

The Royal Marsden NHS Foundation Trust
Action Plan following the National Inpatient Survey 2008
May 2009

Update October 2009

Picker question +Code	Actions to be taken	Progress against actions	Date to be completed	Lead
<u>PLANNED ADMISSIONS</u>				
A16: Planned admission: not given choice of admission date	<ul style="list-style-type: none"> • Computing to provide break down of all patients whose TCI date was changed before admission by clinical unit and reason for admission • Identify areas where this is a common occurrence • Appoint appropriate leads to direct improvement • After 6 months computing to provide data to monitor progress 		December 09	Matron, Transitional Care Unit (TCU)
A18: Planned admission: not given printed information about the hospital	<ul style="list-style-type: none"> • Continue roll out of patient information prescriptions • CNS s to continue providing information re: condition and treatment throughout the patients pathway 	Electronic pilot continues	September 09	Head of PALS, Patient Information and Complaints
<u>ADMISSIONS</u>				
A20: Admission: had to wait a long time to get a room/ ward / bed	<ul style="list-style-type: none"> • Reiterate importance of good communication to all staff involved 		Ongoing and aim for July when back from Cromwell	Matron TCU and Service Manager
<u>HOSPITAL</u>				
B8: bothered by noise at night from other patients	<ul style="list-style-type: none"> • Introduction of hard dividers in Bud Flanagan west is being piloted for infection control This may reduce noise transmission – use same group of patients for pre and post audit 	-Hard dividers were installed to create an isolation bay for outpatients with communicable infections as an interim measure prior to the Bud Flanagan outpatient department refurbishment. Not installed for in-patient use. However, through discussion and trial it is felt that they would not be suitable for inpatients because:	July 2009	Matrons

	<ul style="list-style-type: none"> Identify sources of noise at night – doors, drip stands squeaking, etc and improve Silent bins are on order 	<ul style="list-style-type: none"> -Make bay areas too small to move beds -Difficult to manoeuvre trolleys -Compromise resuscitation events due to lack of space - Venetian blinds identified as being source of noise at night when doors close - Bud Flanagan East Ward have replaced these with 'built-in' blinds i.e. those that fit within 2 panes of glass which are better for infectious control reasons as well. - Bud Flanagan West Ward to be considered next. - Trust-wide initiative, quite a long wait for these 		
B13+: Nowhere to keep personal belongings safely	<ul style="list-style-type: none"> Reiterate importance of storing patients belongings safely Ensure appropriate ward lockers available for patients to use Review & revise patient property policy 		June 2009	Service Manager, Practice Development Facilitator and TCU Sister
B14+: Hospital food was fair or poor	<ul style="list-style-type: none"> Review all comments in patient satisfaction questionnaires to identify patient assessment of meals. Audit use of call order choice and reasons why call order is used e.g. menu poor or patient appetite 	Six-monthly audits of call order choice continue. Uptake is high as the service is offered to encourage patients to eat well.	August 2009	Head of Facilities, Catering Manager and Consultant Dietitian
<u>DOCTORS</u>				
C1+ Did not always get clear answers to questions	<ul style="list-style-type: none"> Doctors: did not always get clear answers to questions Review Trust wide communication skills training Ensure included in junior Dr induction Ensure that recent results are fed into training courses such as consent and communications skills for junior doctors to further raise awareness and address problem areas 	Email to consultants from Medical Director addressing these points.	Completed July 2009	Divisional Directors, Medical Director and Chief Operating Officer
C4+: Did not always get opportunity to talk to when needed				
<u>NURSES</u>				
D3 Nurses talked in front of you as if you weren't there	<ul style="list-style-type: none"> Continue with ongoing establishment review Consider the use of care assistants Review shift patterns efficiency 	Funding secured for three nurses per ward on night duty.	July 2009	Divisional Nurse Directors
D4: Nurses: sometimes, rarely or never		EMF process for haemato-oncology practice educator.		

enough on duty D5: Some/none knew enough about condition/treatment	<ul style="list-style-type: none"> Recruit to additional night nursing posts 	<p>Bud Flanagan West Ward recruiting additional 6 nurses to increase bed capacity. Bud Flanagan West ward would like to consider EMF process to create additional HCA post. Shifts monitored with MAPS. Bud Flanagan East Ward has four nurses on night duty.</p>		Matrons
CARE				
Care: E4+ Not enough opportunity for family to talk to doctor	<ul style="list-style-type: none"> Standardise documentation on wards relating to ward routine and access to medical staff, ward rounds. At induction for junior medical staff to make them aware of the importance of telling patients that with the patient's permission they are available to talk to families, how to contact them (bleep via nursing staff) and times of regular ward rounds To implement information boards for patients by bedside with nurses name caring for them and medical consultant in front of the patient and not behind the bed 	<p>- Inpatient documentation recently revamped and introduced to Bud Flanagan West ward/ Bud Flanagan East Ward.</p> <p>-Bud Flanagan West Ward/ Bud Flanagan East Ward have wipeable information booklets for and information boards at bedside.</p>	July 2009	Service Managers, Divisional Nurse Directors, Matrons and Medical Director
Care: E5+ Could not always find staff member to discuss concerns with	<ul style="list-style-type: none"> Psychological out reach support to help staff to deal with patients' concerns and worries Audit of current psychological care To develop senior staff skills in order that they can then support more junior staff in relation to communication Improve information on wards with predominantly private rooms on how to find a staff member if no one is available at the nurses' station 	<p>Psychological support audit</p> <p>Plan to introduce 'distress thermometer' as a project on Bud Flanagan West ward. Clinical Nurse Specialists and Ward Sisters to attend advanced communication course.</p> <p>Bud Flanagan West Ward/ Bud Flanagan East Ward have wipeable information booklets for and information boards at bedside.</p>	December 2009	Service Managers, Divisional Nurse Directors and Matrons
Care E6: Not always enough privacy when discussing privacy when discussing condition or treatment	<ul style="list-style-type: none"> To identify the nearest private room/area to each ward and to ensure a list available on each ward To ensure team responsible for new build consider the importance of private space for discussion in plans To increase awareness among medical staff of importance of privacy during consultations through induction education 	<p>Lists being updated.</p> <p>Medical staff at palliative care teaching to be reminded about privacy and dignity issues.</p>	<p>October 2009</p> <p>October 2009</p>	Service Managers, Divisional Nurse Directors and Matrons
E9: staff did not do everything to control	(1) Improve assessment at initial contact with patient (nursing	1. Pain control questions now added to observation charts.	(1) within 3 months	Divisional

