Partners in Care Programme
Co-design in health and care services

Websession 6 (of 7)
3rd May 2017

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

KO AWATEA
HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Welcome to …….

Taranaki, Hutt Valley and Capital and Coast DHB Teams

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HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Agenda for todays web session

- Feedback from two teams
- Check in on understand
- Focus on co-design
- Next activities
- Time for questions

Sharing- Taranaki DHB

Pharmacists in ED

Partners in Care Case Study: A pharmacy service in ED makes a difference (by TDHB)

Project Team

Bevan Clayton-Smith	Pharmacy Operations Manager, TDHB
Lisa Zame	Clinical Pharmacist – EMM Clinical Configurations Support, TDHB
Linda Smith-Madden	Clinical Nurse Specialist Registered Nurse – ED, TDHB
Maree Marchant	Senior Lead – Social Work, TDHB
Lance and Ali Girling-Butcher	Consumers

Project Sponsors

Janet Gibson	Clinical Services Manager, Clinical Management
Gloria Crossley	Clinical Services Manager – Allied Health, Clinical Management

- We have met with our sponsors a couple of times to keep them up to date with the project and find out what support we have for the next phase of the project.

Aims

To work with staff from the ED and Pharmacy and consumers to discover what might be the benefits of providing pharmacy support within the ED at TDHB

- To support the Ministry of Health's Shorter Stay in ED targets
- To contribute towards improving the quality of the patient experience in ED
- To improve/develop multidisciplinary relationships within the ED to improve the journey for the consumer
- To gain awareness and understanding of each health professionals roles within the current ED environment
- To evaluate where pharmacy can positively contribute to patient health and wellbeing in the ED

From

"Nothing"

To

"a potential Pharmacy Service in ED"

What other Hospitals have?

New Zealand:

- Other hospitals offer Pharmacy Services in ED
- Some have a pharmacist and a pharmacy technician stationed in the ED

- Pharmacy technician helps mainly with Med Rec

- At least part time; some full time Mon-Fri
- Unaware of any studies within NZ

USA:

- ED based Pharmacy Services established 1970's
- Growing body of evidence to support improved medication safety with pharmacist involvement in ED

Australia:

- Becoming more common
- Limited number of studies to report impact of ED pharmacy staff

Engagement

Staff

- Survey Monkey for ED staff
- Meeting with ED SMO's
- Attending nursing handovers
- Pharmacy staff survey
- Conversations with staff ("feelings")

