

DEVELOPING A ‘PATIENT-FACING’ REPORTING FORMAT FOR THE BRS PATIENT SURVEY TO MAXIMISE TRANSPARENCY OF RESULTS AND IMPROVE PATIENT EMPOWERMENT

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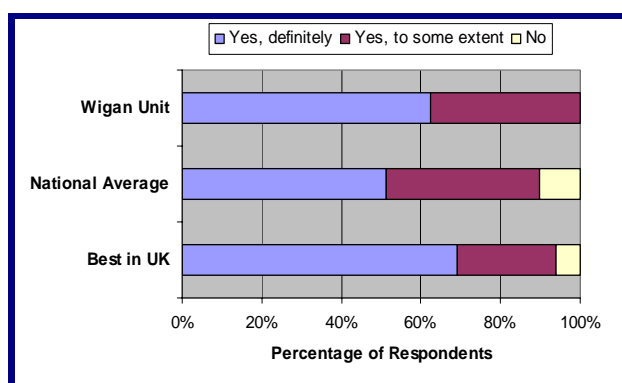
DEFINITION: Progress against many of the standards in the Renal NSF can be measured by a haemodialysis patient questionnaire, which was specifically produced by the ‘Criteria for Success’ group. This was piloted initially in 5 units, then delivered in units representing 25% of the UK’s haemodialysis population in 2006. The results were reported as showing ‘differences between units and differences between our aspirations and the reality of service delivery as perceived by patients’. Presentations of the ‘provider-facing’ results of this survey were developed and are available on the BRS website, so units can readily benchmark their comparative performance. However no ‘patient-facing’ format has been similarly developed.

PROBLEMS: Patients who have taken the time to give their views need to have results displayed to them in an accessible format accounting for a wide range of health literacy.

PURPOSE: To work with key local stakeholders at a satellite renal unit to develop a ‘patient-facing’ report of the BRS HD Patient Survey for distribution to patients and families and as material that can be incorporated into a balanced-score card management system. To allow clear benchmarking of the patient’s unit against the average and best in UK results on key patient-experience performance indicators.

DESIGN: The results and a first draft layout were sent to the clinical team and were discussed in a patient focus group and in one-to-one sessions on one of our satellite units. In the first instance patients marked which questions were of most and least interest or relevance to them. The least relevant were removed and the total number of questions were thus reduced from 28 to 19 ‘key’ questions, to constitute a shortened report of the survey results. After further consultation, questions were clustered into the following sections 1). medication and treatment, 2). support, 3).communication and 4) transport.

Different patients favoured different degrees of detail; a composite score in each of the 4 sections was therefore derived to allow a ‘How is my Unit Doing’ at a glance format – equivalent to an executive summary. Answers to the entire questionnaire were also made available for a web-format for transparency. Several iterations of design-layout and text were made until these final versions were deemed satisfactory by the patient focus group.



Involvement in decision making

Your unit is performing well in comparison to the national average.

Patients were asked if they were involved in decisions made about courses of treatment taken. All respondents answered “yes definitely” or “yes to some extent”, meaning that patients thought they were consulted about the course of treatment undertaken. (Question 5)

FINDINGS: In long-term conditions, best-practice advocates a shared agenda between the person with CKD and his/her care team. Making information readily available about the quality of care – and the gap between that experienced and potentially achievable - in formats that take into account the wide spectrum of health literacy in the UK, is essential to achieving these goals. We worked with our HD patient stakeholders to coproduce a ‘patient-facing’ report of the BRS HD patient survey for local use. We hope making the results available in this way will strengthen the partnership between us as providers and our service-users and accelerate improvement in the patient HD experience.