

Partners in Care case study: Improving the patient journey with better communication (Northland District Health Board)

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Context

Smooth transitions throughout the care journey are important to ensure patients referred to the District Nursing Service (DNS) in Whangarei, Northland, have a positive experience of care. Achieving this requires partners in care to be well informed. Effective communication between the referrer, the referral receiver and the patient and their family or caregiver is imperative.

The Whangarei DNS receives 20 referrals on average per day. The service covers a large geographical area and delivers care at patients' homes and in a clinic setting. The DNS is a nurse-led service. Between 10 and 15 registered nurses deliver wound care, catheter management, home intravenous therapy, stoma therapy and continence services. The service's aim is to enable early discharge from hospital, prevent avoidable hospital admissions and provide interim services during the patient journey from secondary to primary health care services.

The patient journey needs a smooth pathway to transition across the care continuum.

Aim

Our aim was to establish a robust referral process which ensures our patients are referred appropriately with the right information, at the right time and to the right health care provider.

To achieve this, we used an approach that would help us really understand the experiences of patients who received this service and of staff delivering the service. This approach had four main phases – capturing experience, understanding the data gathered, improving, and measuring or reflecting on the difference the intervention made.

Capture

We approached our capture phase with four different methods so we could understand the current service from different perspectives and engage many consumers:

- mapping sessions – staff and consumer groups
- patient experience questionnaire
- story collection – telephone, face to face and written
- simple one-word survey.

The mapping session was conceived initially by a small working party of staff and consumers to establish the key steps in the patient referral process. We identified pre-referral, first contact, first visit, subsequent visits, referrals to other services and discharge as the key steps. The steps were written on a large piece of paper and displayed in the DNS office for the wider group of staff to contribute their thoughts and ideas using sticky notes. Every staff member was asked to contribute at least one bullet point which would describe something about a step or the process as a whole. Some staff were very enthusiastic, and they were encouraged to contribute freely. We replicated the process with a consumer group of three patients and caregivers, with two DNS representatives. Finally the results of the mapping sessions by staff and consumers were compared for themes and we specifically noted themes that needed to be explored further.

We reviewed and adapted a patient experience questionnaire which was developed by the NHS in the UK.¹ The original version was too broad to get rich data on how consumers felt about our service. It was fine-tuned to reflect a portion of the service where the transition from secondary care to the DNS was made.

The mapping sessions and patient experience questionnaire revealed touch points we wanted to explore in more depth. These included how patients experienced the process of entry to our service, how it made them feel and whether their needs were being met during the process. We collected stories and developed a survey to capture more information about these touch points.

We used various methods to collect stories. The engagement was excellent. Our consumers were willing to participate, and they shared stories freely. Some wrote them down, some talked to us by telephone and some were able to utilise their caregivers, family and whānau to convey the messages. We used open-ended questions to ensure we captured all and any commentary.

The survey method we used was a board with a self-explaining poster encouraging 'a word' or 'a sentence' to summarise how the consumer felt immediately after a clinic visit. This was then formulated into 'Wordles' (word cloud images which give greater prominence to words that appear more frequently in the collection: source www.Wordle.com). The Wordles were displayed next to the poster. This acted as feedback and provided ongoing encouragement for people to share their feelings, which were included and displayed in future Wordles.

Understand

The mapping session, patient experience questionnaire and story collection highlighted patterns in the referral process, such as lack of continuity of district nurses (DNs), poor communication and the lack of effective communication between other health care professionals and multidisciplinary teams.

The overarching theme was poor communication. Consumers said:

'Messages were not passed on.'

'Not all of the nurses phoned before they came.'

'I felt frustrated.'

'A different nurse each time and they have different ideas.'

'The older generation don't want to be a nuisance and just wait and worry.'

'Some nurses rush in and rush out.'

'They didn't always follow the care plan.'

'I don't think they read the notes.'

'At times I feel the nurses don't supervise the students enough.'

Patients identified a lack of early information about what DNs could do for them and how they could access other services to meet ongoing needs.

In addition, an issue of supplies and of products was evident. Consumers could see a gap in levels of practice among different nurses and in nurses' organisational or management skills.

A previous change in practice of reducing phone calling prior to visiting was shown not to be useful for the consumer. This practice ceased and the pre-visit phone call has been reinstated.

Improve

During this phase we worked on how to improve the overarching theme of communication identified during our previous processes. A small number of specific areas were identified for action:

- Education was provided about the detail of services the DNS is, and is not able to provide. This supports appropriate referrals being made to the service.
- Staff phone patients prior to any visit to ensure they are available and give them time to prepare for the visit (eg, shower, pain relief).
- Improved communication between provider (eg, the DN) and the consumer, and between providers (eg, DNS and GP Services), to ensure all have a good understanding of the care needed and being provided.
- Ensure products and resources are available.
- Provide education about self-management, self-care and expectations of patient condition/needs.
- Supportive current written resources need to be available.

