

Co-design Partners in Care case study

Discharge information for patients by patients (DIPPs) (Bay of Plenty District Health Board)

Context

When patients are discharged from the orthopaedic ward at Tauranga Hospital they are given a doctor's discharge summary. The summary includes a discharge plan and varying amounts of verbal and written information from multidisciplinary team members. What we do not know, however, is whether this information really meets the needs of the patient?

Historically and anecdotally, patients have phoned the orthopaedic ward after discharge, seeking advice about their pain medication, wound care and start date of their home help and personal care.

A team of health care professionals, clinical nurse manager, nurse educator and clinical nurse specialist worked in partnership with consumer representatives to identify, understand and develop the information required by patients on their discharge from hospital.

Aim

The aim of the project was to understand the experience of our patients by establishing what worked well with their discharge from hospital, what didn't work so well, and what ideas they had to improve the process.

Engage

Firstly, we created an 'elevator pitch' – a succinct story describing our project that sparked immediate interest from the listener. This was used to engage patients and staff at the beginning of our initial conversations with them. We then met and discussed the project enthusiastically with relevant leaders. Our leaders were extremely receptive and have supported us to conduct research with consumers and staff.

We contacted patients who had been recently discharged from hospital by phone and sought their involvement. We also engaged staff within the hospital and on the orthopaedic ward at handover time, staff huddles, ward meetings and informal opportunities. Staff were very receptive as we were driving the project from the patient's perspective.

A mini-questionnaire was conducted on the ward with both staff and patients; staff helped us by explaining the project to patients.

Capture

We used several different capture methods to elicit experiences from patients and staff.

Mini-questionnaire

We asked patients, doctors, nurses and allied health staff on the orthopaedic ward three questions:

1. What do we do well?
2. What don't we do well?
3. Do you have any suggestions for improvement?

Patient stories

We asked the quality and patient safety team if they knew any patients who might be interested in working with us. We then contacted four patients by phone; two agreed to become our consumer advisers. They also documented and emailed their stories to us.

Post-discharge phonecalls

We contacted patients by phone 48 hours after their discharge, and then again one week after discharge, and asked them the following questions. The questions were based on the mini-questionnaire that we had conducted on the orthopaedic ward.

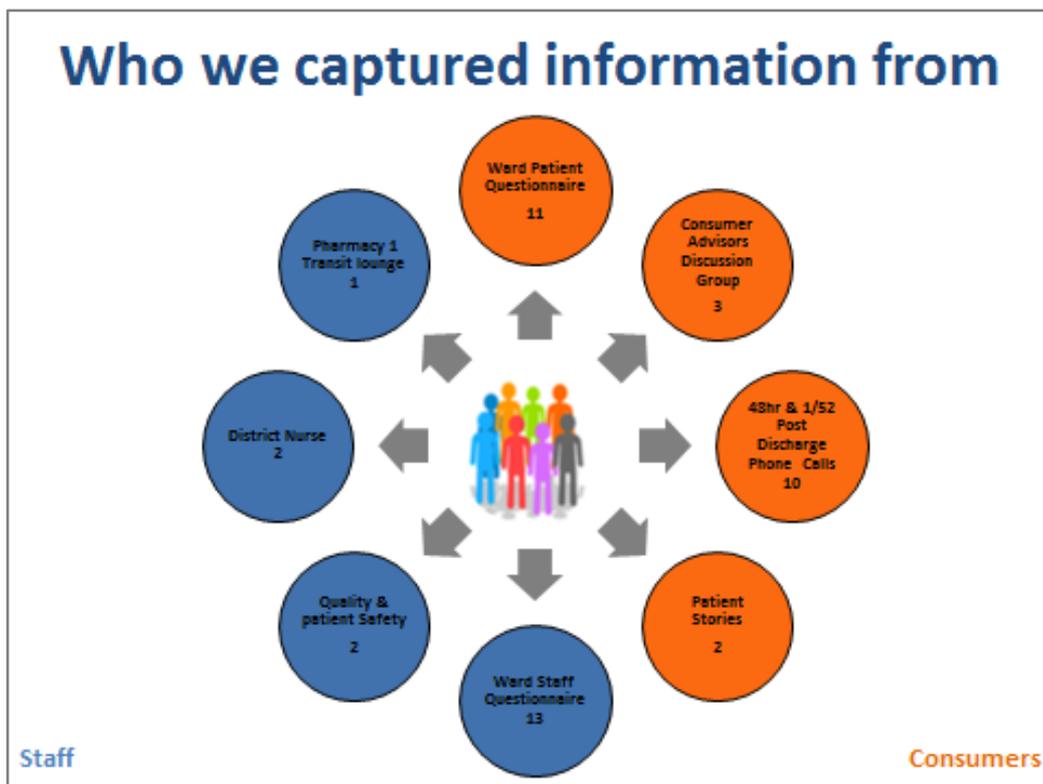
1. What worked well in terms of the discharge process?
 - a. What did you think of the communication about your discharge before you left the ward?
 - b. What did you think about the information you took home with you?
2. What could have been even better about that discharge process?
 - a. The communication?
 - b. The information?
 - c. Knowing what to do with wound dressings/medication?
3. Do you have any suggestions for improvement?

