Kōrero mai: Patient, family and whānau escalation of care

Case study by Southern Cross Hospital, Christchurch

Context

We are never too busy to answer the call bell.

We were asked by the Health Quality & Safety Commission patient deterioration programme to develop a patient, family and whānau ‘escalation of care’ system – Kōrero Mai/Talk to me – to give patients and their families a voice when they feel their loved one’s health is deteriorating. See problem statement attached as Appendix 1.

Working with a number of district health boards (DHBs) using co-design, the project was carried out at Southern Cross Hospital, Christchurch. Key staff involved were Pippin Morrison (project lead), Fiona Ryder (project sponsor), Lorraine Proffit (safety quality risk facilitator), Nadeane Spriggs (clinical nurse educator), Michelle Grenfell (team leader), Kim MacFarlane (team leader), Rachel McCaskill (clinical nurse specialist pre-admission) and Belinda Clark (patient representative). During the project, we also sought feedback from staff and patient focus groups.

Aim

The aim of the project was to work with patients and staff to gain a detailed understanding of the barriers to and concerns about the patient/whānau escalation of care processes within our hospital, and potential solutions. By implementing these solutions, we hope to create an improvement in safe, quality patient care, as well as better patient/whānau experience.

We were eager for our nurses to be more aware of patient/whānau concerns, act on them in a timely manner and escalate accordingly, as well as establish individual requirements for different patients/whānau.

Start up

During the start-up phase at the end of 2017, we created a project team and started to explore some organisational data. This included the number of patients requiring unanticipated transfer to a DHB or transfers within Southern Cross Hospital Christchurch for a higher level of care. We also reviewed complaints and incident forms to identify any concerns regarding escalation of care. This data did not highlight any concerns about the escalation of care or communication issues.

Engagement and initial capture of experiences

We used a diverse range of approaches for engaging staff from all areas of the hospital, including registered nurses and healthcare assistants from the ward, household and kitchen staff. Staff were invited to attend the initial education sessions to introduce the concept of co-design and the Kōrero Mai/Talk to me project.

Elevator pitches (a brief synopsis of the project aims) were developed for patients, staff and the senior management team (see Appendix 2). A poster to help us engage patients was developed and placed in different locations around the hospital (see Appendix 3).

Our initial approach was to undertake individual interviews and observations with patients and whānau attending the hospital for elective surgical procedures. Appendix 4 outlines the questions asked during the interview process.

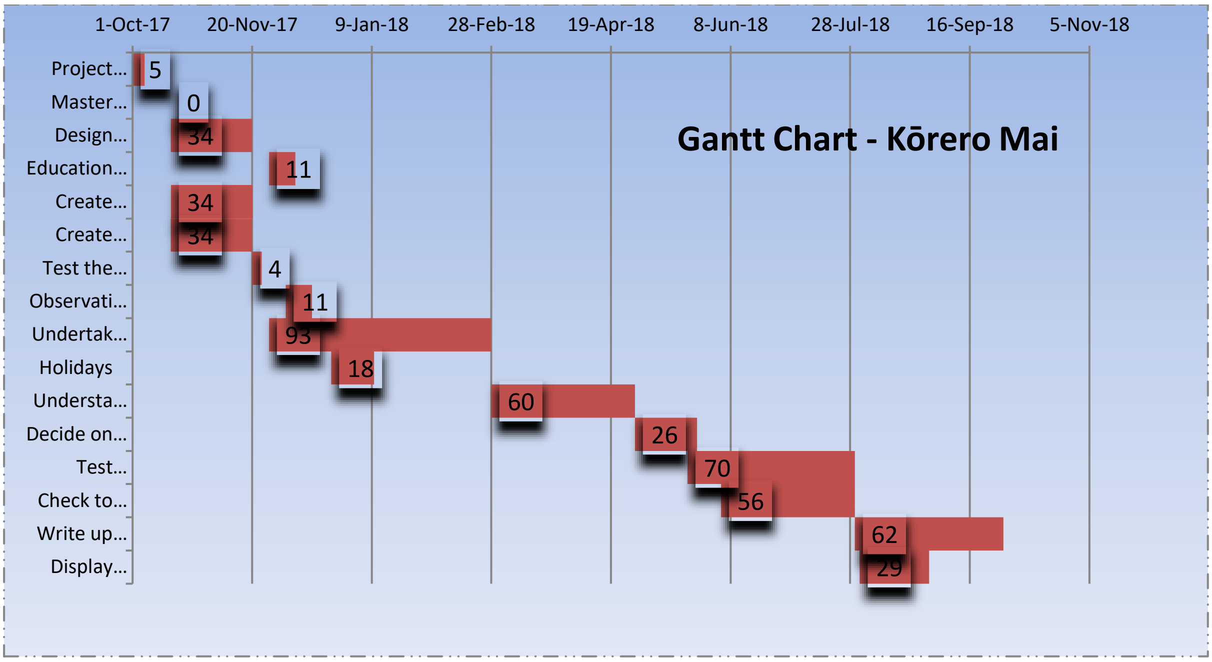
There were two parts to the patient interviews. First, patients were asked six questions about their experiences and feelings during different stages of their surgical journey. The second part consisted of ten questions that were more specific about whether patients felt they could seek help, how they went about seeking help and if they needed to do this during their immediate stay or previous hospital experiences. They were also given the opportunity to provide any further comments.

During the interviews we also asked people if they, along with their whānau, would like to be in a focus group so that we could hear about their feelings and experiences first hand. Patients who had consented to be part of the focus group later met at the hospital. A koha was provided. We continue to engage with these patients for further input as the project evolves.

During one interview, the patient said they ‘would wait to ring the bell if I noticed it was busy’. Another said they ‘felt like a burden’ when ringing the bell wanting to go to the bathroom. These examples emphasised to us that we had work to do to change the views of our patients/whānau that nurses are too busy to answer call bells.

A co-design process aims to involve people who both deliver and receive care, so we also sought the views of clinical and non-clinical staff.

The co-design team met fortnightly and had informal discussions, including via email, as required. A Gantt chart (see below) and driver diagram (see Appendix 5) were developed to keep us on track.



The driver diagram was developed to help the project team understand the drivers of co-design methods and design processes so that patient and whānau escalation could be incorporated into the established recognition and response system.

