

Partners in Care Programme

Co-design in health and care services

Websession 7 (of 7)
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You should all be proud of what you have achieved so far.

Agenda for our last web session

- Feedback from two teams at Hutt Valley
- Reflection from workbooks
- Time for questions



Sharing- Hutt Valley DHB

Colonoscopy Experience

Colonoscopy Experience

Hutt Valley DHB

Core project team:

- Robyn Beattie, Consumer
- Kate Broome, Clinical Nurse Manager
- Trudy Moretti, Clinical Nurse Co-ordinator
- Harley Rogers, Programme Facilitator, Te Awakairangi Health Network
- Deirdre O'Connell, Quality Advisor

So far...

- Start-up and engagement: Support gained from Clinical Head of Endoscopy, Service Manager, Acute Medical Services and project discussed at the Endoscopy and Medical Day Stay Operations Meeting
- Project scope changed(due to staffing changes, competing work demands etc), so we:
 - reduced scope to look at experience once patient attends for colonoscopy

Capture methods

- Consumer survey in waiting room
- Staff survey
- Speech bubbles
- Phone conversations with patients



Pre – procedure



A word cloud containing the following terms: excellent, impressed, helpful, efficient, satisfied, secure, fantastic, thorough, awesome, and happy. The word 'excellent' is the largest and most prominent.

excellent
impressed
helpful
efficient
satisfied
secure
fantastic
thorough
awesome
happy

The Prep

good
flavour unpleasant
salty horrible
taste bitter terrible
bad ok evil smell

Post – procedure



Staff Comments



Understand - themes



- Pre appointment info “very helpful”, “clear”
- Appointment reminders, especially text
- Awesome staff
- Service “first class”
- Clear information from doctor

