



If you're concerned...

We're concerned

CDHB's co-design journey for Kōrero Mai - Talk to Me

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Care and respect for others.

Integrity in all we do.

Responsibility for outcomes.

Our Why?

We thought we were listening but.....

Patient Harm occurred.

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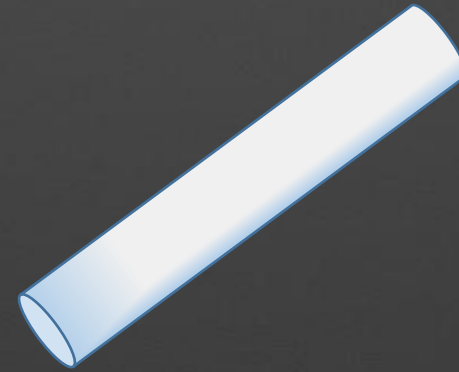
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Co-design is it:

Better to have a body of knowledge re Family Escalation?

Or

Better to have a clean slate?



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We started.....

With a preconceived solution- a phone number to call for help / gain a second opinion!

But

Soon learned and agreed this was an '**ambulance at the bottom of the cliff**' strategy

Because

We needed to explore/understand communication issues the codesign process uncovered

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Explore the current state

- Critical to understand the ‘current state’, learning how these systems work and of the positive and negative attributes of these.
- Avoid layering of systems

Do you have any concerns or questions about your care?

There are a number of people you can talk to:

