



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Patient & Relative Feedback
York & Scarborough Critical Care
Department



Why develop this?

1. Influenced by previous video interview project.
2. Influenced by national guidance, trust values and governing bodies.
3. Influenced by Post ICU Presentation Screen (ICS, 2020).
4. Service development. Are we meeting the needs of our patients/relatives?

Guidelines for Provision Intensive Care Service (ICS, 2019)

“Units must obtain regular feedback about the care that patients and relatives received during their critical care admission in order to learn from and act on the feedback received.”

The Design of the Patient/Relative Feedback Questionnaire.

Important Aspects

1. Applicable to our department
2. To ask both patients & relatives similar questions

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Questions relating to NICE (CG83)

1. Did you understand the reason for admission to critical care?
2. Did you understand the care received whilst on critical care?
3. Did you understand the rehabilitation plan given?
4. Has the discharge process from critical care been explained to you?
5. Was there any part of your experience that you feel more information would have helped?

Questions relating to Trust values

Kindness

Values and behaviours

Openness

Communication

Excellence

Professionalism

How will it be done...



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Patient & Relative Feedback

We acknowledge that coming to critical care is likely to be difficult for most people, but we want to make the experience as good as it can be.

Please help us understand how you feel coming to our critical care department.
Please use the QR code to access the questionnaire.

Or the following email:
<https://www.surveymonkey.co.uk/r/3YTT3X>



Questionnaires are accessed using any electrical device...



Survey Monkey is used as the platform to ensure:

1. Data handling
2. Compliance with information governance.

Information is then shared in the following ways...

1. Displayed on patient & relative feedback board, in the staff room.
2. PDF document sent to critical care team.

Any learning will be the focus of the month.

Service improvements will be reviewed.

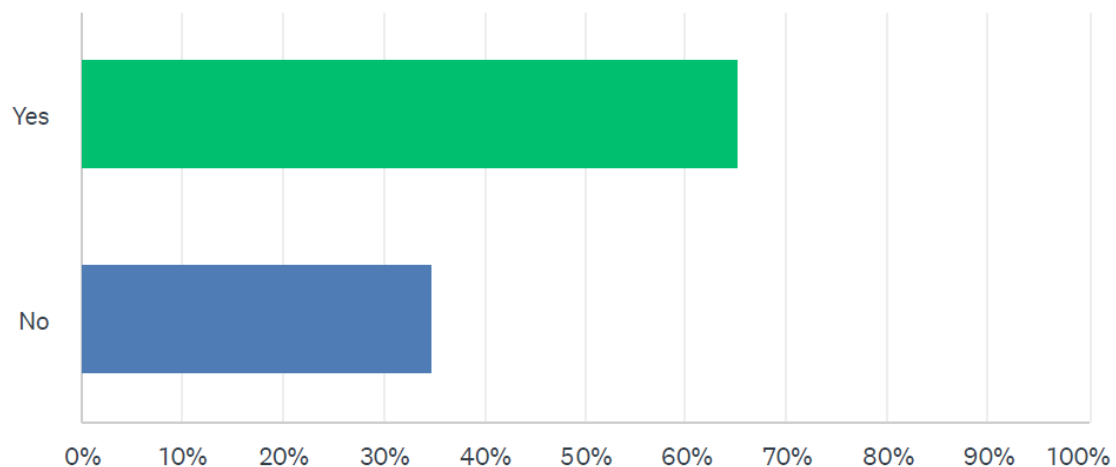
If any follow up required advice would be sought by the ICU leads to reach out to these patients/relatives.



Example one

Q6 Has the discharge process from Critical Care been explained to you?

Answered: 23 Skipped: 0



ANSWER CHOICES

Yes

No

RESPONSES

65.22%

34.78%

Questions relating to NICE (CG83)

