Slide 1

effective
affective **Voices**
Patient
reflective

Patient Voices: how stories of safety,
quality and culture form the DNA of care

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8th March 2018   CHKS Surveyor Update Day, London UK

Slide 2

So, what's my story?

Patient

CALLBACK
NASA'S
AVIATION
SAFETY
REPORTING
SYSTEM
REX HARDY

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Slide 3

Becoming (a) patient

Patient

'To the typical physician, my illness is a routine incident in his rounds, while for me it's the crisis of my life.

I would feel better if I had a doctor who at least perceived this incongruity… I just wish he would… give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh, to get at my illness, for each man is ill in his own way.'

Anatole Broyard 1992

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Slide 4

Patient Voices

Patient

patience, *noun*. calm endurance of pain or any provocation; perseverance

patient, *adj*. having or showing patience

voice, *verb*. give utterance to, express

Concise Oxford Dictionary, 1964

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Slide 5

Our aspiration

Patient

'…to capture some of the unwritten and unspoken stories of ordinary people so that those who devise and implement strategy, as well as clinicians directly involved in care, may carry out their duties in a more informed and compassionate manner.'

Hardy, 2004

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Slide 6

Stories and statistics

Patient

'Statistics tell us the system's experience of the individual, whereas stories tell us the individual's experience of the system…'

Sumner, 2009

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Creating a culture of quality

'If we want to create a culture of safety, a culture of quality, a culture of humanity, then it is necessary, first, to understand the individuals who form that culture.'
Hardy and Jaynes, 2010

Creating a culture of humanity

'Stories are essential in creating a culture where safety and humanity are prized and the values of intellectual, emotional and spiritual intelligence inform "the way we do things here".'
Cathy Jaynes, 2012

'The plural of stories is culture.'
James Munro, 2017

The culture of the mind...

'The culture of the mind must be subservient to the culture of the heart.'
MK Gandhi

Jimmy's story

www.patientvoices.org.uk/flv/0047pv384.htm   Betty Mauchland, 2006

EAR: a model for reflection

Effective
  What did you think?
Affective
  What did you feel?
Reflective
  What will you do?
Sumner, 2009

Walking in someone else's shoes

'These stories allow us to walk in someone else's shoes for a few minutes.'

Medical Officer
National Institute of
Medical Research
Dar es Salaam, Tanzania

Patient Voices: the vision

- Involving and engaging patients
- Placing patients firmly at the heart of care
- Listening to their stories
- Learning from their stories
- Promoting reflection
- Prompting discussion and debate
- Strengthening inter-professional education and collaborative practice
- Contributing to research
- Improving quality and safety
- Touching hearts and minds
- Stimulating organisational change

Patient Voices: the learning

'*There are many aspects to the Patient Voices stories... I take every chance I can to recommend that the medical profession takes ten minutes a day to go through the different stories to try and understand what patients cannot always put into the right words.*

Then, maybe, just maybe, we may get a better understanding of how people are feeling **so we can all communicate properly**.'

Brian Clarke, patient storyteller

Dignity and respect: a case study

Poor patient and staff satisfaction survey scores, especially in relation to dignity, respect and communication

People before numbers

'*If there is one lesson to be learnt, I suggest it is that people must always come before numbers.*'

Robert Francis QC, 2010

What did we do?

6.5 years

12 workshops

74 participants

87 stories created

83,445 hits on the Manchester stories

Using the stories

- induction and staff training
- public screenings to raise public awareness of mental health

Using the stories

- shown at the start of every Board meeting
- used in recruitment and selection interviews

Using the stories

- strengthening the patient voice
- triangulating themes and trends
- within recovery networks and recovery education

Changing culture

Changes within the Trust include:

- patient-led 'dignity walks'
- more confident patients *and* staff, able to tell their stories
- increased involvement of patients and carers in creation of care plans
- greater recognition of 'experts by experience'
- more engagement with family members
- use of Patient Voices stories in recruitment.

