

EVERY STEP OF THE WAY

Holistic approach to improve
patient experience in Critical Care

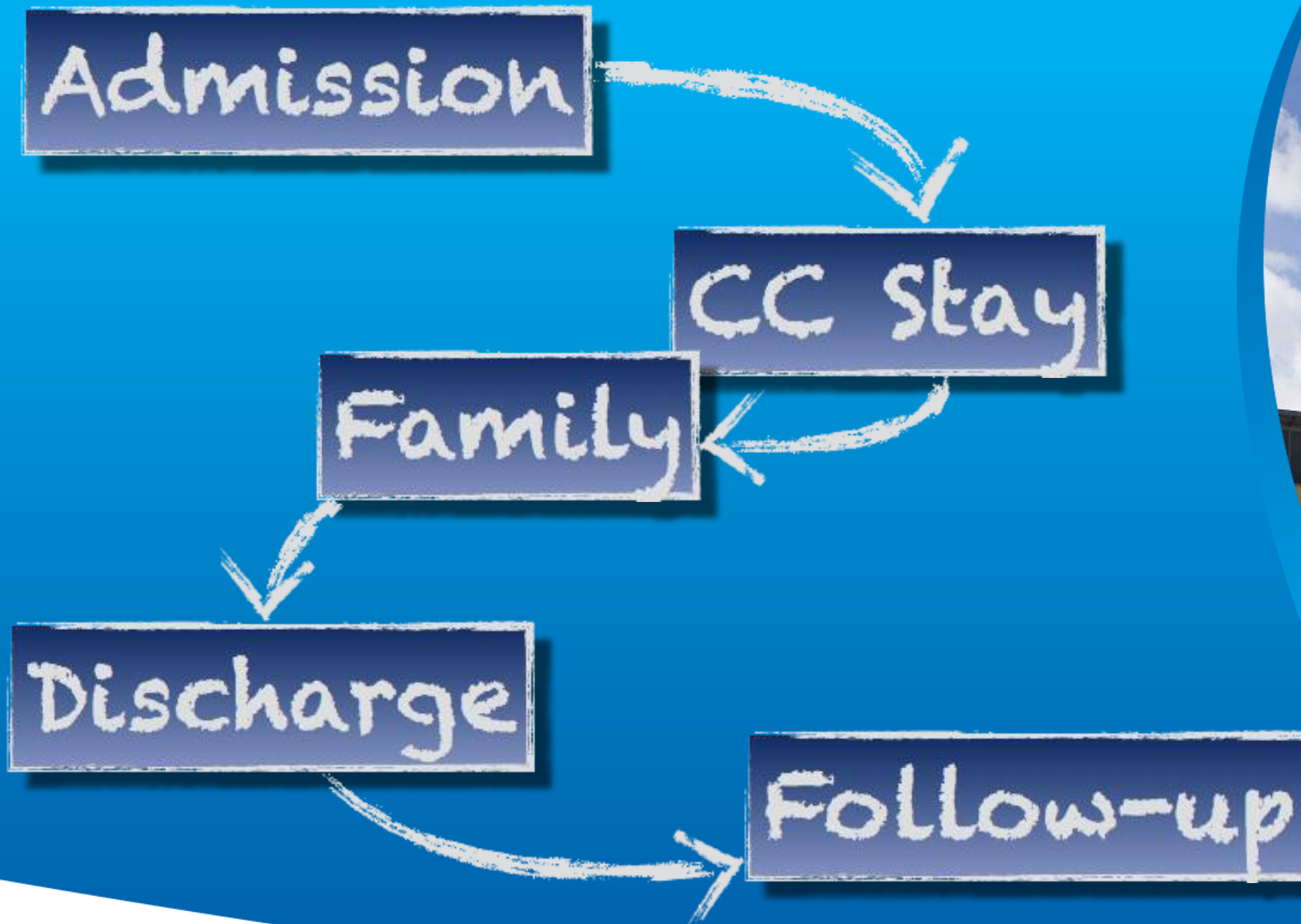
Bev Thomas and Tomas Jovaisa
on behalf of BHRUT Critical Care team



ABOUT US

- Large acute provider, serving a population of 750,000
- One of the busiest EDs in the country, treating over 150,000 walk in and ambulance emergencies each year
- 52-bed Critical Care service, treating nearly 2,500 patients each year

Journey of the critically ill



Admission

- Critically ill patients need to receive the right treatment in the right place as soon as possible.
- National target for admission to critical care is 4 hours
- We set ourselves an ambitious target of 1 hour and adopted a retrieval concept to improve timescales
- Currently 61.9% of our patients are achieving this target

Critical Care stay and family experience

- Patient diaries were first introduced to give patients and families the opportunity to write/capture moments and activity on paper.
- Patients could benefit from in the future when they were more aware of their environment.
- Highly successful with our families as the feedback was that it helped created memories on paper.
- The patient diaries are now an essential part of our admission process to the units.



Critical Care stay and family experience

- The family overnight facilities provide a temporary home away from home
- Funded by the Trust's Charity
- Family can stay close to the units/patients, but also have a comfortable environment to rest and be refreshed during this very difficult time for them.



Discharge

- ICU environment is designed to look after the critically ill, but is likely to have negative impact on those patients who have already recovered.
- Timely discharge from Critical Care ensures patients' privacy and dignity, eliminates mixed sex accommodation and reduces the risks arising from 24/7 high intensity care and routine.
- Our recent data demonstrates that **99%** of patients are discharged from critical care within 24 hours and over **50%** of patients are discharged within 4 hours.
- This is a major improvement for our service and one of the best performance indicators when compared to other London units



End-of-life care

- **Withdrawal at home.** A new initiative to further improve end-of-life care
- **Enables us to withdraw life supportive care from patients at their/or their families wishes in their own homes rather than in critical care.**
- **The feedback from the relatives have been very positive.**



Patient and Family feedback

- BHRUT uses I Want Great Care system to carry out patient satisfaction surveys.
- However this was applicable only to patients being discharged from the hospital and did not capture Critical Care as a separate episode.
- We have worked with IWGC team to develop a bespoke system that meets the needs of Critical Care patients and their families.
- **99%** of patients were very satisfied with the service
- **94%** of patients would definitely recommend it to other ICU patients.

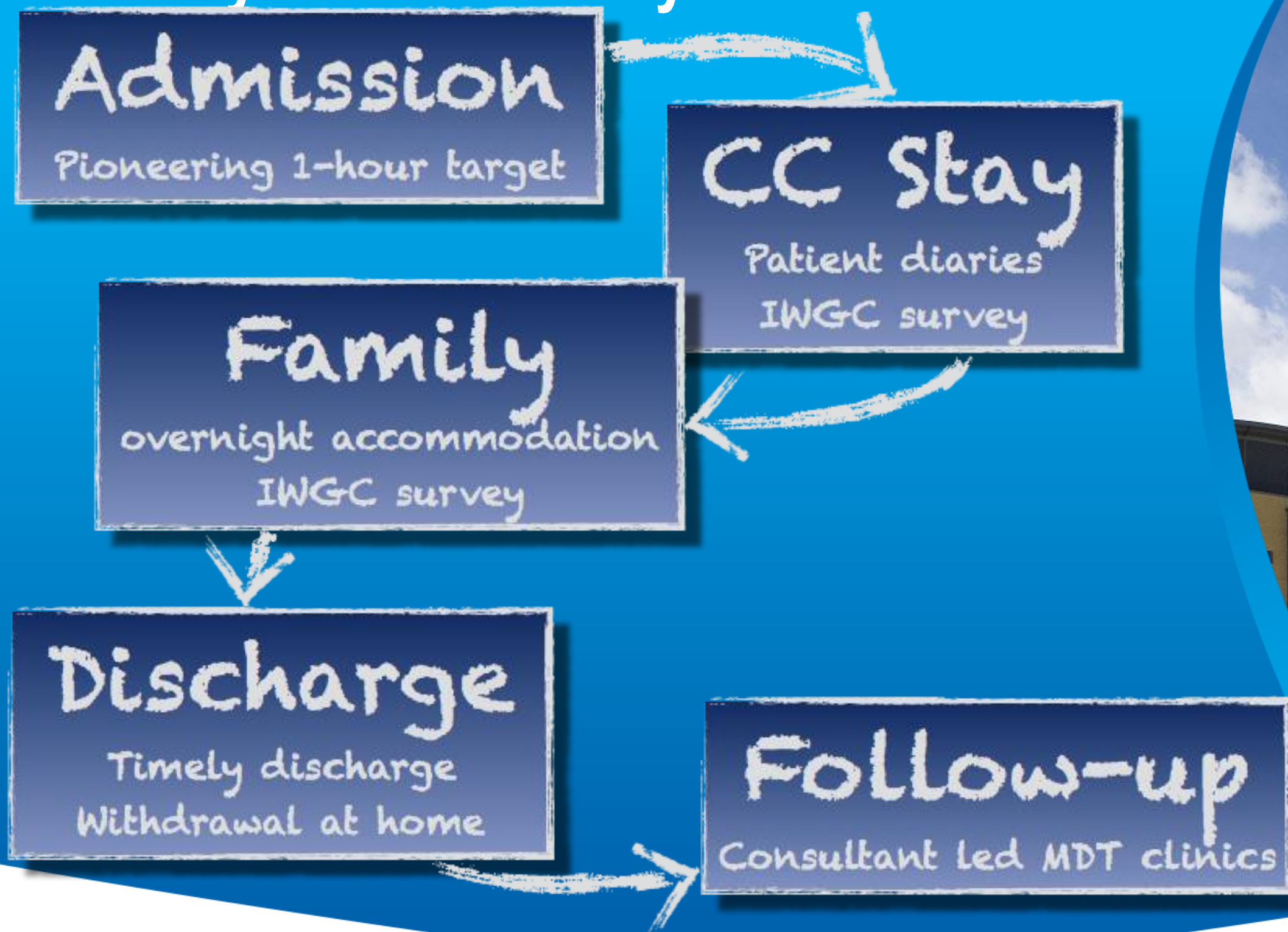
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Consultant led MDT follow-up clinic

- Patients who have survived a critical illness are likely to suffer long term physical and mental consequences
- Routine follow-up may not necessarily be able to address these issues.
- These clinics are fundamental in providing support for post-ICU specific problems.

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Journey of the critically ill



Summary

- We strive to improve every step of patients journey
- All of these initiatives are sustainable long-term projects and by now imbedded into our daily practice.
- We monitor our outcomes and report them regularly
- We shared our experiences with the colleagues in NENC Critical Care Network.