Kōrero mai: Patient, family and whānau escalation of care

Case study by Waitemata DHB

Context

At Waitemata District Health Board (Waitemata DHB) we aim to deliver the 'best care for everyone'. This is our key organisational value, driven by a desire to provide the best possible care to every single patient/client using our services. We also believe that 'everyone matters', valuing not just our patients, but also their family and whānau and the important role they play in care. The opportunity to undertake a co-design project with the Health Quality & Safety Commission (the Commission) spoke to the value we place in understanding our consumers, and responding to their needs.

We know that patients, family and whānau know the patient best, and can recognise early signs of patient deterioration. It is important that patients, family and whānau feel comfortable escalating care, and have a way to do this that suits their needs. We used co-design methodology to develop a service where patients, family and whānau can escalate care if they or the person they are caring for is deteriorating and they do not feel they are getting the care they need. We undertook a 10-month co-design project to develop a patient, family and whānau-led escalation system for patients whose condition is deteriorating. We engaged consumers from our Māori, Pacific, Asian, Disability, Elderly and Youth sectors, as well as our general patient population. Using co-design with a variety of our consumers helped us honour our organisational values – that 'everyone matters' – and to improve patient care – being 'better, best, brilliant'.

Aim

We aimed to co-design, implement and test a patient, family and whānau-led escalation service for deteriorating patients by 30 June 2018.

Engage

Our engagement strategy was threefold as follows:

1. Organisational Engagement: The first co-design workshop hosted by Lynne Maher and the Commission held in August 2017 was a good opportunity to advertise Kōrero Mai across the organisation, and to on-board our staff members. The Commission were

generous to allow staff from around the organisation to join in the workshop regardless of their involvement with the project, to learn about co-design. This greatly assisted enthusiasm and interest in the project, and we recruited many staff members to the project via this workshop. We also introduced the project by presenting at key staff meetings and advertising the project on our intranet sites, external i3 website, and our DHB's weekly newsletter.

We purposefully approached key personnel such as Senior Medical Staff; Charge Nurses; Quality, Safety and Complaints Teams; Patient Experience; Disability Advocates; and members of Māori, Pacific, and Asian Health Groups, and our Consumer Engagement Team.

As staff interest increased, we developed a project organogram to create a project structure and to clarify reporting lines and responsibilities. This consisted of an Executive Governance Group; our project group; a Staff and Consumer Advisory Group; and a co-design working party. Key stakeholders were invited to participate in the appropriate group, and Terms of Reference were written and signed off by participants.

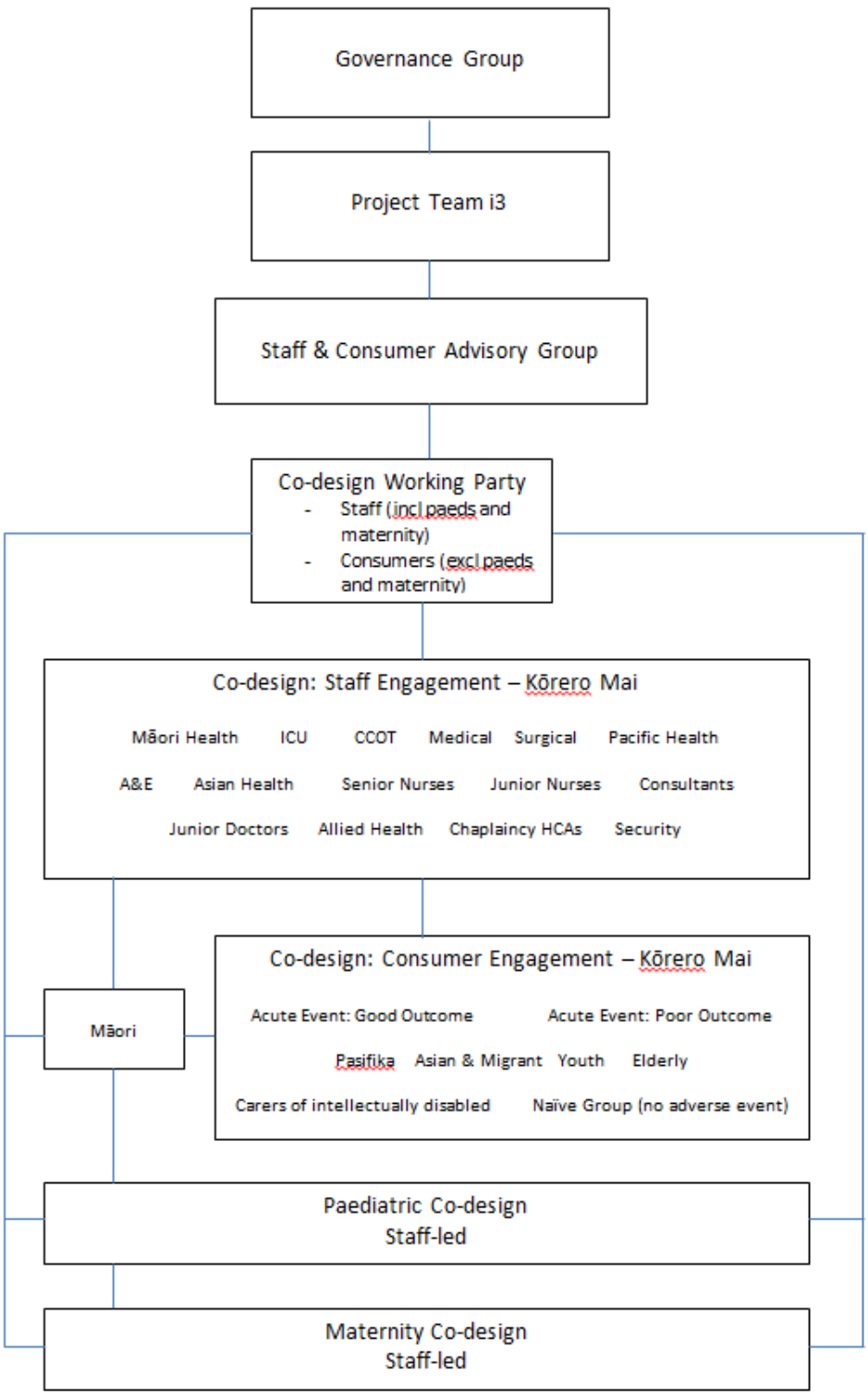
2. Patient, Family and Whānau ('Consumer') Engagement: We engaged our consumers in the following ways:

    a) Reviewing RiskPro incidents and complaints, to identify consumers directly affected by deterioration and inviting them to participate.
    b) Working with Waitakere Health Link to on-board consumers to our Advisory Group and Co-Design Working Party. These consumers were purposively diverse, representing youth, elderly, Pacific, Asian and Māori populations. We held a meet and greet session with staff and consumers, to orient consumers to the project. This was well received: 'It was useful to first meet and be introduced to the project, its conceptualization and aims, and then go on to meet as a co-design group, I felt well prepared and welcomed' [Consumer Representative]
    c) Working with specific health teams to on-board disabled consumers, and Māori, Pacific and Asian consumers.

3. Māori Staff and Whānau: To honour our commitment to the Treaty of Waitangi we created a separate workstream for Māori. We were fortunate to have excellent leadership from our Māori Health Team who facilitated the hosting of two hui for Māori to share their experiences within the hospital. Whānau were recruited through existing networks within the Māori Health Team, and through the Patient Experience Team.

'From my perspective as a consumer, there has been thorough and inclusive engagement with patients, both through the workshops, and within the co-design group. I feel valued and listened to as a consumer, and the addition of other, diverse experiences within the room supports me to speak my opinions.' [Consumer Representative]

Organogram of the Kōrero Mai Project:



Capture

To capture the experience of our staff and consumers in our hospital, we used the following tools:

Hui

We held two hui at Waitakere Marae across the lifespan of the project. The first hui was attended by nine consumers plus whānau who shared their journeys through the hospital system, what worked, and what could improve. The second hui presented the results back to participants, and included our improvement ideas from the co-design working group, to assess acceptability to Māori.

Observation tasks on the wards

We completed an observation task requested by the Commission, to observe interactions when patients were oriented to their bedspace by their nurse. We observed eight patients being admitted to medical and surgical wards, or returning from procedures. We observed communication between patients, family, whānau and staff, and orientation to location and use of the call bell, and spoke to consumers to assess their awareness of escalation pathways.

1:1 semi-structured interviews

We conducted semi-structured interviews with seven consumers who had identified episodes of patient deterioration in the hospital either as a patient or as a carer. Questions centred on the episode of deterioration – what happened; communication between consumers and staff; awareness of escalation pathways; and what would make a difference. Consumers also identified how they might use and access a service designed to assist with escalation of care.

Semi-structured surveys

Our Asian Health team interviewed nine of their consumers using questions from the semi-structured interviews, and entered consumers' responses on survey forms. This methodology was chosen to reduce language barriers (questions were asked in the consumer's native tongue, then the Asian Health team entered their responses on the survey form in English to help the project team with their data analysis).

Online surveys

The Pacific Health Team felt an online survey was the most expedient way to gather data from their community. We sought support from our Consumer Engagement Manager, who helped design the survey and distributed it to Pacific consumers on their database. We received a total of 10 responses to the survey over a two-week period. Questions were drawn from our semi-structured interview discussion guide.

Existing data sets such as RiskPro Data, Complaints, 777 data

We received data sets on request from our Quality and Safety Team. We reviewed these data sets to look at any trends in reporting about deterioration or communication, and identified consumers to invite for a 1:1 interview.

Team interviews

To understand perspectives of staff working on or with our wards, we conducted five interviews with groups of nursing staff at their handovers, including:

- Ward-based staff – surgical and medical
- Duty Nurse Managers
- Shift Co-Ordinators.

We identified these staff groups as those who deal with patient and family escalations on a day-to-day basis on the wards. Charge Nurses were part of our co-design group, so we did not conduct separate interviews for them, rather we relied on their perspectives and input throughout the lifecycle of the project during our meetings and workshops.

We also had ongoing conversations and representation from the following groups in our Advisory Group Meeting:

- Critical Care Outreach Team
- ICU
- Allied Health
- Surgical Consultant
- Medical Consultant
- Māori, Pacific, Asian Health, Immigrants and Refugee groups
- Disability Sector
- Maternity
- Paediatrics
- Journey mapping workshops.

