Partners in Care case study: Outpatient hysteroscopy service makes the difference (by Waikato District Health Board)

Context

In 2015, the Partners in Care programme offered Waikato Hospital the chance to engage our consumers in the development of a new outpatient hysteroscopy service (OHS).

Traditionally, hysteroscopy cases at Waikato Hospital are conducted under general anaesthetic in the main theatre. However, the availability and affordability of light endo-cameras has made it possible to include hysteroscopy as an outpatient service.

A team of nurses and specialist gynaecologists in our women's health clinics (WHC) participated in the project, which aimed to capture and understand how patients and their families/whānau experience the current hysteroscopy service throughout the patient journey and how a quality, person-centred patient journey could be developed for an outpatient service.

There is evidence hysteroscopy can be carried out safely in the outpatient setting with increased patient satisfaction.[1] Auckland, Green Lane, Middlemore and Christchurch hospitals currently perform outpatient hysteroscopy. Also, many private sector gynaecologists in the Waikato region, such as Fertility Associates, perform hysteroscopy in their private rooms in the outpatient setting.

Several factors provide the drive for the development of an outpatient hysteroscopy service:

- patient demand and need for choice and quality service delivery
- wait times for theatre utilisation
- the value added to theatre by removing hysteroscopy cases from the theatre list. The removal of these cases from theatre will provide the opportunity to improve patient access to the outpatient service and theatre time availability for more time-consuming procedures. It will also reduce the risk of not meeting Ministry of Health (MoH) wait list time targets and incurring costs related to outsourcing these minor cases as a means of wait list control.

[1] Kremer C, Duffy S, Moroney M. 2000. Patient satisfaction with outpatient hysteroscopy versus day case hysteroscopy: randomised controlled trial. *BMJ* 320: 279. doi: http://dx.doi.org/10.1136/bmj.320.7230.279.

Aims

The project team wanted to develop a process to ensure consistent engagement with the patient and their family/whānau during their journey through an outpatient setting.

The project aims were to:

- better understand consumers' journeys through our hysteroscopy service
- improve the quality of the patient experience and access to the service
- create a 'future state experience' map to inform the development of a new outpatient hysteroscopy service
- support the MoH wait time target of less than 65 days from referral to diagnosis.

Capture

Enrolment/Patient story

We identified our consumer by accessing the old elective hysteroscopy theatre lists and calling those patients to ask if they would like to be part of the project. One consumer agreed to take part.

Following our Partners in Care orientation day, we arranged a number of appointments with our consumer, at her convenience, to explore her journey. To capture her experience, we used a range of tools and methods we learnt about at orientation.

- Listening – we began by listening and recording the story of the consumer's journey through the inpatient hysteroscopy service. We learnt the correspondence we send to patients was not easy to understand. We were able to radically improve this area through co-design (see below on how we did this).
- Video shadowing – we used video to record the consumer's journey from the carpark to the WHC outpatient department. This enabled us to see the patient journey through consumers' eyes. It highlighted the gaps and improvements that could be made to the current state along with identifying the opportunities for improvement with the future state design.
- Experience-based questionnaire – we developed an experience-based questionnaire to gather information from 20 consumers about their emotional connections with the current hysteroscopy service.

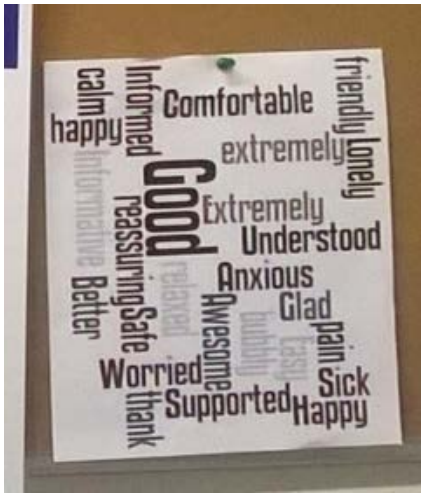
We first tried to gather data by sending the questionnaire to patients scheduled for theatre with other information relating to their surgery date. We thought consumers could bring the questionnaire in with them on their day of surgery, and complete it as they went through the service. However, we had no responses.

We then tried phoning consumers who were coming into the service to invite them to be part of the survey. We gave verbal instructions about the questionnaire, then posted out written instructions in the form of a letter to accompany the questionnaire, to explain and guide consumers in completing it. Once again, we had no responses.

We decided to gather the data in a different way and went to the day of surgical admissions (DOSA) unit, which consumers attend prior to surgery. We asked the nursing team for their

support in gathering the data. The preoperative nurses agreed to provide and explain the experience questionnaire sheet to consumers on admission. The postoperative nurses agreed to help consumers complete the questionnaire before discharge, if necessary. They also sent the data to our project group. As a result, we gathered 20 completed questionnaires for analysis.

Following analysis, the results from the questionnaires were displayed in a 'Wordle' (see www.wordle.com). A Wordle is a visual tool which helps to collate emotions in the form of a word cloud. The most commonly used words appear larger. 'Good' was the word most frequently used to describe the existing service.



We shared the questionnaire findings with the DOSA team so they could better understand consumers' experiences of their service. We also displayed the findings on the patient information board in the WHC reception area. This was a good way to show consumers we were listening to their feedback.

