Society for Acute Medicine Benchmarking Audit 2015: The Patient Perspective

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Abstract

Introduction

The Society for Acute Medicine Benchmarking Audit (SAMBA) is an annual national audit in the UK.

Methods

In SAMBA 2015 patient feedback questionnaires were introduced to help measure the quality of patient experience on Acute Medical Units (AMUs) over a 24-hour period on 25th June 2015.

Results

55 AMUs submitted data on 945 patients, of these 824 (87.2%) would be extremely likely or likely to recommend the AMU. Patients below the age of 50 were less likely to recommend the admitting unit ($p<0.013$). Positive comments were three times more common than critical comments (976 vs 323). Categories of staff attitude, quality of communication, timeliness of care and catering were dominant themes.

Conclusion

This survey has identified key themes for patients being managed on an AMU that can be used to guide future innovations.

Introduction

Patient feedback is a useful indicator of the quality of healthcare.[1] It promotes patient empowerment and engages patients in a partnership to drive healthcare improvement.[2] Good patient experience is associated with improved patient outcomes.[3] Therefore, identifying hospitals and units providing poor patient experience may be a tool for improving the quality of care.[4]

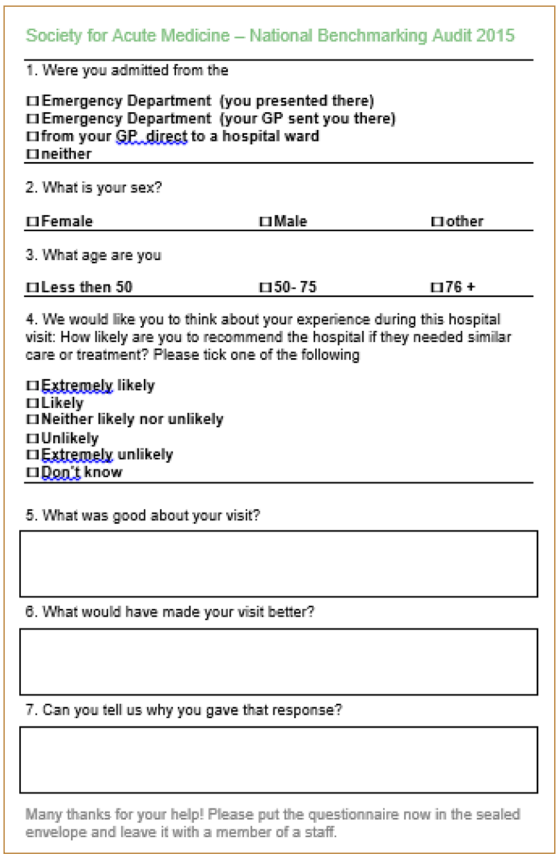
Patient experience is a key tenet of care delivery in the NHS. It is one of the three mandatory targets for improvement outlined in the 2012 Health and Social Care Act.[5] There are limited data regarding patient experience on Acute Medical Units (AMU). This is in part due to the fact that Acute Medicine is a relatively young specialty and that it is exist at current only in the United Kingdom, Ireland and the Netherlands. Feedback at the 'front-door' has therefore often been limited to the experience of patients in emergency departments.

The Society for Acute Medicine Benchmarking Audit (SAMBA) is an annual national audit examining the quality of care delivered in AMUs in the UK.[6,7]

Methods

In SAMBA 2015 patient feedback questionnaires were introduced to help measure the quality of patient experience on AMUs. Members of the research committee of the Society for Acute Medicine (SAM) developed a questionnaire to derive how likely patients were to recommend the hospital based on the Adult Inpatient Survey (AIPS).[8]

Following a pilot study on the AMU at Ysbyty Gwynedd, Wales the questionnaire was modified to include the mode of patient admission. A free comments box was split into three categories: "what was good about the visit?", "what could be improved?" and "why did you give this response?" (Figure 1).



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1. Were you admitted from the

☐ Emergency Department (you presented there)
☐ Emergency Department (your GP sent you there)
☐ from your GP, direct to a hospital ward
☐ neither

2. What is your sex?

☐ Female ☐ Male ☐ other

3. What age are you

☐ Less then 50 ☐ 50- 75 ☐ 76 +

4. We would like you to think about your experience during this hospital visit: How likely are you to recommend the hospital if they needed similar care or treatment? Please tick one of the following

☐ Extremely likely
☐ Likely
☐ Neither likely nor unlikely
☐ Unlikely
☐ Extremely unlikely
☐ Don't know

5. What was good about your visit?

6. What would have made your visit better?

7. Can you tell us why you gave that response?

Many thanks for your help! Please put the questionnaire now in the sealed envelope and leave it with a member of a staff.