We held two journey mapping workshops with our co-design working party and project team, to map the results of our consumer and staff engagement as listed above. We collated all the results of our surveys and interviews, and clustered them into themes, using a pared-down version of thematic analysis. Using these themes, we plotted them across a continuum of patient, family and whānau engagement when being admitted to and treated in hospital. From here, we were able to understand the key touchpoints for consumers as they navigate through our services, and plot the emotional journey alongside this.

Members of our co-design working party, and our Project Sponsor during one of our workshops.

Total participants

Overall, we collected the experiences of the following groups of staff and consumers:

1. Consumers who had experienced a deterioration event in the hospital (N = 7)
2. Māori whānau (N = 9)
3. Pasifika consumers (N = 10)
4. Asian consumers (N = 11)
5. Disabled consumers (N = 5)
6. Older Persons (N = 1 key representative, reporting from Age Concern)
7. Youth consumers (N = 2 on our Advisory Group)
8. Commission Observation Task (N = 8)
9. Staff representatives from Medicine, Surgical, Nursing, Allied Health, Cultural Health Groups (Māori, Pacific, Asian), Disability Services.

> TOTAL NUMBER of CONSUMERS: 58 (including seven Advisory Group Members)

Understand

We sought to understand what has an impact (positive or negative) on patients, family, whānau and staff in situations where patients are deteriorating, or when communication is key. The main themes were as follows:

What works	What doesn't work
• Good rapport and trust of ward-based nursing staff • Having cultural representatives visible and available within the hospital • Empowering family and whānau to take an active role in care. Communicating with them about what is happening and why • Having access to interpreters • Having visibility and access to Charge Nurse Managers • Empowerment to use the call bell	• Power imbalances (between patients and staff; and between junior staff and senior staff) • Hierarchies that create concerns about speaking up • Feeling judged by other staff for making a call on a patient • Some patient and cultural groups not 'knowing' they can speak up, or needing permission to speak up • Not knowing who to escalate to • Language barriers • Not seeing 'people like me' – particularly Māori and Pacific • Making assumptions about cognition and ability due to patient presentation (particularly disabled persons)

The main emotions driving positive communications centred on a sense of trust, rapport, and familiarity. Negative emotions were mostly centred on fear, anxiety, or being unsure or feeling judged.

The Commission Observation task revealed that our nurses work to a high standard orienting patients to their bedspace. It also uncovered that patients and visitors are unsure of who to escalate care to outside of the bedside nurse. We analysed results of the observation task inline with our organisational values, as illustrated in the table overleaf:

Observational Task 1: Kōrero Mai – Waitemata DHB, December 2017

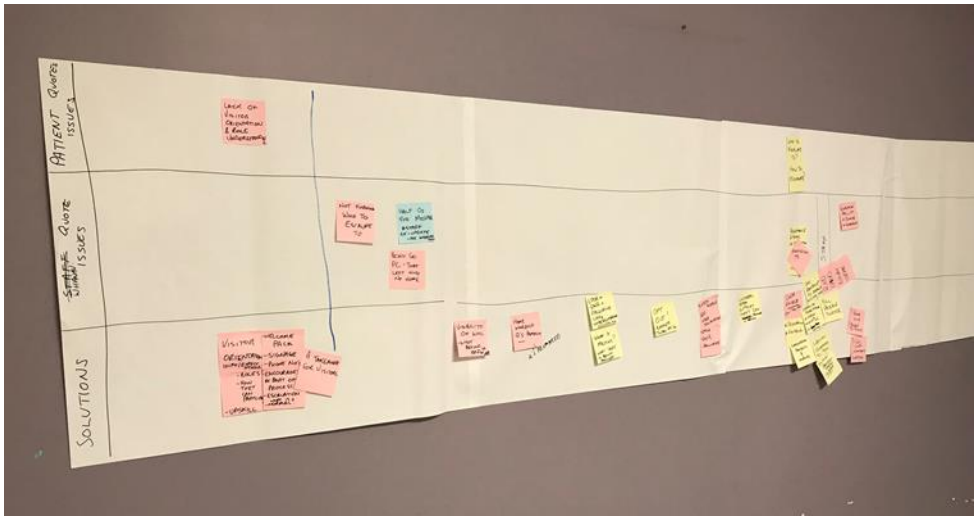
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Process	Arrival & Introductions	Information giving: what to do if there is a concern	What would consumer do to get help?	What would whānau do to get help?	What would you do if you had further concerns?	Suggested improvements

Practical Themes	• Nurse: Introduced self by name and role (7)
	• Involved family/whānau (4)
	• Oriented to bedspace/call bell (7)
	• Continuity of care – introduced other staff members (1)
	• Set expectations (3)
	  ◦ How to use equipment/bell
	  ◦ Understanding vital signs
		• Oriented to call bell (7/8)
		• Shared information with patient - checked patient understands what to do (1)
		• Oriented to red emergency bell (1)
		• Language barriers created confusion (1)
			• Ask the nurse (6/8)
			• 'Wait' for the nurse (1)
			• Push the bell (1)
			• Not knowing who to contact (1)
				• Talk to the nurse (5)
				• Push the bell (2)
				• Talk to ward clark (1)
				• Hearing difficulties would be a barrier (carer is deaf)
				• Talk to the doctor (but wouldn't know how to do this) (1)
					• My family would escalate (1)
					• Push the bell (2)
					• At home: Call Healthline (1); Call my GP (1)
						• Orientation to health information as well as practical information so we know what to look out for
						• Set expectations e.g. what alarms mean on vital sign machines
						• Give feedback r.e. follow up and next steps after a concern is raised
						• Encourage patients to have the courage to speak up
						• Write down instructions on a piece of paper so I can remember
						• Culturally: prefer to go to people I can trust/who look like me/who understand me
						• Include a sign at foot of bed with instructions
						• Use a phone number or app
						• Homewarding
						• Communication Cards

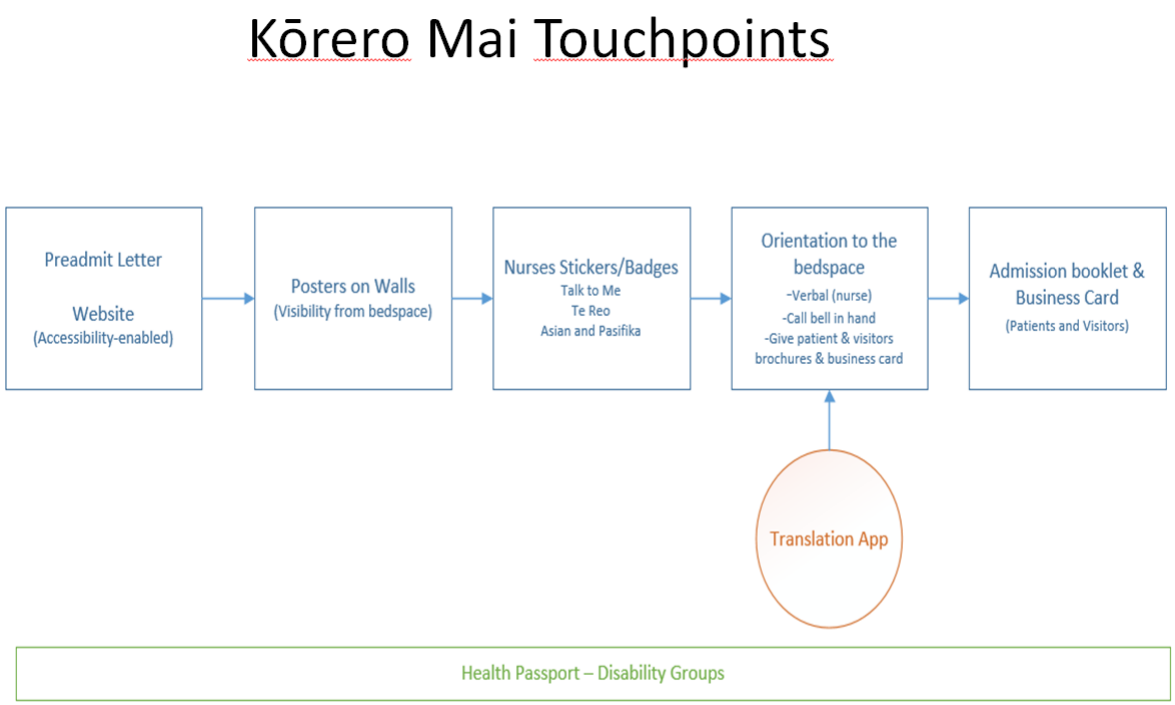
Emotional Themes	• **Reassurance:** Set expectations Explained health terms • **Reducing anxiety:** Continuity of care (when nurse will be back) • **Patient-Centred Care:** adjusting information to patient needs, listening, contextualising their concerns (home situation	• **Reassurance:** Protected dignity, confidentiality and privacy of patient • **Reducing anxiety:** Continuity of care (knowing they can use the call bell) • **Empowered:** Placing call bell in hand	• **Respectful:** Desire to respect organisational hierarchies (1) • Sense of urgency to escalate • **Anxiety:** not wanting to 'disturb' nurses	• **Trust/Reassurance:** wanting someone of senior standing (1)	**Confidence:** Patient confident to speak up (5) • Hesitant/unsure (1) • Sense of urgency to escalate (1) • **Shyness:** Patient too shy to speak up (would rely on family) (1) • **Anxiety:** not wanting to 'disturb' nurses	• Advocacy, Face to Face • Languages (different)
Body Language	• Nurse: smiled, open body posture, friendly demeanour	• Nurse made eye contact • Nurse held patient's hand • Nurse placed call bell in patient's hand				• Some nurses' demeanour too business-like • Poor communication leads to disengagement
Maintaining our Standards*	Welcoming and Friendly Respect each individual Listen and understand Protects your dignity Communicate Explain clearly Teamwork Efficient and organised	Speak up for others Listen and understand Protects your dignity Attentive and helpful Reassuringly professional Communicate Explain clearly Teamwork Efficient and organised				

Notes: Positive feedback is given in green. Neutral feedback is given in blue. Negative feedback is given in orange.
*'Maintaining our Standards' links our behaviour to our values. A summary of our values and the corresponding standards is colour coded, illustrated above

We held a journey mapping workshop to identify the key touchpoints for consumers navigating their way around our hospital services.



