Our Patient Experience Journey

- Introduction Jean Kelly, CDONM
- Health Literacy Ger Kilkelly, PALS, GUH
- Patient Medication Geraldine Colohan, Chief Pharmacist, MUH



Our Strategy

- Patient engagement strategy 2013– 2015
- Listen & gather information
- Engage with public to participate
- Partner with our Patients to develop a plan

Implementation

Patient Council members on committees

Patient Advocacy Liaison officers

Leadership

Not the softer side of healthcare.

Appendix 1 - Format and Layout Guide - Do's and Don'ts

This guide was developed by the Health Literacy Committee of Galway University Hospital; if you wish to reproduce it please acknowledge the source.

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Do	Don't
Use the Active Voice – use personal pronouns	Don't use the Passive Voice-
- 'we' and 'you'- this helps to build a	For example: 'You will be called'.
relationship of trust.	Don't be afraid to use 'we' for your organisation and
For example: 'We will call you'	'you' for the reader.
Limit Jargon – Use everyday words if possible. For example: require → need administer. → give facilitate → help	Don't use too many words that could confuse the reader. If you cannot avoid specialised terms then explain them in plain English immediately afterwards and use the same term consistently.
Use headings that are statements or questions . Questions and answers are a great way to get information across.	Avoid using one-word headings such as 'Introduction'. Instead use something like: 'About Our Services' or 'What is a CT Scan?'
12 Font – minimum size 12	Avoid small text which may be difficult to read.
Serif Sans Serif such as Arial or Calibri – Calibri is useful when there is more text content.	Avoid using fonts like Times New Roman – they are difficult to read
Use bold when you want to emphasise a heading or paragraph or text.	Don't use italics or underlining to create emphasis. It makes them harder to read. Keep CAPITAL letters to a minimum: when words are in
Use a bigger size for emphasis.	capitals, THEY ALL LOOK THE SAME.
Spell out/explain acronyms the first time RPM NAF DIS VAF EVAPTAD Spell out/explain acronyms the first time you use them, for example: ED (Emergency Department)	Avoid using symbols such as '&' , '/' and ';' Avoid using abbreviations such as e.g. , i.e. , etc. , dept. These can confuse the reader
Left align & create a path for the eye to follow: most readers start at the top left hand corner, use this to your advantage, placing important information in that quadrant.	Avoid using 'justified text'. It changes the spacing between words which can be hard to read.
When whended haves a few successory Paragraphs - Headings and lists are a good	Don't be afraid of 'white space'- don't clutter your PIL with lots of writing. Blank areas create balance, attract the eye to important messages and make it easier to read.
Sentence length – Use short sentences – 15 to 20 words maximum.	A paragraph should never be longer than its width!
Include Images that support the text and facilitate understanding. People are more likely to retain and understand content when it is reinforced with a picture.	Avoid background images and watermarks – Images behind text can make text hard to read.
 Bullet points – Bulleted or numbered lists are easier to scan and break up text. 	Don't put more than 7 points/items in a list.
1 2 3 Numbers should be presented as digits	Don't express figures as a percentage %, use a simpler format, for example: 1 in 20 people, instead of 5%
NB All PILs must include the organisation logos, author, production date, version & review date.	Don't use blurry or out of proportion logos. Contact comms.saolta@hse.ie for advice if necessary

Grups Officelle Curem Stilinte University Health Care Group



Improving Medication Related Communications







15 Patient Experience Advisors working on....

- -Medication Safety Committee
- -Paediatric Decision Unit
- -Nutrition Steering Committee
- -End of Life Care
- -Symposium
- -Patient Stories
- -Older Persons Foru



The World Health Organization (WHO) Third Global Patient Safety Challenge -Aims to reduce the global burden of drug induced medication-related harm by 50% within five years

"Knowing My Medicines"



Launching "Knowing My Medicines" leaflet which encourages patients to provide an up to date list of their medication when they are admitted to hospital

61% patient said staff explained medicines to them in a way they could understand(52% in 2017)

-48% received explanation about sideeffects.(29% didn't require same)

EVERYBODY HAS A ROLE TO PLAY IN MEDICATION SAFETY



Shared Learning

- Saolta Patient Experience Conference
- Standardised measurement tool
- Patients Experience Committee
- New Strategy working group
- Site Specific Quality Improvement Initiatives



Conclusion

"I have learnt that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." Maya Angelou

