

Co-design Partners in Care case study

Where is the most appropriate place for children to have a blood test? (Taranaki District Health Board)

Context

We all see the anxiety stricken faces of children and family members as they enter our clinical areas for the 'dreaded blood test' that has been ordered by a paediatrician, general practitioner (GP) or other health professional. Sitting nervously waiting for their name to be called for either their first, second, or multiple experience blood tests can be a stressful time.

Currently, children are referred for blood tests to the hospital or community laboratories, or the out-patient nurse in the paediatric ward's assessment unit (PAU). This project evolved out of a wider paediatric integration project, aimed at services for children being provided 'closer to home'. Raw data gathered from the children's ward, 2B, showed that a significant number of children were coming to the assessment unit for blood tests. No further analysis of the data was carried out at this time, such as the reason for the blood test or the need to see a doctor. And so the project was born with the title 'Moving child bleeding to the laboratory'.

The project team, consisting of two medical laboratory scientists, three senior registered nurses from 2B, the clinical nurse manager and a consumer, very quickly identified that the project was to investigate where the most appropriate place is for children to have a blood test.

We are working through the benefits and resources available in these two areas to identify and provide a best place venue for collecting blood in children.

Aim

The main objective was to identify the best place for children to have their blood test carried out. The project team sought to understand the experiences of each department and in relation to how they work with children, to identify changes that could be made to provide a better experience for patients, families and staff. Our task was to consider all aspects of the journey, with an overall aim to minimise anxiety, stress and provide a 'close to home' seamless experience for the children and families.

Engage

Members of our team came from both the hospital laboratory and the children's ward. We also had a consumer who is the mother of a child with a chronic illness. Our first meeting was about getting to know each other, our different areas, and trying to understand the problem.

We met with the sponsors of the project – two service managers from Maternal and Child Health and Allied Health. – to ensure we had a clear understanding of the project aims. At this meeting, it was revealed that laboratory services at Taranaki DHB would be changing in the future – exactly how and when has not been finalised.

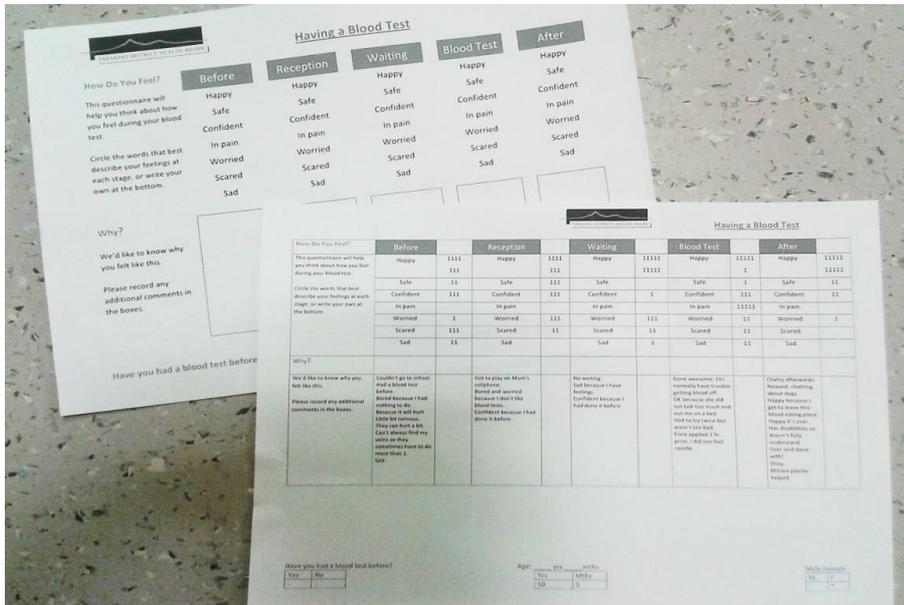
We commenced our engagement phase by having conversations with laboratory, medical and nursing staff. We followed this up by having conversations with children and/or their parents, and began capturing their experiences and stories.

Capture

By utilising different skills within our project team, we captured experiences and data using the following tools:

Patient Experience Survey

A patient experience survey was developed and given out to children and/or their carers as they arrived for a blood test – both in the children’s ward and in the laboratory. This proved to be informative and good data was gathered around how the child or parent felt before, while waiting, during and after the procedure.



