



Public Health
Agency

Emergency Departments-

Summary of Feedback on Care Opinion Platform

(Aug 2020-June 2022)



Health and
Social Care



Care
Opinion

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1.0 PURPOSE

The purpose of this report is to inform key stakeholders of the key messages shared by service users, families and carers on the platform in relation to Emergency Departments. The analysis reflects upon the stories published on Care Opinion from 03 August 2020 to 15 June 2022.

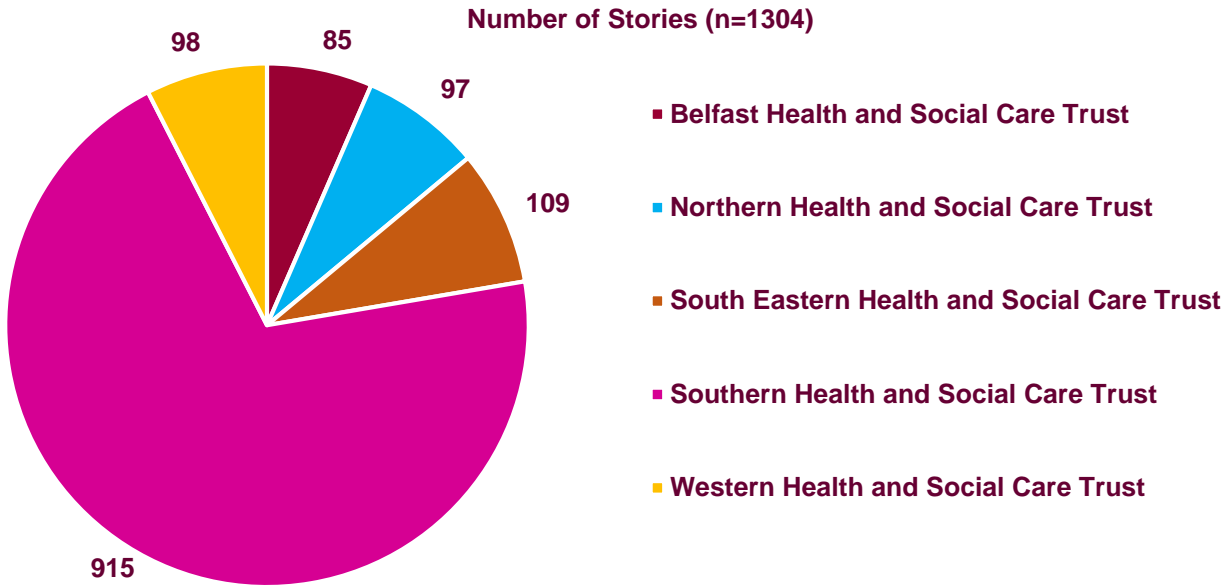
2.0 BACKGROUND

The Online User feedback platform, Care Opinion, was launched in Northern Ireland on 03 August 2020 as a new opportunity for patients, families and carers to share feedback on their experiences of services within Health and Social Care in Northern Ireland. This project detailed within the Programme for Government highlighted the need to embed a system for feedback which is open and transparent and will support services to engage with the voice of patients, families and carers. The Care Opinion platform facilitates a continuous feedback loop between the services and the author of the feedback, with all stories moderated before publication on the website (www.careopinion.org.uk).

