

Thank you cards, comments and suggestions

We find that thank you and comments cards are another way of finding out if we are giving a good service both to you and your relative or friend. In addition, we also want you to be reassured that if you have any suggestions or concerns, we will deal with those straight away. You can contact us via phone, email or ask to speak with the nurse-in-charge or the head nurse for critical care. It is only by letting us know what you need or what you think that we can make a difference.

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

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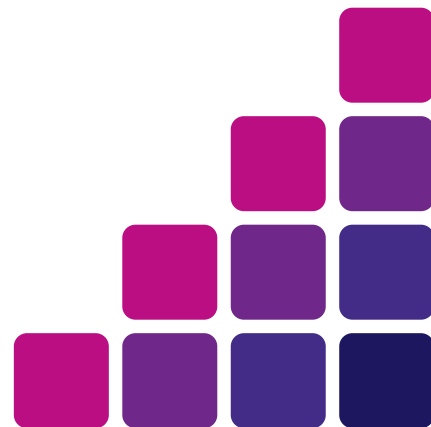
Speak to your clinician



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Tell us what you think

Information for relatives and friends of patients in ICU



Tell us what you think

Your opinion is important to us

Patient/relative feedback is extremely important as it is the way we can identify if the service we deliver is not only meeting the expectations of our users but also going the extra mile. This is extremely important to the staff on the Intensive Care Unit (ICU) because it reinforces good behaviour, gives us ideas and suggestions on how we can improve and ensures poor practice is dealt with quickly and constructively. This leaflet explains about a number of ways you can tell us what you think of the ICU.

Contact information

Intensive Care Unit (ICU)

5th Floor, Lift Bank B

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Notes

Relative satisfaction survey

We have recently revamped our relative/family satisfaction survey to make it shorter and more concise. We ask that all relatives and friends fill in the questionnaire—by post, leaving it in the waiting room, or giving it to a staff member on the unit. As a result of some of the comments from the survey we have produced a medical folder so that visitors can find out more information on their relative's condition.

Patient focus groups

Every year we have at least two patient focus groups which aim to identify areas where we can improve our service, and to gain an insight into the experiences they had while in our care. The focus group normally consists of 5–7 ex-patients or their carers. Views and comments are treated in the strictest confidence. Following the meetings we send a summary of what was discussed and how we plan to address any issues raised. These are also presented at the unit's quality meeting.

As a result of these focus groups we have moved our photo board into the corridor, developed a discharge booklet and installed some electronic ears which highlight when noise levels are too high. Some patients feel that there is a gap in their memory due to their illness, drugs or night and day disorientation—as a result they can forget aspects of their stay. We have introduced patient diaries to help address this issue.

Patient diaries

Patient diaries are kept for patients who have been ventilated and sedated for more than 48 hours. The diary is filled in by the nurses at the bedside but there are plans to involve other staffing groups and relatives in the future. The purpose of the diaries is to provide a chronological record of the patient's stay in ICU in order to have realistic recovery goals, explain and put in context some of the sensory experiences they have and help the patient work through what happened when they were in ICU.

After the patient is discharged, the ICU team will get in contact to arrange to go through the diary and answer any questions the patient might have. The diary can also be given to the relatives of patients who have died.