

# Family Satisfaction With Care In The In-Patient Unit (IPU)

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## Aim

The aim of this project was to:

- Acknowledge that carers are a vulnerable group of people who we wanted to engage with post bereavement
- Receive feedback as a multidisciplinary team on the service and care provided, including how we can improve
- Seek opinions from those we care for as part of the professional development review process undertaken in the Hospice

## Methodology

We undertook a pilot survey using a validated questionnaire, developed in Canada. Permission was sought from the author to customise the questionnaire to suit the Hospice which was approved. We changed some of the wording to ensure that it was relevant to the Hospice and added a section at the end where people were asked if they would like to be involved in discussions regarding continuing improvements in Hospice.

## Results

The results provided valuable information and feedback for our multidisciplinary team. The comments from carers were particularly insightful. The evidence shows that carers feel patients were treated with courtesy, dignity, respect and compassion. Symptoms of pain, breathlessness and agitation were assessed and treated well. Carers felt that communication was of an excellent standard with information being provided when required.

- 85% felt included in the decision making process during the patients stay
- 86% felt supported during the decision making process
- 87% felt they had adequate time to have concerns and questions answered
- 38% expressed an interest in being involved in future discussions regarding continuing improvements

Suggestions were requested on how we could make the care provided in the IPU better. The majority of respondents stated that “the care was first class”, “we couldn’t had asked for better”, “don’t change a thing” but there were a few which we felt should be investigated. These were analysed and fell into three themes –

1. Privacy
2. Medication
3. Information

## Privacy

Privacy, particularly at the end of life, is a problem especially with shared facilities but this is being addressed in the longer term accommodation review currently with our Senior Management Team and the Hospice Board. However, in the short term issues such as TV’s being too loud, too many visitors visiting patients in shared rooms and too much noise around ward kitchen area are being managed by the nursing team.

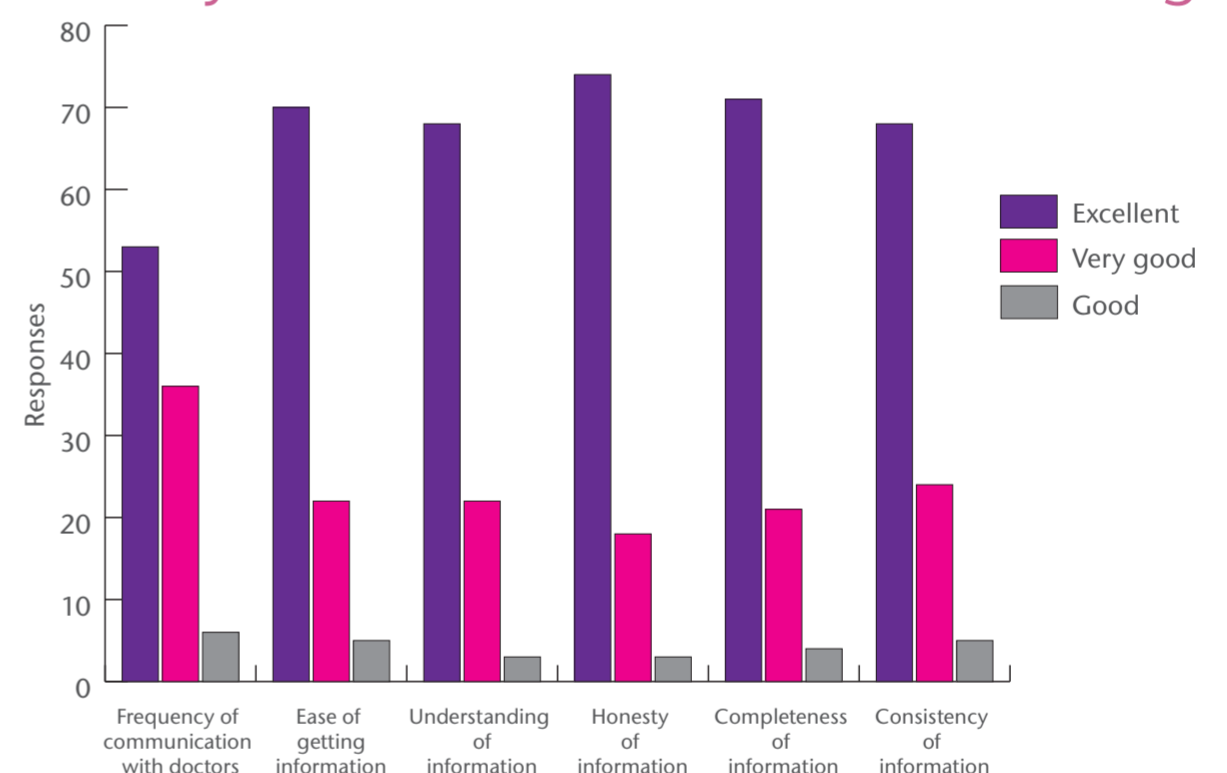
## Medication

Some reported that patients had to wait, they felt, too long for medications to be administered – with Single Nurse Drug Administration (SNDA) practised in the Hospice the administration of drugs is now more efficient. Also POD lockers which have recently been introduced for patients own drugs enables speedier administration of drugs.

## Information

Some reported that they would like to know more about what to expect from certain symptoms especially when a patient is near to end of life eg terminal agitation. Practical things like having access to a public phone and disabled facilities were also mentioned. Issues like these will be covered in our newly printed hospice information leaflets and in the longer term accommodation review. A group has formed to focus on the provision of information for patients and families at end of life.

### Family satisfaction with decision making



## Conclusion

The survey continues – the comments and suggestions are really important feedback to our multidisciplinary team. Currently this questionnaire is administered by post when we offer post bereavement support for those relatives where the patient died in the IPU. In the future we plan to undertake this satisfaction survey with the wider hospice population who perhaps do not experience a stay in the IPU but have community visits, attend day services or receive input from our Respite & Response team. This will require further modifications to the questionnaire which will need to be approved by the developing team in Canada.

The 38% who expressed an interest in discussing future improvements received a letter from our Chaplain inviting them to join a group looking into the needs of carers. 6 people attended this group session supported by the Chaplain and senior nursing staff. The outcome of this group is that work is ongoing with our Family Care Team.

The results and comments confirm that we are providing an excellent service to our patients and their families. However we must not become complacent and must always keep the high standards we have developed.