

Mary Ann Evans Hospice 

Patient & Carer Satisfaction Survey

June 2017

Introduction

The Mary Ann Evans Hospice (MAEH) strives to enhance the quality of life of people who have a life limiting illness, by offering physical, emotional, social and spiritual support to them, their families and those caring for them throughout the palliative stages of their disease.

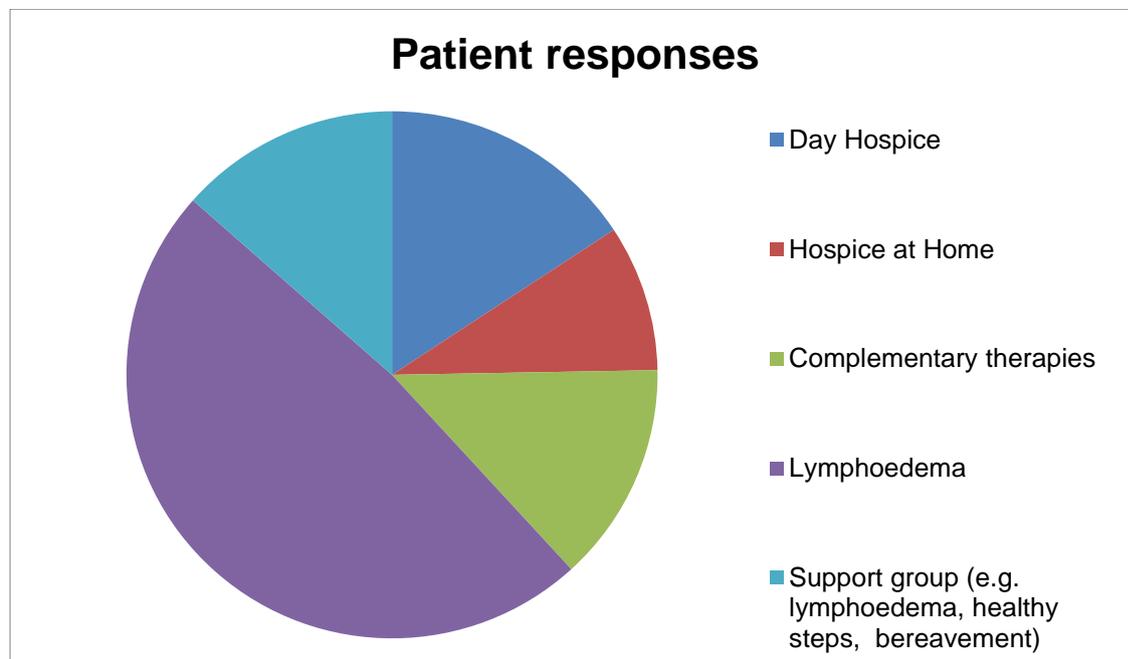
The MAEH is a registered charity and services are provided free throughout Nuneaton, Bedworth and North Warwickshire.

There are 3 clinical services provided – Day Hospice, Hospice at Home and Lymphoedema, the hospice also offers a complementary therapy service which whilst integrated with Day Hospice is available to all accessing hospice services. In May 2017 all patients and/or carers known to each of the clinical services at the time of week commencing the 22nd May were given the opportunity to provide MAEH with their feedback on their satisfaction with care and services received.

A total of 125 questionnaires were distributed –

- 10 to Hospice at Home patients
- 48 to Day Hospice
- 67 to Lymphoedema

By 7th June we had 3 Hospice at Home (30%), 21 Day Hospice (43.75%) and 45 Lymphoedema (67%) questionnaires returned. An overall response rate of 55%, which is slightly lower than last year, however patients had a slightly shorter window of time to return the questionnaires.

