

MARCH 2016

2015 - 2016, QUARTER 3



The traditional model of healthcare is a medical model, focusing on assessment, investigation, treatment and review of a person's illness. The broader wellbeing of the person experiencing illness, and being a patient, often for the first time, can be lost within this model.

We may provide the best medical care in the sense of best practice but if the patient has not felt respected or understood what is happening to them, then we have not provided them with an appropriate level of care.

Person and Family Centred Care is putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care. Our **CARE** values empower us to collaborate with our patients to ensure their care preferences are understood, honoured and met with compassionate and empathetic care.

The narrative data collected from the patient experience survey gives us a really good insight into how patients experience our services and it can prompt us to look at what we can do better:

"I was frequently moved from ward to ward, but at 3a.m. in the morning it really was a bit much. All my goodies were left behind, and it took all the next day to sort it out. I realise that there are other people who needed a single room more than I did, but at that hour of the morning!!!"

And learn from what we are doing well:

"One lovely nurse offered me delicious Milo in the night when I couldn't sleep. Another brought a most comfortable chair into my room, when my back was suffering from lying in bed. Very much appreciated."

I encourage you to look at the feedback which our patients have taken time to provide us and use it in for ongoing service improvement.

Debbie Brown, Quality and Patient Safety Manager

Patient Experience Surveys

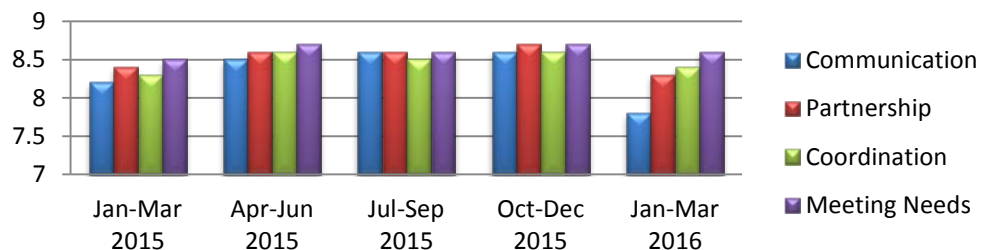
The quarterly national, and the fortnightly BOPDHB, Patient Experience Surveys have now been underway since August 2014.

The two surveys have informed us of the experiences of over 2000 people in the last 12 months who were admitted to Tauranga and Whakatāne hospitals (with at least one overnight stay).

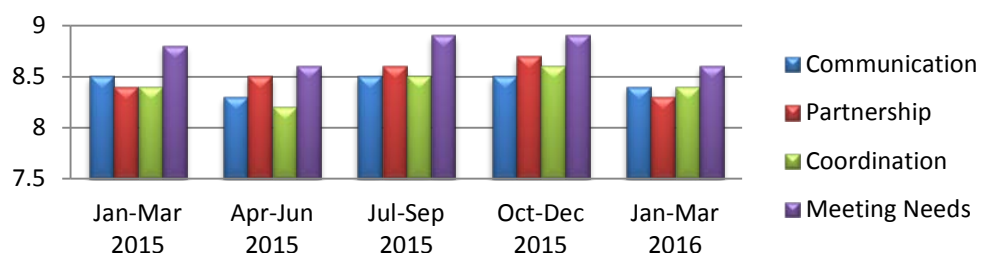
Overall Results:

Patients are asked to rate their experience on a scale of 1-10 and to enter comments which are a rich source of real time feedback.

Quarterly National Patient Experience Survey



BOPDHB Fortnightly Patient Experience Survey



Meeting Physical & Emotional Needs Domain

Treating patients, consumers, carers and families/whanau with dignity and respect and providing the necessary physical and emotional support (HQSC)

Research demonstrates that the level of physical comfort patients report has a tremendous impact on their experience. From the patient's perspective, physical care that comforts them especially when they are acutely ill, is one of the most elemental services caregivers can provide.

