

Changing Culture: Involved in improving care for patients

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When you talk about Involvement on the ward, it's really a constantly evolving cycle to us really. The sort of things we look at would be to involve carers on the ward to get feedback about somebody's care, how we can improve somebody's care, often a quite objective view can be very helpful to us and help us to improve the service. We don't always get it right; it's important that we listen to people and gain that feedback through that improvement of the service.

It's always helpful to speak to carers and people who are involved in their supportive network to gain information that could help somebody to recover, so they may know somebody how they are normally – whatever normally would be – as to kind of say that these are the things that somebody likes, this is what can benefit somebody, this is how they usually would behave and this is not them at the moment. That can often be very helpful to gain that information and can often shorten an admission considerably for the person.

We have one volunteer with us at the moment, who has come with a very positive attitude. It's often helpful to have a volunteer on the ward to be someone who can advocate a bit more for the patient. A patient sometimes feels a bit more comfortable with a volunteer and can discuss more openly things that can be helpful to the patient as well.

You can well imagine that if you have a loved one that's in hospital it's very confusing, especially when somebody might become unwell for the first time perhaps. But throughout really it can be confusing – you need that support, you need that reassurance.

Obviously we look to involve patients in their care, in collaboration with carers and supportive networks as well. So it's been long standing that all supportive networks and carers are at reviews and they're asked their opinions at reviews. It's their care and they quite often know best about it really, for us not to dictate and take the stance that we know best. Sometimes obviously we do have a professional knowledge that could help, but we need to educate people and empower people in that respect.

Within our service we often talk to patients about the ward. It's an environment where people are there 24/7, sometimes for lengthy periods, so we want to make sure it's meaningful to that person. We often have patient meetings where we will ask about how the environment is, what can we do to improve the environment, what sort of facilities could we provide, and if we can't provide certain facilities for reasons such as health and safety or something like that we'll give a reason as to why we can't, and keep revisiting that and updating patients as well.

It is a different environment than being at home, definitely, but we try and normalise that environment as much as we can. And practical steps – if people would like more activities, we look at what we can offer such as football sessions and training sessions and any trips that people might want to go on. People have suggestions about the locality and where to go and things like that. They might want practical things such as DVDs, more different types of DVDs, a change to the food that they receive, innovative ideas like the use of a projector for cinema evenings or something like that which has definitely been of benefit and a lot of that has come from the patients rather than ourselves.

To get that feedback, and constantly evaluate your service without stopping still, and evolving based on what people have experienced in the service, it allows us to progress and listen to people and promote engagement, and ultimately get that outcome of somebody recovering more quickly and getting to where they want to be, which is being at home rather than in hospital.