

Partners in Care Programme

Co-design in health and care services

Websession 4
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Welcome to

Taranaki, Hutt Valley and Capital and Coast DHB Teams

Agenda for today's web session

- Reflection on the workbooks
- Feedback from two teams on the Capture Phase
- Moving to understand
- Next activities

Reflection on the workbooks

- Project set up-
 - Time, scope, measures.
 - Challenge, opportunity need (and solutions)
- Engage-
 - slow with consumers overall, some great examples of wide range of stakeholders
- Capture-
 - Mainly consumers
 - Surveys, interviews/conversations
 - More breadth than depth

Surveys

- Introduction

Why are we collecting stories?

- You are invited to be interviewed as part of Cardiac Services Project looking to improving the experiences of patients by reducing the incidence and more effective management of Surgical Site Infections (SSI). Along with other people's, your responses will help to form a basis for the quality improvement in the area of SSI.
-
- Framing questions
 - what is working well, what could be better, what ideas do you have that would improve it.
 - What happened next, how did that make you feel, then what happened, how did that make you feel?
- Testing surveys – just test them!
- Distribution and collection- can affect the levels of return

Experience questionnaire :



What made you come to hospital? Who advised you to come?

What information were you given about why your child needed to be admitted?

How was the information given to you?

How did you feel

What did you know about your child's treatment while in the ward at the beginning of this admission?

What information were you given?

Who gave you the information and how was that given?

What would you have liked to have known?

When did you know that your child was going to be discharged from hospital?

What information were you given at discharge time, if any?

Are you aware of a follow up or referral? Has this been organised and by whom?

From what you were told, how confident were you to be discharged?
On a scale from 0-10

Were you comfortable enough to ask any questions regarding your hospital stay?

How did you know what to do when you got home?

If you needed to pick up medications, how did you know what to do with them?

If you needed to ask questions, were you aware of who to contact?

If you needed to contact someone how was that for you?

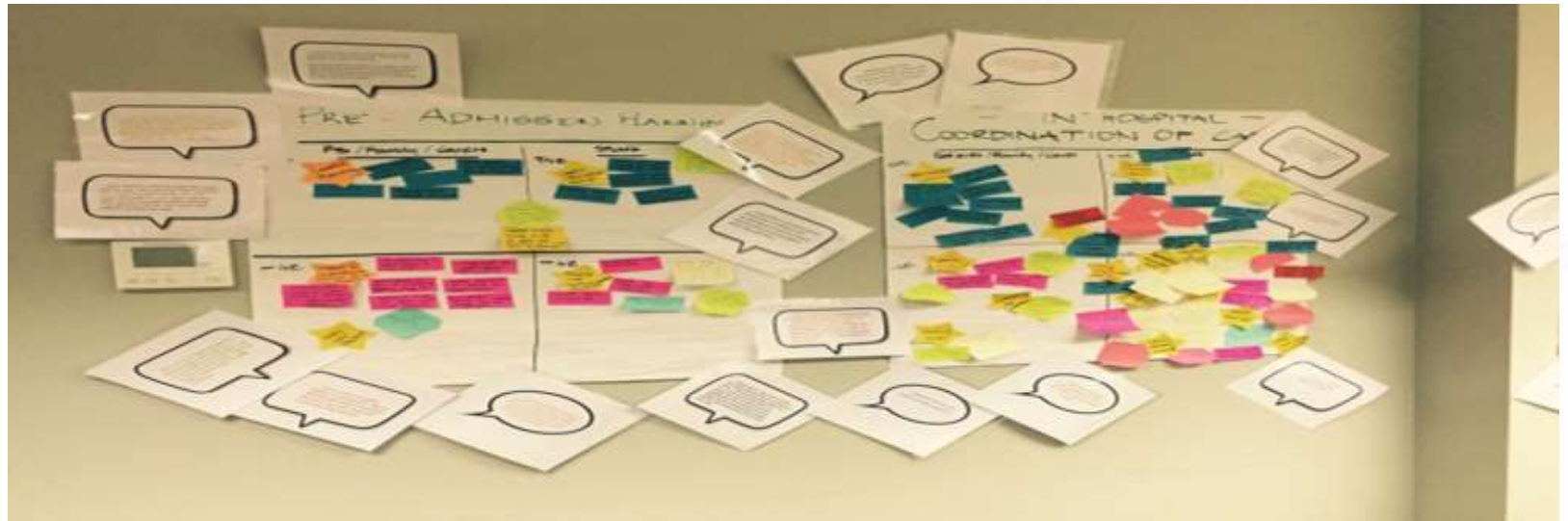
Who were you told you needed to see if your child got sick again?

