



Kōrero Mai (Talk to Me)



*Co-design of a patient, family and whānau
escalation process for deteriorating patients*

Waitemata DHB

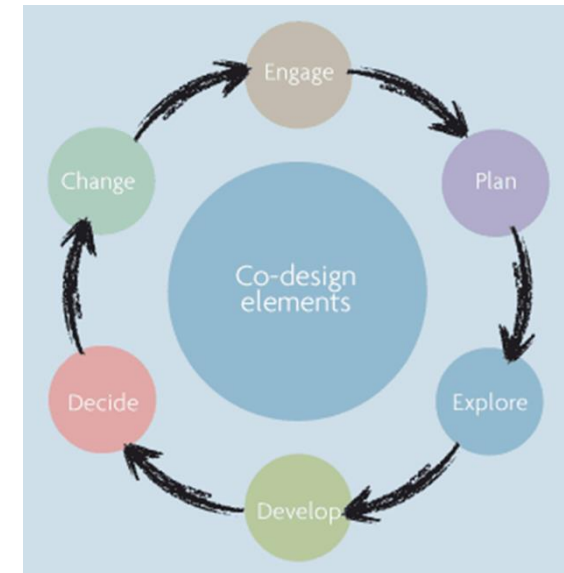
Kōrero Mai: HQSC Background

- Patients, families and whānau often recognise subtle signs of deterioration, even if vital signs are normal
- Delayed recognition of, or response to, patient deterioration is an adverse event.
- Most patient or family-led escalations are due to breakdowns in communication
- Escalation processes are intended to *complement* the work of staff to assist the early detection of patient deterioration



Co-Design Process

- Co-Design engages patients, family and whānau in the process of healthcare innovation and redesign
- We uncover consumer (patient, family, whānau) and staff experiences
- We assemble consumers and staff in co-design groups to develop solutions together



Co-design process



- **Project start up:** scope, plan, aim
- **Engage:** consumers, families and staff
- **Capture:** consumer, family and staff experiences using a range of methods
- **Understand:** emotions and “touch points” along the journey of care
- **Improve:** work together to identify and prioritise what to improve
- **Measure:** check to see if experience is improving



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Project Start Up



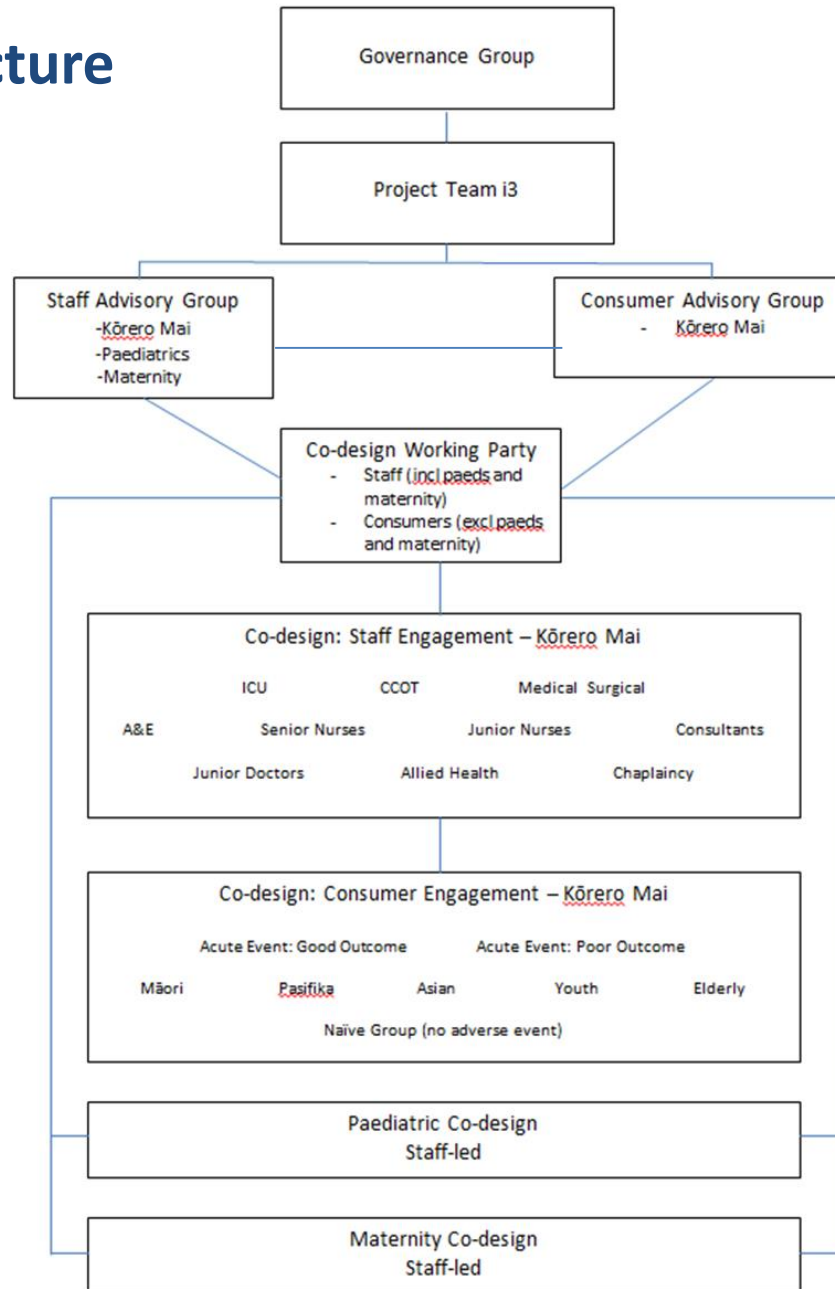
Scope, Plan, Aim

Start up

- **Scope**
- **Project scoping undertaken by project team**
 - Stakeholder identification and on-boarding
 - Consumer recruitment
 - Assembled Advisory Group and Co-Design Working Party
 - Project Charter written, signed off and lodged with Awhina
- **Plan**
 - Set meeting schedules for Advisory Group and Working Party
 - Biweekly WIP for Project Team
 - Generated database of relevant consumer cases
 - Created a Gantt/time chart for working party
 - Engaging with Comms as part of National PDP



Kōrero Mai Structure Waitemata DHB



Start up: Aim



- Kōrero Mai (Talk to Me) aims to implement and test an escalation system co-designed by consumers and staff at Waitemata DHB for patients, family or whānau to use if they are concerned about the care they or the person in their care is receiving, by 30 June 2018.

Engage



Consumers, Families,
Staff

Who did we engage?



People who had experienced an inpatient event in the hospital (N = 7)

Māori whānau (N = 9)

Pasifika consumers (N = 10)

Asian consumers (N = 11)

Disabled consumers (N = 5)

Older Persons (N = 1 key representative)

Youth consumers (N = 2)

HQSC Inpatient Observation Task (N = 8)

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

Staff representatives from Medicine, Surgical, Nursing, Allied Health, Cultural Health Groups (Māori, Pacific, Asian), Disability Services.