Face-to-face conversations

We had face-to-face conversations with one of our consumer advisers, and with staff members from the quality and patient safety team and the transit lounge.

Discussion group

We held a discussion group with two patients that we identified from the post-discharge phonecalls, and our initial consumer adviser.



Understand

We organised the data we captured in various forms. A feedback map was developed from the mini-questionnaire conducted on the orthopaedic ward. The comments from patients and staff were transcribed onto sticky notes to maintain anonymity, and displayed on paper under the three question headings:

1. What do we do well?
2. What don't we do well?
3. Suggestions for improvement?

We used orange sticky notes for patients and yellow for hospital staff. Themes that emerged from the feedback were documented underneath the sections and highlighted. From this we also identified that we needed to contact patients post-discharge to gain an understanding of their discharge experience.



Themes identified from the patient's perspective:

1. What do we do well?

- Communication – listening, knowledge and caring.

2. What don't we do well?

- Environment – dislike bed moves, door banging.
- Attitudes – 'Employ absolute fruit cakes'.
- Pain management – little explanation regarding analgesia.
- Discharge information – lack of information apart from doctor's discharge summary.

3. Suggestions for improvement?

- Communication:
 - Better communication from doctors to patients/families.
 - Explain medications in hospital/discharge.
 - Discharge information/plan.

Themes identified from the staff perspective

1. What do we do well?

- Communication – listening and caring.

2. What don't we do well?

- Communication – listening.
- Rushing – time, not enough staff, weekend staffing.

3. Suggestions for improvement

- Communication:
 - Better communication to patients – explanation of medication.
 - Better communication between the hospital and the community.
 - Hospital estimated date of discharge (EDD) documentation.
- Staffing – interdisciplinary team work, team-building.
- Stop making so many bed changes.

We collated the information from the patient stories, capturing their quotes. This was a useful tool to really illustrate the patient experience:

'There needs to be clearer information of drugs given and why after operation, particularly for pain. I didn't fully understand the implications of gabapentin and OxyContin so I consulted with a chemist.'

'On reflection it would have been helpful if I had been given a short, written description to help with the self-administration of drugs and any complications that might arise. This was especially so as I was discharged on a Saturday and it was not until Monday that I could consult my doctor. For example, I was given codeine which caused constipation that placed pressure on my bladder, giving me the feeling that I needed to pass water when there was nothing much in the tank.'

'Lack of information on discharge. I was not sure what I could do and not do, this was a dilemma for me.'

We also gained an understanding from staff by collating their ideas:

'Inform patients of their plan for the day, be empathetic and understanding.'

'Explain the rationale of investigations or treatment.'

'Test their prior knowledge/seek their insight into (i) what they are waiting for, and (ii) what is their criteria for discharge?'

'Ask them if they know the answers to the above and if not, inform them of the answer.'

'Nominate a family spokesperson; explain scripts and give a computer printout.'

