

## Partners in Care – case study

---

### ED patient experience from the front door to seeing the first treating clinician

#### Context

We all worry about our patients in the waiting room. The 94 year-old man sitting quietly in a wheelchair in the waiting room. He has a rug on his lap because it is a cold morning. He fell overnight landing beside his bed and couldn't get up. His daughter went to visit and found him on the floor covered in excrement. He managed to pull the bedspread over him to keep warm. She showered him and took him to his GP.



The GP referred him to the Emergency Department (ED) for assessment. He was triaged and placed in the waiting room. It won't be long until he gets a bed. Now four hours later, uncomplaining, there he sits, still in the wheelchair. His daughter had to leave to attend to other tasks. She doesn't complain or enquire either. A different generation. You can see him. He is in your thoughts to bring in but other patients keep trumping him. Government targets, critical patients, departmental red flags. He is slightly slumped forward. He is patiently waiting. Doesn't want to make a fuss. Other people arrive. They must be sicker as they get rushed in. Five hours in the waiting room, he finally gets a bed. His diagnosis is a fractured Neck of Femur.

There he sat, uncomplaining for five hours. No-one spoke to this man because he was quietly, patiently, waiting. We know what we are doing. Let's change this. Come with us on a journey to listen to the patient's story. Let's change our practice. Let's help our patients.

In the ED here at MidCentral Health, our group have started work looking into the patient experience from their entrance through the front door until they see the first treating clinician. The group consists of two consumer representatives, an associate charge nurse, a senior nurse, a clerical representative, an ED consultant and a team member from Quality & Clinical Risk.

The concept for this project initially began when plans for a physical upgrade to the department were considered. Since the inception however, budgeting has been halted while the organisation undergoes a transition with a new CEO and governance review. However, when the time comes we will be able to provide a range of excellent learning that would contribute greatly to what would make a difference for patients and staff in the ED.

#### Aim

The project is continuing, with the team looking at what changes could be made to provide a better experience for patients, their families/whānau and for staff. Our task is to consider all

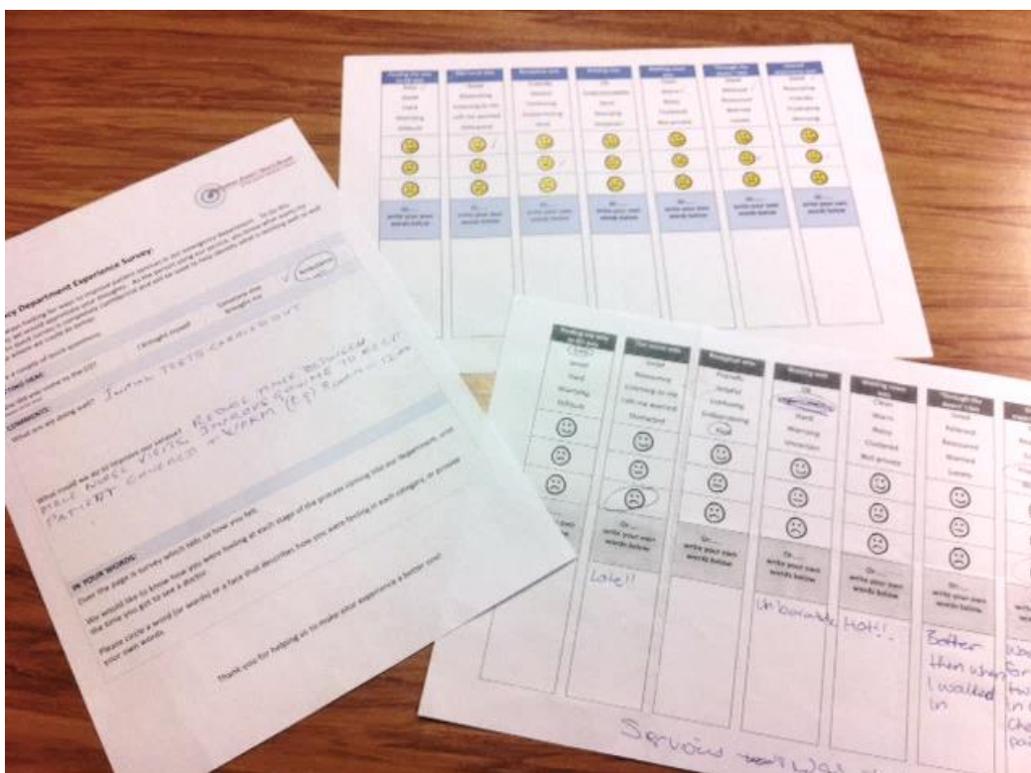
aspects of the journey, with an overall focus to minimise complaints received and any possibility of patient deterioration while in the waiting room.

