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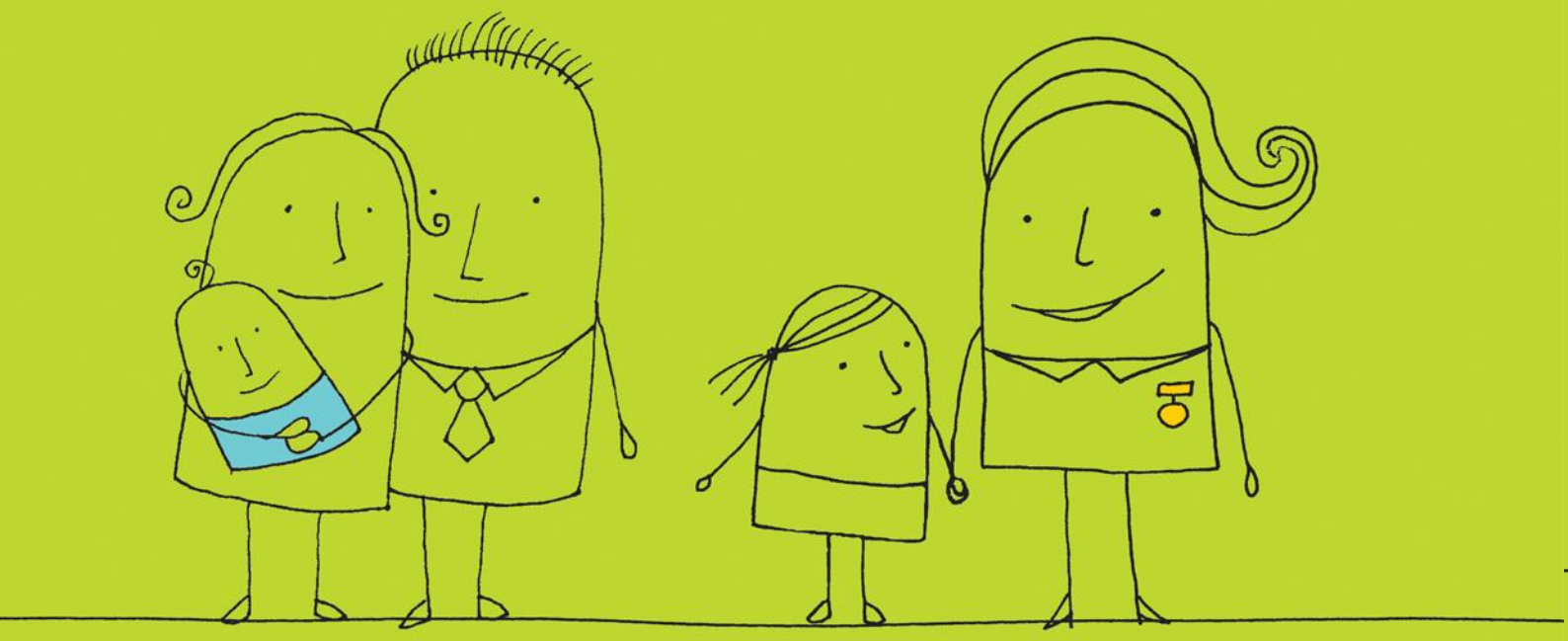
Patient and Client Council

Emergency Admission to Hospital in Northern Ireland.

December 2012



Your voice in health and social care

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Foreword

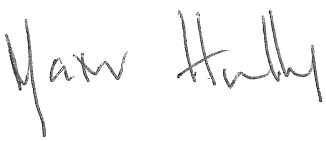
Dear Reader,

I am pleased to present this short report which records the views of 14 people (11 patients and 3 carers) about their experiences of being admitted to a hospital in an emergency. People came from both rural and urban areas.