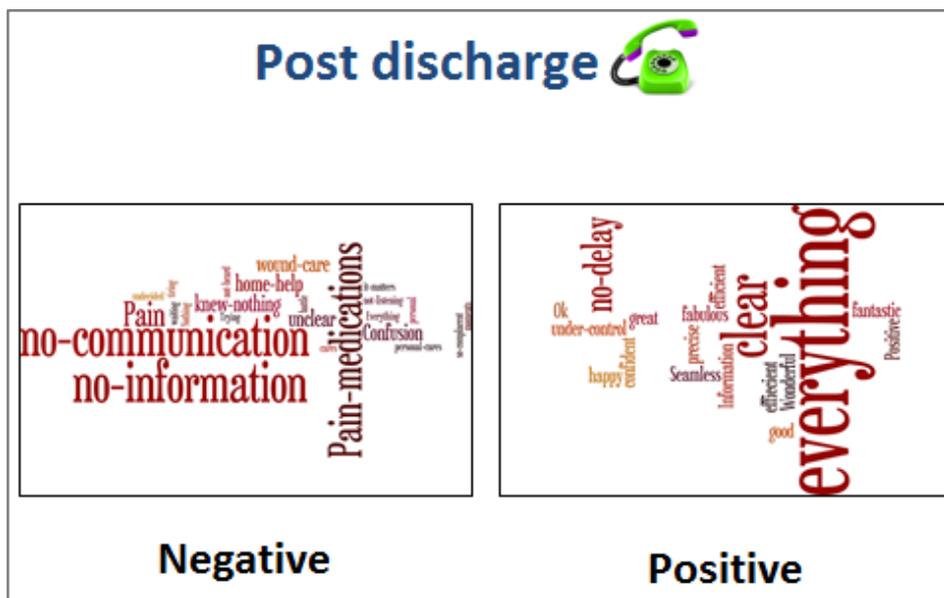
The 48-hour and one-week post-discharge phonecalls allowed us to listen and document our patients' experiences. For example, we found that one consumer was extremely negative on the initial post-discharge phonecall, however, in the subsequent phone call the consumer expressed gratitude of being listened to. We found that the second phonecall built on the information gained from the initial call. Quotes were also captured:

'A hospital experience is not pleasant for anybody, really; everyone really tries hard with the limited resources they have.'

'Medication information would be very helpful.'

'Would have been good to know what tablets are for and when to take them, long and short-term pain meds.'

A word cloud identifying the emotions and 'touchpoints' (points in the process that were important to the experience) from the phonecalls was also developed.



In the post-discharge phonecalls we asked patients if they would like to be our consumer advisers and take part in a discussion group. Two patients agreed to attend, along with one of our initial consumer advisers. Our initial consumer had attended the first Webex session with us on the Partners in Care programme.¹ She explained her journey with us to the other consumers, which helped to make them feel comfortable.

Our consumers were engaged from the beginning. We listened to their stories then gave a short PowerPoint presentation on the Partners in Care programme and our journey to date, which our consumer advisers really liked. Consumer ideas were written on sticky notes and a feedback map developed, with emerging themes subsequently identified. Our consumers then developed their own medication mind map.

Themes

1. Pain medication

'Why am I taking it?'

'What medication should be taken for mild or moderate pain?'

'How do I know how, when or which tablets to take?'

'Couldn't work out what was for what, or what it looks like.'

2. Discharge information

'Discharge summary was not helpful.'

'What am I allowed to do, not do?'

'No pamphlet given from physiotherapist.'

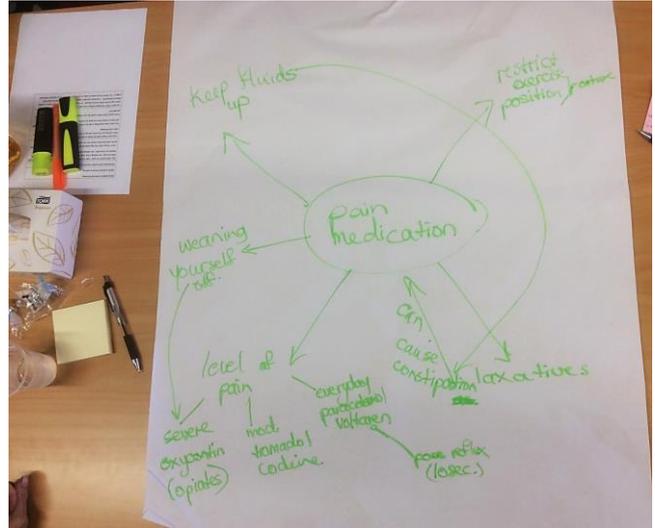
3. Wound care

'When is the district nurse coming?'