Capture



Consumer, family and staff
experiences using a range of
methods

Capture





Kōrero mai co-design programme

Observation/ question prompted conversation data collection template

Also refer to the Co-design capture information sheet and Tips sheet on observations

Waitemata DHB

Identify yourself to ward staff and agree which interactions you can observe.

Before the observation you will need to introduce yourself to the consumer / whānau and asked for their permission to observe and ask them questions.



Observe the interaction between a staff member and consumer / whānau. Particularly look and listen for any information that is provided to the consumer and/or whānau that invites them to raise concerns.

Things to observe:

- Did the health staff member introduce themselves by name and role? **Yes/ No**
- Was there good eye contact? **Yes/ No**
- Did the staff member face the consumer/ whānau? **Yes/ No**
- Did the staff member smile/appear friendly? **Yes/ No**

Note any additional information relevant to the observation in the box below.

Thematic Analysis Template

Below are the questions from the discussion guide, with room for you to write:

- Notes - bullet points (factual information)
- Quotes
- Relevant themes

First of all, describe the person being interviewed so we can attribute the data to the right cohort of patients:

- Patient Carer Other
- Ethnicity
- Age (if known), or Youth Elderly
- Male Female Gender Diverse
- Other information e.g. 'has experienced deterioration' etc

1. Could you please tell me about a time you/the person in your care was in hospital:
 1. Briefly, what was the reason you / they were in hospital? How long were you / they in for?

Notes	Quotes	Themes



Understand



Emotions and 'touch points'
along the journey of care

Key findings from observational task

- Reliance on nurse to communicate with and escalate concerns
- Importance of seeing 'people like me' to build trust with staff members
- Little awareness of how to escalate beyond nurse (although no patient-facing system currently exists)
- Improvements centre on:
 - Improving communication – giving feedback about follow up; normalising use of call bell; setting expectations about observations
 - Understanding vital signs
 - Possible up-skilling of Pasifika staff
 - Making placement of call bell in patients hand standard (where possible)
 - Visibility of information (foot of bed)



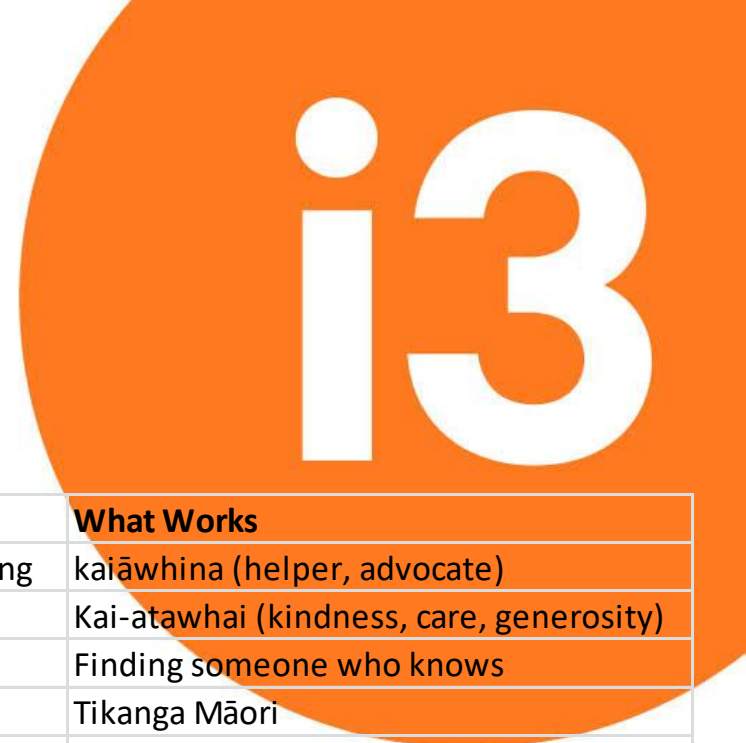
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Key findings of hui



Issues	What isn't working	What Works
Co-morbidities	Staff abilities - cultural competence and escalating	kaiāwhina (helper, advocate)
Serious illnesses	Not using referral services/delays in referrals	Kai-atawai (kindness, care, generosity)
Finances	Lack of services (+ over Xmas)	Finding someone who knows
Distance from services	Communication - listening	Tikanga Māori
"I felt like a dog"	Travel costs	Kaumātua
Differential treatment	Accommodatoin	Whanaungatanga
Patient + tūpāpaku	Quality of services	Parking
Ronald McDonald House	"Feels like a prison"	Rongoa Māori
	Bad vibes	Kai mahi
	Parking	Māori everywhere
	"Bad Services"	Whānau room
	Privacy	Crisis Assessment Team (CAT)
	Not enough room	Social Media
	Lack of information	Power of Prayer
	Cultural Competency training linked to performance appraisal	

Whānau experience

- Deterioration
 - How this is recognised
 - Vital signs
 - Also, life-preserving functions e.g. swallowing
 - Do Not Resuscitates (DNRs)
 - Not communicated
 - Different from Enduring Power of Attorney
 - Describing baseline/language
 - “He was very quiet” vs. “He was not responding”
- Death and Dying
 - “Dying in a good way”
 - Understanding the journey from a Māori perspective
 - Māori hospice?

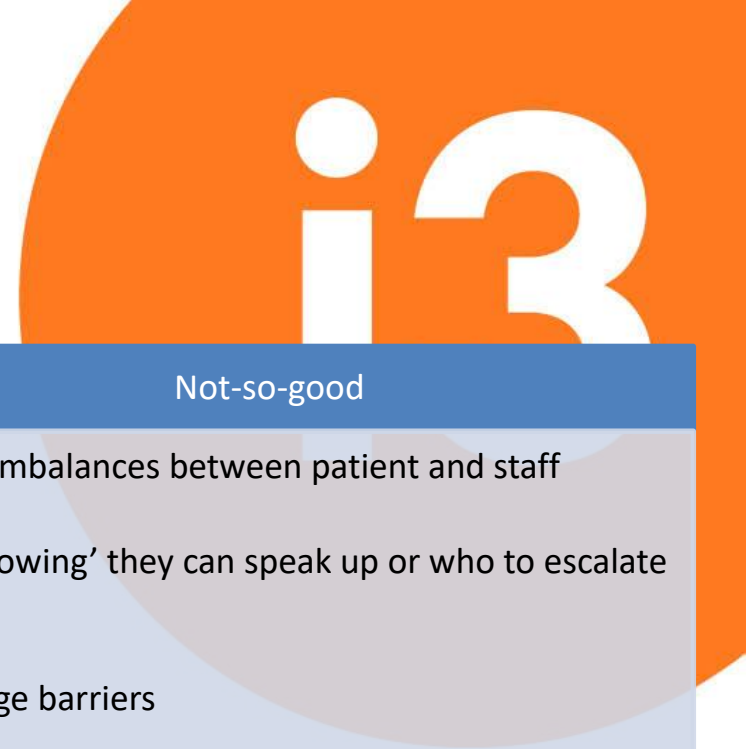


Whānau experience

- People like me
 - Not enough Māori faces on staff
 - Give us a voice: Māori presence throughout hospital
- Understanding priorities
 - “Lose weight”
 - Family violence enquiries
 - Finances
 - Who gives oversight/guardianship?
- Healing/Support/Wairua
 - Healing power of karakia, moko
 - Sensing ‘bad vibes’ around people
 - The importance of space for whānau
 - Healing value of kai



