



Manaakitanga

BOPDHB Partners in Care Codesign Programme

Using patient and staff experience to develop better healthcare services is the goal of the Partners in Care Co-design Programme which began in September. The seven-month Health Quality & Safety Commission (HQSC) programme got underway with a masterclass for seven BOP teams on the skills needed, delivered by Dr Lynne Maher.

One of the patient representatives Michael Tokona said he was proud to be taking part.

"It's great to be involved with a project that will be helpful for the whole community as well as for myself. I'm thankful to be a part of that and with so many great people here today."

Partners in Care is about identifying opportunities to improve services, moving this to a project phase and having patients and their feedback as an integral part of that process said HQSC Partners in Care Director Dr Chris Walsh.

"Patients have a unique viewpoint and can provide valuable input on how services can be improved, where priorities should be set, and where quality issues have arisen in the delivery of health services," she said.

"The group is enthusiastic and really committed to the next seven months and that's what we are seeing. We are absolutely delighted to be working with the DHB on this."

Quality & Patient Safety - Programme Manager Averil Boon said the programme was "further evidence of how we are involving patients more and more in everything we do and it's so good to see".

Dr Maher said she sensed a tangible passion for working with patients at the DHB.

"People have been very engaged and it will be exciting going forward to see how they all progress with their individual projects. I have heard a lot of comments about how the decision to do this sits so well with the All-one-team value of your CARE values.

James Fuller
Communications Advisor

Fortnightly Patient Experience Survey Results

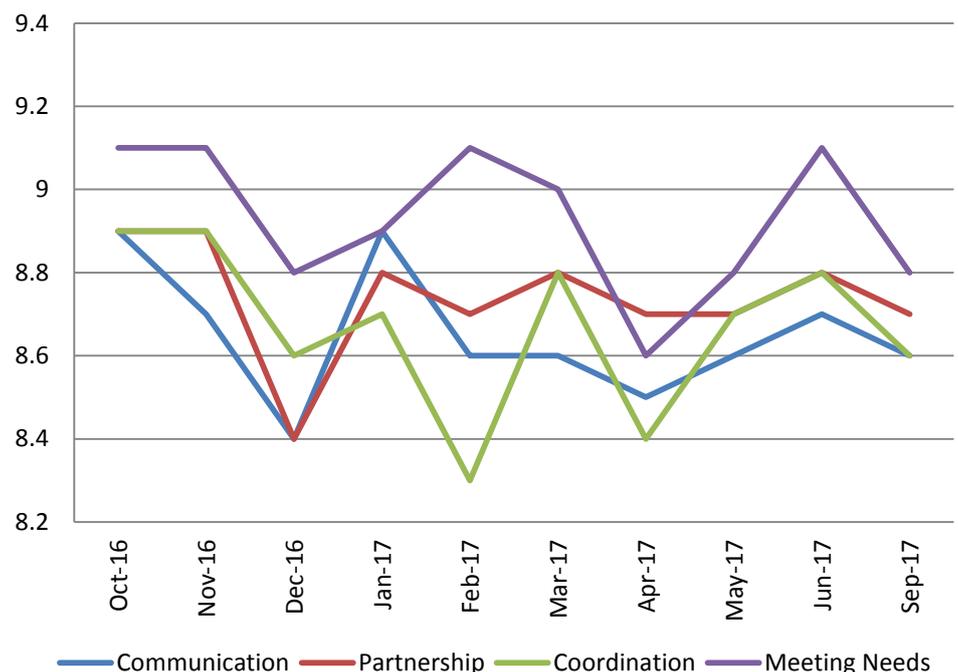
The BOPDHB Patient Experience Surveys have now been underway fortnightly since August 2014.

The surveys have informed us of the experiences of our patients, who were admitted to Tauranga and Whakatāne hospitals with at least one overnight stay.