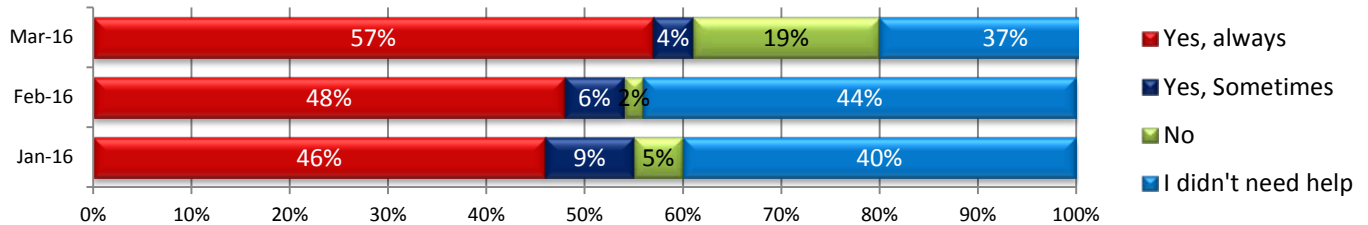
The evidence for this domain, like the other domains, is based within the Picker principles and includes: respect of patient and family centred care values; preferences and expressed needs including cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality of life issues and shared decision making; physical comfort, including pain management, help with activities of daily living, and being clean and comfortable; emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis and the impact of illness on patients, their families and finances.

2013 KPMG Final Report on Patient Experience (HQSC)

If you needed help from the staff getting to the toilet or using a bedpan, did you get it in time?



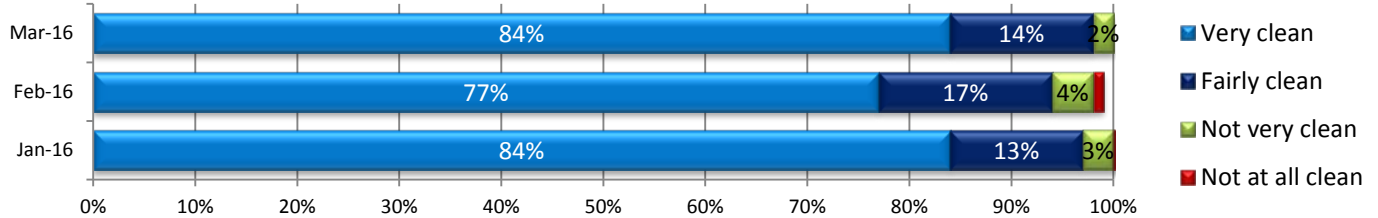
- At night it sometimes took several buzzer rings to get a nurse to come and if your drip is attached to the bed and you are desperate to go to the toilet this is a problem.
- I had a broken ankle and when staff took me to the toilet for what was generally a two minute mission, I was often left to wait as long as 20 minutes before they returned to help me out of the toilet. This was my No. 1 frustration whilst I was at hospital.
- Assistance with walking to the toilet was given as I was not very steady on my feet.
- At no time did I feel that staff were standoffish or less than supportive during my times of difficulty with body function.
- I didn't need help to get to the toilet myself but an elderly lady in the ward did and she rang her bell several times and was getting anxious so I ended up taking her to the toilet.



In your opinion, how clean was the hospital room or ward that you were in?



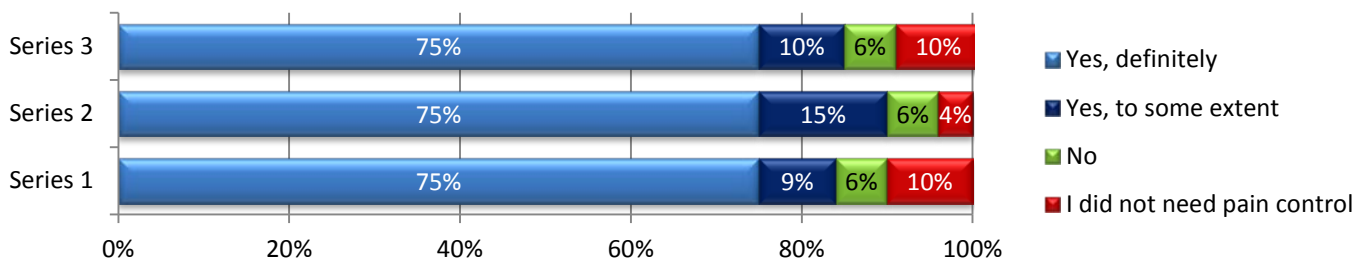
- There were McDonald's cups and rubbish in the emergency room from the patient before.
- The patient toilets were not cleaned often enough though.
- Nothing was too much bother to either nursing staff right down to cleaning staff.
- Excellent support. I think this is the cleanest hospital I've ever been in!
- Everyone, even the coffee ladies, the meal ladies, cleaners, everyone spoke to me and was always there to be helpful, picking up things that I had dropped etc.
- Would like to comment on cleanliness of hospital, and happy helpful staff, from cleaners to nurses.
- A not so nice period of my life personally made very tolerable by caring and friendly people in clean and pleasant surroundings, state of health excluded.



