

## Co-design Partners in Care case study

### ‘Keeping you safe during surgery’ brochure review (Capital & Coast District Health Board)

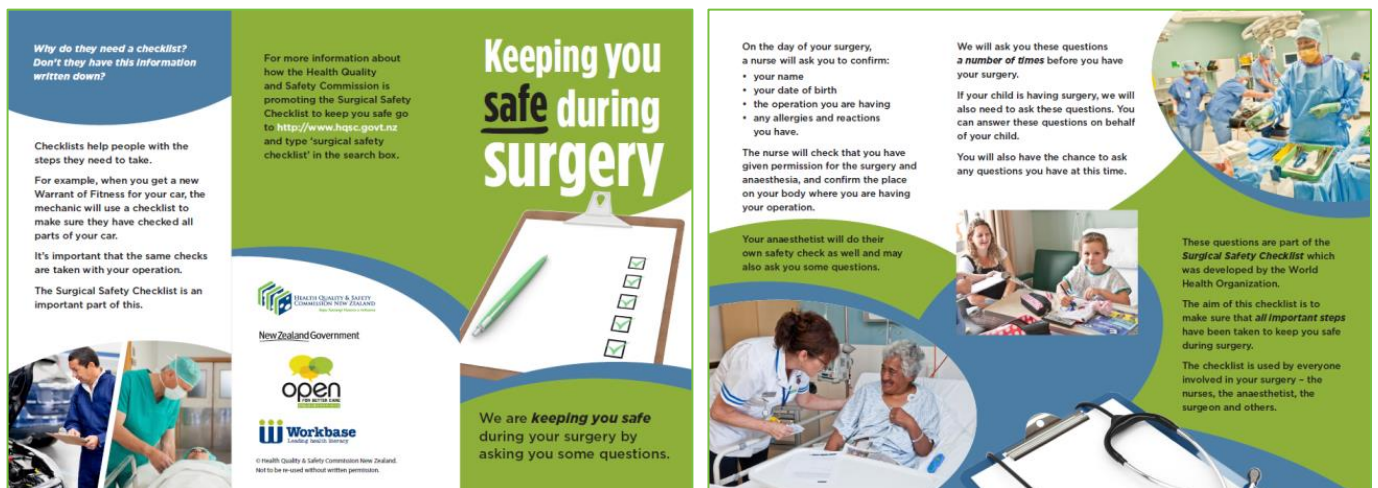
#### Context

The Health Quality & Safety Commission (Commission) invited Capital & Coast District Health Board (CCDHB) to lead a co-design review of the national brochure ‘Keeping you safe during surgery’.

The original development of the brochure in 2013 was to inform patients why they will be asked the same questions multiple times before surgery. These questions are part of the World Health Organization (WHO) Surgical Safety Checklist, designed to ensure patients are receiving safe and correct surgery, and also part of a worldwide WHO safety challenge ‘Safe Surgery Saves Lives’ (2008).

The teams at the Commission felt that the brochure was not clear about why patients will be asked the same questions multiple times, they did not think that a specific reference to a car Warrant of Fitness within the brochure was particularly useful and other information required updating.

This project commenced November 2016 and concluded May 2017. The CCDHB co-design project team consisted of a consumer, Whānau Care Services consumer representative, associate charge nurse manager and a project manager.



Keeping you safe during surgery brochure (A4 size, folded in thirds)

#### Aim

The aim of the project was to use co-design methodology to:

1. Capture consumers use and thoughts on the ‘Keeping you safe during surgery’ brochure.
2. Create themes from the feedback and make recommendations to the Commission to inform design of a new version of the brochure.
3. Make recommendations to the Commission about other methods of communication.

## Engage

Our engagement was broad and included our sponsors from the Commission, patients, a wide range of operating theatre staff (nurses, anaesthetic technicians and anaesthetists), Whānau Care Services staff and people in the community.