How easy/hard was it for you to talk to someone or see someone about your child's health?

As you capture remember to collect ideas for improvement

And start to add these somewhere....

Either on your experience map



Or on a separate 'sheet'

Patient Experience Journey – Scene 1



Mary injures her foot at home. She cleans the wound and puts a plaster on it and goes to work the next day



Mary bikes to work the next day. Her foot is very swollen and inflamed. Mary is in a lot of pain. Mary has just started a new job and feels she can't take time off. She dismissed the pain as she did not want to overreact in her new environment.



2 weeks later

Mary's foot is very inflamed and her colleagues advise her to see her GP.



Mary phones her GP for an appointment and is told she has to wait 1 week to see her GP



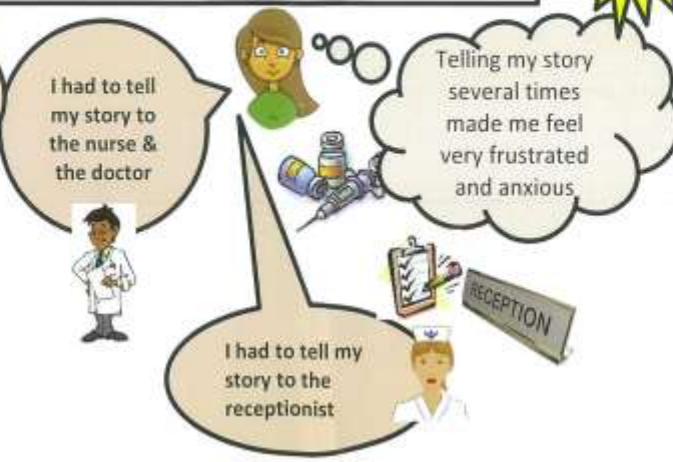
Mary phones her own GP practice the next day to ask if they can give her the second dose of IV Antibiotics. They agree to see Mary and she is very happy they were helpful and reassured her it was going to be okay. She did not have to wait to be seen at the GP Practice. Mary is attended to by the practice nurse and given her 2nd dose of IV antibiotics and was then also informed she needs to have any x-ray and a third dose of IV antibiotics over the weekend. Mary is now not able to go away with her family for the weekend so she went to stay with her aunty.

Day 12



Mary goes to see a GP at the after hours GP practice as a walk in. The GP informs her she will need IV antibiotics. Mary is given the first dose of IV antibiotics.

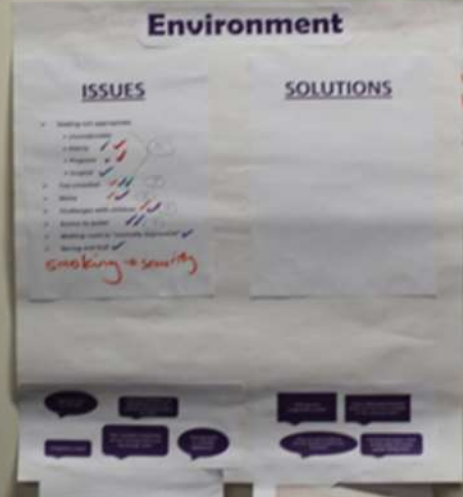
Day 11



The next day



As you capture start to map out themes



Sharing

After Hours Primary Care

Hutt Valley Acute demand clinical network

Rachel Prebble, Peng Voon, Jazz Heer, Paul Abernethy

Choice and Decision Making in Acute Care – understanding why people choose different care options?