Overall Results:

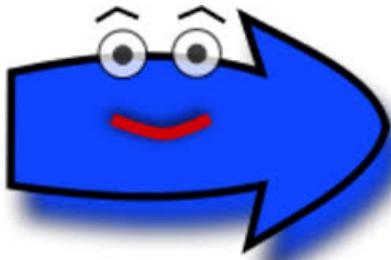
Patients are asked to rate their experience on a scale of 1-10 and to enter comments which are a rich source of real time feedback.

BOPDHB Fortnightly Patient Experience Survey



Quarterly National Patient Experience Survey results

Look at our results for the last quarter, well done everyone!



The HQSC Quarterly National Patient Experience Survey results are now included in our fortnightly dashboard results.

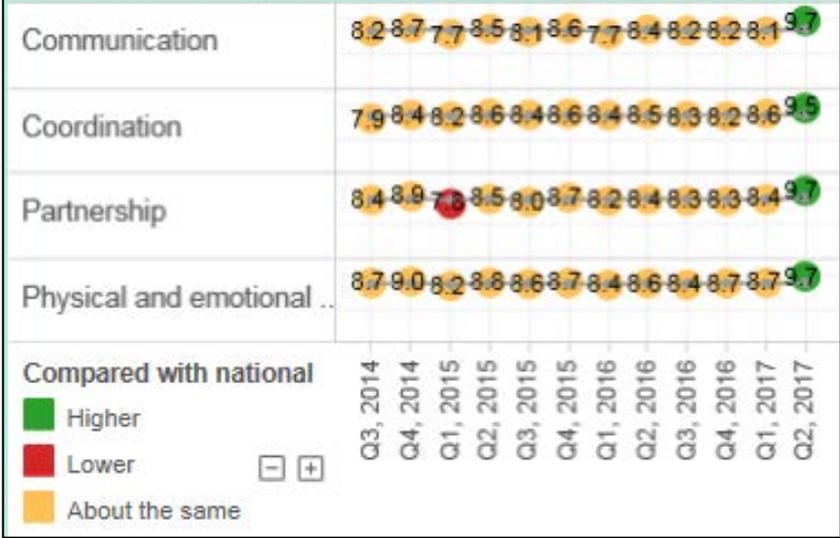
Every quarter for the specified period the relevant results are copied to the HQSC national reporting dashboard published on their website.

Individual DHB quality and safety marker results are displayed using interactive Tableau charts on the [HQSC website](#).

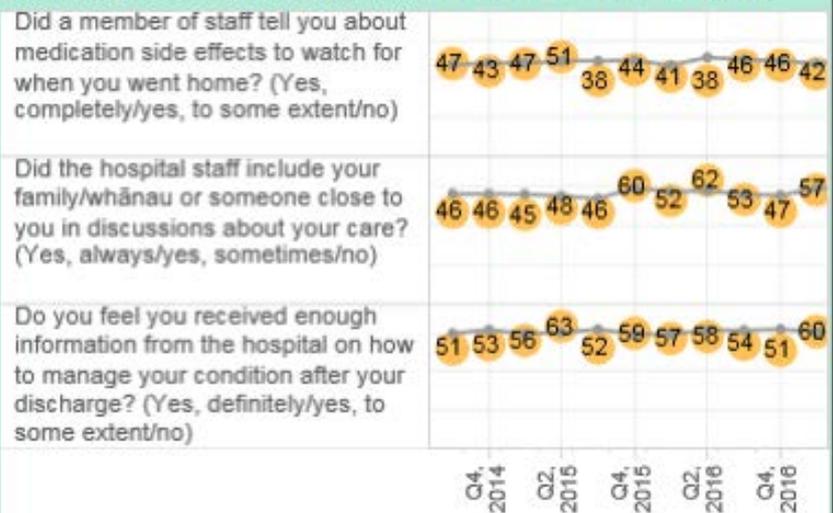
If it is your first time using Tableau, please read the instructions before proceeding, and use the tabs on the website to scroll through each of the four domains – example to the right is the “Communication” domain only.

