

# MAKING A DIFFERENCE TOGETHER

THE PATIENT JOURNEY:

A COLLABORATIVE, STRUCTURED AND  
PEOPLE-CENTRED APPROACH TO  
IMPROVING HEALTH SERVICES,  
EXPERIENCES AND CARE



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## CONTEXT



**NHS** Patient Journey practice development (PD)/improvement projects first introduced in acute NHS Hospital Trust in North East England

**NHS** Action Research Patient Journey improvement project implemented and evaluated in acute NHS Hospital Trust in Southern England

✦ Role as researcher/external service improvement facilitator – ‘outsider’ to both Trusts. Employed concurrently as nurse in separate NHS Hospital Trust, then lecturer in nursing at Bournemouth University

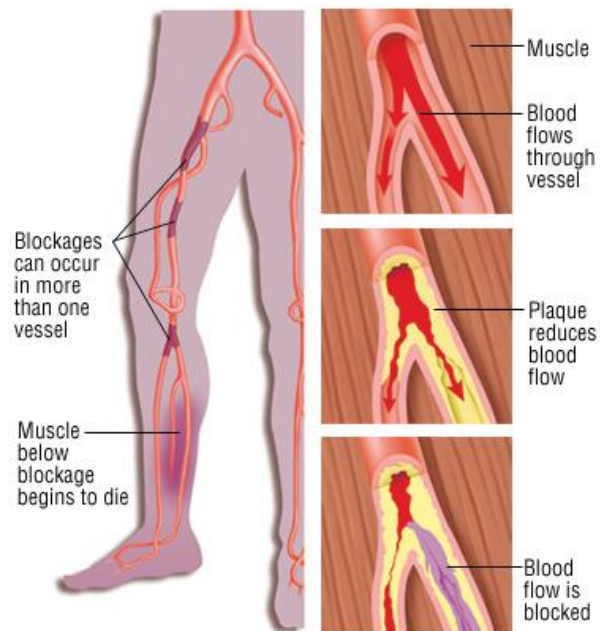


# What I did...

- Recruited 25 core member multidisciplinary team (MDT) – clinical & non-clinical (including clerical), frontline & managerial - with support of Lead Consultant, Nurse Practitioner (VNP) and Director of Nursing (DN)
- Set and agreed clear goals with Vascular Patient Journey team from outset, identified dates for 5 x monthly project team meetings and 3 mapping sessions. Identified patient group; began matrix sampling

# PROCESS:

identified which 'patient journey' to review and selection criteria for interviews with project team



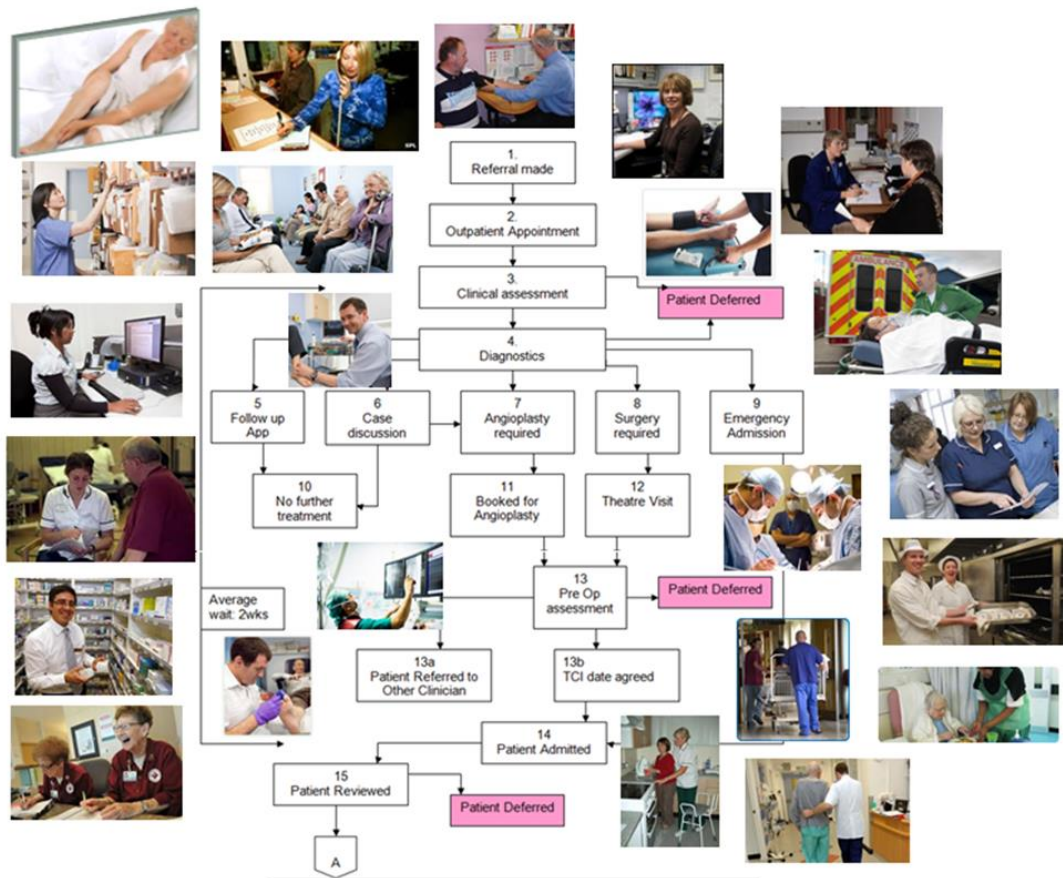
Patients with peripheral vascular disease (PVD)	Elective admission male/female ≥ 40 years	Emergency admission male/female ≥ 40 years	TOTAL
MDI diagnosis codes ICD10, I70.9 &, or OPCS4 (ALL)	5	6	11
Diabetes (Type I or II)	4	3	7
Hypertension	4	3	7
Cardio-vascular disease	2	1	3
Discharged home	4	5	9
Discharged other	1	1	2