## Capture

Through the different skills of team members, we captured experiences and data utilising the following capture tools.

### Patient Experience survey

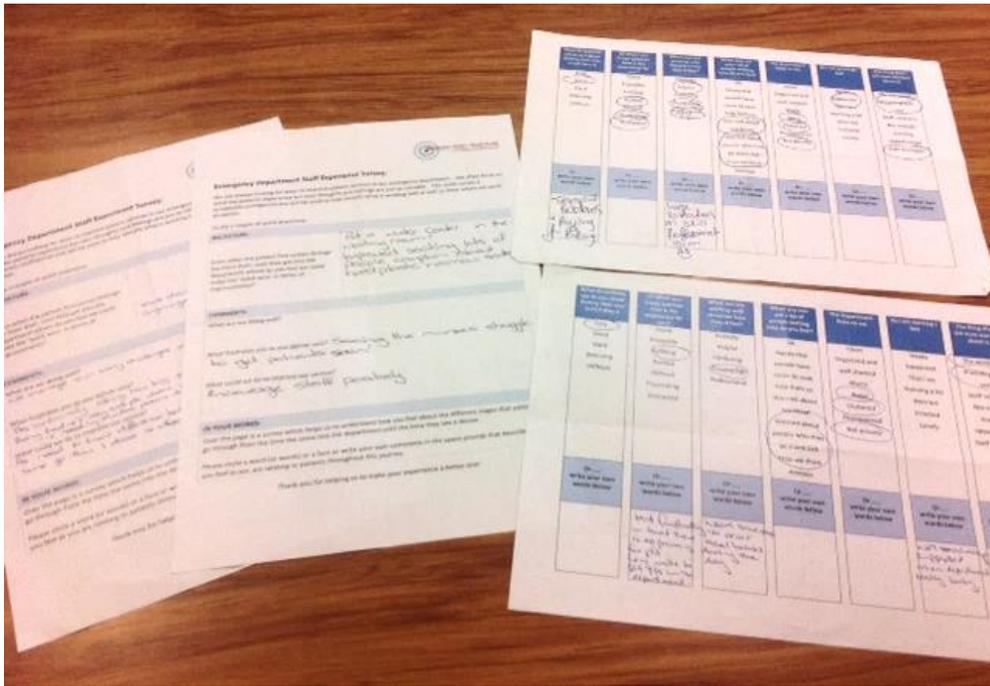
While trying to capture this experience we initially utilised the 'Friends of the Emergency Department' volunteers. However, this approach did not work well and we think it was because, at the time, patients were approached too early on in their journey. So we restarted the process and captured patient experience utilising the same tool, but having one of the staff team members approach patients once they had been attended within the ED. It seemed that at this stage, patients were more willing and capable to complete the survey. This proved more informative.



