

Patient Experience Call Recordings



Agenda Item: 17
Reference: 12B.015

Board Meeting: 30 January 2012

Summary	<p>This paper contains an example of service use to stimulate Board discussion about users' experience of our services.</p> <p>The examples provided relate to an inbound call and subsequent nurse assessment through the core service, resulting in a GP home visit for a commissioned single point of access service.</p> <p>This paper should be also considered in conjunction with the calls provided to Board Members only on the associated encrypted CD.</p>
Issues to be considered by the Board	<p>The Board, using the call review tool provided, should consider:</p> <ul style="list-style-type: none">• The user experience of this service and the resultant advice and information provided for the nature of the calls; and• The hypothetical NHS 111 experience described within the paper.
Action required by the Board	<p>The Board is asked to:</p> <ul style="list-style-type: none">• Receive this report and note its contents; and• Use these examples of service use to stimulate broader discussion about users' experiences of our current and future services.
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Date prepared	17 January 2012

1. Purpose

As part of the wider activities of the Board to engage with and become better informed of the quality issues with our services this paper and associated records and call recordings are provided as examples of service provision to patients. The patient's experience highlighted within this paper and the associated call recordings reflect a symptomatic call to our core service resulting in a referral for a home visit from the local GP OOH service for a patient. The examples described in this paper should be used to stimulate broader discussion by the Board about users' experience of our services (Appendix 1 contains the patient experience elements of our call review tool, which Board members may find helpful in considering these examples). The example patient experience provided through this paper and associated CD is an example of an incident that we have investigated through our internal review process.

2. Local Media Report

Following contact with our service the patient and her husband were so moved by their experience that they wrote a letter to their local paper, which was subsequently published. The letter was very complimentary of the whole process and the patient's experience of contacts with NHS Direct's services. It commended the staff involved and the empathy and efficiency with which the contacts with the service were handled.

The full details of the media report have not been included within this paper to maintain the patient's anonymity; however, if Board members would like to see the full letter sent to the local media this can be provided directly upon request.

3. Service Contacts

3.1 HA: 02:53 13 Dec 2011 (inbound core service call)

A health advisor received a core service call at 02:53 on a Tuesday morning from the husband of 29 year-old female patient with severe kidney pain and pain passing urine. The health advisor used the 'urinary problems' protocol within Call Streaming and Prioritisation Tool reaching a P2 priority from answering 'Yes' to the question 'Do they have any diagnosed kidney problems?'. The health advisor then put the call in the queue for nurse assessment at 03:00.

3.2 NA: 03:00 13 Dec 2011 (outbound call from queue)

A nurse advisor called the patient back shortly after the call had been placed in the queue. The patient's husband answered the phone and the nurse appropriately asked to speak directly with the patient. The nurse assessed the patient using the 'urinary burning – female' algorithm within the clinical decision support system and rapidly reached advice to 'refer to primary care same day'. As the algorithm had reached this end-point so quickly, the nurse did undertake some further questioning with the patient to ensure that she was happy to make this referral. In spite of the call being made to our core service; as the patient was in an area where we provide a single point of access service the patient's record was able to be sent directly to the local face-to-face provider for a GP home visit. Some further advice and interim care instructions were then discussed with the patient before the nurse ended the call.

3.3 User Experience and Outcome

After identifying the patient from the article in the local media we made contact to get further feedback of her experience of using the service. During this contact consent was given for us to use this as an example for the Board and for Board members to listen to audio recordings of the calls.

The patient reported that she is now at home recovering, but that she was seen by the GP at home and subsequently received treatment. When asked about her experience of the service she gave the highest rating possible for the all areas we explored, including experience of:

- The whole service (5 on a scale of 0 to 5);
- Initial contact with the service, the health advisor's call (5 on a scale of 0 to 5);
- Further clinical assessment, the nurse advisor's call (5 on a scale of 0 to 5);
- Call process, i.e. waiting for a call-back (5 on a scale of 0 to 5);
- Quality of advice and information given (5 on a scale of 0 to 5);
- Likelihood to use the service again (5 on a scale of 0 to 5);

She also reported:

- To be better off healthwise following use of the service;
- To have got what she initially wanted out of the service; and
- High likelihood to recommend service to family & friends (10 on scale of 0 – 10).

The patient said that she could not praise the service enough and hence the reason why her husband had written to the local paper about this.