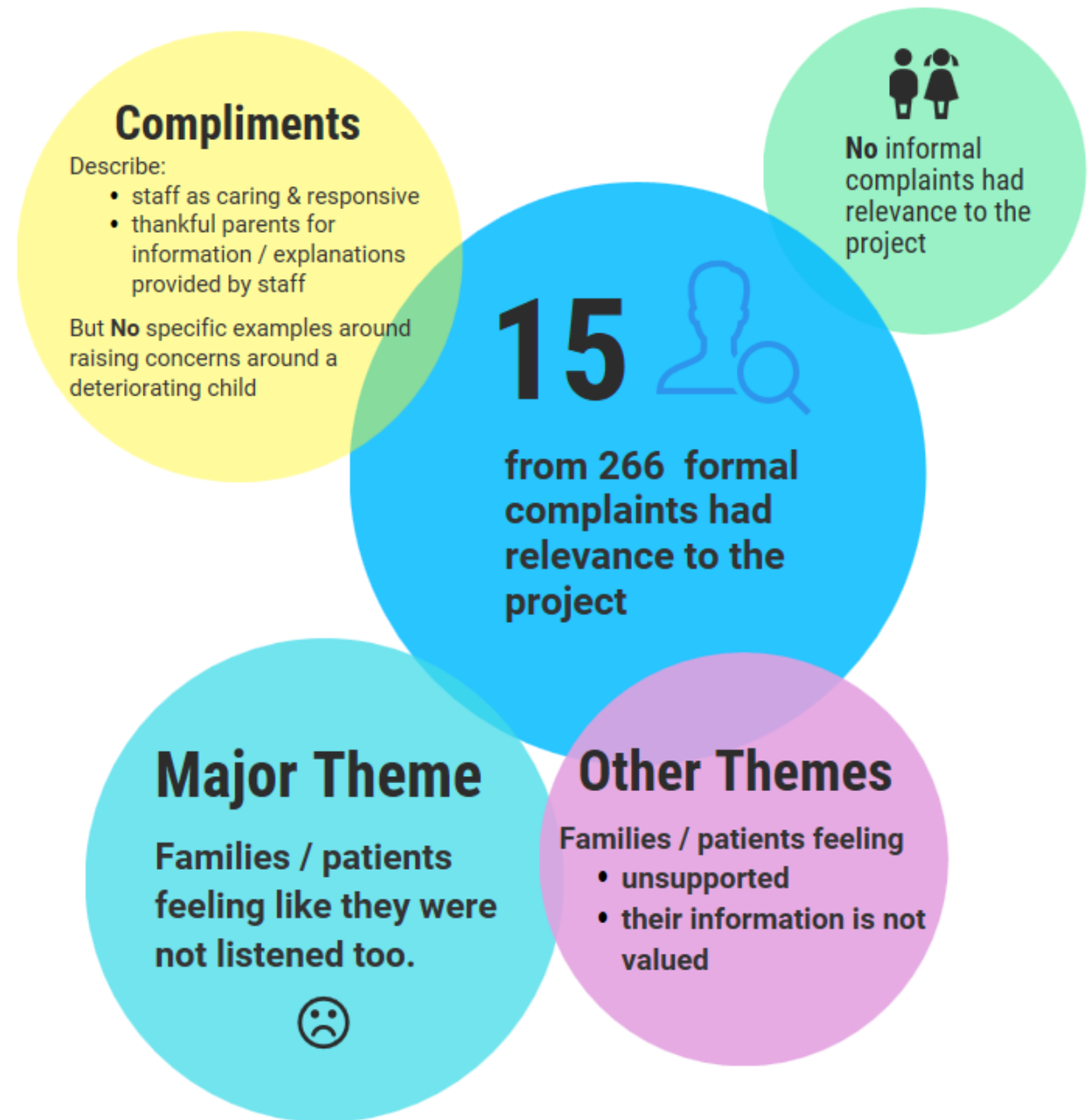
Medical/Nursing

- All Wards or Departments have a NURSE IN CHARGE.
- The Medical Team – CONSULTANT, REGISTRAR and HOUSE OFFICER – all of whom will be familiar with your current treatment.
- Each Area has a NURSING DIRECTOR.
- Out of normal hours, the DUTY NURSE MANAGER can assist you with this process. Contact him/her through the Hospital Telephone Operator (364-0640).

Other

- The CUSTOMER SERVICES MANAGER (364-0843) is available to discuss any concerns or questions.
- The independent HEALTH AND DISABILITY PATIENT ADVOCACY SERVICE can be contacted (377-7501)

Baseline Data



Capturing Patient Experience / Stories

Question Set 1

- Do you know who your child's primary nurse is today?
- Did staff tell you how you could raise any concerns you had about your/child's condition if you thought they were getting sicker?
- Who would you be most likely to raise concerns with?
- Do you feel listened to when you raise concerns?
- Did you feel invited to speak up? If you didn't speak up – why not?
- Are there any barriers to raising concerns with staff?