Example of the patient experience survey

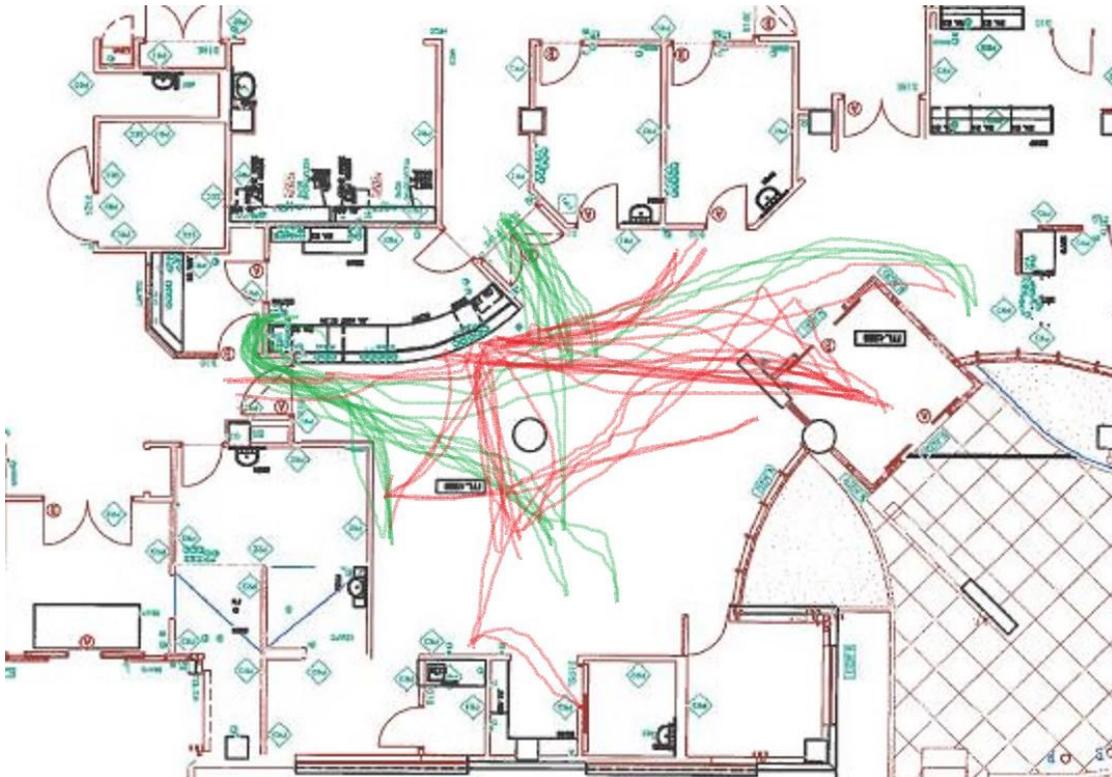
### Staff Experience survey

Following the capture of our patient experiences, we adapted the capture tool to seek staff experiences. This gave us some great insight into how the staff themselves were feeling. We saw comments such as 'Consult with GPs for patients who are here due to "no appts" at the GP' or 'I feel like I am forever apologising'. There were also some ideas for improvement, such as changing the trajectory of the security cameras in the waiting room, to enable the triage nurse to be able to monitor the whole waiting room from their desk space while completing documentation.



**Example of the staff experience survey**

As part of an observational study, we looked at staff and patient movement within the ED and mapped it using a Spaghetti diagram.



Here the green lines show staff movement and the red lines show patient movement taken over a two-hour timeframe. This illustrated the areas that are constantly used, and those areas which are very underused. This information will be helpful for any future redesign of the ED area.

We also captured some patient and staff stories and completed an observation study, where one of our consumer reps and a staff team member went and sat in the waiting room for two hours.

