

JAG CLINICAL AUDIT REPORT

Title:	Patient Satisfaction Survey Report 2018
Audit Lead:	Vanessa Lucas, Endoscopy Sister
Other Team Members:	Chris Brown, Data Analyst Bethany Hill, Admin Assistant Vicky Hill, Endoscopy Manager
Aim(s) of Audit:	To investigate patient's views on the Endoscopy service at Lymington Hospital including before, during and after their procedure in order to ensure the service is meeting their needs and is also working to the standards expected of a JAG accredited unit.
Method:	Patients who attended the service in July & August 2018 were offered the opportunity to complete an anonymous four page questionnaire about their experience during their admission. These questionnaires were then collated into an Excel spreadsheet, analysed and compared to previous survey reports.
Results:	<p>84 surveys were returned. There was a 45/55 split between male and female respondents, with 79% being over 50 years of age and all identified themselves as British. There were no negative responses to the Friends & Family test with over 76% being extremely likely to recommend.</p> <p>64% of patients surveyed had a gastroscopy and 25% a colonoscopy.</p> <p>The booking processes were generally good with only 3 patients saying that it did not allow them to book a date & time convenient to them. There are no comments from within the survey to explain why this was the case.</p> <p>Patient information prior to the procedure was deemed very helpful.</p> <p>98% of patients stated that they were dealt with promptly and efficiently at the Endoscopy Unit reception.</p> <p>8 patients identified that they or their relatives or carers were not given an indication of how long they would be in the department which is similar to the previous survey.</p> <p>All patients rated the information given by nurses as 'very good' (98%) or good and all who answered stated that it was the correct amount of information.</p> <p>100% compliance was maintained regarding their privacy and dignity being adhered to within the Unit at all times.</p> <p>We maintained 100% compliance regarding the endoscopist or nurse explaining the risks and complications of the procedure and 100% maintained for giving the patient opportunities to ask questions prior to their procedure.</p> <p>Patients were asked if they had received a sedative, if the answer was 'no', whether they had felt discouraged in any way from having a sedative injection. We maintained a 100% compliance stating that they did not feel discouraged.</p> <p>33% of patients stated that the procedure was more uncomfortable than they had expected (an increase of 10% on last year's survey) and 2 patients said that the level of discomfort experienced during their procedure was unacceptably uncomfortable (both had a gastroscopy with sedation). No specific comments were made regarding this question and they both made very positive comments</p>

about the service.

1 patient said they had not been offered a copy of their Endoscopy report (improvement on last year) and had received no written information about the procedure. 1 patient completing the questionnaire also stated that they were not given a telephone number to call for advice post-procedure.

Out of the 84 procedures performed, 3 patients stated that they were not advised of their follow-up before leaving the department.

Discussion:

Booking process: Due to the layout of the Unit and single sex lists it may have been that an appropriate list was not available on the day the patient required. Every effort is made on booking the appointments to find a mutually convenient slot but this is not always possible (e.g. dye spray list on Tuesday only, female endoscopist on Friday afternoon only).

Length of stay: Patients are sent a Patient Information Booklet with their admission pack that gives them details of how long to expect depending on procedural type.

Consent: 3 patients stated that they signed their consent form in the procedure room which is against our protocols within the Unit. This is higher than last year. There are very stringent processes in place to ensure that this does not occur so I am unsure as to whether this is an error and the admission room was perceived as the procedure room and the wrong section was ticked.

Discomfort experienced during procedure: We strive to ensure that patients are as comfortable as possible during their procedures. It is a concern that 2 patients felt it was unacceptably uncomfortable and this will be raised with the Endoscopists at the next GI meeting. We also complete biannual comfort score audits and any results outside of the expected range will be discussed with the individual endoscopists.

Follow-up arrangements: To ensure that follow up information is recorded on the HICSS report to ensure that Patients and staff are aware of how results will be communicated and whether outpatient follow up is required.

Staff will be reminded to hand out the questionnaires at discharge to ensure that all documentation and advice has been completed prior to the patient filling in the survey.

Final Recommendation:

- The Unit Information leaflet gives an estimated time for how long each procedure takes. The staff are to reiterate this information to the patients/carers/relatives on arrival to the Unit so that they are reminded of the approximate length of stay.
- Review of appointment timings to see if any amendments could be made to reduce waiting times for patients.
- The nursing staff will be reminded to ensure their patients are kept informed of any delays.
- On issuing the patient with their procedure report, nursing staff and endoscopists to highlight what follow up is required and if waiting for results how they will be given.
- Discussion with Endoscopists at GI meeting to review strategies to enhance patient comfort during procedures.

Audit presentation: User Group Meeting

Date: 7th February 2019

Venue: Resus Room, Lymington New Forest Hospital.

ACTIONS	Person Responsible For Implementing Actions (name & designation)	Date For Completion
<ul style="list-style-type: none"> • Discussion with Endoscopists to review strategies to enhance patient comfort during OGD's in particular. 	Dr C Roseveare – Clinical Lead	06.09.2018
<ul style="list-style-type: none"> • Review of appointment slots. 	Sr V Hill – Endoscopy Manager	17.01.2019
<ul style="list-style-type: none"> • Nursing staff and endoscopists to highlight what follow up is required and if waiting for results how they will be given. 	Dr C Roseveare and Sr V Hill	06.09.2018
<ul style="list-style-type: none"> • Nursing staff to be reminded keep patients informed of any delays. 	Sr V Hill – Endoscopy Manager	Next Unit Meeting – 27.02.2019