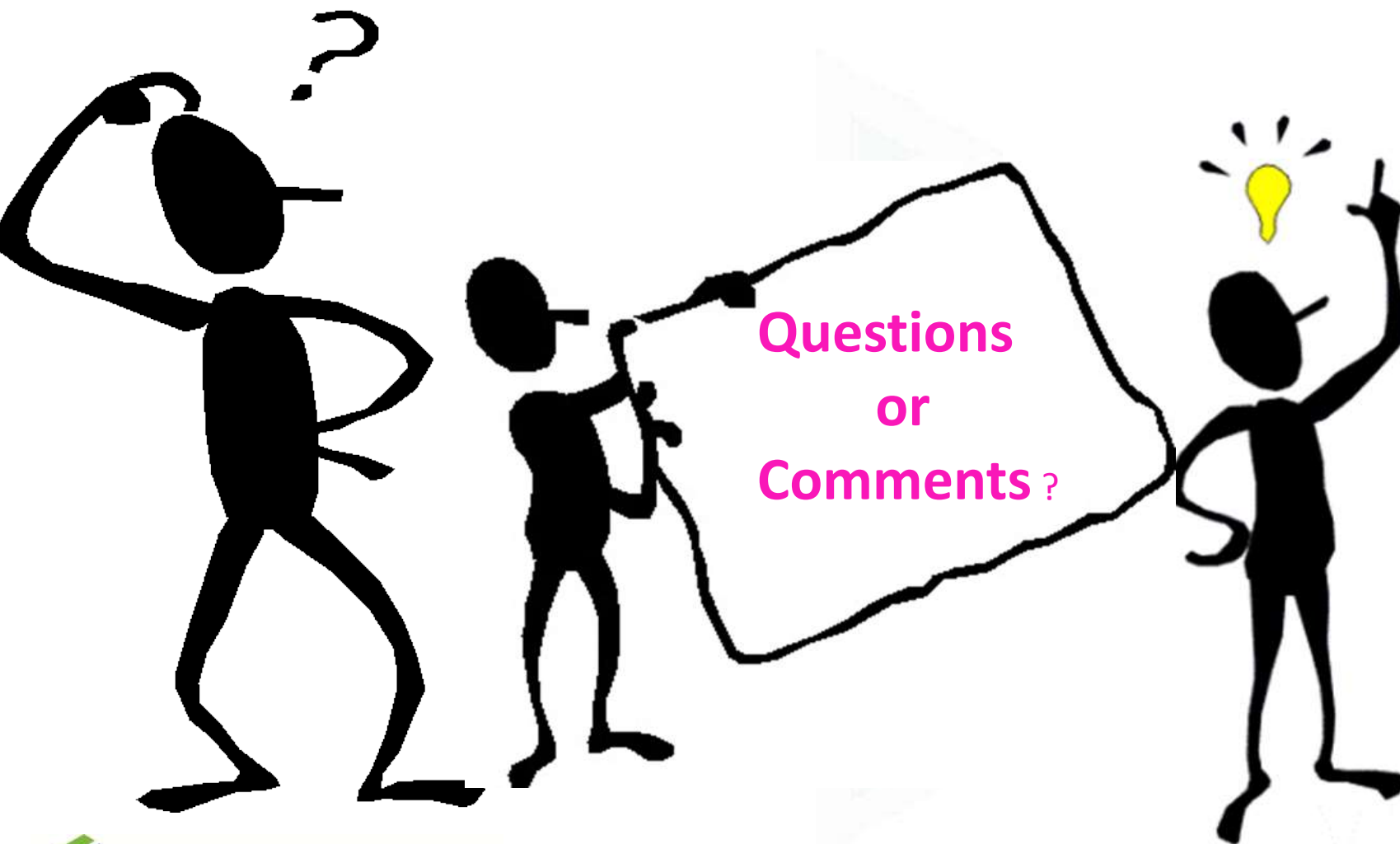


- Prep not a pleasant experience
- Some patients not properly prepped
- All patients reporting at same time – could report 10 minutes before procedure
- Sometimes not clear about what happens after the procedure
- Wait times pre & post procedure

Next steps...

Follow up:

- findings around wait pre-procedure.
- Can prep procedure be improved?
- post-procedure information supplied/discussed with patients on discharge.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
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KO AWATEA
HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Sharing – Hutt Valley DHB

Pacific ASH 0-4years





Engaging
Stakeholders



Data
Gathering



Communications
to Stakeholders & Potential
Consumers

ASH IN PACIFIC CHILDREN AGED 0-4 YEARS PROJECT



Consumer
Engagement



Partnerships



Design



PROJECT TEAM MEMBERS



- Jodi Caughley - Service Development Manager (HVDHB)
- Abigail Gillies - Quality Advisory (HVDHB)
- Candice Apelu - Project Manager (TeAHN)
- Tofa Suafole Gush - Pacific Director (Wairarapa & HVDHB)
- Bridget Allan - Chief Executive (TeAHN)

What is this Co-Design Project about?



- Reducing ASH Rates for Pacific Children 0-4 years in the Hutt Valley
- Understanding how we can contribute to reducing ASH Rates through identifying areas in health system that needS to be improved or highlighted for change.

Capture Phase



1. Two Consumer families

- Mother of 1 year old boy - hospitalized at 5 months with breathing difficulties. In and out of the hospital 4 times.
- Father of 7 children with two Under 4 - Advisor to the primary family. But also has experienced having a child in hospital

2. Interviewed and captured experiences of other Pacific parents with children Under 4 living in Wainuiomata (Wainui is one of the areas with a high proportion of children being admitted to hospital) through Faith Led Project in Wainuiomata.

Capture Phase



3. Feedback from ED Staff, Pacific Unit in the Hospital

4. Brief discussion with Pacific Health Service HV staff

5. Documents Review - ASH Rates report Hutt Valley 2016

- Respiratory Co-Design Pacific project HVDHB 2016

Community Engagement development Report PSHSV 2016

Pacific Integration Work To AUN 2017

Understand Phase



ASH Rates is large in SCOPE but our focus was narrowed to understanding

1) What families experiences were in Hospital and identifying where the information or lack of throughout the hospital journey was?

2) What other areas of work within the Child Health space both in HVDHB and out in primary care

What have been the Challenges?



- ASH Rates too wide a scope. That is there are various conditions rather than just 1 condition.
- We did not have baseline data before we interviewed consumers. Although we had data on where most of the children with high ASH Rates were coming from.
- Pediatrics Unit did not give feedback
- There was nothing really NEW or outstanding in terms of information of what was not being done well. Because it seemed that there were recurring themes not only with this project but other similar pieces of work!

Insights Gathered



- Language Line finishes at 5pm at ED. So families that present after 5pm needing translation services are not catered for.
- Families recommend using video's as a medium to show how they can better look after their kids at home, and understand their condition.
- Lots happening in Child Health Space. Strengthening linkages and integration across programs and services helps with a unified approach.
- Healthy Literacy recurring theme throughout

Insights Gathered



- Pacific families especially those that belong to a Church will seek advice from Church members, most likely a Pastor/Minister or trusted person as the first point of contact/advice.
- GPs role in talking about conditions and finding out about housing issues is important and needs to be further encouraged

Pacific mother, with limited English.

Storyboard - Pacific Ambulatory Sensitive Hospitalisations



Live in a cold, damp apartment



Limited connections in the community, although connected to a church.



Moves to Lower Hutt with infant son and husband

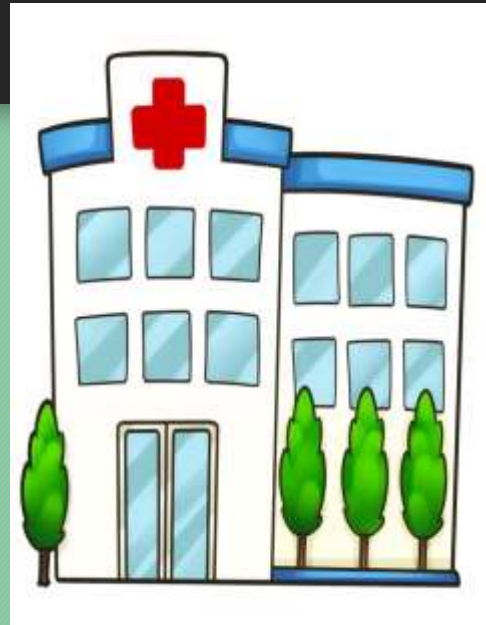
Hospital attendance with long Emergency Department wait.

Diagnosis bronchiolitis

At five months, baby has trouble breathing



General practitioner has no appointments available.



Son is admitted to hospital for five days.



Two days post discharge, son is sick again.



Son is admitted for four days.



Follow-up at GP. No self-management advice given, or referral to housing service.



This time, an ambulance takes son to hospital.



Admitted for two days.

Traditional healer sought and massage given.



One month later, son is sick again.



No translation services offered at any time.

Feedback from other families

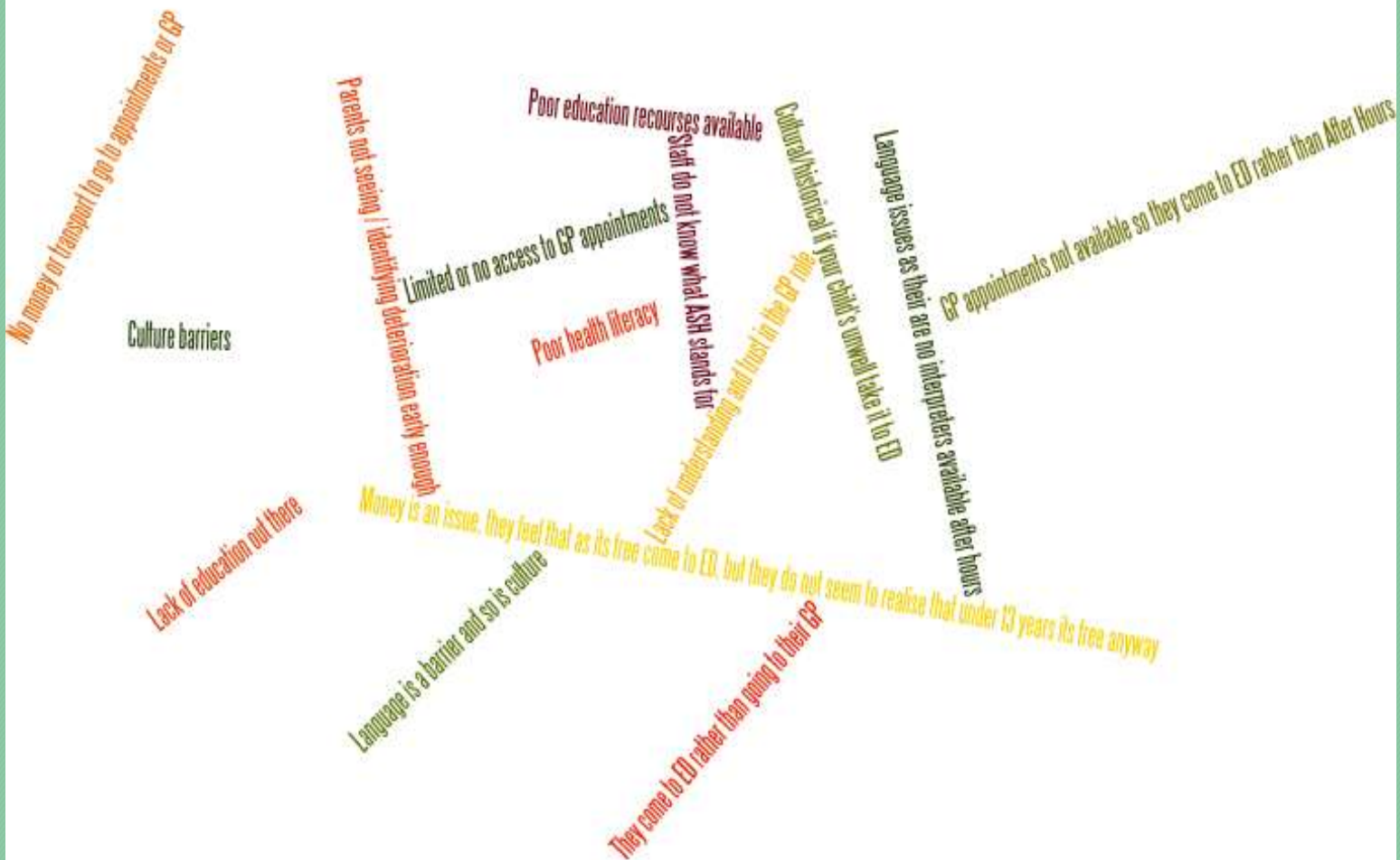


I felt that at ED every time I take my children, the last one being my 8 month old son, the children are treated like adults. They should treat children as children (37 year old father of 4 children).

I ring Plunket Line when I need information about a condition my child has or I have concerns about my child (Samoan mother with 6 month old baby)

The first people I go to for health information are my friends, family and then GP. I have only been at hospital once with my child and was put in the Tree Hutt. This is a great place to have children. My experience was ok at the hospital. I didn't have to wait long

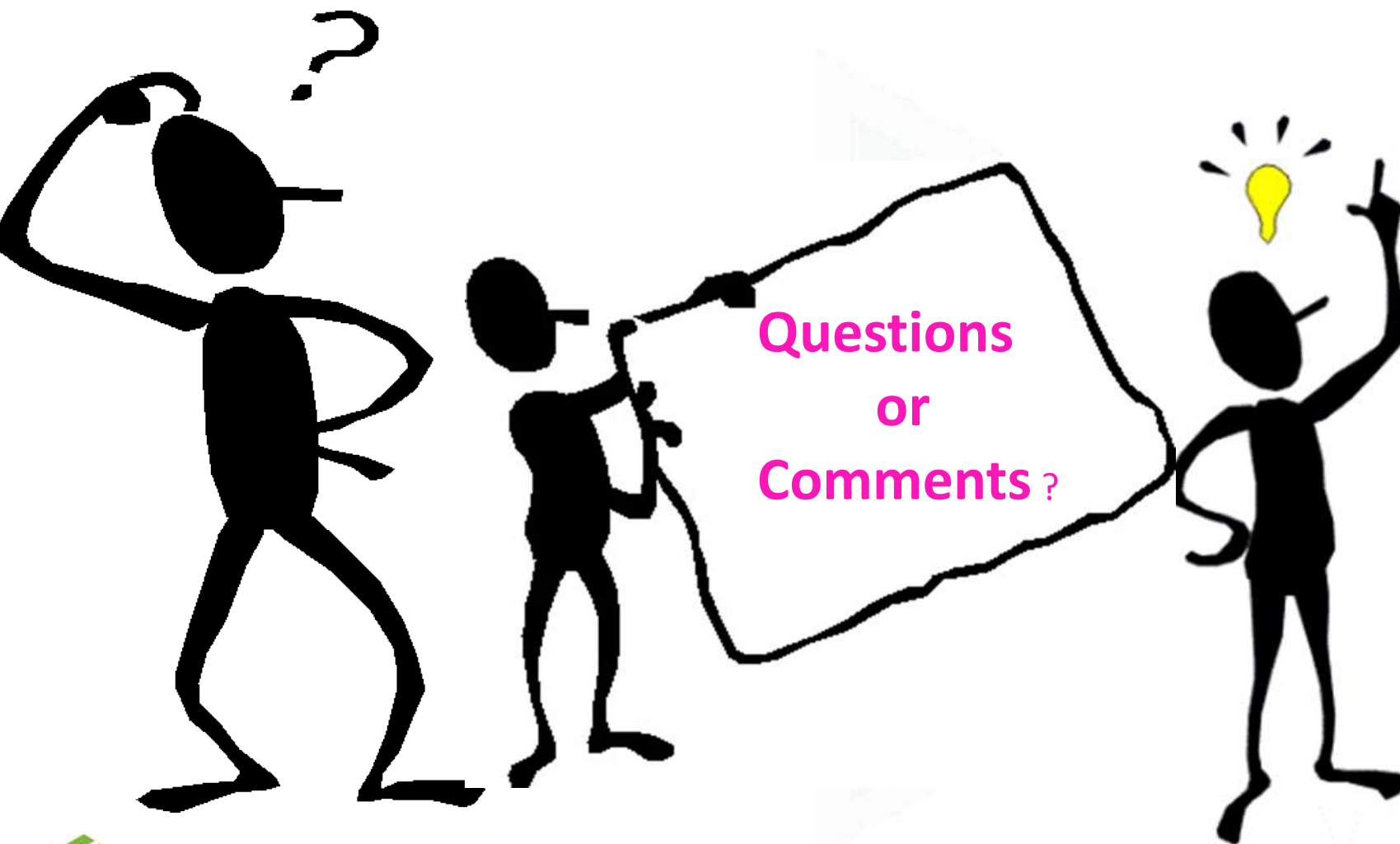
Feedback from ED Staff, Pacific Unit & PHSHV



Recommendation - Where to from here?



- Insights and learnings gathered will help inform understanding of how to better engage with Pacific families in terms of mediums used to increase their knowledge of health issues



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Early reflections from the workbooks

Lake Matheson with Mount Cook and Tasman



A high-angle, top-down photograph of a dense crowd of people. The majority of the individuals are wearing bright yellow shirts. Many of their arms are extended upwards, with their hands raised in a gesture of participation, agreement, or collective action. The background is a sea of yellow and skin tones, creating a textured, busy visual. The text is overlaid in the center in a clean, white, sans-serif font.

Co-design
Turning experience
into action

Time Check

- Case Study Submission – due in tomorrow! 1st June 2017



Next Activities



**KEEP
CALM
AND
CARRY
ON**

Thank you



-
- Let me know if you need help via.....

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