A major theme was that patients were confused about what to expect from the DNs. We agreed we needed to improve access and appropriateness and transparency of what the DNs could provide. To achieve this, a patient information leaflet was redesigned with input from current consumers of the DNS. The co-design of the patient information pamphlet ensured the literacy and content were targeted to patients' needs and levels of understanding. We made the pamphlet more user-friendly by increasing the font size, adding a contact phone number where consumers felt it was needed (after the bullet regarding cancellation of appointments) and changing the wording to make it clearer what DNs can do

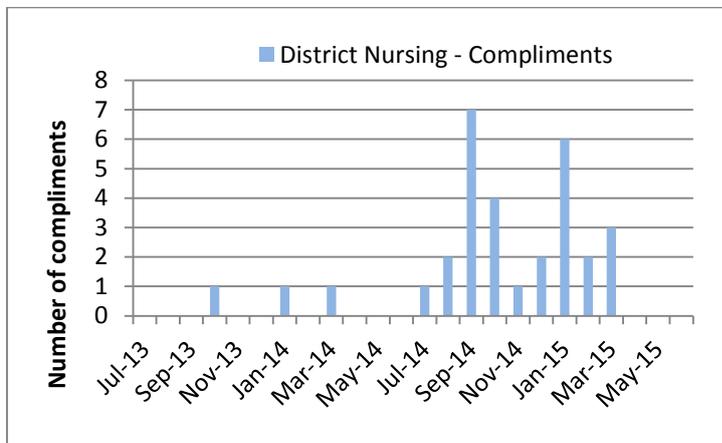
and encourage appropriate use of the DNs. The consumers were concerned about safety of nurses and supported a bullet point to state abuse will not be tolerated.

Measure

The pamphlet was a good accompaniment with the recently revamped entry and transition of care criteria, which the DNS distributed to health care professionals around the DHB.

Our focus on providing the right patient care to our consumers has had a positive effect on our workload management planning. We use a primary nursing model. The information will be shared prior to the contact with the DNS to help our consumers understand what they can expect from us.

As a side measure, we have seen an increase in patient compliments over a period of time, as the graph below shows.



Inappropriate referrals are sent back to the referrer, requesting more information or declined with information about why it is considered inappropriate (the referral process and request for further information are attached below).



declined referral & ETC flowchart.pdf



ACC request further info.pdf

Working as a co-design team

The co-design approach was enlightening for us. We were able to understand consumer experiences, needs and ongoing concerns. It allowed consumers to tell us what worked well along as well as what needed improving. We have harnessed the 'what worked well' information so we can continue the positive aspects of our service.

¹ NHS Institute for Innovation and Improvement. 2009. *The EBD Approach*. Coventry, UK: NHS Institute for Innovation and Improvement.

FAX

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau



To:	
From:	DISTRICT NURSING SERVICE, WHANGAREI
Subject:	Declined Referral
Date:	

We acknowledge receipt of the attached referral

Attach patient label here

However this patient does not meet the criteria for entry and transfer of care to the District Nursing Service.

Please refer this patient to their primary health care provider for ongoing care.

Yours Sincerely

Phone: (09) 430 4101 Ext.7952 Fax: (09) 430 8065

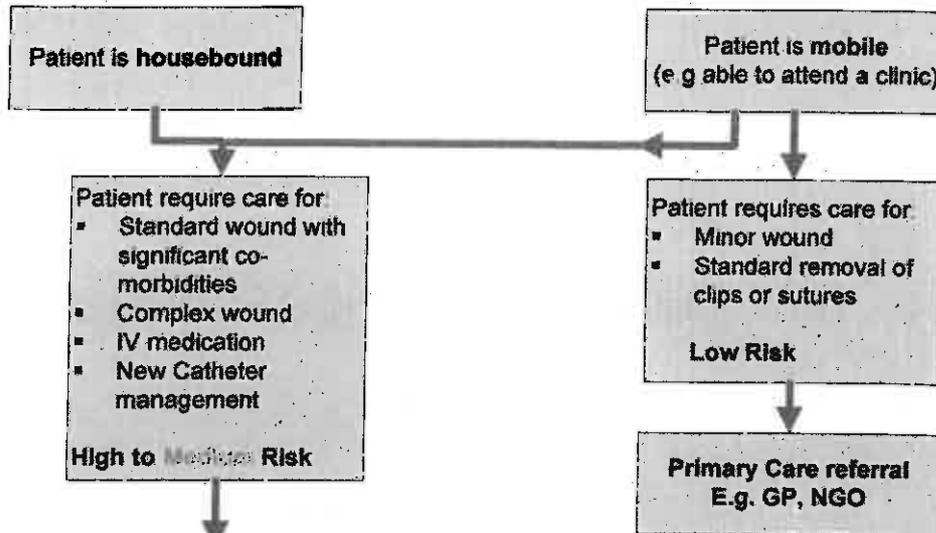
District Nursing Service, Private Bag 7492, Whangarei 0148, New Zealand

www.northlanddnhb.org.nz

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NDHB District Nursing Service Referral Process



N.B.

DNS requires a least 24 hr notice of date of discharge
Referrals **MUST** be received **PRIOR** to 1500 for next day service

Low Risk

Patient can access GP, with equipment and supplies can self care with/ without family support
DNS will provide phone contact within 48 hr and face to face contact within 5 working days

Medium Risk

Patient is Housebound due to health issue, where patient/family/ caregiver can contribute significantly in care
DNS will provide phone contact within 24 hours and Face to face contact within 2 working days

High Risk

Patient is Housebound due to health related issues and needs nursing or specialised DN care that is not provided by other health professionals AND failure to provide service may result in rehospitalisation
DNS will provide phone or face to face contact within 1 working day
NB. Referrals received after 1500 may not receive next day visit

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FAX

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ō Rohe O Te Tai Tokerau



To:

From: District Nursing, Whangarei

Fax No: 09 430 8065

Date:

No of pages (including coversheet): 1

Subject: Further information required

Urgent:

 Y

Thank you for your referral, can you please return the identified information which is missing on the referral:

ACC Number

Date of Injury

Medical History

Reason for Referral

Duration or length of time of wound

Clearly Documented Referrer/Contact Details

Many thanks

District Nurse

Phone: (09) 430 4101 ext 7952 Fax: (09) 430 8065- District Nursing, Private Bag 9742, Whangarei 0148

New Zealand

www.northlanddhb.org.nz

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