

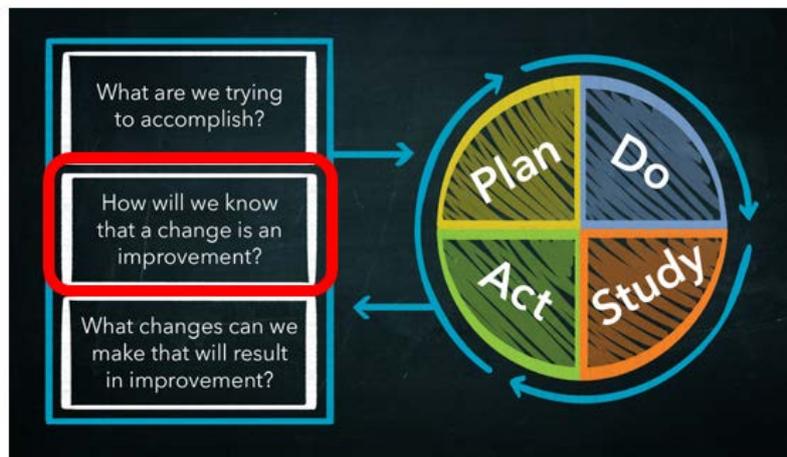
Always Events Supporting Materials

Sheet 1: Measurement

Why measure?

Demonstrating the impact of your Always Event will be important for communicating the value of the work to others which can help sustain the work. Measurement will help you identify, in a rigorous and systematic way, whether the changes you are testing as part of your Always Event are:

- having a positive impact on the thing you want to improve
- not having a negative impact on anything else



Patient experience data can support the change process in the following ways:

- It can assess what experience is currently like, and measure whether improvement activities have made any difference
- It can help us understand why reported experience is sometimes not as good as we might hope, and generate ideas for change
- It can tell us not just what is wrong, but what 'good' looks like and what could be better: patients and staff often suggest better ways to do things, simple ideas
- It can challenge our assumptions about what the problem areas are; sometimes we assume something is more of an issue than patients and staff think it is
- It can be a powerful motivator for action and remind us what we're trying to achieve

When to measure

Measurement should commence at the start of your Always Events journey and continue throughout the different stages from design to implementation and finally evaluation. By having a baseline and then re-measuring throughout you will be able to see if intended outcomes are being achieved.

Having an overarching outcome measure that you use to monitor experiences can be helpful in disseminating your findings and for showing that a change has resulted in an improvement.

The way you measure can be adapted during PDSA cycles for example if you trial a new change that isn't covered by a set of questions you've implemented you may need to think about adding another question.

Types of measures

There are three types of measure you should think about using - outcome measures, process measures and balancing measures.

1. Outcome measure

Does the change have the predicted impact on patient experience? Or, are we meeting our aim statement?

This is about understanding from the voice of the user / patient the impact the Always Event is having on their experience. Potential measures at baseline and throughout:

- Qualitative feedback, such as from interviews or focus groups
- Existing user experience measures and these can be national or local measures, e.g. Friends and Family Test, patient-reported experience measures
- Feedback tools specially designed for use with your Always Event [See sheet 2 for further information]

Example from University Hospitals of Morecambe Bay

To measure the impact of their Always Event, the trust ran a baseline survey of women on the postnatal ward for two weeks prior to piloting birthing partners staying overnight. Questions were based on the national maternity survey and then adapted by staff and service users to better reflect people's experiences. The same questions (and some additional ones) were then asked during the implementation of the Always Event in order to measure the impact of the initiative on people's experiences.

2. Process measure

Can we implement the change reliably, for every patient?

This is about understanding if the steps in the Always Event are being carried out as planned. Potential measures throughout are:

- the logging of process reliability

- Shadowing / observations

Example from Lancashire Care

To measure that their Always Event was being implemented reliably, the team's administrator set up a database in excel. This was used to record the date a service user was discharged from the Learning Disability service, when the discharge information had been sent to the service user and that a follow-up telephone call had been carried out by a member of the team. To help ensure a member of staff called the service user following their discharge, the team's administrator added a reminder in the clinician's calendar.