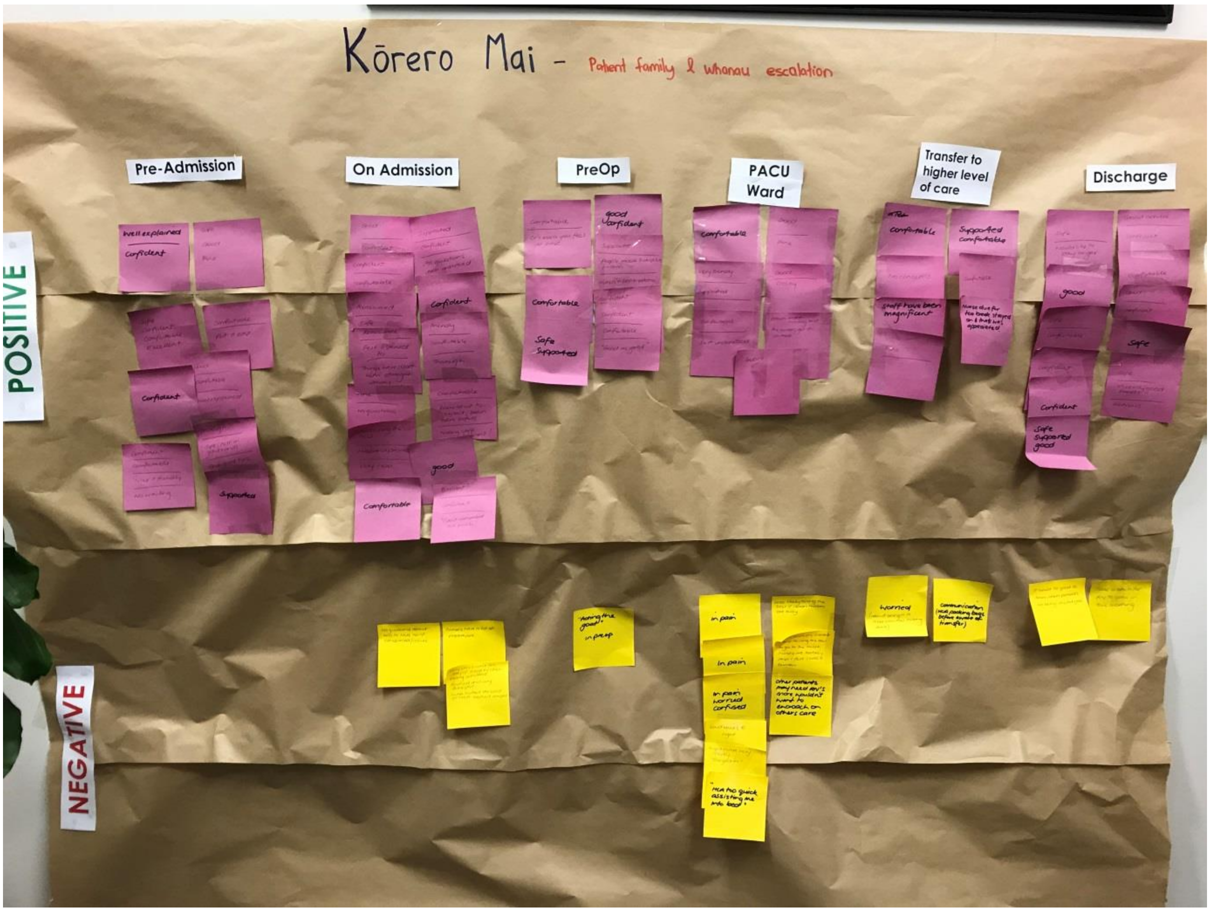
A number of drop-in sessions were provided for staff in all areas and roles to provide an update of the project and introduce next steps. Updates were also provided at handovers and in clinical newsletters, and our education board presented any new information to staff and patients.

Engagement with the wider management team occurred through the ward services manager and clinical operations manager. The quality facilitator was available for support if required, and was kept up to date with project developments.

Capture

Ten observational audits were completed. The aim was to observe the interaction and conversation between staff members and patients/whānau at the time patients were admitted or in the early post-operative period. We observed the interaction in several different areas, including wards and in the post-anaesthesia care unit.

We undertook 20 patient interviews with inpatients and via telephone with those who had been discharged. The interviews aimed to capture patient experiences and hear how they felt about speaking up when they/their whānau were concerned, as well as their ideas or suggestions to enable them to speak up. Five case event reviews of patients who had had an ‘early warning score’ escalation allowed us to review staff processes and occurrences of patient and whānau involvement. We also looked at incident forms to capture patients who had transferred to a higher level of care as part of our data analysis.

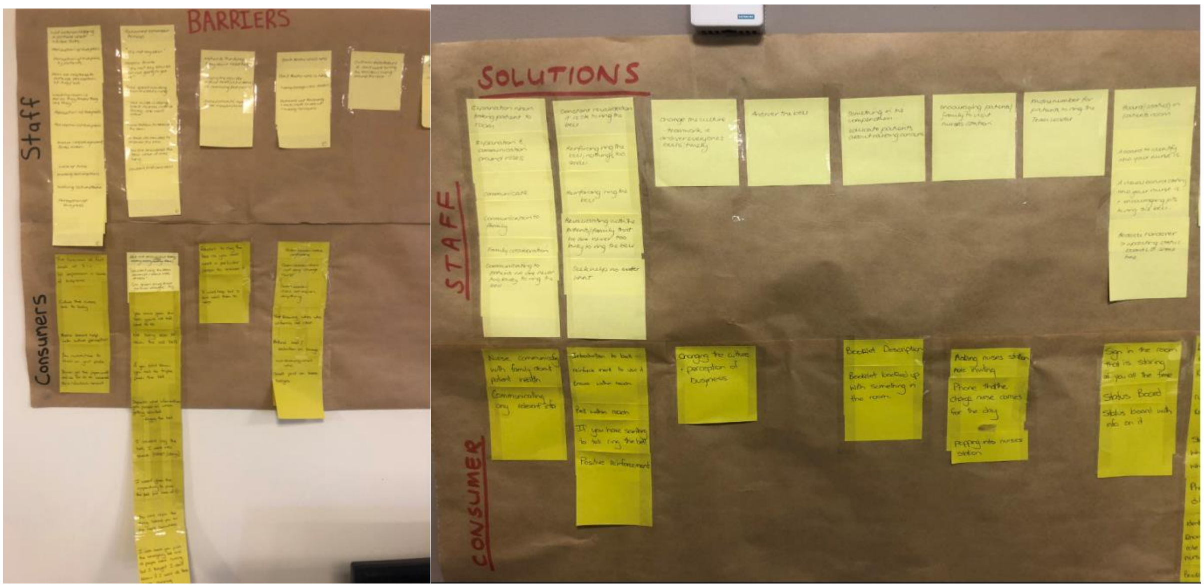


The photo above identifies the positive (purple stickers) and negative (yellow stickers) experiences from the initial patient interviews. These were placed in shared areas of the hospital so we could visualise and identify themes.

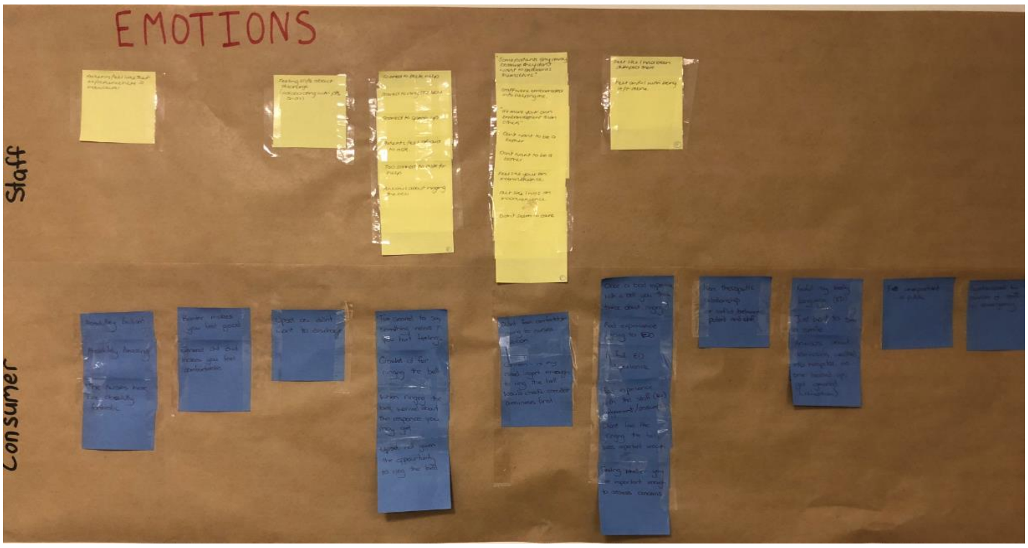
During one of our patient interviews, the patient who was ready for discharge reported to us that he had a sore left arm not relevant to his surgery. Following investigation/assessment we asked the patient whether he would have pressed the call bell to let their nurse know. He said ‘no, the nurses have enough to do’. This highlighted to us that we had a lot of work to do to change the views of some of our patients/whānau that nurses are too busy to answer call bells.

Focus groups were held with 10 staff members from various areas of the hospital to capture their experiences when patients or whānau have escalated concern. While participating in the focus group, staff felt able to discuss and draw on their own personal experiences, which provided rich data.

Focus groups were undertaken with six patients. We had invited them to bring whānau with them, however they felt they didn’t need a support person to come to the focus group.