Key Issues Directly Affecting Escalation



Good

Relationships with staff – rapport and trust; cultural competence

Cultural representatives/advocates

Seeing ‘people like me’

Access to interpreters

Visitor involvement

Visibility of senior nurses

Not-so-good

- Power imbalances between patient and staff
- Not ‘knowing’ they can speak up or who to escalate to
- Language barriers
- Information not being fed back to patients in a timely way
- Assumptions – about ability/cognition (disability)
- Use of communication aids – staff not confident
- Non-verbal cues e.g, nurses/doctors ‘too busy’
- Escalation for junior staff – hierarchies can interfere, as can reactions from more senior staff (put downs, criticisms)

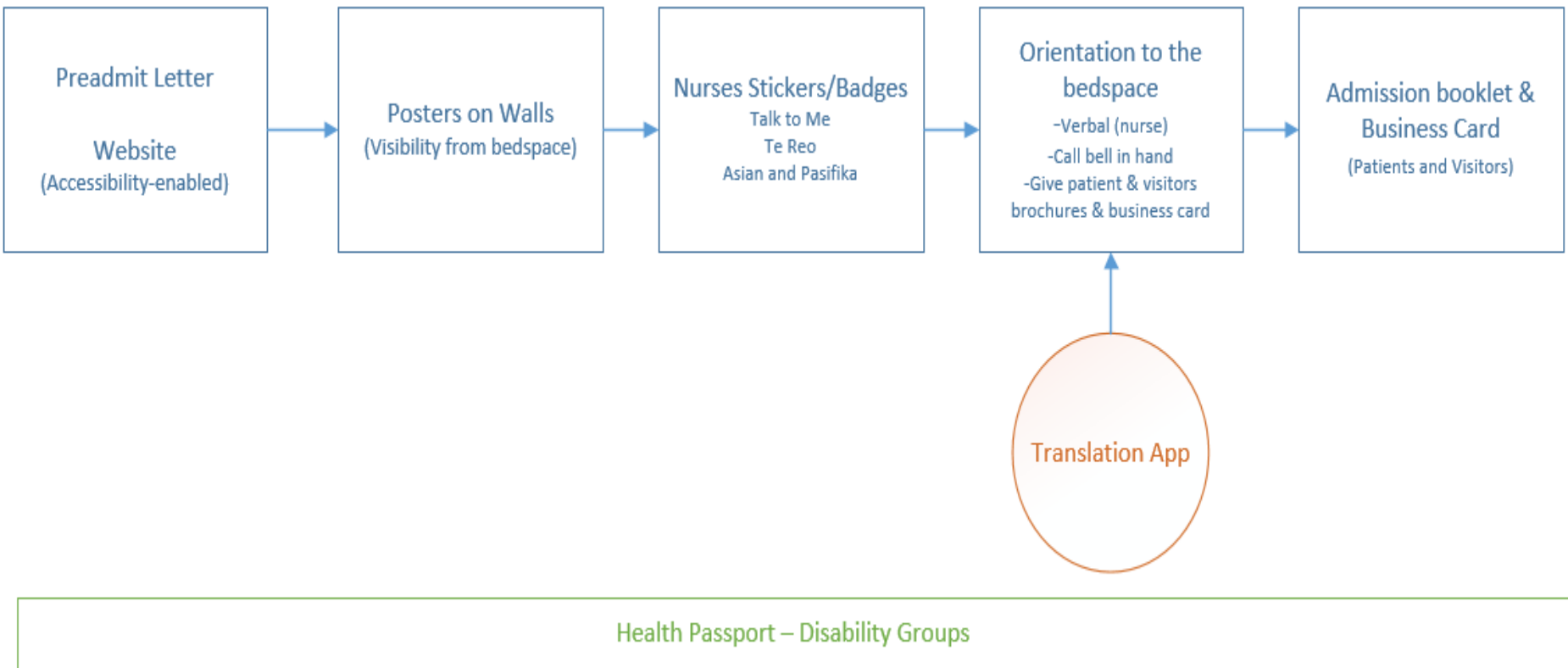
Escalation Service: Feedback

- Respondents (patients and staff) in support of an escalation service
- Would approach their nurse in the first instance
- Most prefer phone calls or text to escalate
- Different needs for different cultural groups
 - See people like me
 - Speak the same language
 - Chaplaincy/Kaumatua Support





Kōrero Mai Touchpoints



Kōrero Mai
(1:1, Posters, Leaflets, Stickers)

0800 75 65 55

What our consumers see

Bedspace Orientation

'People Like Me'

