

# Language Analysis to Interpret and Act on Written Patient Experience Feedback

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Departmental Report  
2009

Department of Health

### THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Chaired by Robert Francis QC

Using patient feedback

Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible, even if later adjustments have to be made.

7.89 Local providers and commissioners have piloted methods of collecting and using patient and public feedback to help improve the design and quality of services. The PPE Division is working with these pilots and with SHAs to stimulate the widespread and systematic adoption of methods of collecting and using real-time patient experience feedback across the NHS.

#### THE NHS FRIENDS AND FAMILY TEST

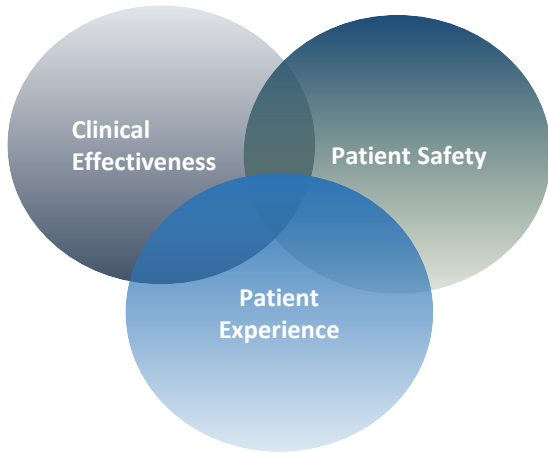


We would like you to think about your recent experience of our service.  
How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
😊	↔			☹️	?

- Fixated on scores
- Focus on response rates
- Free text-comments not analysed

### Quality Trifecta



Staff appreciate feedback in the patients' own words as this makes the comments seem more 'real'

Frontline staff do not have access to this data, only used by at divisional/directorate level (given little priority)

High volume of free-text comments – lack of time

Need innovative method to analyse free-text data

The screenshot shows a patient feedback survey form. At the top, there is a language selection dropdown set to 'English'. Below this is the 'Outpatient Department' section with three dropdown menus for 'Are you the:', 'Hospital', and 'Team/Ward', all set to 'Please Select...'. An 'Appointment Date Only' field shows '02 / 06 / 2017'. The main survey questions are:

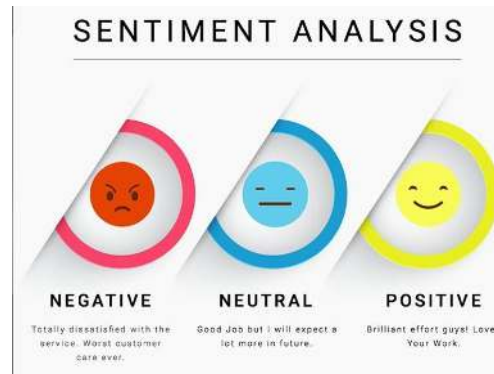
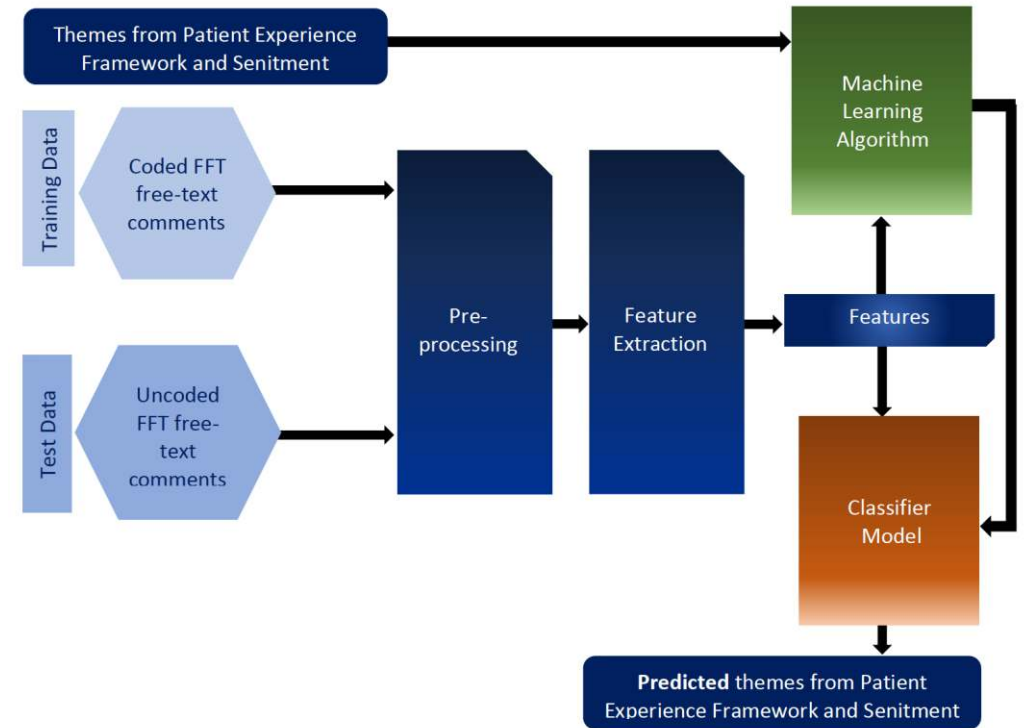
- 1** How likely are you to recommend our Outpatient service to friends and family if they needed similar care or treatment? (Scale: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know)
- 2** What did we do well? (Free-text comment box)
- 3** What could we do better? (Free-text comment box)
- 4** I am confident I understand my care and next steps (Scale: Yes, No)
- 5** Are you? (Scale: Male, Female, Do not wish to disclose)
- 6** What age are you? (Scale: 0 - 15, 16 - 35, 36 - 50, 51 - 65, 66 - 80, 80 +, Do not wish to disclose)
- 7** Do you consider yourself to have a disability? (Scale: Yes, No, Do not wish to disclose)
- 8** To which of these ethnic groups would you say you belong? (Scale: White, Mixed, Asian or Asian British, Black or Black British, Other, Do not wish to disclose)