The Patient and Client Council interviewed 14 people. We found that some people described very positive experiences and were very keen that these were heard. However, other people shared some very negative experiences. The key issues that emerge in this report closely mirror the five standards (Respect, Attitude, Behaviour, Communication and Privacy & Dignity) set out in "Improving the Patient & Client Experience" compiled by NIPEC in partnership with the RCN and issued by the Department of Health, Social Services and Public Safety in 2008. We have therefore grouped the findings of this study by the themes of the five standards.

The findings show that while people receive good and even excellent care in hospital when admitted in an emergency, a number of people still experience care which is below the standards that they should expect.

I would like to thank the people who contributed to this study and who talked candidly about their experience. Their input has provided valuable information which will inform work towards building on good practice and addressing poor care in our hospitals. The Patient and Client Council will strive to ensure that the voices captured in this report influence decision makers in 2013 and beyond.



Maeve Hully
Chief Executive of the Patient and Client Council

Summary

This paper records the personal testimonies of people who experienced emergency admission to a hospital in Northern Ireland during the summer of 2012.

The people came from both urban and rural areas, with most urban respondents coming from the Belfast/Lisburn area (5 out of 6), whilst rural participants (5 out of 8) came mostly from the Western Health and Social Care Trust area. Of the interviewees 4 were male and 10 were female. There was an age range from 17 to 77 years old.

There were both positive and negative stories. Some people rated the care they received as first class, whilst others stated that they were not told what was happening to them, felt that staff failed to communicate properly with them and even 'looked down on them'. There are examples of care where staff were compassionate and supportive to patients; there are other instances, however, where the care, behaviour and attitudes of staff made the hospital experience more stressful and anxious for some patients and added to their sense of vulnerability.

The findings from the interviews are grouped around the five standards set out in "Improving the Patient & Client Experience" compiled by NIPEC in partnership with the RCN and issued by the Department of Health, Social Services and Public Safety in 2008 and distributed to all staff. The standards relate specifically to health service staff and focus on:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy & Dignity

Other issues which people raised concerned the journey to hospital by ambulance, access to parking and hospital food.

1.0 Background and Purpose

1.1 The Patient and Client Council

The Patient and Client Council provides a powerful, independent voice for people.

The Patient and Client Council has four main duties. They are to:

- Listen and act on people's views;
- Encourage people to get involved;
- Help people make a complaint; and
- Promote advice and information.

1.2 Background

We know from our many conversations with people across Northern Ireland that access to hospital in an emergency is a key concern for people in Northern Ireland, but perhaps more so for those living in rural communities, given the distances they sometimes have to travel.

The literature on access to hospital care in an emergency within the UK is limited. Studies have looked at the impact of socio-economic background on patient access to accident and emergency services (Propper et al. 2007) and the need for rurality to be taken into consideration when providing care in rural areas (Asthana et al, 2003). As far as we are aware this preliminary study is the first to consider the patient experience of emergency admission to hospital in Northern Ireland.

The Patient and Client Council wanted to understand people's experience of accessing hospital services in an emergency. In addition we wanted to explore potential differences in experience depending on whether you live in a rural or urban area of Northern Ireland. This paper is timely given the proposed changes and implementation plans within 'Transforming Your Care'.

2.0 Our Approach

The Patient and Client Council developed a research project which involved conducting one to one interviews with people from both rural and urban areas of Northern Ireland. The interviews explored the overall experience of accessing emergency hospital services from becoming unwell, admission to hospital, right through to discharge from hospital and follow up. We focussed the project on people who had an emergency admission to hospital in Northern Ireland within the past 12 months. As this was a research project, the Patient and Client Council applied to the Office for Research Ethics Committee Northern Ireland for approval, which was duly given.

To recruit participants, the Patient and Client Council advertised this project through its Membership Scheme, via flyers and posters and through word of mouth.

3.0 Results/ Findings of Interviews

14 people responded and were subsequently interviewed. Of these, 11 were responses from the patients and 3 were from carers responding on behalf of the patients receiving treatment. Of these, 6 were from urban areas and 8 were from rural areas. Most of the urban respondents came from Belfast or Lisburn (5 out of 6), whilst the majority of people from a rural background came from the Western Health and Social Care Trust area (5 out of 8). The youngest respondent was 17 years old, whilst the oldest was 77 years old. There were 4 male participants and 10 female participants.