3. Balancing measure

Does the change have any unintended impacts?

This involves looking at the impact of the Always Event from a different perspective. This is about understanding what is happening to the system as we improve the outcome and process measures for example impacts on staff workload or finances. Example measures include:

- Staff experience survey
- Staff workload measures e.g. time logging
- Recording readmission rates
- Checking budgets

Example from University Hospitals of Morecambe Bay

A survey of frontline staff was conducted before and during implementation of the Always Event to understand the impact on their roles, whether they think it makes a positive difference to service users' experiences and the sustainability of the Always Event.

Example from Aintree

A baseline audit was undertaken in July 2016 and will be repeated in early 2017 which will form the key outcome measure from introducing flexible visiting hours, although the team also continually monitor comments on flexible visiting from patients and visitors posted in the Friends and Family Test (FFT) boxes located on each ward.

The team are listening to any concerns raised by ward staff in relation to the implementation of flexible visiting; staff are invited to attend the 'Aintree Nursing Forum' to discuss through and hear from wards who have embraced and implemented the change without concern.

In addition to this, the team are tracking patient comments linked to any unintended impacts of their Always Event on waiting times and car-parking from their FFT sources on a regular basis to look at any spikes.

Example from Lancashire Care

| Aim | Outcome measures | Process measures | Balancing measures |
|--|--|--|---------------------|
| By December 2015 80% of people discharged from the Blackburn Learning Disability Team will report they feel supported in moving on in care | Qualitative stories from users Follow-up calls with users | Logging the date a service user was discharged from the Learning Disability service. Logging when discharge information had been sent to the service user. Logging when a follow-up telephone call had been carried out by a member of the team. | Feedback from staff |

Additional example

| Aim | Outcome measures | Process measures | Balancing measures |
|--|---|--|--|
| Improve waiting time and patient experience in the Emergency Department. | Total length of stay in the Emergency Department Patient experience scores | Time to registration Patient/staff comments on flow % patient receiving discharge materials Availability of antibiotics | % leaving without being seen Staff experience |

Data sources

The following is a list of data sources which you may wish to consider in this work:

- National patient surveys – www.cqc.org.uk/content/surveys
- Local patient surveys
- NHS Choices or Patient Opinion
- FFT – including patient & staff, comments and scores.
- Complaints
- Compliments
- PALS (or similar)
- PROMS
- National Clinical Audit & Patient Outcomes Programme library - <http://www.hqip.org.uk/national-programmes/a-z-of-nca/>
- Outcomes Framework Indicators – these are available from the HSCIC indicator portal <https://indicators.ic.nhs.uk/webview/>
- Staff survey results
- Social media, such as Twitter or Facebook

- Routine process measures: waiting times, cancelled operations, delayed transfers, readmission rates
- Safety – Falls, SHMIs, HCAs, safety thermometer, VTE risk assessment

Approaches to measurement

There are many different approaches that can be used to measure patients' experiences. Both quantitative and qualitative methods have their strengths and weaknesses and the choice of which approach(es) to use will depend on the particular purpose of measurement.

The Point of Care report, published by the King's Fund, includes some useful information on what to think about when selecting an approach to measuring patients' experiences. Table 2 on page 16 shows the strengths and limitations of various feedback methods. See:

<https://www.kingsfund.org.uk/sites/files/kf/Point-of-Care-Measures-of-patients-experience-in-hospital-Kings-Fund-July-2009.pdf>

The Health Foundation's publication '*Evaluation: what to consider*' also provides some helpful guidance on evaluating a quality improvement intervention. See:

<http://www.health.org.uk/sites/health/files/EvaluationWhatToConsider.pdf>