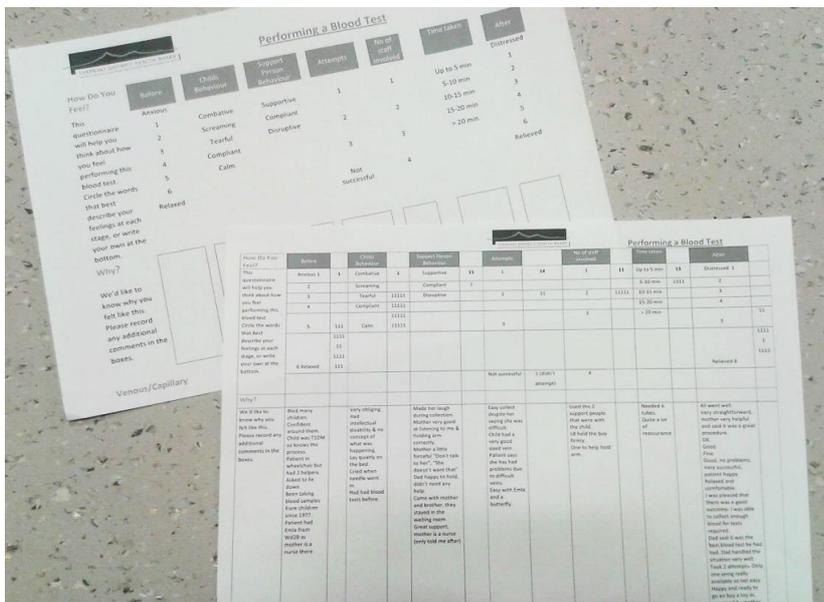
Picture: Example of patient experience survey and how results were formatted.

Staff Experience Surveys

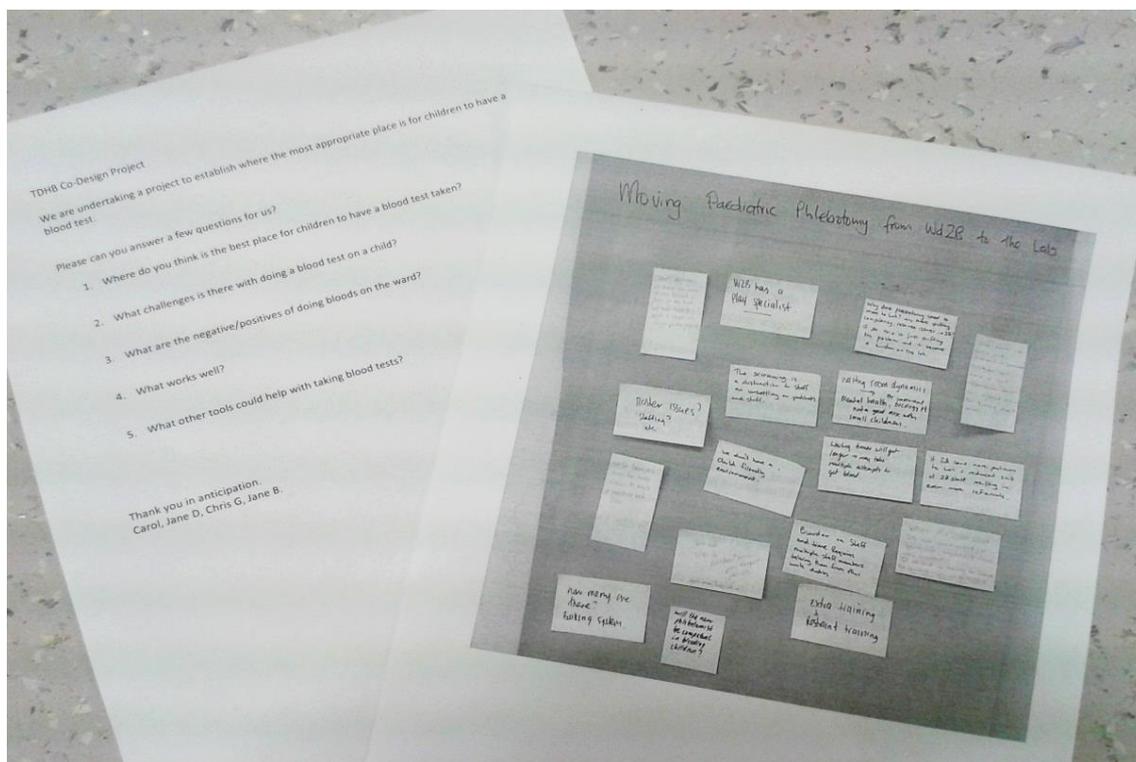
After gathering information on patient experience, our project team moved on to capturing experiences from staff in ward 2B and the laboratory.