Our participants identified the following touchpoints that are important to them when finding out about services in the hospital, and what can help:



These touchpoints formed the building blocks of our improvement ideas, which are outlined below.

Improve/Implementation

As a result of our capture and understand phases, we agreed in partnership with our staff and consumers on the following improvement ideas to test on two wards:

a) A tiered escalation system for consumers to follow if they or their loved one was deteriorating and they did not feel they were getting the care they needed:

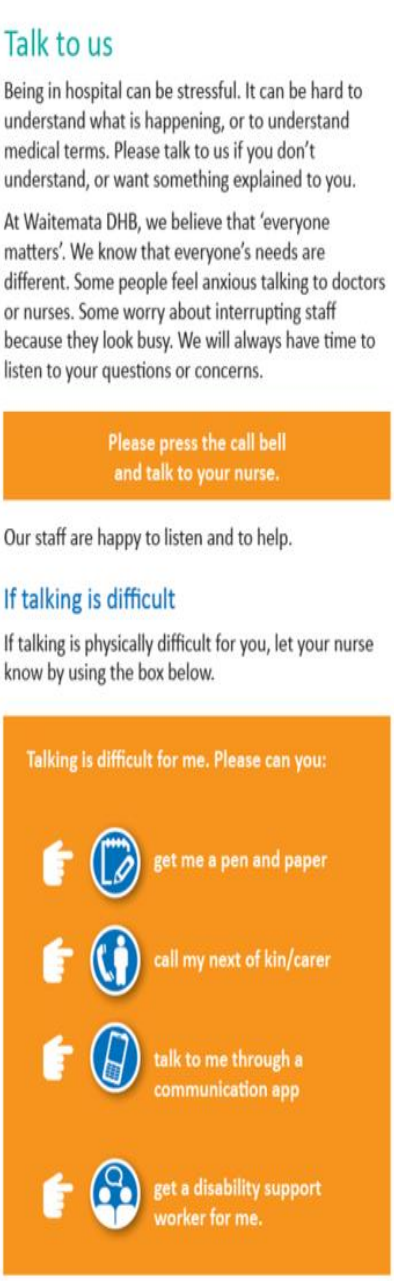
1. Press the call bell and speak to their nurse
2. Ask to speak to the Nurse in Charge
3. A 0800 number patched through to a Senior Nurse, who would be able to discuss issues with the caller and activate an appropriate response.

The 0800 number was staffed via a roster of senior nurses/Executives on call, and was supported via a call script and call algorithm to assist responders in their conversations and decision-making regarding each call (see Appendix).

b) Stickers for ward-based staff that encouraged communication between staff and patients, as follows:

c) Advertising of Kōrero Mai via posters on the wall:

d) Leaflets given to patients and their supporters/whānau on admission signposting them to the various support services in the hospital:



Talk to us

Being in hospital can be stressful. It can be hard to understand what is happening, or to understand medical terms. Please talk to us if you don't understand, or want something explained to you.

At Waitemata DHB, we believe that 'everyone matters'. We know that everyone's needs are different. Some people feel anxious talking to doctors or nurses. Some worry about interrupting staff because they look busy. We will always have time to listen to your questions or concerns.

Please press the call bell and talk to your nurse.

Our staff are happy to listen and to help.

If talking is difficult

If talking is physically difficult for you, let your nurse know by using the box below.

Talking is difficult for me. Please can you:

- get me a pen and paper
- call my next of kin/carer
- talk to me through a communication app
- get a disability support worker for me.

Where to find help

Cultural support and advocacy

He Kamaka Waiora - Māori Health Services: Nau mai haere mai. Kaumatua are available to manaaki you and your whānau while you are in hospital. Please call [redacted], 8am - 9pm, Monday to Sunday.

Tautai Fakataha - Pacific Health: our support team can help you with building rapport, trust, or advocacy. Pasifika languages are available. Please call [redacted].

Asian Health Services (AHS): we provide language, cultural and emotional support to Asian patients/ clients and their families. Please call ([redacted] or visit: www.asianhealthservices.co.nz

Interpreters

Interpreters are available for most languages including New Zealand sign language. Please ask your nurse or hospital staff for an interpreter.

I would like an interpreter

Spiritual support

We have chaplains available to support people of all faiths and spiritualities, as well as those with no particular beliefs. You are welcome to visit the chapel on the lower ground floor of Waitakere Hospital. A worship service is held every Sunday at 10am in the chapel. To contact a chaplain, Monday to Friday, call [redacted].

Evenings and weekends

Most services are available 24/7.

On evenings and weekends you might have to call the operator on [redacted] and ask for an 'on call' chaplain or support worker. If you're unsure, just ask your nurse.

Kōrero mai
Talk to me

Kōrero mai – Talk to me is a service you can use in the hospital if you are concerned about your condition or the condition of the person you are caring for, or if you are not getting the response you need.

If you are concerned about a change in your condition, or the condition of the person you are caring for...

1. you can press the call bell and talk to your nurse
2. you can ask to talk to the nurse in charge
3. Still concerned? Call our team on [redacted]* and ask for a review (or ask a nurse to call for you)

*This service is being used for a two week trial. Valid only from 21 May to 1 June 2018. Outside of these dates, please talk to the nurse in charge.

e) **Call bell in the hand**. In addition, consumers felt that having the call bell placed in their hand when oriented to the bedspace would be empowering, and would also assist those who struggle with verbal communication. This was therefore incorporated into bed orientation on admission.

Barriers and enablers to implementation

Barriers and enablers identified by our co-design group to implementation are listed below**:**

Enablers	Barriers
• Staff supporting each other. Positive feedback was given about the enthusiasm of the project team and ward staff in implementing the improvement work. • Realising the benefits of encouraging conversation on the ward. Some nurses found rounding took longer, but that they received fewer escalations. • It was great to have involvement of staff and consumers together. This created a sense of unity and working together for a greater good. • There was positive involvement from the range of groups interviewed – who were all keen for a service for patients/whānau • Kōrero Mai added an extra step to the current process of encouraging patients/whānau to ask questions and speak up, it also felt as if it offered a possible alternative way. Bedside staff overall did not perceive any difference in the way they were previously practising however the programme did raise the profile of speaking with patients and whānau.	• We had some difficulty communicating the project across such a large organisation. We will better utilise our project champions in the future. • The short trial period meant that we received no calls to our 0800, so we were unable to test this system fully – process, form and script not able to be tested live. Our initial testing results indicated that the mitigations we put in place to encourage better communication on the ward worked well, and may have impacted on the need for escalation. We will trial on higher acuity wards for our next phase which may see greater need for escalation, and therefore the line being used. • The documentation for the project was in English, which would benefit to be available in other languages if the project was to be rolled out. • It may have helped to have more staff involved across the organisation to help with co-design and dissemination of information, however this was not always possible due to resource and time.

Measure

We established the following measurement* for our test of improvement over a four-week period. We included two test wards (both medical), one control ward, and aggregated hospital data:

Baseline (1 week)

1. NEWS scores ≥ 21 – to monitor variation in numbers/need for review
2. Friends and Family Test. This test is undertaken routinely on each ward, with patients and visitors being asked the following questions:
    - How likely are you to recommend our ward?
    - Did we see you promptly?
    - Did we listen and explain?
    - Did we show care and respect?
    - Did we meet your expectations?

*measurement surveys, call logs and algorithms are listed in Appendix A.

[1] NEWS = North Shore Early Warning Score. NEWS ≥ 2 = escalation to the senior nurse and medical staff.

- Were we welcoming and friendly?
  We included the Friends and Family test to monitor quality of care, particularly communication and responsiveness.

3. Call Bell audit – how many patients have the call bell in-hand on within reach. We completed this at a random day and time to avoid any gaming of data.
4. Charge Nurse Manager – Daily log of any patient, family and whānau escalations made directly to CNM or Nurse in Charge including type and reason for escalation, follow up, and outcomes

Intervention Phase (2 weeks)

1. NEWS scores ≥ 2 – to monitor variation in numbers/need for review
2. Friends and Family Test – to monitor quality of care, particularly communication and responsiveness
3. Kōrero Mai questionnaire completed by patients, family and whānau (administered at same time as Friends and Family Test by a hospital volunteer). Awareness of Kōrero Mai – what it is, how to use it, which collateral had most impact
4. Charge Nurse Manager – documenting reasons for escalation on the ward each day
5. Any use of the 0800 number required the person taking the call to fill out a data capture sheet outlining the nature of the call and what steps were followed
6. Following the use of the 0800 number, one of the project team would contact the staff members involved, and patient/family (where appropriate) to review acceptability of service/areas for improvement.

Post-intervention Phase (1 week) - to monitor sustainability of intervention

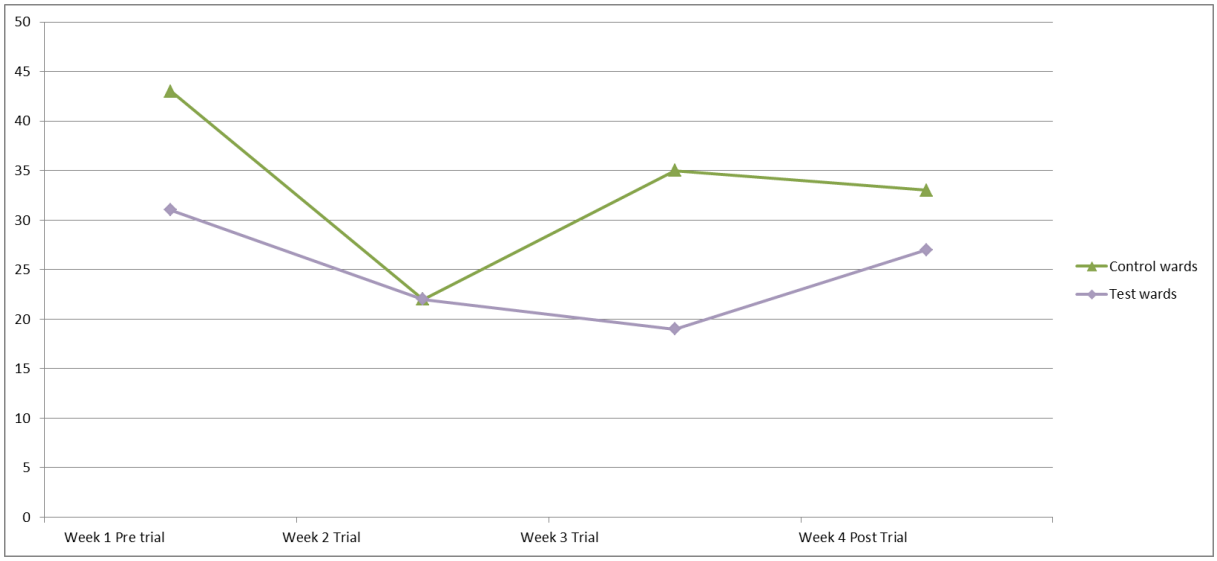
1. NEWS scores ≥ 2 – to monitor variation in numbers/need for review
2. Friends and Family Test
3. Call Bell audit
4. Charge Nurse Manager – documenting reasons for escalation on the ward each day
5. Staff interviews – what changed on the wards? What did they notice? Any improvements for the future?