Interviews were conducted by two members of staff from the Patient and Client Council. On completion of the interviews the research team then collated and analysed the data to identify key themes, which are detailed in the next section. The quotations are reproduced verbatim and they have not been edited in any way.

4.0 Key Themes

The people interviewed came from different locations across Northern Ireland and were admitted to hospitals in an emergency for a variety of reasons. Whilst some of the interviewees had been in hospital before, for others this was their first experience of hospital care. In spite of such varied experiences, some common issues have emerged from the interviews.

People's comments have been grouped together in line with the Patient and Client Experience Standards.

As stated in the standards some of the above themes overlap. With this in mind, we have attempted to select the most appropriate examples for each standard.

4.1 Respect

Many of the participants commented on how good the services were. In fact some participants said that the reason they agreed to be interviewed was because they were tired of hearing only bad news about the health service. The following comments reflect their positive experiences about the care they received.

"Care in hospital was 100%"

"Care was first class"

"Feels like it was a first class service and everyone was nice"

"…the staff were very good, I couldn't have faulted them at all, couldn't have faulted them they were very, very good."

"The consultant was so good – really seemed to understand what we were going through…it made a real difference to us"

However, there were some instances where people did not feel respected.

"Consultant would come round with about 8 students around the same age as me looking down their nose at me. It was patronising, feel like a loser when I am sick anyway. They didn't ask for permission…consultant talked to me like he found me on the bottom of his shoe..."

Another interviewee told how she was whisked around the hospital by a porter and was unhappy with her subsequent treatment by health professionals.

"The worst part of this experience was going for the CT scan – the porter rushed me about and the staff stripped me without explanation or asking me to do it myself…staff did not give me time. I felt that they were so driven by processes. They didn't explain the procedure and because I had a work tunic with metal buttons on it, they unbuttoned my top without telling me why…they didn't even give me time to do up my buttons on my top before pulling the curtain back"

4.2 Attitude

Staff attitudes varied, with some good examples cited and some very poor attitudes where patients felt, at best, that they were merely tolerated.

The following story demonstrates how a patient can be fully involved in decisions about their care and how staff accommodated the patient as best they could.

"A decision was made to admit me. However I really don't like hospitals and after having a previously bad experience in hospital I was not keen on staying in. A joint decision was made between me, the neurologist and the nurse that as I live only a 10 minute walk from the hospital that I could be at home and attend the hospital for tests. I was advised to rest as much as possible. I was given signs and symptoms which would be considered urgent to look out for – I was to return to hospital immediately if any of these signs/symptoms presented".

For others, however, their experience lacked a basic level of compassion, understanding, care and attention.

"There has to be more time and more human interaction – don't rush people. For example: people might be scared of needles so you need to take the time with them to reassure them"

"Empathy - what if person is not as outspoken?"

"Felt the level of compassion and understanding was lacking from the professionals."

"With all of this hi tech stuff – where is the care and compassion?"

"Felt really depressed when I was discharged after how I had been treated."

"I wasn't conscious when left the house, but when at hospital, nurse told me that I should have brought epi-pen medication with me". "I thought it seems 'your paperwork is more important than me as the patient'".

Some patients indicated that they had received excellent care in hospital, but felt that support from their GP was lacking. One participant acknowledged that he had been experiencing worrying symptoms for several days. When his health deteriorated further, he contacted his GP only to be informed that an appointment would not be available for one week. Despite explaining his situation and symptoms to the receptionist the patient was unable to get an appointment or speak to the GP. Finally, he asked his son to drive him to the Emergency Department where he was admitted and diagnosed with kidney failure. While the patient rated the care he received in hospital very highly, he was disappointed that he had not received an appointment or guidance from his first port of call, the GP.

