

## Co-design Partners in Care case study

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### **Hutt Hospital Therapies Outpatients Project – Right Time, Right Place (Hutt Valley District Health Board)**

#### **Context**

For some years, consumers and staff have reported problems with the scheduling and completion of outpatient appointments.

Anecdotally, the project team all have stories of finding ‘lost’ people roaming around the corridors looking for where they are meant to be and redirecting them. This occurs every day as we go about our business around the hospital campus.

Initially we considered working with three areas within the outpatient service, but we reviewed the scope of this against the capacity of the project team and agreed to focus on one area, and then share our learning with others.

The team leader of the Therapies outpatient department was very supportive and agreed to host the co-design project.

This clinic was a good starting point. They run around five outpatient clinics within their department and staff were able to articulate a range of challenges.

#### **Aim**

This project aimed to improve the experience of people getting to their Therapies outpatient appointments at the right time and right place. This should contribute to outcomes such as optimal use of appointment time and a positive, stress-free experience for our service users.

#### **Engage**

Our initial engagement involved three services within the outpatient department before focussing on Therapies as a single area. Information about the project was initially sent by email, and followed with meetings where discussion was prompted by a range of pre-designed questions.

We spent time with the Māori and Pacific Health teams to ensure appropriate representation, and understanding of the needs of these cultures.

We engaged a consumer to work with us at the project level. She acted as a full member of the project team and brought valuable experience and wisdom to the project. In this role, our consumer provided expertise and credibility for engaging with other consumers. She contributed very well to the project planning and engagement by project meetings, and work/emails in between.

#### **Capture**

Anecdotal stories provided important initial insights into the challenges of ‘getting to outpatients’. Staff tell stories of patients who arrive, but don’t know where to register, so they take a seat and miss their appointment as clinicians are unaware they have arrived. This is complicated by the fact that there are at least four waiting areas within the department, which can cause confusion!

Consumers also reported numerous issues with how to find where to go, what is the best entry to use and where to park.

In addition to anecdotal stories, we used the following methods to capture and understand consumer and staff experiences:

- A written consumer survey in the Therapies waiting room (19 respondents).
- Consumer conversations (10 conversations).
- Therapies staff scaffold (sticky note exercise – figure 1), where staff provided opinions of the challenges from their point of view.
- Conversations with Therapies and other staff.
- A photographed walk-through of the hospital from each entrance to Therapies outpatients (figure 2).
- Reviewing patient complaints/suggestions.



