‘Too Good not to Share’ project
VHQA Conference 2015 – Consumer Participation

Title: Patient Centred Walk-Arounds (PCWA)

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What was the issue?

Gathering real-time patient experience feedback and being able to respond to this in a timely manner is often challenging. This process has seen an increase in the amount of real time consumer feedback we gather and has provided patients and families with an opportunity to raise issues which are often small in nature and may otherwise have not been discussed, but impact greatly on the patients.

What approach did you take?

PCWAs are a unique method of obtaining real-time feedback from patients and their families. The PCWA method was adapted from the highly successful safety walk-around procedure. The two-person team comprises of a trained consumer representative and a Quality Coordinator. After gaining consent, the consumer-lead engages for 10–15 minutes with the patient and any carers present using a standard set of six questions to explore patient/carer orientation and experience of care. The consumer lead creates a more open environment for patients to discuss their views. The Quality Coordinator takes notes and the key discussion points are listed on an “Experience of Care” form. After summarising the outcome of the discussions with patients / families, the two-member team immediately gives a de-identified summary to the NUM and develops an action plan and timeline to ensure rapid responses to any issues. This improves health outcomes for the patients and creates long-term improvements to hospital processes. The Guideline developed for the PWCA includes instructions for interviewing Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

What was the outcome?

More than 70 patients and their family members have participated in PCWAs since the pilot program began. The majority of the feedback provided has been overwhelmingly positive and commends the quality of patient care and the attentiveness of the staff. When issues have been raised, the NUM has committed to following up the issue in a timely manner and unit staff were made aware of the feedback. The consumer representatives find the process very rewarding. The PCWA initiative has resulted in improved patient outcomes and a change in culture towards partnering with consumers and carers (see case studies 1–3).

Case study 1 –
Staff education improves communication with patients

A patient with long-term epilepsy was visiting the video-epilepsy monitoring ward. Conditions in this ward encourage seizures so that they can be monitored. A male patient reported that during “rest-time”, one nurse would instruct him to rest and a few minutes later, another nurse would instruct him to stay awake to increase the likelihood of a seizure. The conflicting information was confusing. As a result of the PCWA interview, the NUM, once advised, implemented training that resulted in long-term improvements and culture change in the ward.

Case Study 2 –
Consultation improves communication between units

Staff in an acute unit told a female patient she could move to another facility in the next few days. However, the team from the other facility told her it could be three weeks before a bed would be available. The patient was left wondering how long she would be staying in the acute bed and her family did not know when they should plan for the move. Once advised of the issue, the NUM spoke with both teams to assist communication and organise the logistics. The patient and her family were then able to plan for the immediate future.

Case study 3 –
Patient becomes a part of the care team

Because of a bad past experience, a young woman with insulin-dependent diabetes reported great concern that her insulin infusion would discontinue during surgery and she would be unwell for days. She agreed to be identified and the NUM immediately spoke with the patient and the endocrinology and anaesthetic registrars. The four of them planned for the patient’s treatment during her surgery the next day. As a result of this discussion, the patient’s insulin infusion continued during surgery and when she awoke, her blood sugar was stable. This case demonstrates how a patient felt empowered and was treated as part of the care team.

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