"Should have been in sooner. If doctor had of seen me right away maybe it wouldn't have resulted in complete kidney failure."

"Hospital gets 10/10 but own GP gets 0/10

Another lady also had problems with her GP, when her mother who was in a home had fallen.

"I …phoned the nearest doctor who refused to come out and apparently was quite rude to the home…he did send for an ambulance, however".

4.3 Behaviour

The behaviour of staff was described by a number of respondents. There were examples of how small things can really make a difference to people's experience:

"I was so pleased with the nurse…she really took the time to explain things, reassure me, hold my hand…"

"I didn't know I was going home until the day I went home. My wife didn't finish work until 5 and the hospital were happy for me to stay in until she got out of work. I appreciated their flexibility."

One respondent, however, suggested that some reassurance or even a cup of tea might have helped alleviate the distress her mother, who has dementia, was experiencing in a strange environment.

"It was the 12th July – hospital busy but the hospital should have been prepared for that. They could have come and said "This is the situation…do you want a cup of tea, is your mother warm enough?" Just a wee bit of home comforts."

Other concerns expressed were about noise levels on the ward at night which prevented sleep. These included staff talking and:

"Opening and closing lids of metal bins after 10 o'clock at night."

4.4 Communication

Communication, both good and bad, was a common theme across the interviews. Clear communication is understandably of utmost importance to people when accessing emergency care. People want to be kept well informed about what is happening to them and about any treatment they might have to receive. As might be expected, perspectives on communication formed the largest section of the report as all participants commented on it.

Some of the interviewees were happy with the way in which staff and health professionals communicated with them and the level of information they received. Clear explanations and regular information offered people reassurance during an anxious experience.

"Think it might have been a bit much to be admitted – but they knew best. Care was first class – was kept informed."

"Given lots of information step by step."

"When a health professional did take the time to explain – it was really reassuring."

"Specialist unit has to be commended. Felt they were very good with other patients as well. A lot of compassion, understanding and patience with people."

"Kept well informed of what tests were being done and why."

"The nurse was due to go off duty about 9 – 9.30, at no point did she complain or suggest I was keeping her back, but she wasn't finished with me until 11pm and she stayed until then."

"A lot of attention to detail."

"Kept informed about what was happening. Brilliant consultant took time to explain things to us rather than sending someone else. Both mum and dad were in the same ward at the same time. The nursing staff couldn't have been nicer or caring to the family."

"They were excellent at explaining everything to me. I am a nurse but they didn't know that and they explained everything they were going to do."

However, for other interviewees this was not the case. People reported experiences of poor communication, from long waits without explanation or lack of regular updates to receiving tests and treatments without being informed as to why these were necessary.

"Communication could be a lot better."

"…then a woman came over and put a band on my arm and I said what's that for and she said that's for the hospital. I goes what's that for and she said och, just wear it and dandered off [to] do something else".

"A lot of uncertainty involved. A lot of being poked and prodded and not really knowing why"

"The worst was just the waiting. They started putting fluids in me but never told me what they were for"

"Not kept informed on what was happening, what they were doing and why"

"Long wait in between tests – felt they had to keep chasing them up. People accepting of the long waits if kept informed."

"They were pretty good at keeping informed of what was happening – but you did have to keep asking too."

"They could have said you are sleeping in the hospital tonight – I would have understood that. But all medical jargon – oh we don't know, we need more diagnostics. I don't understand that".

Some people felt that health professionals simply did not have time to communicate with the patients they were treating.

“The staff were really nice but you could really tell they were under strain and communication was poor”

Others were of the opinion that staff did not take time to talk to or explain procedures or treatment to their patients.

“Weren’t very clear in communicating – consultant at the very start was the very best one, but even the girl who was with him that time was writing stuff on her hand and showing him and there were whispers … “Tell me what you’re thinking – don’t be sneaky about it”

“Directly asked him and he wouldn’t say – mum was frustrated.”

“Health professionals talking over me like I wasn’t there.”