The laboratory team’s first approach was to gather comments, thoughts and ideas around children having blood tests in the laboratory on a ‘Post-it’ board. Their second approach was using an experience survey for staff to complete after taking blood tests from children.

The children’s ward team surveyed staff with a questionnaire, circulated by email. The team also created a ‘story board’ of comments made during conversations with parents and staff around the experience of a child having a blood test, and where the best place might be for this to be carried out.



Picture: Example of staff performing test experience survey and how results were formatted.



Picture: 'Post-it' comments board (Laboratory) and staff survey (Children's Ward).

The methods from both areas gave us great insight into how the staff themselves were feeling. We saw comments from the laboratory staff such as:

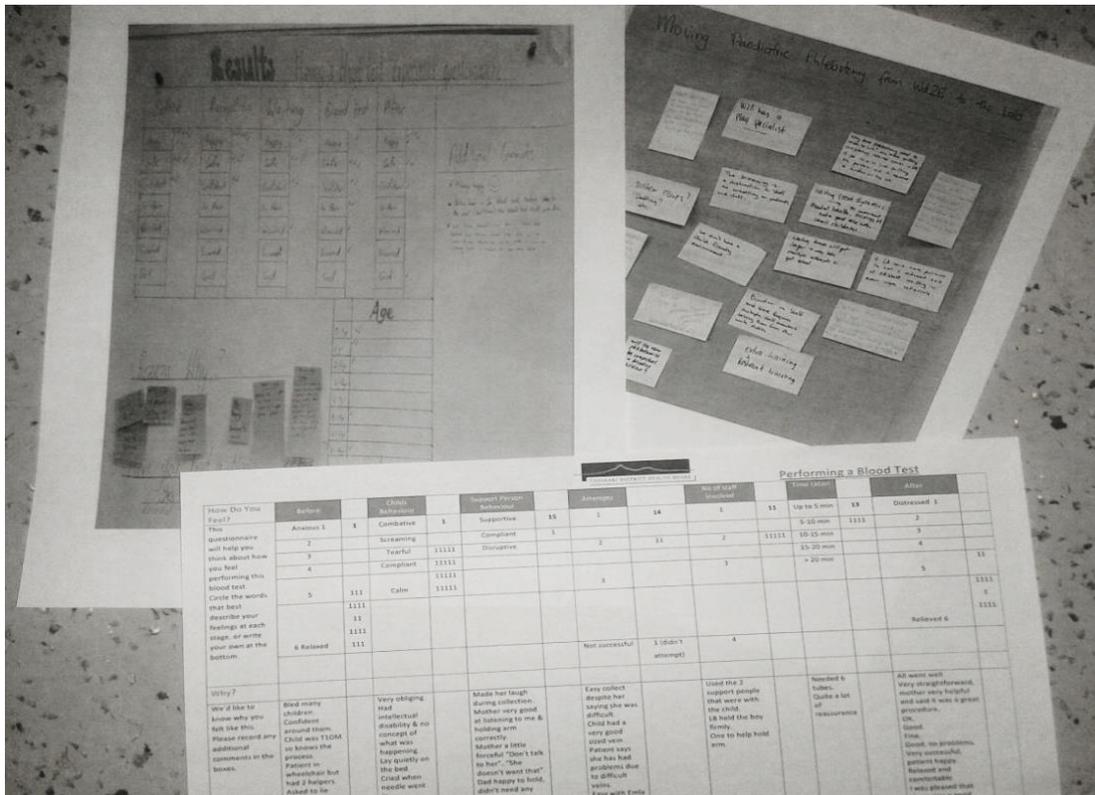
- 'Ward 2B has a play specialist'
- 'Requires multiple staff members'
- 'Staff shortages at times'
- 'Ward is better if needing clinical review' (from ward 2B)
- 'Ward 2B is child friendly'.

Included in the comments from staff were some ideas for improvement, for example:

- Distraction tools for laboratory staff and additional tools in the children's ward.
- Aids that assist phlebotomists when taking blood (such as ultra violet light).
- Education in kindy and/or the schools.
- Increasing staff numbers in the laboratory, including play therapist hours, to accommodate children.

