

Co-design Partners in Care case study

The Colonoscopy Experience (Hutt Valley District Health Board)

Context

New Zealand has one of the highest bowel cancer rates in the world. Bowel screening can save lives by finding cancers early. Bowel screening is commencing in Hutt Valley District Health Board (DHB) in July 2017 as part of the national bowel screening programme rollout. If a patient has a positive result from their bowel screening test they will be referred for further bowel investigation by colonoscopy. Patients are also referred to the Endoscopy service for bowel investigation by their general practitioners and other specialists involved in their care.

Aim

Our objective was to look at the colonoscopy experience and identify ways to improve it for our patients when they attend the endoscopy service on the day of their colonoscopy procedure. This included looking at the journey from pre-procedure to post-procedure for these day case patients.

Our aim was to capture experiences to determine needs (staff/patient/families) for all cohorts of patients: bowel screening, symptomatic and surveillance.

Engage

We sought and gained the support of the Clinical Head of Endoscopy, the Group Service Manager, Medical Services, and the General Manager, Service Improvement & Innovation to carry out this project. We also discussed the project at the Endoscopy and Medical Day Stay Operations Meeting to ensure that the medical and nursing staff were aware we were carrying out this piece of work. We also updated the Executive Team at the Te Awakairangi Health network on the progress of the project. Feedback included:

'This is great stuff and a valuable piece of work.'

'This work will help the department going forward with improving the patient journey and experience.'

We met with the department's administration staff so they were aware of what we were trying to do, and they assisted us with collecting patient information. We used a number of capture methods such as:

- Consumer survey in the waiting room.
- Staff survey.
- Speech bubbles on a poster in the waiting room (this was not successful as we had no response to these. It may be that people felt this was too public to write their comments).
- Phone conversations with patients.



Capture – Patient Experience Survey

As this was a new concept for both staff and patients it did take some time to explain what we were doing and why. We also discovered early on that we did not have our project brief determined correctly. We originally thought that we would be looking at co-designing the implementation of

bowel screening at Hutt Valley DHB. As we went on and looked at the results from our surveys, we realised that this was too large a project; there was already a project implementation team in place and we needed to change the focus. We then determined that it would be better if we looked at the experience once patients attended for their procedure, as this would be the same for all cohorts of patients: surveillance, symptomatic and screening.

Staff were very engaged and got actively involved in assisting us with the distribution of questionnaires and also with encouraging patients to complete them (see figure 1).

Figure 1

We got a fantastic response rate (80 per cent) from our initial questionnaire as we had a ‘captive’ audience (around 125 patients waiting for their colonoscopy procedure). Following the first survey, we realised we were not getting the breadth or depth of information. We found we were getting yes/no answers which didn’t give us the level of detail we required, and some questions were too broad, so we adjusted the wording and layout of the survey questions. For example, one of our initial questions was ‘Please tell us what you thought the process would be before you got here or had any information – be as broad as you like’. This did not provide information about the experience or how people felt about it. So we changed this to several questions to enable us to get more depth – ‘Tell us about making the appointment for your Colonoscopy. What went well? What didn’t go so well?’

Patients actively engaged and were very keen to have their voice heard and give their feedback. There were quite a few freehand comments that we could theme (in our second questionnaire). See figure 2. For example:

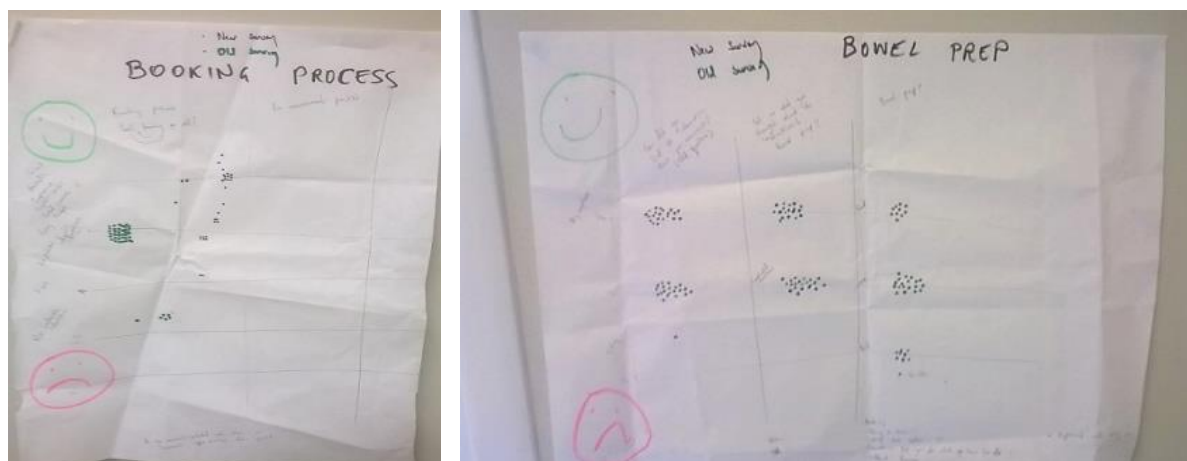


Figure 2

'The Kleen Prep was tougher than my previous occasions, was not pleasant and I felt very off-colour.'

'The prep is **very** effective and a rigorous experience.'

In addition to the valuable freehand comments, the survey also provided data on how the patients rated different parts of their colonoscopy journey, such as the booking process (see figure 3)

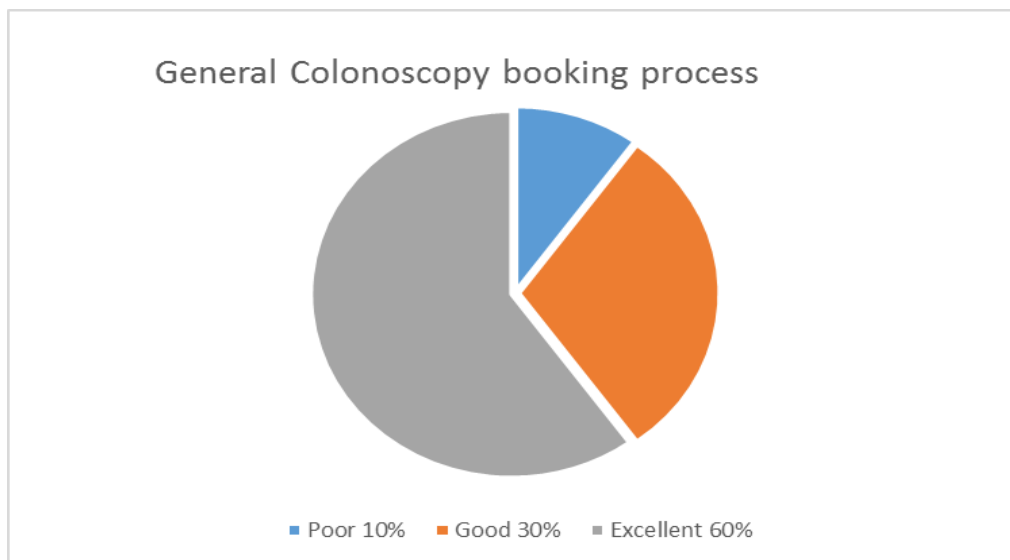


Figure 3

We also contacted 20 patients by telephone to discuss their experience with them. This gave us the depth of information we were after, as we were able to obtain more specific details. Patients were very happy to share their views and thoughts on all aspects of their journey.

'I am very pleased that you are following up with customers. It is very worthwhile.'

We followed up with staff to show them our progress to date and feedback the very positive experiences patients reported (figure 4). This allowed staff to be appreciated and visibly see how their efforts were having a positive effect on patients (that is, 'what's in it for them?').

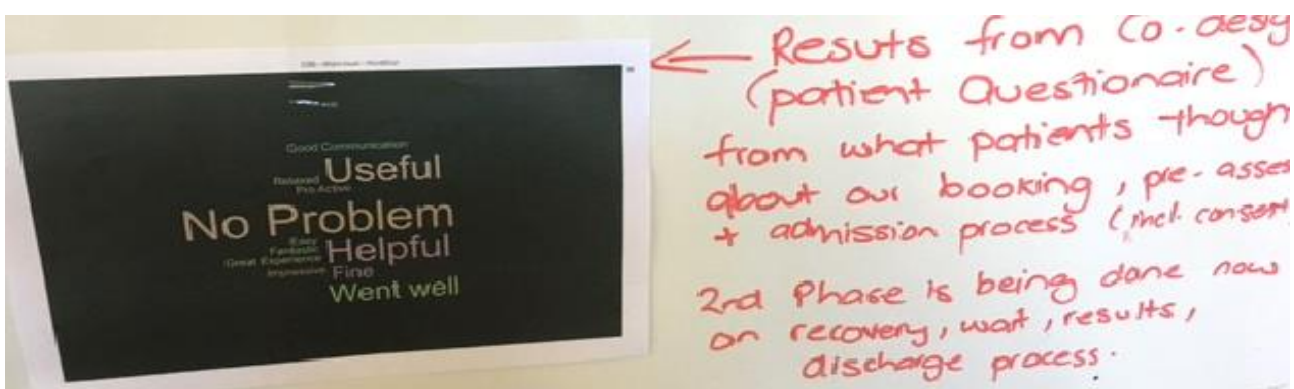


Figure 4

Understand

As we examined the feedback from the surveys, and conversations with patients and staff, three key areas of the service were highlighted by the patients: pre-procedure, the preparation drink (Kleen Prep) prior to the appointment in the clinic, and post-procedure. Patients commented that the staff were very efficient, communication was great and the service is excellent, but there were areas for improvement, such as pre-procedure wait times.

The key themes that were drawn from the survey were:

Pre-procedure:

Overall, the response was that the service is excellent, efficient, and thorough. Patients felt secure, happy, and impressed.

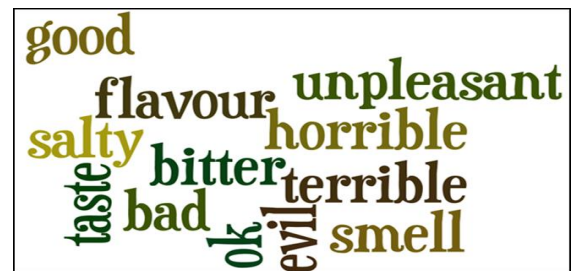
One touch point was to ensure consistency of the booking information between the letter sent and the text reminder. We plan to follow this up with the service to look at further improvements to ensure consistency of this information.



The Prep Drink:

The key theme here was that the drink tasted bad, bitter, and unpleasant.

One of the main touch points here is to find out if there is anyway of improving the flavour. Staff also identified that some patients are not prepped correctly when they attend for their colonoscopy, meaning an extended waiting time for them in the department. This could be due to a number of factors, such as the taste, or not understanding the instructions correctly, so further work to identify areas for improvement is suggested.



Post-procedure:

Patients commented that they felt happy, positive, pleased, and surprised at how easy it was.

'Service is first class.'

'Standard of care 100%.'

'Very efficient and I am impressed with the service.'



Staff surveyed felt that overall, the department was very efficient, ran smoothly, and was a happy work environment. Staff felt well supported. The touch point for both staff and patients is the time that patients have to wait, which can be frustrating (see figure 5).

'I think what matters most to patients is that they are warm, comfortable put at ease and have everything explained.'

'Unfortunately there is no way of predicting how long a procedure will take and sometimes this frustrates patients.'

<p>We are currently reviewing the patient Colonoscopy experience as part of a Quality Improvement project for Hutt Valley DHB. We would love your feedback on how you think the service is experienced by patients and also from a staff perspective. Feedback like; areas of improvement, things that you think go well, things that may not go so well etc. We would really value your feedback as that will help us to look at the colonoscopy service we provide and how we look at ways to improve it.</p>					
<p>This questionnaire is to help you think about how you feel about the different stages of the process</p>	Arriving/ Checking In	Waiting Procedure	for	During Procedure	After Procedure
	happy	happy		happy	happy
	supported	supported		supported	supported
	safe	safe		safe	safe
	good	good		good	good
	comfortable	comfortable		comfortable	comfortable
	frustrated	frustrated		frustrated	frustrated
<p>Why are we doing this? We want to know why you felt like this. We want to understand how you feel so we can improve things.</p>	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here

Figure 5: Example of Staff Survey – feelings table

What went well?

Listening to the stories gave us a better understanding of how our patients felt about the process; what was good, what was not so good.

We got a really good understanding that overall, the service is running well. The key findings were that the bowel preparation taste is unsatisfactory, and the waiting time in the department is long for the patients who are not seen first on the list, as the current schedule is to bring most patients in to the department at the same time.



‘The waiting room filled up quick, so there were not enough seats.’

‘I think I could have turned up 10 minutes prior to my examination, as it was not comfortable waiting in the crowded waiting room at 8:30. It is not nice to stand after you have had that prep!’

Improve

These are the changes and improvements that we have identified, but not yet implemented.

- Investigate the options around decreasing the wait time pre-procedure.
- Investigate if the taste of the prep can be improved. If not, review the information provided to patients about the prep drink to assist understanding about the taste, and the importance of complying with the prep instructions.
- Improve the post-procedure information supplied/discussed with patients on discharge.

Working as a co-design team

Our team gelled very well and worked together to come up with ideas and plans. It was great to have the opportunity to be a part of this project. It was insightful in both learning about the colonoscopy experience, and in data capture and analysis of surveys, and how that invaluable information can be used. It was great to be part of the team, to be able to contribute, and to have the consumer view valued and appreciated.

Measure

Bowel screening is due to be implemented in July 2017 at Hutt Valley DHB. This project has helped to reassure us that the service is running smoothly and effectively before the potential increase in the number of patients coming through the service.

The findings of this project will be presented to staff and it will be a great opportunity to thank them for the good work they are doing. As one of our patients noted:

'My overall comments are positive, but there's always room for improvement.'

We intend to use the findings of this project as a base starting point to inform improvements to the service. We also intend to further investigate the secondary component of care for the bowel screening initiative, with the aim of informing, and therefore integrating with primary care.

The project team

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<i>Kate Broome</i>	<i>Clinical Nurse Manager, Endoscopy Service</i>	<i>n/a (Kate has left the DHB)</i>	<i>Hutt Valley DHB</i>