# PROCESS: involved multidisciplinary project team in mapping their patients' journey

Collated results in  
'Vascular Patient  
Journey pathway  
report'



Evidence for change  
document 1

Beginning the journey...



# PROCESS:

interviewed patients in their homes

- collated and presented themed, verbatim extracts from interview transcripts in 'Report of Patient Interviews'
- Provided the team with genuine evidence of the positive & not so positive aspects of their own patients experiences and service
  - Focus on  successes  as well as areas for improvement



[Evidence for change document 2](#)

# PROCESS:

merged 'change' data in 'issues and solutions'  
working document for project team



Evidence for change document 3 – action planning & auditing



# What happened?



- improved team understanding of each other's roles; patients experiences; enhanced morale and teamwork
- timely, appropriate, effective and sustainable local and trust-wide change happened
- e.g. new admissions pathway; revised Nil by Mouth policy; team contact details; ordering of theatre lists; provision of skimmed milk; new diagnostic equipment; reduced duplication; trust-wide revision of patient information leaflets
- Patient Journey project triggered a cultural shift across the Trust

# IMPACT – PROJECT TEAM

## Evidence from evaluation

- “Informal nature of meetings allowed frank and honest discussion. No element of blame, etc., whenever an issue, shortfall etc., was noted...” (Lead Vascular/ Amputee Physiotherapist)



# IMPACT – PROJECT TEAM

## Evidence from evaluation

- “...all people in the room discussing service issues...significant ‘buy-in’...Quality of reports and data really helpful – grounded, real...” (Service Improvement Manager)
- “...this has done more in a year than I had managed to do in six” (Nurse Practitioner)



# IMPACT – PROJECT TEAM

## Evidence from evaluation

- “Patient Journey data should become a key part of service review as it incorporates corporate, clinician and patient requirements; 3 key areas considered as part of a whole...as I began to realise what we’ve got from it, just how much we’ve got from it, I wondered if we should do this every 5 years? ...Now I think...every team should do it every 5 years.” (Lead Vascular Consultant)

(Baron, 2014, p 197)



# IMPACT – PROJECT TEAM

## Evidence from evaluation

- “...this is a very good process that we should be constantly doing – and it’s not just a process that we should be doing in the NHS” (Consultant Anaesthetist)



# IMPACT – PATIENTS AND CARE PARTNERS

## Evidence from evaluation

- “I felt pleased that I was actually able to say what I wanted to say, and I felt it had gone well. In addition to which, very simply, I felt I was able to give a very good account of my experiences instead of just knocking the NHS all the time. Was able to give praise where it was due.” (Male patient)



# IMPACT – PATIENTS AND CARE PARTNERS

## Evidence from evaluation

- “I think it was essential to have both of us there... emotions involved...can’t always stand back and see what has happened, or speak out for themselves. Sometimes in order to cope, people cut out the worst bits so don’t really remember what it was like.” (Male patient)

(Baron, 2014, p 204, 205)



# IMPACT – PATIENTS AND CARE PARTNERS

## Evidence from evaluation

- “You could talk to a person rather than putting thoughts down on paper and hoping they would understand them.”





# What I learned...



- The power and value of the patient's voice
- The importance and value of involving a multi-disciplinary, cross-care boundary team – seeing the whole patient journey
- The positive impact of an open, honest, non-judgemental, fair and inclusive approach on individual & team morale, motivation, teamworking and improvement
- The wide-ranging value and effectiveness of this structured, evidence-based approach to improvement
- The worth and potential of an external improvement project facilitator

# Thank you for listening

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## References

- ▶ Baron, S., 2009. Evaluating the patient journey approach to ensure health care is centred on patients. *Nursing Times* [online], 105 (22), 20-23.
- ▶ Baron, S., 2014. Exploring the Patient Journey: a collaborative approach to patient-centred improvement in healthcare (available at <http://eprints.bournemouth.ac.uk/21464/>)

