

Partners in Care Programme

Co-design in health and care services

Websession 5 (of 7)
5th April 2017

Dr Lynne Maher
Director for Innovation
Ko Awatea
Associate Professor of Nursing
The University of Auckland
Adjunct Associate Professor, School of Medicine
The University of Tasmania



@LynneMaher1

Welcome to

Taranaki, Hutt Valley and Capital and Coast DHB Teams

Agenda for today's web session

- Feedback from two teams
- Moving to understand
- Next activities

Sharing - Taranaki DHB

To investigate where is the most appropriate place for children to have blood tests.

Co-Design Project



Where is the most appropriate place for children to have a blood test?

Team Members

Laboratory

Judith Rowland (project co-lead)

Libby Hinton

Children's Ward

Jane Bocock (project co-lead)

Carol Collier, Jane Dingle, Chris Glen

Consumer

Marie Tong

Project Sponsors

- Leigh Cleland
Clinical Service Manager, Maternal
and Child Health
- Gloria Crossley
Clinical Service Manager, Allied Health

Objectives of project

- *“It appeared from raw data, gathered in Ward 2B (Children’s Ward) that a significant number of children were coming to the assessment unit for blood tests.”*

What was the problem?

Why are so many children having blood tests in the PAU, in the children’s ward? Is this the right place?

What is the opportunity?

To investigate where the best place is for a child to have a blood test – from the child/parent’s perspective.

What have we done so far?

Developed the team:

- What is the situation now?
- How many blood tests done and where?
- What is best for the child?
- What is best practice?

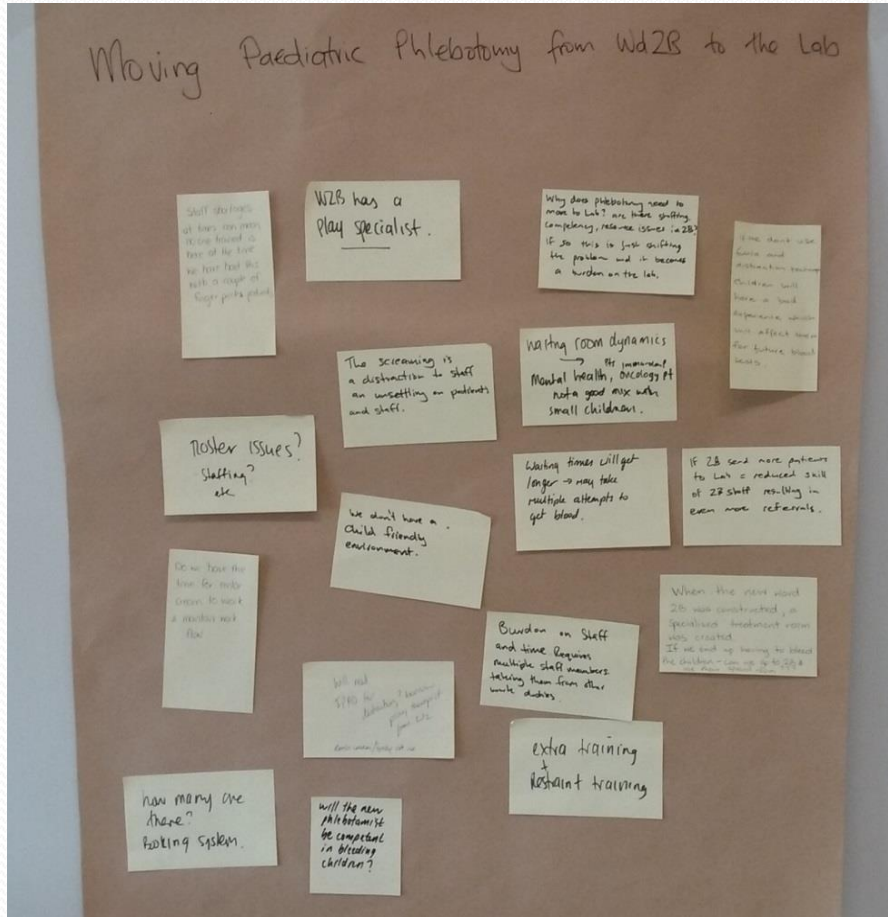
General Discussion

- Bleeding can be difficult in any child under the age of 6 years
- Child needs preparation (if possible) – play therapist, distraction, restraining/holding
- Trust is important for children who are having regular blood tests
- Children in PAU are often having review with doctor too.
- If laboratory having difficulty bleeding a child, the child is sent to PAU.

Engaging with Stakeholders

- Meeting with sponsors – origins of project (Paediatric Review, moving child health “closer to home”) – changing of laboratory services in TDHB
- Talking with staff – laboratory, medical and nursing staff
- Talking with children and/or their parents – capturing experiences and stories

Comments from Laboratory Staff



- ❖ Burden on staff and time. Requires multiple staff members taking them from other work duties.
- ❖ Why does [child] phlebotomy need to move to lab?
- ❖ Waiting times will get longer, may take multiple attempts to get blood.
- ❖ We don't have a child friendly environment.
- ❖ Ward 2B has a play specialist.
- ❖ Will need iPad for distraction. ? Borrow play therapist from Wd 2b.
- ❖ How many are there? Booking system.
- ❖ Waiting room dynamics, mental health, immunocompromised, oncology patients not a good mix with small children.
- ❖ If we don't use Emla and distraction techniques children will have a bad experience which will affect them for future blood tests.

Performing a Blood Test

How Do You Feel?

This questionnaire will help you think about how you feel performing this blood test. Circle the words that best describe your feelings at each stage, or write your own at the bottom.

Before	Childs Behaviour	Support Person Behaviour	Attempts	No of staff involved	Time taken	After
Anxious						Distressed
1	Combative	Supportive	1	1	Up to 5 min	1
2	Screaming	Compliant			5-10 min	2
3	Tearful	Disruptive	2	2	10-15 min	3
4	Compliant				15-20 min	4
5	Calm		3	3	> 20 min	5
6						6
Relaxed			Not successful	4		Relieved

Why?

We'd like to know why you felt like this. Please record any additional comments in the boxes.