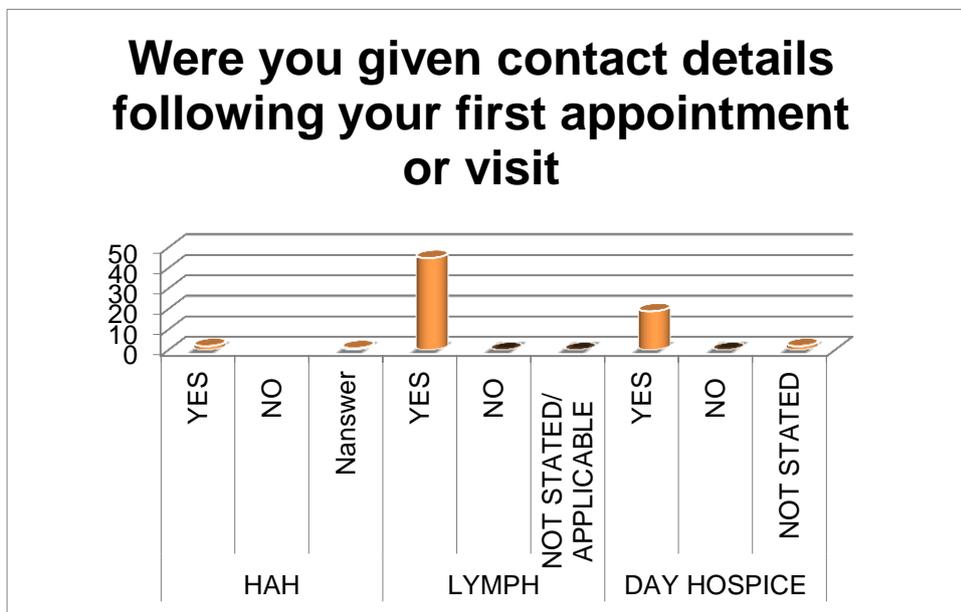


Numerous patients were responding having accessed multiple services – demonstrating the integrated approach to patient care provided by the hospice.

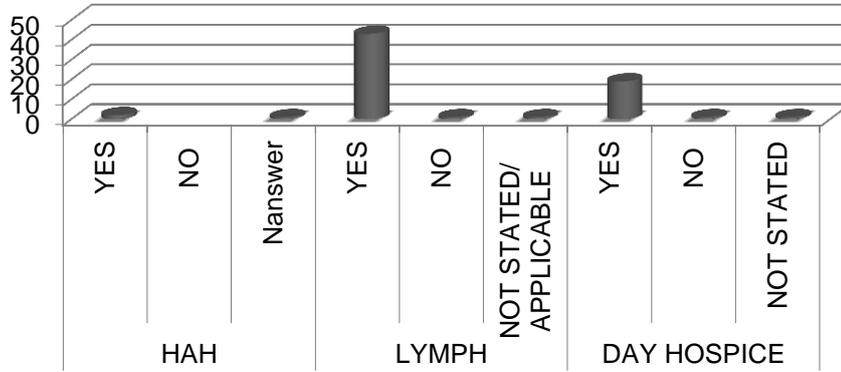
From the 45 lymphoedema respondents 12 were also accessing Healthy Steps and Support Group.

Patients and carers were invited to leave their contact numbers if they wished to be contacted about any specific aspect of care provided. Although no specific issues or concerns had been stated, as a matter of courtesy each of the clinical services Team Leads would have made contact with anyone who shared their contact details. No carer responses were received.

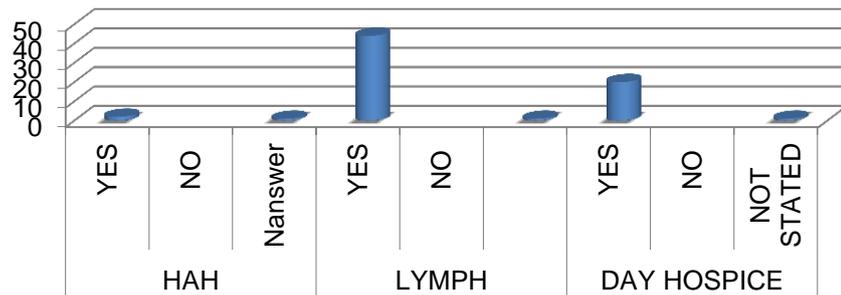
The survey asked patients to think about their first involvement with Mary Ann Evans Hospice care services:



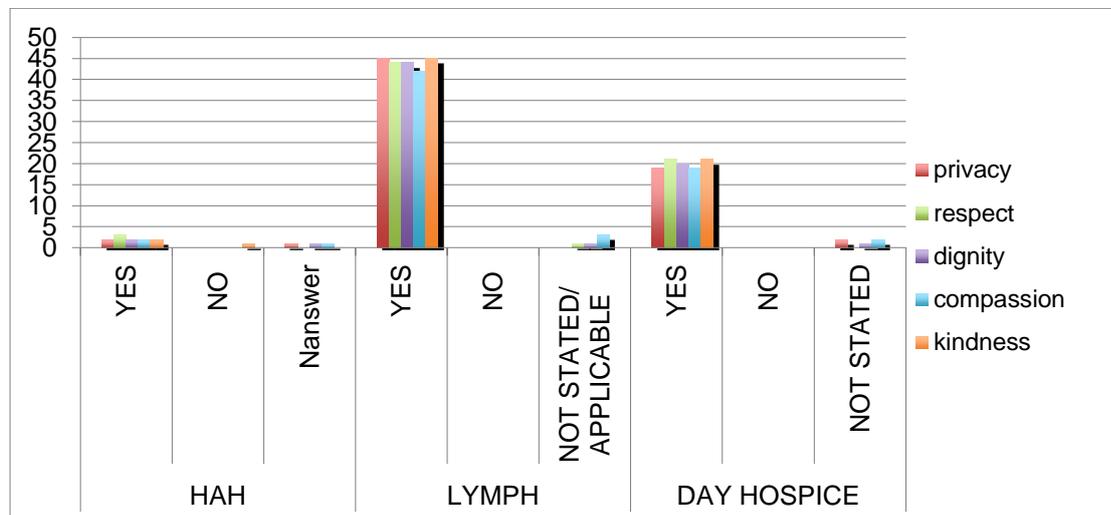
Did the staff involved in your care ask how you would like to be addressed



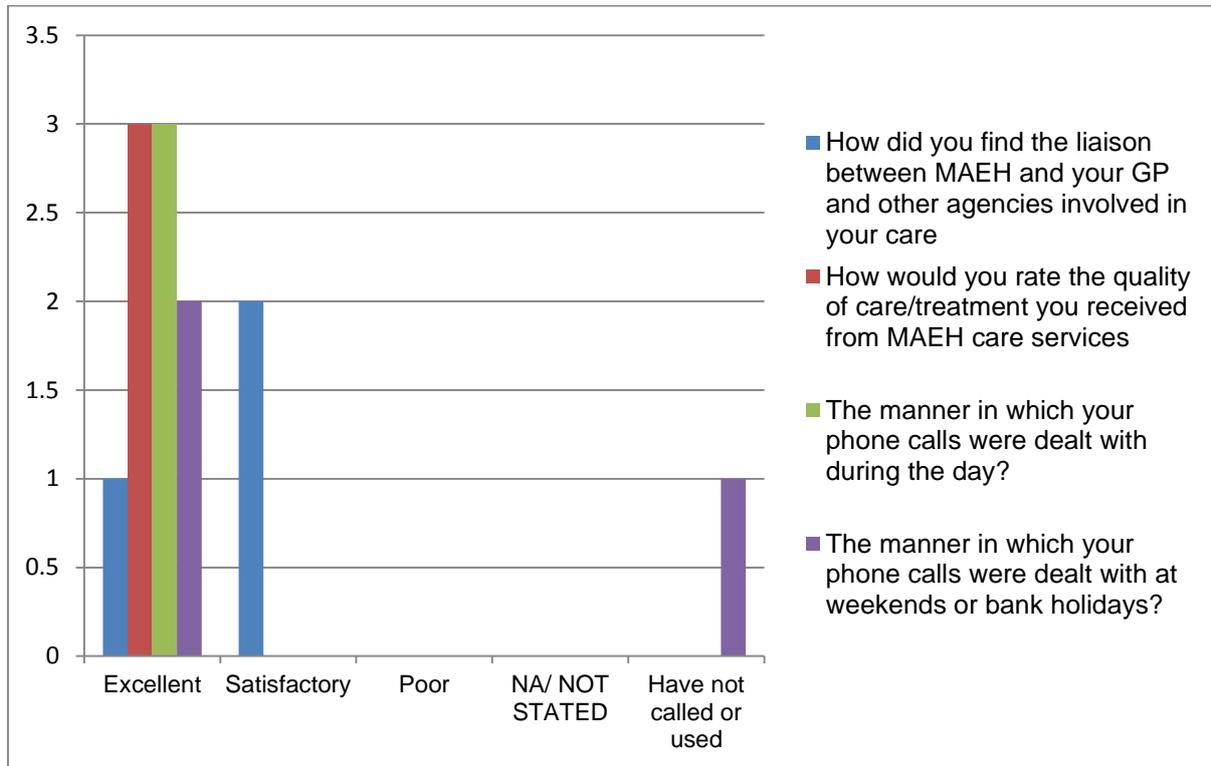
Was the information you received from MAEH care services useful