The picture above left describes the barriers identified by both patient and staff focus groups based on their own experiences. The picture at right describes some solutions identified by both patient and staff focus groups.



The picture above describes the emotions and feelings of both the patients and staff focus groups based on their own experiences.

Understand

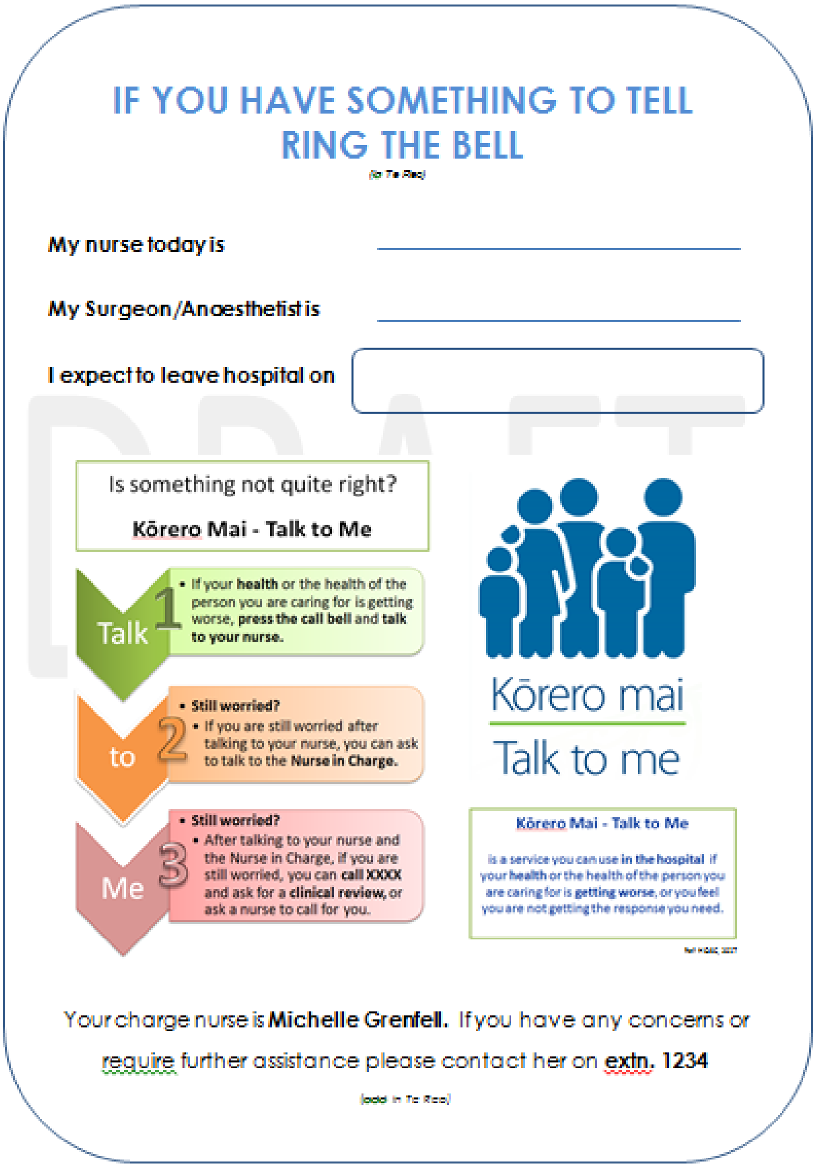
While seeking to understand the emotional touch points of patients' health care journeys, it was difficult to obtain specific ideas for improvements as patients/whānau could not identify areas of concern. However, early on in the interviews it became apparent that patients and whānau were reluctant to seek assistance from nursing staff as they perceived nurses to be too busy. This highlighted a significant potential barrier in escalation and asking for help. The co-design team felt this area needed improvement as the first step in addressing the ability of patients and whānau to speak up.

We then looked at methods identified by patients during the focus groups that could be put in place to reduce the notion of busyness and reinforce that staff really did want patients and whānau to alert them if there are any concerns. It was suggested display charts, information brochures, cards and badges could inform patients that we were here to help at any time and they could ask for assistance at any stage of their stay.

We contacted patients from the focus group to reaffirm that these ideas had merit. Five out of six patients confirmed it would be very beneficial in providing them with the reassurance that it was okay to ring the bell. One member of the focus group did not provide any feedback.

Improvement/implementation

We focussed on developing patient room display charts, a poster, information sheets, cards and badges which we hoped would provide patients and whānau with clear understanding that we were asking them to raise any concerns they had. A first draft of the display chart was designed and given to both staff and patient focus groups for feedback.



IF YOU HAVE SOMETHING TO TELL
RING THE BELL

(in Te Reo)

My nurse today is ____________________

My Surgeon/Anaesthetist is ____________________

I expect to leave hospital on ☐

Is something not quite right?

Kōrero Mai - Talk to Me

Talk 1
- If your **health** or the health of the person you are caring for is getting worse, **press the call bell** and **talk to your nurse.**

to 2
- **Still worried?**
  - If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

Me 3
- **Still worried?**
  - After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call XXXX** and ask for a **clinical review,** or ask a nurse to call for you.

Kōrero Mai - Talk to Me

is a service you can use **in the hospital** if your **health** or the health of the person you are caring for is **getting worse**, or you feel you are not getting the response you need.

Your charge nurse is **Michelle Grenfell.** If you have any concerns or require further assistance please contact her on **extn. 1234**

(add in Te Reo)

Further changes were made to the display chart following feedback from both patient and staff focus groups. Changes included:

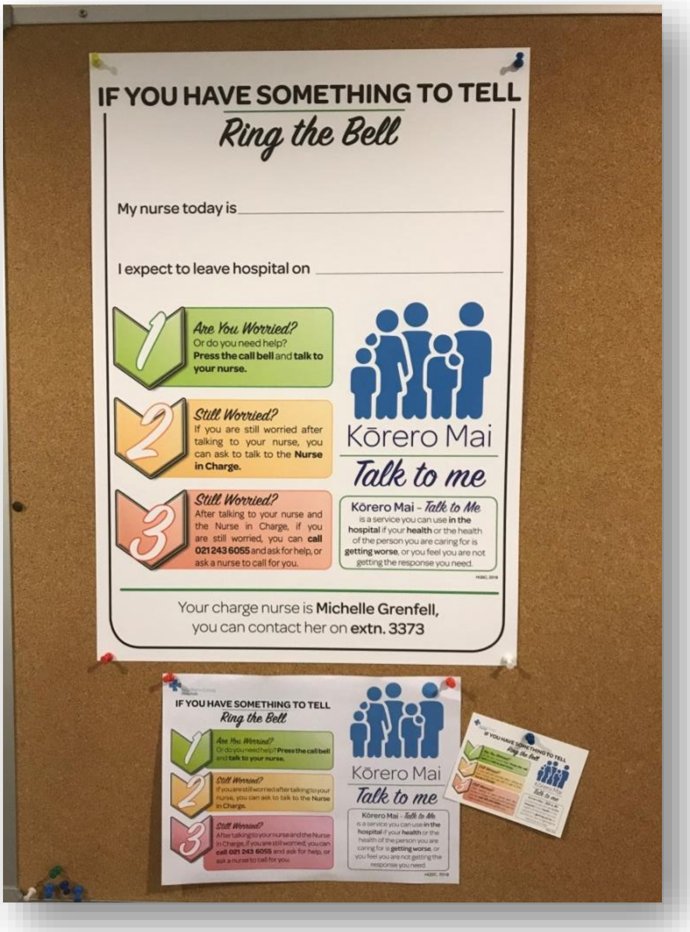
- altering the detail of the text slightly in each 1, 2, 3 box to make it clearer
- removing the ‘Talk to me’ vertical wording
- moving the numbers over
- increasing the size of the three stepped boxes to make them clearer
- removing ‘My surgeon/anaesthetist’ because a number of patients felt this wasn’t that relevant
- altering some of the wording for health literacy.