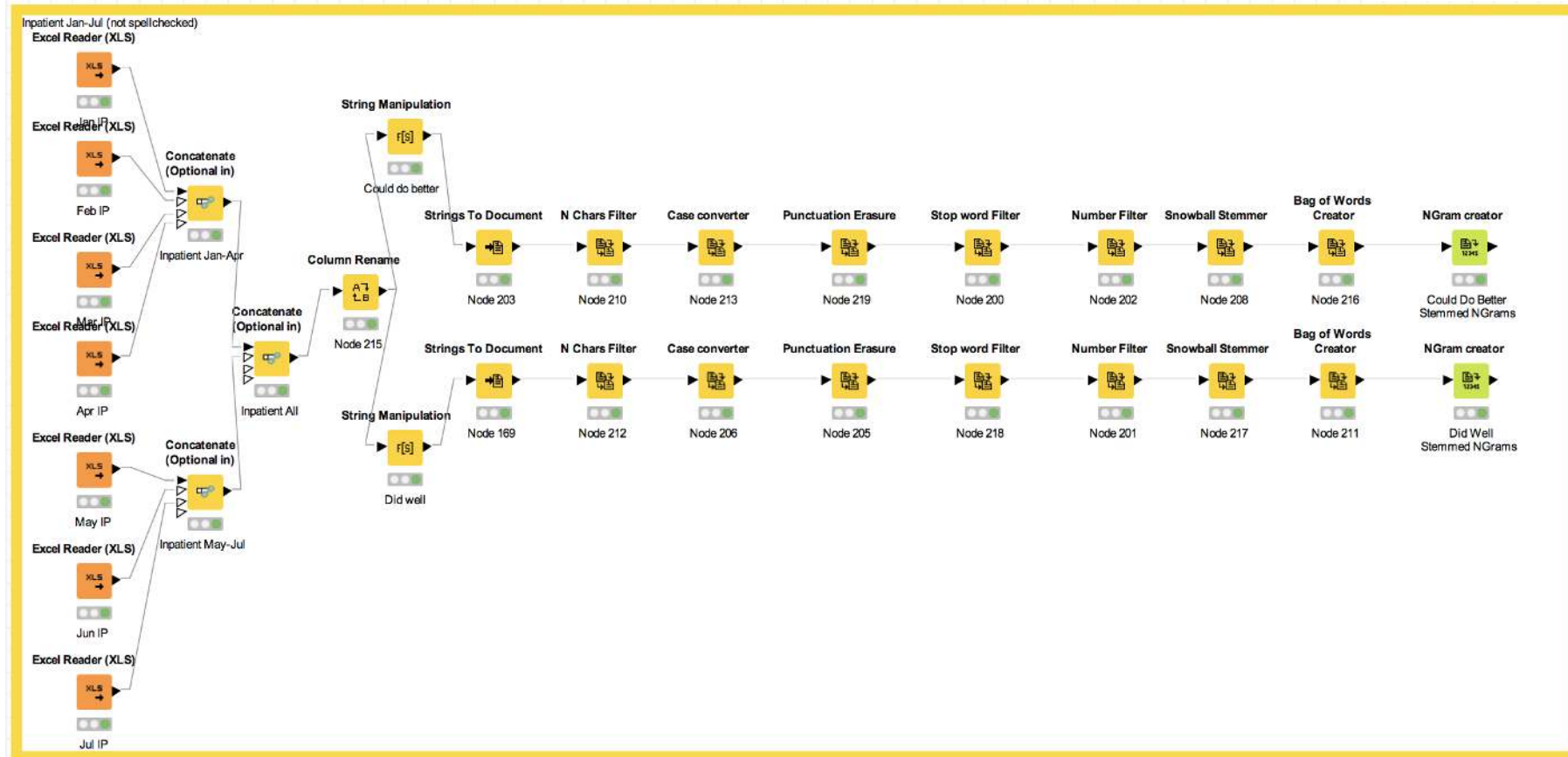
At the bottom, there is a checkbox for 'Please tick this box if you do not wish your comments to be made public' and a 'Complete Survey' button. Footer text includes '© 2003 - 2017 Meridian Desktop developed and maintained by Optimum Contact' and 'Legal Text Privacy Policy'.

