

# Making Experiences Count Impact on Trust Services across the 4 Dimensions of the Patient Experience 2010/11

## Clinical Care, Quality & Patient Safety

### You Said

'My relative had been diagnosed with a known aortic aneurysm yet direct questioning in relation to this was not carried out.'

### We did

A 'Request for Change Form' was submitted to the International Academies of Emergency Dispatch to change the protocols section relating to aneurysms. The amendment directly asks if patients over 50, with back or abdominal pain, are known to have an aortic aneurysm.

### You Said

'I suffered a fall and the examining Clinician left me at home. I self-presented at hospital and it transpired that I had sustained a fracture.'

### We did

The Clinician carried out a voluntary shift in a Minor Injuries Unit to further develop their assessment skills and their understanding of the clinical presentation of certain fractures.

### You Said

'A GP working for the Urgent Care Service prescribed me medicine which caused a reaction and further complications.'

### We did

The GP was formally reminded to request full medical history from patients to ensure that contra-indications to medications are investigated with the patient.

## Access & Waiting

### You Said

'I keep experiencing problems with my patient transport due to my location and the hospital appointment times.'

### We did

The PTS Manager liaised with the hospital in question to tailor the patient's appointment times to suit their care package.

### You Said

'I was advised that I could not travel to a hospital appointment, as the ambulance that arrived could not carry patients in excess of 20 stone in weight.'

### We did

The Trust now has a procedure in place that when a bariatric patient is booked; the call taker will print off the booking and pass to the Dispatcher who will arrange a Risk Assessment to ensure that the correct service is available to the patient.

## Making Experiences Count

In line with the NHS and Social Care Complaints Regulations 2009, the Trust rebranded compliments, comments, concerns and complaints received under the name of Making Experiences Count (MECs). These are referred to as the 'four C's'. The Trust is committed to treating all feedback it receives with the same degree of seriousness and, therefore, manages all it receives with a focus on the issues raised rather than the mechanism used to do this.

The Trust does not only focus on complaints, but on the full range of feedback received from patients and the public. It uses all feedback as a chance to learn, and so improve the service provided to patients.

The Trust has further shown its commitment to Quality Clinical Leadership with the appointment of an Emergency Care Practitioner Clinical Support Officer to the role of Senior Quality Patient Experience Manager, within the Making Experiences Count Department. This adds to the previously established model of Clinical Leadership by ensuring the lessons the Trust learns from comments, concerns, complaints and compliments are embedded in clinical practice, further enhancing the quality of care patients receive.

Clinical development and Trust wide learning is encouraged through the publication of clinical articles and advisory documents based on patient and public feedback.

There were nil Ombudsman's Office independent reviews during 2010/11, which reflects the Trust's excellent complaint handling approach and its openness, transparency and honesty when co-ordinating patient and public feedback.

## Communication

### You Said

'My mother regularly falls. The call-handler was not considerate in their approach and suggested I lifted my mother myself.'

### We did

The call-handler underwent personal reflection and additional training but, during the course of managing this concern, the MEC Team established that the complainant was unwell and vulnerable themselves. In co-operation with the complainant a vulnerable adult form was submitted to the local Social Services to request that a meeting be held to discuss any additional care or respite available.

### You Said

'I suffer from Aspergers Syndrome and become very distressed by interruptions to normal routine. An ambulance was called to my address by a concerned third party. I would like a flag alert on my address to advise attending ambulance crews of my condition and my possible reaction'

### We did

A flag alert has been placed against the complainant's address to ensure that attending ambulance crews are aware of the complainant's condition. This flag also ensures, where possible, that the patient is alerted to the arrival of an ambulance prior to its arrival.

## Security, Vehicles & Driving Issues

### You Said

'I am a wheelchair user and a victim of domestic violence. I need to be able to get out of the street. On occasions, ambulances have blocked this for over two hours'

### We did

The Clinical Support Officer issued a memo to all staff not to block the complainant's road unless they were attending to a red category call requiring an eight minute response.

### You Said

I am a very keen cyclist and the general attitude of drivers towards cyclists, and emergency service drivers in particular, frustrates me. I feel there is a lack of awareness of cyclists by ambulance drivers'

### We did

To address the apparent lack of awareness, the Trust asked the complainant to help draft a guidance document for all frontline operational staff.