In-service education about the trial was provided to all staff and feedback requested. Ward staff (nurses and health care assistants), kitchen and housekeeping staff attended.

A second draft of the display chart was placed in 10 patient rooms, including single, double and the high dependency ward rooms, where it could be seen by patients at all times. The display charts were also placed in different areas within the rooms to get different feedback.

The display chart was updated each shift with the nurse’s name, and the estimated discharge date was updated if and when necessary following daily medical specialist rounds. These patients were interviewed prior to discharge (see Appendix 3).

Small cards encouraging patients to ring the bell were provided to the patient by our healthcare assistants. A leaflet with the same information was included in the admission information package.



IF YOU HAVE SOMETHING TO TELL

Ring the Bell

My nurse today is ____________________

I expect to leave hospital on ____________________

1 *Are You Worried?*
Or do you need help?
Press the call bell and **talk to your nurse.**

2 *Still Worried?*
If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

3 *Still Worried?*
After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call 021 243 6055** and ask for help, or ask a nurse to call for you.

Kōrero Mai

Talk to me

Kōrero Mai - *Talk to Me* is a service you can use **in the hospital** if your **health** or the health of the person you are caring for is **getting worse**, or you feel you are not getting the response you need.

Your charge nurse is **Michelle Grenfell,**
you can contact her on **extn. 3373**

IF YOU HAVE SOMETHING TO TELL

Ring the Bell

1 *Are You Worried?*
Or do you need help? **Press the call bell** and **talk to your nurse.**

2 *Still Worried?*
If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

3 *Still Worried?*
After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call 021 243 6055** and ask for help, or ask a nurse to call for you.

Kōrero Mai

Talk to me

Kōrero Mai - *Talk to Me* is a service you can use **in the hospital** if your **health** or the health of the person you are caring for is **getting worse**, or you feel you are not getting the response you need.

IF YOU HAVE SOMETHING TO TELL

Ring the Bell

The display chart placed in patient rooms, either at the wall facing the patient, or at the side of their bed is shown at the top of the photo below.

The information leaflet placed in the admission pack is below it. A larger version of this was also placed in different areas around the ward, in the patient lounge and at the nurses' station. Several were also placed on walls in other areas of the ward.

The information handed to patients on admission by the health care assistant is shown at the right of the photo.

IF YOU HAVE SOMETHING TO TELL

Ring the Bell

My nurse today is____________________

I expect to leave hospital on ____________________

1 *Are You Worried?* Or do you need help? **Press the call bell** and **talk to your nurse.**

2 *Still Worried?* If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

3 *Still Worried?* After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call 021 243 6055** and ask for help, or ask a nurse to call for you.

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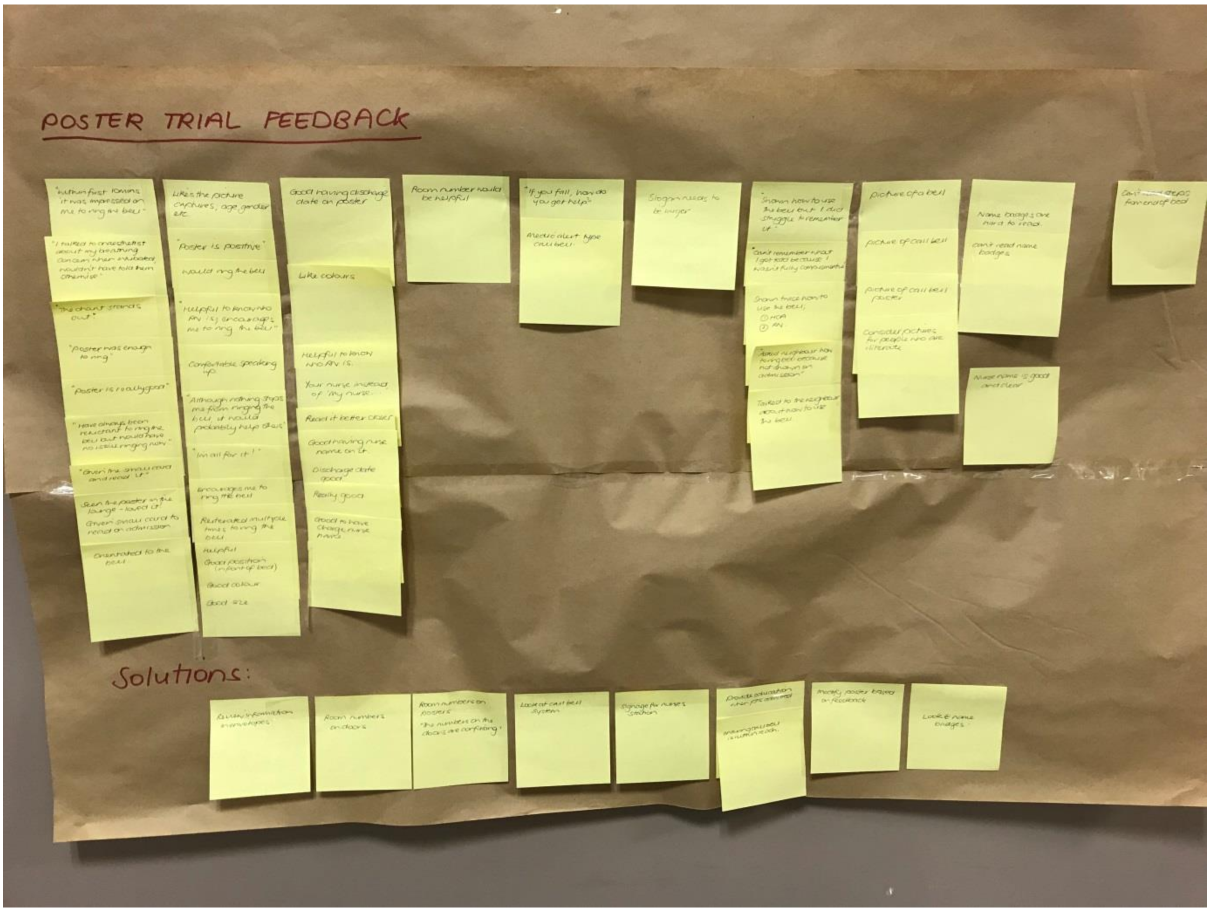
Your charge nurse is **Michelle Grenfell,**
you can contact her on **extn. 3373**

The images above show the posters at the nurses’ station and around the hospital.

The diagram below outlines the analysis from the interviews which were based on the same experience questions in Appendix 4. It also outlines patient feedback on the display chart.



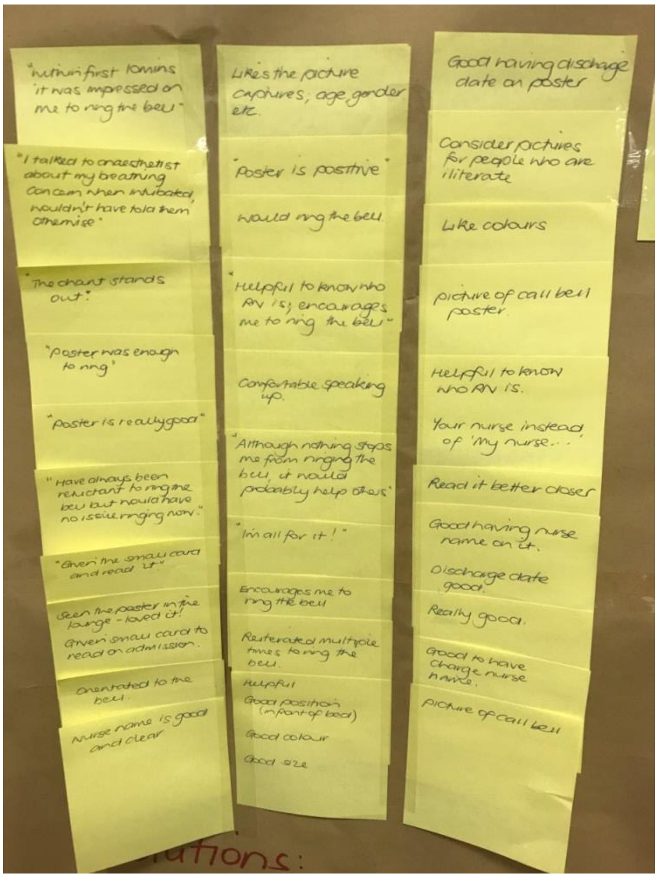
Four out of ten patients interviewed about their response to the trial said they would like the display chart to have images (eg, a picture of a call bell).