Rachel Prebble

Peng Voon

Paul Abernethy

GP practice conversations – what is their experience?

- Visits to 6 practice teams
- Discussion on acute care experience
- Key themes – triage, walk-in acute clinics, priority access, extended hours, after hours
- Messaging/communication is key - consistency
- Need to create time to think/plan/test ideas
- Space and model of care limitations
- Patient focus - inclusion



GP practices in Context – what are the main challenges they see?

Common challenges for all	High needs practices challenged by
<p>Free under 13s policy</p> <p>Lack of clarity in relationship with ED and ambulance</p>	<ul style="list-style-type: none">• Population leaves area for work – <u>access</u> to practice during daytime more difficult• Level of social chaos in the community – booking on the day reflects limits in forward planning• Capacity used by WINZ work capacity assessments (one practice reported over 1500 in one year)• Transient population and high ESOL (interpreters and extended appointments)• Time consuming follow-up (e.g. people without telephones, transient population)• Meeting complex social/health needs of families

What do GPs think might improve acute care ?

Increase consistency across system:
Identify top 3 acute presentations
and design consistent pathway across
system?

Phone triage at afterhours to ensure
focus is on acute, rather than walk in
model with nurse triage?

Shared call centre function (Midlands
model)?

Review under 13s access for
afterhours?

Funding model to increase
community based
treatments/surgeries/procedures?

Improve IT system for referrals?

Hospital files kept up to date with
right GP or contact details?

GP access to the Wellington health
system?

Consider changing landscape –
mobile population, practice
ownership models (move to multi-GP
practices with grandparent process
for sole practices?)

Access to radiology without need to
go through ED?

Interplay between long term
condition management and reducing
acute demand e.g. flu vax (with its
built in 20min hold) for high risk
offers opportunity for “Warrant of
Fitness”

Increase integration with
multidisciplinary and specialist teams

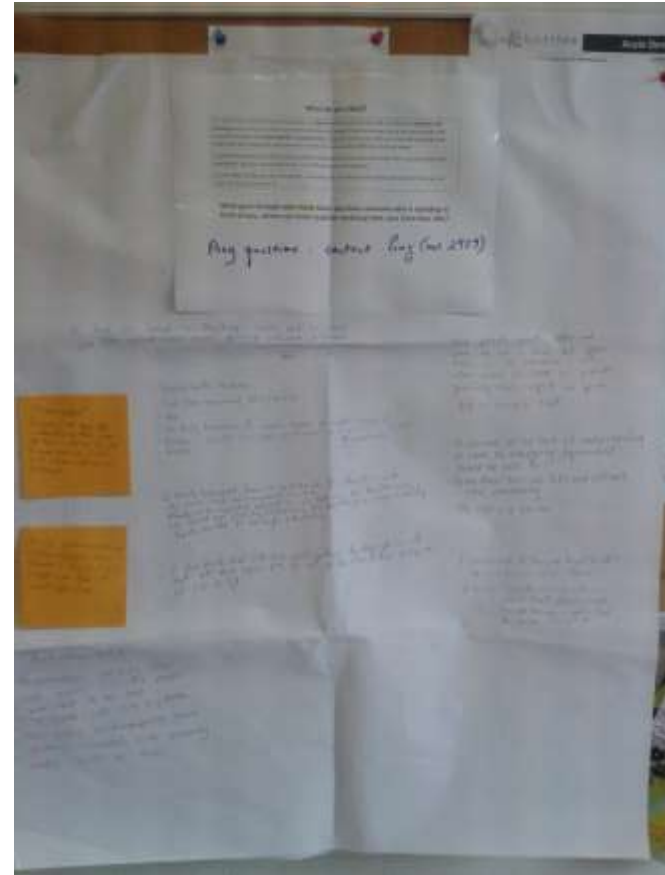
Increased relationship with ED and
ambulance for practices. More clarity
and pathways.

Capturing the voice of the staff in ED – what do our ED staff think and feel?