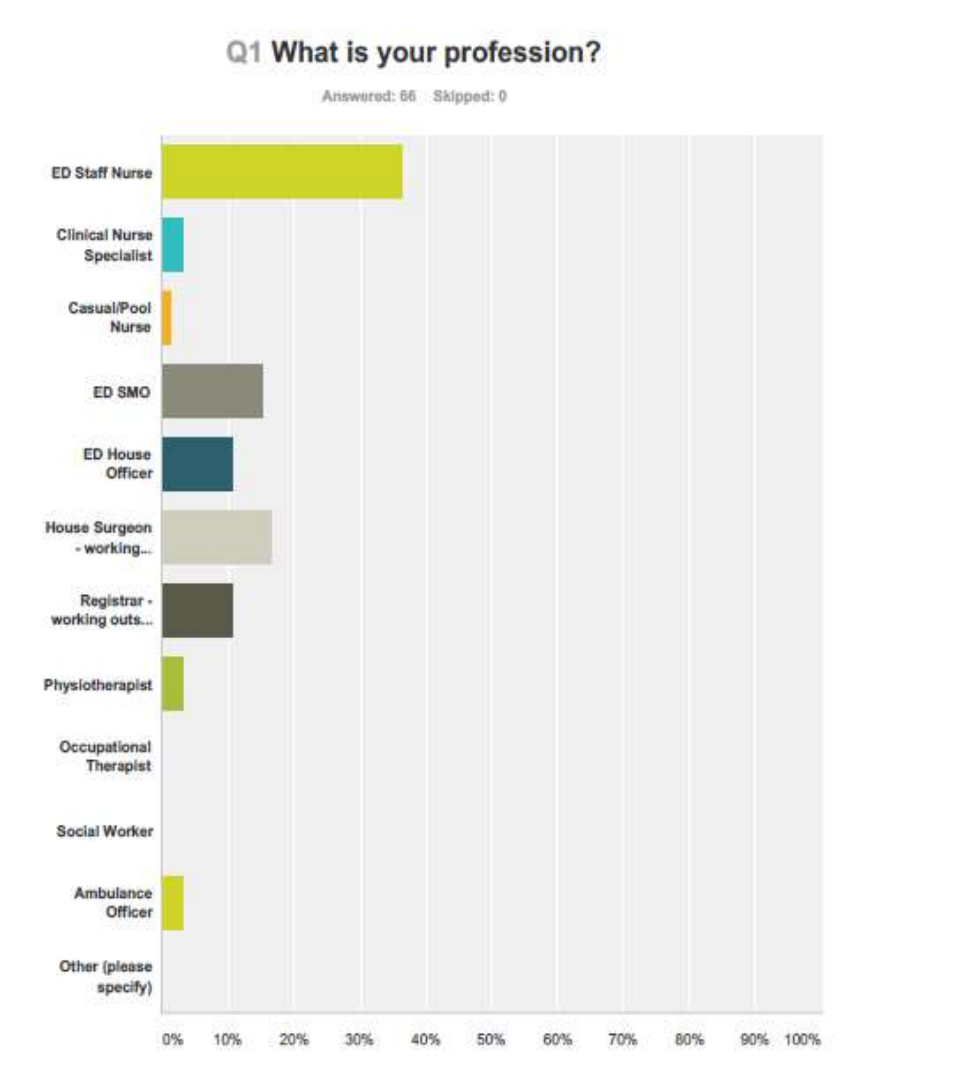
Consumers/Patients

- Meeting with Lance and Ali
- Patient "stories" – ED and on the ward

ED Staff Survey

- Survey Monkey on-line (link sent out via email)
- 2 weeks to reply (email reminder)
- Great response: 66 staff members
- Meeting with ED SMO's/nurse handover meeting to boost response rates
- Data was easy to collate and format

Who completed the ED Staff Survey?

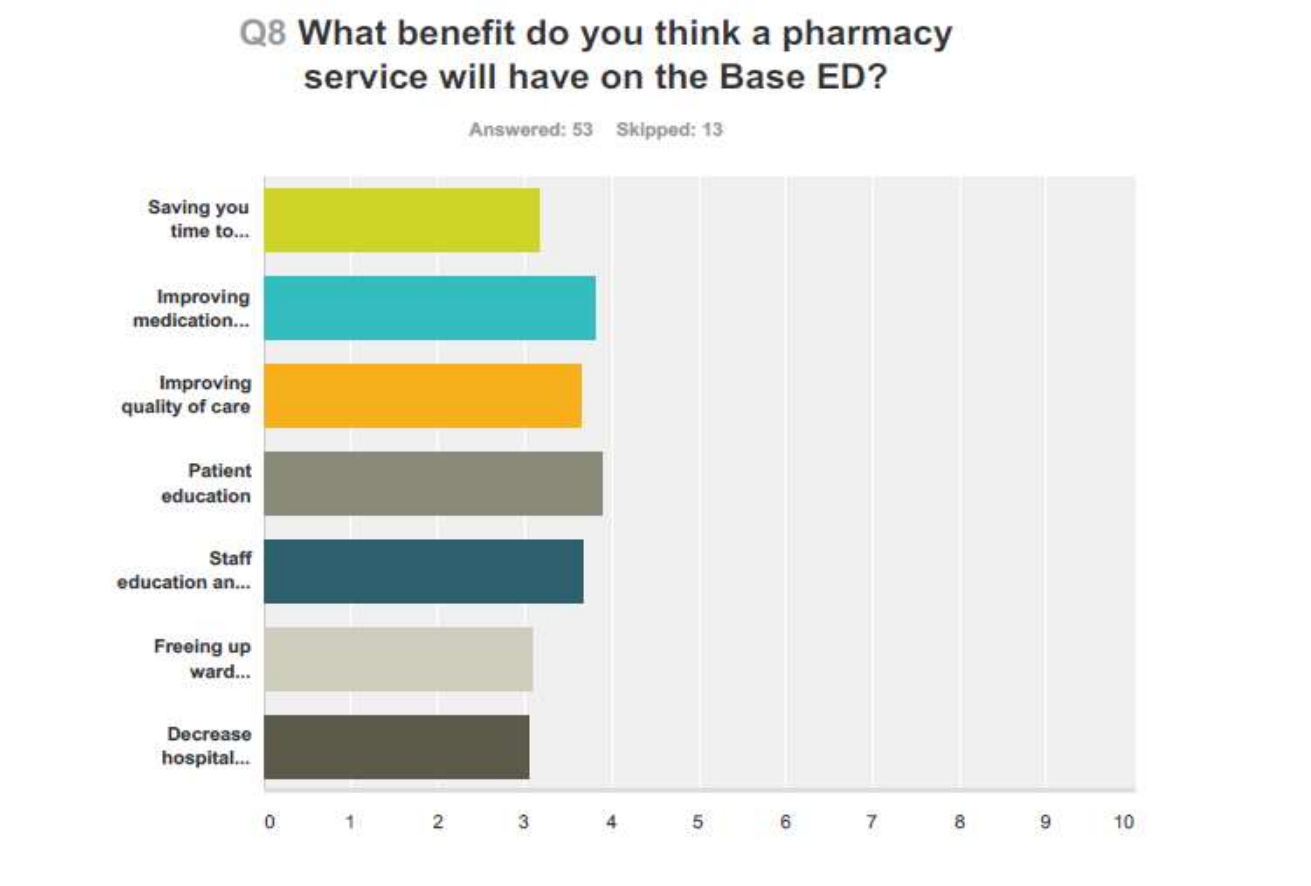


Potentially a wide variety of services that ED staff would contact an ED pharmacy service for