Person-Centred Care

Compassionate Communication

Patient/Whānau Experience

Ward-based Activity

Disability Skill & Awareness

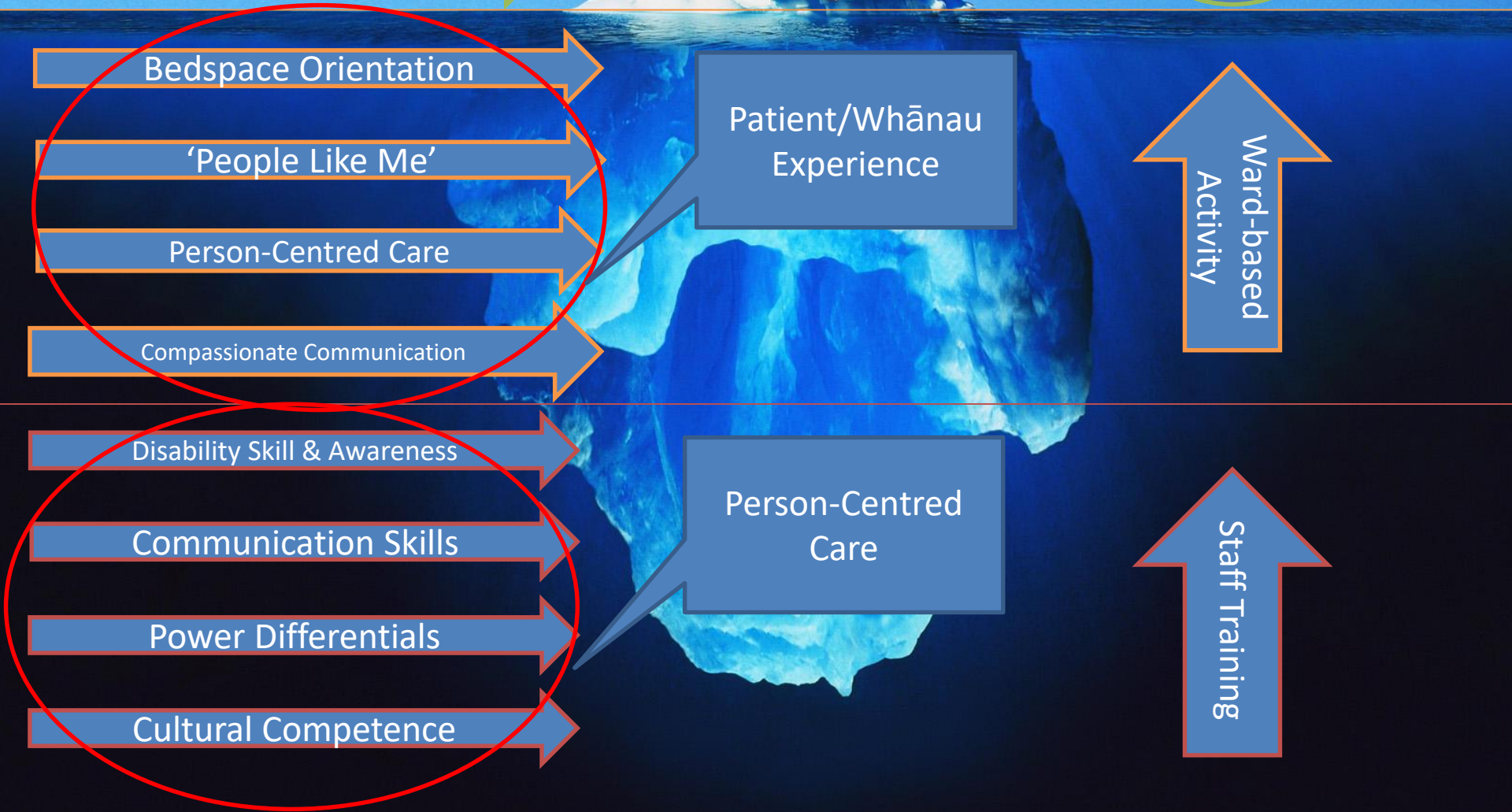
Communication Skills

Power Differentials

Cultural Competence

Person-Centred Care

Staff Training



Improve



Work together to identify and
prioritise what to improve

Aims

- 1. To encourage patients and whānau to talk to their immediate care team (mitigate need for Kōrero Mai)**
 1. Call bell orientation
 2. 'You can talk to me' stickers
- 2. To raise patients and whānau awareness of Kōrero Mai**
 1. Posters
 2. Brochures
- 3. To test usage of Kōrero Mai:**
 1. #phone calls
 2. Type/issue
 3. Required response
 4. Demographics of patient/family/ whānau – i.e. who is using it?
 5. User satisfaction



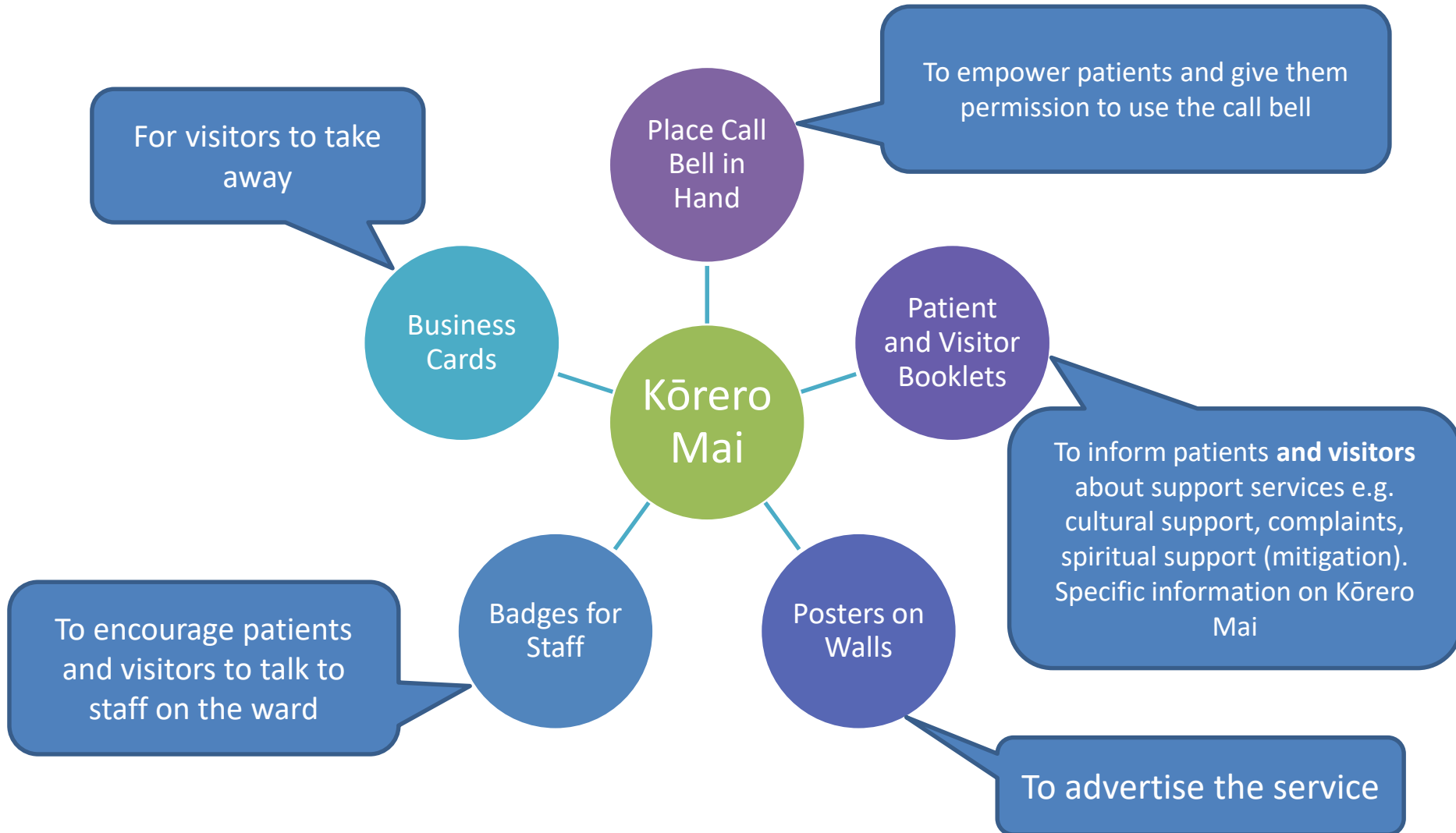
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Improvement Efforts on Wards



Stickers

Kōrero mai



You can talk to me



Kōrero mai



You can talk to me

Posters



Kōrero mai
Talk to me

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 0800 75 65 55* and ask for a review (or ask a nurse to call for you)



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*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.



Kōrero mai
Talk to me

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 0800 75 65 55 and ask for a review (or ask a nurse to call for you)

If you have difficulties with hearing or speech, you can text:
North Shore Hospital – 021 196 4420
Waitakere Hospital – 021 196 2883

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Business Card

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 health condition or the condition of the person you are caring for and you are not getting the response you need.

