

Partners in Care – case study

NMDHB Radiology Service Improvement Initiative

Context

Nelson Marlborough DHB embarked upon a Ministry of Health National Radiology Service Improvement Initiative (NRSII) at the start of 2015. This initiative was wide ranging, but included a remit to improve the patients' experience of the service. Fortunately, the Health Quality & Safety Commission and Ko Awatea were running their Co-Design programme at the same time!

As the NRSII project was in progress, we managed to get representation from the service manager, radiologist, medical radiation technologist (MRT), nursing and administration areas who were based at the Nelson hospital site.



The Radiology Co-Design Project Team!

Aim

Along with the overarching aim to improve patients' experience while in the radiology department, our clinical head of department (Dr Thomas Bryant) was keen to use co-design and experience-based surveys instead of the previous (standard type) of surveys we have used in the past. We hoped that this would give us a clearer picture of how we could change processes in collaboration with our patients.

Engage

Our initial strategy was to connect with consumers who had multiple experiences within our radiology service. We contacted five people and invited them to join the co-design workshop. Unfortunately, only one was able to join as the others either had work commitments or were too unwell. Following the workshop, the person who did join has not been able to continue to work with us due to other commitments. After a rethink we decided to continue to link with consumers specifically during the phase of capturing experiences.

Capture

Our initial approach was to use the Experienced Base Questionnaire with categories tailored to the main process steps in radiology. To get the surveys completed, we spoke to staff at our weekly staff meetings regarding what had been discussed in workshops and web sessions and what we hope to achieve. The MRTs were willing to give out the experience surveys after it was explained to them how patients are to fill the surveys out. We issued approximately 50 questionnaires and received 35 completed forms.

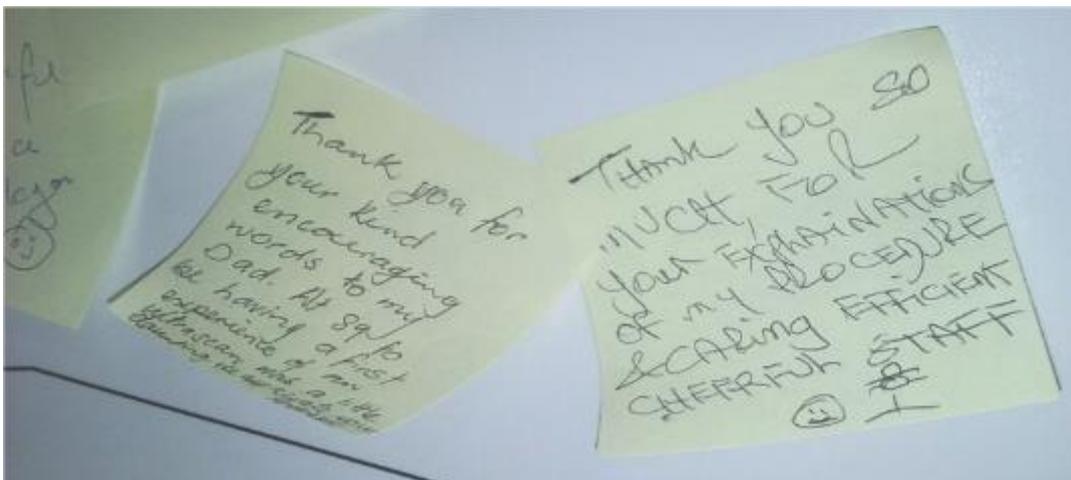
Arriving/ Checking In	Information	Waiting	Going to Theatre	Recovery	Check Ups	Leaving
happy	happy	happy	happy	happy	happy	happy
supported	supported	supported	supported	supported	supported	supported
safe	safe	safe	safe	safe	safe	safe
good	good	good	good	good	good	good
comfortable	comfortable	comfortable	comfortable	comfortable	comfortable	comfortable
in pain	in pain	in pain	in pain	in pain	in pain	in pain
worried	worried	worried	worried	worried	worried	worried
lonely	lonely	lonely	lonely	lonely	lonely	lonely
sad	sad	sad	sad	sad	sad	sad
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here
		Felt I took up valuable resources for longer than I needed to				
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here
The service provided by your staff was excellent. Couldn't fault it.						

An example of a completed experienced based questionnaire

In addition to the experience survey, we invited general feedback from people who came into our waiting area.



Team Poster in the waiting area gets lots of feedback ...mostly positive!



Close up of some comments.

Following the receipt of the surveys and the posters in the waiting area, we collated the results into positive and negative comments on a process map (see below).



We also put our survey process map on the wall in a corridor for all staff to look at, and we fed back to staff the results of the survey.



We originally asked only those patients who have multiple radiology appointments ('frequent fliers') to assist us, but later opened it up to all patients who were willing to discuss their experiences and would be interested in helping us further.

Comments from patients who had paid special attention to how they actually felt at different stages of the journey added to the process map.

Understand

Overall the feedback we have received has been positive – our department is doing well. We were encouraged by the willingness of both the staff and patients to provide comments.

