Evaluation of Patient Experience through Emotional Touchpoints

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Introduction

Delivery of high quality, person centred care that is also delivered within waiting time targets in the current climate of fiscal restraint is a major challenge. In response to increasing waiting times the physiotherapy pain service in NHS GG&C introduced a group information session as the initial contact for the majority of patients.

In view of the increased focus on delivering person centred care (Francis Report, 2013, Quality Strategy, 2010) it was determined that patient views of this new service should be evaluated. 'Emotional Touchpoints' was selected as an effective qualitative method (Dewar et al. 2009) for data collection, promoting a richer description and reflection of participant's experience.

Method

Twenty five participants, from a cohort of 121 patients, were randomly recruited over a six month period. The selected participants were invited to attend an interview with an independent interviewer. Of the twenty-five recruited, fifteen patients completed interviews. At this point it was felt that data saturation was reached.

Experience was gathered by means of structured interviews using the 'Emotional Touchpoints' technique. The process involves participants selecting up to five emotional description words from word boards (see figure 1) in response to questions (see table 1) about their experience of the group session. Notes were typed up and member checked by both the interviewer and participant. Data was analysed using a seven stage thematic approach in which common themes were coded and grouped.

Figure 1: Example of word boards



Table 1: Summary of Key Touchpoints



Results

Three key themes emerged (see figure 2):

Initial uncertainty and enquiry about the sessions - much of which was centred on the shift from the traditional clinic appointment to being invited to a group.
Feelings of inclusion and support - participants appeared to engage with meeting others, the sharing of knowledge from staff and staff facilitating patient stories within the group.

• Transition around participant's views of the therapy options and their own role within self management despite initial uncertainty a clear shift in views was noted in the final responses around the session. Subordinate themes indicated greater positivity around the next step in their treatment and a feeling of being listened to.

Figure 2: Summary of Key Themes



Conclusion

Introduction of a group session as the initial physiotherapy contact prior to one- to-one sessions has had a positive impact on both patient experience and engagement in addition to reducing waiting times. The sessions are viewed positively by patients and have improved management of expectation thus providing an effective basis for further physiotherapy management.

The sessions reflect the aims outlined in the Quality Strategy (2010), providing information that enhances patient understanding and self-management. Through more efficient use of staff resource, capacity has been released which has resulted in reduced waiting times for access to individual physiotherapy appointments.

Use of emotional touch points has proved a powerful tool for eliciting patient's experience of a change in service delivery.

Suggestions for Future Practice

Future work includes gathering of real time feedback and also expansion of evaluation methodology across the wider pain service.

References

Dewar, B. MacKay, R. Smith, S. Pullin, S & Tocher, R. (2009) Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. Journal of Research in Nursing. Vol 15 (1) 29-41 Mid Staffordshire NHS Foundation Trust (2013) The Francis Reoprt Scottish Government (2010) The Healthcare Quality Strategy