In general, ED staff thought all services were just as important as each other – no one service stood out

Giving clinical advice on medication selection
Giving clinical advice on medication interactions
Giving clinical advice on prescribing in pregnancy and breastfeeding
Giving clinical advice on prescribing in paediatrics
Selecting appropriate antibiotics and dosages
Selecting appropriate analgesia and dosages
Checking for relevant contraindications
Providing toxicology information
Reviewing medication charts: checking safety and availability
Giving advice on the administration of medications
Helping prepare a patient for discharge with their medications
Providing patient education
Delivery of controlled drugs
Sourcing medications not kept in ED
As a member of the ART team
Staff education

In general, benefits of an ED pharmacy service were of equal importance



Personalised comments and feedback

Mainly positive feedback... Yay!

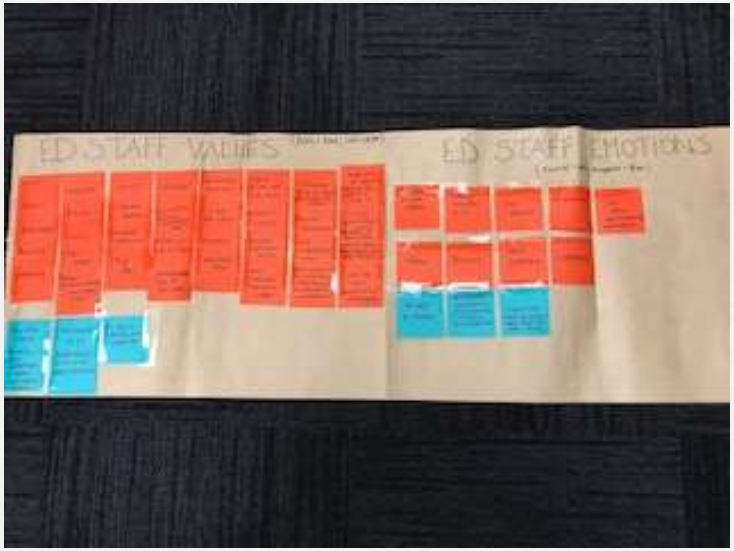
#	Responses	Date
1	quick advice/ info on where/ how to get meds that are not in pyxis, maybe get for us quickly from pharmacy	12/15/2016 8:02 PM
2	Safe practice	12/15/2016 2:44 PM
3	giving us another aspect to have education for both patient and staff, patient safety and releasing time to care will be huge	12/14/2016 4:14 PM
4	not sure	12/14/2016 9:38 AM
5	Making a drug error is a nurses main stressor , having a pharmacy in the dpt to minimize this would greatly benefit all concerned. It would help DRS with staying up to date with prescribing and provide guidance. I look forward to pharmacy becoming part of the team	12/13/2016 7:57 AM
6	Could potentially save time with medication queries and with staff education broaden our knowledge base	12/12/2016 10:37 AM
7	It would likely speed things along and may have ramifications on preventing bouncebacks	12/11/2016 3:08 PM
8	None	12/11/2016 11:15 AM
9	Minimal	12/11/2016 7:51 AM
10	Working with pharmacy will hopefully improve efficiency, patient safety (especially home meds), better analgesia, and better antibiotic selection.	12/10/2016 6:38 AM
11	main area here would be helping ascertain accurate medication hx may speed patient movement through ED Dr assessment, may also improve flow in locating medications not stored in ED	12/9/2016 7:00 PM
12	save time so will help get patients discharged sooner	12/9/2016 6:56 PM
13	- Hugely useful in obtaining a medication history when patients are unsure of medications they are on - Patients can have their medications reviewed in ED and this means that when admitted, list is more likely to be complete, meaning that there are no delays in giving essential medicines eg. immunosuppressants and freeing up the on call house officers from having to chart routine medications - Pharmacists can double check to ensure that key medicines for patient's presenting complaint are not missed, as well as ensuring appropriate VTE prophylaxis and antibiotics are prescribed when indicated	12/9/2016 3:32 PM
14	Time critical decisions made better. More time to do other roles	12/9/2016 2:50 PM
15	Reduce time trying to find out answers to medication questions and getting on with other required tasks	12/9/2016 9:47 AM
16	I think it would improve patient safety through decreasing medication errors.	12/9/2016 6:33 AM
17	unsure	12/8/2016 9:37 PM
18	Very little.	12/8/2016 7:48 PM
19	as we have only just started on ED, I cant comment on this. However, knowing a pharmacist is available to talk to is always reassuring	12/8/2016 4:31 PM
20	Minimal.	12/8/2016 3:59 PM
21	Very helpful, I would definitely consult them if around	12/7/2016 2:02 PM
22	less stress on sorting out discharge meds	12/5/2016 11:41 PM
23	moderate	12/5/2016 2:50 PM
24	Nothing at all	12/5/2016 8:13 AM
25	assist with current practices, enable better understanding of each others roles and where Pharmacy can assist to make patient flow more efficient, safe and appropriate	12/5/2016 8:02 AM