Figure 1. Questionnaire for the patient feedback

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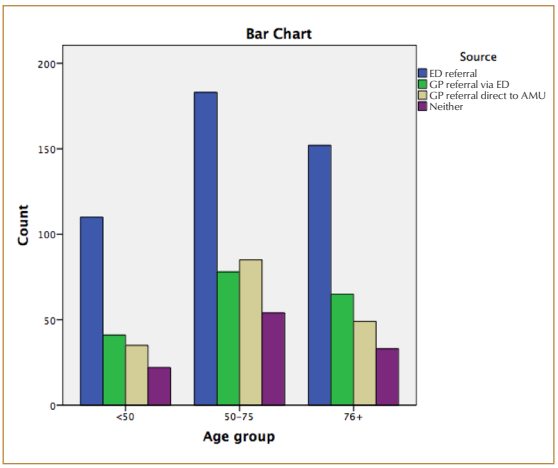


Figure 2. Breakdown of participating patients according to age and source of admission to the Acute Medical Unit (AMU). Emergency Department (ED) referrals, General Practice (GP) referrals via ED, and GP referrals direct to AMU were the main categories. Other pathways are summarized under neither and include referrals from outpatient clinics and other hospitals.

A copy of the questionnaire was distributed to each of the participating AMUs for SAMBA 2015. Local collaborators distributed and collected the questionnaires at each unit. Responses were completed anonymously and placed in a sealed envelope. Units submitted their questionnaires via an online system to help standardize data formats and enable central analysis.

Patients aged 16 or above who were assessed on an AMU over a 24-hour period from midnight to midnight on 25th June 2015 were included. For patients who were unable to complete the questionnaire as a result of any condition, such as dementia or visual impairment, their family or friends were asked to complete it on their behalf. Elective patients and those unable to complete the questionnaire with no family or friends present were excluded.

The need for ethics approval was waived as the limited data items requested were in line with national guidelines for audit. The North-West Wales Ethics Committee re-approved this approach in 2015.

Table 1. Friends & Family Questionnaires from SAMBA'15 – Thematic analysis, comments & quotations

Category of comments	Positive	Negative
Staff attitude	638	15
Patient-Staff Communication	86	30
Information about Diagnosis	13	5
Information about Treatment	82	16
Staff work load	3	34
Quality of Catering	26	44
Room Temperature		8
Activities in hospital	1	20
Quality of beds		13
Sleep disturbance		15
Timeliness of care	99	76
Noise levels		15
Visiting by friends and relatives	4	10
Discharge planning	2	19
Cleanliness	22	3
Total	976	323

Results

Patient characteristics

SAMBA 2015 was conducted on Thursday 25th June 2015. Out of 90 hospitals taking part in the SAMBA 2015, 55 submitted data on patient feedback on 945 patients (Range per unit 1 to 43 patients, mean 17). 448 (47.4%) patients were male. 211 (22.3%) patients were less than 50 years old, 409 (43.3%) were between 50-75 years old and 319 (33.8%) were over the age of 75 years. 6 patients did not submit an age.

450 patients were referrals from ED; 353 patients were referred by GPs, but 184 of these were admitted via the ED (Figure 2).

There was a total of 1960 patient attendances at the 55 AMUs participating in SAMBA 2015 giving an overall response rate for the Friends and Family questionnaire of 48%. Rates of return varied between 2 and 100%. The median rate of response at unit level was 46%.

Patient feedback

824 (87.2%) would be extremely likely or likely to recommend the AMU. Patients below the age of 50 were less likely to recommend the admitting unit ($p<0.013$). The range of patients who would choose these outcomes varied between units. There was no significant difference between patients admitted through the ED or directly onto the Acute Medical Unit.

1336 free text comments were submitted relating to what are, for patients in Acute Medicine, key components of care. Positive comments were three times more common than critical comments (976 vs 323, Table 1). Example comments were selected by the team of authors including a patient representative (SS) (Table 2). Staff attitude was a dominant subject within the positive comments. Key themes included reassurance, information about treatment and timeliness of care. The timeliness of care appears to have a key impact on patient satisfaction with its poor performance reflecting the most frequently commented upon negative aspect of care and its good performance the second most important positive aspect of care.

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Discussion

SAMBA 2015 has shown high levels of patient satisfaction on AMUs. 87% of patients would be extremely likely or likely to recommend the AMU on which they were being treated. Many patients, despite recommending the unit, identified areas where their experience could be improved and key themes were able to be highlighted.

Gender and age are known to influence scoring in patient satisfaction surveys.[9] This is reflected in our survey, with patients under the age of 50 being less likely to recommend the Unit, and given the older population in our study, this may explain the generally positive responses.