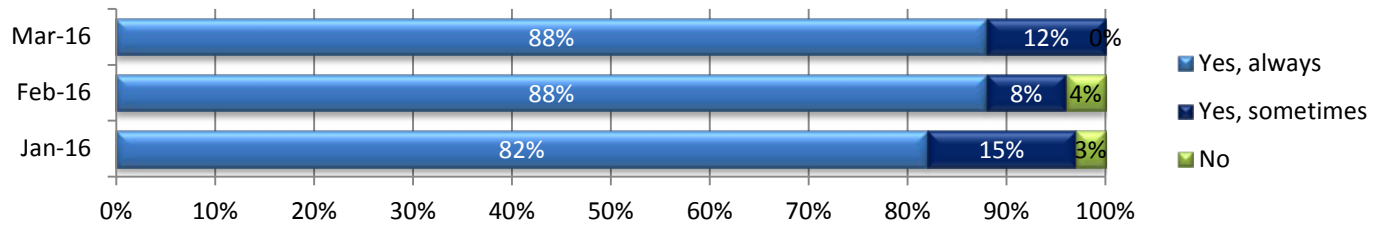
Do you think the hospital staff did everything they could to help control your pain?



- Night staff too busy with more serious patients? I had to ask for pain relief at about 4.00 am. Wonderful and caring nurses otherwise.
- Just one incident of pain not managed.
- Nurse care was excellent, including the theatre nurse immediately after surgery. Assistance with showering, being made comfortable and pain management was excellent.
- My pain level was kept to a zero level as I needed medication.
- People were always positive and pleasant, pain was managed immediately.
- The nurses were absolutely amazing, everything I desired to be as painless as possible was happily met with the greatest of care.

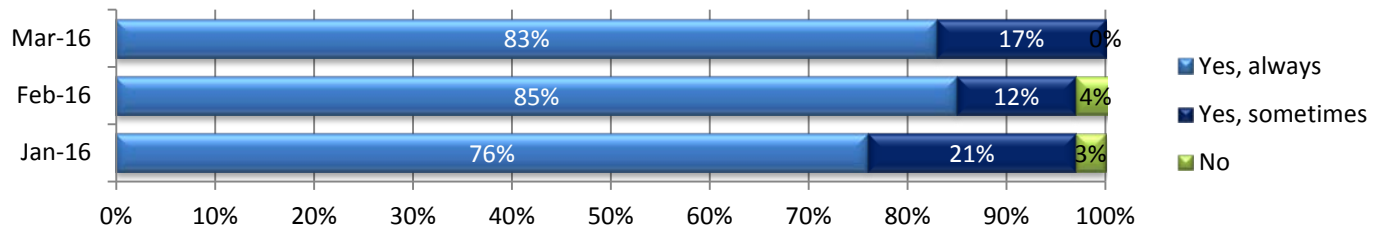


Overall, did you feel staff treated you with respect and dignity while you were in the hospital?



- All staff made me comfortable and at ease from the cleaning, auxiliary, kitchen all through to the specialist.
- Treatment by professional staff was efficient and effective but delivered in a mechanical fashion with little evidence of empathy. My wife was distressed and was largely ignored in the conversations.
- Staff were very understanding and very professional.
- Everyone was too busy and although I requested a cup of tea which I was dying for, I never got it. But to be fair, I did understand they couldn't meet this need due to being too busy.

Overall, did you feel staff treated you with kindness and understanding while you were in the hospital?



- Doing nothing about the terrible sleeps I had due to someone snoring real bad in my room.
- Poor sleep was not helpful, just wanted to go home.
- Physically I was made very comfortable and staff, although busy, were always obliging i.e. incoming phone calls on the hospital line.
- I had a meltdown during one night and one of the nurses came and sat with me which was comforting and helped me get over the 'bump'.
- I was unable to sleep at night because of the loud chatter and less than delicate movements of the nurses with equipment. There is no excuse for nurses not speaking quietly when going about their work on night shift.

Was cultural support available when you needed it?

By number of Respondents	Jan-16	Feb-16	Mar-16
Yes, Always	4 (5%)	4 (8%)	3 (6%)
Yes, Sometimes	0 (0%)	0 (0%)	0 (0%)
No	0 (0%)	0 (0%)	1 (2%)
I did not need cultural Support	75 (95%)	48 (92%)	47 (92%)

Was religious or spiritual support available when you needed it?