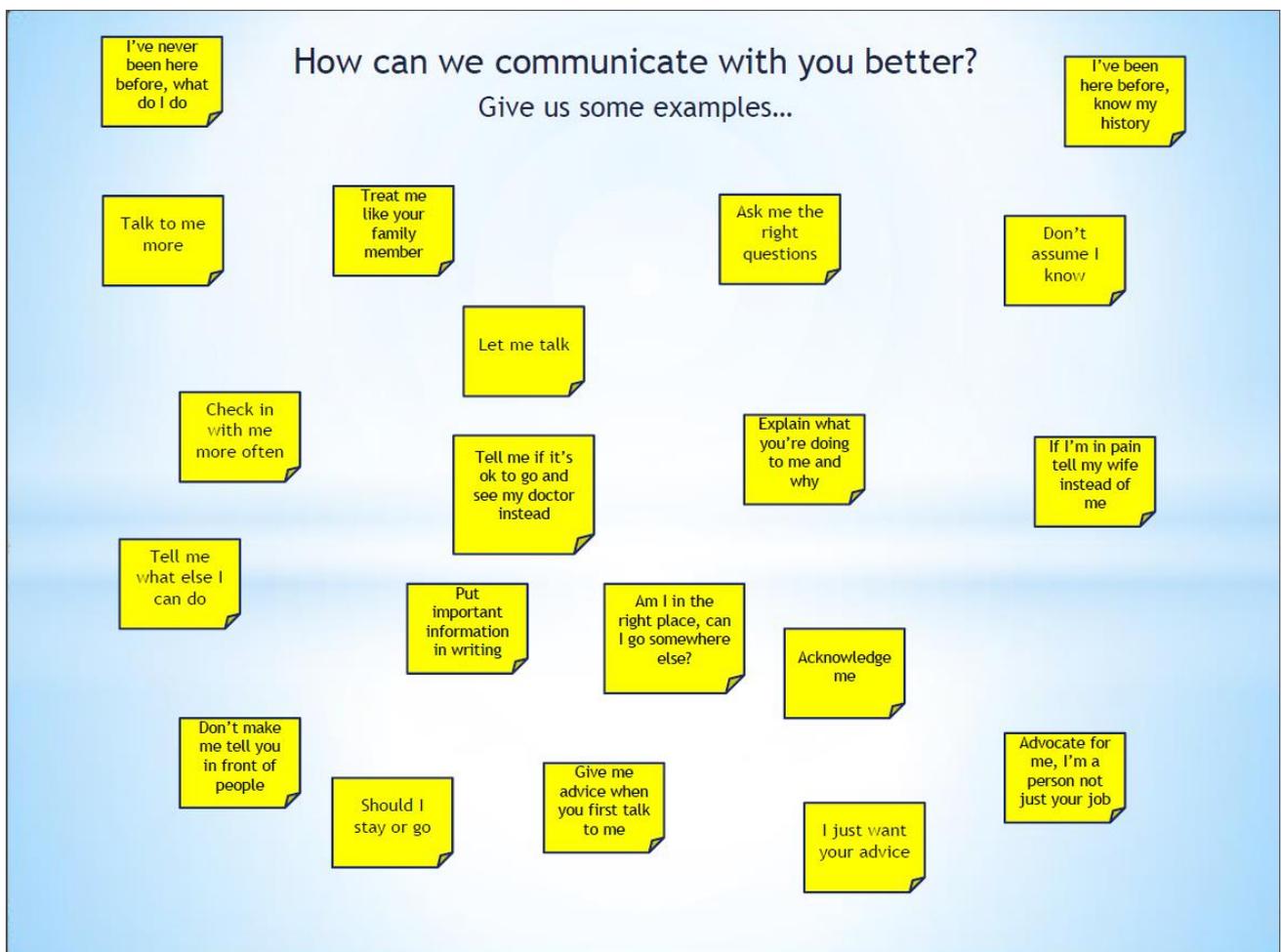


Patient story 1.docx



Consumer feedback - observation study.do

Following some of the initial experiences captured, one area for improvement that was identified as needing further exploration was the category of 'communication'. This gets highlighted often during projects as an area that could use improving, but we felt we needed some help from our patients and visitors as to what kind of things we could do practically to better communication in the waiting room. So one of our team members spent some time in the waiting room asking just that. The following diagram shows some of the responses.

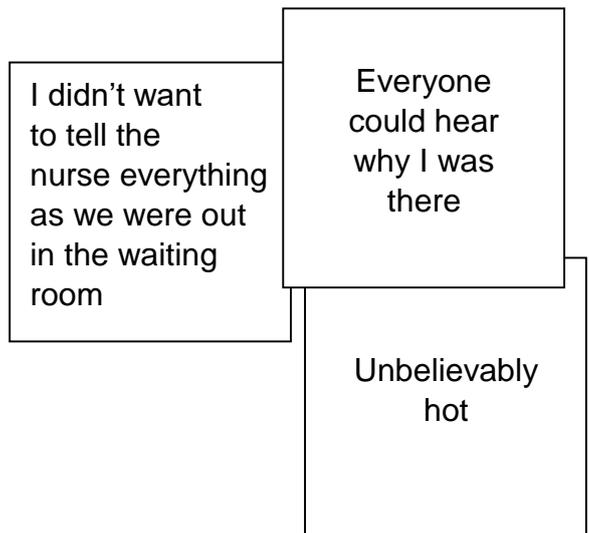
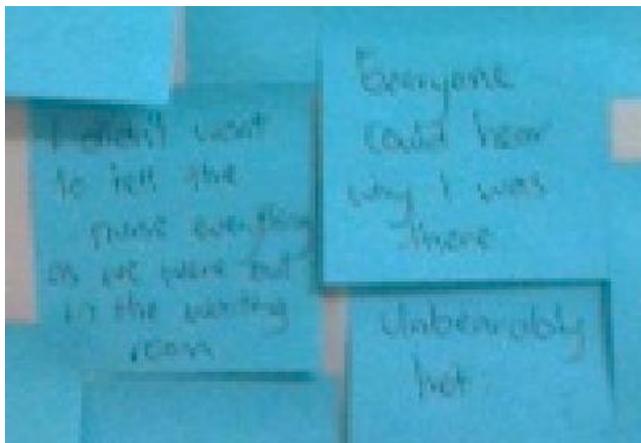


## Understand

As we progressed with different capture tools, we started to analyse the data and patient story results. We started by mapping our patient experiences.



