

The Hospital Pathways Programme - lessons learned

From my point of view it's helped the team put the patient back into the equation because, to be honest, they'd forgotten why they were there. It's made them aware of what they would want if they were a patient – the little things – and that's why they come to me and say, 'I'm worried Vera's daughter looks anxious' and that's because they would be worried if they were Vera's daughter and they understand that now, whereas before they didn't.

(Trust participant)

Introduction

This article tells the story of the Hospital Pathways Programme (HPP), a collaborative programme in which five acute trusts worked with The King's Fund and the Health Foundation to apply techniques, not widely used in the NHS, to improve both processes of care and interactions between staff and patients.

Here we describe the HPP, the method used to evaluate it, what we learned about the approach and how the lessons have influenced the next programme called Patient and Family-centred Care.

What was the Hospital Pathways Programme?

What shone out as different with this was the measurement of patient experience, measurement of staff experience and measurement of process – the bringing together of these three was unique.

(Trust participant)

In 2010, The King's Fund and the Health Foundation embarked on a service improvement programme in collaboration with the following trusts:

- George Eliot Hospital NHS Trust
- Northumbria Healthcare NHS Foundation Trust
- Royal Free, Hampstead Hospital Trust (now Royal Free London NHS Foundation Trust)
- Salisbury Hospital NHS Foundation Trust
- Taunton and Somerset NHS Trust.

The programme lasted 18 months and focused on a unique combination of three elements not used together in other improvement programmes:

- patients' experience

- wellbeing and effectiveness of staff
- quality improvement, using rapid improvement and testing cycles supported by measurement (the Model for Improvement).

The King's Fund and the Health Foundation aimed to demonstrate that, within the NHS, quality improvement work that focused on patient-centred care and staff engagement would deliver excellent experience for patients, and deliver it reliably.

Goals

The specific goals of the programme were to:

- improve patients' experience of care in hospital in relation to consistency, reliability and quality
- improve relatives' experience
- improve the wellbeing of staff
- keep patients' experience as high on the quality agenda as safety and clinical effectiveness
- develop leaders of this work in the NHS.

The complementary goals for the participating trusts were to:

- understand the drivers for quality in their organisations
- transform the care of patients in two care pathways so that it is reliably excellent in terms of safety, clinical effectiveness, patient-centredness, timeliness and efficiency
- build capability, so that lessons can be sustained and spread across a whole NHS trust
- improve staff engagement and wellbeing, helping to refocus the attention of staff on the patients' experience and to drive up pride and control in the service and care being provided.

Methods

Looking back, I think the most powerful thing to come out of HPP was integration – the understanding that this is all connected. What this programme was doing was saying you have to look at the process, the experience, the quality of the conversations we are having.

Trust participant

The programme used tried and tested improvement techniques that worked in settings outside the UK and were used in high-performing hospitals internationally. These were:

- the Institute for Healthcare Improvement's (IHI) work to identify the key drivers of patients' experience (IHI drivers)
- the Model for Improvement
- the Patient and Family-centred Care methodology devised by the University of Pittsburgh Medical Center.

Trusts each chose two care pathways and were encouraged to identify and implement improvements using the IHI drivers as a framework for action (for more information see link at end). They received ongoing coaching and mentoring from a 'faculty' of experts appointed by The King's Fund and came together to discuss their work at a series of 'learning events' in London.

Measurement within the Hospital Pathways Programme

Patient experience data has breathed life into work and made staff realise how interventions can affect patient experience outcomes.
(Trust participant)

Developing and monitoring indicators to assess patient and staff experience was integral to the programme. From the start the trusts were encouraged to think about the importance of measurement, being clear about what it was they were trying to improve and how they would know that the changes had resulted in an improvement. Trusts were asked to set two overall measures for patient experience and one measure for each of the drivers.

The evaluation method

The purpose of the evaluation was to find out:

- whether the HPP approach was effective
- what participants felt about it
- how, if at all, it could be improved.

The evaluation involved a mix of research methods:

- documentation review
- attendance at events organised by The King's Fund and the participating trusts
- in-depth interviews with staff from The King's Fund, the Health Foundation and faculty members
- visits to participating trusts
- in-depth interviews with staff involved in implementing the programme locally.

Given timescales, slow development of interventions, and resource constraints, it was not possible to interview patients or their carers or families.

As the design and delivery of interventions across the five trusts was not standardised, assessing causality between intervention and outcome was difficult. Consequently, the approach taken to the evaluation was 'pragmatic' asking not 'what works?' or 'does this programme work?' but instead asking 'what works, for whom, in what circumstances, in what respects, and how?'

Achievements of the programme

Achievements linked to the HPP were reported in the areas below.

Improvements to service provision

It's just the mind set, that it might not be good for the patient to turn up for a six-minute appointment but spend four hours waiting. That's not okay – it might be the norm, but it's not okay.