Use the Post-it notes for your comments.... Anything and everything is very much appreciated! There are no 'right' or 'wrong' answers!

What goes through your mind when you have someone who is standing in front of you, whom you think could be receiving their care from their GPs?

How does it make you feel, when people come to ED, whom you think could be receiving their care from their GP?



What goes through your mind, as an ED staff member, when you have someone standing in front of you who you think could be receiving care from their GP?

Most patients would rather not come to ED I think, but often there is no alternative, as other services are closed.

I feel frustrated at the lack of understanding at what the emergency department should be used for. Media scaremongering about infectious diseases creates a lot of fear.

There is a breakdown between GPs and patients in the community.

"You're pulling a fast one."
Frustrated that they take time away from people who really need to be here.

I think we could do more to educate patients about the best options, but in the rush rush rush of the ED there is limited time for this.

Cost is a factor. People genuinely can't afford to go to their GP or after hours.

Frustrated! Some people see it as their 'right as a tax payer' to use ED. They can get quite confrontational if you ask them whether they tried their GP first.

I think knowledge and culture mean that patients don't understand the purpose of a GP vs ED.

Limited health knowledge is a factor. Especially if it is the first time someone experiences a particular pain or illness. Some people don't even know basic self-care and rush in to ED.

If they can stand, I'm thinking: "...walk out that door, just turn around now, cos you're not welcome anymore...."

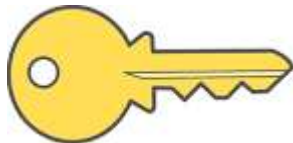
So what did we learn from our ED staff?



? = Frustration



? = It's about lack of education/knowledge

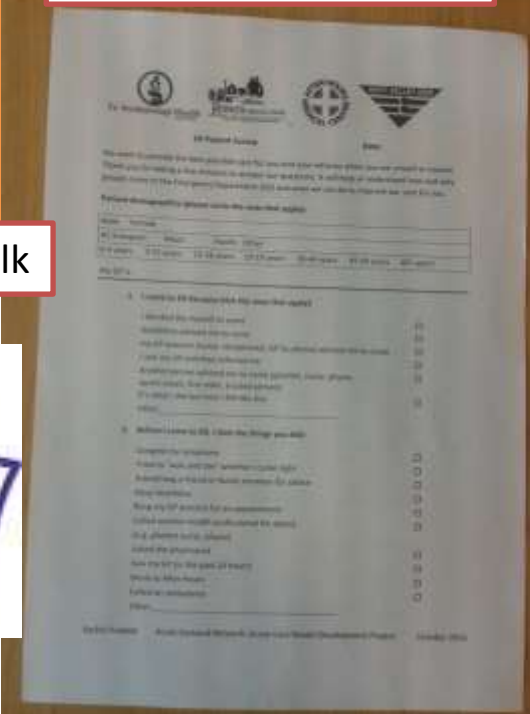


? = Communication

Capturing the patient voice

– at GP practices, after hours and ED

Patient tick box surveys



Patient conversations took about 15 minutes



A physical space to talk



Varied times and days

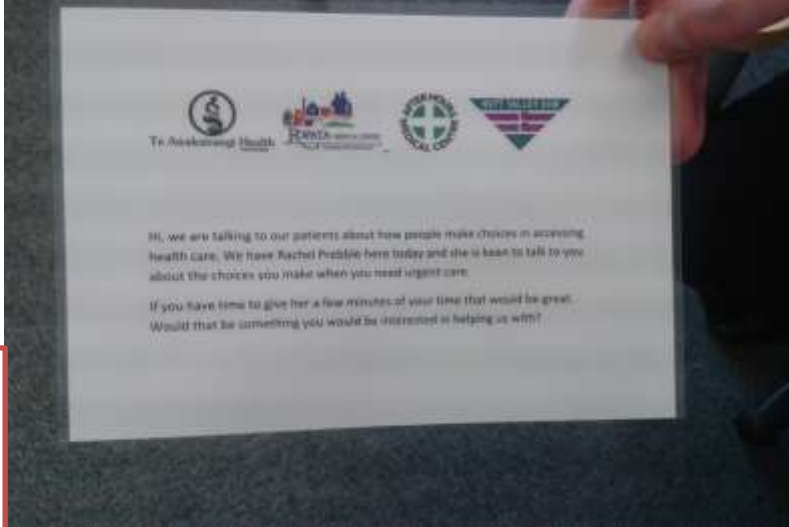
Scripts and information for reception staff

I had to bite my tongue sometimes!

