

IQIPS Accreditation – Patient Experience

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This is the second article in the series on IQIPS accreditation. The first article, in the previous Newsletter focussed on the increasing pressure for services to gain accreditation and some suggestions for gaining management support, funding and also some ideas for how to release staff time to actually carry out the processes required. This second article will be focussing on the Patient experience domain

This is perhaps one of the more straight forward IQIPS domains to start with. We are here to provide a service to patients and improve their journey through our departments and hospitals. – So hopefully we can readily identify those areas in which our practice enhances the patient experience.

Most of us will already have patient feedback systems; robust SOPs surrounding consent and have access to a range of high-quality patient information resources such as those provided by the Cardiovascular Foundation etc. Hopefully then, this domain will be familiar territory – and it provides a great space to showcase that which we all do so well on a daily basis.

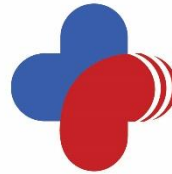
Where do we start with fulfilling IQIPS requirements?

UKAS suggest that the best thing a service can do (before even starting the ‘traffic-light ready’ assessment) is to sit down with the IQIPS standard and just work through each standard statement writing down what organisational or local policies they already have that relates to that statement. You can then determine which areas are missing and start working towards fulfilling the requirements. You are free to decide how best to satisfy the IQIPS requirement, and this will be up to your service – it can be done in whichever way best fits your resources/location etc. You just need to remember that the requirements need covering – somehow. And you may find that some requirements can’t be satisfied yet – but if you are working on a solution (and can prove this) you may still be awarded accreditation – discuss with your UKAS contact when you are registered on the TLR.

Across all of the IQIPS standard domains, one phrase runs through the narrative like a steady mantra:

“The service implements and monitors...”

So, these 2 key words give the biggest clue as to what is required and should inform you as you decide how you are going to satisfy each standard.



Implementation

How do you implement the requirements of each standard? A good place to start might be to list all of the systems and procedures that support your delivery of a good patient experience and consider if anything is missing.

For example: look at your waiting area and consider:

- Whether you would be happy waiting for a scan here?
- Is the environment clean and safeand is dignity maintained?
- Are patients informed about what is going to happen?/how long they need to wait?/ who is doing their scan?/ what happens to their results?/

Monitoring

Once you have set your standards and implemented them, you need to consider how these standards are monitored:

- Do you have a written procedure which staff can access?
- Do staff know the standard?
- Are processes followed?
- Do you check?
- How can you prove this?

Some examples of monitoring methods:

System/Procedure	Monitoring
Patient Feedback Survey	Data trend analysis – highlighting and acting on main issues
Private changing areas	Question in patient feedback survey to assess satisfaction
Chaperones for anxious patients	<i>No current monitoring -? requires system to evaluate effectiveness</i>
Service Accessibility Policy	Document control

Most departments will already be able to evidence good practice in improving patient experience and evidencing this in the IQIPS domain is often as simple as stating what this is and how it is monitored. In most cases, good practice such as this can be seen and evidenced on site visits, so the evidence provided on the online assessment tool doesn't have to be exhaustive.

Compliance vs. Effectiveness – when is a system doing enough?

Once a service has listed all of the systems and procedures they have in place to improve their patient experience, they need to ask themselves “how do we know we are compliant to these systems consistently, and are they effective?”



Compliance

For example, services will generally already have overarching Trust and possibly local departmental policies/SOPs relating to patient information and feedback, – you then just need the evidence to prove that your systems are compliant. This may be as simple as listing SOPs relating to patient experience and ensuring that documents are up to date and relevant.

Effectiveness

This is demonstrated through the **monitoring** of policies; procedures and systems. Again, this may be as simple as ensuring that documents are adequately controlled and up to date, or it may take the form of analysis of the data from a particular system to identify trends that can be helpful in improving that system. How do you know that your processes comply with your departmental and Trust policy.? For example, if your policy says that you disseminate the results of the most recent patient satisfaction survey... are they on display in the waiting room?...and do you have a process of regularly checking (auditing) this?...how do you know when to do this?

This all sounds very complicated, but there are no rules about exactly what is required – you can satisfy the IQIPS criteria in any way that fits your particular service. For **monitoring**, you could create a spread sheet which acts as a timetable of departmental audits with boxes to tick to evidence that the audit has been done and the results are acceptable. And then once you have achieved accreditation, you could develop this in the future to create charts which could be used for an annual “Quality” report for your department. If you don’t know how to use spreadsheets for recording, analysing and displaying data, it may be a good idea to see if your ICT department offers courses.

“We don’t know what we don’t know...”

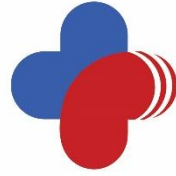
UKAS assessors often use the concept that a service ‘doesn’t know what it doesn’t know’. This describes the principle that it isn’t until a service monitors any system they have in place, that they actually know whether staff are compliant or whether the system is effective – or not.