If you are concerned about a change in your health 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
0800 75 65 55
and ask for a review
(or ask a nurse to call for you)

Difficulties with hearing or speech? Text...

North Shore Hospital – 021 196 4420

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Brochure

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 health condition or the condition of the person you are caring for and you are not getting the response you need.

If you are concerned about a change in your health 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 **0800 75 65 55*** 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 13 August to 24 August 2018. Outside of these dates, please talk to the nurse in charge.



Talk to us if you have any concerns, we can help

Patients, whānau and visitors can talk to staff and use the support services in this leaflet

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. Please talk to us if you want something explained to you or if you don't understand. Some people worry about interrupting staff because they look busy. But we will always have time to listen to your questions or concerns.

Please press the call bell and talk to your nurse.

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 Waioira - Māori Health Services: Nau mai haere mai. Kaumatua are available to manaaki you and your whānau while you are in hospital. Please call (09) 486 8324, 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 (09) 837 8836 ext 46836.

Asian Health Services (AHS): we provide language, cultural and emotional support to Asian patients/clients and their families. Please call (09) 486 8314 or visit: www.asianhealthservices.co.nz

Health and Disability Advocacy Services: the Health and Disability Advocacy Service is a free, independent advocacy service available to assist you or anyone who may need help with a complaint. Contact: Nationwide Health & Disability Advocacy Service Free phone: 0800 555 050

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 Ahurewa Spiritual Centre on the 3rd floor of North Shore Hospital. A worship service is held every Sunday at 11am. To contact a chaplain, call (09) 837 8823 and ask the operator to connect you.

Evenings and weekends

Most services are available 24/7. On evenings and weekends, you might have to call the operator on (09) 839 0000 and ask for an 'on call' chaplain or support worker. If you're unsure, just ask your nurse.

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



E hiahia ana ahau he kaiwhakamaori



我需要一名翻译



나는 통역이 필요해.



Ou te mana'omia se faamatala upu



Мне нужен переводчик

Training Pack for Responders



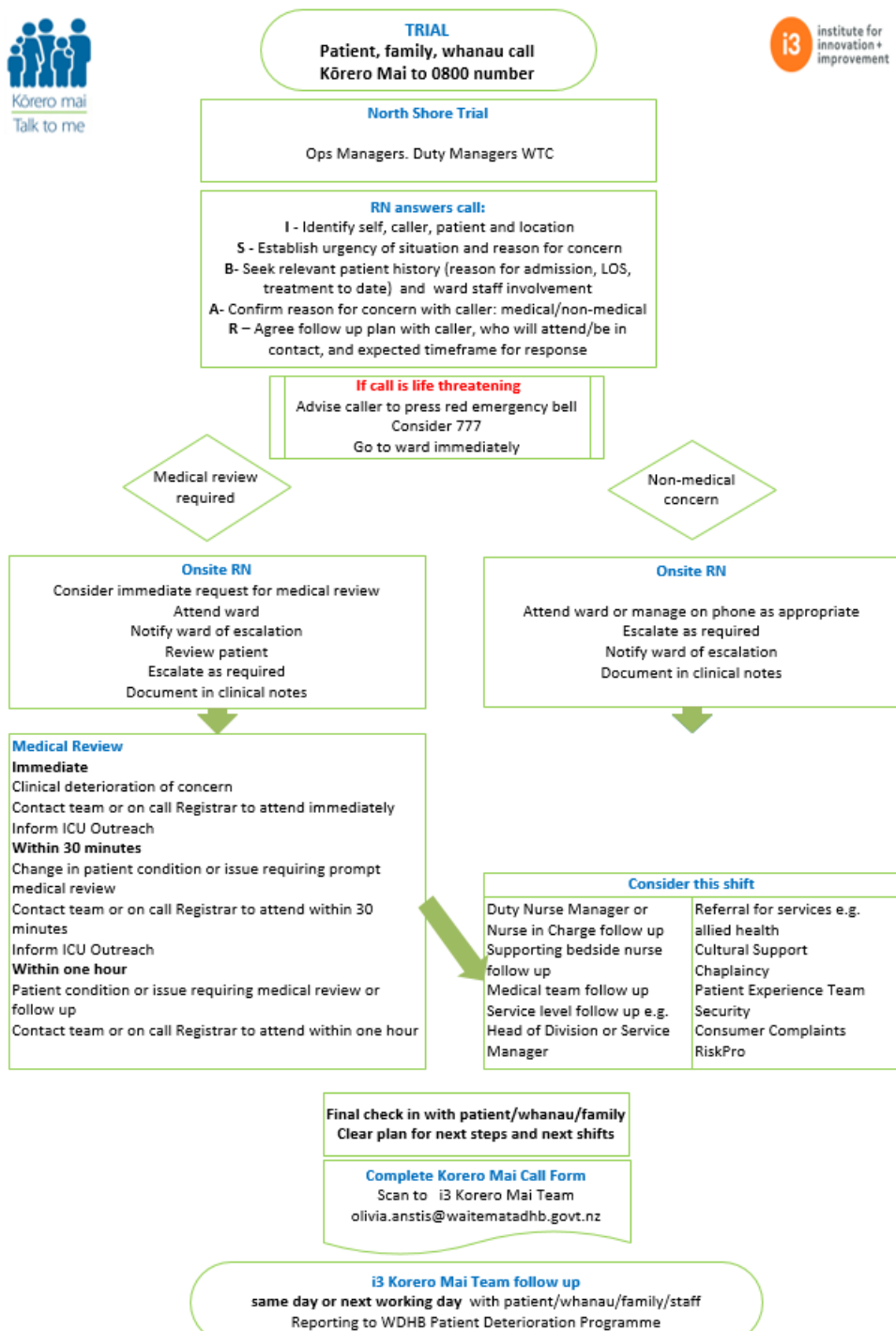
- Staff Roster
- 0800 instructions
- Call guide
- Call algorithm
- Riskpro Reporting



Staff Call Script for Kōrero Mai

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

Identify self	<i>'Hello/Kia ora, this is registered nurse [name] speaking'</i>
Identify caller/patient/location	<p><i>Q. 'Can I ask who I am speaking to and where you are calling from?'</i></p> <p><i>Q. 'Are you a patient or a family/whānau member?'</i></p> <p>If family/whānau: <i>'Can you please give me the name of the patient and which ward they are in?'</i></p> <p>Reassure: <i>'Thank you for that information'.</i></p>
Situation – Establish urgency	<p><i>Q. 'Can you please tell me what is happening that has prompted your call to Kōrero Mai?'</i></p> <ul style="list-style-type: none"> - Use active listening: <ul style="list-style-type: none"> o 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?' <p>Once you have confirmed what is happening, establish if this is a medical emergency requiring a 777 response</p> <p><i>"What is the one thing you are most worried about right now?"</i> e.g.</p> <ul style="list-style-type: none"> - Having trouble breathing? - Having trouble talking? - Losing consciousness? - Confused? - Uncontrollable pain? - Bleeding? - Sudden loss of mobility/function - Patient 'doesn't look quite right'



Responders' Call Algorithm

Log all calls for Kōrero Mai on RiskPro

Select the following:

Classification of person affected: INPATIENT

General Incident/Event type: CARE/SERVICE COORDINATION

Specific Incident/Event type: Kōrero Mai Call

General Incident/Event Information

Classification of Person Affected: **INPATIENT**

General Incident/Event Type: **CARE/SERVICE COORDINATION**

Injury Incurred: <Please specify>

Equipment Involved: <Please specify>

Person Affected

Last Name:

First Name:

Patient NHI #: Search

Gender:

Street1:

Suburb:

City/Town:

Phone:

Incident/Event Details

Incident/Event Date: (dd/mm/yyyy)

Incident/Event Time: (hh:mm)

Department: <Please specify>

Service Area/Program: <Please specify>

Service: <Please specify>

Site/Location: <Please specify>

Other Service(s)/Dept(s) Involved: Add/Remove

Specific Incident/Event Details

Specific Incident/Event Type: **Korero Mai Call**

Korero Mai - Caller:

Korero Mai - Caller name & phone:

Korero Mai - Patient aware of call:

Korero Mai - Staff aware of call:

Korero Mai - Method of contact:

Korero Mai - Urgency of call:

Korero Mai - Reason for call: Add/Remove

Incident/Event Description: Add/Edit

Contributing Factors: Add/Remove

Korero Mai - Follow-up Actions: Add/Remove

Korero Mai - Patient Outcome:

Severity Score (Non-Employee): <Please specify>

Was this Incident/Event a Near Miss?: <Please specify>

Please check that all incident/event details are correct before submitting



All calls logged on RiskPro

Measure



Check to see if
experience is improving

PDSA 2 Intervention Data (SurveyMonkey)

Patients	Family/Whānau
N = 55	N = 28
Gender Male = 23 Female = 32	Gender Male = 8 Female = 20
Ethnicity NZ European = 51 Māori = 1 Tokolean = 1 European = 2	Ethnicity NZ European = 20 Māori = 3 Chinese = 1 Indian = 3 African = 1
Average age = 65 (range 17 – 91)	Average age = 51 (range 21 – 77)



Call bell in hand

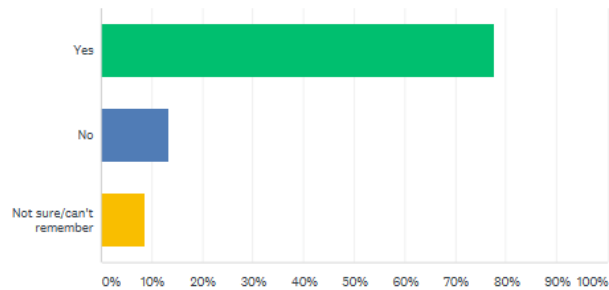
Q8

When you were admitted onto this ward, did staff put the call bell in your hand?

Answered: 45 Skipped: 1

Customize

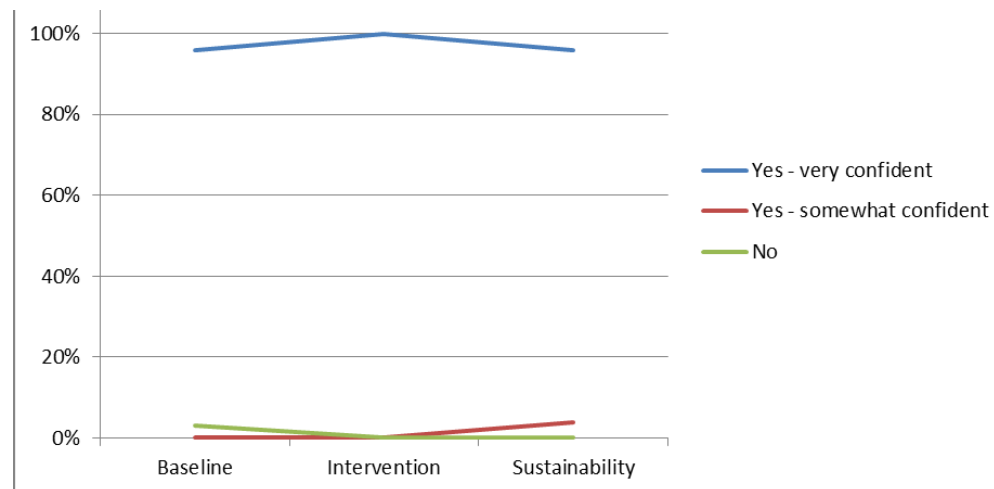
Export



ANSWER CHOICES	RESPONSES	
Yes	77.78%	35
No	13.33%	6
Not sure/can't remember	8.89%	4
TOTAL		45



Do you feel confident using the call bell?



Kōrero mai



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You can talk to me

- Promoters = 15
- Detractors = 9

Confused AtEase
LookedAfter
Happy Talk
Reassured
Neutral
Good

Awareness of the service

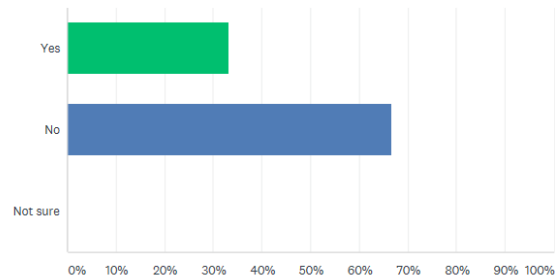
Q5

Have you heard about the service Korero Mai - Talk to Me?

Answered: 45 Skipped: 1

Customize

Export



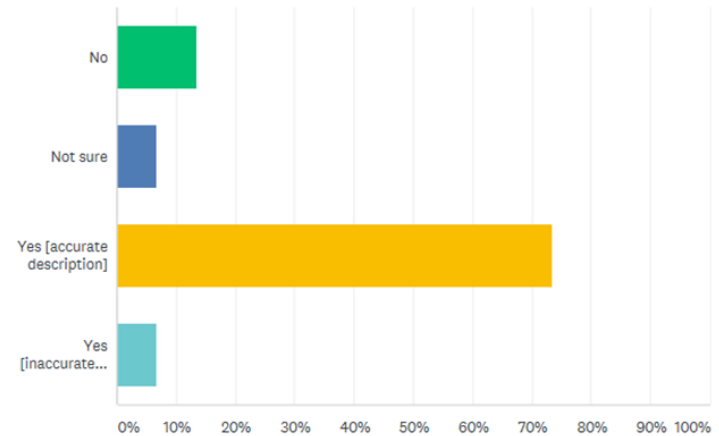
Q6

Can you tell me what the service is for?

