



Name of project: Increasing patient satisfaction survey returns to the Kent Continenence Service and Podiatry Service to pre-pandemic levels

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Kent Community Health NHS Foundation Trust

What was our aim?

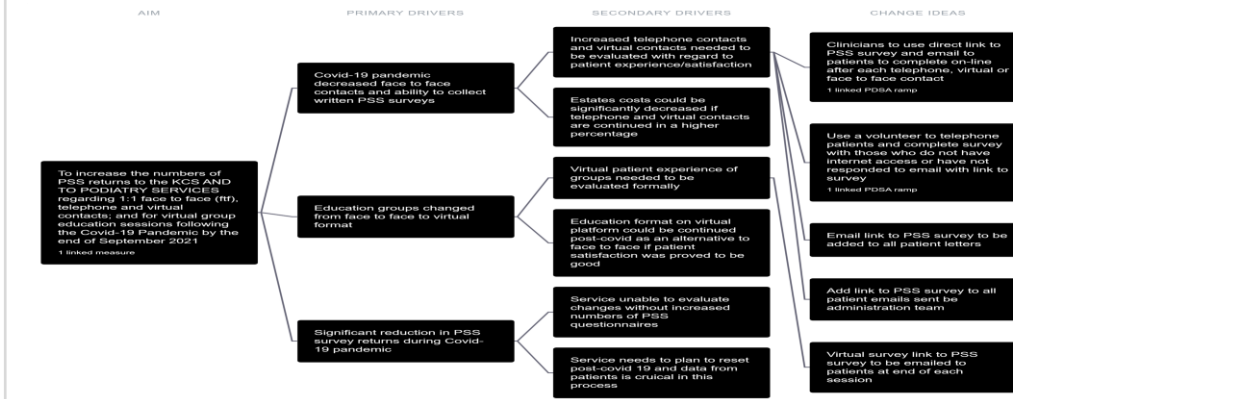
Our aim was to increase the number of patient satisfaction survey (PSS) returns to the Kent Continenence Service (KCS) and Podiatry Service, to at least the levels that they were prior to the pandemic, by the end of March 2022.

We wanted patients to be encouraged to give their feedback in order for the services to be able to identify service improvement ideas that were important to patients.

Why is it important to service users and carers?

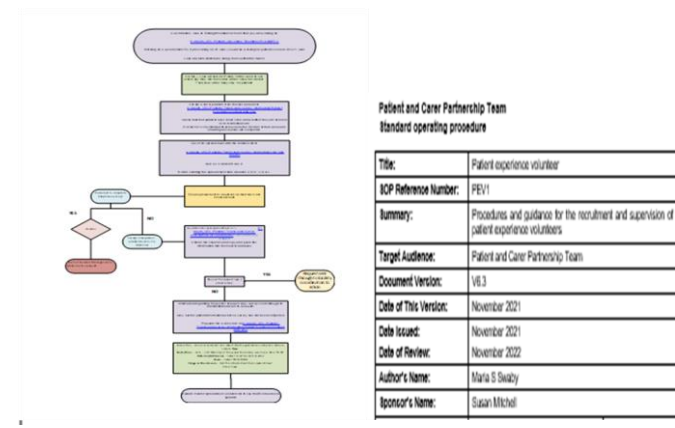
During the Covid-19 pandemic, face-to-face clinical contacts were significantly reduced. There was more contact by phone, due to the national lockdown and advice to work from home and patients were to attend only essential health care appointments. Half of the KCS clinical team were redeployed to other areas and therefore new ways of working were needed, to make sure all patient and service user needs were met. Virtual technology was introduced for both one-to-one appointments and face-to-face groups were also moved to a virtual platform. With the pandemic now subsiding, it is essential to be able to evaluate the altered practice of increased telephone appointments, virtual clinics and the virtual groups, to enable KCS to reset and reimagine the patient pathways. This cannot be done without patient involvement and increasing survey returns is the first step. A patient engagement group (PEG) or forum could then be formed to increase service user involvement in service redesign. Staff morale may also be improved with increased service user feedback. This project became a combined project with Podiatry who were experiencing similar issues with an increase in home visits and these patients were unable to complete forms online. Podiatry had started investigations into using a volunteer prior to the pandemic as feedback had not been requested specifically from these patients before. It is important to enable all patients be able to give their opinions and ideas regarding improvements to services, to ensure equity of care and access.