For example – it may be departmental policy to identify patients using 3 identifiers and this might be written into a policy. But how do you know that this is being carried out every time a patient is taken through for a scan? Do you audit staff compliance with this? Could it be peer-reviewed as part of a sampling exercise throughout the year to ensure compliance?

The evidence needs to be there for management and IQIPS assessors to be assured. You don’t want to find out that staff are not compliant at an on-site assessment because it wasn’t regularly monitored!

It’s important that services are not just doing things to fulfil IQIPS standards – each piece of evidence submitted should form part of a system that is genuinely helpful to your department providing its service and improving quality.

The IQIPS assessment team will reflect on what is reasonable for a service and if you have systems in place already that are robust it may just be that they need a tweak. New SOPs



and protocols don't necessarily need to be written to provide evidence -it may be that existing ones get amended. **Don't overload!! Simple solutions are usually enough...**

Broadly, the Patient Experience Domain is subdivided into 5 areas:

PE1 - Patient Information

A service must be able to evidence that it can provide relevant information to patients before, during and after scan. This covers everything from patient literature through to appointment letters and how results are communicated.

Consider how you might provide information to a patient whose first language is not English? Or whether the information provided in your appointment letters could get a member of your team from the hospital entrance to your department hassle-free if they didn't just rely on knowing the way? Patients have to rely on clear instructions and good signage – and so do the IQIPS assessors when they arrive!

You may also want to consider the role of lay input in any literature that you have on display for your patients. Do you know where the information has come from, and how it has been reviewed for accuracy? Has a lay person or group been consulted in its production? How might you evidence this?

PE2 - Privacy, Dignity and Security

Your Trust will undoubtedly have a Trust-wide policy on protecting patient's privacy, dignity and security and this will be easy to evidence.

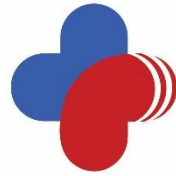
But how about patient comfort? Is the waiting area equipped to keep your patients comfortable? If you're lucky enough to have air-conditioned scan rooms this might be quite a straight forward thing to evidence – but if not, you don't necessarily have to harass your procurement team for funds to refit your entire department! Showing that you take steps to ensure patient comfort may be as simple as providing drinking water to your patients on hot days.

Your IQIPS assessors are not going to demand that you have a particular environment to scan in – they are mainly just interested in seeing how you keep your patients safe and their privacy and dignity protected using the means you already have at your disposal. However, you may of course be able to use striving for compliance with this domain to leverage some changes from your Trust in pursuit of improving the patient experience in future...

PE3 - The complex world of 'Consent'

Again, undoubtedly you will already have policies in place that govern patient consent. So perhaps consider how you can demonstrate effective monitoring of these? Could you audit whether consent was obtained through a patient survey?

If you have a system in place that enables consent to be taken from children for example, how might you ensure that this remains up to date and appropriate?



PE4 - Patient-Focussed Service Delivery

We are often presented with patients who are attending for multiple appointments within the same week – and where their appointments can be coordinated to reduce the number of trips to the hospital you are probably already doing this.

So, evidencing compliance with this could be providing an example of using your patient database to review appointments across Radiology or the wider hospital before offering out an appointment.

If a carer or relative calls ahead to alert your department that a patient is particularly nervous about attending for a scan, you may look to offer them a longer appointment slot to allow for extra time to settle the patient and explain the procedure.

PE5 - Patient Feedback

Hopefully you may already have some sort of patient satisfaction survey. This is a fantastic resource for evidencing compliance with large areas of the PE domain. You could expand your survey to include asking patients:

- If they received a patient information leaflet?
- If they can suggest any improvement to patient information?
- If their privacy and dignity was maintained during their scan?
- Whether they were informed about how they would receive their results?
- Were they given the opportunity to ask questions?
- Etc etc – look at the IQIPS requirements and tailor your questions accordingly.

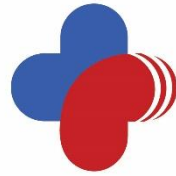
And you may find that your Patient Experience/PALS department can help with drafting your survey and may even be able to provide volunteers to hand out or administer the surveys. Speak to them, as you may be surprised at the amount of help that is out there – they may also be able to advise you on production of your patient information leaflets etc.

When you have your accreditation visit, a lay assessor will be included in the panel of assessors and they will be looking at your service from the patient's point of view, so it is well worth "putting yourself in their shoes" as you assess your department's compliance with the IQIPs standards. It is also useful to remember that PE1 and PE5 are among the most common standards for departments to receive "findings" on during their accreditation visit. A "finding" is something that is found by the assessors to fall short of the required standard and requires further work and evidencing prior to granting accreditation. So, our advice is to pay particular attention to these 2.

We hope that this article has been helpful and would be very pleased to receive feedback and suggestions for the future articles. In the next one we will cover the Facilities, Resources and Workforce domain.

Abbreviations:

SOP = Standard Operating Procedure
IQIPS – Improving Quality in Physiological Services
UKAS = United Kingdom Accreditation Service



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TLR – Traffic Light Ready assessment system
PALS = Patient Advice & Liaison Service