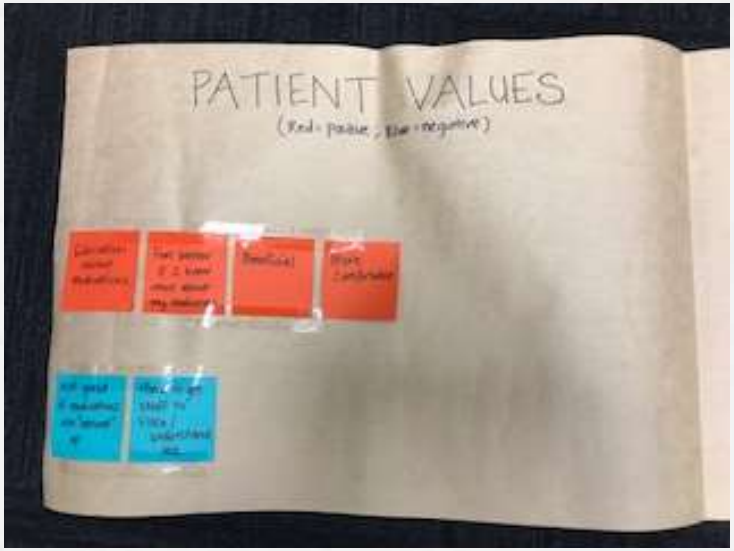
Wordle from personalised comments

Patient "stories"

Patient 1	• Her son thought it would not be a good idea if his mothers medications were "messed up" • She had had a previous admission to ED with a medication allergy/reaction and it took a bit to get ED staff to listen/understand that it was a reaction to a medication • Would feel good/better if a pharmacy service in ED existed and they could find out about medication side effects and active ingredients etc
Patient 2	This patient knew what their medications were for but thought they would benefit from more information about their medications if it was offered
Patient 3	• This patient had a list of his medications from his GP and community pharmacy and also had their own medications with them. He didn't get asked any specific questions about his medications while in ED nor did the doctors look at his own medications. • His eye drops were omitted – although they were probably not on the GP's list as they were prescribed by an eye specialist. However, if the doctor had asked if the patient used any inhalers, eye drops, creams/ointments or herbal products they may have found out about the eye drops. • His Creon was omitted. This is important for the patient as he said if he doesn't take it he gets dysentery. He said the nurse asked him how many he took and they got it charted. He said that if he wasn't given it he would have asked for it as he knows the consequences of taking it! • His Fosamax Plus was omitted; he wasn't overly concerned as he usually catches up the next day when he forgets at home. • His inhalers were charted but the wrong strength was charted. He had them with him in ED but no one looked at them. • He thinks having a pharmacist in ED, would make it easier for the staff upstairs on the wards. He thinks a pharmacy service in ED would be beneficial
Patient 4	The nurse told the patient what medications they were receiving and why. The patient is a pharmacy technician so this made her feel more comfortable as she knew what they were talking about.

Mapping our Values and Emotions





Pharmacy Staff Survey

- Pen and paper survey
- Data harder to collate and format
- Information not as helpful

Pharmacy Staff Survey Results

- 11 staff completed the survey (pharmacists and technicians) and all thought a pharmacy service in ED would be beneficial

- Positive comments received:

- Save dispensary staff time i.e. omitted dates & signatures on charts
- Could initiate eMedRec in ED and get patients medications charted sooner and more accurately (less omissions)
- Free up ward pharmacists time to do other activities i.e. yellow medication cards, counselling at discharge and attend ward rounds

What has worked well?

- We work well as a team
- Good response rate from surveys
- Good buy in from ED staff
- Mutual understanding of each others roles/services that each dept can offer each other

What hasn't worked well?

