AN AUDIT OF RELATIVE’S SATISFACTION WITH STAFF COMMUNICATION BEFORE AND AFTER THE INTRODUCTION OF A DEDICATED RELATIVE’S CLINIC

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ABSTRACT

A questionnaire based audit of relatives satisfaction with communication from staff on an acute stroke unit before an after the introduction of a relatives clinic. A validated questionnaire based on one derived by Heyland et Al was distributed to family members to assess their perceptions of staff communication levels and assess their understanding of their relatives condition. A dedicated relative’s clinic was set up allowing relatives to book a 15 minute appointment with the junior doctors. Other members of the MDT were available on request. Results were very promising with levels of satisfaction and understanding increasing across the board.

INTRODUCTION

Audit forms one of the 8 pillars of clinical governance and is thus an important part of being a foundation doctor. “The gold standard audit is a closed loop audit of patient satisfaction”.(1) The audit that follows is a model that is easily replicated by other foundation doctors. The results from our initial cycle had very promising results. It would make interesting reading to see if these results could be replicated in other trusts.

Stroke is a sudden and potentially devastating medical condition affecting 150,000 people per year in the UK.(2) Stroke has a greater disability impact than any other chronic condition with 300,000 people living with moderate to severe disability following stroke.(3) Communication between medical staff and patients, their families, friends and carers is a vital element of the management of this condition. This difficulty is compounded when communication is affected, up to 1/3 of people suffering a stroke will have an element of dysphasia and hence will be less able to confer information on diagnosis, prognosis and rehabilitation to others, this role is therefore the responsibility of the staff on the unit.(4)

We set out to audit relatives’ satisfaction with communication from members of staff on the acute stroke unit at the Royal Surrey County Hospital, Guildford, Surrey in November 2007.
The questions we set out to answer were:

- How well do we communicate with relatives?
- Do we make ourselves available to answer their questions?
- Do we give clear explanations to help them understand their relative’s condition?
- Do they feel well supported during their relative’s time on the stroke unit?
- How well do we document our discussions with relatives?
- How much do relatives know about the patient’s stroke?

METHOD

The audit was questionnaire based using a validated template from Heyland et Al, who investigated relative satisfaction in an intensive care setting.(5) Questionnaires were distributed over a two week period. The first part of the questionnaire was anonymous; the second part required the name of the patient to be disclosed.

Following the initial audit a relative’s clinic was set up allowing relatives to book a 15 minute appointment with junior doctors from the Acute Stroke Team by contacting the ward clerk either by telephone or in person. Other members of the MDT were available on request. Junior doctors were still available to talk to relatives on an informal basis.

We subsequently re-audited using the same questionnaire, the re-audit was performed over a three week period due to an unusually high number of severely unwell patients for whom we felt it would be insensitive to ask relatives to complete the audit.
STROKE UNIT FAMILY SATISFACTION SURVEY

THE QUESTIONS ON THIS PAGE ARE CONFIDENTIAL
PLEASE ANSWER AS HONESTLY AS YOU CAN

Your Age: □ 18-24   □ 25-34   □ 35-59   □ >59

Relationship to patient (please detail)

I am the next of kin Yes □ No □

Has your family received a written information pack regarding stroke:
Yes □ No □

Please circle the most appropriate satisfaction level

Very Satisfied  5
Satisfied        4
Not Certain      3
Not Satisfied    2
Very Dissatisfied 1

A

Availability of the doctor to speak to me on a regular basis 1 2 3 4 5
Availability of the nurses to speak to me on a regular basis 1 2 3 4 5

Clear answers to my questions 1 2 3 4 5
Honesty of staff regarding patients condition 1 2 3 4 5
Clear explanation of the diagnosis, investigations, treatment and management plan 1 2 3 4 5
Information given is consistent between different members of the stroke team (Drs, nurses, physios, OTs, SALTs) 1 2 3 4 5

Support given to you during your family members stay on the stroke unit 1 2 3 4 5
Sensitivity of the stroke team members to your family members needs 1 2 3 4 5
Quality of care given to your family members 1 2 3 4 5
How would you contact a member of the medical team (doctors) to discuss your relative's care? (Please detail)

FOR THE FOLLOWING QUESTIONS WE WILL REQUIRE YOUR RELATIVES NAME.

