

## Background

“Frank” was admitted to the rehabilitation unit after sustaining a fractured hip. He had a stroke last year and still had some weakness on his left side. He took a while to make improvements with physiotherapy, but now he is walking and would be going home soon with support from carers.

## Main issues / themes identified from Frank’s story:

### Impact of disability on care

- Frank had a stroke 1 year ago. Due to this he is unable to use his left hand
- At times the care provided did not take into account this disability
- Frank also talked highlighted difficulties with the convene

### Control over care

- Frank highlighted how he had made a decision about his discharge
- He expressed that he did not have a catheter any more due to *“the risk of infection”* .
- Frank at time felt like he was going to fall over when assisted by the physiotherapist and felt more confident in the gym bars.
- Frank highlighted an incident where he was given the wrong food

### “Nursing time vs care”

- Frank was complementary about the nursing care , *“kind and caring and looked after me well”*. However he felt that they were short of staff and took too long to answer the call bell. Frank also made a recommendation about the blinds in the room which are put up and down for care tasks.



## Collecting a patient story - a case study

- To help train staff on the power of patient stories to drive improvements, a series of three short films have been created.
- Staff member, Laura Cook, Therapies Lead on Marjory Warren Ward, at Finchley Memorial Hospital describes her experience of collecting a patient story from a patient undergoing Inpatient Rehabilitation.
- On page 2-3 you can read the patient’s story and on page 4 are the main issues / themes identified from the story.
- In the third film, you can hear Laura explaining what actions will be taken in response to the patient’s story.



We did

You said

### Web links to the films:

#### Film 1: Preparing to do a patient story

<https://vimeo.com/183209068>



#### Film 2: Theming and analysing a patient story

<https://vimeo.com/183209067>



#### Film 3: Action plan and next steps

<https://vimeo.com/183209134>



## “Frank” – A patient story

### Marjory Warren Ward, Inpatient Rehabilitation—July 2016

#### *Tell me about your stay on the unit*

“Yeah its ok, there is good and bad in most things. Sometimes the food is really good, sometimes not so good. I have ordered something but they have given me pasta and I know I wouldn’t have ordered pasta as I can’t stand it. The nurses are very busy sometimes it can be quite a long time when you press the bell. I understand that they are very busy and they are short staffed. The nurses themselves well 99% of the time are kind and caring and have looked after me well.”

#### *Who else has been to see you on the team?*

I have seen the physio. I have found it difficult this time due to my stroke and now broken hip. It has been difficult to put weight on that side to walk. Sometimes when they help me they hold on to me and pull or push me and I feel that I might fall over, I don’t like it. I didn’t make any progress with the physio as I could not put weight on that side. We talked about going home with a rota stand and 2 carers coming to see me at home.

Then when the physio came to see me again I thought what’s the point and refused to do it. Then I thought I would try, we went to the bars and I walked up and down.”

#### *What goals did you set?*

“Well to walk again.”

#### *How is your discharge being planned?*

“If I go home with a rota stand then I will need two carers four times per day. But that is a lot of time when I am at home on my own between carers.



#### *Are there any other options?*

“We talked about going into a care home, but it’s too expensive.”

#### *If you were in charge would you change anything on the unit*

“No”.

#### *Is there anything the staff could have done better*

“The worst thing is when the convene comes off, I previously had a catheter but I can’t have it because of the risk of infection. Some of the nursing staff don’t know how to put a convene on.

I don’t like the blind at the window. It is wither down for privacy and then blocks out the light or it is up and you can see the flats, I think there should be net curtains.

Sometimes when they give you food they don’t help to cut up the meat or take the cling film off. I only can use one hand and it is very difficult to take the cling film off. I also think they should give you a tea spoon with your yoghurt or pudding as the other spoon is too big.

The cleaner that just came in – she does a really thorough job, under the bed, everywhere.

Oh and sometimes when staff have finished helping me, they leave the call bell here (points to bed) I can’t get to it there as I can’t use my arm. I have to hope someone walks past.”

#### *Is there anything else you want to talk about?*

“No not really, thank you to the staff.”