Some of the detail we gained proved enlightening;



The groupings gave us a clear picture of where to start with our improvements.



## Improvement ideas:

1. Space organizing, seating – comfort, layout.
2. Improve Notices – toilets, refreshments – where to go?
3. Provide information about why people are waiting.
4. Vending machine – explore possibilities for healthy options/sandwiches, water cooler.
5. One rubbish bin – is it possible to provide more?
6. Children's/parents' space – provide more effective distractions for children and a space for parents to change/feed infants.
7. There is no clock in the waiting room – could one be provided?
8. Consider a digital display – information/number attending etc.
9. 'Out of Department' call back – the ability to leave a contact phone number to be called back when it's their turn to be seen.
10. Uniform meanings are not clear for the public – could there be a poster or handout explaining what each of the staff uniforms mean? (ie nurse/radiology/health care assistant etc)
11. There is a red security button to open the security door between the main hospital and emergency department waiting area – could the button be labelled so that patients know they can use it, not just staff?
12. Reception signs – make it clearer where to stand, who to give information to.
13. Consider a digital device so that patients/families can enter/update details (self-populating)?
14. Consider providing real time information about queues at City Doctors/The Palms/Kauri Health.
15. Seeing families together if more than one is registered.
16. Supporting patients who are not urgent and may wait a long time, by advising a time to return.
17. System falls over once procedures have been done – nurses perform x-rays/bloods to speed up the process, and then they wait. Can we fix this?
18. If clinically appropriate, liaise with patients' GPs when they present to see if they can be seen within the GP surgery rather than ED

## Improve

As we progressed the work we found that a busy ED and changes in staff have slowed the progress of our project group, so we have not yet been able to implement all the improvement ideas identified. However, work is currently underway on some initiatives. For example, co-developing a patient information sheet that staff can use in the waiting room with commonly asked information. Also, a space is being created for triage staff to give specific advice, such as *'Yes you can eat or drink while waiting to be seen'* or *'You are likely to have to wait until our minor works station opens at 1pm'*.

Service orders are being drawn up for items such as getting a clock in the waiting room, and we have had verbal confirmation that the chairs in our waiting room are to be replaced.

The project group will continue this work past the formal completion date of this programme. Key learnings for us have been as follows.

- Teams need to consider the amount of time required to capture effective data.
- This is an improvement project and therefore requires team members to have some of their time released to complete work and attend meetings.
- It would be helpful to identify a person who could assist with some of the administrative work and submit the workbooks.
- Working with consumers can be very advantageous, but as they volunteer their time, outside commitments can draw them away from being able to contribute.
- Make sure you take the time at the beginning to scope and clearly define what the project will entail, and make sure this is clearly defined for management.
- Just because an idea didn't work previously does not mean it can't be re-worked and tried again.

## **Working as a co-design team**

The team worked well within the constraints of their roles and outside commitments. We often found it easier breaking off into smaller groups to complete work and making use of emails to progress ideas and pieces of work. Release time to attend meetings and complete work was offered, but planning around shift work proved difficult. Working with our consumer representatives proved very successful with one of our consumers being very proactive and providing great insight for the team. A difficulty with consumer involvement was working with their outside commitments, and at times we made use of approaching individual consumers for their one-off opinions to enable us to progress work.

## **Measure**

As this project is ongoing, we have not progressed to the measure phase. We have however gathered ideas on how measurement could occur. Some examples identified so far are as follows.

- Use of 'before and after' photographs of the physical environment in the emergency department waiting room.
- Re-capture patient experience and feedback.
- Monitor complaints received for ED through the organisation's customer relations team.
- Re-capture staff experience to signal improvement progress.

## Names, email addresses, organisation and DHB of team members

Name	Role	E-mail address	Organisation or DHB
John Hannifin	Consumer rep	<a href="mailto:johnmarg@handg.co.nz">johnmarg@handg.co.nz</a>	MidCentral DHB
Joel Krakosky			MidCentral DHB
Butheyana Abdelhameed			MidCentral DHB
Rachel Regan			MidCentral DHB
Lee Welch		<a href="mailto:lee.welch@midcentraldhb.govt.nz">lee.welch@midcentraldhb.govt.nz</a>	MidCentral DHB
Tanya Gulbransen			MidCentral DHB
Richard Karipa	Consumer rep		MidCentral DHB