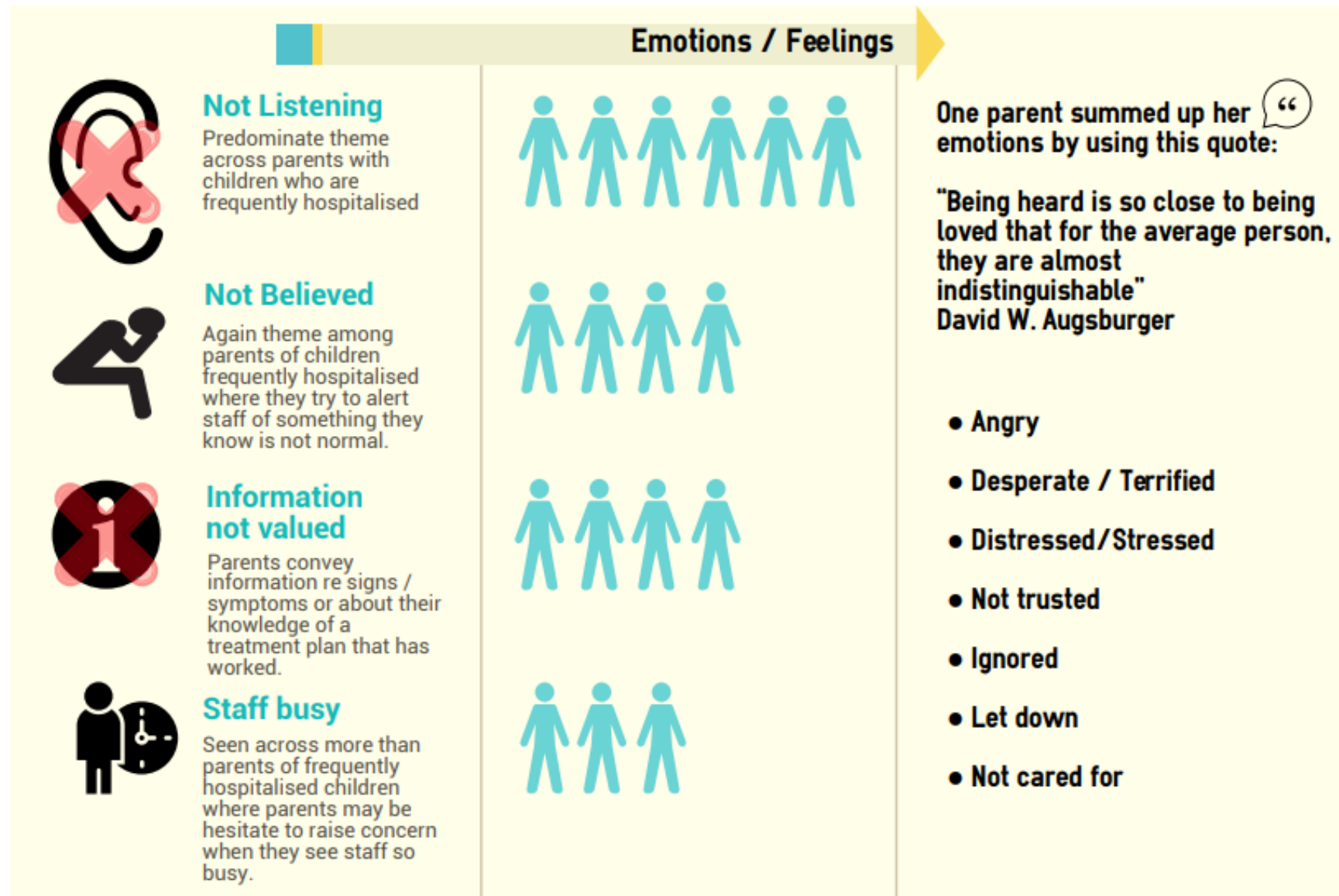
Question Set 2

- What did you notice about your child that concerned you?
- What did you do next?
- How did you do it?
- What did you say?
- Did you get a response/what happened?
- What did you do next?
- How could we do this better?
- Is there anything else you would like to share about that experience?

'I felt like I needed to walk out of the hospital and enter through the emergency department again to get what I knew my child needed – pain relief.'

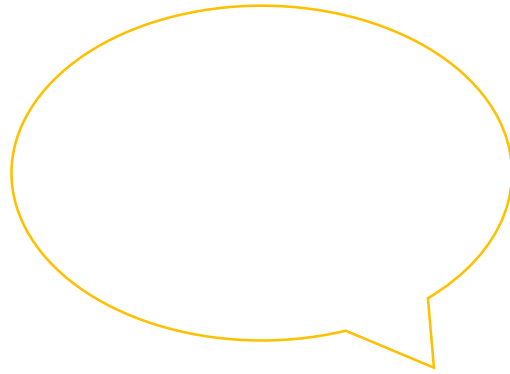


Overall Themes - Consumers



Capturing Staff Experience

- Frequency of patients, family and whānau help recognise clinical deterioration
- How family and whānau concerns influence clinical decision-making
- Level of collegial support around decisions to escalate care
- Challenges faced when escalating care
- Explored the language used when interacting with parents to explore health problems /concerns



Aspects of communication and interaction between clinicians and consumers can define the overall experience and this can occur at any point along the journey

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How the solution should look and feel