pain	<p>assessment documentation)- if patient answers 'yes' in pain section suggest adding a list of trigger words to prompt further assessment. Should also then trigger initiating acute or chronic pain core care plan.</p> <p>(2) Make level of pain the 5th vital sign on the patient chart. To follow up with palliative care research nurse on current status of EPAT (Edinburgh Pain Assessment Tool) project. Propose to add tool to standard observation chart (pain intensity score is already included in the post-operative observation chart)</p> <p>(3) To change current pain team session on nurse induction to a shared session with palliative care with a focus on early assessment and treatment of pain (promote the use of existing trust guidelines for analgesia and symptom control) and prompt appropriate referral to specialist teams.</p> <p>(4) Develop further educational opportunities for nurses to promote pain assessment and management. Suggested strategies include developing a chronic pain management study day (there are already 4 acute pain management study days per year and a palliative care update study day), a series of workshops looking at specific pain issues</p>	<p>Symptom control team closely involved with Haemato-Oncology patients.</p> <p>2. EPAT study being done.</p> <p>3. Shared session now between pain and palliative care teams.</p> <p>4. Additional teaching sessions available for nurses new to cancer care on pain and symptom control. Acute and chronic pain study days arranged and palliative care update day.</p>	<p>(2) Within 1 year depending on current status of EPAT research project</p> <p>(3) Within 6 months</p> <p>(4) Within 6 months</p>	Nurse Directors and Matrons
E10+: Did not always get help in getting to the bathroom when needed	<ul style="list-style-type: none"> • Ensure assessment of mobility takes into consideration toilet requirements • Consider position of bed allocated to patients as part of their admission assessment • Increasing RN and other direct care staff awareness of all fundamentals of care • Review call bell positioning in bed areas / bathrooms 	-Haemato-Oncology practice educator post to be recruited to.	June 2009	Divisional Nurse Directors and Matrons
E11+: More than 5 minutes to answer call button				
<u>TESTS</u>				
E13: Tests: results not explained well / not explained at all	<ul style="list-style-type: none"> • Responsibility of Consultants and relevant clinicians • Understanding reinforced by Medical staff, clinic, ward • Available information with contact numbers for further information 		Ongoing and aim for Jan 09	Matron TCU, Nurse Practitioner TCU and Senior Nurse Manager
<u>SURGERY</u>				

F5: Surgery: not told fully how could expect to feel after operation or procedure	<ul style="list-style-type: none"> • Raise issues at next Senior Surgical and Anaesthetic Committee • Medical staff to continue to inform patients fully • Provision of patient information leaflets • Feedback results of Picker survey to Clinical teams • Pre-assessment Practitioner / Anaesthetists to continue confirming that patients know what to expect. Extend similar pre-assessment service to Sutton RMH. • Utilise Pain Team for further education • Critical Care Outreach to be involved in patient information giving at pre-assessment re: expectations of surgery post operatively 		July 09	Matron TCU and Lead Anaesthetist
F8: Surgery: results not explained in clear way	<ul style="list-style-type: none"> • All Clinical teams responsibility to ascertain and ensure patients have full understanding of results and plan • Patient Satisfaction survey re: patients pathway from outpatients to discharge 		July 09	Lead Surgeon
<u>DISCHARGE</u>				
G2: Discharge was delayed	<ul style="list-style-type: none"> • Review of discharge process and identify where delays occur • Actions to reduce waiting times • Review discharge checklist 	Discharge checklist rewritten and piloted [including multi-disciplinary team meeting]. New format ordered from printers. To be introduced to wards.	August 2009	Chief Nurse, Chief Operating Officer, Service Manager, Discharge Lead, Chief Pharmacist, Macmillan Nurse Consultant and End of Life Registrar
G4: Was delayed by more than one hour				
G11+: Family not given enough information to help	<ul style="list-style-type: none"> • Use of patient information prescriptions. • Rehabilitation Outreach Team to promote improved coordination of support and teaching for patient's families when they are likely to be directly involved in the patient's 	Weekly meetings between hospital2home and discharge teams. The Rehabilitation Outreach Team continues to work with their client group to ensure that the patients and their carers are well informed about their role in care after discharge	August 2009	Matrons and Nurse Consultants

		from the hospital. Clinical Nurse Specialists do transfer to home talks. Discharge information given to patients (leukaemia patient information site on intranet).		
<u>OVERALL</u>				
J7: No poster/leaflets seen explaining how to complain about care	<ul style="list-style-type: none"> • Poster on how to complain to be placed in patient areas • PALS/patient information staff to visit new patients on admission to wards • Ensure leaflets on how to complain available in patient areas 	New poster designed and located displayed in all areas. Visits to wards/departments have now commenced. New leaflet produced and located in all areas.	Completed September 2009	Head of PALS, Patient Information and Complaints
J9: Not given enough information on how to complain				