</th>
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<tbody>
<tr>
<td>My medicines were always available</td>
<td>Medicines that are available on ward e.g. Painkillers are readily available but patient had to wait about 4 hours for eye drops to come from pharmacy and was in some discomfort. Patient had been seen by dr at about 8 a.m. But could not go home until medication had arrived from pharmacy. Patient queried whether there could be a better system. Patient had to keep asking staff for pain killers and patient kept track of times taken for own record although this was also recorded in notes.</td>
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</tbody>
</table>
How do teams use the PRASE feedback?
Challenges at the front line

• To **engage staff** with the PRASE report.

• To create the **time and space** (head and physical space) for the multidisciplinary team to consider the data on a regular basis and action plan for improvement.

• Organisational **support** & mechanisms for feeding information ‘up’
Evidence of Improvement

• Formal evaluation
  – Safety thermometer
  – PMOS scores
  – Safety culture

• Improvement stories
  – ward information
  – ward environment
  – ward rounds
  – night staffing
It isn’t clear what to expect as a parent of a child in hospital.

- When is there a play specialist?
- Do I get fed?
- When will my child be seen by a doctor?
- I don’t understand the order children are seen on the ward round.

We have produced a leaflet that explains what to expect during the stay on your ward.

We will let you know each morning when we expect you to be seen by the doctor.

BRI ward 17
Staff opinion

“PRASE allows you to walk in the patients’/parents’ shoes”

Ruth Tolley,
Matron, Paediatrics,
Bradford Royal Infirmary
• PRASE asks about things that matter to the patients. It gives us ward level data that can be owned by the ward team (rather than service level data that is delivered to them). The Volunteers feel connected to the ward, and want to see improvements.

• Cath McMain
  • Patient Experience Service Improvement Co-ordinator
  • Barnsley Hospital
• **PRASE is a powerful, evidence based tool to capture patient feedback on patient safety. It is local (ward based, rather than top down) but with the capacity for trust wide collation. It can improve interdisciplinary relationships and enhance a culture of true patient-centred care.**

• Robin Jeffrey
• Consultant Renal Physician
• Bradford Teaching Hospitals NHS FT
Recommendations for Implementation

• Infrastructure in place before beginning
  ➢ organisational level
  ➢ volunteer services

• Joined-up approach between parts of infrastructure

• Ward level engagement and ownership

• Opportunity to have MDT meetings supported by independent facilitators / improvement staff
The Future...

• Continue to work with the current PRASE wards & recruit more
• Collect evidence of impact
• Test impact of new software
• Inter-professional healthcare student pairings
• Validate PMOS 10
• Develop PMOS for other clinical settings
Questions??
Acknowledgements

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