--	--	--	--	--	--	--

Venous/Capillary

Age: ____ yrs ____ mths

Male/Female

Performing a Blood Test

How Do You Feel?	Before		Childs Behaviour		Support Person Behaviour		Attempts		No of staff involved		Time taken		After	
This questionnaire will help you think about how you feel performing this blood test. Circle the words that best describe your feelings at each stage, or write your own at the bottom.	Anxious 1	1	Combative	1	Supportive	15	1	14	1	11	Up to 5 min	13	Distressed 1	
	2		Screaming		Compliant	1					5-10 min	1111	2	
	3		Tearful	11111	Disruptive		2	11	2	11111	10-15 min		3	
	4		Compliant	11111							15-20 min		4	
	5	111	Calm	11111			3		3		> 20 min		5	11
	6 Relaxed	1111 11 1111 111											Relieved 6	1111 1 1111
							Not successful	1 (didn't attempt)	4					
Why?														
We'd like to know why you felt like this. Please record any additional comments in the boxes.	Bled many children. Confident around them. Child was T1DM so knows the process. Patient in wheelchair but had 2 helpers. Asked to lie down. Been taking blood samples from children since 1977. Patient had Emla from Wd2B as mother is a nurse there.		Very obliging. Had intellectual disability & no concept of what was happening. Lay quietly on the bed. Cried when needle went in. Had had blood tests before		Made her laugh during collection. Mother very good at listening to me & holding arm correctly. Mother a little forceful "Don't talk to her", "She doesn't want that". Dad happy to hold, didn't need any help. Came with mother and brother, they stayed in the waiting room. Great support, mother is a nurse (only told me after)		Easy collect despite her saying she was difficult. Child had a very good sized vein. Patient says she has had problems due to difficult veins. Easy with Emla and a butterfly.		Used the 2 support people that were with the child. LB held the boy firmly. One to help hold arm.		Needed 6 tubes. Quite a lot of reassurance.		All went well. Very straightforward, mother very helpful and said it was a great procedure. OK. Good. Fine. Good, no problems. Very successful, patient happy. Relaxed and comfortable. I was pleased that there was a good outcome. I was able to collect enough blood for tests required. Dad said it was the best blood test he had had. Dad handled the situation very well. Took 2 attempts. Only one veing really available so not easy. Happy and ready to go an buy a toy as promised by mother.	

Story Board

Mother – overheard lab staff when waiting with child in the waiting room:-

“Who is going to do it?”

“I don’t want to do it.”

“How big is the child?”

Mother –

“I didn’t realise I would have to hold my child [during blood test].”

Mother –

“Each time we go for a blood test, it is like we are going for the first time.”

Story Board (cont'd)

“I don’t see a problem with the child going to the laboratory”
- Paediatrician

“It would be better if the child went to the laboratory, because it [blood taking] can take up a lot of the doctor’s time in PAU”
- Paediatrician

“If I see a mother with a lab form coming out from her child’s appointment, I sometimes will offer to take the blood sample. This saves the mother another trip and maybe forgetting to get it done.”
- Paediatric Nurse

Having a Blood Test

How Do You Feel?

This questionnaire will help you think about how you feel during your blood test.

Circle the words that best describe your feelings at each stage, or write your own at the bottom.

Before

Happy
Safe
Confident
In pain
Worried
Scared
Sad

Reception

Happy
Safe
Confident
In pain
Worried
Scared
Sad

Waiting

Happy
Safe
Confident
In pain
Worried
Scared
Sad

Blood Test

Happy
Safe
Confident
In pain
Worried
Scared
Sad

After

Happy
Safe
Confident
In pain
Worried
Scared
Sad

Why?

We'd like to know why you felt like this.

Please record any additional comments in the boxes.

Have you had a blood test before? Yes/No

Age: ____ yrs ____ mths

Male/Female

Patient Experience Questionnaire – Results Board

Results Having a blood test experience questionnaire

Before		Reception		Waiting		Blood test		After	
Happy	✓✓✓✓	Happy	✓✓✓✓	Happy	✓✓	Happy	✓✓	Happy	✓✓✓✓
Safe	✓✓✓	Safe	✓✓	Safe	✓✓✓	Safe	✓✓✓	Safe	✓✓
Confident	✓✓	Confident	✓✓	Confident	✓✓	Confident	✓✓	Confident	✓
In Pain		In Pain		In Pain		In Pain	✓✓	In Pain	
Worried		Worried		Worried	✓	Worried	✓	Worried	
Scared		Scared		Scared		Scared	✓	Scared	
Sad		Sad		Sad		Sad		Sad	✓

Additional Comments

- * Always happy 😊
- * Before been in for blood tests before, despite the wait (last time) the blood test itself was fine
- * was nervous about the test - blood test before the blood taken was ok, in the end blood taken in 10 minutes, a bit of crying but I know the staff are good

Having a Blood Test

How Do You Feel?	Before		Reception		Waiting		Blood Test		After	
<p>This questionnaire will help you think about how you feel during your blood test.</p> <p>Circle the words that best describe your feelings at each stage, or write your own at the bottom.</p>	Happy	1111 111	Happy	1111 111	Happy	11111 11111	Happy	11111 1	Happy	11111 11111
	Safe	11	Safe	111	Safe		Safe	1	Safe	11
	Confident	111	Confident	111	Confident	1	Confident	111	Confident	11
	In pain		In pain		In pain		In pain	11111	In pain	
	Worried	1	Worried	111	Worried	111	Worried	11	Worried	1
	Scared	111	Scared	11	Scared	11	Scared	11	Scared	
	Sad	11	Sad		Sad	1	Sad	11	Sad	
Why?										
<p>We'd like to know why you felt like this.</p> <p>Please record any additional comments in the boxes.</p>	<p>Couldn't go to school. Had a blood test before.</p> <p>Bored because I had nothing to do. Because it will hurt Little bit nervous. They can hurt a bit. Can't always find my veins so they sometimes have to do more than 1. Sick</p>		<p>Got to play on Mum's cellphone.</p> <p>Bored and worried because I don't like blood tests. Confident because I had done it before.</p>		<p>No waiting.</p> <p>Sad because I have feelings.</p> <p>Confident because I had done it before.</p>		<p>Done awesome, Drs normally have trouble getting blood off.</p> <p>OK because she did not talk too much and out me on a bed.</p> <p>Had to try twice but wasn't too bad.</p> <p>Emla applied 1 hr prior, i did not feel needle.</p>		<p>Chatty afterwards. Relaxed, chatting about dogs.</p> <p>Happy because I get to leave this blood eating place. Happy it's over. Has disabilities so doesn't fully understand. Over and done with! Dizzy. Minion plaster helped.</p>	

Have you had a blood test before?

Yes	No
-	-

Age: ____ yrs ____ mths

Yrs	Mths
10	5

Male Female

M	F
	*

Survey of Children's Ward Staff

TDHB Co-Design Project

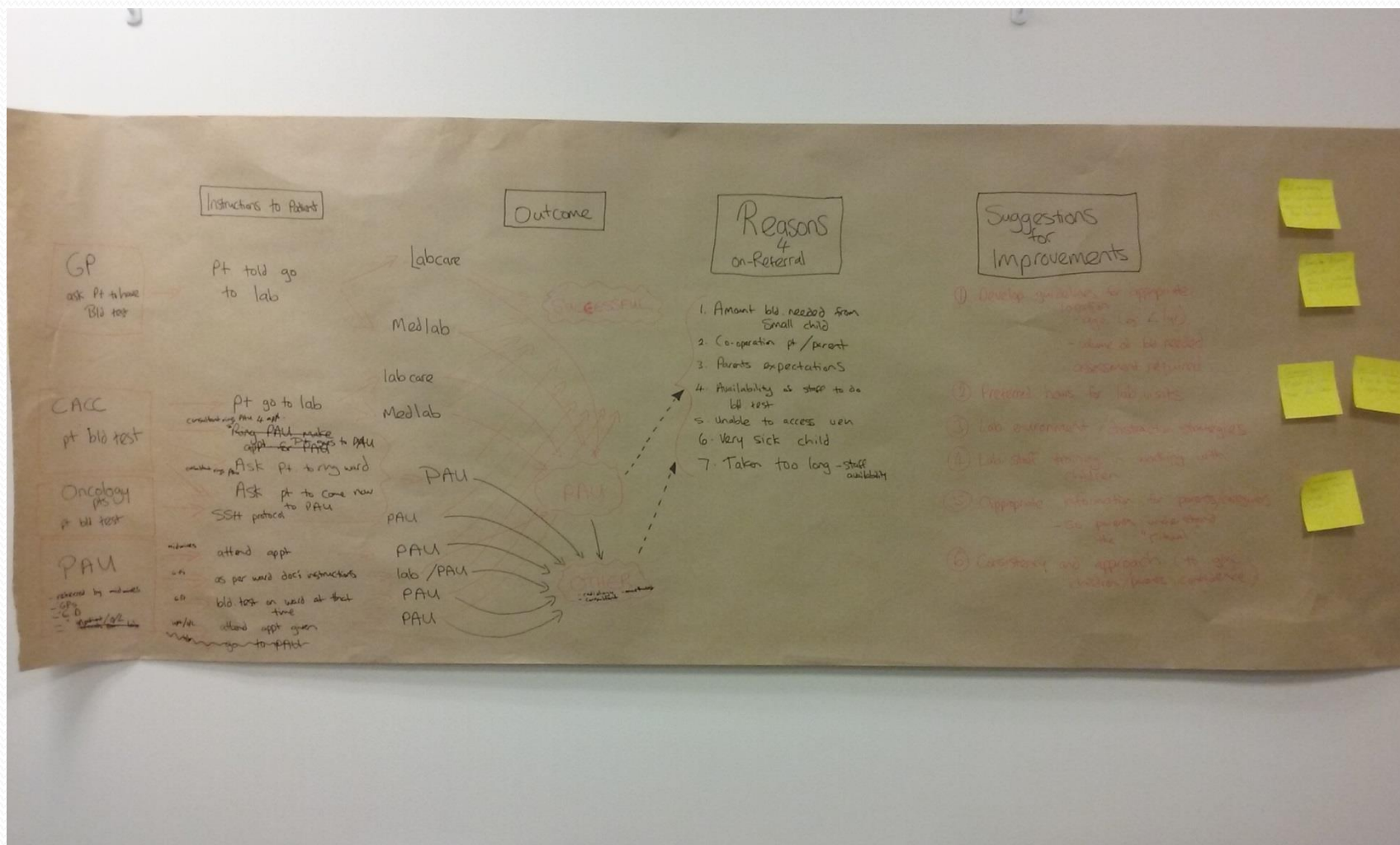
We are undertaking a project to establish where the most appropriate place is for children to have a blood test.

Please can you answer a few questions for us?

- Where do you think is the best place for children to have a blood test taken?
- What challenges is there with doing a blood test on a child?
- What are the negative/positives of doing bloods on the ward?
- What works well?
- What other tools could help with taking blood tests?

Thank you in anticipation.
Carol, Jane D, Chris G, Jane B.

Process Map



Where are we at?

- Analysing data – survey results
- Analysing the process map
- Listing suggested areas for improvement/change, on the process map

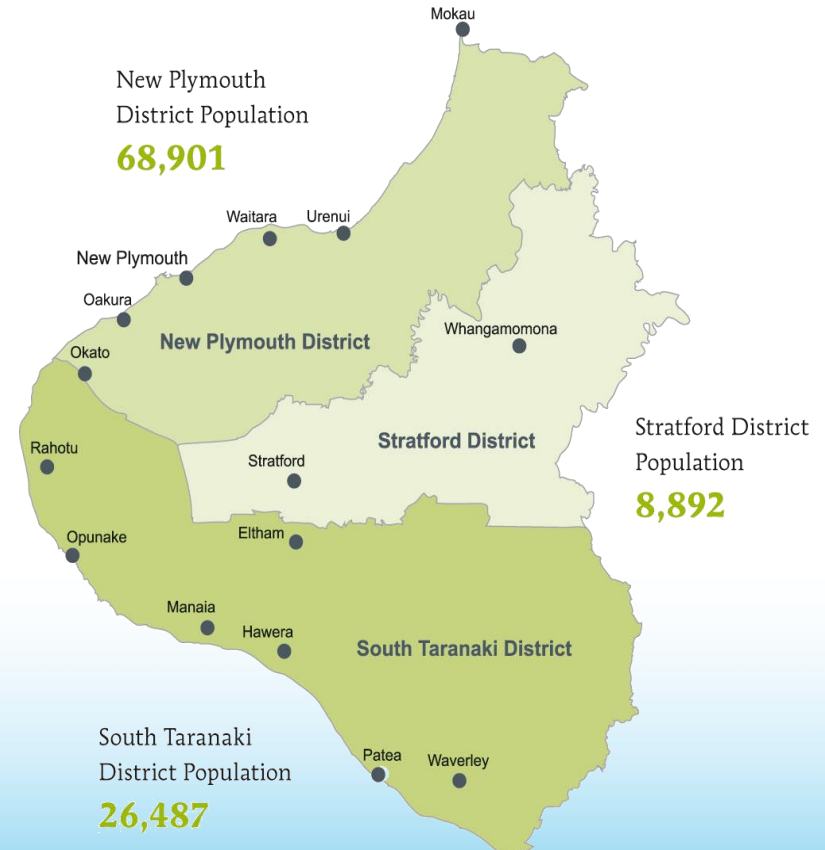


Sharing - Taranaki DHB

**Community Mental Health
Service- Exploring the process of
service users obtaining repeat
prescription's**

Taranaki DHB

- We employ more than 1500 people.
- We plan, fund and provide hospital and health services to more than 100,000 people who live within Taranaki DHB boundaries.
- Our aim is to promote healthy lifestyles through promotion, prevention, early intervention and rehabilitation.



We have...

- Relationships with two primary health organisations
- 85 general practitioners
- 18 dental practices
- 24 pharmacies
- 23 community personal health providers
- Providers of community laboratory services and radiology services
- 9 community based mental health, and alcohol & addictions service providers and 1 Māori mental health and alcohol & addictions service provider
- Support services for people with disability, including 29 residential facilities
- 16 providers of community health for older people services
- Hospital provider – facilities include Taranaki Base Hospital, Hawera Hospital and five community health centres in Waitara, Stratford, Opunake, Patea and Mokau.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

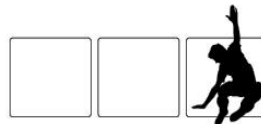


Partners in Care Programme Staff and Consumers Co Designing Improvements Together

T.D.H.B. Mental Health and Addiction Service

What is the challenge, need or opportunity?

To have a standardised process for obtaining repeat prescription's for service users from the TDHB Community Mental Health Service.



Taranaki Together, a Healthy Community
Taranaki Whanui He Rohe Oranga

Core Team



Pene Te Puni
Community and
Addictions
Service Manager



Chris Sorensen
Quality and Risk
Advisor
Mental Health



Patrick Morris
Team Leader
Adult Mental
Health



Angeline Wood
Social Worker
Adult Mental
Health



Nic Magrath
Consumer Advisor
Mental Health and
Addictions



Jim Dickinson
Family and
Whanau Advisor
Mental Health

Reflection after the set up phase

The input of team members has demanded a sacrifice of time, which in a busy clinical environment can be very challenging.

Therefore it has been difficult to get consistent levels of input from all team members.



Reflection after the set up phase

The group has faced challenges at times in gaining a thorough understanding of each others perspective towards the concept of co-design.



What has gone well?

- Agreement about the 'how to' points of engagement and capture.
- Each team member has been able to positively contribute to the engagement of stakeholders.
- Retaining a focus on the scope of the project.
- We have 'uncovered' other potential co-design projects within our service.



Main points of learning.

- There was diversity of opinion and feedback as to whether the 'challenge' was problematic by all stakeholders.
- When we completed a PDSA process we discovered some 'gaps' had been left in the information collecting during our capture phase.



What would we do differently?

- Put more time in to planning in the capturing phase. We had an enthusiastic approach without stopping to ask ourselves if we were reaching all of the stakeholders. Consequently we missed out Pharmacists and had to step back in to the capture phase.



Gaining Senior Leadership Support

- Gaining the support of senior leadership has been possibly the easiest part of the process for us.
- Our project theme was formulated from a meeting that senior leadership attended.
- They have remained interested and engaged with the progress of this project and have been updated regularly by way of meetings with the project team.
- Senior Leadership also attended a presentation from our project team at the second master class.

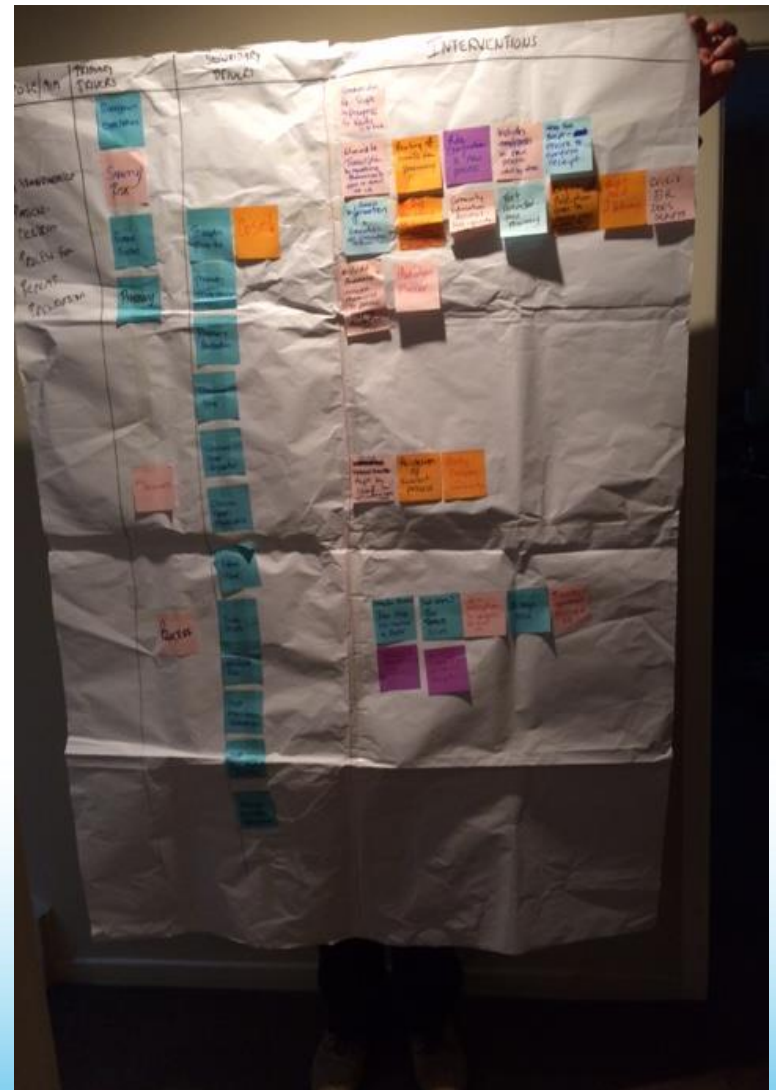


Taranaki Together, a Healthy Community
Taranaki Whanui He Rohe Oranga

Engaging Staff

- We have approached staff in a number of ways – initially meeting with the keyworkers and Psychiatrists explaining the details, intention and time line of the project.
- We have reported back regularly through team meetings.
- Our engagement with other stakeholders (Pharmacy) has provided us considerable learning and is an area we would manage differently in the future. We have now embarked on a re-engagement process.

Mapping the process



Quotes from staff.

“Each keyworker handles this process in their own way- some better than others”

“I have no issue with the current process”

“It can be a nightmare... we spend so much of our time on repeat prescriptions”

Engaging Service Users and Whanau

- Engagement of our service users and family members has been by using our Consumer and Family Advisor as a channel.
- Advisors contacted the consumer stakeholders and engaged them via consultation groups, e-groups and telephone interviews.
- Feedback from Service Users and Whanau made it clear that this issue is only a 'problem' for the service and that despite inconsistent and inefficient processes staff are managing to successfully meet people's needs.

PEPEAT PRESCRIPTION REVIEW QUESTIONS – Co-design Project

Name _____ NHI _____
Contact Details: _____

How long have you been with the TDHB Mental Health and Addiction Service?

3-9 months
9 months to 1 year
1-2 years
2-3 years
3-4 years
Over 4 years

Does one of our psychiatrists prescribe medication for you?

Yes _____ No _____

Have you had an occasion where you have needed another prescription for your medication before your next scheduled appointment with a Doctor?

Yes _____ No _____

If yes, what happened that led to you running out of medication before your appointment?

If yes how did you go about getting one?

Have you heard about the Recovery Action Plan / Health Passport? Would you like one?

Are there any of your family members who would be interested in completing a similar survey about repeat prescription with our family advisor?

Name: _____ Relationship: _____

Contact details: _____



Summary of Consumer Advisors Report

“Consumers receiving service from Taranaki District Health Board Community Mental Health Service are very happy with how the process described above works for them. There are no recommendations for change to be made”

Taranaki Together, a Healthy Community

Taranaki Whanui He Rohe Oranga

Reflection after the capture phase

- That what may be perceived as an arduous and complex problem by one group of stakeholders can be viewed as an excellent and efficient process by another group.

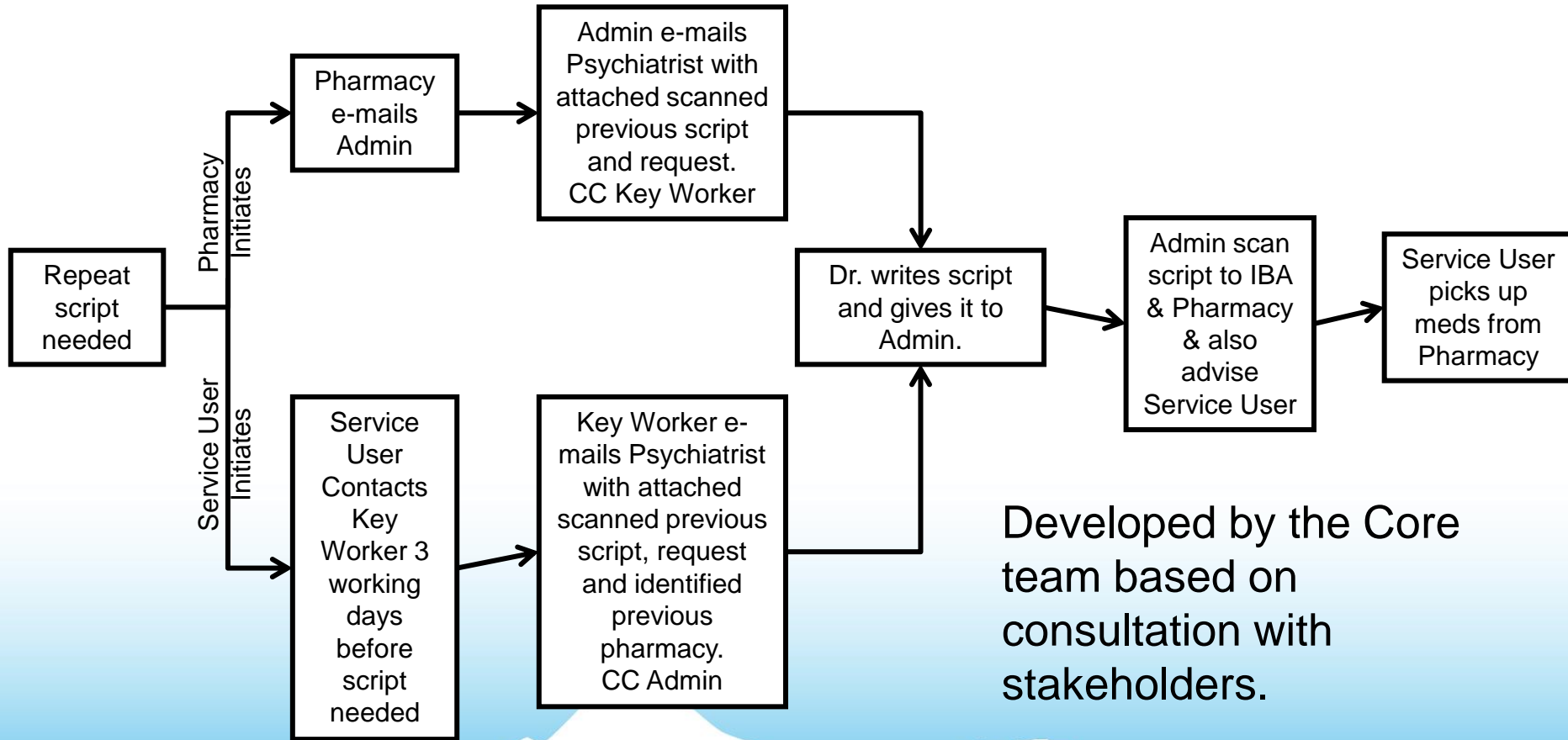


Reflection after the capture phase

- Ensuring all stakeholders are identified, planning the capture process and taking a consistent approach before the capture phase begins.



The ideal process



Next Steps P.D.S.A.

How will you answer your questions? What tasks are involved, who will complete, and by when:

- Pene will talk to Angeline about the plan.
- Mary to create a test survey form and send to Pene.
- Explain project goal to test pharmacies and test questionnaire-Angeline (CareFirst) & Pene (Westown and Moturoa Pharmacy) and ask if there are any other questions about repeat prescriptions. By Friday 7th April.
- Patrick to obtain the pharmacists email distribution group via Bevan or Margaret (Waitara) by 24th Feb.
- Jim will create a survey once the questions are finalised, using Survey Monkey.
- Pene to talk to admin to collect information on which pharmacies phone-ins by 7th April.

Plan for collection of data:

- Written responses on the survey questionnaires to project group for review.
- List of pharmacies provided by MH admin staff to project group for review.

PHARMACY SURVEY V1 DRAFT

We are planning changes to improve the repeat prescription process for community mental health patients. Your answers will assist us in our planning. Thank you for your help.

Pharmacy:

Name of survey respondent:

Role:

Date:

1. Does this pharmacy have a process for repeat prescriptions?
Yes ☐ No ☐ If yes, what is it?
2. What alerts this pharmacy to the need for a repeat prescription for a community mental health client?
3. Which of the following communication methods does this pharmacy use to contact MH & A services? (Tick as many as are applicable):
Phone ☐ Email ☐ Fax ☐ Other ☐ (please list)
4. Does the current repeat prescriptions process work for you and this pharmacy?
Yes ☐ No ☐ If no, what is your experience?
5. If there are problems, how frequently do these occur?
More than once a day ☐ Every 2 or 3 days ☐
Every week ☐ Occasionally ☐
6. How could we improve the process for pharmacies?
7. Is there anything else you want us to know?

For further information contact: Chris Sorensen, Project Lead
Chris.sorensen@tdhb.org.nz

Questions developed in draft to capture data from the community pharmacy process.



As you capture remember to map and collect ideas for improvement



Link data to the point in the process where they occurred

Touchpoints

Link data to a specific point in the journey

What happens/
Who is involved

Timing/flow data

Complaints/compliments/
incidents

Emotions

how **people** feel
through the journey
e.g. scared- (collect quotes/pictures)

Gather ideas for
improvement

A high-angle, top-down view of a massive crowd of people, likely at a large-scale event or rally. The image is filled with a sea of arms and hands reaching upwards, creating a dense, textured pattern of skin and clothing. Many people are wearing bright yellow shirts, which stand out against the darker tones of the crowd. The overall atmosphere is one of intense participation and collective energy.

**Co-design
Turning experience
into action**

Co-Design

Co- design is an important part of a process to **engage** people, **capture** patient, family and staff experiences, **organise the learning** that it brings to create new understanding and insight from the perspective of the care journey and emotional journey, **come together in partnership**; patients, family and staff to review the learning, have ideas, plan and implement improvements then finally; review what difference that has made.

What happens?

Staff, consumers, other stakeholders come together, review the learning, identify themes, review and add to the ideas, use criteria to select some of those ideas for early testing, form small project teams and create a plan for testing / implementation.



Planning for co- design

Things to consider:

- Can you bring a number of people together on the same date?
- Do you need to have a number of smaller gatherings?
- Do you need to have separate sessions for staff and consumers/ whaanau?
- Can you identify people to be documenters'/facilitators?
- Which locations are best for sessions to be held?

Planning for co- design

Things to consider:

- Can you develop the agenda with a consumer so that it is 'understandable'?
- Can you use your experience map with themes and ideas/ do you need to create something for the session.
- Consider any individual needs of people coming to the session.
- Be clear about directions to the venue, and accessibility.
- Consider seating arrangements.

On the day/ at the session

Welcome/thank you, timing/agenda and housekeeping
Introductions- ice breaker- Spend 5 minutes talking to person next to you and introduce each other to the group.



The conversation is generally opened by examining the results from the capture phase. The experience map is a useful tool. People can build a little if needed. This can be through specific table exercises or altogether.



On the day/ at the session

- Review the ideas that have already been collected and ask for more. Table groups could take 1-2 steps in the pathway or if a small group all could work together.



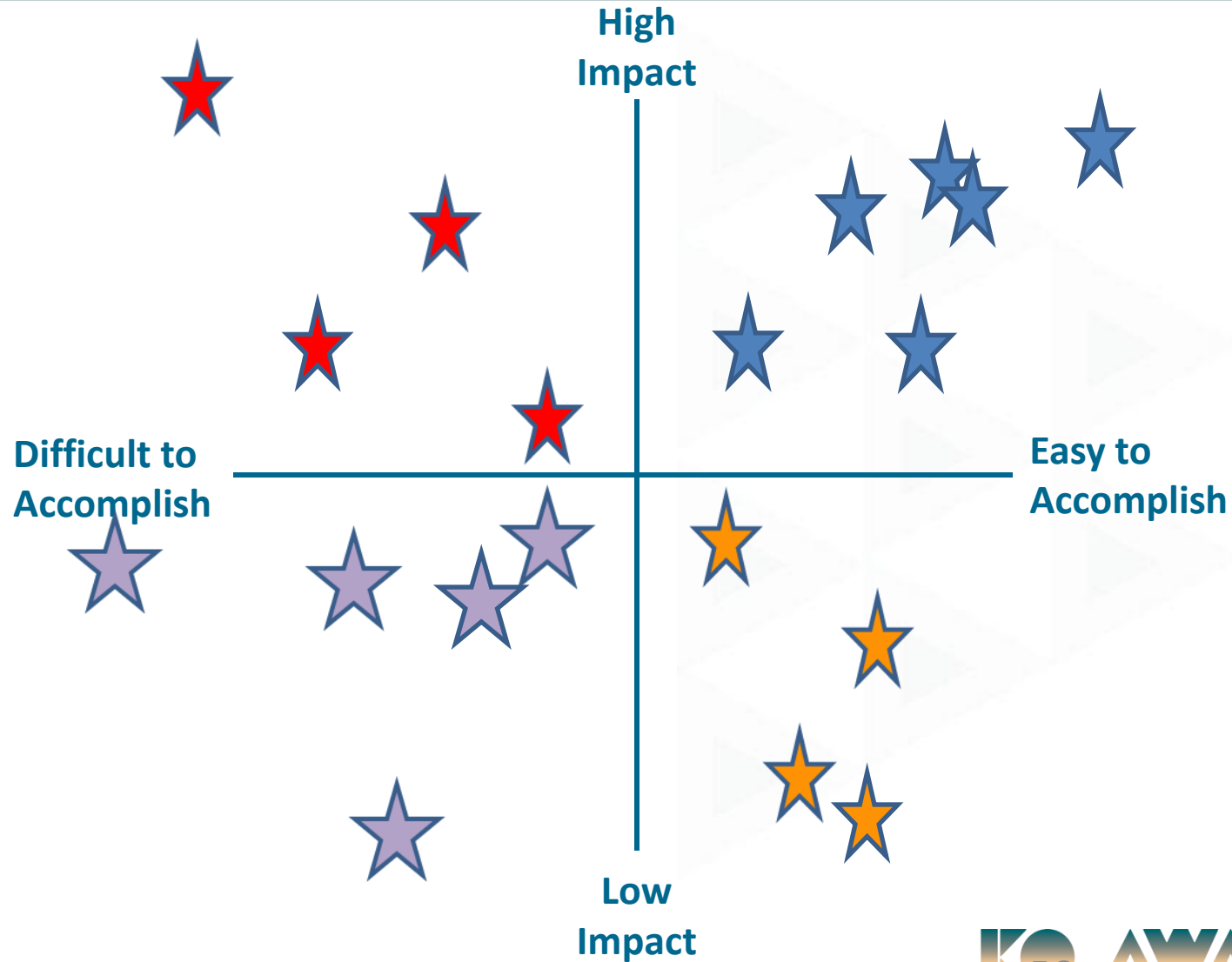
- Some ideas will link to specific parts of the process and some may be broader. These will need documenting.
- Ideas need to be written as a sentence rather than 1-2 words.
- Consider selecting/deselecting some ideas using criteria.

Initial harvesting by criteria and dot voting

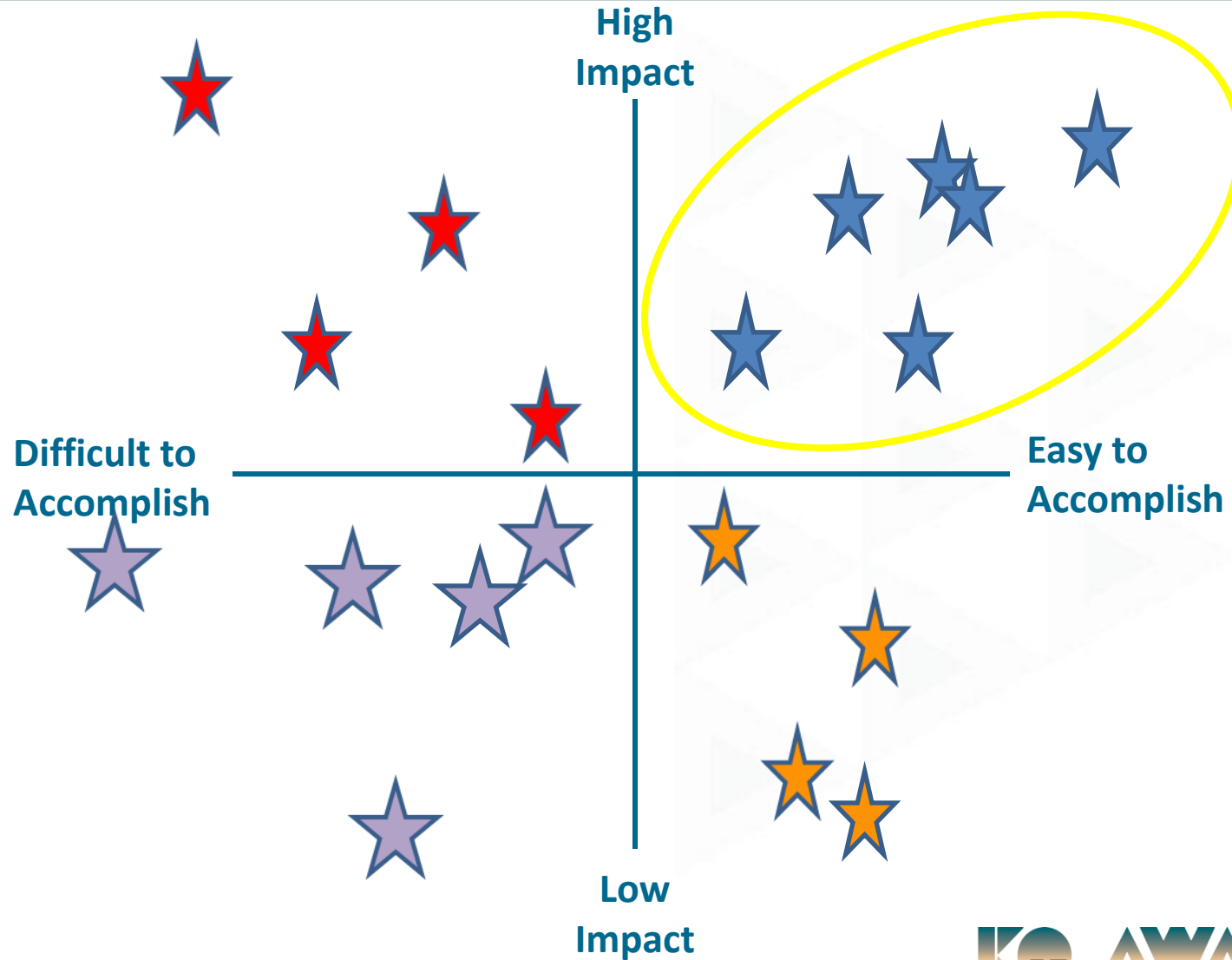
You cannot implement everything that comes out of your idea generation sessions. Harvesting is about beginning to narrow down the list in order to identify those that deserve a bit more thinking, and perhaps a test.



Applying criteria

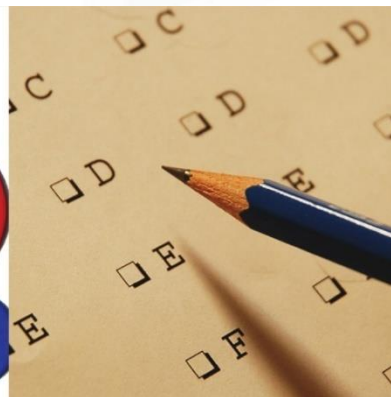
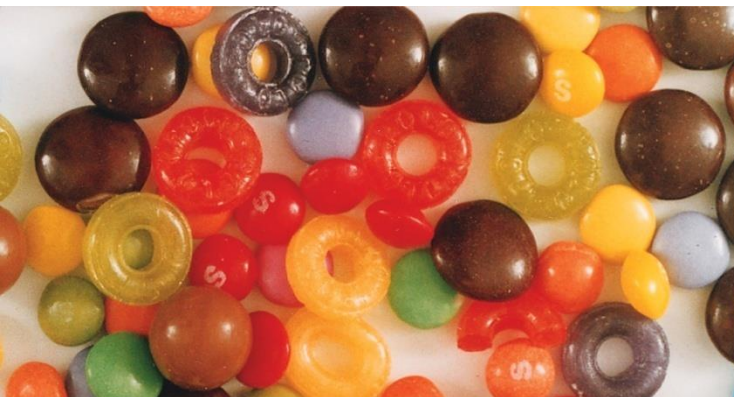


Applying criteria



Dot Voting:

- Give participants a set numbers of 'votes' (eg sticky dots)
- Vote for ideas based on the criteria
 - Identify the most popular ideas



Second review

Edward de Bono's Six Thinking Hats®

Synopsis

This tool enables individuals or members of a group to explore an idea or topic from a variety of perspectives, and in ways that may differ from their preferred way of thinking. Edward de Bono, an expert on thinking and the developer of the concept, suggests that by metaphorically wearing different





IDEA



Positives



Negatives



Data/facts

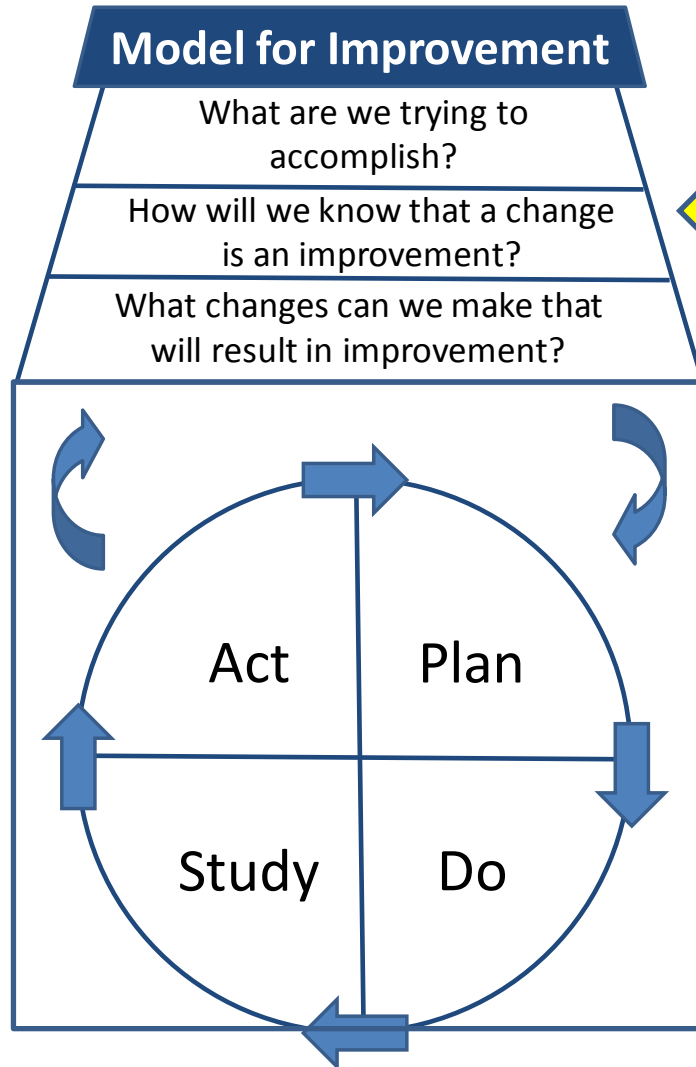


Gut feeling



Collective decision on what happens next

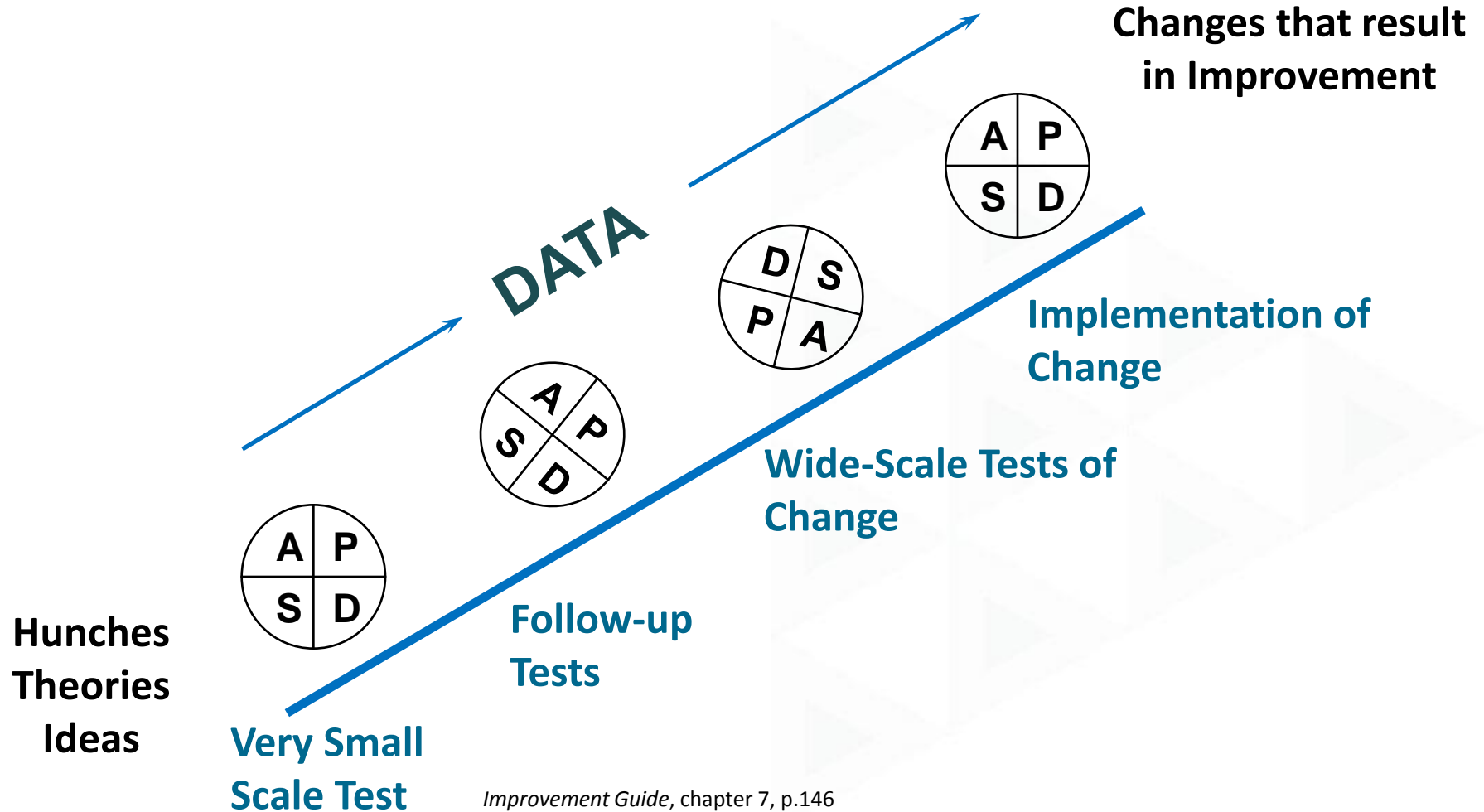
Decide on what ideas will be tested and plan



← Re check your measures.

Improvement Guide, Langley et Al Chap 1, p.24

Repeated Use of the PDSA Cycle



Improvement Guide, chapter 7, p.146

Next Activities

- 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
- Second workbook submission- 25th May 2017
- Case Study Submission -1st June 2017

Combined Web session dates and sharing

- Websession Six-Wednesday 3rd May 12-1pm
 - Pharmacists in ED- Taranaki Team
 - Getting to outpatients- Hutt Valley Team
- Websession Seven- Wednesday 31st May 12-1pm
 - Colonoscopy Experience – Hutt Valley Team
 - Pacific ASH 0-4years- Hutt Valley Team

Time Check

- 17 days – 3 hours to the next websession on 3rd May
- 37 days until the programme completes on 31st May.
I have removed three days for Easter/ANZAC day.