Our results showed:

1. NEWS score audit

There were fewer NEWS activations over the intervention period compared to baseline. We are unsure of the cause of this, but it may have affected the low number of patient, family and whānau-led escalations.

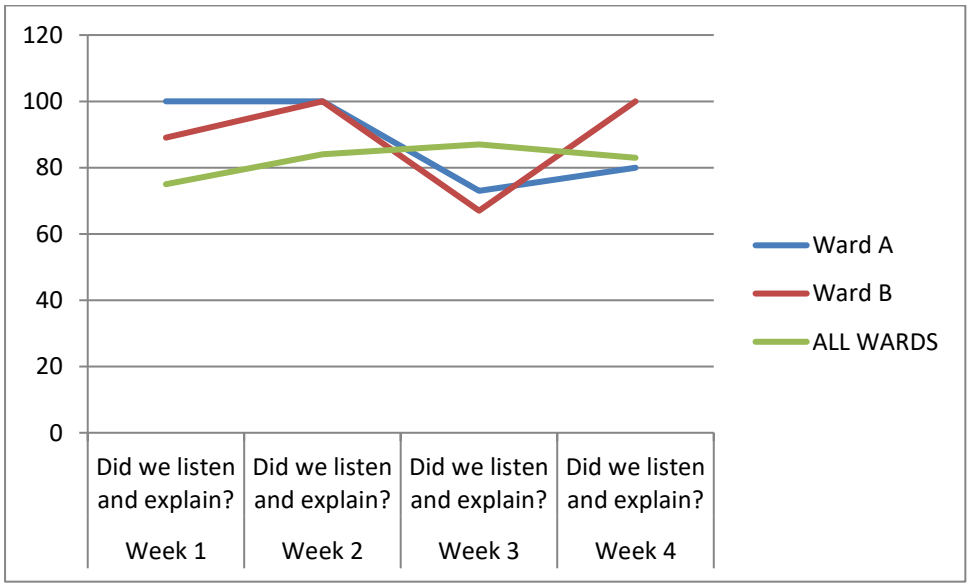
Total number of NEWS activations by week, intervention vs control wards



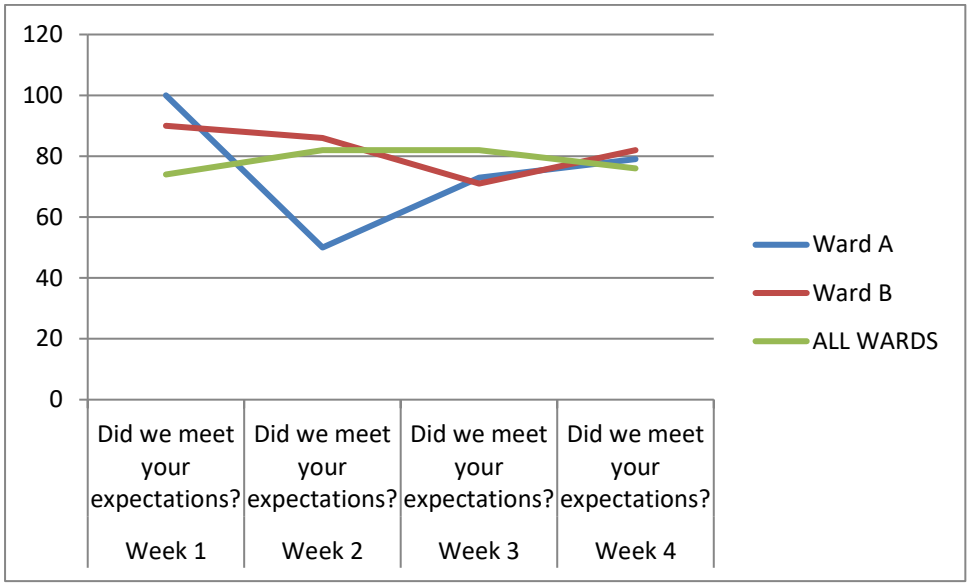
2. Friends and Family Test

There were no significant changes in the Friends and Family Test, and in fact some scores declined over the intervention period. It is worth noting that there were low numbers of Friends and Family Tests undertaken on the wards during the test, perhaps reflective of volunteer resource (our volunteer also assisted with the Kōrero Mai survey at the same time). The total expected surveys for each ward over four weeks would be 40. Total numbers during the four trial weeks were Ward A = 18; Ward B = 28. All wards included surveys across all wards within our DHB = 1,120.

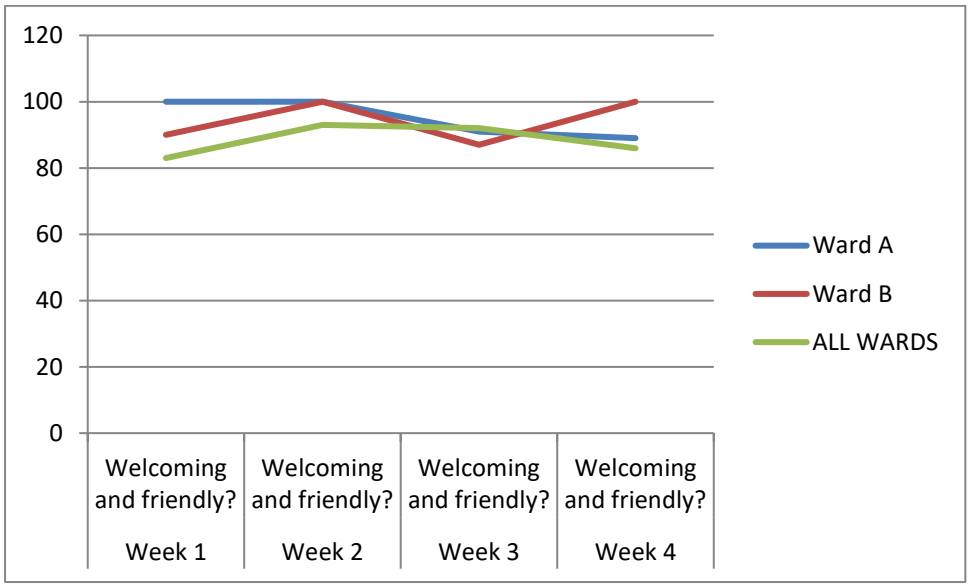
Q.3: Did we Listen and Explain?



Q.4 Did we meet your expectations?



Q.5 Were we welcoming and friendly?

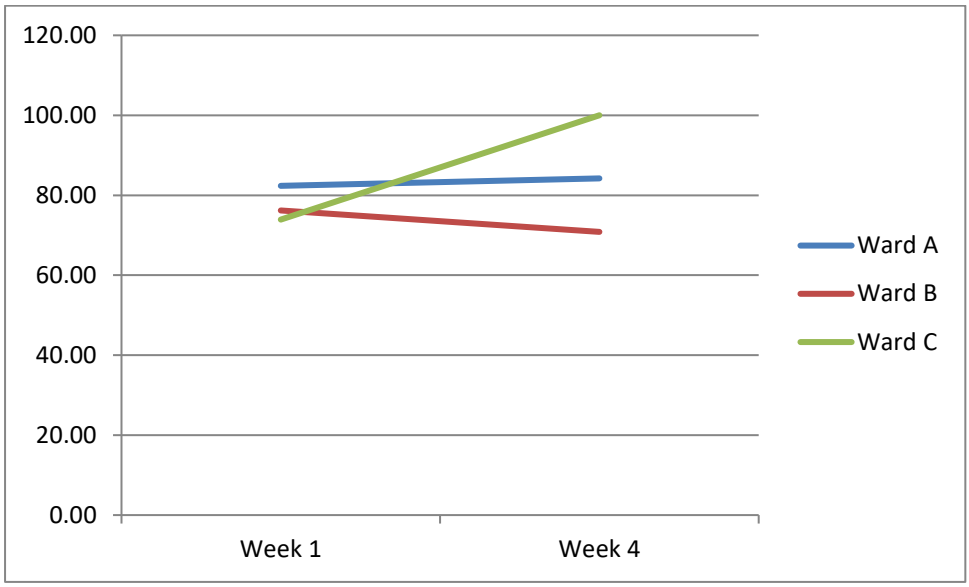


3. Call bell audit

Call bell audits did not show any significant increase in ‘call bells within reach’ for our trial wards, but there was a significant increase for our control ward, Ward C. This ward was aware of the improvement work going on in the hospital, and that they were being audited as part of this, so this may reflect a Hawthorn Effect.

Percentage of patients with call bell within reach on weeks one and four.

Wards A and B were intervention wards, Ward C was a control ward.