- Hard to find times that suit everyone to meet up (prior work commitments)
- Staffing capacity – other duties
- Doctors were happy to help out but not able to be a part of the working project
- Input from patients hasn't been as helpful as we anticipated

Common Themes/Ideas

- ED staff currently contact the pharmacy infrequently by phone or fax i.e. a few times per month to a few times per year
- The most common reason that ED staff currently contact the pharmacy is for information regarding the “supply and availability of medications”.
- There is a lack of knowledge within ED staff of what a hospital pharmacist can offer. There is a wide variety of services that pharmacy could potentially offer in ED – no one service stands out from the rest.
- ED staff are concerned about the lack of a pharmacy service available after hours and in the weekends.
- The role of a pharmacist is “stereotyped” by consumers and pharmacists are seen as “suppliers of medications”. Consumers appear not to know what the role of a hospital pharmacist is and what service they can provide to both staff and patients.
- There may be the potential for pharmacy technicians to provide/assist with certain services in the ED.
- Despite the lack of knowledge, the majority of feedback from ED staff was positive about the potential addition of a pharmacy service in ED with very few negative comments.

The Big Question: What is the Ideal Service?

- Staffing Mix i.e. Pharmacist and Pharmacy Technician
- Full time versus Part time
- Ideal hours i.e. 8am-5pm or outside of this
- Weekdays versus weekends
- We can't do everything…do we focus on key areas only?
- Can we provide this service within our current resource constraints?
- What are our limitations?

What next?

PDSA cycle – 2 week snapshot in ED

- Pharmacist on-site in ED Monday – Friday 8-10am and 1-4pm; pager outside of these hours
- Recording patient and non-patient specific tasks
- on template forms
  - Type of task
  - Who requested task
  - Time taken
  - How this helped doctor/nurse/patient (how they felt?)

From this we can work with our consumers and staff to redesign an improvement together

- We will then aim to "trial" a longer more structured approach in ED i.e. 6-8 weeks
- From this we can determine if a service would be beneficial and work and make a business plan to our sponsors for further support

ED Medicine History Form

	Patient Name: UR Number:	**ED MEDICINE HISTORY FORM** ____of ____
	DOB: Sex: Consultant:	Community Pharmacy: _____ Blister Packs: ☐ GP: _____
Completed by: on (date & time):	*Fix Label Here*	Patient Height : _____ Weight: _____ BMI: _____ Lab comments:

ALLERGIES/ ADVERSE DRUG REACTIONS

Medicine(s)	Reaction type/ allergy	Reviewed local medical warnings & CARM warnings	Number of allergies/intolerances added to current inpatient chart
		☐	☐

PATIENT ALERTS

- □ Pregnant
- □ Breastfeeding
- □ Dialysis
- □ Impaired liver fxn
- □ Other
- □ Renal fxn _____mL/min

Responsibility for Medications

- ☐ Patient
- □ Patient has comprehension difficulties/poorly compliant
- □ Patient has English as second language/poor English comprehension
- ☐ Family member/Caregiver
- ☐ Rest Home/Private Hospital
- ☐ Other

Medicines Regular & PRN including eye drops / inhalers / creams / nasal sprays / insulin / OTC	Instructions (Dose / Strength / Route / Frequency)	Source of Medicine Information: Patient / Carer	Patients medicine	Yellow Card (Date)	Pharmacy (Rx Date)	GP	Discharge Summary (D/C date)	Other	Comments
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Recently Discontinued Medications:

Complementary Medications:

Comments / Information for Ward Pharmacist

Patient Task/Action Template

	Patient Name: UR Number: DOB: Sex: Consultant: *Fix Label Here*	DATE: _____ TIME: _____ **Admitting Specialty:** **Presenting Complaint:**
Task/Action: **Who requested this task?** **Doctor** ☐ **Nurse** ☐ **ART team** ☐ **Other** _____		
Consequence/Outcome: **How did this help the doctor/nurse/patient? Feelings?**		
Time taken: _____ minutes		

Non-Patient Specific Tasks

NON-PATIENT SPECIFIC TASKS

Task/Action:

Prescribing query:
- ☐ Medication selection
- ☐ Medication interaction
- ☐ Prescribing in pregnancy/breastfeeding
- ☐ Prescribing in paediatrics
- ☐ Selecting appropriate antibiotics
- ☐ Selecting appropriate analgesia and dosages
- ☐ Checking for relevant contraindications
- ☐ Providing toxicology information

Comments/Feelings:_____

Administration query:
- ☐ Giving advice on administration of medications

Comments/Feelings:_____

Reviewing medication charts
- ☐ Checking safety and availability

Staff education

Comments/Feelings:_____

Sourcing medications/delivering controlled drugs

Comments/Feelings:
_____

Who requested this task? ☐ Doctor ☐ Nurse ☐ ART team ☐ Other _____

Time taken to complete task: _____ minutes


QUESTIONS

Sharing – Hutt Valley DHB

Getting to outpatients

Outpatient Appointments

- Improving the experience of people getting to their outpatient appointments…. on time and in the right place

- Core project team:
  - Elaine Winchester, Consumer
  - Kathy Lys, Project Manager
  - Jo Lambert, Quality Advisor
  - Joan Burns, Quality Advisor
  - Dawn Livesey, Patient Administration Manager

So far...