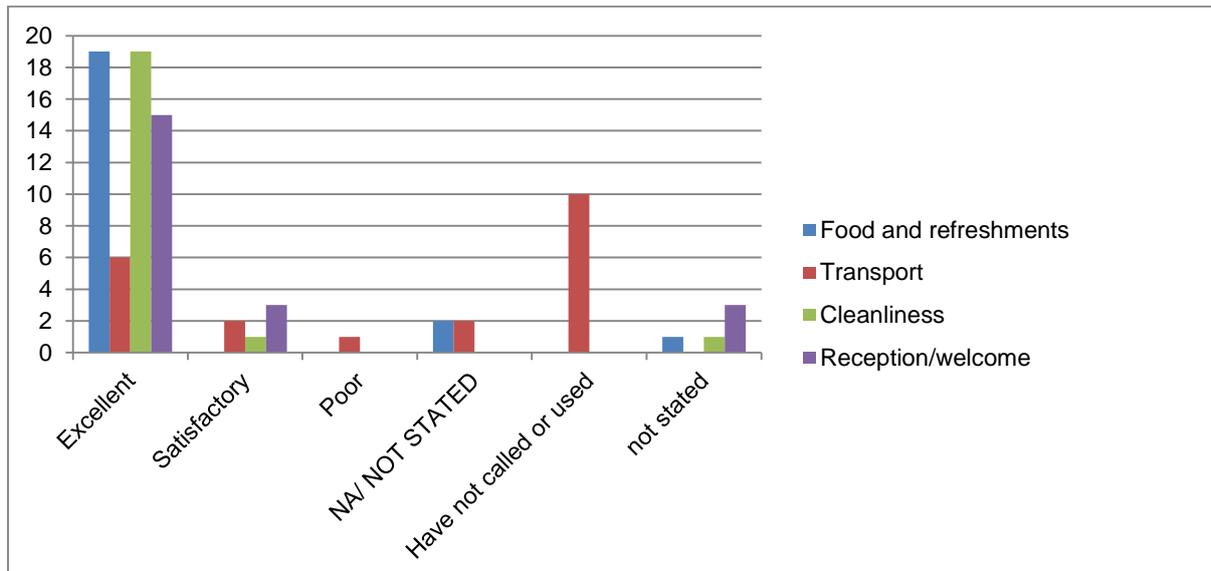
During your time with Mary Ann Evans Hospice care services do you feel staff and volunteers treated you with:



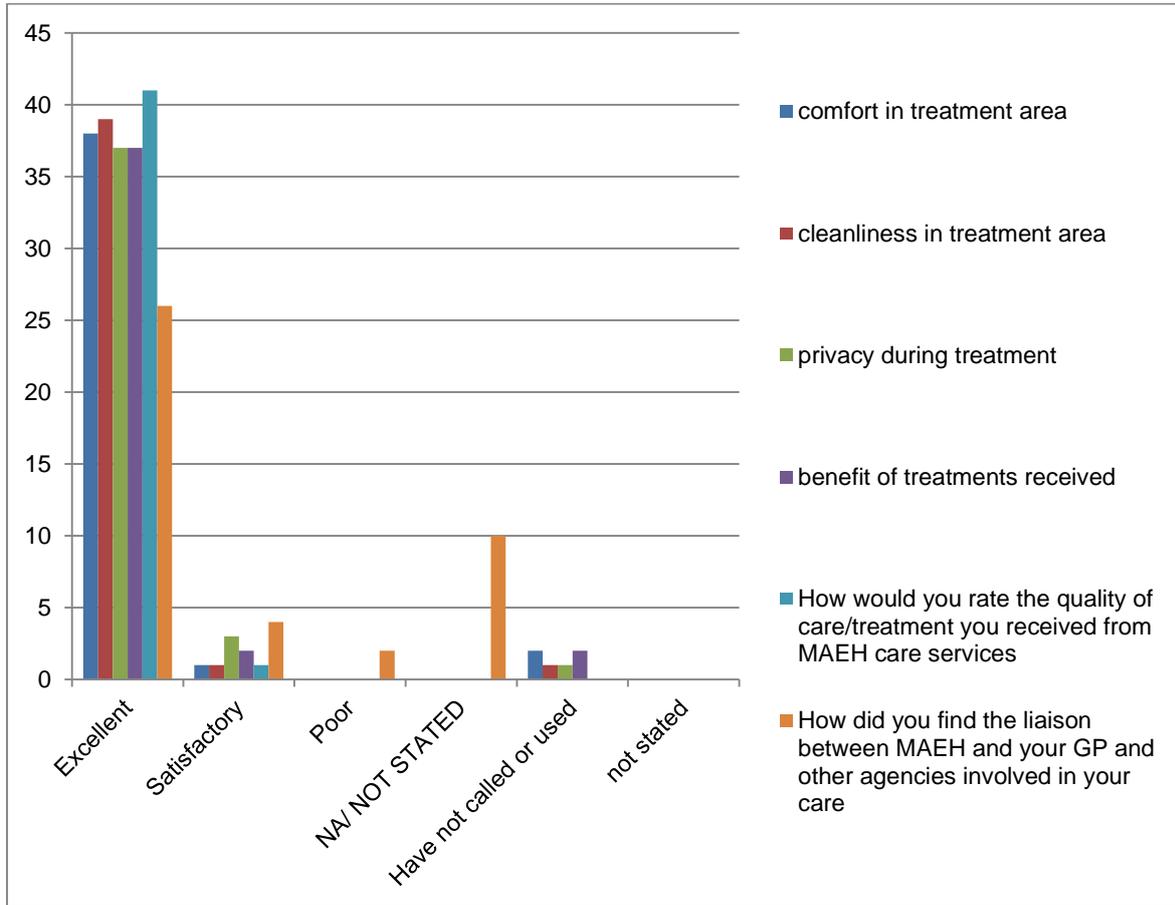
Patients and carers responded as follows about several aspects of the care they received from Hospice at Home:



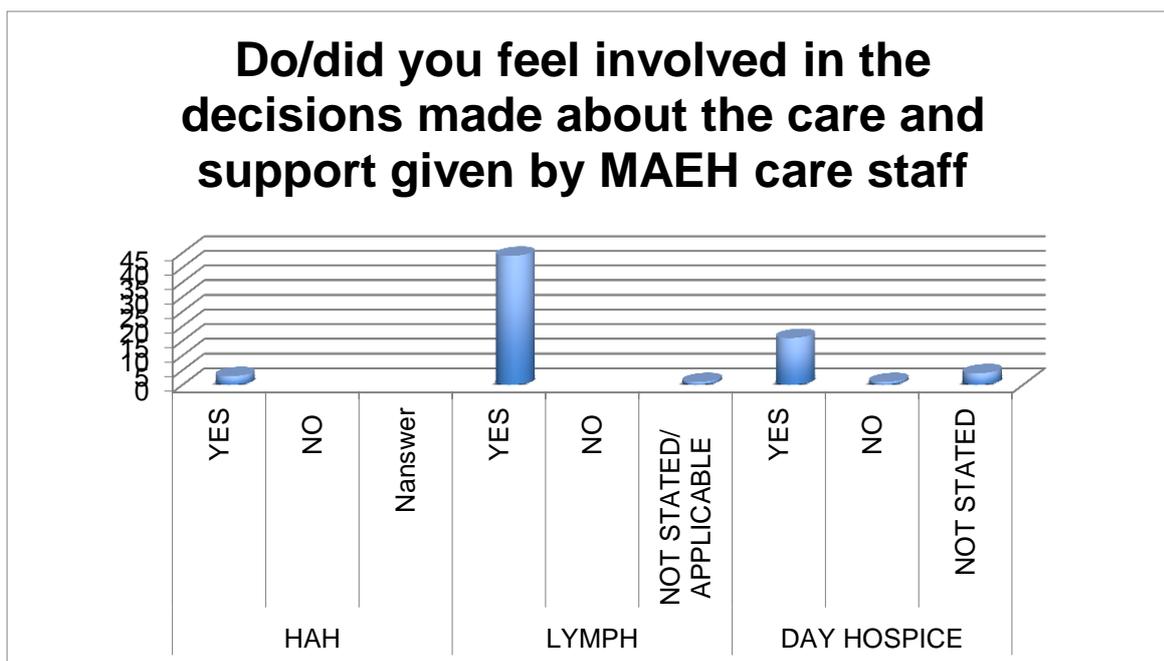
Patients and carers responded as follows about several aspects of the care they received from Day Hospice:



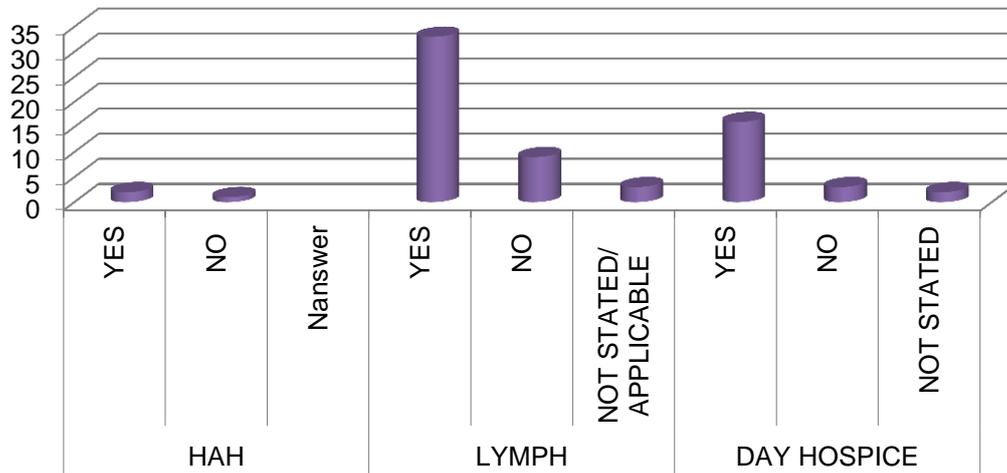
Patients and carers responded as follows about several aspects of the care they received from Lymphoedema service:



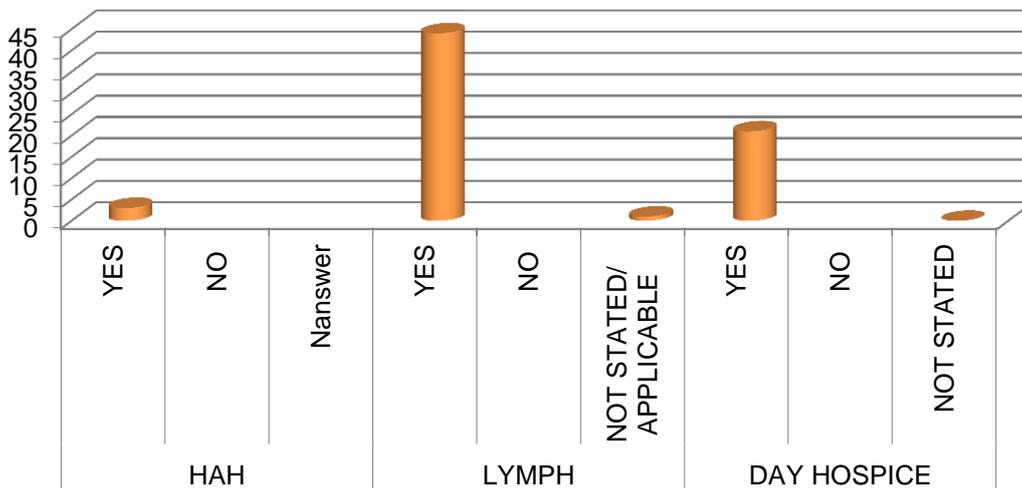
Patients and carers responded as follows regarding their levels of satisfaction with specific elements of service provision:



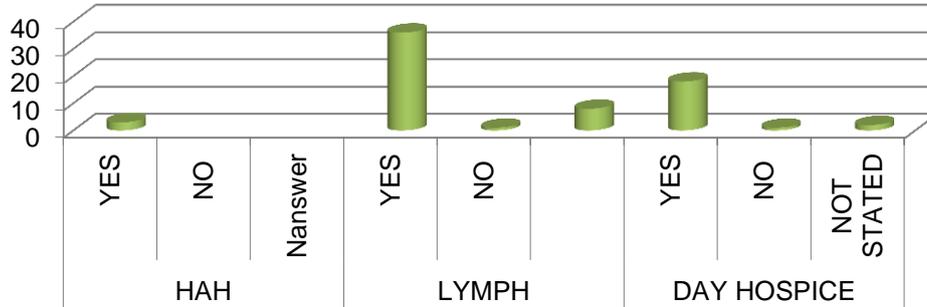
Are you aware of how to complain about any of the services provided by the MAEH



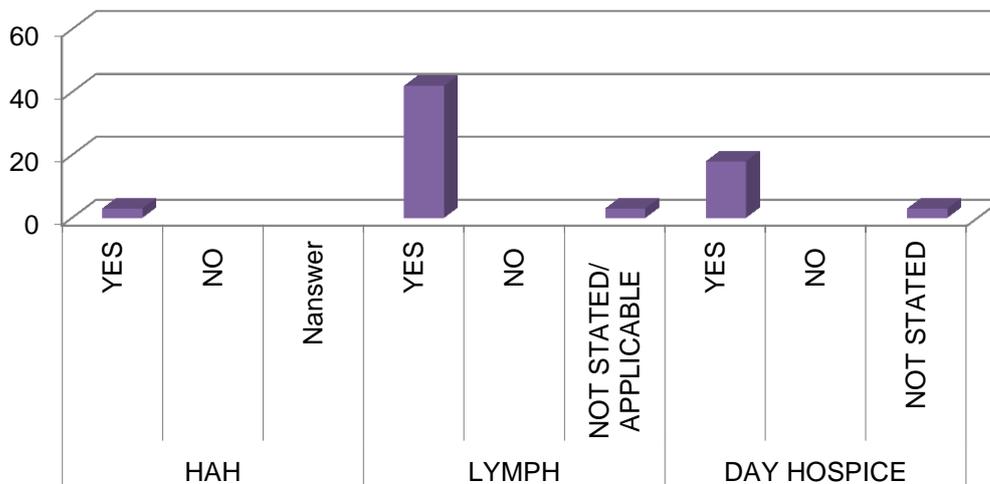
Having used this service, would you recommend it to other members of your family and friends if required



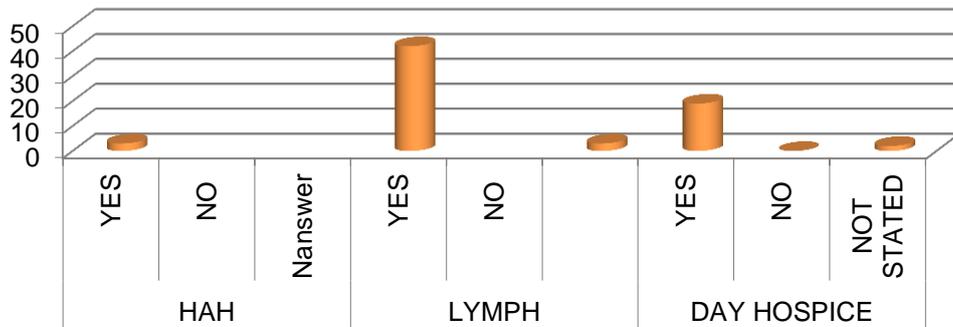
Did you feel the staff made an effort to meet your needs with regard to culture, faith and spiritual needs



Are you satisfied with the level of emotional and psychological support you received from MAEH care staff



Are you satisfied that MAEH holds confidential information about you securely and only shared with your permission



The following comments were received specifically about the care Hospice at Home provided:

The staff we have dealt with have been very caring and supportive to myself and my wife. They are very friendly and kind and nothing is too much trouble.

The following are some of the comments received specifically about the care Day Hospice provided:

My wife has only praise for the excellent care she receives from the nursing and caring staff.

I found that the foot massage was beneficial with my circulation with my diabetes and swelling in my legs and feet.

I am encouraged to do things I can do. Love painting and poetry. Shop in hospice very good as I am house bound, I enjoy spending money.

My experience of the day hospice is extremely good, and benefits me greatly. No matter how I feel when I arrive, I always go home relaxed and refreshed.

Excellent care and support for patient and carers. All staff/volunteers etc are very caring and approachable. A very safe environment for patients. Would highly recommend to others.

I think all staff are excellent in all areas, it's my first time to use the hospice. I couldn't believe what is provided; I would recommend it to all who need it.

I used the transport 4 times, 3 times I used the ambulance which was very uncomfortable. I wasn't allowed to stay in my wheelchair. I was very upset on arrival. I used a taxi on my 4th visit which was better as I stayed in my wheelchair.

The following are some of the comments received specifically about the care the lymphoedema team provided:

The lymphoedema service has been excellent to me over many years and continues to be. The respect, care and professionalism from XXXX is very much appreciated by me.

Always greeted warmly, appointments always on time. Friendly staff.

Great team, very friendly and kind. Dedicated to what they do.

The girls in the Mary Ann Evans are very caring people I have treatment and Healthy steps. I look forward to seeing them

I cannot fault the service I receive from the lymphoedema clinic. The staff are very supportive and their treatment has vastly improved my quality of life.



Response to survey from Team Leads – Clinical Services

Overall the survey was highly satisfactory, however where constructive feedback was provided the Team leads responded as follows:

Hospice at Home

The week planned for distributing surveys was a very quiet week for the service. Despite 10 surveys being given out only 3 were returned within time specified. This may have been due to the fact that the patients were very ill and so families would have been too upset to do them.

One survey returned indicated that the carer was not happy with the service but when contacted by the Team Lead they reported this was a mistake on their part and they were very sorry for the misunderstanding. All returned surveys overall were very positive.

Day Hospice

Unfortunately one patient felt that the ambulance transport was poor, no contact details were left on the survey so it has not been possible to verify who the patient was. The patient was coming in to day hospice via ambulance transport which was

found to be uncomfortable. This was resolved by the use of disabled friendly taxi's or family bringing them in using their own wheel chair.

Lymphoedema

One patient reported the liaison with GP was poor, this is not an aspect of care feedback we receive usually – unfortunately the patient did not supply their contact details for direct follow up and further enquiry. There was however a situation with a patient where there was a GP prescribing error despite clear information provided by the hospice. In the near future the lymphoedema nurse specialist will be able to issue hosiery prescriptions directly and this will prevent issues going forwards.

Collective feedback for all clinical services

13 patients in total were unaware of how to complain, this was highlighted in the 2016 report also, so in response details about complaints processes were included in the patient information booklets.

The Team Leads recognise this needs further effort to ensure that patients are aware of the process. The Team Leads plan to raise this issue via their team hub meetings. Within the day hospice information leaflet there is a section on comments, compliments and complaints. As new patients will be visited at home before coming to day hospice, the patient information leaflet can be explained at this visit and how to complain be clearly pointed out to patients. Arrangements will be made to display some A3 sized information sheets which explain the “how to complain” process for use across the hospice clinical areas.

3 patients reported not being asked how they would like to be addressed (1 from each service). When visiting patients at home Day Hospice will ascertain, record and share with team colleagues what the patient wants to be called, this will be clearly documented in patient clinical records and the staff made aware on the morning of the patients visit during report.

2 patients felt that their faith, spiritual and cultural needs were not met (1 x lymph and 1 x day hospice). The Team Leads, Director of Family Support and individuals from each department will meet to discuss the “I matter” approach for patients, this will involve looking at the existing spiritual care documentation and working on a new format to capture spiritual and cultural needs.

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Anita Ashby
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