Every good conversation starts with good listening.

I had to remember I wasn't reviewing the clinical process.

Go with the flow.



We talked to the health team in advance (doctors, nurses and administrators and gave them written info. We made sure they knew why I was there and what I was doing. Then we sent a *thank you*, with a summary.

People with long-term conditions – often know what they need

“ I know it won't kill me. I don't think of going to hospital.”

Elsie has a bladder infection, which started causing symptoms the night before. She has had repeated infections over a long time and keeps a few meds “to hold me over until I can get to the GP”.



I know the symptoms and I know what I need.

My GP is lovely but quite often I can't get an appointment with her.

Sometimes I can just get a script by phone, but I hadn't seen the doctor in awhile, so decided to come in.

People who plan based on past experience.

“ The children always seem to get worse at night, so I wanted to come in before that”.

Toni brought her daughter in with asthma. She had picked up her from school and been told that her breathing was not good.



After hours is very convenient, as it is often only after school that I discover there is a problem. It is impossible to get a same day appointment with the doctor when you only find out you need one at 3pm.

If it was for me, and I couldn't come here, I would wait until tomorrow. But for her I would have gone to ED.

I don't take risks with her asthma. She has had pneumonia before, so I don't wait.

My GP practice is lovely. The doctors are awesome and the nurses too. It would be great if they were open longer.

People who want to do what is best for their children.

"I don't know what to do because I don't know what is wrong with her".

Sally is mother of a little girl, who vomited on the way home from day care and was floppy and had a fever. She tried her GP but there were no appointments today. She felt too anxious to wait for after hours to open.



"It is sad when your child is sick and you don't know what to do. I feel alone".

"You wait quite a long time for an appointment, but you get great quality care once you see the doctor.

"I am not going to stay at home until the next morning if my child is in distress".

What matters most to you when you have an acute health problem?

A word cloud of patient priorities for acute health problems. The words are arranged in a roughly circular shape and are color-coded. The most prominent words are 'CURE RISK' (red), 'PRIORITISE TIMEFORME HEARME' (red and green), 'FEEL BETTER ATTENTION TIMELY' (green), 'TAKEME SERIOUSLY RESPECT COMMUNICATE' (green), 'ASSESSMENT TRUST WHOLE PERSON RELIEF' (purple), 'TREATMENT COMPETENT REASSURANCE' (green and red), 'ADVICE THOROUGH LINKED UP LISTEN' (orange, purple, and blue), 'BE SEEN SOLUTION FREE' (green and brown), and 'SAFETY' (yellow-green).

CURE RISK
PRIORITISE TIMEFORME HEARME
FEEL BETTER ATTENTION TIMELY
TAKEME SERIOUSLY RESPECT COMMUNICATE
ASSESSMENT TRUST WHOLE PERSON RELIEF
TREATMENT COMPETENT REASSURANCE
ADVICE THOROUGH LINKED UP LISTEN
BE SEEN SOLUTION FREE
SAFETY

What is important to our patients when they have an acute care need?

"It is sad when your child is sick and you don't know what to do. You feel alone".

Patient Conversations

- 24 at GP practices
 - 11 at Lower Hutt after hours
 - 22 at Emergency Department
- Pencil and paper surveys
- 56 at Lower Hutt after hours
 - 72 at Emergency Department

an acute care need?

"Timeliness and communication are really important. I assume the clinical care will be excellent."

"Trying to get to one actual GP is a nightmare. If you have an acute problem, you just need to see whoever."

"That people will take me seriously."