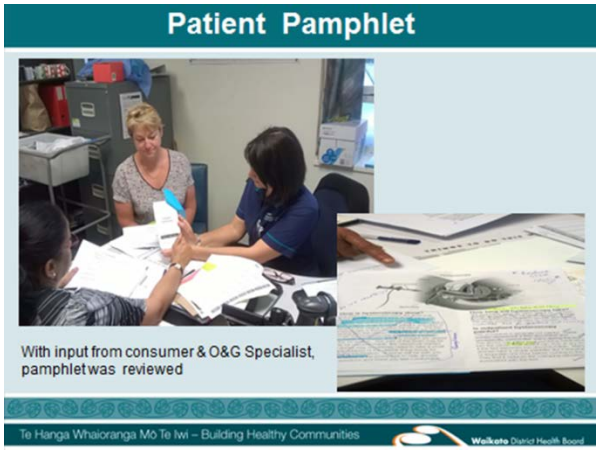
Understand through process mapping

We mapped the consumer journey through the existing hysteroscopy service on a ‘value stream’ map. Then we discussed each step and asked our consumer how it could be improved. In this way, we defined the consumer’s view of a pathway for the future state process. We discussed the proposed patient journey through the new outpatient hysteroscopy service and tested it, using video to capture it through the consumer’s eyes. The discussion and mapping helped us put all the information gathered into context. The mapping sessions helped us identify how we could improve the patient journey with the development of the outpatient service. This is still work in progress.

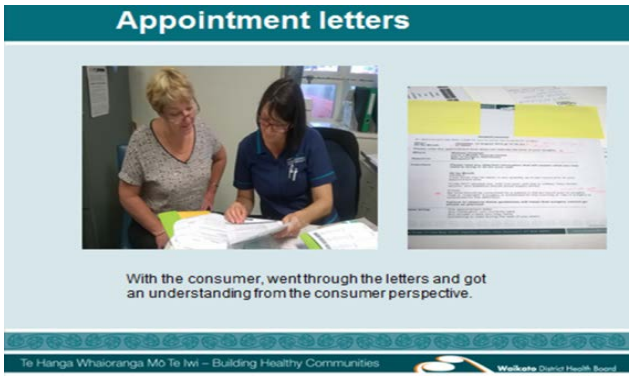
Improve through co-design

By capturing consumer experiences, several areas for improvement became clear, including patient information pamphlets and admission letters.

The consumer, charge nurse and quality coordinator met to develop a patient-focused information pamphlet. We provided them with examples of pamphlets from hospitals that provide outpatient hysteroscopy. The consumer gave feedback to the group about her understanding of these and recommendations for a patient-focused pamphlet. We shared her thoughts with staff in the WHC and clinicians. Several versions of the pamphlet were produced, and the consumer and our group evaluated all suggested changes. Together we arrived at a final version that is the product of co-design. It is a great improvement on the original.



By working closely with our consumer, we also quickly addressed the confusing admission letters. We corresponded with the authors of the original letter and improved the patient booking template letter system. The improved letter more clearly differentiates the date and time to come to the hospital from the time when the patient must no longer eat. It also clarifies advice about consulting a pre-admit nurse before taking medication and how long to avoid eating before surgery. This was previously unclear and confusing. The letter now includes a definition of what is considered to be food and what are fluids, as well as clearer advice about other restrictions.



Measure

The consumer engagement from the beginning of this project has improved the experience of consumers journeying through the hysteroscopy service, and will continue to do so.

Future service improvements may include the following:

- A group session 6–12 months post-implementation to discuss the service and the potential future improvements with patients, nurses, doctors and administration staff.
- Using the experience questionnaire to measure consumers' emotional journeys and comparing responses with previous findings.
- Looking at quantitative data measuring timeframes from referral to theatre/diagnosis under the current system verses the timeframes as an outpatient service.

Next steps

Our future aims for the service will be to reduce:

- wait times
- the number of consumers requiring general anaesthetic for hysteroscopy
- the main theatre list space leading to improved efficiency and use of theatre
- use of post-anaesthetic care unit and ward bed spaces.

Working as a co-design team

Co-design is a new concept for the WHC and its clinicians. The team welcomed the consumer and gained new understanding and knowledge from hearing her story and ideas. We have discovered opportunities and made improvements we could not have done if working as a staff team alone.

Others also value co-design approaches. The experience questionnaire has become a tool for wider teams to gather information about their services and identify gaps not ordinarily visible. The difference the questionnaire brings is that it asks how people feel at all stages of their journey; we are interested in their emotions all the way through. This can complement our existing processes, such as asking people about their experience face to face (which often feels hurried). The DOSA service has developed another experience questionnaire,

which social workers are using to establish the emotional thoughts and experiences of their patients/consumers.

This is the first project in our experience where the consumer has had this amount of engagement and influence over a service from the start. It has been very rewarding and those involved have developed skills that will continue to be useful.

We have made very satisfying, unexpected gains from assessing what we are doing, and realising why we aren't always successful. For example, we take for granted that patients understand the information we provide. We don't tie together how a lack of understanding impacts poor compliance or limits access to a service.

Using patient stories to demonstrate how patients' experiences could be improved can be very influential and foster a culture of continuous improvement that is truly patient-centric.

Our project team

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