Direct admission to an AMU is an aspiration for acutely unwell medical patients but is currently limited by flow.[10] There was no difference in satisfaction between patients admitted directly to AMU and those admitted via the ED. This is slightly surprising as one might have expected higher satisfaction among patients admitted directly to an appropriate unit. This may reflect the importance for patients of a sense of continued activity and progress through their journey and increased interactions with hospital staff.

AMUs can improve patient experience during the crucial and often stressful early phase of acute medical illness.[9,11] Innovations and adaptations so that ongoing improved outcomes on AMUs can be achieved in part need to be driven by patient feedback. Improved models of care, with earlier Consultant review, better communication and easier access to health care professionals need to be continually evaluated.[9-13]

In order to cross validate our data we reviewed online data from NHS England. AMUs were often not identifiable from the dataset but in units that were identifiable often no data or only small samples of patient data had been submitted. SAMBA's patient feedback questionnaire is therefore able to close a gap in the evidence and serve as a benchmark.

Our survey suggests staff attitude is the key factor influencing patient experience. Patients want to feel welcome and cared for. It is therefore possible that experience could be improved by the offer of a beverage and something to eat on arrival as the comments received in our study showed that some patients arrive at hospital having missed meals. It seems to be the actual interaction and act of welcoming with a beverage that patients desire. This may put patients at ease, making them feel welcomed and therefore reduce their focus on their waiting times. Patients have mentioned that they like being given a schedule of when things will be done as it sets them at ease.

The weaknesses of this study are that as a one day audit it may not be representative. Furthermore, as a snapshot questionnaire some patients stated they had not completed their patient journey and could not make

Table 2a. Sample positive comments

"All of the staff are doing their best for us."
"I was very impressed with everyone even in the middle of the night they just got on with their job still smiling. I cannot say more than thank you, thank you, thank you."
"Staff were efficient, approachable and friendly."
"Although they were so busy they still managed to keep me pain free."
"Staff very efficient and caring under the circumstances, as they are under a lot of pressure."
"Staff who showed real concern for my welfare and listened carefully to what I said. I was assured that calling for help was the correct thing to do. I think everyone did their best and I cannot think of anything to be improved."
"People listened to me and accepted what I said."
"Good explanation and condition and follow-up treatment."
"It was nice for all staff and doctors to take time explaining my husband's condition."
"They calmed me down and explained what needed to be done quickly."
"Nurses and doctors been very helpful and thorough with checks."
"Seen quickly by appropriate specialist."
"Been made sure I am comfortable at all times."
"The best thing about this hospital is the other patients."

Table 2b. Sample negative comments

"Nurses didn't introduce themselves."
"I've been given no idea of what next steps are for my treatment. Doctor said one thing would happen hours later nothing moved on."
"All staff rushing around, not enough of them."
"Staff slowed down by equipment breaking."
"Would have liked more updates and information once on the ward."
"Should have 1 nurse per patient- seeing different nurse each time is bad."
"Problems though with systems - there was a lot of time wasted because of repeating information to numerous different people. It was a waste of time to be sent from an out-of-hours GP to ED to AMU".
"Communicate bed availability more- beds near me were free."
"Lying in trolley too long."
"Had to attend and then return for scan, would have been better if able to do all on same day."
"I was left a long time not knowing what was going to happen. I felt like I was invisible."
"Medicines were delayed as computers weren't working."
"Constant beeping of machines was almost unbearable. Noisy patients. I needed peace and quiet and could not get it."
"Signage in the hospital wasn't good. Couldn't find my mum's bed."
"Good quality of care. But would have liked the option of decaffeinated Tea."

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a definitive judgement. Recommendation questions to evaluate a healthcare service may mislead patients in the view of recommending the particular treatment as opposed to care they received.[14]

Personal contact reduces the anonymity of the questionnaire and may influence patient responses.[15] Feedback forms being collected whilst patients are still in the AMU may give patients a reason to think their treatment may be hindered if they gave a poor recommendation. Feedback preferably should be collected just before discharge, although this may lead to recall bias as patients usually get transferred between several wards during their stay at hospital.

Future research should be aimed at ongoing evaluation and assessment of patient experience on AMUs. Focus on younger patients, who are currently most dissatisfied with care, is important and consideration of the utilization of apps or social media may be popular in this cohort.

Conclusion

SAMBA 2015 has shown good levels of patient satisfaction on AMUs. This survey has helped identify key themes and priorities for patients being managed on an AMU. These can be used to guide future projects and innovations to improve patient experience on AMUs.

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Conflict of interest

Nothing to declare.

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