Two patients also identified they wanted the slogan ‘If you have something to tell ring the bell’ to be larger. Although this was identified by a low number of patients, we felt it was an important message to get across.

Ten out of ten patients felt there was no need to change the font or the colours of the display chart.

Ten out of ten patients felt the display chart was a positive step for the patient experience and felt encouraged to ring the call bell.

Patients also identified that there were different call bell devices (three in the hospital), patient room numbers on doors were confusing and staff name badges were difficult to read. These issues will be addressed as part of the project.



"within first 10mins it was impressed on me to ring the bell"

"I talked to anaesthetist about my beathing concern when intubated, wouldn't have told them otherwise"

"The chart stands out"

"Poster was enough to ring"

"Poster is really good"

"Have always been reluctant to ring the bell but would have no issue ringing now."

"Given the small card and read it"

Seen the poster in the lounge - loved it!

Given small card to read on admission.

Orientated to the bell.

Nurse name is good and clear

Likes the picture captures; age, gender etc.

"Poster is positive"

Would ring the bell

"Helpful to know who RN is; encourages me to ring the bell"

Comfortable speaking up.

"Although nothing stops me from ringing the bell, it would probably help others"

"I'm all for it!"

Encourages me to ring the bell

Reiterated multiple times to ring the bell.

Helpful

Good position (in front of bed)

Good colour

Good size

Good having dischage date on poster

Consider pictures for people who are illiterate

Like colours

picture of call bell poster.

Helpful to know who RN is.

Your nurse instead of 'My nurse...'

Read it better closer

Good having nurse name on it.

Discharge date good.

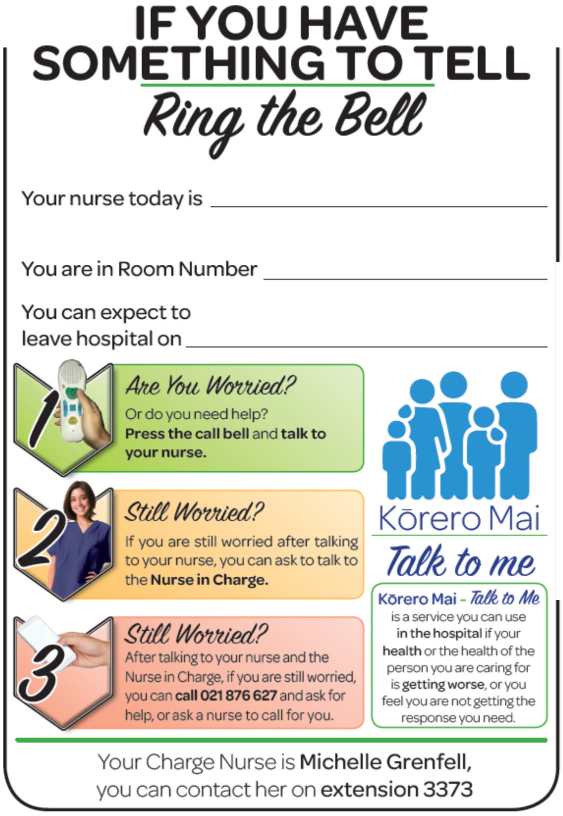
Really good.

Good to have charge nurse name.

Picture of call bell

All patients who were interviewed acknowledged how encouraging the display chart was. The above picture is of direct quotes from our patients.

The co-design team has modified the display chart based on patient feedback (see below) and it is currently being reviewed by the patient and staff focus groups.



IF YOU HAVE SOMETHING TO TELL
Ring the Bell

Your nurse today is ______________________

You are in Room Number ______________________

You can expect to leave hospital on ______________________

1 *Are You Worried?* Or do you need help? **Press the call bell** and **talk to your nurse.**

2 *Still Worried?* If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

3 *Still Worried?* After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call 021 876 627** and ask for help, or ask a nurse to call for you.

Kōrero Mai
Talk to me

Kōrero Mai - *Talk to Me* is a service you can use **in the hospital** if your **health** or the health of the person you are caring for is **getting worse**, or you feel you are not getting the response you need.

Your Charge Nurse is **Michelle Grenfell**, you can contact her on **extension 3373**

Display chart – A2 size

Southern Cross Hospitals

IF YOU HAVE SOMETHING TO TELL
Ring the Bell

1 *Are You Worried?* Or do you need help? **Press the call bell** and **talk to your nurse.**

2 *Still Worried?* If you are still worried after talking to your nurse, you can ask to talk to the **Nurse in Charge.**

3 *Still Worried?* After talking to your nurse and the Nurse in Charge, if you are still worried, you can **call 021 876 627** and ask for help, or ask a nurse to call for you.

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Kōrero Mai - *Talk to Me* is a service you can use **in the hospital** if your **health** or the health of the person you are caring for is **getting worse**, or you feel you are not getting the response you need.

Poster – A2 size and Information brochure – A4

Southern Cross Hospitals

IF YOU HAVE SOMETHING TO TELL
Ring the Bell

1 *Are You Worried?* Or do you need help? **Press the call bell** and **talk to your nurse.**

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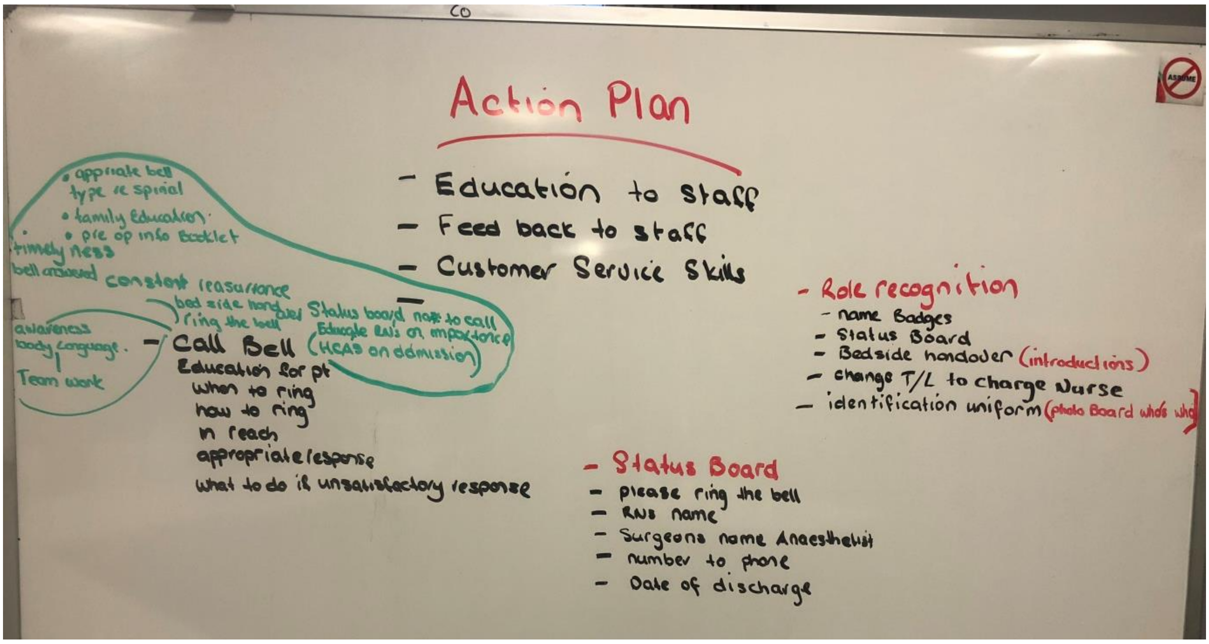
Card – 120x90 size