Answered: 15 Skipped: 31

Customize

Export

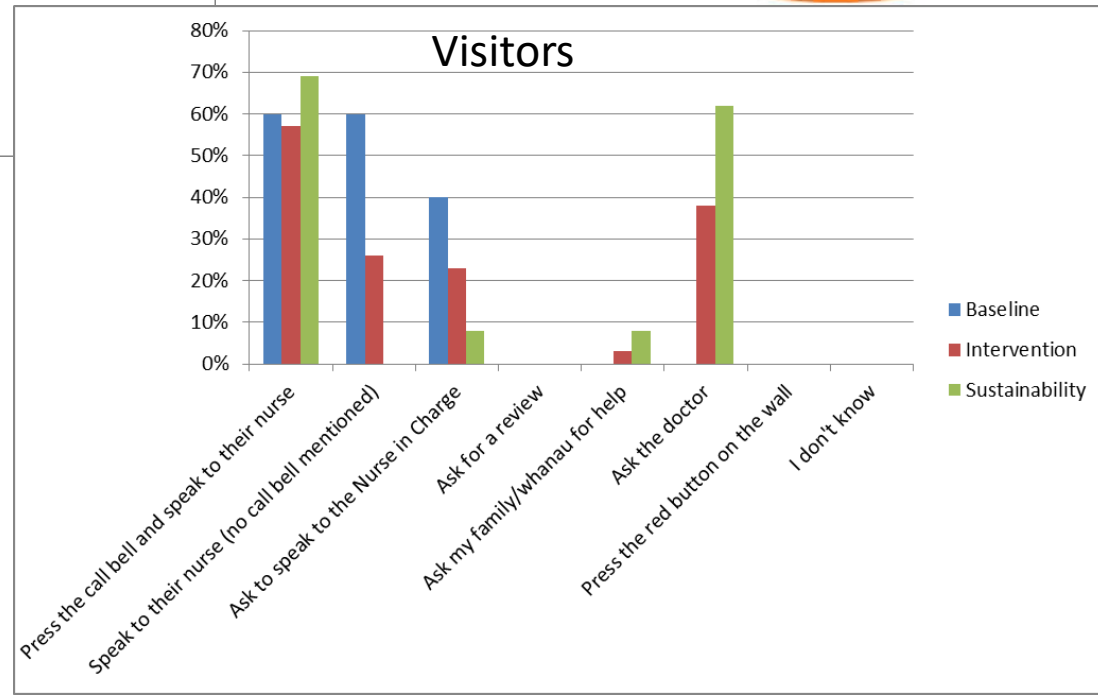
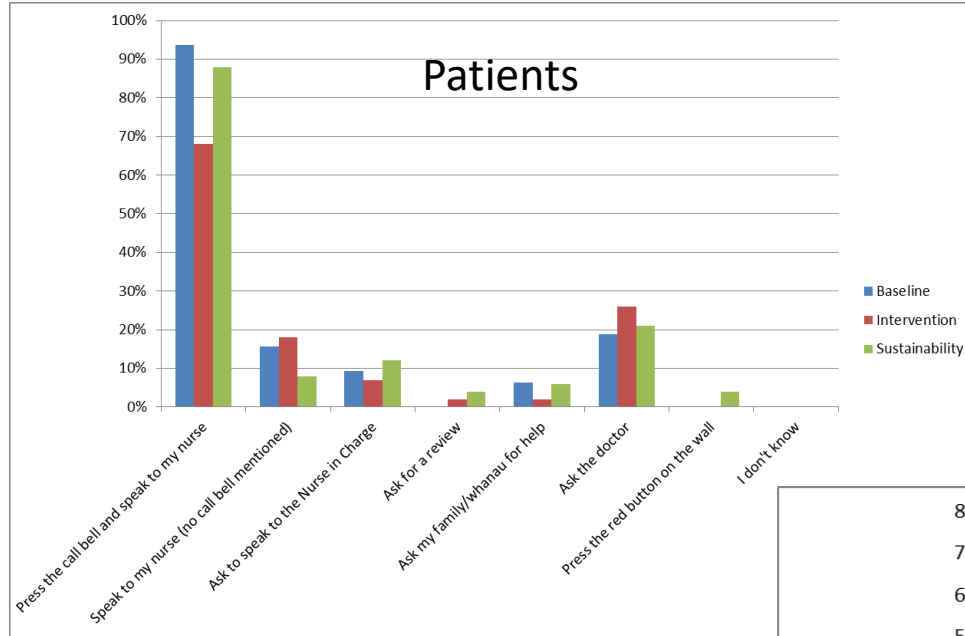


ANSWER CHOICES	RESPONSES
▼ Yes	33.33%
▼ No	66.67%
▼ Not sure	0.00%
TOTAL	

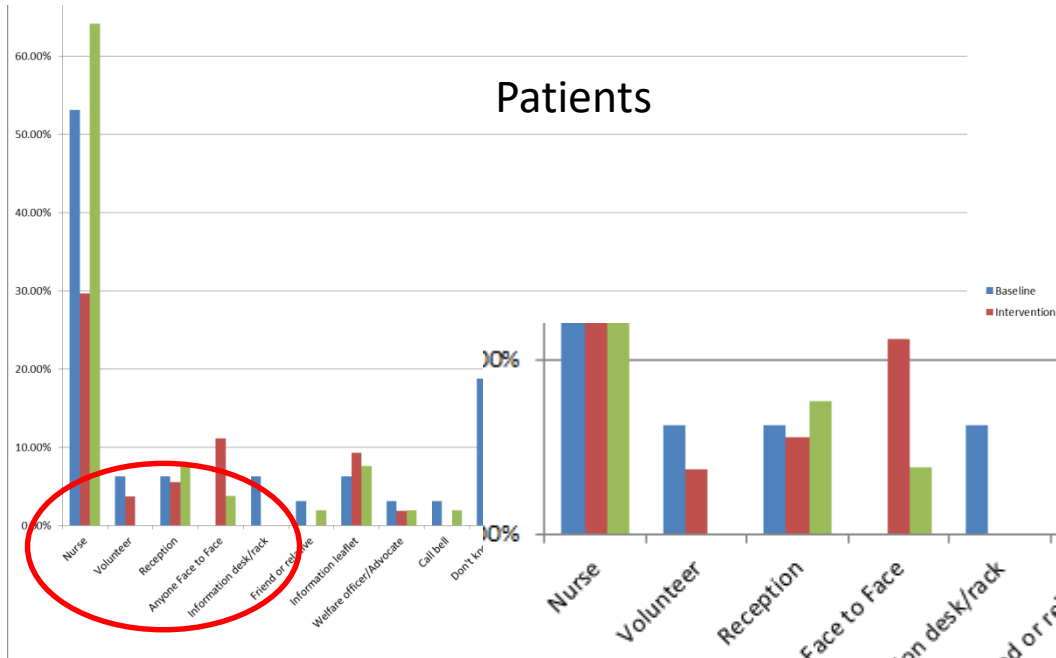
ANSWER CHOICES	RESPONSES
▼ No	13.33% 2
▼ Not sure	6.67% 1
▼ Yes [accurate description]	73.33% 11



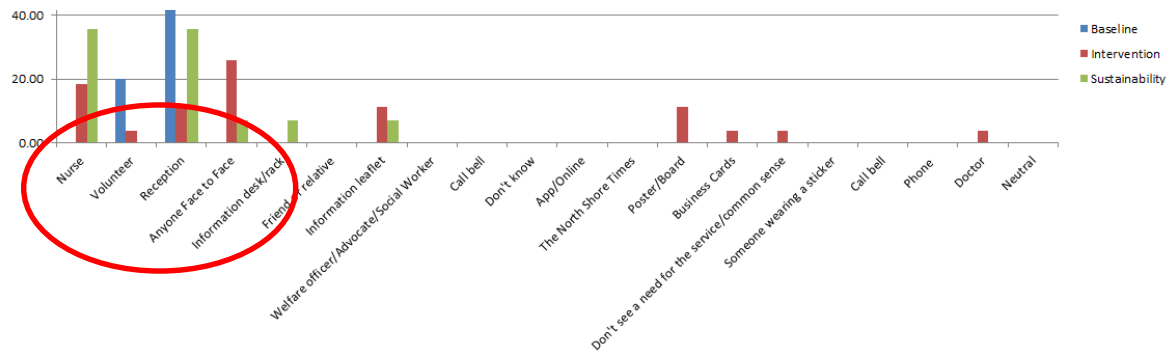
Who do you go to for help?



