Exploring patient experience of ambulatory care to improve quality of care at a London teaching hospital


Background

Ambulatory care is a system to deliver appropriate acute medical care on an outpatient basis. Patient experience is a core part of quality in healthcare, alongside clinical effectiveness and patient safety. Using two qualitative methods we explored patient experience of ambulatory care in a London teaching hospital. We present findings from both methods, and evaluate their usefulness in terms of service improvement.

Methods

Over a 3 month period, experiences of the ambulatory care service were collected from:

• 20 ambulatory care patients purposively sampled in semi-structured in-depth interviews.
• Patients accessing the service invited to complete feedback forms (17 responses received).

Transcripts and patient responses were analysed using deductive and inductive content analysis.

Results

Overall, patients liked ambulatory model of care, but results highlighted how the service may not be appropriate for certain groups of patients currently using it. Key findings were:

• Environment: most patients valued remaining in their own home, with access to their own food, possessions and a comfortable environment to relax. The ambulatory care department in hospital was perceived to lack privacy and adequate facilities for patient comfort such as seating.

• Staff: ambulatory care staff were consistently praised as being caring, empathetic, friendly and professional. Some patients, in particular those with complex chronic medical needs/mental health issues, valued being in hospital as they were anxious about not having immediate access to qualified staff at home - one person felt more secure in hospital and felt like the issue would be more likely to be resolved through admission rather than ambulatory care because of the immediate access to staff.

• Communication: communication between staff members within the department, and between staff and patients was praised in terms of clarity, however, on occasion, poor communication between different departments within the hospital was perceived to lead to extended waiting times and delays delivering treatment.

Conclusions

Patient experience data helps to understand the reality of a healthcare system, demonstrating where improvements can be made. Feedback forms provide information to monitor ongoing service performance, but the context provided by in-depth interviews gives insight into why people said particular things, strengthening our understanding of our patient’s experiences. Overall, findings highlighted that the ambulatory care model was being used for some patient groups for whom it is perhaps not appropriate - those with multiple chronic ongoing medical needs who valued the extra support provided in hospital and those with impaired mobility who struggled with the travelling.

What next?

Our future research will focus on the challenge of developing a framework for response, feeding back our findings to the clinical team and identifying practical steps that can be taken to adapt the service to meet the needs of these specific patient groups.

References