One participant noted how communication could vary from shift to shift in the same hospital.

“I felt that the first doctor and nurse that were looking after me did not keep me informed. However, after a handover the second set of people looking after me were really very helpful and took the time to explain what was happening, answer any questions me or my mother might have and provide reassurance”.

Other concerns about poor communication included the lack of continuity of staff, particularly consultants, during their time in emergency care; health professionals not talking directly to the person receiving care; and patients not being kept fully informed about diagnosis, treatment or discharge.

“Between 3 and 4 Nurses really good but it was a bit hit and miss at times. The biggest thing was the inconsistency of staff over the holidays, I wasn’t getting medicine in a timely way for example. The night nurse he was the same man there all the time – only saw near 2 nurses a couple of times, rest of the time were new nurses – always having to explain your case was frustrating”.

“The consultant saw me the next day. Wasn’t telling me what he was doing or why – asked why looking him in the eye and Dr wouldn’t tell – said he wouldn’t give a diagnosis without running tests – then didn’t see him again – Frustrating. Every time it was a different person”.

“Didn’t seem too much attention and I did feel – what if something goes wrong? Felt as if they had taken care of me and were onto the next one – it was a very busy department”

“Every day leading up to discharge had been thinking – am I getting out today?”

Finally, a number of interviewees suggested that communication between services, such as the hospital where emergency care was received and the patient's GP or between different hospitals where the patient was getting treatment, was very poor. They felt that this lack of communication could have serious implications for the future health or treatment they, or the person they cared for, would experience.

"10.30am to 4pm waiting for pharmacy; volunteered to go to waiting room, wee lady was to have my bed. Took in total 8 hours for pharmacy to come."

"Limitation with staff holidays – speech and language therapist wasn't there because she was on holiday for 2 weeks. Limitation of service as nothing else was put in place while she was away."

"When went to GP after admission, GP wasn't aware of incident in hospital – showed the discharge letter which said "this lady was admitted overnight and observed overnight and stable enough for discharge today." No mention of resuscitation, GP wasn't aware it had been a 999 call. Bad communication that is quite dangerous"

"Under consultant in the Royal for anaphylaxis. When I am admitted in an emergency, … I need to fill them in with what is wrong with me and what treatment etc. Poor communication between hospitals. I normally have to tell people about 5 times when I am admitted, but when I am admitted it is usually in an emergency situation".

"Trying to get blood samples when I am at my worst to help my consultant in the Royal to get a definitive diagnosis. There was meant to be a letter sent to hospital but they had no record of it – poor communication"

4.5 Privacy and Dignity

This is a key issue for people in hospital, particularly in Emergency Departments as these are busy areas and the number of patients sometimes means that privacy and dignity can be compromised even when hospital staff have done the best they can in the circumstances. Patients can also feel that somehow they are depriving other patients.

"Felt guilty for having a cubicle as there were people in the corridor on trolleys."

One participant seemed to feel that privacy was not always advantageous:

"Think that's the worst thing about being in those wee side rooms – they do forget about you. But then seen someone at 11.30 – she checked out on me and from there on she was saying I needed CT scan and lumbar puncture. Was told I was staying in and then at 2am was moved rooms and then at 4am was moved again".

Some people experienced or reported a lack of dignity, especially in relation to the treatment of older people.

"Father recognised family but didn't know where the toilet facilities were (he had dementia). How they managed incontinence pads was awful, "Talk about dignity going out the window" and there were other people on the ward too."

"Was told mum was 22nd and only 1 Doctor and Doctor could be with each person for anything from 10 to 30 minutes. Explained mum was confused and agitated – didn't seem to matter. They should have moved her up unless a heart attack or something came in."

"Scares you what it's going to be like when we get to an old age."

"Left me to question how they treat older people and how they view older people."