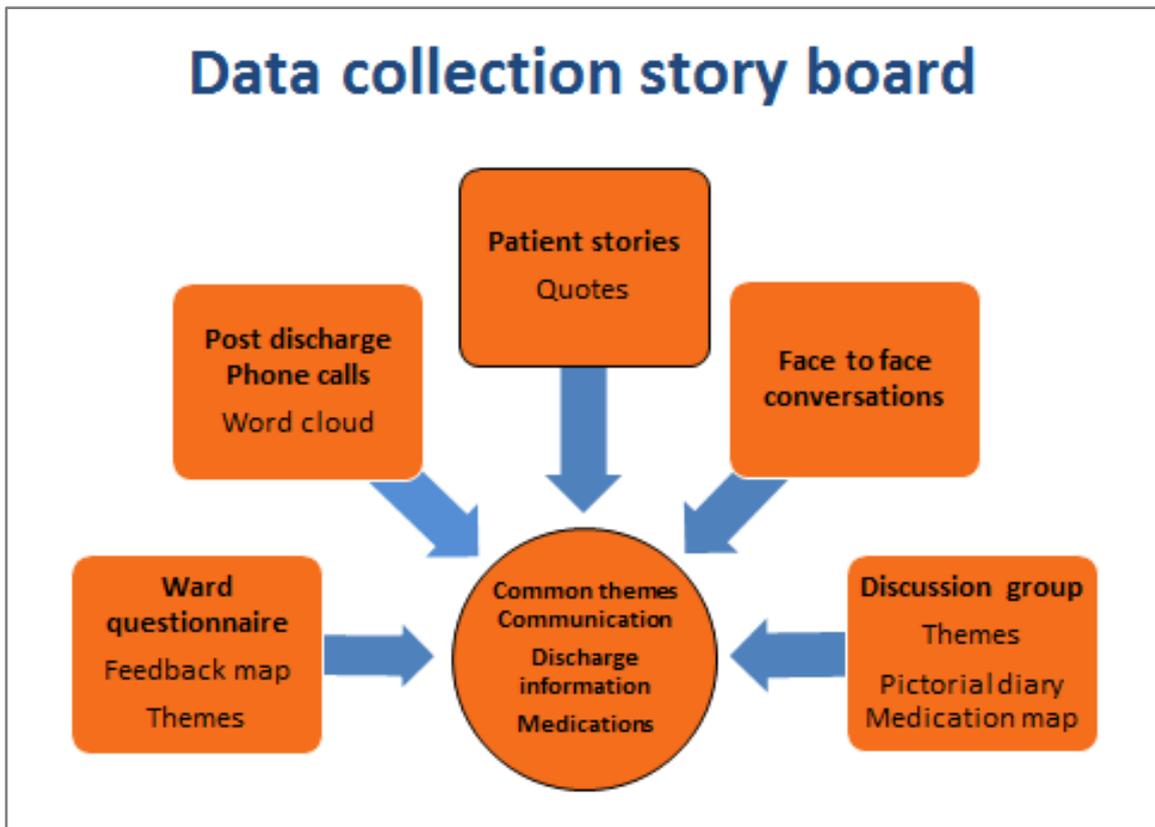
'Wound management.'

Photos were taken at our discussion group to document the day and give us a pictorial diary. The following photos show the development of the consumers' medication mind map, and the feedback map.

¹ See: www.hqsc.govt.nz/our-programmes/partners-in-care.



We developed a data collection storyboard indicating our data collection points. It was extremely interesting to see that each data-capture method highlighted similar findings relating to common themes – communication, discharge information and medication.



Improve

Based on the data we collected, we identified that patients require improvements to the information they are given on discharge. We are currently in the process of developing a 'discharge information tool' with our consumer advisers; at this stage it is in a very early draft format. On discussing the first draft with our consumers they advised us on the use of language, font and colour.

Before developing the second draft we consulted with pharmacy as the medication experts, to guide us on developing technically appropriate information. We also consulted with district nursing. We plan to consult further with our consumers as we continue to test the tool.

The tool has been designed for patients and staff to discuss the discharge process together. There are sections for individualised documentation relating to physiotherapy, pain medication and questions. A jigsaw diagram has been used on the inside pages to demonstrate how the sections links together. This was based on the medication mind map developed by our consumers at the discussion day. Useful phone numbers and website links are on the back pages.

Draft one

<p style="text-align: center;">Before Leaving</p> <p style="text-align: center;">Tauranga Hospital You Should Know</p> <p>1. The medications you need to take</p> <hr/> <hr/> <p>2. Signs and symptoms and what to do</p> <hr/> <p>3. Outpatient services you may need</p> <hr/> <p>4. Appointments you need to go to</p> <hr/> <p>5. Who to call for assistance</p> <hr/> <p>6. Physiotherapy what can I do/not do?</p> <hr/> <p>7. ACC Number</p> <hr/> <p>8. Website Addresses</p>	<p style="text-align: center;">Your Discharge Plan</p> <p style="text-align: center;">Pain Control</p> <p>Take all prescribed medications as directed by your doctor. If you are having problems with a medication, tell your GP.</p> <p>Nausea- pain medication should be taken with food as this will help stomach upset or nausea which is common.</p> <p>Do not drink alcoholic drinks while taking pain medications</p> <p>Do not drive while taking strong pain medications.</p> <p>Constipation – is common with pain medication. Increase your fluid and juice intake; eat more fibre, vegetables and bran. Also you may need a laxative to aid in regular bowel movements.</p> <p>Diet</p> <p>Make sure you eat well and have plenty of sleep and rest.</p> <p style="text-align: center;">Wound care</p> <p>Leave your bandage/splint/cast on until you see your doctor or if instructed remove your bandage. If you have steri-strips on your wound, do not remove let them fall off by themselves.</p> <p style="text-align: center;">FOLLOW UP APPOINTMENTS</p> <p>You should be seen in outpatients as instructed by your doctor. You should call your GP and arrange an appointment for a wound review.</p>
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Questions

