

## Frequently Asked Questions

**Q. Why should patients be asked questions about how safe they feel and can they add anything to what staff already know?**

**A.** There is plenty of evidence to indicate that patients can provide unique insights into their patient safety needs, and that staff benefit from hearing these. We have put together a compilation of the extensive research evidence underpinning PRASE here [\(link to word doc – get latest from Gemma\)](#).

**Q. Who can administer the PMOS questionnaires?**

**A.** In the past feedback has been collected in hospitals by volunteers, or by health care students. Both have been very effective. Because of pandemic-related infection control measures in healthcare settings, access to patients by anyone who is not staff, is currently very restricted. Volunteers are therefore unlikely to be able to collect this feedback for the foreseeable future. Other staff groups could fulfil this role but it is important that are seen by the patients as independent to the staff delivering their care. Staff could come from teams related to Patient Experience or Quality Improvement, or from neighbouring departments.

**Q. How and where is the feedback collected?**

**A.** At the patient's side, manually or using electronic devices (survey monkey works well). Facilitation and a conversational approach leads to the best response rates and the highest quality of feedback and patients often enjoy the chance to talk.

**Q. Has PRASE been used in any settings other than with in-patients in hospitals?**

**A.** Yes. This feedback has been collected in Emergency Departments, in General Practice, and most recently from residents of care homes for adults with learning disabilities.

**Q. How should questionnaire data be analysed, and reports produced?**

A. This is a very important point that needs proper consideration before feedback is collected because there is little point having lots of data if staff cannot view it and understand it easily. Whoever is working with PRASE will therefore need the support of a specialist data analyst who can develop an analytical tool that works within a particular organisation. We can provide an example of the format of report that works well (see example above). Our analyst used the 'R' software package to produce this but every Trust has their own data analyst tools and software.

**Q. Can PRASE be used at scale across whole organisations?**

A. The philosophy behind PRASE is one of staff engagement and support, and not data collection for its own sake. We know from many years of research and improvement of healthcare services that the hardest part of improving safety is not collecting data, but responding with changes at the frontline. We would therefore recommend starting small and working with individual teams of staff to ensure they are engaged, willing and able to receive and respond to the feedback, before considering any large-scale 'roll-outs'. It is the ethos of PRASE that feedback remains the property of the teams themselves and not for organisational purposes of audit or comparisons between clinical areas.

**Q. Can the Improvement Academy provide support to implement PRASE?**

A. The IA offers a range of wider support packages for Quality Improvement in NHS Trusts that could include PRASE. Please contact [Academy@yhia.nhs.uk](mailto:Academy@yhia.nhs.uk) for more information and a discussion about how best to meet your specific needs.