There will be ongoing work regarding the impact of this display chart and it will continue to be adapted based on feedback. We also acknowledge there are other opportunities for improvement which were identified through the initial data analysis. Some information from our brain storming is below:



Action Plan

- Education to staff
- Feed back to staff
- Customer Service Skills
- Call Bell (HCAs on admission)
  Education for pt
  when to ring
  how to ring
  in reach
  appropriate response
  what to do if unsatisfactory response

• appriate bell type ie spiral
• family Education.
• pre op info booklet
timely ness
bell answered
constant reasurance
bed side handover
ring the bell
Status board no# to call
Educate RNs on importance
awareness
body language.
Team work

- Role recognition
  - name Badges
  - Status Board
  - Bedside handover (introductions)
  - change T/L to charge Nurse
  - identification uniform (photo Board who's who

- Status Board
  - please ring the bell
  - RNs name
  - Surgeons name Anaesthetist
  - number to phone
  - Date of discharge

We plan to capture data from patients who use the cell phone number (step 3 on display chart) by recording the calls. The phone is initially being held by a senior registered nurse who is involved in this project. We will capture some post-test data and consider mapping this out to ensure ongoing engagement with patients and whānau. Further observational audits will measure whether we are communicating the same escalation process to our patients regarding escalation of care and calling for help.

What went well?

The patient focus group provided invaluable input, and those who attended were more than happy to draw on and share their experiences of both Southern Cross Hospital Christchurch and the local district health board. They have also continued to assist with subsequent drafts and changes of the materials that have been developed. Using staff's own experience has also provided us with learning and enabled buy-in and passion for the project, which helps with patient quality improvement.

The sponsorship and support from our organisation for the patients and their whānau, together with releasing staff to work on this project, has been instrumental. Our patient representative is a key member of the project team and has offered significant insight throughout the project.

We would also like to acknowledge that we received significant positive feedback from patients, which we have passed on to staff.

The co-design team has come together both onsite and offsite to review progress. Open discussions allowed the project's direction and what it means to patients to be critiqued. Each member of the team has brought ideas and energy to the table and worked in collaboration. We identified the importance of involving all departments within the hospital, and have been able to access these areas relatively easily.

What could have gone better?

More focus groups would have allowed more patients and staff to attend and more support people and whānau to attend at different times, which would have provided more feedback and data collection.

Although patients were encouraged to bring their support people/partners/carers, they were generally happy to come without, and a few patient supports were unable to make it due to other commitments. Hearing from these 'significant others', may have enhanced the stories from a different perspective

At times multiple people were talking during the focus groups, which made it difficult to transcribe and therefore analyse data.

Having appropriate technology to assist data capture would be more cost effective as the transcribing was very time consuming. We used a tablet to record both focus groups and, due to the size of the data, it was difficult to upload via our local information technology systems . A video camera would have made this process more effective.

Although access to the non-clinical departments within the hospital was easy, buy-in from these areas proved challenging. Buy-in is essential for ongoing development of the project.

We also acknowledge that drafting the display board with the patient focus group onsite would have been ideal, but was not practical due to their personal commitments. Patient preference was for us to communicate via email/post to fit with their other commitments. We plan in the near future to ask the patients to attend a second focus group onsite to review where we are up to and make plans for future implementation. We may consider meeting on a different day, on the weekend and/or different time of day to ensure patients are able to attend. Our next focus group will be the same setup as our initial group.

Measure

As we are still in the process of implementing changes, outcomes are yet to be revealed. Some of our patient feedback thus far includes:

‘Have always been reluctant to ring the bell but would have no issue ringing now’

‘Poster was enough to ring’

‘Within first 10 minutes it was impressed on me to ring the bell’

After seeing poster…. ‘I talked to the anaesthetist about my breathing concern when intubated, I wouldn’t have told him otherwise’

We will continue to adapt these products based on patient feedback while working through the list of other ideas and solutions identified by patients and staff.

Working as a co-design team

The co-design team has maximised individual strengths to give diversity to the project. We have the advantage of being able to readily connect due to our close proximity. As time is a rare commodity, if full attendance was not able to be achieved at every meeting we were able to keep everyone in the loop to ensure we had continuous momentum. Engaging the wider team and making change purposeful requires all areas of the hospital to be involved. Only then can we sustain improved quality of care. For future planning we would consider using the co-design framework for any improvements and would hope that it would be supported by enthusiasm and motivation from all stakeholders, no matter what department they work in as we work towards the same goal.

There is ongoing engagement with patients and whānau following our initial trial period and we will continue to seek involvement for ongoing feedback and redevelopment as needed.

Names, e-mail addresses, organisation of team members

Names of team members	Role	E-mail address	Organisation DHB
Pippin Morrison	Project Lead	Pippin.morrison@schl.co.nz	Southern Cross Hospital Christchurch
Fiona Ryder	Project Sponsor	Fiona.ryder@schl.co.nz	Southern Cross Hospital Christchurch
Lorraine Proffit	Safety Quality Risk Facilitator	Lorraine.proffit@schl.co.nz	Southern Cross Hospital Christchurch
Nadeane Spriggs	Clinical Nurse Educator	Nadeane.spriggs@schl.co.nz	Southern Cross Hospital Christchurch
Rachel McCaskill	Clinical Nurse Specialist	Rachel.mccaskill@schl.co.nz	Southern Cross Hospital Christchurch
Kim MacFarlane	Ward Team Leader	Kim.macfarlane@schl.co.nz	Southern Cross Hospital Christchurch
Michelle Grenfell	Ward Team Leader	Michelle.grenfell@schl.co.nz	Southern Cross Hospital Christchurch
Belinda Clark	Patient	Belindaboyer@hotmail.com	

Appendix 1

Kōrero mai: Patient, family and whānau escalation of care

Problem given to Kōrero Mai co-design teams

Family-led escalation processes are now being introduced by health care institutions internationally, including in New Zealand, to complement existing clinical escalation pathways. Clinical escalation pathways provide clear, objective criteria that prompt clinicians to call for help when there is concern about a patient who is deteriorating acutely. However, when it comes to patient and whānau- related escalations there are missed opportunities to identify deterioration early and poor patient, family and whānau experience related to existing recognition and response systems.

These missed opportunities can be attributable to some of the challenges identified by patients and should be considered while designing a solution:

- patients, family and whānau feeling unable to speak up
- patients, family and whānau not being listened to
- culturally insensitive care
- escalation processes that are ambiguous or difficult to navigate.

Expected outcome: The expected outcome is to develop and implement Kōrero Mai, a patient, family and whānau escalation process. The Kōrero Mai process will ensure that:

- there is a clinical culture that respects that patients, family and whānau are able to recognise early signs of physical deterioration
- patients, family and whānau are aware of the Kōrero Mai escalation process, and are confident to use it if necessary
- the responder to patient, family and whānau escalation is able to interpret expressions of concern in the clinical context of the patient’s situation, facilitate necessary clinical assessment and intervention if required, and ensure that patient, family and whānau are communicated with as part of the care team and that they feel that their concerns have been addressed.

Appendix 2

Elevator pitches

Patient

We don't actually know how well we listen to our patients and whānau when their recovery becomes more complex than expected.

We would like to know how we can make this process better for you and your families.

Staff

The Kōrero Mai programme is the second stream of work within HQSC's Patient Deterioration programme, following New Zealand early warning score (stream one) and proceeding goals of treatment (stream three).

Co-design is an important part of a process to **engage** people; patients; family and staff, **capture** their experiences, **organise the learning** that brings to create new understanding and insight from the perspective of the care journey and emotional journey, **continue together in partnership** to review learning and ideas, plan and implement improvements then finally; review what difference that has made.

