



Feedback from patients

Content notes

“Everybody knows about getting feedback”. This session checks what participants mean by it, how to capture it and use it as a way of involving patients actively. When not to seek feedback is an important part of the discussion.

It looks at the effect of feedback on staff morale.

By the end of this session participants should understand

- that feedback from patients can be done well or badly (and know how to recognise the difference)
- how to use compliments
- encouraging feedback is a project that the whole team can engage with
- handling feedback well enables the process of engaging patients as partners

and be motivated to

- look at their existing systems
- revise systems to promote dialogue and positive feedback

as part of creating a dynamic cycle of patient involvement leading to improved service delivery.

A move from the passive to the proactive is required.

Gleaning information from patients is a passive activity for the patient unless they receive feedback and see change. If change is perceived, people feel empowered and are encouraged to take more responsibility.

There are many sources that give ‘how to’ information. Participants need to be encouraged to think about why they might use a form of feedback and whether doing so is a sensible use of time and money.

Participants should be given information and references to ensure they do not reinvent the wheel but concentrate on customising what they currently do.

The main issue is what to do with feedback once it is obtained.

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An exercise

Invite the whole group to brainstorm methods of feedback and write up the responses on a flipchart.

Break into small groups to discuss what experience they have of the different methods and of outcomes.

Recognition should be given to the fact that feedback may be via formal systems or can be simply verbal comments made to anyone within the practice and can be positive or negative. How can these be incorporated into the formal feedback systems?

Background information

Suggestion boxes - positive management

Suggestion boxes are often tatty boxes hidden in a corner. Too often they give the impression that the people who put them there don't expect them to be used and there is no indication that anybody empties them or that anything put in them has ever been acted on.

Experience has shown that

- feedback must give the opportunity to be anonymous
- patients are reluctant to put comments in writing
- patients are afraid of being denied access to services.

Box or book at reception

- reception is off putting
- patients are afraid of being identified by receptionists
- "The comments book at reception was never used"
- "the suggestion box and cards were used only once in 2 months"
- "children put sweet wrappers and foreign coins in the box"
- one team used a book to record any verbal comments and used these for action by the team.

How do we involve users of services with suggestion boxes?

- how is the notice of invitation phrased?
- does it include information on how often it is checked?
- has thought been given to the best place to put it?

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- can it be seen by someone who could intimidate the patient?
- are previous suggestions displayed on a notice board alongside how they influenced changes?
- is there a book in which staff can record oral comments made to them that is reviewed at regular intervals?

What encourages suggestions?

- influence of the senior clinician
- good rapport with patients encourages oral feedback
- there must be action on suggestions
- peer influence – having contact with other departments within the Trust and in the same discipline elsewhere who use different approaches.

Patient Surveys

Before we decide to invest money and resources we must ask ourselves “why are we doing it?”

Answers may include

- it looks good in our annual clinical governance report
- we know there is a problem and we want to see what the extent of the problem is
- we want to put pressure on an individual to change
- Section 11 says we must.

Example: A doctor who is often rude or late may be encouraged to respond to collective information but not to being spoken to.

We have to ask about the ethics of using patients’ time when we know what the problem is.

Experiences has shown that

- patients were reluctant to be interviewed in the department or ward (issue of identification)
- interviewers took no account of the patients’ vulnerability
- patients do not want to be approached when ill.

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Points to remember

- don't reinvent the wheel
- do keep the questions simple
- do make sure who is going to own the results
- do involve a user representatives in the process
- do remember some people cannot read small print
- do remember some people may be embarrassed by their writing
- do remember people are usually pleased to be asked for their opinions
- the first time but if there is no feedback you will lose their goodwill.

Possible task

Participants are asked to come up with examples of patient satisfaction surveys and what they did about the information they got

- did they know about the problem in advance?
- did they do something about it?
- could they have taken action without the survey?

Look at patient friendly examples

<http://www.4ps.com/pfa/evidencelistenexample1.htm>

Improving the patient experience in a radiology department

A radiology department were aware that reducing anxiety in patients produced easier examinations and was less stressful for staff. During a 4Ps programme, one of the helpers took the opportunity to talk to children, who had been very distressed before examination, once it was all over. She discovered that they were frightened of entering a dark room.

The lights were kept dim to save staff time, but dimming the lights after children came in saved even more time, because nervousness was reduced, and made everyone's life better. This was discussed in the next 4Ps session and staff realised that this change was likely to be beneficial for many, for example, the elderly, if not all, patients.

Issues around complaining

Complaints are a small percentage of overall feedback about services but have a huge adverse effect on staff morale.

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An exercise

Participants are asked to split into small groups and discuss any complaints they have made about services (not in the health sphere).

All are brought back into the whole group (not asked for feedback from small groups) and the facilitator leads a discussion covering

- 1 How did they feel about complaining?
- 2 What factors made complaining difficult?
- 3 Did they feel differently complaining about services than goods?
- 4 What is the difference?
- 5 Was the experience positive?

Use this session to draw together the learning and think forward to the health setting.

Move the discussion on to explore why a patient making a complaint causes us such anxiety.

Possible answers are

Shame

Injustice

Can be about things we can't remedy - powerlessness

Anger – "We did our best", "Who do they think they are?", "What do they expect?" etc.

The rest of the session should be geared to neutralising the negative feelings about complaints, reflecting on how participants felt as complainants and empathising with patients - given participants' feelings how might patients want them to respond to complaints?

What is a complaint?

Suggestion?

Request for information?

Response to bereavement?

Request for service?

Grievance with the world?

Dissatisfaction with care?

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What triggers a complaint?

Major causes

Attitude (arrogant, rude, distant)

Behaviour (late/no apology)

Communication (not being honest, especially when things go wrong)

Clinical

What does the complainant want?

Apology

Explanation

Change in service

Compensation

Staff disciplined.

Try to get participants to come up with a list of benefits from complaints (may be difficult for some who may need prompting – ask for examples from the list below).

Benefits of complaints

- Improved service
- Made us think
- Improved organisation
- Demonstrated the support available
- Recruited patient to give us regular feedback
- Additional resources made available
- Additional training made available.

What do participants do with positive feedback?

A specialist hospital received about 450 letters from patients a year. About 400 were complimentary the others were complaints of varying degree. The former were thrown away the latter were recorded and followed up. A change of manager resulted in the letters being retained and analysed so that positive points could be fed back to staff in regular newsletters.

Encourage participants to think about how they might encourage positive feedback and publicise it.



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