How consumers want to feel and experience when escalating care:	Consumers do not want to feel:	How clinicians want to feel and experience when escalating care:
<ul style="list-style-type: none"> • Heard • Information is valued and they feel a part of the team • Clinicians have experience and knowledge but acknowledge when they don't • Clinician values child as individual • Clinician demonstrates caring towards parent/family member (compassionate care) • Knowledge of how to get help • Trust system • Clinicians' conversations 'don't beat around the bush' • Clinician communication demonstrates a we're-in-this-together 'level' of communication 	<ul style="list-style-type: none"> • Undervalued • Not acknowledged • Not believed • Patronised • Excluded from care planning • Concerns/test information is 'written off' without explanation • Busyness is seen as a barrier to voice concern. Particularly busyness on the ward and they don't want to feel like they are interrupting • Repeat themselves unnecessarily • Powerlessness 	<ul style="list-style-type: none"> • Respected for their knowledge and skill • Listened to • Their concern re a child is acknowledge and action and support will be provided • Not threatened when trying to advocate for a sick child

A conversational prompt to invite concerns of parents

Introduction of self and/or the team # **hello** my name is...

Engagement with the child/parent/s/caregivers

Usual mechanisms to acknowledge/engage with both child and parent, play, etc

Invite health history, **emphasis on asking about any 'concerns' the parent/s/caregiver has**

Acknowledge and explore concerns further if more information required

Provide information of possible causes, investigations, treatment that may be required and for what reason, **ensure concerns are addressed at this point.**

Provide the opportunity for the parent/s/caregiver or where appropriate the child to ask questions regarding the information discussed and answer accordingly

A conversational prompt to invite concerns of parents

Invite the parent/s/caregiver to raise any further concerns, acknowledge these and discuss plan to address these

Encourage the parent/s/caregiver to express concern re deterioration of their child at any time through alerting nursing staff verbally or through using the call bell. Not to delay this communication even if it appears the staff are busy.



Love this line
made me want to react more

Listening to You

Get marketing person to design (ask for their ideas by hiring) ** * Emojis are very popular right now. Most parents use them. There are no language barriers and they reduce words. I reckon create a trendy emoji campaign.

Overall
Too wordy
Boring
Information overload



IT IS ALL ABOUT THE CONVERSATION!

perhaps make use of pictures here instead of so many words

Use emojis rather than words

Is your child: confused or muddled, irritable, in an odd mood, using a different cry, more sleepy, quieter than normal, saying they do not feel right, behaving differently?

Is your child: moving around a lot or being very still, appearing to be in pain or discomfort, saying somewhere hurts

How does your child look? more pale than usual, more flushed than usual, blotchy, rashes/marks on body, puffy, sweaty

Are there differences in your child's: wee/poo, eating, drinking, vomiting

STARTING THE CONVERSATION
The nurse/doctor may be attending to another patient so make sure that you get the full attention of the nurse/doctor before discussing your concerns.

AGREEMENT
The nurse/doctor will discuss the plan of action with you and this will be recorded in the clinical notes.

RESOLUTION
The nurse/doctor will discuss the plan of action with you and this will be recorded in the clinical notes.

AGREEMENT
The nurse/doctor will discuss the plan of action with you and this will be recorded in the clinical notes.

"I need to talk to you about my child as I am concerned"

"I am concerned that he is sleeping too much"

"He has been sleepy since his pain medication was changed"

"The nurse has said they have spoken to the doctor who will review his pain medicine and get back to us"

Please expect us to be asking if you have any concerns about your child's condition

- When admitted by nurses/doctors
- During doctor's ward rounds
- During nursing handover
- At anytime a doctor is asked to come and see your child

We respect and value the knowledge you have about your child. We will listen to you about any concerns you may have about your child's condition.