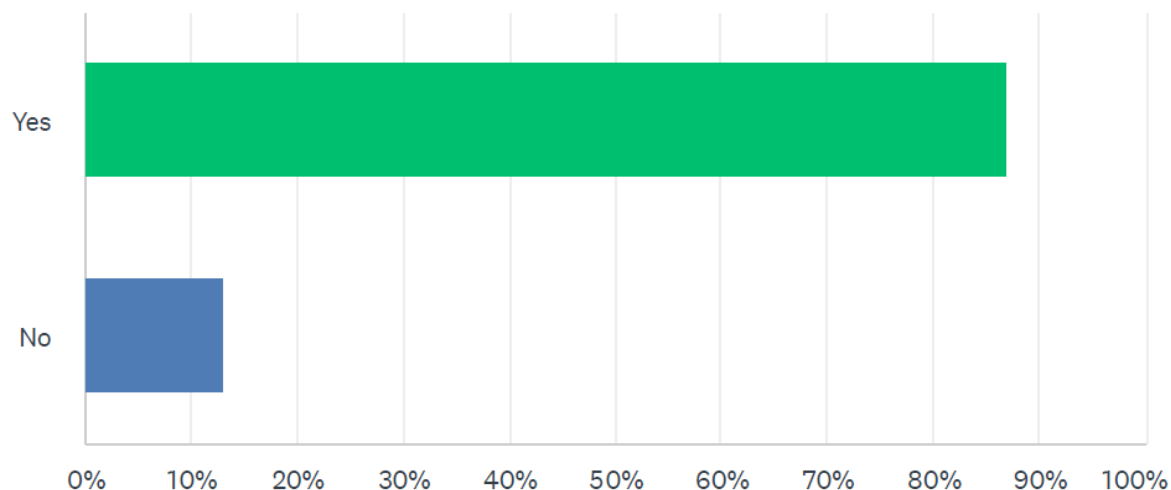
Changes Introduced

1. Education given to staff regarding explaining the discharge process
2. Critical Care Outreach Teams introducing themselves to ICU step down patients.

Example two

Q11 Did you feel you could communicate with staff members?

Answered: 23 Skipped: 0



ANSWER CHOICES

RESPONSES

Yes 86.96%

No 13.04%

TOTAL

In additional comments made:

Patient with tracheostomy
found it difficult to
communicate

Changes Introduced

1. Discussion with SALT: Early referrals for any patient awake with ET tube or Tracheostomy, for communication needs assessed.
2. Re-introduction of Lip Reading course for nursing staff.

Example Three

Feedback from patient & relative.
(using the QR code on the letter from follow up clinic)

Background:

Admitted with urosepsis & Type 2 respiratory failure.

- Required 1 day of intubation and ventilation
- Experienced a couple of days of ICU delirium.
- Discharged to the ward 7 days later.

Relative perspective

Provided
excellent care!

Patient perspective

Unsure what
happened to
them.

Upset about the
DNACPR

Great physical
care, but did not
meet
psychological
needs.

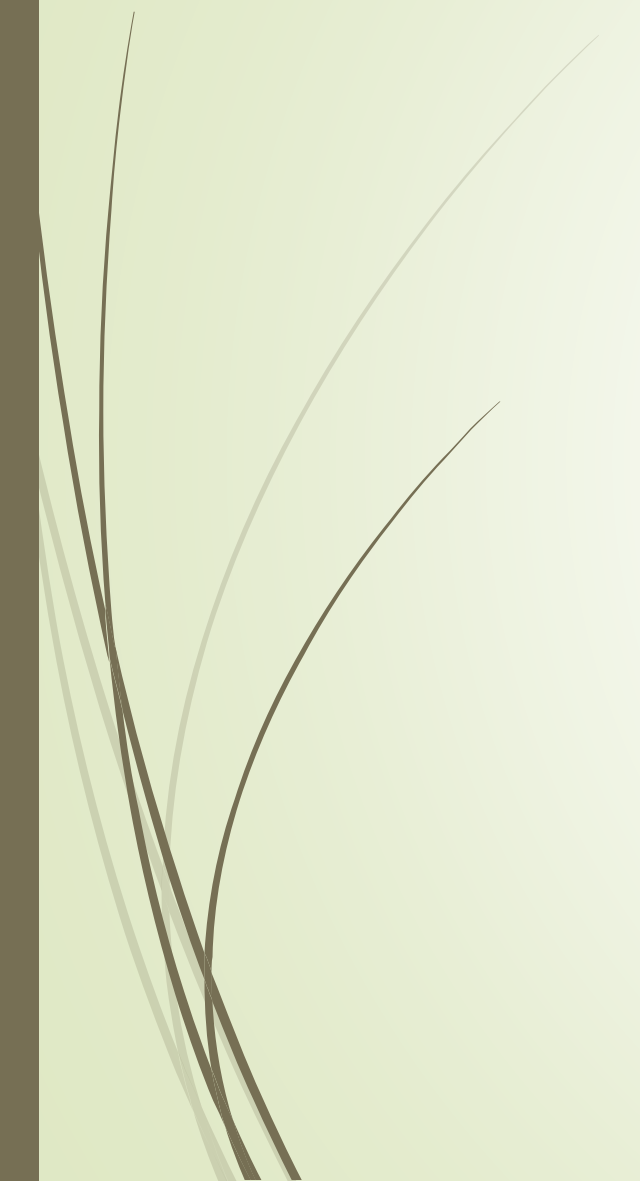

Example Three: Outcome

1. Approached the Lead Nurse to inform of feedback.
2. Made contact to the patient for more information.
3. Arranged a meeting with a ICU consultant who knew of her care.



Outcomes:

1. Helped the patient understand what had happened to her.
2. MDT learning: Reviewing and communicating DNACPR forms.
3. Organised her a follow up clinic appointment.



**Thank you !
Any Questions?**