4. Charge Nurse Manager escalations log

There were very few Charge Nurse Manager-based escalations during the four week period (only four in total across two wards). These are outlined in the table below:

Week	Ward 1	Ward 2	Type of escalation or who
1	0	1	Family. Query treatment plan. Resolved by CNM.
2	1	1	a) Family. Query medication/treatment plan. Complaint about nursing staff, communication. Follow up with patient's nurse, discussed with medical team, CNM talked with family. b) Daughter. Query treatment plan. Resolved by CNM.
3	1	0	Family. Query treatment plan. Resolved by CNM.
4	0	0	N/A

There was no significant change from baseline to intervention to sustainability. One of the Charge Nurses mentioned that the trial had made her spend more time with patients as she was rounding and wondered whether this contributed to low numbers of escalations

5. Evaluation of 0800 number

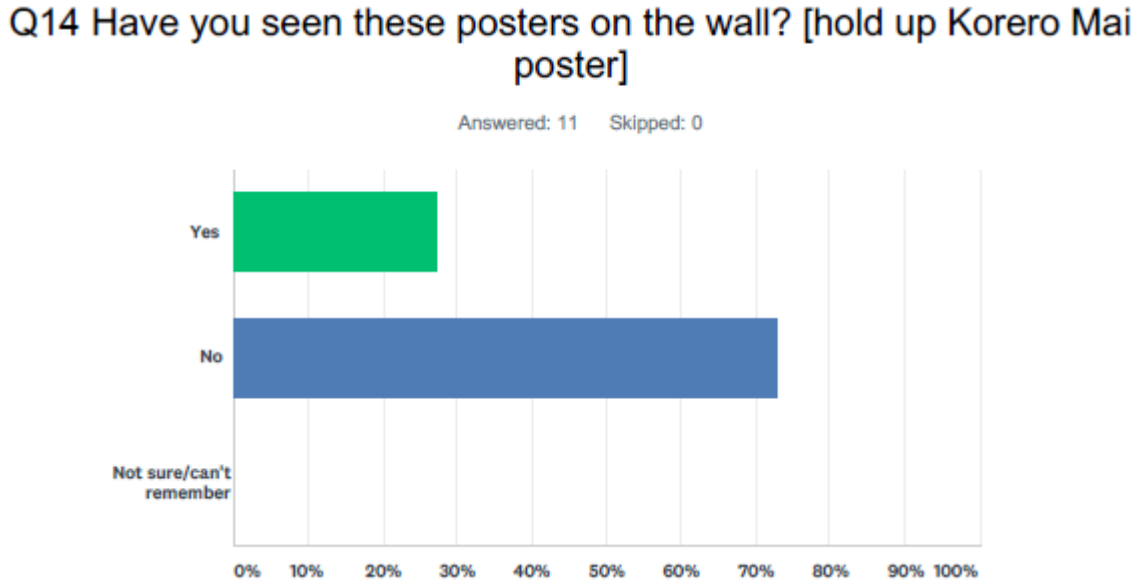
The 0800 number was not used during the trial. This may be due to the mitigations put on the ward during the trial, and also due to low visibility of Kōrero Mai as a service.

The process of staffing the 0800 number included a manual divert of the 0800 number around the roster. This was reportedly cumbersome and not a sustainable model. This process will need to improve for future iterations.

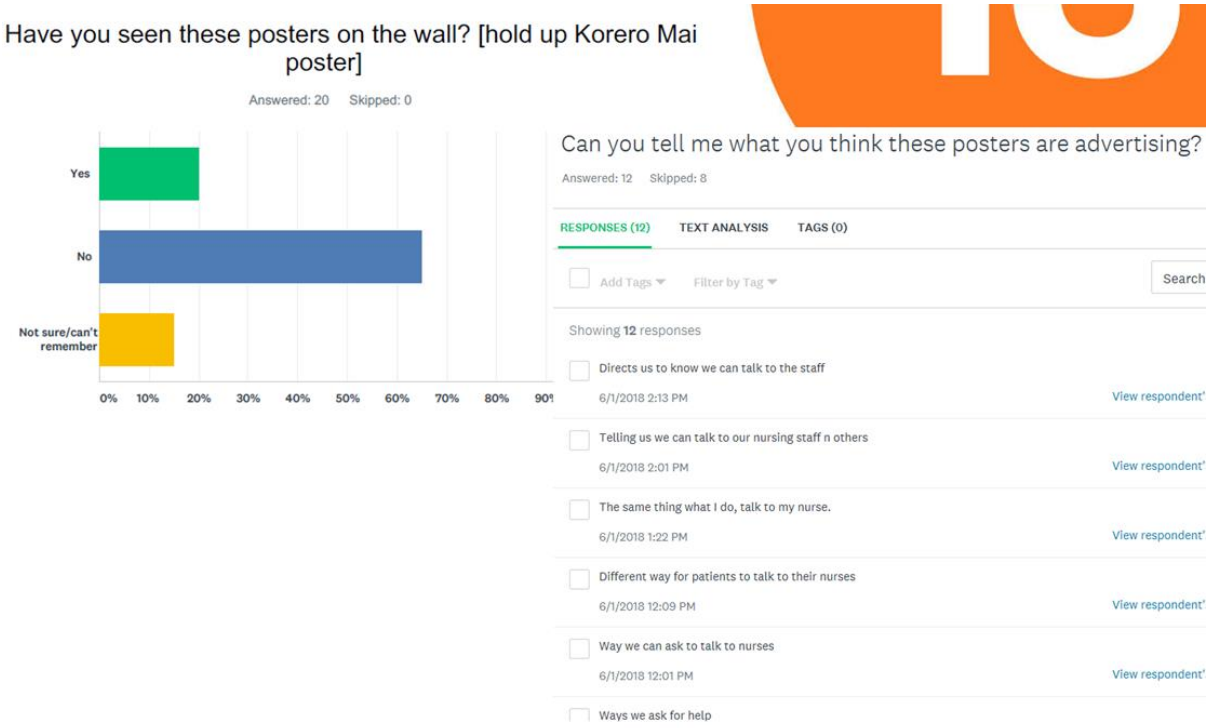
6. Patient and Family survey results:

Overall, messaging about Kōrero Mai – what it is and how to use it, did not come through clearly to patients, family or whānau. The intervention that had the most impact were the stickers ‘you can talk to me’, and the language and messaging to talk to nurses about any concerns. We surveyed 20 patients and 11 family/whānau members. The results of the survey were as follows:

There was poor visibility of the posters on the walls

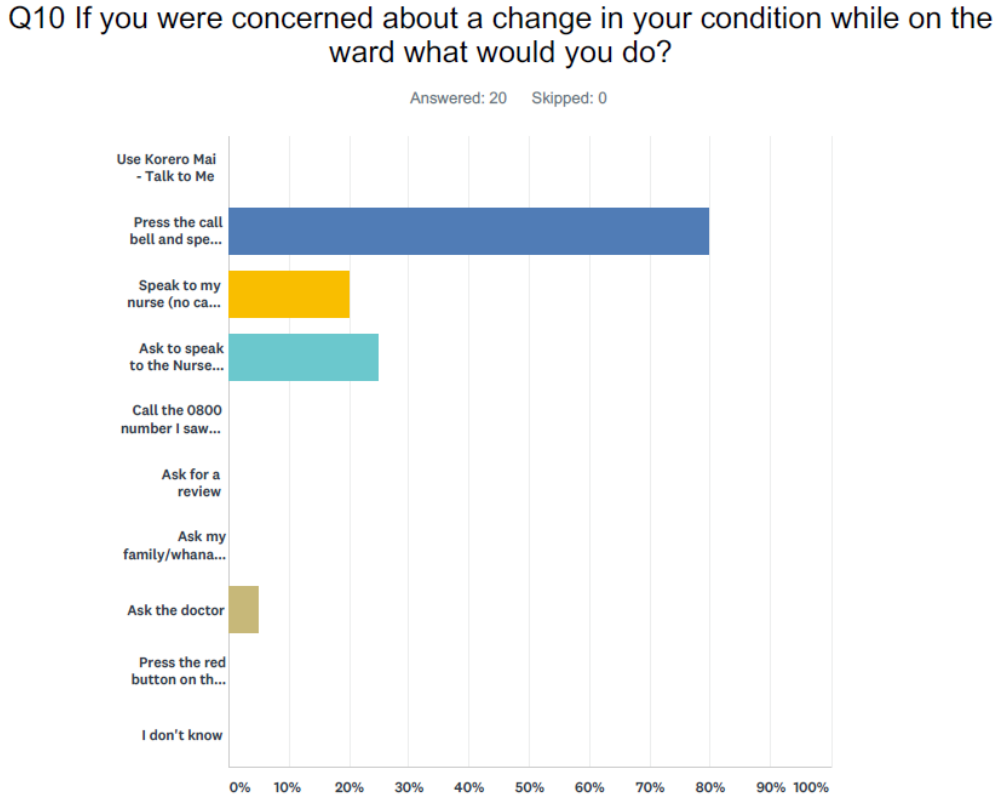


(Family/Whānau)



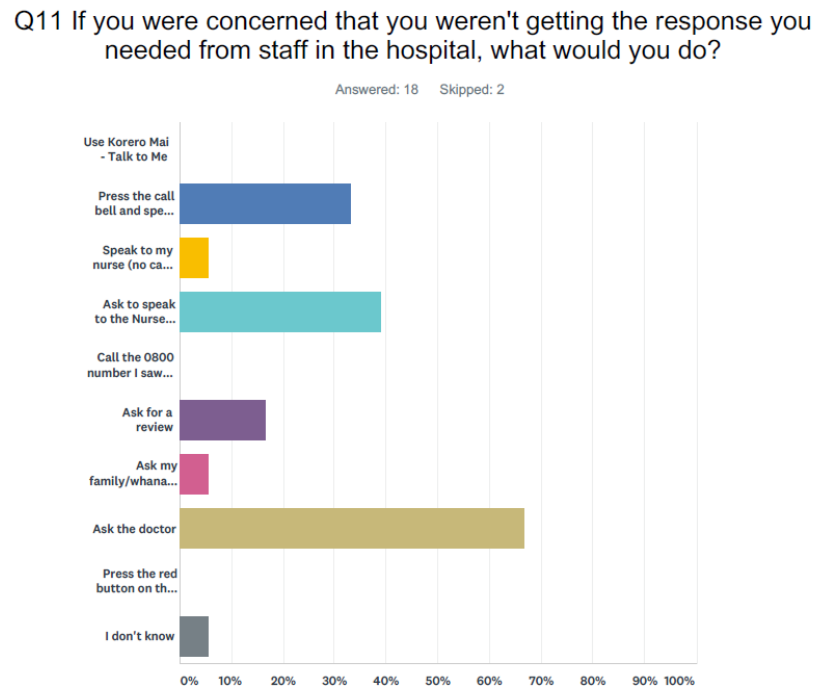
(Patients)

