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# Barriers and facilitators of a near real-time feedback approach for measuring patient experiences of hospital care

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## KEYWORDS

Barriers and facilitators;  
Relational aspects of care;  
Real-time feedback;  
Volunteer-led data collection;  
Use of patient experience data

## Abstract

**Objectives:** To contribute towards the current policy directive and recommendations outlined in the Francis Report (1) to strengthen relational aspects of hospital care and increase the use of a near real-time feedback (RTF) approach. This article offers insight into the challenges and enablers faced when collecting near real-time feedback of patient experiences with trained volunteers; and using the data to facilitate improvements.

**Methods:** Feedback was collected from staff and volunteers before, during and after a patient experience data collection. This took the form of both formal mixed methods data collections via interviews, surveys and a diary; and informal anecdotal evidence, collected from meetings, workshops, support calls and a networking event.

**Results:** Various challenges and enablers associated with the RTF approach were identified. These related to technology, the setting, volunteer engagement and staff engagement. This article presents the key barriers experienced followed by methods suggested and utilised by staff and volunteers in order to counteract the difficulties faced.

**Conclusions:** The results from this evaluation suggest that a near real-time feedback approach, when used in a hospital setting with trained volunteers, benefits from various support structures or systems to minimise the complications or burden placed on both staff and volunteers.

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## Introduction

This article presents an overview of the challenges and promoters associated with near real-time data collections of patient experience and the use of the resulting data for improvement purposes. We present barriers and facilitators

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specifically associated with an approach using tablets and trained volunteers. Ongoing feedback was collected from volunteers and hospital staff to identify contextual factors that affect the success of the approach. Specifically, we sought to determine the most salient barriers and enablers or facilitators that affected the success of the near real-time feedback approach. This included, whether volunteers provided an effective way to collect data and whether staff engaged with weekly reports of patient experiences.

This article may serve as a starting point for hospitals considering to implement near-real time data collections of patient experience using trained volunteers to facilitate improvements.

## Policy context

Patient experiences are considered to be a key component of high quality health care and provide one important avenue for measuring and improving the quality of patient-centred care [1-3]. Whilst patient experiences are important in and of themselves, they have also been shown to be correlated with other aspects of care quality. Specifically, they are related to safety and effectiveness [3-5] and are associated with better treatment outcomes, fewer complications and overall lower service use [6] as well as better staff experiences [7].

The need to systematically measure and improve patient experiences of care is consistently identified by policy makers [8,9]. Near real-time feedback has been identified as a method, which may facilitate ongoing data collection and continuous review of results [10]. However, a near real-time feedback approach to measuring and improving patient experiences has not yet been systematically evaluated to understand the challenges associated with the approach.

## Near real-time feedback and technology

Near real-time feedback in a hospital setting involves data collected from patients closer to the point of care. This involves asking patients about their experiences while they are still in hospital or shortly thereafter [11]. To ease the administrative burden and make data available for use more quickly, electronic equipment, such as bedside televisions, tablets or handheld devices are often used for near real-time feedback data collections [12].

Across England, various forms of near real-time feedback have been implemented in hospitals as of 2006 [13]. The Friends and Family Test (FFT), implemented as of 2012, provides an example of a near real-time feedback methodology. The implementation mode of the FFT varies across hospitals and includes comment cards, stationary kiosks featuring tablet computers and text messages patients receive shortly following discharge. The mode of administration has been shown to affect ratings provided by patients [14]. In addition, some modes place greater burden on staff, with regards to data collection and data entry [15].

While the mode-effects on response ratings have been explored, the use of a near real-time feedback approach has not been comprehensively evaluated to fully understand its potential to generate improvements to care. This research set out to address the gaps in the literature and

simultaneously contribute towards the recommendations for improving hospital care for older patients, specifically those aged 75 and above, and those visiting the A&E departments as outlined in the recent healthcare policy recommendations [16,17]. This focus within policy recommendations was derived from recent and independent inquiries in to the quality of care, which highlighted these patient groups as in great need for improvements to care, especially around relational aspects of care [1]. Similarly, the focus on improving hospital care has been outlined in policy directives [1-3]. Therefore, our research sought to address the recommendations, with a focus on contributing towards improvements in hospital care for these patient groups.

## Collecting feedback from older patients and those visiting the A&E department

Collecting patient experience data from older patients presents unique challenges as many patients present with long-term conditions and multi-morbidities that often affect hearing, speech, vision and cognitive processing [18]. While these challenges may not apply to patients visiting A&E departments, the transient environment, combined with recent or ongoing acute pain, shock and trauma experienced by patients make data collections equally challenging in A&E departments [19].

Therefore, no single mode of administration can be considered the best methodology of collecting data from these patient groups. In fact, as the needs and experiences differ greatly across these groups, a flexible or responsive data collection mode is needed, which can offer assistance to patients during the data collection process [20]. Well trained volunteers can provide a responsive approach to data collection from lesser heard groups. By rapidly determining any needs for assistance and providing help, data collections can be facilitated [21]. An additional benefit of the use of trained volunteers is that the data collection burden, which may otherwise fall on clinical staff, is reduced [20,21].

We describe the barriers and facilitators encountered during a near real-time patient experience data collection approach using trained volunteers. The feedback collected from patients focused specifically on the relational aspects of care, which is also referred to as compassionate care, and was reported back to staff on a weekly basis to inform decision making for improvement purposes.

In addition to the factors affecting the data collection activities with volunteers, we address the barriers and facilitators identified by staff that affect planning for and implementing improvements based on a near real-time feedback data collection approach. All factors were derived as part of a comprehensive evaluation to assess the effectiveness of the above-described approach. While value judgements of the effectiveness and usefulness of the near real-time feedback approach are beyond the scope of this paper, we hope, this article may serve as a starting point for hospitals considering the implementation of a near real-time feedback approach using trained volunteers to inform ongoing improvements.

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