

Care rounds: hot patient feedback enabling team care education

A key recommendation of the Francis Report (the government enquiry into poor quality care in an acute NHS hospital) is that ‘all staff should contribute to a safer, committed, compassionate and caring service’ (Francis, 2013). Do we?

What better way of exploring the patients’ experience than by asking patients directly? And what better way perhaps of moulding a clinical team into providing better care than by giving them hot (i.e. timely) feedback?

I have been doing a 30-minute ‘care round’ in our emergency department a couple of times a month for the past 12 months. On a non-clinical shift I interview two or three patients at the trolley side, with some emphasis on targeting vulnerable patient groups and those patients who have been in the department for a good while. Examples of the patient groups I target include the frail, those with cognitive impairment, the young, the disturbed and those who have been waiting for a long time (over 3 hours). I’ll seek feedback from any accompanying family members or carers too.

Professional courtesy dictates that I ask permission of the duty senior doctor and nurse running ‘majors’ and ‘minors’ respectively to perform the ‘care round’. From experience discussing with them which might be suitable patients is worthwhile, e.g. highlighting those who are potentially disgruntled.

As a distinguishing feature I wear my white coat over my scrubs. I introduce myself to the patient (and company) as one of the senior doctors but not the one looking after them, and then inform them that my main purpose is to ask: ‘how we, as a department, might have cared for you today?’ Supplementary questions, tailored to the individual, might include those in *Table 1*. I tend to finish with ‘What do you think we could have done better?’ I tell them that

I will shortly feedback their comments to the team and I thank them for their time.

I routinely ‘care round’ in time to address the late afternoon departmental handover which involves all medical staff. I deliver feedback to nursing staff, reception staff and admin workers beforehand. In no more than 5 minutes, I share the patients’ experiences which are generally really appreciative. I name the clinician(s) involved before focusing on areas of care needing improvement, examples of which are given in *Table 2*. Themes such as limitations in addressing pain and offering food and drink have become less frequent over time. I then spend 10 minutes producing a written summary which is distributed to all staff within the emergency department by group email, and also incorporated within the monthly departmental care newsletter.

Taking no more than half an hour interview time and 15 minutes feedback makes care rounds feasible and sustainable. As a corollary, several senior executives have taken up my invitation to join a care round,

KEY POINTS

- Time the care round so you have an audience to feedback to.
- Consider wearing a white coat to distinguish you from colleagues who are on clinical shifts.
- Maintain professionalism: always ask your team leaders if you can talk to their patients beforehand.
- Give hot (timely) feedback to all appropriate staff members.
- Send supplementary emails to all.

allowing them to experience frontline hospital services directly from the patients’ perspective.

Conclusions

The Francis Report concerned poor quality care. In response, care rounds support care education, by having quality sourced patient feedback delivered in real time to staff. The rounds contributed to the ‘outstanding’ care reported in the department’s recent Care Quality Commission (2016) report. **BJHM**

Care Quality Commission (2016) Royal Devon and Exeter NHS Foundation Trust. Royal Devon & Exeter Hospital (Wonford) Quality Report. www.cqc.org.uk/sites/default/files/new_reports/AAAE5966.pdf (accessed 22 February 2016)
Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry (accessed 22 February 2016)

Table 1. Supplementary care round questions

Do you know what you are waiting for?
Have we made you pain free?
Have you been offered food and drink?
What matters to you right now?

Table 2. Examples of summaries fed back to team

Patient	Feedback provided to team
Case 1: Woman in her 30s with ?gallstones seen on a trolley in the corridor in minors She was particularly happy that she had her pain sorted promptly She could still have had some water, as she was never going for surgery that day	She didn’t mind being in the corridor, since she had had this explained and had been asked if that was ok – well done team The patient enjoyed the cup of water I gave her Why wait for the surgeons to organize an ultrasound if you can request this?
Case 2: Man in his 30s with recurrent chest pain	The patient gave lots of feedback including poor pain control, infrequent review of analgesic needs, and not being offered food and drink (which might have provided a distraction)

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