(Trust participant)

Improvements reported as having a direct and measurable improvement in patients' experience included:

- wider implementation of the *This is me* booklet, designed to provide a sense of the patient as an individual; it is filled in by family/carers to give an idea of the patient's usual likes/dislikes, character, routines and history¹
- nutrition screening tools and nutrition assistants to improve quality of life, reduce mortality and enhance recovery
- a streamlined stroke pathway, which increased the speed and efficiency of transferring patients onto the ward and quality of care on the stroke unit
- an 'end-of-life' care box containing poetry books, relaxation tapes, toiletries, etc, to help cherish and nurture patients
- a reduction in length of stay on orthopaedics from four days to two/three days following a hip/knee replacement
- a 'start to finish' video featuring ward staff explaining the patient pathway for people undergoing surgery for liver disease²
- a problem ward 'turned around' to become a highly valued and functioning ward

¹ http://alzheimers.org.uk/site/scripts/download_info.php?fileID=849

² www.royalfree.nhs.uk/liver.aspx?tab_id=657&top_nav_id=1

- an end to seven-day prescribing of antibiotics and an introduction of home-based intravenous antibiotics.

Increased confidence and sense of purpose

One of the biggest things we're taking forward from this project is having a team of staff who are empowered and motivated to continue to enact change. They know what a PDSA [plan, do, study, act] cycle is and they don't need a lot of money or a large-scale trial to be able to implement important changes.

(Trust participant)

The HPP helped participants to realise that more was possible in terms of improving patient experience than might have been expected. The evaluation also reported that the HPP had been instrumental in empowering individual members of staff and helping to build teams.

Improvements to the culture of the trust

You get carers and patients telling their stories direct to the board. And it's good to see the board getting emotional about stuff. And as an outcome they say they want more of this kind of work. I've been chuffed that the director of nursing has commissioned two wards to roll out the programme.

(Trust participant)

Staff interviewed across the five trusts were unequivocal in the view that the HPP had helped to bring about cultural shifts in organisational thinking which, they believed, would leave a legacy of improvements in work on patient experience within each trust. This finding is perhaps of particular significance in trusts where outcomes from the HPP may not have been immediately evident, but, nonetheless, where there appeared to be noticeable changes that were attributed, in part, to the HPP.

Key factors for trust success

The evaluation found that the following factors were associated with the greatest improvements.

High-level organisational support

- Clear, consistent leadership and support.
- Organisational commitment to the value of patient experience in improving quality.

- Provision of resources and protected time to collect, input, analyse and report data and to administer the project.
- A stable organisation in relation to human and financial resources.
- Transparent, rigorous communication both between and within organisations.

Support at the ward/pathway level

- Engagement from senior medical staff.
- Motivated and committed frontline staff to implement the programme.
- Multi-professional teams with senior clinician involvement.
- Good staff morale and a belief that their work is important.
- Clear expectations about what the programme entails in terms of time and monitoring activity.
- Support for planning, designing and monitoring interventions including protected time.

Making the link between NHS policies and improving patient experience

- The evaluation also found that there was a connection between financial incentives and patient experience work. For example, the Commissioning for Quality and Innovation framework played a part in engaging decision makers and maintaining drive and enthusiasm at ward/pathway level.

What next?

For HPP participants, the learning from this programme has been taken forward in various ways: in one case through the establishment of an in-house improvement 'faculty' to support such work locally; and in another, spreading the approach to other care experiences in the organisation and wider participation in service improvement programmes, such as the Health Foundation's shared purpose programme³

The Patient and Family-centred Care programme

For The King's Fund and the Health Foundation, the Hospital Pathways Programme has evolved into the Patient and Family-centred Care (PFCC), taking into account the learning from HPP and its evaluation.

³ www.health.org.uk/news-and-events/newsletter/putting-patients-at-the-heart-of-improvement/

It, too, is a service improvement programme that supports teams in NHS organisations focus on the same three issues, namely to:

- improve the experiences of patients receiving care
- improve the experience of staff delivering care
- build capability within partner organisations to enable them to spread learning to other care experiences inside the organisation.

The PFCC programme draws heavily on the work of the University of Pittsburgh Medical Center, which developed the PFCC methodology. This method has several key components.

- In order to change patients' experiences of care, it is necessary to understand them from the patient's point of view. To do this the teams are asked to shadow patients, and to use other observational methods alongside more traditional improvement approaches, such as process mapping.
- With a fuller understanding of patients' experiences, teams are asked to design the ideal care experience. This helps them to decide where to focus their improvement efforts.
- The method proposes an organisational infrastructure (a guiding council and a working group), which meets briefly but often, to maintain oversight and momentum for the work.

How have the methods changed?

As a result of the HPP evaluation, the PFCC programme has made the following adjustments to its method:

- stronger emphasis on the PFCC methodology, stressing the importance of patient shadowing, establishing the programme infrastructure, and measurement early on in the programme
- increased focus on the executive leadership of the programme, making more explicit the role of the executive sponsor, and providing dedicated support to executive sponsors
- increased focus on the medical leadership of the programme, with targeted work with doctors participating in the programme from the clinical leaders of the Improvement Faculty
- continued emphasis on measurement for improvement and use of data for improvement.

Where can I find out more?

www.kingsfund.org.uk/current_projects/point_of_care/pfcc_programme/