Nurses were the first point of call if there were concerns on the ward:



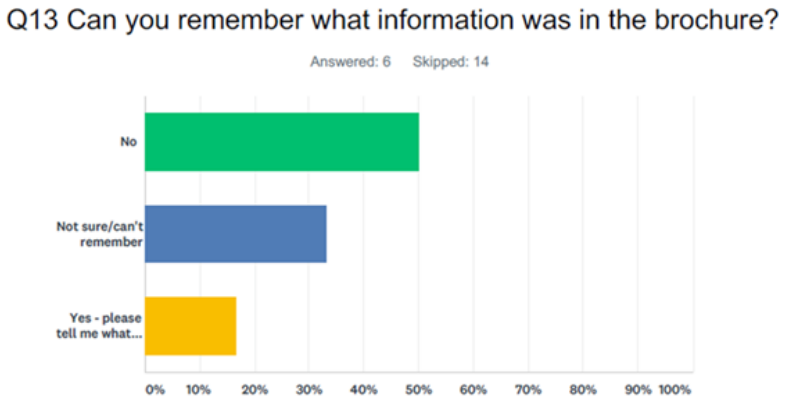
(Patients)

Doctors were the most popular second choice:



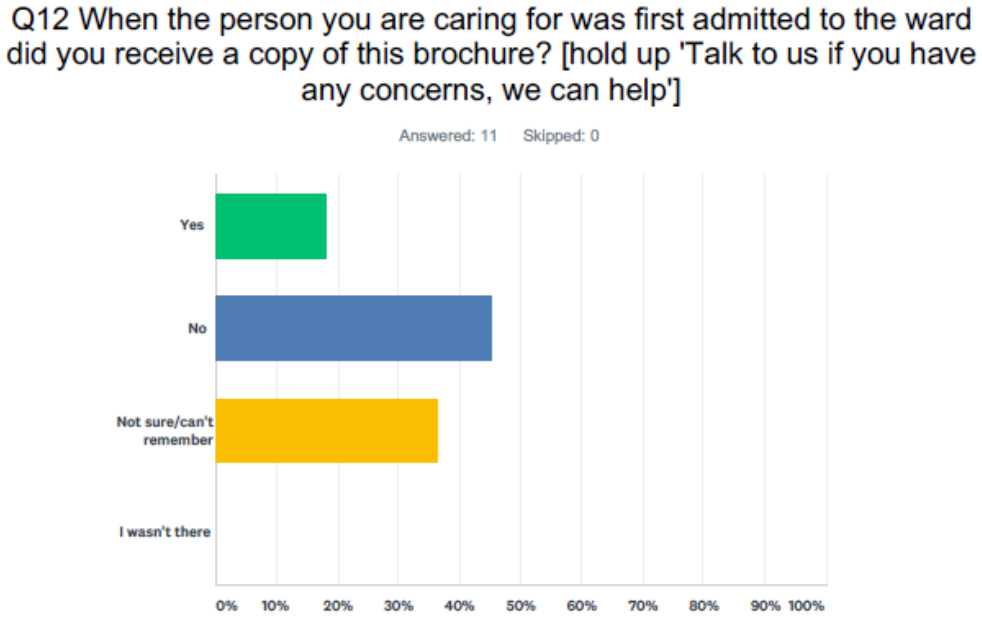
(Patients)

If patients received the leaflet, most people did not remember what was in it:



(Patients)

Most family/whānau did not recall seeing the leaflet:



(Family/Whānau)

The stickers saying ‘You can talk to me’ made people feel reassured, supported, and more confident to speak up.

When you read the words "you can talk to me" on the ward staff's uniforms, how did you feel?

- Comforted
- Like the wall or barrier is broken after I read
- Supported
- If they are wearing it means they are concerned for our wellbeing.
- Because I knew I could talk to them.
- I feel more confident, especially cause I'm not from this country

We also asked how people would find out about a service like Kōrero Mai in the hospital, with key feedback from each group given below:

Patients:

- Talk to nurses
- Talk to the nurse. And the family in the sticker looks comforting that it involves everyone!
- If someone came to explain the importance of call bell and just asking, we know the nurses are busy.
- If someone explained and the brochure. Even the nurse could explain.

Visitors:

- Talk to the staff and read the poster
- Someone reassures the patients and family that we can talk to them. Keep up the good work!
- Talk to people in the ward
- Business card. Visitors can put in pocket. Posters in lift or bathroom, whānau rooms or assessment rooms.
- Nurses
- Reception
- Volunteers

Based on this feedback, our next phase will involve greater face-to-face communication about Kōrero mai and services available in the hospital. We will train nurses, reception staff and volunteers to communicate this. We will also put posters in places that visitors are more likely to read information such as whānau rooms, lifts and bathrooms. We will redesign the poster and the stickers to make them more visible. We will also print a business card for visitors to take away with them.

We will begin the second phase of our testing in late July 2018.

Results for Specific Consumer Groups:

In addition to our results above, we had some unique results for our different consumer groups. Some of this work will be pursued as separate workstreams, particularly workforce development for the organisation.

Māori

Cultural competence of staff, particularly communication style, and understanding Māori perceptions of deterioration and death emerged as key themes. This is being followed up by a) a presentation of these findings to the Waitemata DHB Board; b) discussing the possibility of including cultural competence as a key performance indicator on performance reviews; and c) including cultural competency training for all staff annually via an online learning module. The overall aim of this work is to improve cultural competence and understanding, and ultimately create a more inclusive and compassionate environment for Māori.

Pacific:

Being able to see ‘people like me’ was a key feature for Pacific People to have a positive experience on our wards. We are now working with the Patient Experience Team to boost the number of volunteers from other ethnic groups including Pacific, to increase visibility within the hospital. For staff who are of Pacific decent, proposals are being put forward to the CEO to have their dual roles recognised (as a Pacific advocate as well as their prescribed role).

Access to support services was also important, so this information was included in the leaflet. The leaflet will be translated into Samoan and Tongan in the near future. Pacific

responders were enthusiastic about an escalation service, and would prefer to use a phone (call or text) to access this.

If you felt like you or your family member was not getting the care they needed, would you like a service in place so that someone else could come and help you?

Options	N	% of Respondents
Yes	8	80 %
No	0	0.0 %
Not sure	2	20 %

How would you like to contact that person, to get help?

Options	N	% of Respondents
Through staff	7	70 %
Phone call/Text message	9	90 %
Button on wall	5	50 %
App	0	0.0 %
Other (Please specify):	0	0.0 %

Asian:

Asian support workers emerged as one of the key enablers of positive patient experience when in the hospital, acting as advocates and translators. Access to these services was therefore included in the leaflet. The leaflet will be translated into Mandarin, Cantonese and Korean in the near future.

Hierarchies were identified as very important, with some consumers stating their discomfort at escalating to more senior members of staff. This information will be included in workforce development, to be aware of these power differentials and encourage open communication from patients and their carers/family.

Disability:

Consumers from the disability sector fed back that communication and escalation could be affected by staff in the hospital making assumptions about their abilities and level of cognition (particularly if they were non-verbal), and finding it difficult to use communication aids. Workforce development training will therefore include education about these issues, and we could possibly have members of the disability sector come to train staff on the use of communication aids.

Elderly:

Some of our elderly consumers remarked that they may need to be given permission to speak up in the hospital, given that many of their generation had been taught to be compliant and respectful in front of medical staff. This supported our work around messaging in the collateral to ‘talk to me’, and for nurses to emphasise this when orienting patients to the ward.

What worked well?

- The project has opened up discussions about communication and how we communicate with consumers (from ward to executive level), and hopefully this will make people more aware in practice
- It has raised organisational awareness about co-design and the value of consumer engagement
- Despite the fact that the team did not receive phone calls, this project improved awareness of help available for consumers. It also improved communication within medical/nursing teams
- Feedback from survey indicated that consumers felt encouraged and reassured by the Kōrero Mai Talk to Me message
- The Director of Patient Experience fed back that they were able to share this improvement work with consumers who had raised concerns, and that these consumers said that a service such as Kōrero Mai would have been very helpful to their situation, would have lessened distress and potentially would have prevented their formal complaint.
- Consumers fed back that being part of the co-design process was valuable to them.

What didn't work well

- The interface between consumer need and system requirements was sometimes at odds, creating difficulty in implementing what consumers said they wanted.
- Nurses found the rounds did take longer due to the time being taken to explain Kōrero Mai and then provide information as outlined above, however this was not viewed as a negative as they were able to meet the needs of the patient/whānau which then released time for ward staff to attend to other tasks or parts of their roles.

Working as a co-design team

Our Co-Design Working Group gave the following feedback about their experience working on a co-design project:

What was it like, how different was it?

- Consumers stated that they found it helpful to work alongside clinicians, to provide real-time feedback and directly hear their perspectives. *'I felt listened to and valued, and my ideas were recorded and implemented, such as nurses putting the call bell in patients' hands when meeting them. It was most helpful when there were several consumers in the same meeting, as I felt I could speak more easily when others were raising their perspectives too. The meetings were very well facilitated. I thought the co-design process was well implemented as our solution changed with different ideas coming in. - The phone line/awareness ideas were co-created.'*
- Staff involved stated they found the co-design process positive and empowering. *'Working as a co-design team was empowering and positive experience. We received fantastic support from project leads, had open and productive discussions. I felt well supported and enjoyed sharing ideas in the group. The whole experience was fantastic.'*
- Co-design group members appreciated the differing perspectives that co-design can offer. *'This is a great way to do a project in health system, we can get direct feedback from both sides in a timely manner.' ; 'Offered a perspective which would not have been available otherwise.'*

'Co design provided an opportunity to work in a manner that engaged people from a variety of settings. This is always a bonus as the varying perspectives can be included in the formulation of a plan or project that reflects the reality of those involved. I found the meetings with consumers enlightening as it is easy to get caught up in the business of an acute inpatient setting and miss what is really important for the patient/whanau.'

What could improve?