By number of Respondents	Jan-16	Feb-16	Mar-16
Yes, Always	5 (6%)	2 (4%)	3 (6%)
Yes, Sometimes	2 (3%)	0 (0%)	1 (2%)
No	1 (1%)	0 (0%)	1 (2%)
I did not need religious or spiritual Support	69 (90%)	50 (96%)	46 (92%)

Miscellaneous comments



- Cultural and spiritual support was made available but I did not need them.
- I had no special requests or needs.
- My husband is a Ringatu Tohunga and we were left to cater to my needs spiritually, culturally, and emotionally.
- I was given all the understanding I needed thank you.
- My physical needs were attended to well; I handle my own emotional needs.
- I am Sight Disabled and I feel the hospital should have an indicator card to display this, you do have other cards that indicate 'Fall Risk...etc.' above my bed why aren't patients other disabilities considered?

Listening to our patients

CNM Vivienne Robertson attended APAC 2015 and was motivated by the 'Hear Me' Health Play, written and directed by Alan Hopgood. This explored the importance of patient and family involvement in their own health care to establish a safe culture for the patient and staff by acknowledging what happens in the patient experience and that open disclosure helps to form trust.

"I understand there has been lots of work done on patient survey around communication and family centred approach," says Viv. "LISTENING, hearing and understanding the patient journey/experience stood out for me.

"As health care staff we have knowledge to offer on clinical or technical aspects of care but patients and families have the knowledge about how it feels to experience the process as it is delivered to them.

"I could relate to the content of the play. The play made me think about the impact nurses have on their patients and I looked for a way we could listen and improve the patient and family experience."

Viv brought back the concept of the communication tree, that was also used at APAC, and adapted it for use in the Medical Ward, Whakatane. She has received some great feedback by asking patients, families and staff to "**Leaf us a message**".

This is a great example of families, patients and staff working together to implement ideas for improvement based on their deeper understanding of patient experience.



The challenge of addressing noise in our hospitals ...

Over the 18 months that the BOPDHB patient experience surveys have been in place I have noticed a continuing trend that our patients are telling us about the noise in our hospitals especially at night. Here are a few of their comments:

- Noise from the nurses' office late in the evening was very loud, doors were left open, and much laughter among staff could be heard very clearly until nearly 11.30pm. Noisy wheels on nurses' trolleys, no rubber wheels, could hear them coming from far away.
- It's very noisy at five in the morning, someone used a vacuum cleaner at that time of the morning which I thought was a bit off as there were quite a few very sick people in the ward and they didn't get much sleep during the night.
- Only criticism I would have was that the ward was unbelievably noisy at night. The staff did not appear to lower their voices or minimise noise.
- Noise. The noise overnight from staff was incredible. I understand that staff might need to talk loudly to a patient if that patient is hard of hearing but to continue to speak at that volume after leaving the bed space seemed pretty disrespectful to other patients.
- Overall my time in your hospital was very good, nurses were the mainstay, shift changes were a little disrupted, and noise during the night from trolleys, furniture being shifted, and loud staff personal talk disrupted sleep most nights.
- Noise at night could be reduced.
- Overall I felt as comfortable as I could be with my condition knowing it would most likely be only brief but feel that night nurses should try to be less noisy slamming doors occasionally and talking loudly to their colleagues at times. Also some equipment trolleys have very noisy wheels making sleeping more difficult than necessary.
- Unit too noisy at night staff don't even try to keep it down.
- The night nurses need to take more consideration that people are sick and are trying to sleep, they need to keep their voices down and also their interaction with the other patients from the hours of 11pm to 6am. Not all nurses just some of them. Very noisy ward I was in for four nights.

A study by the Mayo Clinic in 2006 showed noise at night is one of the primary causes of sleep deprivation and the major cause of sleep disturbance. Noise increases the perception of pain while heightening anxiety, stress and slows healing as well as contributing to a learned helplessness. Noisy environments can also contribute to communication and other staff errors.

Internationally, many healthcare organisations are launching projects to reduce noise. Creating a therapeutic environment of care requires participation and skill from all departments. The hospital environment will never achieve absolute quiet and nor should it, as it is active, complex and constantly in motion. However a culture of quiet with conscious decisions that contribute to the comfort of patients and families is the balance.

Are you and your colleagues up to the challenge to launch a 'Reducing Noise' project? Please let me know, I have information and resources to share.

Averil Boon, Programme Manager, Quality and Patient Safety – ext. 8968

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