

End of Life Survey

Patient panel

Project aim

To collect feedback from people whose relative or friends had died in order to determine improvements that may be required.

Timeline for delivery

Surveys conducted three times per year.

Measures - outcome, process and balance

Outcome measures we included were the number of people provided actionable feedback.

Process: The number of people who consented to take part and responded to the survey

Balance: Analysis of the results should lead to recurring issues being raised, analysed and improvements made such that later inspections to test for improvements should show that these issues have been resolved or improved.

Tests for change

We designed consent and survey forms (now on 7th version) which would support the outcomes that we were looking for without offending families or friends and worked with our bereavement services team to speak to families/ friends who they believed to be appropriate to participate. Changed times of calls to meet bereaved family needs.



Kieron Clegg (Chair)

Andrew Stuttle
Angela Weeks
Barry Rogers
Mark Hamilton



Results

Outcome and process: Consistently we have more than 30 families agreeing to participate and provide actionable feedback which has led to actions for improvement included in the Palliative care team strategy and as a result of the work with bereavement services and developing newer iterations of the survey and the consent processes. The result are also fed into the Mortality Board.

Process: More than 30 people consented.

Balancing: The National Audit for Care at the end of Life has improved for PAH.

Learning and next steps

Evidence from the National audit of care at the end of life shows that end of life care is now better at PAH compared to when we began carrying out and feeding back the results in 2017. This is now a regular annual survey.