3.4 Clinical Review of Service Contacts

Both the health advisor and nurse advisor's calls were reviewed by a member of the Expert Call Review Team, as part of the process of preparing this paper. Both call reviews were scored as 'Excellent'. The areas highlighted from review of the health advisor's call, which have been fed back, were:

- Polite and Courteous;
- Used nationally agreed salutation;
- Used knowledge and information intelligently throughout the call;
- Gave excellent and appropriate interim care advice;
- Adhered to Best Practice in record keeping; and
- Good communication skills throughout.

The areas highlighted from review of the nurse advisor's call, which have been fed back, were:

- Polite and Courteous;
- Used nationally agreed salutation.
- Used rationales and comorbidities appropriately based on primary symptoms;
- Used relevant past medical history within the assessment, which reflected on the decision-making regarding the final disposition;
- Clinical knowledge was evident throughout the call; and
- Sounded natural and engaged, making good use of the conversation cycle.

During the nurse's call she made one minor inappropriate comment regarding the availability of home visits in neighbouring areas, but this was not significant in the experience of the patient or the clinical outcome agreed.

4. Hypothetical NHS 111 Service Experience

If this call had been made to an NHS 111 service, it is likely that the health advisor taking the call would have transferred the call to a nurse due no immediate life threatening symptoms and the patient's medical history of only having one kidney. It is then likely that the nurse would have assessed using the 'flank pain' pathway. Given the patient's past medical history and reported symptoms, it is likely that this call would have reached a 'GP 2 hours' end-point from initial assessment. Therefore the only difference in the patient's experience would have been a more urgent referral to see a GP than the core service call. Our review of the calls found the clinical outcome that was reached was appropriate for the patient based on the presenting symptoms at the time of the call.

5. Action

The Board is asked to:

- Receive this report and note its contents; and
- Use these examples of service use to stimulate broader discussion about users' experiences of our services.

6. Appendix 1. Generic Call Review Tool

Factor 1: Patient Safety		Rating
1.1	Greets the caller using agreed salutation for service being provided	
1.2	Clearly explains the process to the caller	
1.3	Deals with 3rd party and intermediary calls appropriately.	
1.4	Rapidly establishes call control and focuses caller to presenting need	
Note		
Factor 2: Call Closure		Rating
2.1	Advises patient of anticipated call back time in accordance with operational status	
2.2	Gives clear worsening instructions at call closure	
Note		
Factor 3: Documentation		Rating
3.1	Correct demographics collected	
3.2	Documents demographic accurately	
3.3	Correct data protection process followed to verify record	
3.4	Consent is gained for information sharing, or there is evidence of critical reasoning if consent not sought	
3.5	Uses only approved abbreviations and annotations throughout	
3.6	Bypasses or exits early from the CSPT protocols	
3.7	Documents accurately reason for bypassing/exit early	
Note		
Factor 4: Policy and Guidance		Rating
4.1	Adheres to policy, procedure and guidance relevant to call handling	
4.2	Works within scope of role and responsibility	
4.3	Where issues arise during a call, escalates appropriately	
4.4	Demonstrates an awareness of own practice issues	
Note		
Factor 5: Rapport		Evidence
5.1	Communicates effectively [includes use of English]	
5.2	Mirrors (matches) tone and pace of caller	
5.3	Reflects callers language appropriately	
5.4	Treats caller as an individual	
5.5	Gains co-operation of caller by keeping them informed	
5.6	Shows interest in caller	
5.7	Validates or educates caller on their actions where appropriate	

5.8	Reassures caller	
5.9	Uses humour appropriately	
Note		
Factor 6: Questioning		Evidence
6.1	Personalises questions to caller / person being called about	
6.2	Adapts language used in question to aid callers understanding without changing meaning / context of question	
6.3	Uses tone / pitch of voice effectively to deliver questions in a spontaneous fashion	
Note		
Factor 7: Approach		Evidence
7.1	Positive and confident attitude and language.	
7.2	Demonstrate willingness to help and a 'can-do' attitude	
7.3	Polite and courteous	
7.4	Demonstrate sensitivity and a non-judgemental approach to the caller's need	
7.5	Be Honest	
Note		
Factor 8: Active listening		Evidence
8.1	Reflect back and confirm understanding of the caller's response	
8.2	Use verbal nods appropriately	
8.3	Allow the caller time to respond	
8.4	Picks up / responds to non-verbal cues	
Note		
Factor 9: Call control		Evidence
9.1	Use the conversation cycle to control the call	
9.2	Identifies key elements of caller's symptoms to focus the call	
9.3	Gives a good explanation of the assessment process	
9.4	Appropriate adaptation of speed for the callers needs	
9.5	Positively manage the caller's expectations	
Note		