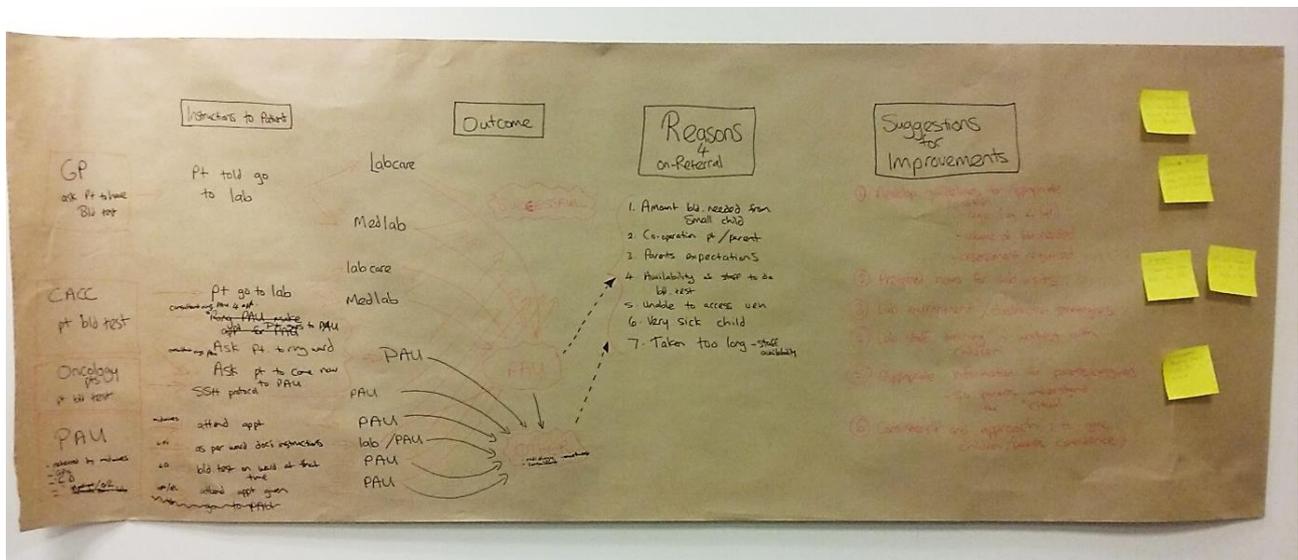
Understand

We did some emotional mapping using information gained from the questionnaires we gave to children and/or their carers, and staff in both the laboratory and the ward. We also produced some story boards. The patient experiences in both the children's ward and the laboratory were mostly positive. Laboratory staff commented on their environment not being child-friendly; minimal distraction toys; sometimes limited availability of a phlebotomist who is confident in taking blood samples from children; and waiting room dynamics that could affect the child's experience by waiting with adult patients. Children are given appointment times in the children's ward, whereas in the laboratory there are no appointment times and children could arrive at a particularly busy time. Ward staff did comment that if the child needed a medical review as well as the blood test then this could be done at the same time (closer to home).



Picture: Emotional mapping and Story Board

We also mapped the current process of referrer to blood test. Just by looking at the process map and grouping the data collected, we were able to gain a clearer picture of where to start with our possible improvements. The information also guided us as to what future decisions and prioritisations would potentially assist in improving the process.



Picture: Mapping current process. (we posted potential improvements on Post-it notes)

The project team worked together really well and learned about each others' workplace so that we all had a clear understanding of the project, the issues and potential solutions.

Measure

Our project team has not completed the re-design process yet. However, our plan will be to test each improvement made and measurement could occur with the following examples:

- Evaluate the use of a new flowchart (guidelines/criteria for referral) from the GP/clinic level.
- Re-capture patient experience and feedback.
- Re-capture laboratory staff experience with the new distraction box in place.
- Monitor progress of children with long-term conditions starting blood testing in the children's ward then progressing to the laboratory.
- Monitor the number of blood tests done in the children's ward.
- Review numbers of blood tests done in the laboratory.

Working as a co-design team

Our project team worked well together, within the constraints of their clinical roles, rostered shifts and other commitments. Working within our own areas in smaller groups, then bringing information back together was easier than trying to work as a group as a whole. Having a consumer on our project team proved to be invaluable.

The relationships developed between the ward staff and the laboratory team members has been really useful and will be valuable in the further development of the project and for inter-departmental relationships. We will continue to work together to improve the process for children.

The project team

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