What we learnt

- Some staff felt they were actually gaining more direct positive feedback around the care they were providing than before they were using the prompt – no doubt incentive to continuing using it.
- No specific examples could be given by staff where they felt they perhaps gained more information from parents

Easy

Self Awareness

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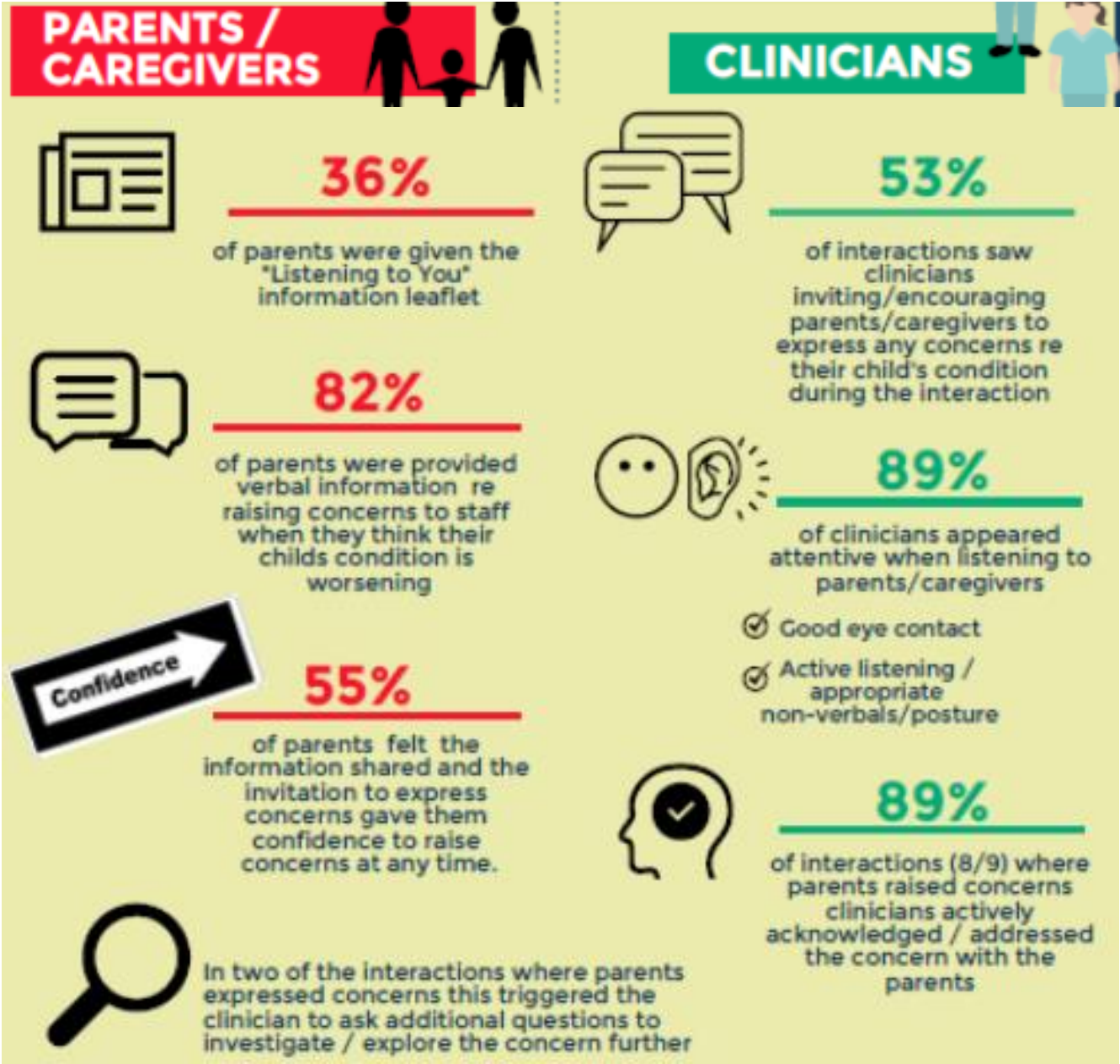
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A mother said it made her feel stronger rather than on the back foot. By asking the question about concerns at the beginning of the stay gave permission to speak up if needed.



Where to Next?