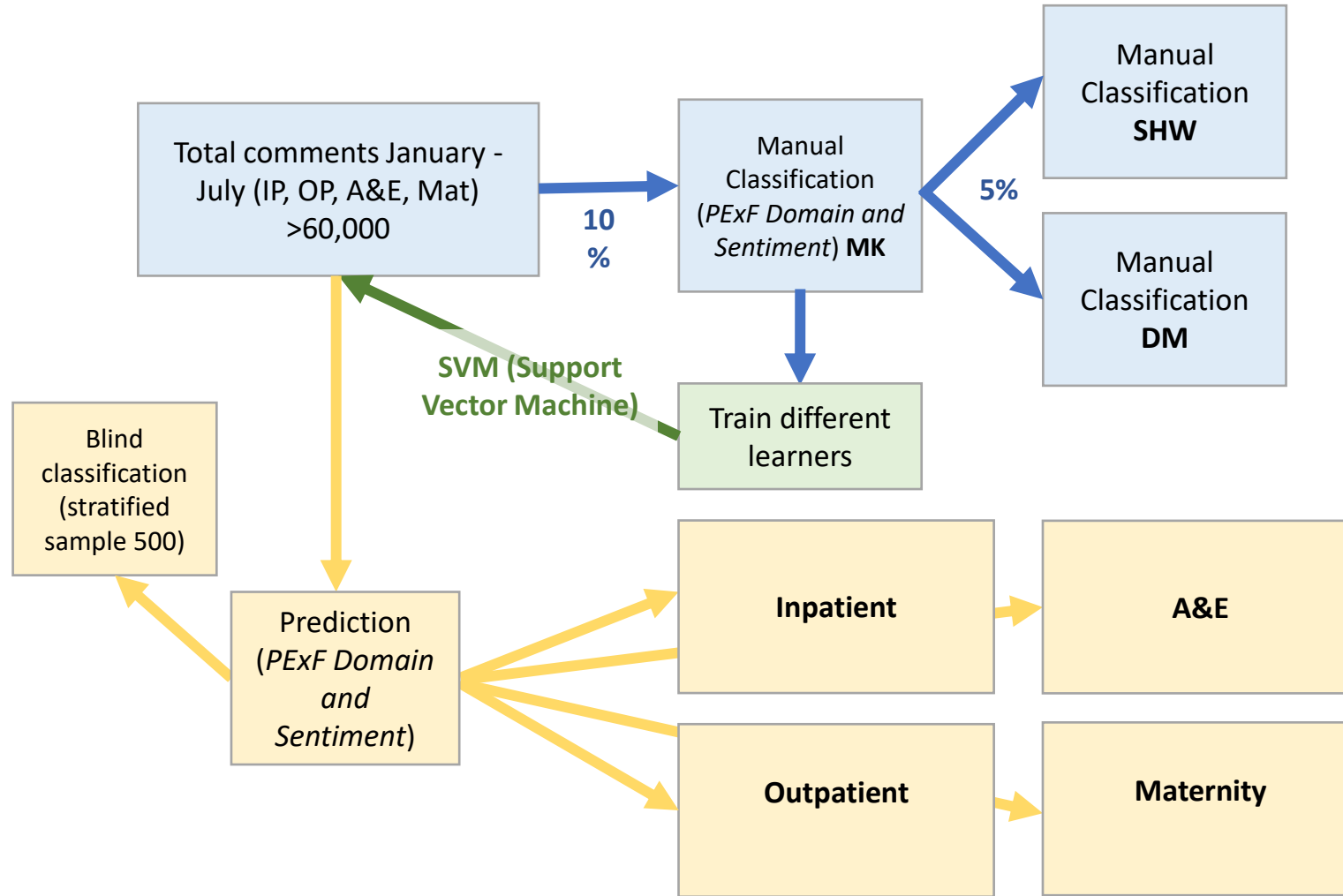
## NHS Patient Experience Framework

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services.

