"Engaged, empowered staff are the key to better patient care"

The Point of Care started in 2006 with a story – well, two stories actually. The mothers of two of my friends, both in their late 80s, were admitted to hospital, one after a fall at home, the other with suspected community-acquired pneumonia. The hospitals were different but their stories were virtually identical.

Both women were widows who had been living full, independent lives in their own homes. Both were in hospital for seven weeks, and during that time they became progressively more sick, more dependent, more disorientated, more anxious and more fearful. They were both eventually discharged home but neither recovered her former life. They had both taken a step down – they were more frail and less confident, and were not able to get back what they had lost in hospital.

Bad things had happened to both women: they were moved many times, one of them had C difficile and the other endured three days of severe pain from impacted faeces. But, their daughters said, the worst thing for them was feeling there was no one they could trust to look out for their mother, to make sure she was safe and cared for properly. When we talked about their mothers' experiences we asked ourselves: "why is it like this?" "How did we get to this place where hospitals feel like huge systems in which ordinary ways of relating, human values and emotions are overlooked?"

The Point of Care Foundation grew from these and other stories – and from wanting to make a difference. The first phase of the work took place at the King’s Fund, where Joanna Goodrich and I researched and published work on two related questions: what do we know about patients’ experience in hospital? Are there any effective methods of protecting patients inside these systems and improving their experience of care that are supported by good research evidence?

Last year the programme at the King’s Fund ended; the Point of Care Foundation is now an independent charity. Our mission is to find and promote effective methods for improving patients’ experience of care by influencing policy makers, disseminating what we know about the methods that work and helping organisations on the ground to apply them. The strength of evidence that staff experience and patient experience are related has encouraged us to widen our focus. We have just published our report on this topic – Staff Care: How to Engage Staff in the NHS and Why it Matters (The Point of Care Foundation, 2014).

We start from the perspective of the patient and our interest is in improving aspects of care involving anyone patients interact with – nurses, doctors, therapists, managers or non-clinical support staff. Our work so far has been mainly with acute hospitals and a few hospices. However, we believe the same problems occur in mental health, primary care and community services, and we are planning to extend to those areas.

Jocelyn Cornwell is director, The Point of Care Foundation

Reference
The Point of Care Foundation (2014) Staff Care: How to Engage Staff in the NHS and Why it Matters. tinyurl.com/PCF-StaffCare

We all need to be aware of the threat of rabies

Living on an island that has been rabies-free for more than 100 years has likely lulled many UK residents into thinking the disease is not much of a threat. However, rabies is endemic in more than 100 countries and many are popular holiday destinations.

A chilling fact about rabies is that it has the highest fatality rate per case of any known infectious disease. Once symptoms have developed the infection cannot be cured – death is inevitable. Better news is there are two lines of defence: pre-exposure vaccination and post-exposure treatment that, if delivered promptly, will prevent the infection taking hold.

Our article (page 16) details the risks, prognosis and prevention. Anyone going abroad must know the risks and what to do if they may have been infected. Living on an island only protects you if you never leave it.

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