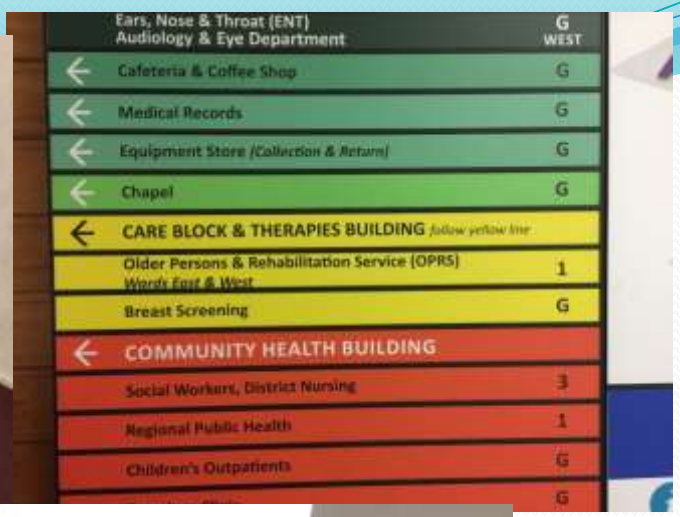
- Start-up and engagement: Scope - 3 outpatient sectors (general outpatients, crisis mental health, therapies)
- Project time reduced (staffing changes, competing work demands etc), so we:
  - reduced scope to one department: Therapies (including physiotherapy, occupational therapy, hand clinic, pain clinic)
  - added to project team – Joan (quality advisor) and more hours for Elaine (consumer) to run capture.

Capture methods

- Consumer survey in Therapies waiting room (19)
- Consumer conversations (10)
- Staff scaffold and conversations

- Conversations with other hospital staff – receptions near therapies dept, hospital volunteer at main entrance
- Feedback from Māori and Pacific Health teams (relating to original scope)
- Physical walk-through to Therapies from all entrances, photos and conversations on the way
- Patient complaints/suggestions x2


hub


Ears, Nose & Throat (ENT)
Audiology & Eye Department
G
WEST
Cafeteria & Coffee Shop
G
Medical Records
G
Equipment Store (Collection & Return)
G
Chapel
G
CARE BLOCK & THERAPIES BUILDING follow yellow line
Older Persons & Rehabilitation Service (OPRS)
Wards East & West
1
Breast Screening
G
COMMUNITY HEALTH BUILDING
Social Workers, District Nursing
3
Regional Public Health
1
Children's Outpatients
G

Understand - themes

- Pre appointment info “very helpful”, “clear”
- Appointment reminders, especially text
- The yellow line
- Helpful staff and hospital volunteers

- Finding a car park
- Poor/absent signage
- Hospital a “rabbit warren”, a “maze”, “complicated”
- Problematic finding area the first time – no notice boards - Uncertainty.
- Long walk from main entrance – approx. 500 metres - some need wheelchair/walking frame – not always available

Next steps…

- Work with a small group of consumers and staff to select and design improvements.


QUESTIONS

Does anyone have questions about the understand phase?

Themes

- Positive & negative emotions at certain touch points
- Communication- information/the way I am spoken to
- The environment is dirty/scruffy/noisy/not conducive
- Waiting
- And so on……..
- Ideas……


Co-design
Turning experience
into action

Co-design

Has anyone planned a date/ Number of dates yet?