3.0 CONTEXT

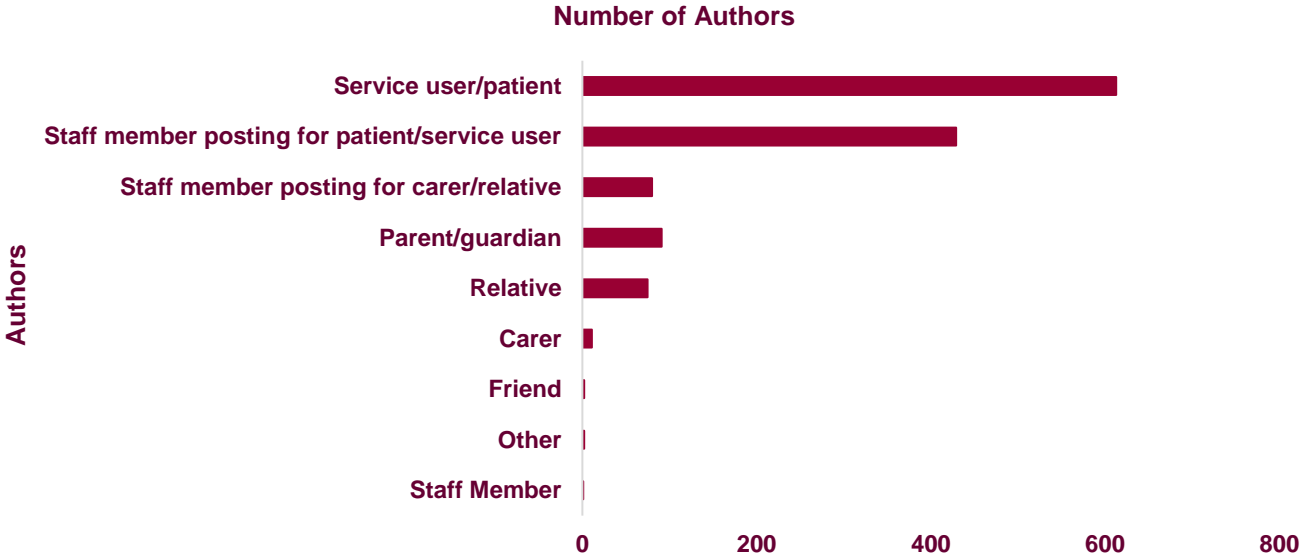
There have been **1403** stories published on Care Opinion which have been tagged to the experience of Emergency Departments. 99 of these stories also reflect the experience of Northern Ireland Ambulance Service (NIAS) as part of the journey through Emergency Departments. The stories have been generated from a number of sources, mainly through engagement by Trust Patient Client Experience (PCE) teams and promotion by staff within the services. Figure 1 summarises the stories according to Trust. It is important to highlight the high number of stories relating to Southern Health and Social Care Trust (SHSCT) relates to a pilot campaign specific to the experiences of acute care. This has been led by the PCE team and volunteers within SHSCT and has generated a high number of stories relating to Emergency Departments.

Figure 1. Trust breakdown of Care Opinion stories relating to Emergency Departments



The authors of stories also share their journey through services, often reflecting upon the point of need through to discharge. Figure 2 illustrates the authors of the stories. The greatest proportion of stories is shared first hand from the perspective of the service user/patient. Staff also have a role in supporting service user/patients to reflect upon the experience. There is an unusually high proportion of stories shared by staff on behalf of service user/patient. This partly reflects the story generation pilot in SHSCT where stories are collected by staff manually with permission to share their story on the Care Opinion platform. This pilot is currently under evaluation.

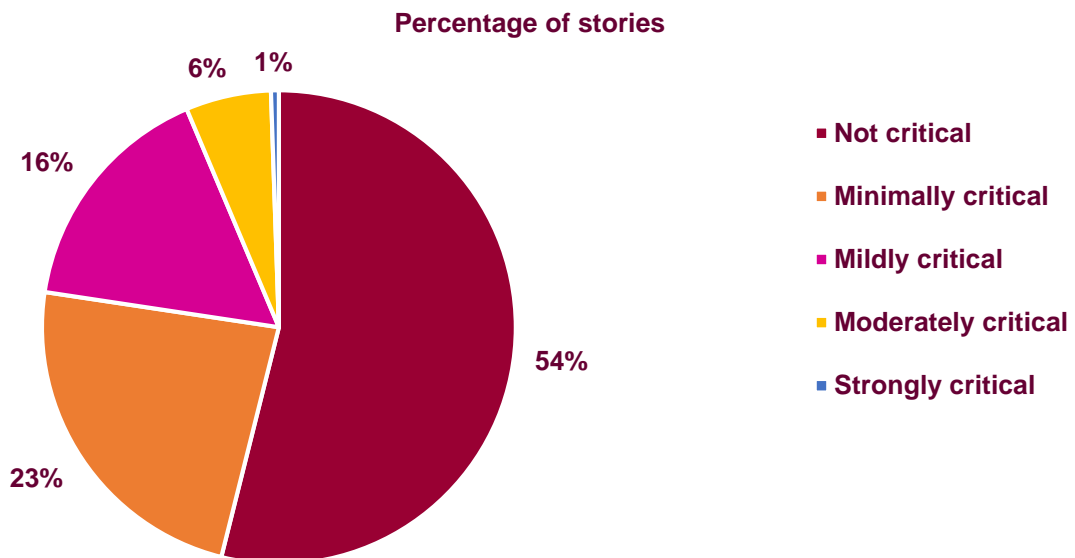
Figure 2. Authors of feedback shared on Care Opinion as recorded on the platform (n=1304)