While we did have some initial delay recruiting consumers to join the project, both consumers have subsequently been able to attend all meetings, have put forward ideas, and have sought feedback from the wider community about the brochure. They are enthusiastic and, most importantly, they add value.

## Capture

During the project start-up phase, the consumer and consumer representative on our project team participated in a tour of the operating theatre environment to simulate the journey a surgical patient takes immediately before their procedure. This observation exercise enabled them to grasp the true meaning of patients being asked numerous questions, numerous times, by numerous staff.

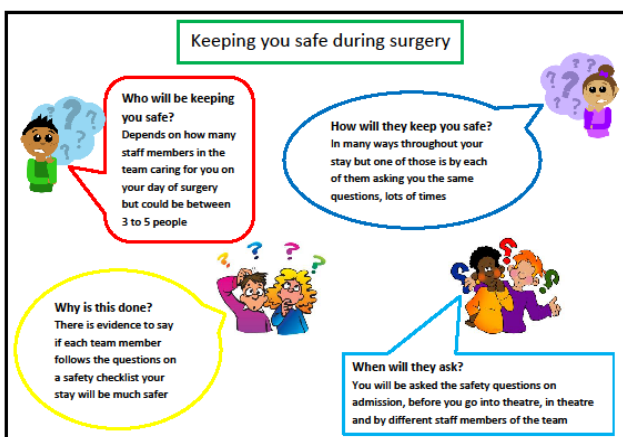
Surgical patients, staff and people in the community were the three key stakeholder groups identified to engage for feedback on the brochure. Surveys were developed for each group with input from the facilitator of the co-design course. Part-way through engagement, new versions of the surveys were developed; where responses had already shown a theme, questions were dropped and replaced with new questions to explore something new, or in more depth. This meant that within stakeholder groups, not everyone was asked the same questions.

### CCDHB surgical patients

On admission, 13 patients were given the 'Keeping you safe during surgery' brochure. Following surgery, patients were met in Second Stage Recovery and asked their thoughts on the brochure. The leaflet was given to patients again at this time so they could refer to it. This face-to-face interaction allowed conversation and exploration of answers.

In addition, other communication methods were tested with patients to get a sense of what is received well. The project team mocked-up crude A5-size postcards testing style and content. Patients were also asked for feedback on a surgical journey storyboard (developed outside this project by staff at Kenepuru Hospital) and the concept of a poster.

*Examples of other communication methods tested with patients (postcard and storyboard)*



### CCDHB staff

Eleven surgical staff were given the brochure then asked to answer a survey while being able to refer to the leaflet. After completing the survey, a face-to-face conversation elicited further thoughts and suggestions.

Four Whānau Care Services staff read the brochure and completed the survey independently. There was no face-to-face conversation about the feedback provided.

### Consumers in the community

Six consumers in the greater Wellington community were given the brochure and survey, and they completed the questions independently. Their responses were not explored in any greater depth.

### Understand

Colour-coded mapping and theming of responses allowed user-friendly translation of a large volume of information gathered from 34 consumers.



*Mapping and theming feedback* (patient responses = bright yellow colour sticky notes, community = blue, staff = pale yellow)

The 'Keeping you safe during surgery' brochure was originally developed to inform patients why they will be asked the same questions multiple times before surgery. The main message that 74 per cent (23/31) of consumers took from the leaflet is that patients will be asked the same questions by several different health professionals before surgery; no-one mentioned the reason why this is the process. 71 per cent (5/7) of patients said that it wasn't important or doesn't affect them knowing the reason why. However, knowing why may help evoke feelings of safety and trust in the competency of staff and the process. If a patient feels safe, this leads to better surgical outcomes<sup>1</sup>.

A comparison between pre-surgical checks with a car Warrant of Fitness has been used in health for a number of years, however this is now considered impersonal and not patient-oriented. One person said: '*Get what driving at - don't see comparison so much*'. Other comparisons may be more fitting, for example staff often use aviation. However, exploring the use of such comparisons was not tested with patients during this work. Our feedback indicated a comparison does not add significant value, and in fact this could be removed to support another theme from the feedback – that information should be concise.

