

Patient experience at UCLH

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uclh

Today

- Overall patient experience - how we are doing
- An introduction to our electronic health record system (EHRs)

How are we doing?

Friends and Family Test (FFT): *How likely are you to recommend UCLH to friends and family if they needed similar care or treatment?*

	2018*	2017	2016	2015
Inpatients	95%	94%	95%	97%
Emergency Department	83%	83%	95%	95%
Outpatients	92%	92%	91%	93%

*year to date

How are we doing?

Annual National Inpatient Survey

	2016	2015	2014	2013
Overall experience	8.4	8.4	8.1	8.3

- National survey of inpatients who were in hospital during July 2017 (compared with 148 trusts in England)
- Response rate 35% (41% nationally)
- Patients overall experience is great
- We have maintained performance from 2015
- Still number 1 in London and compare well to peers in all areas

National inpatient survey 2016

Going well

- Privacy when being examined or treated in A&E
- Feeling threatened during stay by other patients or visitors
- Able to take own medication when needed
- Knowing which nurse was in charge of looking after you

Areas for improvement

- Waiting for a bed on a ward*
- Doctors talking over patients as if they weren't there
- Support from health and social care*

*Declining picture nationally

How are we doing?

National cancer patient survey 2016

- Response rate overall was 56% with the national at 67%
- This is the second year where more men than women have completed the survey
- **Overall experience rated 8.7** (national average 8.7)
- This is comparable with other London teaching hospitals which range from 8.5 to 8.9

National cancer patient survey 2016

Going well

- 40 questions above national average
- Two questions are in the top 20% of Trusts:
 - Knowing the name of the CNS who would support them through their treatment
 - Taking part in clinical research

Areas for improvement

- 17 questions below national average
- Four questions were 5% or more lower than average:
 - Length of time waiting for clinic appointment
 - Information on cancer type
 - Hospital and community staff worked well together
 - Being given enough support from health & Social Services after treatment

How are we doing?

National Emergency Department Survey 2016

- National survey of patients who attended ED in September 2016
- Response rate overall was 18% with national at 27%
- Results are compared with 137 acute and specialist NHS trusts

National Emergency Department Survey 2016

Going well

- **Overall experience rated 8.4**
- Top overall experience score against Shelford and London peers
- We did not score worse than other Trusts in any questions
- Scored better than other Trusts in:
 - Being listened to
 - Discussing anxieties or fears

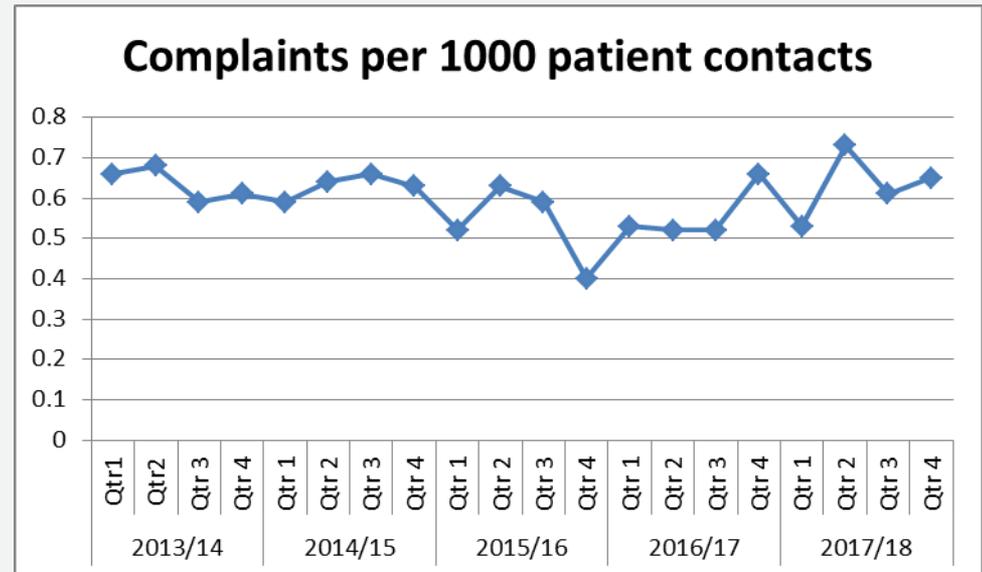
Areas for improvement

- timely pain relief – national problem

How are we doing?

Complaints

Overall there has been a rise in complaints this year



- The top 3 categories* of **complaints** received over the last year are:
 - Clinical treatment
 - Admissions and Discharges
 - Values and Behaviours

*main category only

Areas of focus for 2018/19

- **Inpatients**

- Admissions- cancellations and waiting for a bed
- Care – help with meals
- Discharges - written information

- **Outpatients** - clinic waiting times

- **Cancer patients**

- Information about cancer type

Introduction to our electronic health record system (EHRs)

What is an EHRs?

- An electronic health record system (EHRs) is a single, integrated, digital health record that is kept up-to-date in real time and can be accessed by anyone in a patient's care team.
- It will allow our clinicians to have access to a complete patient record in one place.
- Our EHRs will further improve safety through accessible, clear, records, including drug and allergy information, treatments, test results with alerts, and decision support.
- It will also remove the need to link with many unrelated and sometimes unreliable systems.

Why do we need an EHRs?

- Over 160 clinical systems and applications that do not freely share information
- Out-of-date technology and IT infrastructure
- Many different processes and systems across our hospitals, which make it difficult to streamline our services and communicate effectively with patients and healthcare partners
- All this means that appointment times may get lost, admin tasks are duplicated, and patients may have to wait longer to see the right people
- This is not sustainable or affordable and it doesn't match our clinical excellence

EHRs will

- Provide staff with the technology to deliver top-quality patient care and improve patient experience
- Allow clinicians access to all relevant patient information in one place
- Enable clinicians to collaborate with other healthcare partners, such as GPs
- Allow administrators to coordinate clinic and diagnostic appointments to reduce patient trips, cancellations and lost appointments
- Improve communications with patients through the world's most widely used patient portal

Our EHRs will help further improve...



Patient portal

- You will have access to your information through a customised app on your mobile phone, tablet or computer
- We will be working patients and our clinicians to determine exactly what information and services should be made available through the patient portal
- For example, access to information about your condition, prescriptions and appointments, and the option to book or reschedule appointments