4.0 SUMMARY OF STORIES

Care Opinion is built upon the concept of “what’s your story” and supports the author to highlight what matters most to them using their own words. As part of the analysis through Care Opinion, each story is assigned a criticality score by an independent moderator to highlight the level of critique included in the story. Figure 3 illustrates the criticality scores assigned to stories with the service tag “Emergency Department”. Table 1 outlines the breakdown according to organisation. Definition of criticality scores is included in Appendix 1. Fully positive experiences are reflected in a score of 0 and represents 54% of overall stories.

Figure 3. Breakdown of Care Opinion stories relating to Emergency Departments according criticality scores as assigned through moderation process (n=1304)



NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

Table 1. Breakdown of Criticality Scores in relation to Organisation

Health and Social Care Trust	Criticality Scores					
	0 Not	1 Minimal	2 Mild	3 Moderate	4 Strong	5 Severe
Belfast Health & Social Care Trust	43	7	18	14	3	0
Northern Health & Social Care Trust	62	11	15	8	1	0
South Eastern Health & Social Care trust	81	5	12	11	0	0
Southern Health & Social Care Trust	447	276	156	39	1	0
Western Health & Social Care Trust	71	8	12	5	2	0
Total	704	307	213	77	7	0

5.0 THEMATIC ANALYSIS

There are also three supporting questions included on the platform:-

- 1- What was good about the experience?
- 2- What needs to improve?
- 3- What are your feelings and emotions relating to your story?

Response are illustrated in the word clouds within Appendix 2. The following section explores the emerging themes in relation to the positive aspects of experience and areas for improvement. Each theme is illustrated using quotes taken directly from the stories shared. It is important to highlight that the themes are not mutually exclusive and a number of themes can be identified within the quotes.

5.1 What’s good?

The top five tags are summarised in Table 2. It is evident the importance of the relationship between the healthcare professionals and the service user/patient, general staff, nurses and doctors are all highlighted as what is important.

Table 2. Top 5 Tags by Authors of Stories – What was good?

Tag	Number
Staff	758
Nurses	381
Doctors	304
Care	300
Cleanliness	154

The following quotes are directly lifted from the stories shared and demonstrate the gratitude expressed. There is also a recognition of the stressors and demands experienced by the staff within the Emergency Department.

“...I attended the accident and emergency department at Altnagelvin hospital. I just want to say that treatment I received from the doctor who seen me was above and beyond, despite the obvious immense pressure that they are currently under. He took his time and explained everything, and was very patient and kind...”

“...when I arrived to the emergency department it was very busy and overcrowded, which wasn’t great. I stayed here for two nights, there wasn’t much room and the noise levels were very high. I found it hard to sleep... the staff have been providing the best care to me, and I’m very thankful for all the nurses and care assistants. They’re amazing people...”

“...An excellent experience of care and treatment at the Royal Victoria Hospital Belfast Emergency Department. Consultant and the team, along with the Ambulance crew couldn’t have been more helpful and caring...My wife received very prompt treatment and good advice from a team that, despite competing pressures, couldn’t have been more professional and compassionate...”

What matters most in the positive experiences includes caring and compassionate approach of staff, kept informed of the plan of care.

“...I went to the emergency department, and I was overwhelmed by the care I received in the department. The staff are brilliant, and they were brilliant at answering any questions I had, and if they did not know what the answer was then they went to find someone who would be able to answer my questions. My only problem with the department is that the doctors and nurses seemed incredibly overworked and that they don’t get the pay nor the attention and prestige they deserve...”

“...I took unwell and ended up in Antrim Emergency Department. The staff were excellent in getting me seen and treated. I was in agony and was given really good pain relief and attended for my scan. Whilst waiting for my scan, I was looked after by excellent doctors and nurses...”

“...Everyone - the receptionist, nursing assistant, radiographer and doctor were both pleasant, respectful and helpful, and extremely efficient. Within 30 minutes of arriving, I had been triaged, had an ECG, had blood taken, spoken with the he doctor and had an X-ray. The only significant waiting period wait was for the results of my blood test to come back. I particularly appreciated that everyone I interacted with took time to explain what they were doing and answer my questions...”