Benefits

For patients	For staff	For the organisation
A therapeutic and cathartic experience	More time to focus on patient care	Positive local and national PR coverage (press and radio)
Recognition of expertise	Reduction in negative feedback	Positive external assessment
Better communication, improved care	Better communication, more confidence	Huge savings in money and time

Impact on quality

After only two years, the Trust reported:

- reduction in complaints related to care (45%)
- reduction in complaints related to staff issues (9%)
- reduction in complaints related to communication (22%)
- reduction in CNST claims (50%)
- reduction in management costs.

Our Wellbeing - Committed to the health and wellbeing of our staff
Truthfulness Respect Understanding Standards Togetherness

Impact on quality

- Reduction in staff time spent investigating complaints
- Improvements in patient/carer communication and relationships = better care and increased confidence
- Overall quality of care is good/excellent
- 95% of 2018 patients would recommend the Trust

Our Wellbeing - Committed to the health and wellbeing of our staff
Truthfulness Respect Understanding Standards Togetherness

The DNA of Care

'The intertwined relationship between patient care and staff well-being has been likened to the double helix.

And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'

Hardy and Sumner 2015

Pieces

www.patientvoices.org.uk/flv/1039pv384.htm   Claudia Gore, 2016

Changing conversations

'I used my story (apprehensively) in a registrar teaching session today - and everybody was in tears by 09:00 a.m.

But they commented that nobody has ever encouraged them to look after themselves – and then they started sharing their own stories ...'

Pieces has been viewed 3736 times as of 31st January 2018.

Changing culture

'I am so glad I made this story. I was also really, really pleased to learn that our bereavement team has started doing workshops with nurses for emotional support.

Shockingly, a few said, that the finger of blame is often pointed by doctors, especially in non-paediatric specialties. This is so upsetting and so unnecessary.'

The *DNA of Care* stories have been viewed 80,430 times as of 31 January 2018.

The sleepless ones

Thank you

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www.patientvoices.org.uk

Select bibliography

Patient Voices

Haigh, C. and Hardy, P. (2011) "Tell me a story—a conceptual exploration of storytelling in healthcare education." *Nurse Education Today* **31**(4): 408-411.

Hardy, P. (2007) An investigation into the application of the Patient Voices digital stories in healthcare education: quality of learning, policy impact and practice-based value. *Faculty of Social Sciences, School of Education*. Belfast, University of Ulster. MSc in Lifelong Learning.

Hardy, P. (2015) "First do no harm: developing an ethical process of consent and release for digital storytelling in healthcare." *Seminar.net: Media, Technology & Life-Long Learning* **11**(3).

Hardy, P. (2017) Physician, know thyself: using digital storytelling to promote reflection in medical education. *Digital Storytelling in Higher Education: International Perspectives*. Y. Nordkvelle, G. Jamissen, P. Hardy and H. M. Pleasants. London, Palgrave Macmillan.

Hardy, P. and Sumner, T. (2008) "Digital storytelling in health and social care: touching hearts and bridging the emotional, physical and digital divide." *Lapidus Journal* (June 2008).

Hardy, P. and Sumner, T. (2014) "Our stories, ourselves: exploring identities, sharing experiences and building relationships through Patient Voices" IN Pleasants, H. and Salter, D. (eds) *Community-Based Multi-Literacies and Digital Media Projects: Questioning Assumptions and Exploring Realities*. Peter Lang.

Hardy, P. and Sumner, T. (eds) (forthcoming) *Cultivating compassion: how digital storytelling is transforming healthcare (Second edition)*. London: Palgrave Macmillan

Hardy, P. and Sumner, T. (forthcoming) "Digital storytelling with users and survivors of the UK mental health system". IN *Story, Form and Content in Digital Storytelling: Telling Tales* Dunford, M. and Jenkins, T. (eds) London: Palgrave Macmillan.

Hardy, V. P. (2016) Telling tales: the development and impact of digital stories and digital storytelling in healthcare. *Faculty of Health, Psychology and Social Care*, Manchester Metropolitan University. PhD.

Stacey, G. and Hardy, P. (2011) "Challenging the shock of reality through digital storytelling." *Nurse Educ Pract* **11**(2): 159-164.

Stenhouse, R., Tait, J., Hardy, P and Sumner, T. (2013) "Dangling conversations: reflections on the process of creating digital stories during a workshop with people with early stage dementia." *Journal of Psychiatric and Mental Health Nursing* **20**(2): 134-141.