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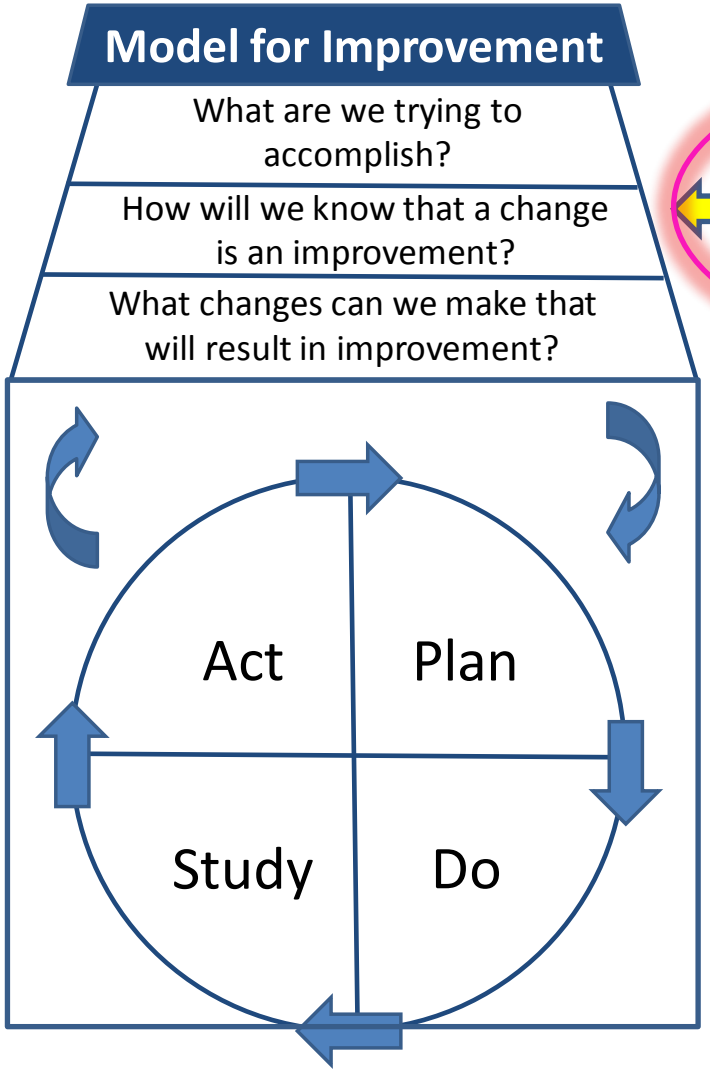
Decide on what ideas will be tested and plan



Re check your measures.

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

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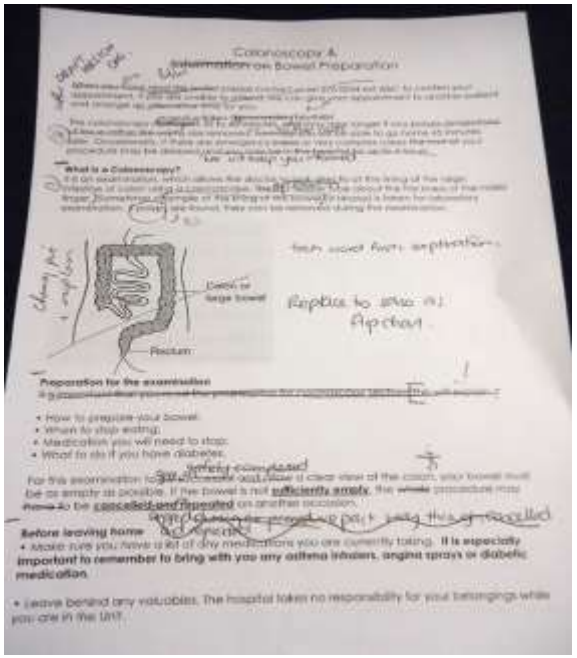
Think about how you will present your measures

Before
15% cancellation rate as patients are not prepped adequately for the procedure
Waiting time 16 weeks
2 complaints per month


Colonoscopy &
Information on Bowel Preparation

What is a Colonoscopy?

Preparation for the examination

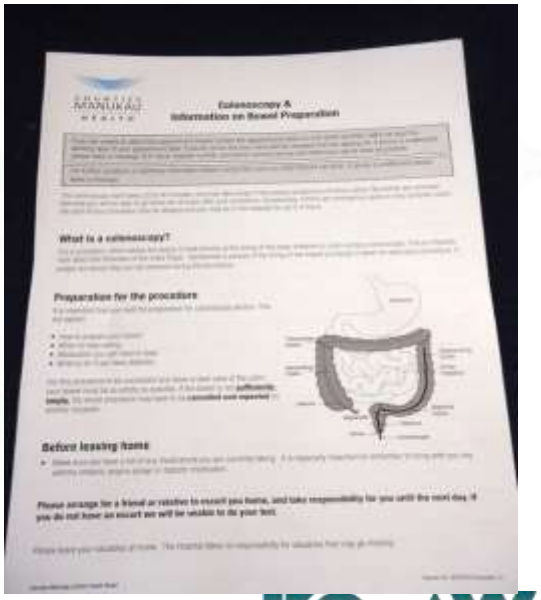
- How to prepare your bowel
- When to stop eating
- Medication you will need to stop
- What to do if you have diabetes

Before leaving home

• Make sure you have a list of any medications you are currently taking. **It is especially important to remember to bring with you any asthma inhalers, angina sprays or diabetic medication.**

• Leave behind any valuables. The hospital takes no responsibility for your belongings while you are in the Unit.

After
1% cancellation rate
Waiting time 9 weeks
No complaints
4 thank you letters


Colonoscopy &
Information on Bowel Preparation

What is a colonoscopy?

Preparation for the procedure

Before leaving home

Please arrange for a friend or relative to escort you home, and take responsibility for you until the next day. If you do not have an escort we will be unable to do your test.

HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Word Clouds

HEALTH SYSTEM INNOVATION AND IMPROVEMENT

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau

Tumanako Co-Design Project
Model of care within the first 48 hours
Within the Inpatient Paediatric Unit

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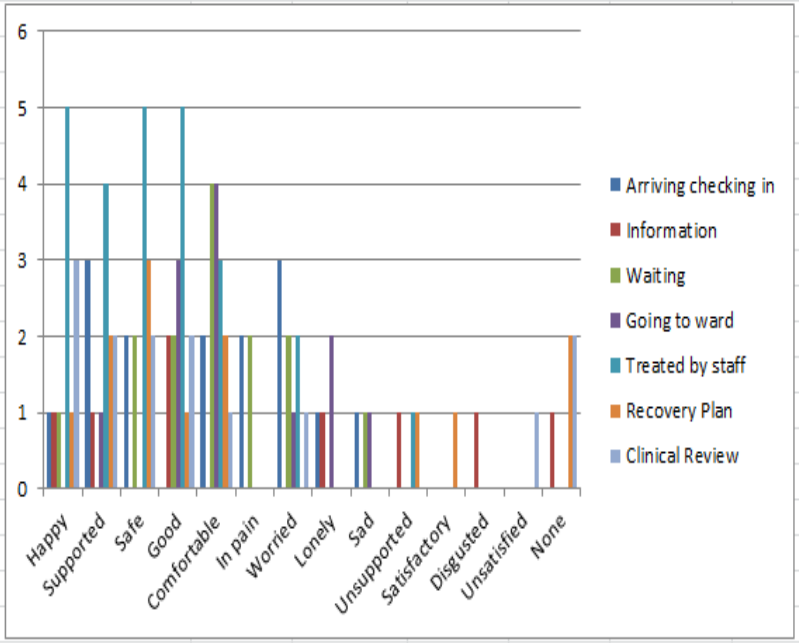
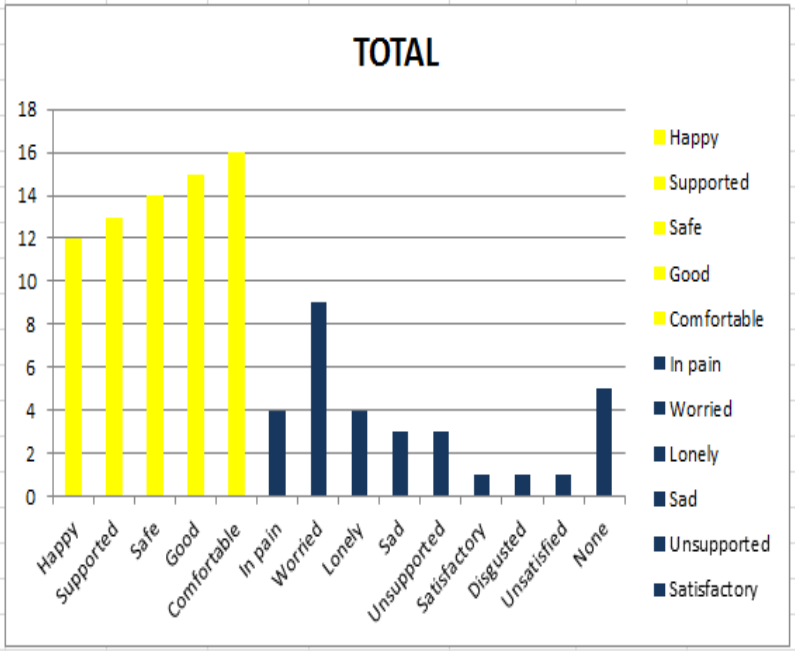
Experience questionnaire graph.xlsx [Read-Only] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

V22

	Happy	Supported	Safe	Good	Comfortable	In pain	Worried	Lonely	Sad	Unsupported	Satisfactory	Disgusted	Unsatisfied	None
Arriving checking in	1	3	2		2	2	3	1	1					
Information	1	1		2				1		1		1		1
Waiting	1		2	2	4	2	2		1					
Going to ward		1		3	4		1	2	1					
Treated by staff	5	4	5	5	3		2			1				
Recovery Plan	1	2	3	1	2					1	1			2
Clinical Review	3	2	2	2	1		1						1	2
TOTAL	12	13	14	15	16	4	9	4	3	3	1	1	1	5





Sheet1 Sheet2 Sheet3

Ready 100%

Next Activities

- Plan for co-design, testing, measuring impact
- Second workbook submission- due 25th May
- Case Study Submission – due 1st June

Combined Web session dates and sharing

Websession Seven- Wednesday 31st May 12-1pm

- Colonoscopy Experience – Hutt Valley Team
- Pacific ASH 0-4years- Hutt Valley Team

Time Check

- 20 days – 4 hours to the next websession on 31st May
- 16 days to second workbook submission
- 21 days to Case Study Submission

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Hang on you are nearly there!

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