5.2 What could improve?

Table 3 summarises the top 5 themes tagged in the open question “What could improve?” reflecting on broad areas of communication, waiting times, food, staff attitude and the waiting area. This is also reflected in the word cloud. The following analysis seeks to understand the various elements of each tag assigned through the Care Opinion platform, framed under the concept of what matters most to service users families and carers. From the quotes included the areas of improvement are linked, particularly with reference to the connection between communication and waiting times.

Table 3. Top 5 Tags by Authors of Stories –What Could be improved?

Tag	Number
Waiting Times	193
Communication	78
Food/Catering	55
Staff Attitude	26
Waiting Area	19

5.2.1 Waiting Times. What Matters Most?

Reflections on waiting times relay concerns relating to delays within the Emergency Department journey and also delays which reflect a systemic issue relating to timely admission to the ward.

(a) Waiting to be assessed

"...Admitted to hospital with chest pain by an emergency ambulance and was told to wait. 8 hours to see a doctor. This is completely unacceptable..."

"...In mid-May I was directed by GP to take my father, an older man of 88 years, to ED due to excruciating pain in his lower back. The GP stated that his practice would not be able to complete bloods so my father would need to attend an appointment at ED at 6pm to get these and any other investigations completed...When we arrived at ED the department was extremely busy. There was a queue of about 10 people waiting to speak to the reception staff (this level of queue continued for a large part of the following 5 hours). The waiting time for triage was 1 hour and following this 5hrs for minors and majors..."

(b) Deteriorating during wait to be seen

"...I headed to A&E, the triage nurse seen me ...just took my vitals and told me to wait outside. About 4hrs went by and I had become more breathless, hospitals make me anxious and usually bring on an asthma attack. Another 2 hrs went by and I could barely breathe, my inhaler wasn't doing anything and I went to the receptionist to ask if I was close in the queue, she told me she had no way of checking and that I should sit down. After another 20mins of gasping for a breath I informed the receptionist that I was feeling worse, the nurse took my vitals again and told me it could be another few hours wait. I found this especially distressing considering I was really struggling to breathe at this point... Another 2hrs go by, I stumbled up to the receptionist choking for air, she rushed out to check with a doctor and finally I was taken round to a bed and seen to by a doctor. They managed to get my breathing under control and the doctor prescribed me steroids and sent me on my way-I don't understand why it took so long for me to be seen when I was categorised as priority 2. I also don't understand why I was sent to wait a further 2hrs when I was clearly in respiratory distress..."

(c) Wait for results or treatment

"...I was sent for an x-ray, then had to wait over 2 hours for someone to read it and provide a splint / dressing. Many others had been seen before me, some who just dropped in to the department after I'd been waiting to be seen again for over an hour. The lengthy wait was totally unnecessary and very frustrating- especially as I have a complex relative at home needing my care..."

"...I feel that better facilities are needed for scans and tests (more scanners, labs etc.) as everything is just so slow when it comes to waiting for a scan or waiting for results..."

"...Observed the team working so well together. Although waiting times could have been improved in terms of blood results and ultrasounds..."

(d) Delays on admission to the ward

There are 56 stories which highlight long delays within the Emergency Department waiting for admission to the wards. Most stories reflect upon the efforts of the staff in supporting care and the pressures they are under, but also highlight the challenging experience of waiting for a bed.

“...I believe that my care is very good with the nurses being 100 percent. I was admitted via A and E on Wednesday where I faced a long wait which was around 24 hours in order to get admitted to the ward...”

“...I arrived to A&E and waited for 22 hours which wasn't pleasant. I was given the first available bed and it wasn't even on a ward that I should have been on. I should have been situated in a gastroenterology ward due to my condition and I should have been being treated by nurses and doctors specialised in this area instead of being on a medical ward...”

5.2.2 Communication: What Matters Most?

The underpinning message in relation to communication is the importance to reduce anxiety and emotionally support the service user, families and carers. This is evident through the Emergency Department journey with particular reference to waiting to be seen, plan of care and effectively engaging with the service user and family.

(a) Importance of information on waiting times/delivering person centred approach

“...I came to ED due to chest pain that appeared to worsen throughout the day. I waited in the ED waiting area for nearly 12 hours before being seen. This is relatively traumatic and daunting as there is no communication with staff members to patients in the waiting area. I really felt like just a number waiting to be called instead of a human being...”