If you were looking for information in the hospital, where would you go?



Visitors



Calls = 0



Recommendations

- Face to Face communication is the preferred mode of information-transfer for patients in the hospital
- Giving patients permission to speak up ('You can talk to me') is positive for reducing barriers to communication
- Challenges remain around staff resistance to change, hierarchical communication and technology

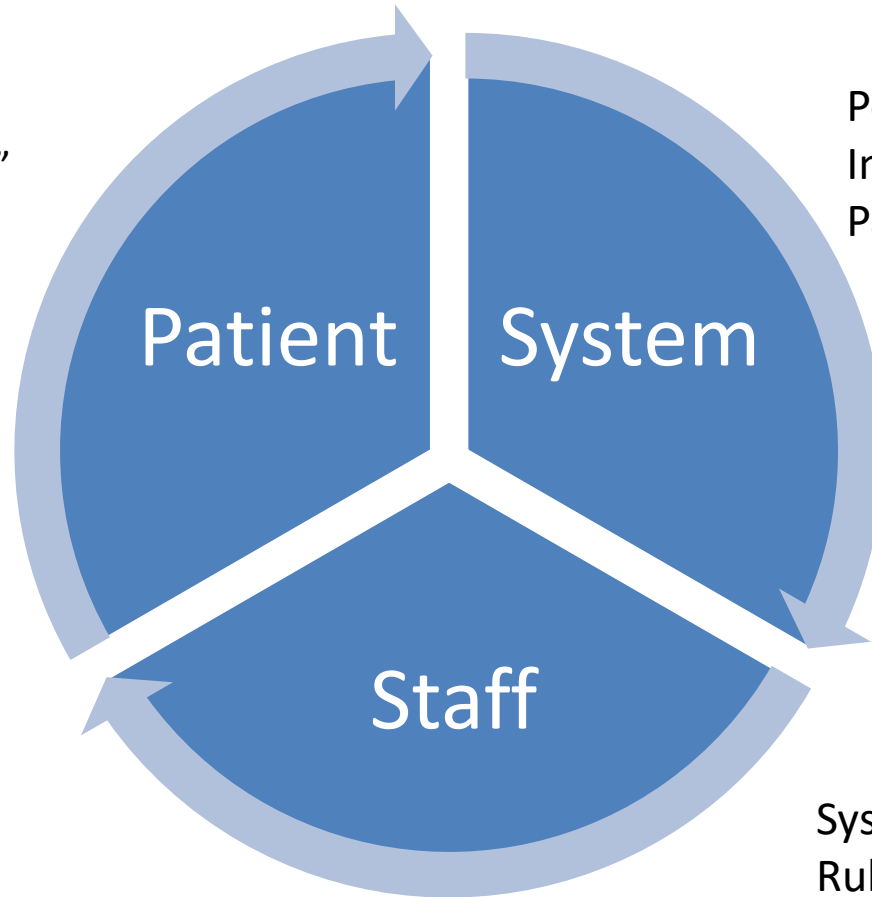
THEN



Case Study

Carer = Advocate

- “I know what’s best”
- Dignity and Respect
- Nowhere to turn

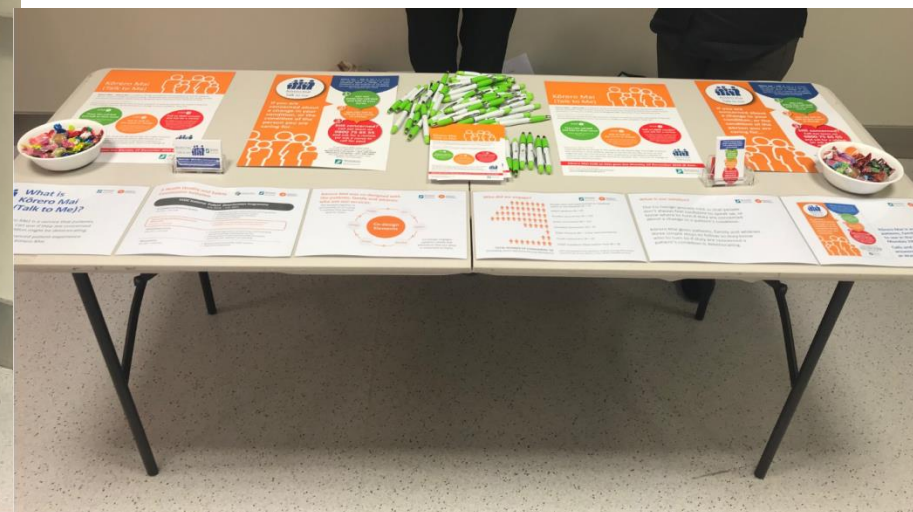


Policies and Procedures
Inflexible
Patient experience?

Systems thinking
Rules and Regulations
Risk Averse
?Escalation

Launch





Outstanding issues – what next?

- **Cultural competence**
 - Māori models of health
 - Death and dying (Shared Goals of Care)
 - Understanding healing – whānau, moko, kai
 - Space for whānau
 - Compulsory category on all performance reviews
 - Linked to training
- **Communication skills**
 - Awareness: what messages our actions tell; prioritising screening
 - Non-verbal communication
 - That individuals and whānau are whole
 - Awareness of power differentials, mana
- **People like me**
 - Acknowledging dual role of Māori and culturally diverse staff
 - Increasing visibility of Māori volunteers/all volunteers
- **Your Voice**
 - Kōrero Mai for Staff
- **Maternity, Child Health**



Learnings



What did we learn?

- Great Sponsors go a long way!
- Great teams get great results
- Consumers keep you honest
 - Breaks systems-thinking
- Understand your consumer on-boarding process
- Consumers may reach a point of 'overwhelm' when system realities hit
- Ethics and QI are interesting bedmates!
- Consistent measurement can be difficult in complex adaptive systems
- If you give people time to resist, they will
- Co-design results can bring out uncomfortable truths, but bring about mutually-beneficial results

'Vulnerability is the birthplace of innovation, creativity and change.'

Brene Brown



Thank you