When it comes to patient and whānau-related escalations, there are missed opportunities to identify deterioration early, and poor patient, family and whanau whānau experience related to existing recognition and response systems.

We want to know what these problems are and how we can work together with patients/whānau to address them.

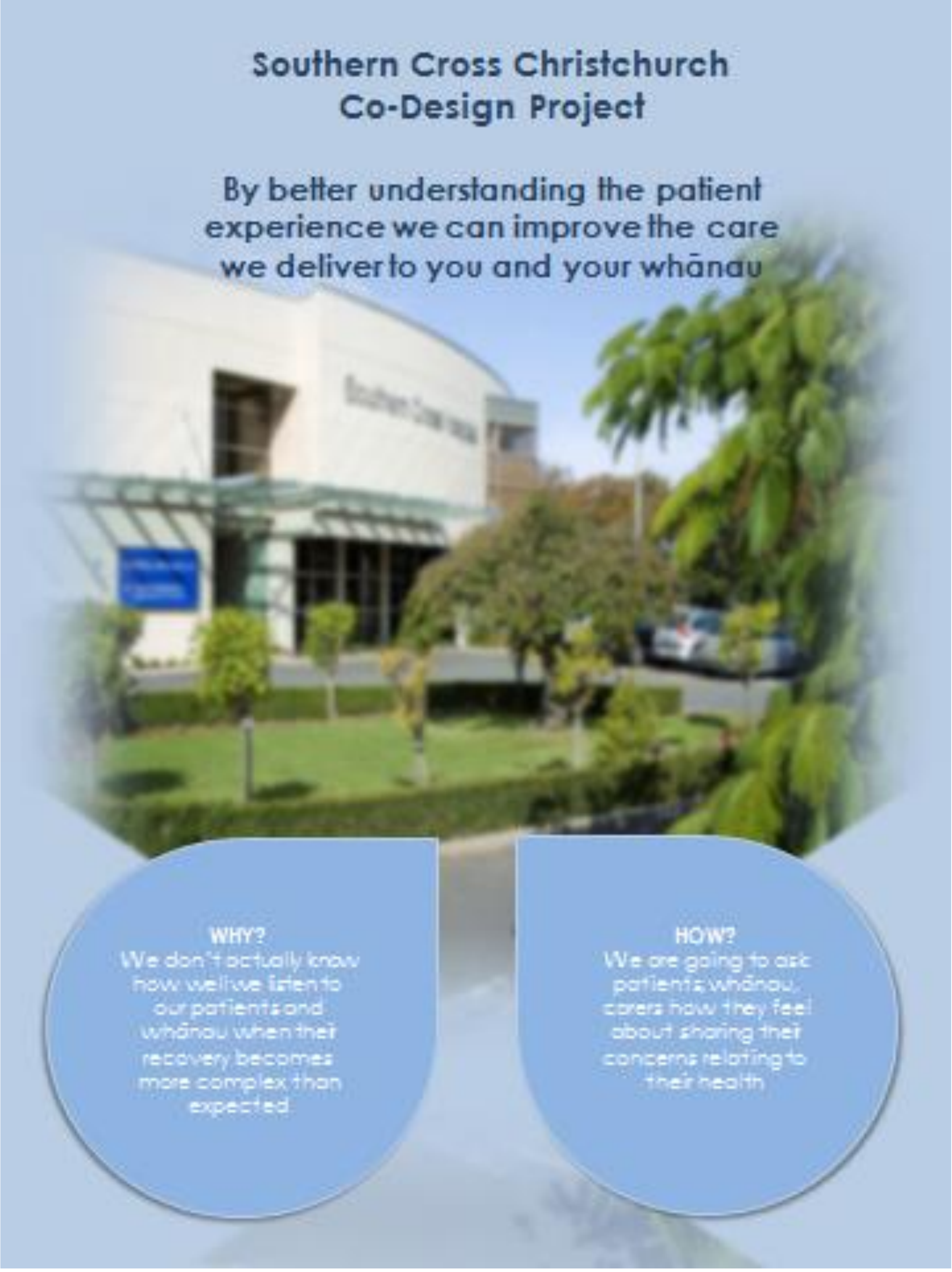
Senior Management Team

This programme considers how we can identify and improve areas related to:

- patients, family and whānau feeling unable to speak up
- patients, family and whānau not being listened to
- culturally insensitive care
- escalation processes that are ambiguous or difficult to navigate.

In order to address these issues, we intend to use co-design – working with our patients to come up with sustainable solutions.

Appendix 3



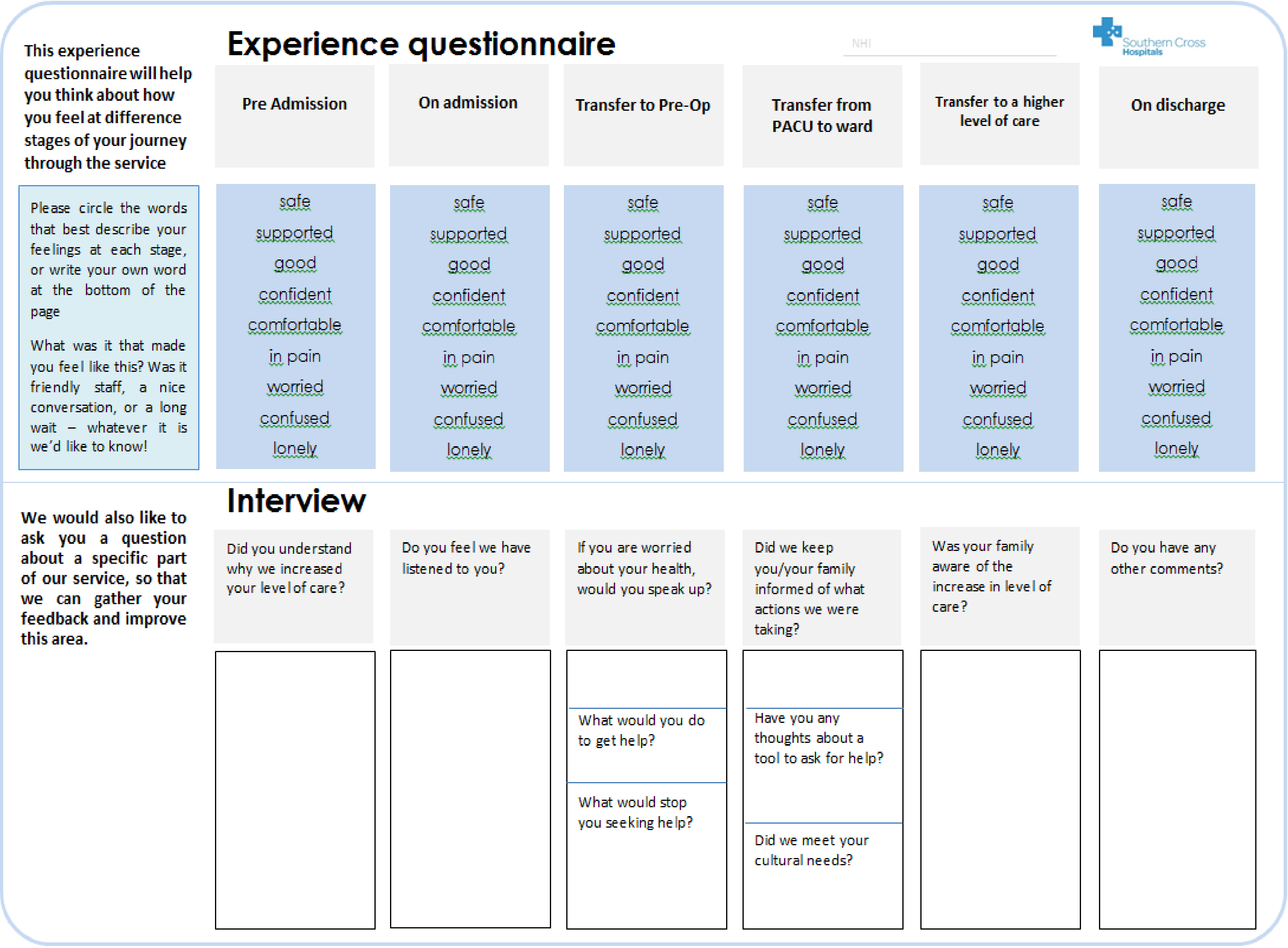
Southern Cross Christchurch
Co-Design Project

By better understanding the patient experience we can improve the care we deliver to you and your whānau

WHY?
We don't actually know how well we listen to our patients and whānau when their recovery becomes more complex than expected

HOW?
We are going to ask patients, whānau, carers how they feel about sharing their concerns relating to their health

Appendix 4



Experience questionnaire

NHI

Southern Cross Hospitals

This experience questionnaire will help you think about how you feel at difference stages of your journey through the service

Please circle the words that best describe your feelings at each stage, or write your own word at the bottom of the page

What was it that made you feel like this? Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know!