I arrived in extreme pain to the ED AT 10:30pm. I asked how long the wait time was which I was told was 7 hours which wasn't ideal but I was prepared to wait as I was in chronic pain & needed to be seen. 7 hours passed and I still hadn't been seen. I asked numerous times when I would be seen only to be ignored on one occasion. I was told I was next on another occasion, which was untrue as here I am the next day at 8:30 am...No communication, no apology, no compassion... Very very poor”

(b) Timely updates on plan of care, particularly during delays

“...The staff are very good and so nice. The people have been nothing but pleasant, and they all look very busy. The only thing is, I do not know what is happening I am sitting here, and I thought I would be going somewhere for my ear but have not heard anything...”

“...Whilst we as a family acknowledge the stress of staff and winter pressures - few basic principles could have ensured that this experience was made better for my mum [83year old] - she was so traumatised last night reflecting on her experience:....No idea why there and what was cause for delay...”

“...Throughout my stay the only thing I could see that needs improving is that the communication in A&E could have been better - I do understand that they are absolutely run off their feet but better communication would go a long way...”

“...At the minute I am in a lot of pain but the staff are doing their best for me. To be honest some explanation may be lacking in terms of my treatment as I would like to know a bit more about exactly what's going on with my treatment and care as well as what the future may look like for me...”

(c) Connecting with family

"...To cut a very long story short I feel he was treated extremely poorly...You can imagine how worried I was not being able to visit and my husband not being able to give me any details. I rang for an update. I was told the nurse was busy and to ring back in half hour - fair enough. I rang back and was told this time to ring my husband for an update as they were too busy to talk to me. I find this greatly unacceptable as my husband wasn't told anything and his oxygen levels dropped every time he removed his mask... After a further hour or so of worry and anxiety, I rang and asked for a senior nurse - they answered and again told me to call my husband. I explained that he didn't know anything. I asked how much oxygen he was requiring and what was the plan. The nurse told me that they didn't know as they were in charge and not looking after him. I had to beg them to find out for me. I found this extremely unacceptable communication with a worried family member..."

" [return after discharge within 72hours]...My mother deteriorated over night and we brought her straight back into hospital yesterday... discovered a blockage in her bowel, they have yet to tell us the family or my mother what they believe this blockage to be or even to say what it could be... My sister is a nurse and is currently sitting with my mother and she can't understand why the staff won't tell her anything. We have been left totally in limbo by the department and this is not acceptable treatment for anyone, especially not my elderly mother..."

"...On visiting next day my sister found him [father] in a chair in A&E as it had been decided to discharge him - she hadn't known this in advance, doesn't drive so had to get a lift home to pick up clothes etc. and then return..."

(d) Clear consistent information

"...I feel confused with the information I'm being given. One nurse came and said I need air from the wall to help breath and a while later and nurse came saying no you aren't to be on that you need a mask with oxygen. Then I was told I have pneumonia and another staff a while later said I don't think you have pneumonia. I just feel lost and feel like I don't know what is actually going on..."

5.2.3 Food/Catering. What Matters Most?

Linked to delays on transfer to the wards service users, families and carers reflect upon the provision of food and refreshments within the Emergency Department and also across their whole journey. Within the tagged stories there is a general message around choice and personal preference across the whole patient journey; however, in terms of what matters most to service users, families and carers there are a number of key messages specific to the experience within the Emergency Department.

(a) Fundamental Need

"...He waited in the ambulance for almost 2 hours and then waited in triage. No one was expecting him. No handover. Eventually moved to green area at 5pm. No bed. In a chair. Not a drink of water or cup of tea. Nothing. No vital signs recorded. No assessment. My Dad (dementia, confused, and tired and cold) said that he wasn't staying there... There follows a disastrous 3 days in ED...."

"...My biggest problem was I was made to sit in the corridor on an uncomfortable chair from about 11pm until 4.30pm the next day in this time I wasn't asked once if I was ok, no one told me what was going on. I had nothing to eat or drink. When I tried to ask for help I was ignored while 2 HCA's made

1 phone call. I wasn't even offered a blanket. I have never ever felt like such a nobody or irrelevant in my life ever. I am still struggling with the way it made me feel. I was in complete agony and utterly humiliated..."

(b) Supporting Diabetic Patients

"...He [grandfather] is in his 80s & diabetic not once was he offered fluids or even a biscuit... despite him saying how he hadn't ate since breakfast and it was then 20:00! Basic needs are not being looked at... I witnessed first-hand what the staff have to deal with regarding difficult/ignorant people but do not assume everyone is alike... my granda didn't even want to ask for a cup of tea as he said the nurses were too busy... There was a lady beside him who was type 1 diabetic, told to come in by consultant for admission that morning and she sat on a wheelchair all day in A&E with nothing to eat or drink until I went to McDonald's to get her & my granda food at 20:30! This is not acceptable basic human needs aren't fulfilled but a type 1 diabetic not being offered anything?!..."

5.2.4 Staff attitude and behaviour – What Matters Most?

As outlined in section 5.1 the majority of stories highlighted the great work of the staff within Emergency Departments however a small number of stories demonstrate how poor attitude and behaviours by staff can directly impact upon the service user and family experiences.

(a) The Importance of Listening to Families

"...after explaining my situation to the staff in A+E, I felt like I was totally overlooked and being questioned by the consultant. The tone that was used and some of the remarks, I was merely shocked at. I believe that if I wasn't dismissed, that they would have seen how unwell my daughter was a week earlier, which would have brought forward her recovery by a week and maybe she would have responded to the antibiotics better. The latter part of my experience has definitely been better but it can't go unnoticed the way I was spoken to in A+E, which essentially was not recognising my daughter's medical needs..."

"...The nurse didn't introduce themselves. Fair enough. I have forgotten to do that myself at times. That was not the problem. But I found that they were rude & undermining to me from the start. Said straight off that I couldn't come in due to Covid. The tone was abrupt & rude. They used non-verbal that I found quite aggressive. I explained I had pre-arranged to come in, and was asked why. I said cos I normally went in with him. They just kept repeatedly asking why. It was relentless. I was stunned & speechless. I didn't want to say the word "dementia" as it distresses my Dad. He has no insight into his condition. Also he can become argumentative & is easily distressed. The nurse kept saying I couldn't come in & asking why I wanted to. It was so horrible & made me feel like crying. I stood there and took it..."

"...Our child developed severe incessant vomiting and diarrhoea in early March 2022, hence we rushed to [ED] at around 18:45 hrs. I am severely hearing impaired, and cannot hear through face masks. Hence I wrote down a timeline and description of our child's symptoms to give to the medical personnel. I also wrote on the top of the sheet that I had prepared it as I am hearing impaired. I repeated this to the triage nurse verbally while handing over the paper. They barely glanced at it or heard me, and asked if I spoke English. I said it is my first language. They laughed and asked if it was just the accent then? I advised them that I was deaf..."

(b) Staff pressures communicated in approach with service user, families or carers

"...A nurse came out and took my blood pressure and went and got me Paracetamol. The staff member that had been rude earlier then came out and I asked how much longer I'd have to wait to be seen. The reply was that at the start of their shift there had been an 8 hour backlog, so I could work the rest out for myself. I had been waiting over 4hrs and by these calculations it would be at least another 4 hrs before I would be seen. It was already the early hours of the morning, I was tired, in pain, cold, and didn't feel safe..."

“...When mum had encounters with staff their mannerism was poor, stating to my mum that she’s another GP referral. Being the professionals that they are their frustration with people being admitted through being a referral by a GP should not have been expressed to my mum multiple times and also if they had of taken the time to read mums medical history they would have seen she was going through chemotherapy and receiving magnesium infusions regularly... I understand that staff in A and E departments are very busy throughout however their comments of frustration is unprofessional to express in front of patients...”

5.2.5 The Waiting Area- What Matters Most?

The last area in the top 5 tagged areas for improvement relates to the physical environment of waiting. This refers to both the waiting area before assessment and the waiting area pending transfer to ward or discharge. This element also links to waiting times and delays experienced as discussed in section 2.3.2. There are 3 broad challenges for services users waiting in the Emergency Department – environment, resources and facilities as echoed in the following quotes

“...The actual accident and emergency waiting room was packed and I was honestly quite scared to come in with covid and everything picking up again, but the area I am currently in is much better with much more space for social distancing. I think if there was a larger emergency department it would really help with the crowding in the department...”