Figure 1

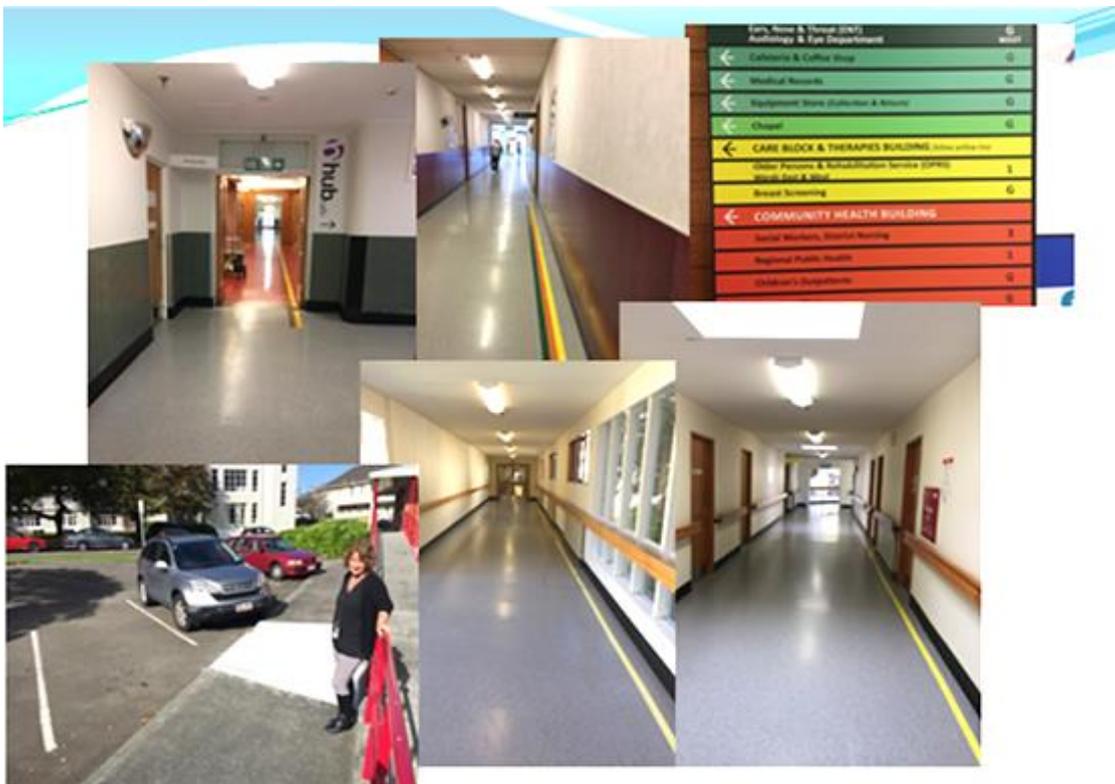


Figure 2

## Understand

The data we gathered during the understand phase was reviewed and themed. We explored the positive experiences, and those which needed improvement. We found the following positive aspects of getting to Therapies:

- The appointment information letters are very helpful and clear.
- People like to receive reminders before their appointment, especially by text.
- The yellow line (along the corridor floor) shows people where to go.
- People ask for directions and get good help from staff and hospital volunteers.
- It's easy to find once you've been there the first time.

These were reported as negatives:

- It's hard to find where to go when it's your first time.
- Finding a car park is hard.
- Some people with disabilities find using the parking machines hard.
- Signage is poor and absent in places.
- The hospital is complicated/a rabbit warren/a maze.
- If you enter from the main hospital entrance, the walk to Therapies is very long. Some people need a wheelchair or walking frame, but these are not always available.
- People can get missed if they sit in the wrong Therapies reception area.

During this phase, one of our reflections was about the difference in perception between the consumers and the staff. Staff were very occupied by the environment, whereas consumers hardly mentioned this –they were more concerned with finding parking easily and that they were able to find the outpatient area. This reinforces the importance of understanding experiences from different perspectives, including those providing care and those receiving care.

## Improve

We held an improvement co-design workshop with staff and consumers to review the data we had gathered and to identify and prioritise improvement ideas. The improvements identified as giving the best outcome in the short term were agreed as follows:

- To improve signage, both internal and external, so that both parking and the Therapies department are easy to find.
- To improve written instructions and directions, especially for people who are arriving at the front of the hospital on foot or by public transport.

One idea was to improve the layout of the Therapies department as a whole. It was agreed that this would be beneficial, but further work needs to be undertaken to identify costs.

Therapies staff have already actioned an improvement they noted during the staff survey – chairs in the waiting area have been colour coded with each clinic assigned a different colour.

The Therapies administration manager participated in the workshop and has committed to making improvements to the maps that people are sent to direct them to their first appointment. Another staff member who participated is working on improving maps and directions for getting to another area – the older persons rehabilitation service. Once these examples are in place they can be shared across other services.

To improve signage, we met with staff from the building services team about the specific co-designed recommendations (main focus on external). They are working on a plan that includes the following:

- Installing larger, better placed and easier to read signs directing cars to the designated Therapies carpark.
- Better placed and clearer signs from the carpark to the Therapies entrance.
- Improving the external Therapies door – (slow close, lighter, painted), making a more welcoming and clearer sign and remove 'gang patches' sign.
- Improving signage from the alternative Care block entrance.
- Improving internal signage for people coming from the corridor, to more clearly direct people off the yellow line, and adding more words on the yellow line to reassure people they are going the right way.

## Working as a co-design team

We had a great team with very committed members. It was very helpful to identify a project leader, who did well to keep us all informed and on track. We were extremely fortunate to have a consumer who was very involved and willing.

The team membership changed a little over time due to personal circumstances and professional workload changes, however we maintained momentum throughout this. The team members were from varying backgrounds so it was interesting and useful to have different perspectives. The team functioned extremely well together.

## Measure

We are currently planning our measurement phase and the activities will mirror some of the activities undertaken during the capture phase, for example conversations with staff and patients, and a walkthrough from different entrances to the Therapies outpatient department. One outcome we can celebrate is how the staff felt involved and 'empowered to act', for example identifying different coloured chairs for different clinics.

## The project team

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