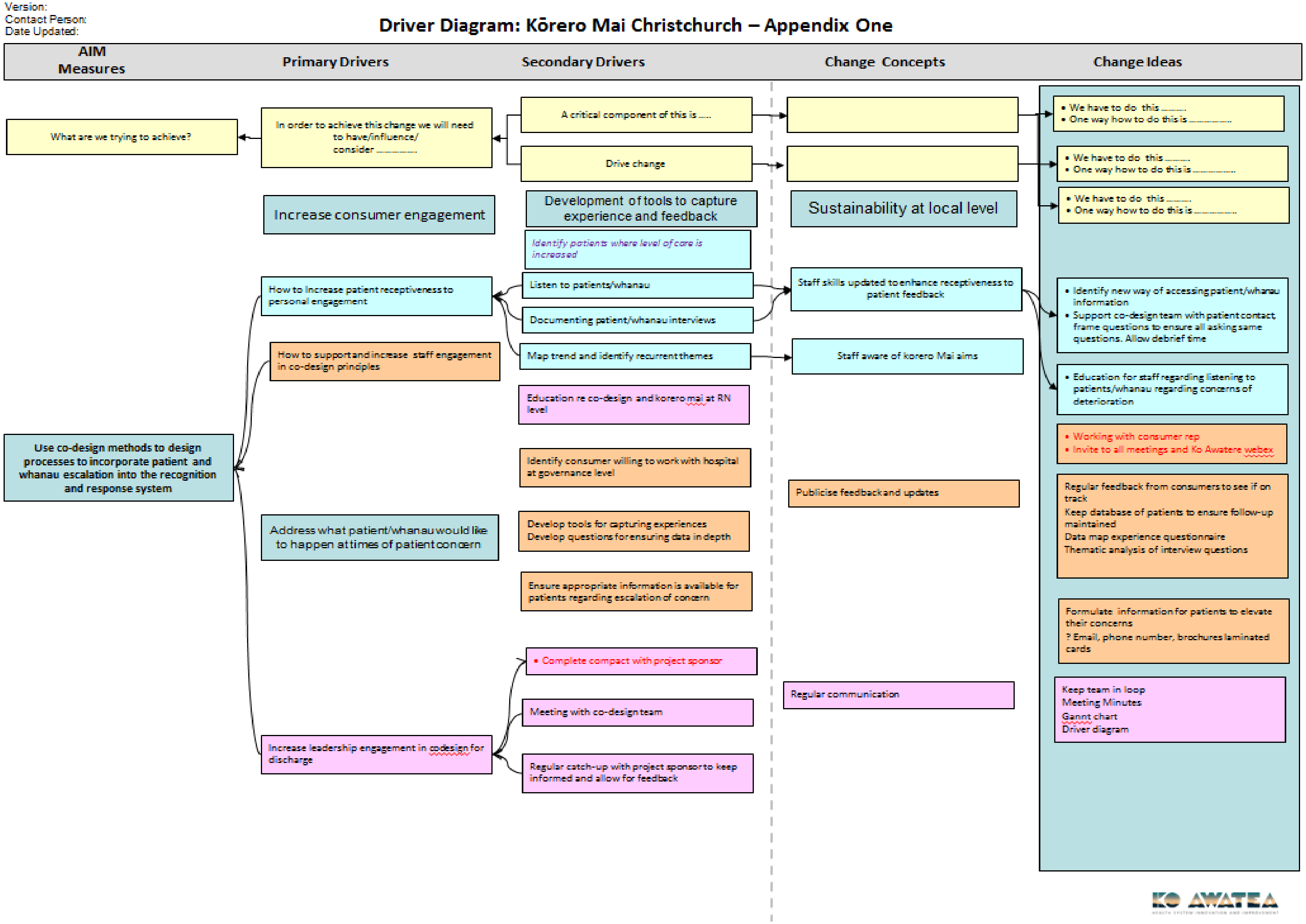
Pre Admission	On admission	Transfer to Pre-Op	Transfer from PACU to ward	Transfer to a higher level of care	On discharge
safe supported good confident comfortable in pain worried confused lonely	safe supported good confident comfortable in pain worried confused lonely	safe supported good confident comfortable in pain worried confused lonely	safe supported good confident comfortable in pain worried confused lonely	safe supported good confident comfortable in pain worried confused lonely	safe supported good confident comfortable in pain worried confused lonely

Interview

We would also like to ask you a question about a specific part of our service, so that we can gather your feedback and improve this area.

Did you understand why we increased your level of care?	Do you feel we have listened to you?	If you are worried about your health, would you speak up?	Did we keep you/your family informed of what actions we were taking?	Was your family aware of the increase in level of care?	Do you have any other comments?
		What would you do to get help? What would stop you seeking help?	Have you any thoughts about a tool to ask for help? Did we meet your cultural needs?		

Appendix 5



Version:
Contact Person:
Date Updated:

Driver Diagram: Kōrero Mai Christchurch – Appendix One

AIM Measures

What are we trying to achieve?

Use co-design methods to design processes to incorporate patient and whanau escalation into the recognition and response system

Primary Drivers

In order to achieve this change we will need to have/influence/consider ……………

Increase consumer engagement

How to Increase patient receptiveness to personal engagement

How to support and increase staff engagement in co-design principles

Address what patient/whanau would like to happen at times of patient concern

Increase leadership engagement in codesign for discharge

Secondary Drivers

A critical component of this is …..

Drive change

Development of tools to capture experience and feedback

Identify patients where level of care is increased

Listen to patients/whanau

Documenting patient/whanau interviews

Map trend and identify recurrent themes

Education re co-design and korero mai at RN level

Identify consumer willing to work with hospital at governance level

Develop tools for capturing experiences
Develop questions for ensuring data in depth

Ensure appropriate information is available for patients regarding escalation of concern

- Complete compact with project sponsor

Meeting with co-design team

Regular catch-up with project sponsor to keep informed and allow for feedback

Change Concepts

Sustainability at local level

Staff skills updated to enhance receptiveness to patient feedback

Staff aware of korero Mai aims

Publicise feedback and updates

Regular communication

Change Ideas

- We have to do this ………
- One way how to do this is ……………

- We have to do this ………
- One way how to do this is ……………

- We have to do this ………
- One way how to do this is ……………

- Identify new way of accessing patient/whanau information
- Support co-design team with patient contact, frame questions to ensure all asking same questions. Allow debrief time

- Education for staff regarding listening to patients/whanau regarding concerns of deterioration

- Working with consumer rep
- Invite to all meetings and Ko Awatere webex

Regular feedback from consumers to see if on track
Keep database of patients to ensure follow-up maintained
Data map experience questionnaire
Thematic analysis of interview questions

Formulate information for patients to elevate their concerns
? Email, phone number, brochures laminated cards

Keep team in loop
Meeting Minutes
Gannt chart
Driver diagram

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

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

New Zealand Government

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

KO AWATEA
HEALTH SYSTEM INNOVATION AND IMPROVEMENT