“...I know that there was a significant wait time due to other patients needing treatment and that can't be helped. However, I think when it comes to little babies, there should be some sort of separate waiting area with cots for them to use whilst they wait, especially during the night. I had to lay my baby down on the chairs in the waiting room so they could sleep and then myself and another mother had to sit and feed our babies on the chairs in the middle of the hall opposite the department entrance, sadly with no privacy...”

“...I have been comfortable and the ward is kept nice and clean but I started off in A& E and it is just horrendous for the elderly. You have to sit on a hard chair for hours without a pillow or anything but it isn't the staff's fault- they're all lovely too but it's just so busy...”

“...When I went to x-ray I was redirected to a different waiting area, which I discovered was part of ED. It was packed and people were sitting on floor...”

“...My A& E experience before getting admitted to the ward was very bad. The chairs are very uncomfortable to be waiting such a long time in. Some people where also being quite abusive to staff and that made me feel very uncomfortable. A& E was very busy and there was not much privacy as I could hear what people where being told behind the next curtain...”

“...My husband rung the ambulance at 11am and they said, someone will be there as soon as they can and told me to fast. A paramedic didn't arrive until 5:15pm and the ambulance came an hour later. I felt worried as I thought I was a serious incident as my eye had blurred vision and head swollen. I waited in ED for 1.5 hours, so it took almost 24hrs before I was seen and put on a trolley. I had been fasting and just had a fall and they had me in a chair all that time... The trolley had no pillows or anything...”

“...The main issue is that since I arrived in hospital I have never been given a pillow. One of the nurses made one from a towel for me but it isn't as comfortable as a real pillow would be...”

“...Accident and emergency has been fine, it is just the wait that is the problem... Also there was a man in the waiting room who was heavily intoxicated, I felt so uncomfortable there. I felt as though there was no protection for us there and 2 other ladies said the same as myself. I did not feel safe in there...”

6.0 NEXT STEPS


In line with the vision for an Online User Feedback Service in NI, the platform supports a two way feedback mechanism and also to identify changes to be made and actioned in response to the individual stories. As recorded on the platform there are **21 stories with changes planned** which relate to provision of name badges including titles, development of new waiting areas, signage in waiting areas, updating screens in waiting room, updating disabled toilet facilities and process for sharing stories regarding attitudes and behaviours. There has been **32 changes made in response to the stories**. These include opening of new waiting area, development of staff communication aid, team meetings in relation to COVID related issues and family communication, signage for wheelchair provision and additional blankets and pillows.

It is recognised these changes are planned and implemented at a local level, therefore it is important to share the briefing paper within strategic forums to inform and influence regional approach to Emergency Departments and transferability of the learning across the system. Learning has been shared as part of triangulation of key themes with complaints and SAI to give a comprehensive reflection on what matters most to service users, families and carers through Safety and Quality Forum. Further mechanisms for sharing across key strategic forums, includes Review of Urgent & Emergency Care and No More Silos Co-Production Group are also in development.

As Care Opinion continues to embed into culture across HSCNI, the analysis of feedback shared by service user, families and carers attending Emergency Departments will be part of a suite of briefing papers to enable ongoing learning to influence service development and where relevant, to support strategic forums to monitor experience as part of performance matrix or evaluation of services

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Appendix 1 Definition of Criticality Scores

Score	Definition
0	<p>No Critical Content:</p> <p>Entirely positive or neutral postings with no hint of criticality.</p>
1	<p>Minimally Critical:</p> <p>Mention of dissatisfaction with non-clinical non-personal aspects of care, typically “facilities” issues such as food, parking, or waiting.</p>
2	<p>Mildly Critical:</p> <p>More specific but still mild criticism, which may also include non-clinical but interpersonal issues such as attitude of staff, compassion, politeness. This might include the timely nature of the service whether in hospital or in the community where it has caused distress, e.g. carers not turning up on time</p>
3	<p>Moderately Critical:</p> <p>Criticism which may include alleged shortcomings in clinical or non clinical aspects of care, the author may not say what the effect of these are. Also includes serious comments about facilities: ‘never cleaned’; and where people’s essential basic care needs are not being met, e.g. inadequate nutrition and hydration, development of bedsores</p>
4	<p>Strongly Critical:</p> <p>Serious criticisms of specific unnamed staff or groups of staff, or of clinical or other care or facilities. This might have had very serious consequences for physical or emotional health. These will be described by the author. There might also have been social consequences that have increased the risk or vulnerability of an individual</p>
5	<p>Severely Critical:</p> <p>Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff or organisations.</p>

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