"They would set him down things to eat… nobody came to see if he had eaten them and didn't keep any records of his nutrition – on one occasion the nurses seemed satisfied that he ate his peas although he had left most of his meal…no indication that he had been weighed in the hospital…"

"Wondered what it would be like for an elderly person"

"Toileting issues –after having a stroke, couldn't speak, couldn't get out of bed himself. On two occasions couldn't get help and wet the bed – undignifying".

"We took my mum…to the waiting room which we were told to do. At this stage my mother was so agitated, I had a dressing gown on her…And everybody is sitting in the waiting room and watching. First of all I didn't want my mum showing herself to people and then I'm thinking am I a bad daughter, what am I doing to my mummy? And I'm trying to cajole my mother and trying to talk to her to quieten her but my mum was that distressed you couldn't get through to her."

One participant summed up what is perhaps a common view while at the same time showing awareness of the problems staff can face.

"To me, it's not training, it's here the heart, and it's got to be in here already. You're always taught to respect your elders for a start and it could be anyone of us and people got to realise that. How would they like to be treated: ok some might not have elderly parents, but they know somebody who is old, how would they like to be treated …at the same time I have sympathies for the staff. There was a distinct shortage and we were told there was only one doctor, somewhere during the early hours of the morning another one, a consultant came on and that gave a bit of a help. But again I expect people … if I saw an elderly lady I'll be going over, do you want a cup of tea?...My mother did not get the treatment she deserved"

4.6 Other Concerns

4.6.1 Journey to Hospital

People spoke of mixed experiences of their journey to hospital. Many of those who travelled by ambulance said that the ambulance service responded quickly and were flexible in their treatment of the patient.

"Ambulance came to house felt they responded quickly."

"Fast response from ambulances."

One participant, however, expressed concern about living in a rural area and the time it took for ambulance to arrive.

"I am concerned about the length of wait I had for the ambulance and believe because I live in a rural area this has a large impact on waiting times".

On some occasions when the ambulance arrived people were given a choice of hospital which was appreciated.

"The ambulance crew asked the patient if she would rather go to the xxxx Hospital or xxxx. I said I would rather go to xxxx as I am currently a patient there…"

One respondent wondered why she had not been given any other options:

"Reason why hospital was chosen seemed to be for catchment area…but this hospital was really awkward to family and friends to get to (it took several buses)."

4.6.2 Parking

Hospital car parking was a common issue, particularly lack of availability and the walking distance between the car park and the hospital building.

"Only problem was parking – no bus service."

"Car parking is a menace - but they are used to that too."

"Mum is disabled and some distance to walk if disabled. Car parking is unbelievable. If first car park is full – big distance to go."

"Parking during the day time was horrendous."

4.6.3 Hospital Food

The quality of hospital food continues to be an area of concern for people attending hospital services. Interviewees referred not only to the unappetising nature of hospital food;

"Food could be improved – it was horrible – pureed cauliflower and fish fingers which were cold. Was in hospital 2 years ago and in 2 years there has been no improvement on the food – this was disappointing."

"Food was *** but once I got well enough and went to the canteen it was lovely."**

but also, to the lack of opportunity to make comments directly to management.

"Food generally good, and only on one occasion was it so bad I asked to see the catering manager. They would not give me his number. I suggest that the catering manager obliged to walk around and ask the patient what you think of the meal – ok?"

5.0 Conclusions

The study aimed to further understand the experience of people who were admitted to hospital in an emergency and in particular to see if the geographical location from which they were admitted made a difference to their experience. In this small study location did not present as an issue for the participants.

Patients' concerns focus not on the treatments for their actual illness, but on the way in which staff kept them informed, showed respect and addressed the issue of privacy and dignity. It must be noted that there are a good number of examples in this study, in which people praised the staff and sought to emphasise just how good their treatment had been. On the other hand, issues raised reflect just how a little more consideration and thought could help patients and carers cope more easily in what is a stressful situation for them.

It must be noted that what patients and clients value most of all is the compassion and consideration shown by those who are charged with their care.

The Patient and Client Council will further develop the findings from this small study in a major project on urgent care to be published early 2013.

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