When asked what was helpful in the brochure, particular reference was made to the information on page one (starting 'On the day of your surgery...') and also the opportunity for patients to ask questions. There were also some suggestions for improvement, such as ensuring the key message is clear and positioned early in the brochure, that language is the same as staff use (eg the word 'consent', not 'permission'), ensuring text is on a white background so it is easier to read, and that photographs represent New Zealand practice and show diversity.

<sup>1</sup> Surgical safety checklists: do they improve outcomes? I. A. Walker, Br J Anaesth (2012) 109 (1): 47-54. DOI:<https://doi.org/10.1093/bja/aes175> Published: 30 May 2012

While the majority of consumers say they already know the information in the brochure, 16 per cent (3/19) don't. And while some people say they don't need to understand why different staff will ask the same questions a number of times before surgery, 57 per cent (4/7) say it is important: *'If feeling anxious, might irritate or make more anxious'*. The project team therefore felt that there is benefit to this message being communicated, and that the brochure should be updated accordingly. A member of staff stated that they like the concept of information being provided: *'It takes away the assumption that they (the patient) already know this'*.

*'Reassured, it's important - having read the leaflet I was expecting the questions so I felt informed.'*

*'Staff on the ball.'*

*'It takes away the assumption that they [the patient] already know this.'*

*'Feel safe.'*



*'Confidence.'*

*'If feeling anxious might irritate or make more anxious.'*

*'When under stress could get angry.'*



*'Bit over the top the number of times it was asked.'*

There are many opportunities to inform patients that they will be asked multiple questions, multiple times before surgery. Some patients said that the best time to receive this information is before the day of surgery, while others said on the day. Because patients will usually retain only 10 per cent of the information given to them, multiple opportunities should be utilised so people feel informed of the process, and this may help alleviate negative feelings such as anxiety or anger.

As no single method of communication will reach everybody, there would be merit in developing other resources, particularly for vulnerable groups, and this should be done with a specific audience in mind to ensure it is of value to that particular group.

Our tests of other communication methods with patients revealed that the storyboard was the most positively received resource. Although 77 per cent (10/13) of patients engaged were very familiar with hospitals and healthcare, they did say the storyboard is good for people who have not had surgery before. While the amount of text is a consideration, a storyboard would allow for a greater number of key messages to be communicated, perhaps via pictures rather than words.

Further work is required to determine the benefits of developing electronic communication for patients, such as email, text, website information, app, video. These media channels were not suggested by patients engaged in this review, however the fact that all patients were aged 46 years or over may account for this. Other ideas that arose were:

- A podcast which could be used as a training tool for surgical staff.
- Additional training and a prompt sheet for receptionists to verbally inform patients when they arrive for surgery that they will be asked questions.
- Designing an advocacy tool to encourage patients and groups to communicate what is needed by the patient from staff and/or the health facility.

The aim of any new resource should be equity of access to information for all cultures and beliefs.

## Improve

Based on our understanding of the consumer use and thoughts on the 'Keeping you safe during surgery' brochure, the recommendations below were shared with the Commission.

### Recommendations for a brochure re-design

It is felt that the 'Keeping you safe during surgery' brochure should be updated as some patients value hard copy information to feel informed and this helps to reduce anxiety before surgery. Recommendations are:

1. The main aim of the brochure should be to inform patients that they will be asked the same questions, multiple times, by different health professionals, and the secondary aim is to inform patients why this is the process.
2. The content on pages one and two of the current brochure should be transitioned into a new version.
3. The language in the brochure should be consistent, with the language that the patient would hear surgical staff use, for example 'consent' in place of 'permission'.
4. The content should be updated to include that the surgeon will potentially ask questions pre-operatively, in addition to nurses and the anaesthetist.
5. The comparison with a car Warrant of Fitness should be removed, and that a comparison not be given.