"A quick diagnosis is important to me, I am a real worrier."

"I trust my GP, he is great. I can't always get to see him, but the communication amongst the GPs here is great."

"I had mild symptoms and I googled it, but then it got more severe."

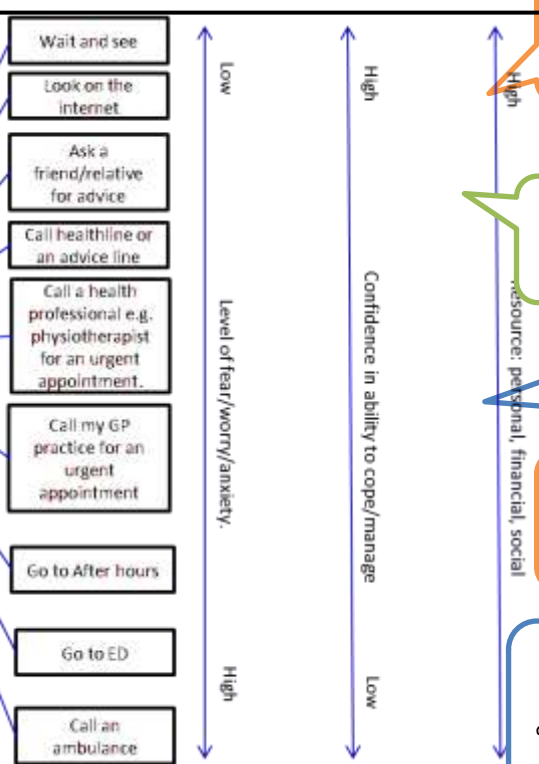
"I need to sort it out now. I can't wait a few days for an appointment."

"I rang to see where the queue was shortest. It would be good to know how long the queue is."

"After hours is very convenient, as it is often only after school that I discover there is a problem. It is impossible to get a same day appointment with the doctor when you only find out you need one at 3pm."

What do I do?

I have an urgent health need - illness or injury



People feel safe in ED.

Some people don't know basic self-care and rush in to ED.

6 GP practice leadership teams
3 Emergency Department Leaders
Emergency Department Staff

ED is easy and convenient to get to.

I think knowledge and culture mean that patients don't understand the purpose of a GP vs ED.

Cost is a factor. People genuinely can't afford to go to their GP or after hours.

Most patients would rather not come to ED I think, but often there is no alternative, as other services are closed.

We (ED) are seen as the experts.

Media scaremongering about infectious diseases creates a lot of fear.

When making changes in Model of Care, staff felt these elements contribute to success:

- Time/space to develop and plan
- Data to inform change planning and evaluation
- Time/space to work with team and address concerns
- Modelling for scale
- Lead time for scheduling
- Identifying capability and capacity -> sustainability
- Clarity and consistency (e.g. nurse standing orders)

I know the symptoms and I know what I need.

"I think the GP can refer for an xray, but then you have to pay for the GP and pay for the xray and you have to travel to each and wait at each place".

What's next?

- Developing an on-going and meaningful relationship with consumers
 - Identifying ways for consumers to inform our Acute Demand Network as an on-going process
 - The capture we have completed was about concept development for acute care. This has informed the development of two work streams for service development in acute care:
 - Community Integration
 - Health Care Home Type model
 - There is also our annual integrated winter planning workstream
- The logical next step is to build consumer representation and input into each of these 3 workstreams.
- Closing the loop – communicating what we have learned back out to the DHB and community will also be a part of the next steps.

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Sharing

CCDHB Co-Design Project

Michelle Bowe, Rachel Fluke,
Sarah Maher, Heta Makiri



CCDHB Co-Design Project

Michelle Bowe
Rachel Fluke
Sarah Maher
Heta Makiri

15 March 2017

*Why do they need a checklist?
Don't they have this information
written down?*

Checklists help people with the steps they need to take.

For example, when you get a new Warrant of Fitness for your car, the mechanic will use a checklist to make sure they have checked all parts of your car.

It's important that the same checks are taken with your operation.