Some of the department staff (not in the co-design team) reviewed the experience questionnaire mapping results. Pink/Red indicated positive comments, and blue indicated negative comments. It was a great visual aide/'pat on the back' for the staff to read what patients said about the services they have received, and for staff to see they are doing a great job.

Additionally, the feedback words were collated in Excel and entered into the online tool called Wordle. (<http://www.wordle.net/>) This results in a nice graphical representation of frequently used words. The larger the word, the more times it was used.



On reflection, next time we undertake this type of exploration we would start our process steps earlier – that is, from when patients are referred to us rather than from when we send the appointment to them. We didn't think about this until we started mapping the responses, but this additional information would provide us with a more complete understanding of the patient's journey experience.

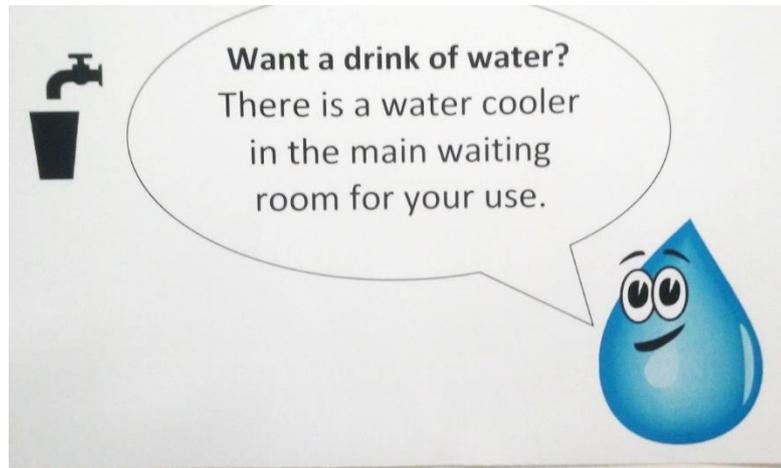
Improve

The majority of our feedback has been positive but not all, giving us actionable improvement tasks along the way.

We received some comments about the range of magazines available in the waiting room and these were thought by some patients to be enjoyed more by women. One improvement followed a request for 'blokey' magazines.



Request for drinks in one of our smaller waiting areas highlighted that patients may not know there is a water cooler just down the corridor. So we have put a notice up about it in the waiting room (as unfortunately the room was not a large enough area for its own water cooler).



Working as a co-design team

The whole process has been enlightening for those involved. It has changed the department's approach to seeking feedback and delivering change. During the initial stages of the programme we found ourselves discussing what we thought would be best for patients; only after a while did we change our attitude and let the feedback/consumers do the talking! Overall, it was a very worthwhile programme that will shape our department going forward.

Measure

As the majority of feedback was positive, it is hard to quantify the improvements we have made aside from improving the selection of reading material and improving signage for the water cooler.

One of the ways we aim to demonstrate an improvement in the feedback comments is to log the post-it comments on a monthly basis, so that we can see how the tone/type of comments change over time.

Additionally, we will monitor the quantity of negative comments to see if this shows an improving trend.

Lessons Learnt

- Although our staff frequently take time to have discussions with patients to better understand their concerns, the co-design initiative has emphasised the importance of documenting this using the easy-to-use experienced based questionnaire, giving us something tangible to work with.
- Though the changes we have actually made seem small and perhaps trivial, the ability to make the change and demonstrate it to both patients and staff fosters a positive environment in the department.

- Next time we would like to broaden our process steps in the experience survey to start from when patients are first referred to us, and will also include this when we speak to/interview our group of patients further.
- The visible progress we have made with small changes makes larger changes seem more achievable, and in fact are more achievable.

Next Steps

The team aims to incorporate co-design into business as usual. Some of the next steps we have identified are:

- We have decided to focus the next phase by looking at recent complaints regarding CT Colonography, which are known to be invasive and often uncomfortable procedures.
- We have planned a selection of 10 patients to speak to retrospectively using the experience questionnaire as a capture tool. These are initially planned to be carried out via telephone with possible face-to-face interviews if appropriate.
- On our post-it note feedback we have noticed an emerging theme of suggestions about waiting room furniture. To progress the work, we are asking for further feedback from patients, see below.



Post-it notes show emerging themes!



Post-it notes: Themes explored!

Any changes to furniture will be dependent upon funding and approval. We are investigating charitable funding sources.

Names, email addresses, organisation and DHB of team members

Name	Role	E-mail address	Organisation or DHB
Jane Besley	CNM	Jane.Besley@nmhs.govt.nz	NMDHB
Shona Niven	Grade MRT/ Team Leader	Shona.Niven@nmhs.govt.nz	NMDHB
Dr. Thomas Bryant	Clinical Head of Department/ Radiologist	Thomas.Bryant@nmhs.govt.nz	NMDHB
Nicole Allen	Office Manager	Nicole.Allen@nmdhb.govt.nz	NMDHB
Rachel Smith	MRT/ Quality Facilitator	Rachel.Smith2@nmdhb.govt.nz	NMDHB
Tom Wheatley	Project Manger	Tom.Wheatley@nmdhb.govt.nz	NMDHB contractor
Pat Davidsen	Service Manager – Specialist Services	Pat.Davidsen@nmhs.govt.nz	NMDHB