Driver Diagram with change ideas

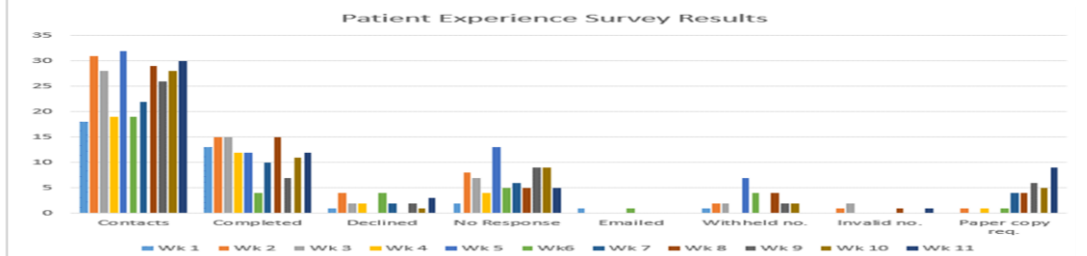


The tools we used

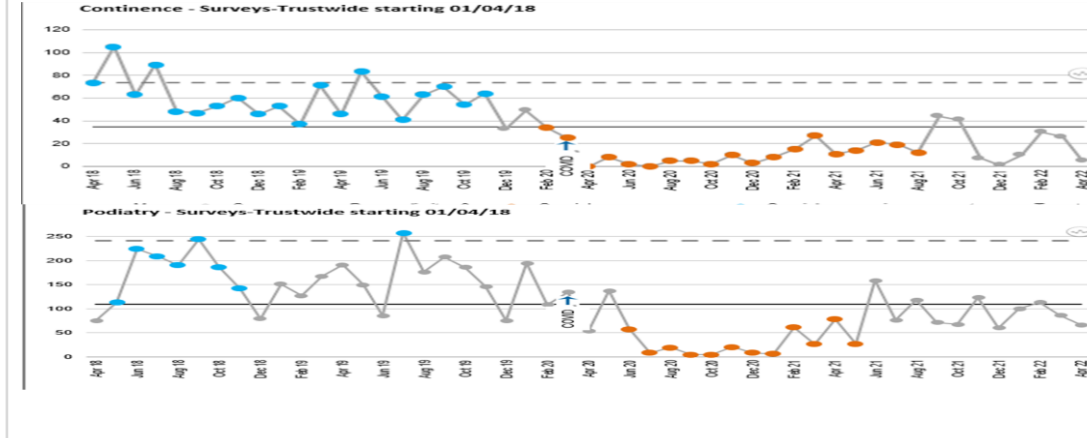
We used a driver diagram, process mapping and plan, do, study, act (PDSA) cycles. We involved all stakeholders in the project. Our change idea of volunteer usage was used as a pilot study and PDSA cycles were used to make sure we made small tests of change and that we problem solved prior to spreading the idea more widely. Process mapping and teamwork enabled administration time to be significantly reduced.



Results/How did we do/Anticipated outcome



Neither team achieved the aim of the initial QI project, however, there was improvement and in addition, a new process using volunteers to collect telephone feedback was developed which will benefit many services within KCHFT in the long term. You said, We did' actions by the services from surveys have been completed and shared. Services are alerted early if there are issues or concerns identified to the volunteers, by patients and these can then be addressed quickly. Unfortunately one of the volunteers has not continued with KCS.



What we learned and what's next

One of the change ideas to increase PSS survey numbers and to improve access for patients to be able to feedback, was to use a volunteer to telephone the patients. A pilot was set up using one volunteer for one service (Podiatry). Using QI tools and KCHFT policies and processes, a clear plan was formed to enable the development of a volunteer role, specifically for collecting patient feedback over the phone.

This pilot included involvement from Information Technology (IT), Information Governance (IG), Patient Safety, Safeguarding and Performance teams, in addition to the Patient and Carer Partnership Team, Podiatry and KCS. The pilot was then extended to KCS with another volunteer.

A job description, standard operating procedures (SOP), an advice sheet and training pack for volunteers were developed during the project in order to be able to recruit more volunteers to help with other services.

The PDSA cycles allowed the pilot to trial administration processes and data collection and now the time taken by the team's administrators to set up the volunteers is by far reduced and the teams would be happy to share their processes with others.

The other change ideas from the driver diagram need to be revisited by the teams. The importance of collecting feedback from patients needs to continue to be promoted by clinicians and service managers. It is hoped that future QI projects will be identified from patient feedback received.