The Surgical Safety Checklist is an important part of this.



For more information about how the Health Quality and Safety Commission is promoting the Surgical Safety Checklist to keep you safe go to <http://www.hqsc.govt.nz> and type 'surgical safety checklist' in the search box.

Keeping you **safe** during surgery



New Zealand Government



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We are *keeping you safe* during your surgery by asking you some questions.

On the day of your surgery, a nurse will ask you to confirm:

- your name
- your date of birth
- the operation you are having
- any allergies and reactions you have.

The nurse will check that you have given permission for the surgery and anaesthesia, and confirm the place on your body where you are having your operation.

Your anaesthetist will do their own safety check as well and may also ask you some questions.



We will ask you these questions **a number of times** before you have your surgery.

If your child is having surgery, we will also need to ask these questions. You can answer these questions on behalf of your child.

You will also have the chance to ask any questions you have at this time.



These questions are part of the **Surgical Safety Checklist** which was developed by the World Health Organization.

The aim of this checklist is to make sure that **all important steps** have been taken to keep you safe during surgery.

The checklist is used by everyone involved in your surgery - the nurses, the anaesthetist, the surgeon and others.



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Project Aim & Scope

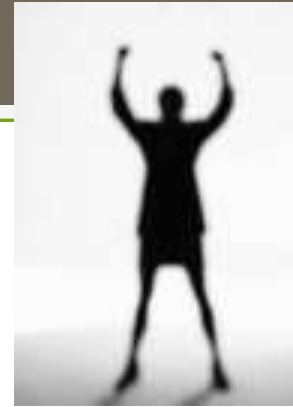


- CCDHB use a co-design approach to understand thoughts of staff and patients on the “Keeping you safe during surgery” brochure
- Make recommendations to HQSC to inform design of a new version of the brochure

In February, scope widened to include:

- CCDHB will make recommendations regarding other methods of communication

Consumers



- Project team:
 - 2 consumers
 - 2 health sector representatives
- Consumer: approach by CCDHB Quality Manager
- Consumer representative: Whanau Care Services staff member
- Both familiar with health sector

Engagement



- Consumers brought up to speed with co-design through presentation
- Peri-operative tour so our consumers could experience the surgical patient journey and observe:
 - That **multiple** questions are asked
 - **Multiple** times
 - By **multiple** staff
- Staff and patient / family engagement

1: Surgical admissions



2: Holding bay



3: Operating theatres



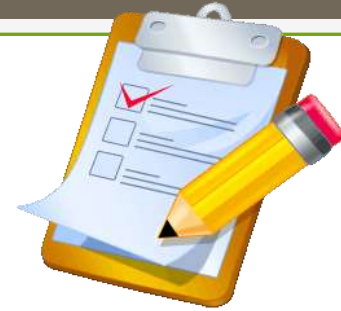
4: PACU



5: Second stage recovery



Capture



- Surveys devised for:
 - Operating Theatre staff
 - Whanau Care Services staff
 - Surgical patients
 - People in the community
- More effective face to face, with conversations
- Iterative surveys to capture breadth and conversations for depth

Capture example



- Ophthalmology day surgery patients
- On admission they read the “Keeping you safe during surgery” brochure
- Meet patient in second stage recovery for face to face survey and conversation

“Don’t need special bit of paper”

“Confirmation being looked after”

“Don’t see people need to be mollycoddled”

Testing




● Postcard 1

Keeping You Safe During Your Surgery

Who?
You will be asked lots of questions by different staff
- these same questions will be asked lots of times

Why?
It is part of our safety checks to keep you safe on your surgical journey

When?
You are asked the safety questions
- on admission
- before you go into theatre
- in theatre
- by different staff members joining the team



● Postcard 2

Keeping you safe during surgery

Different staff will ask you the same questions a number of times prior to your surgery.

This process is part of the Surgical Safety Checklist which was developed by the World Health Organization and is used to keep you safe during surgery.

If you have questions, please ask any member of staff.