Please ask questions with a member of the health team about your treatment and discharge home

Referrals for wound care, home help or personal care

If required a referral will be sent to the Care Coordination Center (CCC). The CCC team will contact you following your discharge.

If your hospital stay is due to an accident a referral will be sent to ACC

Useful telephone numbers

In the event of an emergency dial 111

Ministry of Health Healthline 0800 611 116

Healthline is a free telephone health advice service for all the family available 24 hours a day, 7 days a week..

Useful Internet links

<http://www.bopdhb.govt.nz/health-advice/a-z-of-health-advice/>

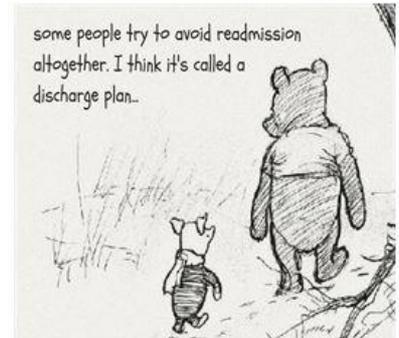
<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/constipation>

<http://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand>

<http://baynav.bopdhb.govt.nz/public-health/Weightmanagement/?pathways>



Discharge Information Tool



The Bay of Plenty District Health Board has an active commitment to the Treaty of Waitangi and the improvement of Maori Health

Designed in partnership with former patients



Tauranga Hospital 07 579 8000

June 2018

Alternatives

Rest, ice, heat and massage, relaxation and distraction.

Heat helps soothe stiff joints and relax muscles. Cold helps numb sharp pain and reduce inflammation.



Constipation

Is common with pain medication. Drink more fluids, eat more foods that contain fibre, vegetables and bran. Also you will probably need a laxative to help with regular bowel movement.

It is important not to wait too long before you seek assistance with constipation. If you have not passed a bowel motion for 3 days, please contact your GP.



Diet

You may eat your usual diet. We also encourage you to drink plenty of fluids.

For more information on healthy eating refer to the websites on the back page.

Physiotherapy

What can I do?

What can I not do?

Wound Care

Leave your dressing on as advised by your health team. Most wounds heal best when not disturbed. If your wound becomes red, swollen, more painful or has an offensive smell or discharge please call your GP.

Your Pain Medication

Take prescribed medications as discussed by your health team. If you have problems with your medication, tell your GP.

- Take pain medication with food to help prevent tummy upset or nausea
- Do not drink alcoholic drinks while taking pain medications
- Do not drive while taking strong pain medications
- Ask questions about your medication before you leave hospital. Your pharmacy could also help explain medications
- If you need more medications go to your GP

Things you should know...



Measure

As the discharge information tool is still in the very early stages of development, we have not been able to undertake any measures. However, for one of our measures we plan to test the tool on inpatients who are going to be discharged using plan–do–study–act (PDSA) testing; we will purposefully identify Māori and older adult patients to give us a broad range of feedback.

Questions will be asked in line with the initial mini-questionnaire:

1. What works well?
2. What doesn't work so well?
3. Can you describe to me (or show me) anything in the leaflet that was clear and easy to understand? How does that make you feel?
4. Can you describe to me (or show me) anything in the leaflet that was not clear and perhaps difficult to understand? How does that make you feel?
5. Do you have any suggestions for improvement, how can we make it better?

Working as a co-design team

Working as a co-design team has been extremely interesting. We have learnt that health professionals perceive information very differently to patients. We have found that patients do not always fully understand the information they are given and often will not ask for clarification. What we think makes sense often does not to our patients. Our consumers have taught us this and it has allowed us to understand the essence of co-design.

At the beginning of the project we thought we knew what the problem was but in reality we didn't. Together with our consumers we have identified the need for a discharge information tool. The language used is very important, as is the choice of font and colour. We will complete the leaflet with our consumers, ensuring the principles of health literacy are incorporated.

The project team

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