No one knows your child better than you!

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Kōrero mai
Talk to me



We are listening

- We respect and value the knowledge you have about your child. You are part of the team!
- Please tell us if you feel your child is getting sicker, even if we look busy.
- You may spot something sooner than the health professionals.
- Your child's care will benefit from us hearing your questions.

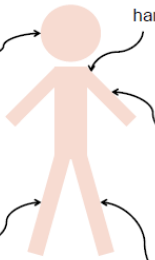
Examples of things to tell us about are below

Is your child: confused or muddled, irritable, in an odd mood, using a different cry, more sleepy, quieter than normal, saying they do not feel right, behaving differently?

Are there changes to your child's breathing? faster, slower, working harder, making noises

How does your child look? more pale than usual, more flushed than usual, blotchy, rashes/marks on body, puffy, sweaty

Is your child: moving around a lot or being very still, appearing to be in pain or discomfort, saying somewhere hurts



Are there differences in your child's: wee/poo, eating, drinking, vomiting

What to do next, you may not need to progress any further than step 1

STEP 1

Speak to your nurse or the nurse-in-charge right away
Tell them why you're concerned and ask them to look at your child
"I am concerned that he is sleeping too much"

STEP 2

If you are still concerned and want a doctor to look at your child, ask your nurse to call for an urgent 'doctor review'

STEP 3

If the doctor has seen your child but you're still very concerned, you can call
0800 999 400
24 hours a day

Please expect us to be asking if you have any concerns about your child's condition during your child's stay in hospital

Ref.2310087 | Authorised by: Clinical Director Paediatric Medicine & Nursing Director WCH | November 2016

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Are you concerned

That your **child** is getting **sicker**

or

Are you **concerned** about their:

- **breathing**
- **heartbeat**
- **colour**
- **sleepiness**
- **restlessness**
- **pain**

Follow these steps

STEP 1

Speak to your nurse or the nurse-in-charge right away
Tell them why you're concerned and ask them to look at your child

STEP 2

If you are still concerned and want a doctor to look at your child, ask your nurse to call for an urgent 'doctor review'

STEP 3

If the doctor has seen your child but you're still very concerned your child is getting sicker, you can call
0800 999 400
24 hours a day

If you have feedback or a complaint, please speak with the nurse in charge. Alternatively ask for a feedback form or access the form via the internet <https://www.cdhb.health.nz/about-us/contact-us/contact-form/> or scan the QR code