Testing

Your Surgical Journey today

INFORMATION FOR PATIENTS

1 Welcome to Kenepuru Theatre



When you arrive, we will ask you to check all the information on your Patient Information Form. Take your time to make sure it is all correct.

If you aren't sure how to change something please ask us.

Make sure to put a tick or a cross in all of the boxes. If you are having a General Anaesthetic or sedation you will need to have someone take you home and stay the night with you.

2 Checking



Next we go through a checklist. Then we get you ready for your operation or procedure. We check your temperature, blood pressure and other recordings. We will ask you questions about your medicines, any infections and allergies. If you are having us check that you have done that correctly. **Now is a good time for you to ask any questions!**

3 Waiting to go



Once we have finished the checklist we will have you through to get changed. We double check everything so there are a few things you will be asked many times. While you are waiting (it may be a long time), it is very important that you stay warm - use the blankets and ask for more if you get cold.

4 Visitors and more visitors




While you are waiting there are lots of things doctors and nurses doing in the operating room to make the use of surgery and you will see the anaesthetist if having an anaesthetic. You will need to sign a consent form. You will have to repeat most of your information and have to answer good there for any questions. If the anaesthetist is not available you may have to wait a long time. This is usually done to help you to be ready for the anaesthetist.

Please ask any questions and fill out our customer survey

Your Surgical Journey today

INFORMATION FOR PATIENTS


5 Going into theatre



Most patients are wheeled into theatre on a trolley. If your child is having surgery you may be able to accompany your child onto the theatre. If your child is spent an adult can carry them. The anaesthetist will let you know when you must leave your child in theatre and a nurse will take you back to reception. You will then need to wait in our second waiting room in the corridor opposite waiting.


Your legs will be stored under the trolley and go through with you to the Recovery/Post Anaesthesia Care Unit (PACU).

6 Welcome




There can be quite a few people waiting for you in theatre. Everyone has a role to play. You will again be asked for your name, date of birth and what surgery you are expected to have. Then we make sure you are comfortable and warm. We will put different bands of monitoring on you - blood pressure cuffs, oxygen monitors, ECG electrodes and we may put in an intravenous line. **You can still ask questions.**

7 Starting to recover




If you have had general anaesthetic or sedation you will wake up in the Post Anaesthesia Care Unit. A nurse will monitor your recordings and make sure that you are as comfortable as possible. You will hear music/television and it may seem very bright. You may feel very sleepy and not remember much of the time. **You can still ask questions!**

Going home



If you have had day surgery you will recover in Second Stage Recovery. The nurse will monitor you and give you a drink and some food. If you still feel hot surgery, they will give you a drink. You will get your discharge advice and discuss follow up.

Transfer to ward



If you are in second stage in the ward after your surgery, the ward nurses will come to collect and transfer you. Your support person will be able to accompany you to the ward.

Please ask any questions and fill out our customer survey

Next steps...



- Version 5 of patient survey
- Further testing of postcard 1 = content
- Testing “Keeping you safe during surgery” vs not using ‘safe’ in the title
- Try to engage with consumers:
 - unfamiliar with the hospital environment
 - less than 45 years of age

Thank you

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Next Activities

- Review you baseline data collection plan- to make sure it illustrates the challenge/opportunity
- Continue to **engage** at Project/Steering Board Level and at **'front line' level**. This will require some attention to **communications**.
- Continue to **Capture** –remember **breadth and depth**
- Create a high level process **map** so that you can start to populate as you capture
- Start to plan for **co-design**, testing, measuring impact.

Combined Web session dates

- Wednesday 5th April 12-1pm – two teams to share how they have mapped experience
- Wednesday 3rd May 12-1pm – two teams to share ideas and co-design activities
- Wednesday 31st May 12-1pm- two teams to share testing/implementing activities

Time Check

- 15 days – 3 hours to the next websession on 5th April
- 52 days until the programme completes on 31st May.
I have removed three days for Easter/ANZAC day.





- The initial part of the process is often the most challenging and time consuming
- You are all at slightly different stages but are doing well...despite the challenges
- We are here to help