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

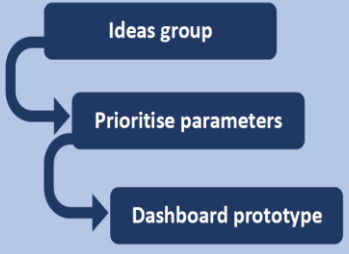






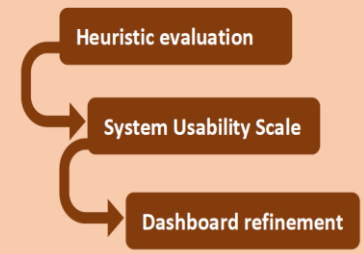
STAGE 1

### Dashboard development



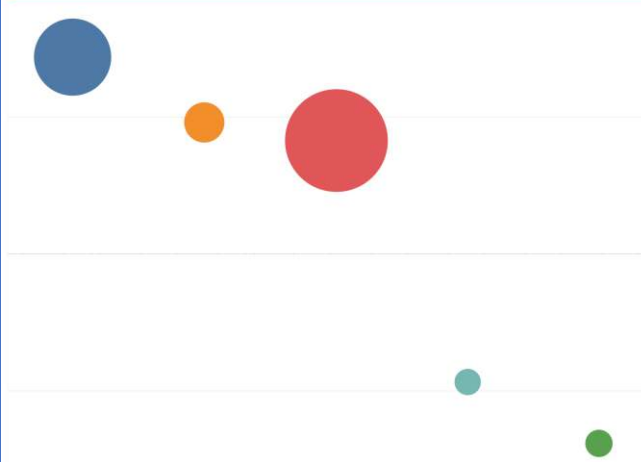
STAGE 2

### Dashboard testing



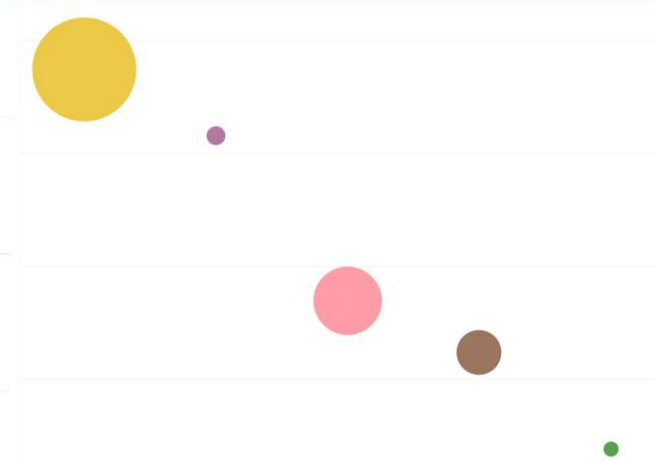
Participatory co-design process

### TO IMPROVE



Access to care	Transition and continuity	Physical comfort	Welcoming the involvement of families	Coordination and integration of care
30/07/2018... couldn't think of anything apart from tv, one night nurse with crisp (cantread) noise	30/07/2018... patient discharge need to be improve ( we wait