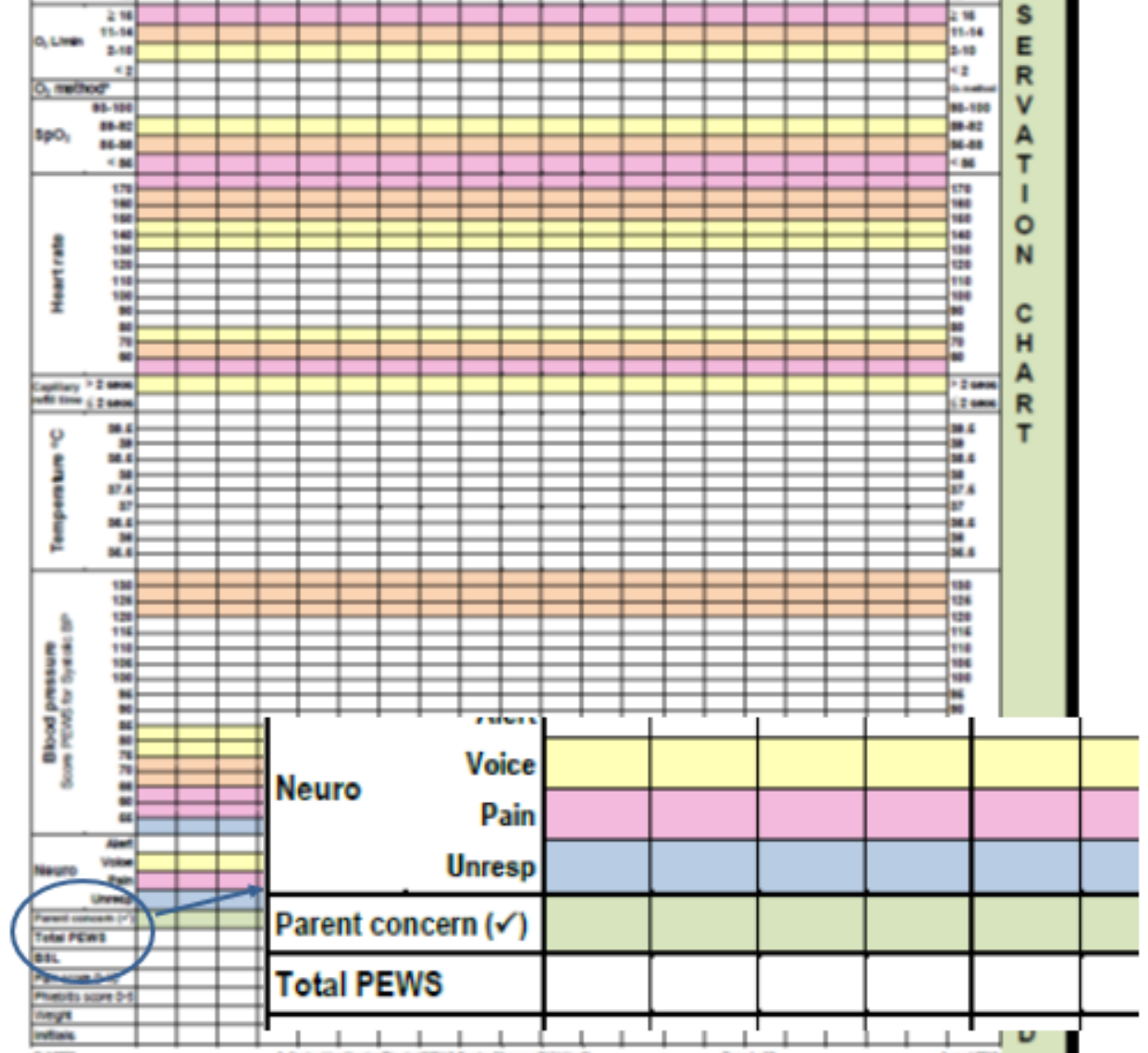
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For more information, speak with your nurse

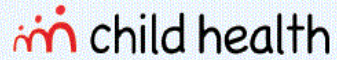


Ref.2310086 | November 2016

Incorporate into observation charts



Bedside Boards



About Me



Are you concerned

That your **child** is getting **sicker**
or

Are you **concerned** about **their**:

- **breathing**
- **heartbeat**
- **colour**
- **sleepiness**
- **restlessness**
- **pain**

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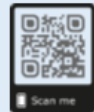
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For more information, speak with your nurse



Name :

Nurse :

Parents/Whanau Names :

Lead Doctor :

Nil by mouth from :

Food allergy :

<input type="radio"/> Child is		<input type="radio"/> Child is		<input type="radio"/> Child is	
<input type="radio"/> Parent/caregiver is	Visually impaired	<input type="radio"/> Parent/caregiver is	Hearing impaired	<input type="radio"/> Parent/caregiver is	Communication impaired

Diet Information :

Individual needs :



Mobility

I am at risk of falling

Other

My schedule today :

What matters to me :

Questions we have :

I plan to go home on :

Updated

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Acknowledgments

Names of team members	Role
Rob Earle	Consumer representative
Haley Nielsen	Consumer representative
Neil Davidson	Intensive care consultant
Chrissy Bond	Project manager
Rosalie Waghorn	Nurse manager, WCDHB
Amanda Van Asperen	Nurse educator, Ashburton Hospital
Wikitoria Crofts	Ngā Pūkenga Atawhai
Michelle Morland-Mcrae	Quality facilitator corporate