- Communication across the DHB was still seen as a barrier/difficult *'Staff seem unsure of project even though it has been in place for several months.'*
- Scope and cost were also an issue – *'At times it was difficult focusing on the project purpose i.e. conversations, ideas, issues often went off project scope, and raised lots of out of scope issues that will still need follow through.'; 'Resource intensive – cost, organisation, and coordination time associated.'*
- Time and resource was also an issue for clinical staff, having to make time for the project within their already-busy clinical roles. *'It was difficult to spend the amount of time required for the project whilst working a full clinical role. This could be looked at for the future.'*

Names and organisation of team members

Names of team members	Role	Organisation DHB
David Price	Director of Patient Experience, Project Sponsor	Waitemata DHB
Jeanette Bell	i3 Project Manager	Waitemata DHB
Olivia Anstis	i3 Project Manager	Waitemata DHB
Claire Turner	Consumer	Waitemata DHB
Delize Delaney	Consumer	Waitemata DHB
Shelley Vaudrey	Charge Nurse Manager, ADU	Waitemata DHB
Angela Nightingill	Charge Nurse Manager, Titirangi Ward	Waitemata DHB
Trenna Wilkinson	Charge Nurse Manager, Wainamu Ward	Waitemata DHB
Lev Zhuravsky	Operations Manager, Waitemata Central	Waitemata DHB

Appendix A. Measurement and Call Logs for Improvement Work

1. Call Bell Audit

Kōrero Mai Trial — Call Bell Audit

Audit Date and time: _____ Ward_____ Auditor _____

Trial Week: (please circle) Week 1 Pre-trial/ Week 2 Trial / Week 3 Trial / Week 4 Post-trial **PLEASE USE A SEPARATE SHEET FOR EACH WEEK**

Background: Ensuring patients can access and feel comfortable to use the call bell to talk to staff is important. Consumers tell us they feel more empowered to use the call bell if it is placed in their hand. Promoting access to and use of the call bell is an improvement strategy being tested in the Kōrero Mai Trial.

Aim: To observe patient access to call bells pre/post and during the Kōrero Mai Trial

Instructions: Charge Nurse Manager (CNM) or delegate to complete weekly for another trial ward for all patient present at visit.

Pt #	Call bell within reach	Call bell in hand	Comments
1	Yes/No	Yes/No	
2	Yes/No	Yes/No	
3	Yes/No	Yes/No	
4	Yes/No	Yes/No	
5	Yes/No	Yes/No	
6	Yes/No	Yes/No	
7	Yes/No	Yes/No	
8	Yes/No	Yes/No	
9	Yes/No	Yes/No	
10	Yes/No	Yes/No	
11	Yes/No	Yes/No	
12	Yes/No	Yes/No	

2. Kōrero mai Survey – Patients

We started testing a new service this week called Kōrero mai – Talk to Me. Would it be okay if I asked you a few questions about this service?

[Reassure person that whether they participate or not will not affect their care in any way]

PATIENT

Yes – continue

No – That is no problem, thank you.

1. Have you heard about the service Kōrero mai – Talk to Me?
    a. Yes
    b. No
    c. Not sure/Can't remember

2. Can you tell me what the service is for?
    a. Yes [accurate]
    b. Yes [inaccurate] – [enter their description]
    c. No
    d. Not sure

3. When you were first admitted onto this ward, did the staff show you how to use the call bell?
    a. Yes
    b. No
    c. Not sure/Can't remember

4. When you were shown how to use the call bell, did staff put the call bell in your hand?
    a. Yes
    b. No
    c. Not sure/Can't remember

5. Do you feel confident confident using the call bell?
    a. Yes
    b. No
    c. [any comments] e.g. I don't like to disturb the nurses

6. If you were concerned about a change in your condition what would you do? [tick all that are mentioned]
    a. Press the call bell and speak to my nurse
    b. Speak to my nurse (no call bell mentioned)
    c. Ask to speak to the Nurse in Charge
    d. Call the 0800 number I saw advertised
    e. Ask for a review
    f. Ask my family/whanau for help
    g. Ask the doctor

h. Press the red button on the wall
i. I don't know
j. Other [free text]

7. If you were concerned that you weren't getting the response you needed from staff in the hospital, what would you do? [tick all that are mentioned]
    a. Press the call bell and speak to my nurse
    b. Speak to my nurse (no call bell mentioned)
    c. Ask to speak to the Nurse in Charge
    d. Call the 0800 number I saw advertised
    e. Ask for a review
    f. Ask my family/whanau for help
    g. Ask the doctor
    h. Press the red button on the wall
    i. I don't know
    j. Other [free text]

8. When you were first admitted to the ward do you remember being given this brochure? [hold up 'Talk to us if you have any concerns, we can help']
    a. Yes – continue
    b. No – skip to X
    c. Not sure/can't remember – continue

9. Can you remember what information was in this brochure?
    a. Yes – please can you tell me what you remember [free text]
    b. No – continue
    c. Not sure/can't remember – continue

10. Have you seen these posters on the wall? [hold up Kōrero mai poster]
    a. Yes
    b. No
    c. Not sure/Can't remember

11. What do you think these posters are advertising?

12. Have you seen the ward staff wearing stickers saying 'you can talk to me' on their uniforms?
    a. Yes - continue
    b. No – skip to x
    c. Not sure/Can't remember – skip to x

13. When you read the words 'You can talk to me' on the ward staff's uniforms, how did you feel? [choose closest approximation]
    a. Reassured

b. Relaxed
c. Happy
d. Worried
e. Nervous
f. Anxious
g. Confused
h. Other [comments]

14. Did seeing the sticker saying ‘you can talk to me’ change the way you felt about talking to ward staff?
    1. Yes
    2. No
    3. Comment

3. Kōrero Mai Survey: FAMILY/WHANAU

We started testing a new service this week called Kōrero Mai – Talk to Me. Would it be okay if I asked you a few questions about this service?

Yes – continue

No – That is no problem, thank you.

1. Have you heard about the service Kōrero Mai – Talk to Me?
    a. Yes
    b. No
    c. Not sure/Can't remember

2. Can you tell me what the service is for?
    a. Yes [accurate]
    b. Yes [inaccurate] – [enter their description]
    c. No
    d. Not sure

3. When the person you were caring for was first admitted to the ward, did the staff put the call bell in their hand?
    a. Yes
    b. No
    c. Not sure/Can't remember

4. If you were concerned about a change in their condition what would you do? [tick all that are mentioned]
    a. Use Kōrero Mai
    b. Press the call bell and speak to the nurse
    c. Speak to the nurse (no call bell mentioned)
    d. Ask to speak to the Nurse in Charge
    e. Call the 0800 number I saw advertised
    f. Ask for a review
    g. Ask my family/whanau for help
    h. Ask the doctor
    i. Press the red button on the wall
    j. I don't know
    k. Other [free text]

5. If you were concerned that the person you are caring for wasn't getting the response they needed from staff in the hospital, what would you do? [tick all that are mentioned]
    a. Use Kōrero mai
    b. Press the call bell and speak to their nurse

c. Speak to their nurse (no call bell mentioned)
d. Ask to speak to the Nurse in Charge
e. Call the 0800 number I saw advertised
f. Ask for a review
g. Ask my family/whanau for help
h. Ask the doctor
i. Press the red button on the wall
j. I don't know
k. Other [free text]

6. When the person you are caring for was first admitted to the ward do you remember being given this brochure? [hold up 'Talk to us if you have any concerns, we can help']
    a. Yes – continue
    b. No – skip to X
    c. Not sure/can't remember – continue

7. Can you remember what information was in this brochure?
    a. Yes – please can you tell me what you remember [free text]
    b. No – continue
    c. Not sure/can't remember – continue

8. Have you seen these posters on the wall? [hold up Kōrero Mai poster]
    a. Yes
    b. No
    c. Not sure/Can't remember

9. What do you think these posters are advertising?

10. Have you seen the ward staff wearing stickers saying 'you can talk to me' on their uniforms?
    d. Yes - continue
    e. No – skip to x
    f. Not sure/Can't remember – skip to x

11. When you read the words 'You can talk to me' on the ward staff's uniforms, how did you feel? [choose closest approximation]
    a. Reassured
    b. Relaxed
    c. Happy
    d. Worried
    e. Nervous
    f. Anxious
    g. Confused
    h. Other [comment]

12. Did seeing the words ‘you can talk to me’ change the way you felt about talking to ward staff?

4. Yes, I felt more comfortable
5. Yes, I knew it was okay to talk to them
6. Yes – other
7. Yes - I was confused about why they were wearing them
8. Yes - I felt under pressure to talk
9. No - I was unsure about what they wanted me to talk about
10. No – I didn’t really know what they meant

4. Call Log

Kōrero Mai Call Record TRIAL

Patient Sticker

Call details

Date: Time of call:

Overall Time spent on call:

Caller: Patient /Family /Staff member/ other

Is patient aware of call? Yes/no/don't know

Are ward staff aware of call? Yes/no/don't know

How was Korero Mai contacted?
0800 line/ ward phone /text /other

Urgency of call: immediate/within 30 minutes/within 1hr

Reason for call (More than one reason can be selected)

1. Patient deterioration
2. Medical care
3. Nursing care
4. Treatment/treatment plan e.g. delay, more information required
5. Concern about diagnosis
6. Communication breakdown
7. Complaint about staff or hospital service (other, please specify)
8. Psychological distress
9. Request for cultural support
10. Request for religious support
11. Request for support with social situation
12. Mental health/substance abuse issue
13. Other (specify)

Description of call

Use SBAR: Situation, Background, Assessment, Recommendation and include patient's/whanau own words

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Escalation required

Brief description of intervention, follow up required, and patient outcome

_____
_____
_____
_____
_____
_____
_____
_____
_____

Follow-up (More than one reason can be selected)

1. Resolved on the phone
2. Visit to ward required
3. Follow up required on next shift
4. Follow up with CNM/Nurse in charge
5. Follow up with patient's nurse
6. 777
7. CCOT review
8. Dr clinical review
9. Dr/ward patient/family meeting
10. Referral to Patient Experience Team
11. Line manager escalation – DNM, Nursing/Medical HOD, Ops Manager
12. Allied Health (specify)
13. Cultural support/Interpreter service
14. Chaplain
15. Mental Health Service
16. Other (specify)