6. The brochure background and colours are chosen so that people with visual impairments such as cataracts or red green colour-blindness are not disadvantaged.
7. The photographs should be representative of the surgical pathway and are culturally diverse appropriate to a New Zealand context.
8. Consideration should be given to testing alternative title options with consumers.
9. The new brochure should also be available in languages other than English.

### **Other recommendations**

1. Make use of the multiple opportunities to inform patients both in advance and on the day of surgery, for example by letter informing them of the surgery date, and a telephone call the day before their procedure, and on the day of surgery.
2. Make multiple resources available to inform patients.
3. Ensure any new resource developed is done so with a specific audience in mind (such as a specific culture or age demographic) to ensure it is of value to that particular group.
4. Create a storyboard-style resource to be displayed as a poster in areas where a patient is required to wait with little else to do.
5. Give consideration to developing electronic communication to complement the brochure, for example email, text, website information, app, video, podcast.
6. Give consideration to developing prompt sheets and advocating that when a patient arrives for surgery, a receptionist verbally informs the patient about being asked questions before their surgery commences.
7. Develop national resources that, where appropriate, allow for population with local information, such as a photograph of the surgical reception desk a patient would go to in the local facility.
8. Make resources available outside the traditional healthcare environment, for example to religious and community leaders.

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

Learning the co-design methodology has been a valuable experience and we will repeat putting it into practice in future projects.

The co-design approach encourages engagement with a wider stakeholder network while focusing on the patient at the centre. It is an effective way to understand consumers' feelings, emotions, thoughts and experiences of healthcare, and promotes awareness of different cultures, beliefs and needs. The method allows the voice of the consumer to be heard, which health professionals often strive for. It can also be a very powerful tool to make the case for change and improvement.

Our consumers brought personal experience, engaged with their networks, and enabled us to consider the patient's surgical journey in a different way. Their input was purposeful and of great value.

Working as a co-design team has been a new experience we all feel fortunate to have been part of. From a clinical perspective, the aim is often to promote partnership and participation from patients, and endeavour for them to be empowered and involved in their care, however there can be an imbalance in the roles. The experience of working alongside consumers and patients as part of co-design was that there was an equal role which promotes greater openness from all participants. Our consumers are pleased their views were readily taken on board and they felt they made a valid contribution in influencing positive change to patient information.

Each co-design project member brought strengths to the team and the combined input resulted in robust recommendations to improve patient information being developed.

## Measure

One of the challenges at project initiation was the limited data to define the issues with the current 'Keeping you safe during surgery' brochure. There were only anecdotal comments from the Commission that the brochure was not fulfilling its original purpose (to inform patients why they will be asked the same questions multiple times), and that reference to a car Warrant of Fitness is not particularly useful. Both these points were tested with consumers and addressed in the recommendations.

The recommendations were shared with the Commission in May 2017 and a decision is awaited. It is currently unknown whether a new version of the brochure will be developed. However, based on the data suggesting that other additional methods of communication may be beneficial and supplement a brochure, this has prompted the Commission to regroup and review their strategic direction in terms of providing patient information.

## The project team

Name	Role	Email	Organisation/DHB
Michelle Bowe	Consumer		n/a
Rachel Fluke	Project Manager, Surgery Women & Children's Directorate	<a href="mailto:Rachel.Fluke@ccdhb.org.nz">Rachel.Fluke@ccdhb.org.nz</a>	CCDHB
Sarah Maher	Associate Charge Nurse Manager, Kenepuru Operating Theatres	<a href="mailto:Sarah.Maher@ccdhb.org.nz">Sarah.Maher@ccdhb.org.nz</a>	CCDHB
Heta Makiri	Consumer Representative, Whānau Care Services	<a href="mailto:Heta.Makiri@ccdhb.org.nz">Heta.Makiri@ccdhb.org.nz</a>	CCDHB