We want you to have the opportunity to influence changes to patient’s experience of nursing care in the NHS.

We have been looking carefully at a process called the ‘Amalgamation of Marginal Gains’ (AMG). This has been used very successfully in sport and lots of health care settings to improve performance, but not in nursing. AMG philosophy assumes that attending to many small aspects of performance will result in improved overall performance. We anticipate that helping nurses to identify and achieve a series of small essential care behaviours for patients will lead to improved patient experience of care.

These stories of nursing care highlight the ‘small things’ that were very important to patients experience of care, and endorses the idea behind ESSENCE.

Karen talks of a small act of kindness
“I had a lot of pain in my neck (probably caused from the angle of my head during surgery aggravating existing creaky joints!). As I had to stay sitting propped up, with limited movement, this became more and more uncomfortable and all the other pain-killers I was being given did nothing to alleviate it. An incredibly kind nurse came to me with a rubber glove which she had filled with iced water and put it on the back of my neck. I felt that she cared enough to come up with such an imaginative idea.”

Pam’s story was about communication
“...when the Nurse explained the importance of the medicine [to my husband] and the fact that it would make him feel better he took the medicines. I also noticed the same thing when blood pressure was taken. **If the procedure was explained to him he was totally compliant extending his arm and allowing the procedure to take place.”**

Jennie’s stories were about the impact of empathy
“My name was called into the Oncology waiting room - my full name as given on my record. I followed a nurse into a room - she said nothing to me other than motioned me to sit on one of two armchairs... and then proceeded to cannulate me a few minutes later. All done competently but with minimal conversation, no introductions, explanation of the procedure, friendliness/warmth.”

“However, on my final chemo treatment - 6 sessions later I was called in by a 'new' nurse. The experience was entirely different. **She smiled and told me her name.** She reassured me when I said I hadn't seen her before by explaining that she had transferred down from the Oncology ward and very experienced in doing the chemo treatments. She asked about how I was feeling and there was general chat whilst cannulating etc. **She showed warmth, humour and empathy towards me.”**

Heather’s story
“I was coming out of surgery with oxygen and fluid feeds attached to me which was a bit of a shock as my husband thought something had gone wrong and went a shade of white on seeing me. I... simple information given to him as next of kin [would have made a difference]
Nigel’s Stories were about assistance to go to the toilet, an essential care need

“...Someone brought along a sort of small bucket made out of the recycled blue/grey card stuff that hospitals use, lifted [my father] up, slid this thing underneath his bottom and then lowered my father onto it and went away. My father then did an enormous liquid poo, however he was very immobile and no one came to remove it, his weight squashed the thing underneath him making a dreadful mess covering the bed and my father in disgusting liquid poo. Despite all the pain from having a broken pelvis, this was by far the most distressing thing that happened to him.”

My father again, different stay in hospital, his prostate cancer out of control, he was very nauseous and would vomit with little warning.

One nurse helpfully brought two containers for vomit, so that when one was being taken away there would always be an empty one there should he need to vomit again. However, this was forgotten at every change of shift so my father would have to ask, sometimes asking would work, sometimes it had no affect, and sometimes he would succeed in getting two containers only for the staff to forget again after a while.”

Karen talked about coordination of care

“I had an annoying cannula that got a kink in it early on that bleeped every half hour. ..it was removed to my relief and I enjoyed a sleep between blood pressure measuring, catheter measuring, blood taking etc.

Can nurses not time these so they get done altogether so a patient can sleep for a longer period of time before being awoken again?”

Julie’s stories demonstrated how simple missed care can cause distress

“My grandmother communicated by note pad and pen, both were always left within reach of her at the end of our visits. On subsequent visits these were often missing, leaving her unable to communicate with staff or her family. A small ask of the nursing staff to ensure a pen and pad were always there but one that had a huge impact on my grandmothers isolation.”

“Young’s stories were about assistance to go to the toilet, an essential care need

“This are very little steps but they all add up to gaining patient trust and patient dignity and contribute the marginal gains we are advocating”

Pam

“It is important that time spent in hospital, a stressful period in many peoples lives, is then not made more stressful, impacting on psychological health because of the small things that are or are not done”

Julie

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