for a long time to get the medicine)	30/07/2018... The radiators walls on the wards are in really poor condition. The cleaning staff downwhat they can but a paint and	30/07/2018... Clear guidance on what medication can/can't be taken prior to surgery	30/07/2018... Generally more staff would help alleviate the pressure on the care team. They do wonderful work but seem a little
30/07/2018... Waiting time.	30/07/2018... Nothing on the medical side.	30/07/2018... A/C in the waiting area TV for patients/friends waiting.	30/07/2018... Too much waiting.	30/07/2018... Air Conditioning!!!! through out waiting area.
30/07/2018... Could do with more staff generally ; wider choice of food (after ten weeks it was getting repetitivel)	30/07/2018... I had a terrible experience with nurse Patricia, who was very rude and indelicate with me and my visitors. Her trea	30/07/2018... They were not very useful with my allergies when sorting out food	30/07/2018... More options for breakfast Ex. Cheese slices, honey, nutella	30/07/2018... Nothing.
30/07/2018... Hand over between shifts and knowledge sharing	30/07/2018... Supply healthier food.			

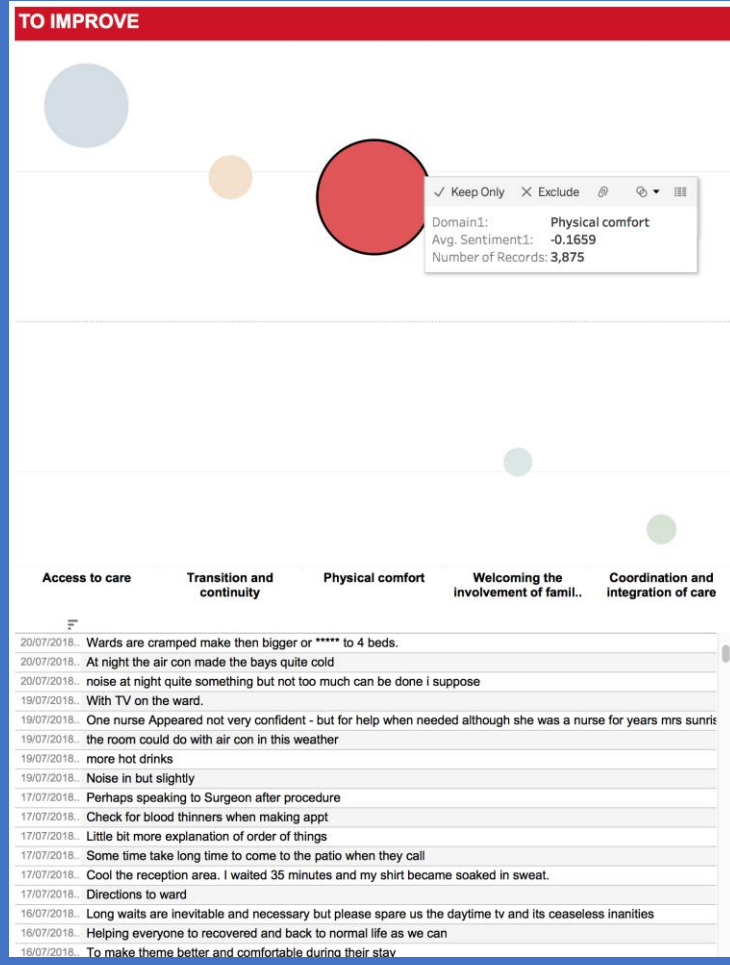
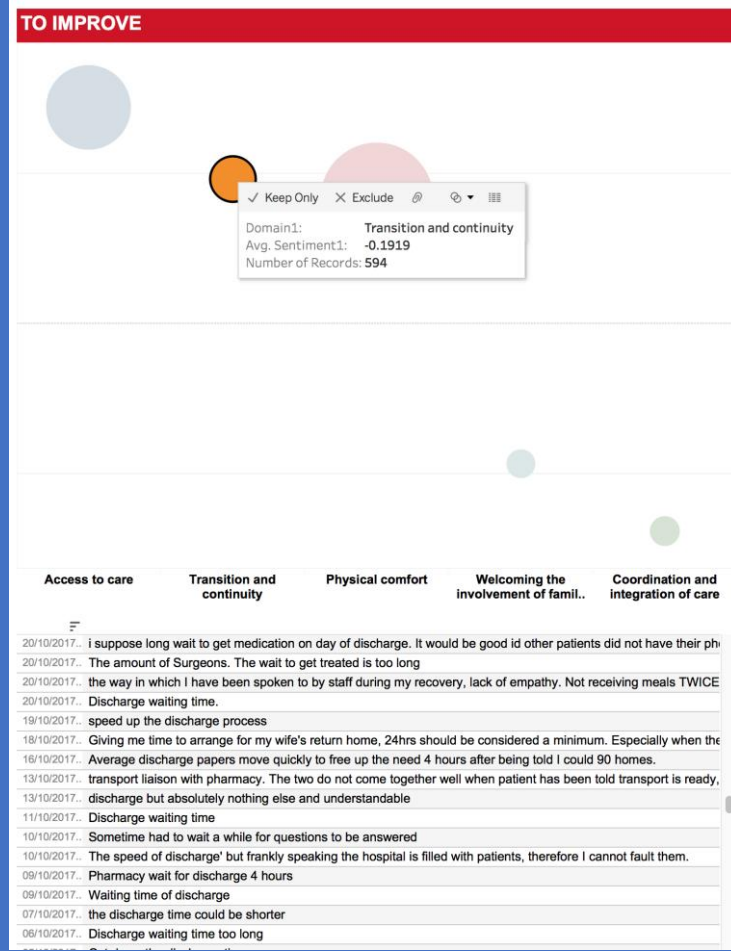
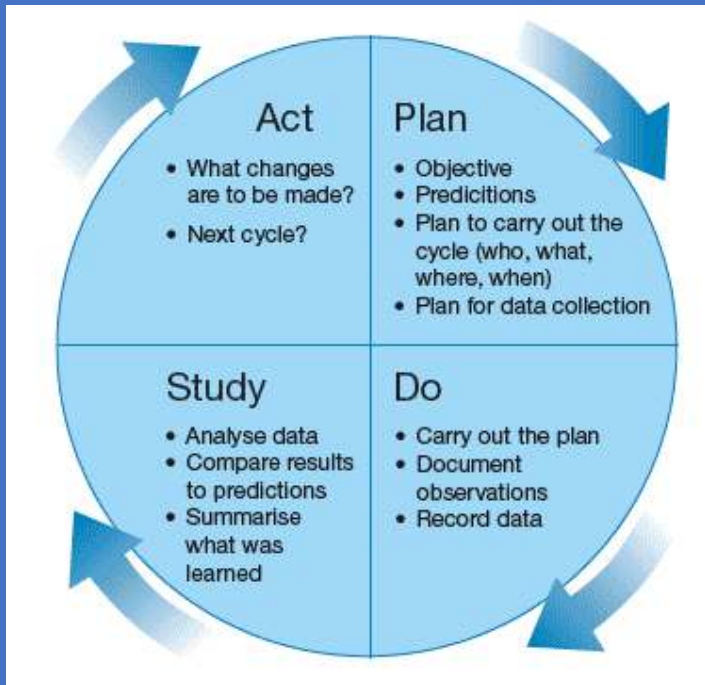
### DOING WELL



Respect for patient-centred values	Emotional support	Staff	Information, communication, an...	Coordination and integration of care
31/07/2018... Look after me after major surgery	31/07/2018... Completed my surgery successfully I was happy with results and was given realistic expectations. Most of the nur	31/07/2018... Caring	31/07/2018... The floors were cleaned and bin liners inside the bed and bathroom were changed each day. The staff were very i	30/07/2018... I do not feel have received better care anywhere else. It has been excellent.
30/07/2018... Endless kindness and attention to detail. Thankyou very much,yet again!	30/07/2018... Polities of all staff prior and after the procedure	30/07/2018... Everything	30/07/2018... All as well as I would expect	30/07/2018... Organized and managed well
30/07/2018... Staff explained what was going to happen regarding the procedure. Very clear communication and helpful, that he	30/07/2018... Excellence in all staff	30/07/2018... In all areas.	30/07/2018... ,night shift have to improve	30/07/2018... I was well looked after
30/07/2018... Looking after patients well and the doctor describe the procedure very well	30/07/2018... Everyone so friendly and professional			

January 2017 August 2018

- (All)
- 4 North-Imperial Vel...
- 4 South Ward
- 5 South - Neuro Tre...
- 6 North Ward1
- 6 South Acute Onco...
- 6 South Ward1
- 6 West Elective Ad...
- 7 North Ward
- 7 South Ward
- 7 West Ward
- 8 North Ward
- 8 South Ward
- 8 West Ward
- 9 North Ward
- 9 South ASU Ward
- 9 West Neuro Reha...
- 10 North Ward
- 10 South Ward
- 11 South Ward
- 15 North Ward
- A7 Ward and CCU
- A8 Ward
- A9 Ward
- Albert Ward
- Alnroth Wright Ward
- AMU SMH
- C8 Ward
- CDU CXH
- CDU SMH
- Charles Pannett Ward
- Christopher Booth ...
- Dacie Ward
- Day Surgery SMH
- Douglas II Ward
- Douglas II Ward (Med...
- Fraser Gamble Ward
- Handfield Jones Ward
- Heart Attack Centre ...
- John Humphrey Ward
- Joseph Toybee Ward
- Karr Ward
- Lady Skinner Ward
- Lewis Lloyd
- Lillian Holland Ward
- Major Trauma Ward
- Manvers Ward
- Marjorie Warren Ward
- Neuro Planned Inve...
- Neuro Rehabilitation...





- Encouraging early dialogue in *Transition and Continuity* in Inpatients
- Facilitating better *Access to Care* in Accident and Emergency
- Improving *Physical Comfort* in Outpatients

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## Early Outcomes

- Technical efficiencies through reduction in labour costs and relocating staff time supporting QI projects
- Time spent on manual processing 6,000 responses was four days compared to 15 minutes using the NLP/ML algorithm,  $p < 0.001$
- Weak correlation 0.45 with average sentiment and FFT score

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## Staff Perspectives

**Project On A Page**

Creating a one page summary of your project can be a useful tool to structure your project and ideas and check you have covered the key points from the Model for Improvement. You can then share and agree your project plan with your team and stakeholders. Use this template to structure your project and ideas and create a project plan. You can use the other QI templates to populate the sections.

**1 What are we trying to achieve?**

**Problem statement:** To improve patient satisfaction in the WEH day case and surgical admissions unit

Using the NLP dashboard to measure patient experience are going to improve aspects of the patient experience in areas that have been identified as requiring improvement. These areas relate to access to care and waiting times, and physical comfort.



**SMART objective** Remember: Specific, Measurable, Achievable, Realistic and Timely

To improve patient satisfaction using the NLP dashboard to generate small tests of change based on negative patient comments and suggestions for improvements, and complete 3 PDCA cycles in December 2018.

**3 What changes could we make?**

**What ideas are we going to test?**

- TV in waiting area
- Radio in waiting area
- Magazines in the waiting area
- Informing patients of their position on the theatre list
- Ensure water fountains are well signposted
- Complete an application for charity funding for better patient furniture in the waiting areas.

**Who is engaged?**

**Who needs to be involved? Who might resist? Who haven't we spoken to?**

- Who needs to be involved?** Business Manager Ophthalmology, Senior Nurse Ophthalmology, Matron of Day case unit, Nurses of day case and admission unit, Ward Clerks
- Who might resist?** Nurses and HCA's reluctant to advise on approximate waiting times.
- Who haven't we spoken to?** Surgeons

**2 How will we know a change is an improvement?**

**What are our outcome, process and balancing measures?**

Primary outcome measure is patient experience feedback. Balancing measure would include, complaints around noise distraction from TV's and Radios, and complaints around poorly managed patient expectations in respect of their position on the theatre list

**How will we collect our data? Where? Where from?**

Data will be collected by ward clerk completing FFT tests, and analyzed with the NLP dashboard

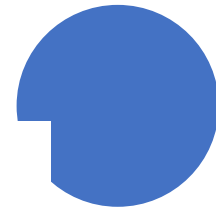


**4 What are our next steps?**

Action	Lead	Due date	Action completed (Y/N)
Order TV Screens	PS	Nov 2018	Y
Order Radio	JS	Nov 2018	Y
Daily collection of newspapers forward	Jen	Nov 2018	Y
Signposting of Water fountains	PS	Nov 2018	<a href="#">Click here to enter text.</a>



# Applying analytics and QI in parallel





Improvement



choices