Patient Outcome

1. Remained on ward
2. Remained on ward with treating team follow up
3. Remained on ward with ICU Outreach follow up
4. Transferred to another ward
5. Transferred to ICU
6. Change in treatment (specify)
7. Other (specify)

Caller Follow-up

Would caller be happy to be contacted? Yes/No
Name:
Phone Number:

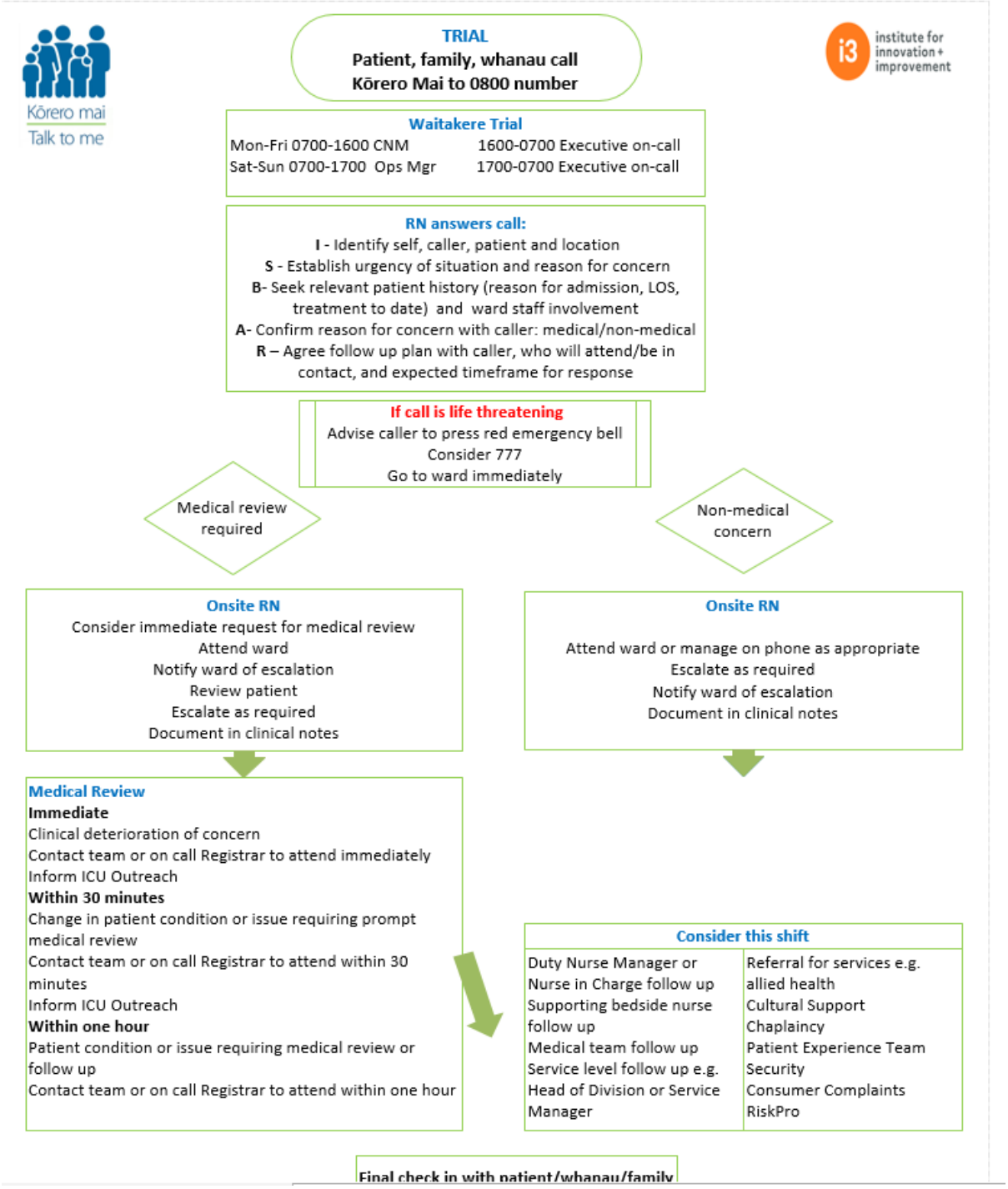
5. CNM Escalation Log

Kōrero Mai Trial

Charge Nurse Manager/Nurse in Charge
Patient, Family, Whānau Escalation Audit

	Date	Time	Person escalating	How was escalation made?	Reason for escalation (more than one reason can be selected)	Follow up required (more than one reason can be selected)	Patient Outcome (more than one can be selected)
			1. Staff member on behalf of patient 2. Staff member on behalf of family/whānau 3. Patient 4. Family/whānau 5. Other (state who)	1. In person 2. By phone 3. Other (specify)	1. Patient deterioration 2. Medical care 3. Nursing care 4. Treatment/treatment plan e.g. delay, information required 5. Concern about diagnosis 6. Communication breakdown 7. Complaint about staff or hospital service (other, please specify) 8. Psychological distress 9. Request for cultural support 10. Request for religious support 11. Request for support with social situation 12. Mental health/substance abuse issue 13. Other (specify)	1. Resolved by CNM/Nurse in charge 2. Follow up with patient's nurse 3. 777 4. CCOT review 5. Dr clinical review 6. Dr/ward patient/family meeting 7. Referral to Patient Experience Team 8. Line manager escalation – DNM, Nursing HOD, Ops Manager 9. Allied Health (specify) 10. Cultural support/Interpreter service 11. Chaplain 12. Mental Health Service 13. Other (specify)	1. Remained on ward 2. Transferred to another area (specify) 3. Change in treatment (specify) 4. Other (specify)
1							
2							
3							
4							
5							

6. Call Algorithm for Responders



7. Example Call Script for Responders

Staff Call Script for Kōrero Mai

This script follows an **ISBAR** format, to keep our communications consistent:

Identify self	*'Hello/Kia ora, this is registered nurse [name] for Kōrero Mai'*
Identify caller/patient/location	*Q. 'Can I ask who I am speaking to and where you are calling from?'* *Q. 'Are you a patient or a family/whānau member?'* If family/whānau: '*Can you please give me the name of the patient and which ward they are in?* Reassure: *'Thank you for that information'.*
Situation – Establish urgency	*Q. 'Can you please tell me what is happening that has prompted your call to Kōrero Mai?'* - Use active listening: ○ Reflect back what the person has told you, then ask, *'have I got this right?'* e.g. *'From what I've heard you are worried about your mother as her breathing has changed and the nursing team don't seem very concerned. Have I got this right?'* Once you have confirmed what is happening, **establish if this is a medical emergency requiring a 777 response** 'What is <u>the one thing you are most worried</u> <u>about</u> right now?' e.g. - Having trouble breathing? - Having trouble talking? - Losing consciousness? - Confused? - Uncontrollable pain? - Bleeding? - Sudden loss of mobility/function - Patient 'doesn't look quite right' - Patient 'just not themselves' - Patient 'looks very different' - Patient's 'spirit or wairua is wandering'

	Additional questions to consider: [family/whānau calling]: **A:** *Can the patient talk to you?* **B:** *Is the patient breathing/has there been recent changes to their breathing?* **C:** *Is the patient conscious?* [patient calling]: not sure about these ones, but perhaps just put it to the group **A:** *Has there been any change in your speech or ability to swallow?* Ask yourself - is the patient's speech slurred/incoherent? **B:** *Has there been any noticeable change to your breathing?* Ask yourself - can you hear any difficulties with breathing? **C:** *Has there been any change in your ability to think clearly?* Ask yourself - does the patient appear lucid? **If this is a medical emergency:** 1. Instruct the caller to press the red emergency button behind the bedspace. 2. Tell the caller that the staff on the ward will respond to this immediately. 3. Make your way to the caller as soon as possible. '*Thank you for calling, you have done the right thing to call'.* Restate your name, tell the caller you will be with them within the next few minutes. If a family/whānau member, ask them to stay with the patient until you/the response team gets there. ***ends*** **If this is not a medical emergency, continue below.**
Background	Reflect back <u>the one thing they are most worried about</u> [as above]:

	'Just to recap, the key thing you are worried about is X?' **If the call is non-urgent medical:** '*It sounds like you have some valid concerns about your/your loved-one's condition. That must be difficult for you [acknowledging].* **If call is non-medical:** *'It sounds like you have some valid concerns about [insert issue here]'* **Both:** *Could I just ask a few more questions to get a clearer picture of what is going on:* - *What was their reason for admission?* - *How long have they been in hospital for?* - *What sort of treatment have they had so far?*
Assessment	**Both:** After gaining background information, ask: • What is the staff's knowledge/involvement in these concerns? • **What would the caller like to happen?**
Recommendation	**Non-urgent medical calls:** *As this isn't a medical emergency I will [choose as many as apply]:* 1. Come and see you within X minutes/hours/next day; or 2. Call the medical team and let them know what is happening. I will ask them to come and see you within xxx minutes/hours 3. Call the Nurse in Charge and have them come to speak to you; within xxx minutes 4. Other as decided by you, suited to the situation **Non-Medical calls*:** *'It sounds as though your concerns are centred on – cultural support/spiritual support/complaint/security issue. We want you to feel safe and supported during your time in the hospital, so we have the following support services available that will be able to help you [offer what is relevant]:* - Cultural support teams - Interpreters - Chaplains - Mental health teams - Security team - Complaints process **BOTH:** Make a plan with the caller as to what happens next: • **Who** will contact them

	• **How** they will be contacted • **When** this will happen • **What the caller might need to do** e.g. call complaints team in the morning **Always end the call with an action, so the person knows something will/can be done as a result of them calling.** *If the caller's request is unreasonable e.g. they want McDonald's delivered, say: *'I am sorry but this is not available here as our focus is on providing hospital care, and we are not able to provide this type of service. Please keep this line free for medical emergencies. Thank you.'*

Following the call/at the end of your shift, complete the Kōrero mai data collection sheet.

Kōrero mai is a Health Quality & Safety Commission initiative in partnership with participating DHBs. This case study is reproduced with permission of Waitemata DHB. The Commission would like to thank the co-design team involved for sharing their example.

We would also like to thank our partner, Ko Awatea, for its support: