



Service Priorities and Programmes Electronic Presentations

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Patient Experience, We Care

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Introduction

Understanding of patients' and caregivers' needs and concerns provides valuable information for continuous quality improvement and enhancing the standard of care for better patient experience and outcome. Thus, KEC Community Nursing Service (CNS) started the first cluster wide patient satisfaction survey in 2012. As a periodic review of service quality, the survey was conducted again in December 2016 to March 2017 to evaluate the improvement strategies in place and explore other areas for continuous improvement.

Objectives

1. To understand the perception of patients and caregivers on the care and treatment provided by KEC CNS
2. To evaluate the effect of existing improvement strategies
3. To identify the area for continuous service improvement

Methodology

From 12 December 2016 to 12 March 2017, a cluster wide patient satisfaction survey in KEC Community Nursing Service was conducted. The Questionnaire used in 2012 was refined to better reflect the quality of care provided to patient by the community nurses (CNs) from hospital discharge through end of home support. Four aspects of care are being examined including the pre-discharge interview, home visit arrangement, home care process and overall patient perception towards care given by CNs. During the period of survey, communicable patients or caregivers, regardless of age, sex and referral source, with verbal consent were invited to complete the questionnaire at last visit by CN. Those patients residing in residential aged home or received less than two home visits would be excluded.

Result

650 responses were received which equals to 45% of the closed cases in KEC CNS

during the survey period. 93% were referred from KEC hospitals. 72% of respondents were under CNS care for one month or less, whereas 19% for 1 to 3 months. It indicated that KEC CNS provided an essential post discharge support to facilitate safe transition for living in community. Timeliness of support was evident by 95% patients who were visited within 24 to 48 hours post discharge. 100% responses showed appropriateness of care being given. At the morning of visit, 99% respondents waited less than 4 hours, and 59% less than 2 hours which showed positive effect of the newly implemented advance phone notice to patients for late visit time log in regard to patient feedback in 2012 survey.

The results are encouraging since overall satisfactory responses achieved for all 4 aspects of care process. Positive feedback on therapeutic rapport and staff professional attitude were reported. While there is room for enhancement on staff compliance for prior notice to patients in case of late visit, in such could further improve patients' experience in tendering care.