NAME OF PATIENT…………………………………………………

B

How many times during the last week have you discussed your relative’s condition with……(approximately)

<table>
<thead>
<tr>
<th>Nursing Staff</th>
<th>Doctors</th>
<th>Other members of the stroke team (SALT, Physio, OT)</th>
</tr>
</thead>
</table>

C

How has your family member been affected by their stroke?

| Weakness □ | Change in Sensation □ |
| Problems with co-ordination □ | Difficulty with speech □ |
| Swallowing problems □ | Difficulty understanding □ |
| Difficulty expressing thoughts □ | Problems with their vision □ |
| Facial asymmetry □ | Emotional/Mood changes □ |

Which of the following risk factors does your family member have for stroke?

| Hypertension □ | Diabetes □ |
| Smoking □ | Family History □ |
| Past history of stroke/heart attacks/vascular disease □ | High cholesterol □ |

Have there been any other medical problems affecting your family member since admission? (please detail)
Which members of the stroke team are currently involved in your relatives care?

<table>
<thead>
<tr>
<th>Physiotherapist □</th>
<th>Occupational Therapist □</th>
<th>Speech and Language Therapist □</th>
</tr>
</thead>
</table>

RESULTS

**Age Groups Completing Baseline Audit**

- 53% 18-24
- 41% 25-34
- 6% 35-59
- 3% >59

**Age Groups Completing Re-Audit**

- 50% 18-24
- 33% 25-34
- 17% 35-59
- 3% >59
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Next of Kin- Baseline Audit

65% Yes
35% No

Next of Kin- Re-audit

75% Yes
25% No
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Availability of the nurses to speak to me on a regular basis

Clear answers to my questions

Baseline Audit
Reaudit
AN AUDIT OF RELATIVE’S SATISFACTION WITH STAFF COMMUNICATION BEFORE AND AFTER THE INTRODUCTION OF A DEDICATED RELATIVE’S CLINIC

![Bar Chart 1: Clear explanation of the diagnosis, investigations, treatment and management plan](chart1)

![Bar Chart 2: Information given is consistent between different members of the stroke team](chart2)
Support given to you during your family members stay on the stroke unit

- Very Dissatisfied
- Not Satisfied
- Not Certain
- Satisfied
- Very Satisfied

Baseline Audit
Reaudit

Sensitivity of the stroke team to your family members needs

- Very Dissatisfied
- Not Satisfied
- Not Certain
- Satisfied
- Very Satisfied

Baseline Audit
Reaudit
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Quality of care given to your family members

Percentage of discussions documented in the notes

Baseline Audit
Re-audit
DISCUSSION

The demographics of the people completing both the audit and the re-audit were comparable in age and relationship to the patient however the proportion of next of kin decreased greatly from baseline audit to re-audit (65% to 25%). The proportion of people receiving stroke information leaflet increased two fold (10 to 20%) however this still fell short of the standard we had aimed for. The proportion of relatives reporting “very satisfied” for staff availability (10 to 25%), clarity of information (30 to 55%), perceived honesty (40 to 45%) and consistency of answers (25 to 35%), as well as perceived level of support provided for the patient (10 to 45%), sensitivity of staff (25 to 60%) and quality of care (25 to 50%) increased following the introduction of the dedicated relatives clinic. Relatives’ awareness of risk factors (55 to 70%), symptoms (70 to 90%) and co-morbidities (60 to 90%) increased in the re-audit.

One area highlighted by the audit that could be improved was the level of documentation by members of the MDT, with percentage of discussions documented by nurses and allied health professionals dropping from 20 to 10% and 30 to 0% respectively. Documentation by doctors increased from 40 to 90%. A second was Distribution of the stroke information leaflet. This may be in some way excused if the leaflet is given to patients on discharge,
however awareness whilst still an inpatient with access to staff to answer queries would be preferable.

CONCLUSION

Overall the introduction of the relative’s clinic was a resounding success whilst it initially appeared to be a significant investment of time on behalf of the team, in practice it actually provided more uninterrupted work time during visiting hours due to less informal discussions with relatives being requested. This led to an improved atmosphere on the unit for patients, relatives and staff.

The principle of a relative’s clinic has scope for introduction to other medical/surgical units managing patients with chronic conditions with potential for communication difficulties, orthogeriatrics in particular may benefit.

REFERENCES

4. www.patient.co.uk