Adult inpatient experience survey

Score out of 10 by domain



Lowest performance questions (% responses of 'yes')



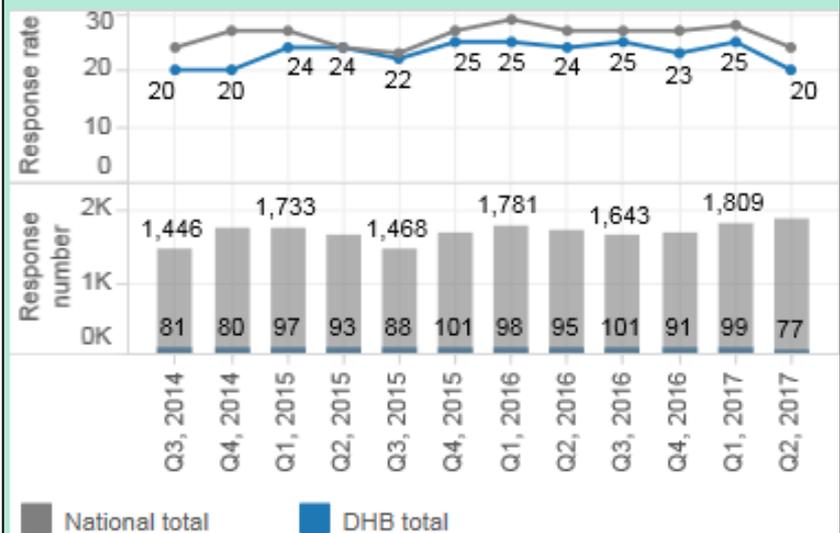
How does BOPDHB's response rate compare to other DHBs?

We are still one of the lowest DHBs nationally but our fortnightly rates are mostly showing an improvement and that is because of your hard work.

You are doing a great job collecting email addresses and we are moving towards the target of 30%.

Increasing the number of accurate email addresses will also help increase the number of responses to our BOPDHB Patient Experience Survey.

Response number and response rate



Patients' Comments: Last quarter we focused on when we get things right, our patients tell us

This quarter is when we don't get it right, our patients tell us:

	23/8/17	The individual nurses were good but I found some of your senior staff quite arrogant and unfeeling. It appears that pushing the "numbers" of patients through the system is of more importance than your supposed "duty of care".
	3/10/17	Everyone and everything was great except for one lot of late night nurses who were rude and didn't want to help. Physically hurt me and upset me completely. Leaving me feeling very vulnerable.
	29/8/17	Some doctors were just rude especially when I asked them to explain things to my wife or to come back with my wife so she could help me understand. One doctor was quite rude about my wife's input.
	29/8/17	Communication by doctor and registrars pretty good, but I was unable to rest during the night because the nursing staff were so loud. Loud, raucous laughter thundering from the nurses' station. It was 12.30pm. Very rude, uncaring and belligerent behaviour.
	22/8/17	I didn't like how the nurse and midwife were treated by the anaesthetist on my way to surgery. Very rude and condescending!!
	5/10/17	I felt at times the doctors/staff did not have enough time to listen and answer adequately my questions.
	3/10/17	One night I had a very bad experience where the nurses were reluctant to help me. They weren't listening and I had to repeatedly ask for help.
	1/9/17	I have a reoccurring condition that I frequently need to come into hospital for IV antibiotics. The doctor that attended me dismissed me when I tried to explain my situation.
	31/8/17	The doctor was quite dismissive.
	11/10/17	When it was good, it was good....but a couple of times I said something and a totally unrelated answer/solution was offered. Main doctors were good, as were house doctors. One of the team of doctors was flippant and didn't really care offering a solution of 'drink cranberry juice' when I asked what I could do to stop the rash itching. Didn't even look at rash. Next doctor - at nurses prompt - was more helpful and solved issue
	27/7/17	Was treated very well but staff appear to ignore the bell when one calls, plenty pass, seeing it, and continuing on their way.
	19/9/17	The first midwife seemed to not have time to help explain or answer my questions. I wasn't offered pain relief or food until I asked. She seemed rushed and said she'd come back for certain things and didn't.
	31/8/17	Nurse in charge of me was rushed and often incongruent. Said to all people go home arvo then back within 30 mins saying to all in my area. You can go home now. We all needed to be picked up, partners at work? Other persons had loved ones coming from an hour away.??
	29/8/17	Co-ordination of my discharge was a bit disjointed. One nurse rushing me out; another not so pressurising to have me leave (post op).
	29/8/17	Nurses gave me very good explanations, as did the more junior doctors but the senior doctor brushed me off as if he was in a hurry to move on.
	19/8/17	My CPAP machine was playing up turning on and off and when the power turns off the mask suctioned to your face and it feels like you can't breathe so i must have taken it off and then the machine turned itself back on while I was asleep (the machine had a fault so I got a new one from the sleep clinic the next day) and the night nurse came in and said DO YOU EVEN NEED IT, IT WASN'T EVEN ON YOU and I tried explaining, yes I need it and it was powering on and off and she was sniggering under her breath and the next morning she had a bad attitude so I told her to get out.
	22/8/17	The doctor had four people with him. I felt like a case study and not a person as he was talking to them. I was also honest and said occasionally I miss my asthma preventative meds. It felt like this was blamed for breathing issues and they didn't look any further.
	29/9/17	It is a small matter but I felt that despite the best efforts of the kitchen staff the meals arrived less than piping hot.
	29/8/17	We were in the surgery waiting room before c/section and staff member came into talk about a procedure to an elderly gentlemen and his wife we could all hear it and it was stuff that we should not have been listening to some of it being about sexual activity. I feel it was quite embarrassing for the couple and should have been discussed in private.
	25/8/17	To the best of my knowledge there were no discussion regarding my care.



Attitudes and behaviours
We want to see

Outcome
Everyone we come into
contact with will feel...

Attitudes and behaviours
We don't want to see

C Compassion

Cares about other people. Has empathy and understanding. Is calm and reassuring. Protects people's dignity.

Treats everyone with respect regardless of their views, role or background. Value differences. Culturally competent.

Notifies, acknowledges and appreciates people's efforts and achievements, gives praise, making people feel valued.

Cared for and respected

Treated with respect
and cultural sensitivity

Valued and engaged

Is rude, bullies, intimidates or humiliates. Creates anxiety. Doesn't act if someone's dignity is suffering.

Disrespectful, judgmental, makes assumptions about people. Gossips or talks behind people's backs. Rough behaviour.

Criticises people's efforts, takes people for granted, makes people feel undervalued, belittled or inadequate.

A All-one-team

Shares knowledge and information openly and honestly, clearly explains and updates people on what's happening.

Takes time to listen to others, is interested in their views. Invites people to ask questions and share concerns or ideas.

Involves patients, whānau and colleagues as equal partners. Builds teams and relationships to achieve the best outcomes.

Clear about what's happening

Listened to

Involved in a partnership model

Withholds knowledge and information, leaves people confused or in the dark.

Doesn't listen, talks over people, dismisses or puts people down, makes decisions without consultation.

Doesn't trust or involve people in things that affect them. Excludes, overrides, micro manages.

R Responsive

Friendly, polite, approachable, warm. Introduces themselves. Creates a happy environment. Smiles when appropriate.

Shows kindness. Is attentive to people's needs, supportive, helpful and willing. Often goes the extra mile for people.

Respects people's time. Plans ahead and co-operates so things run smoothly. Looks for efficient ways of doing things.

Positively welcomed

Supported, so they would want
to be cared for or work here

We are flexible and efficient,
and use resources wisely

Ignores people, snappy or aggressive tone of voice or behaviours, 'rushing' and saying "I'm too busy".

Passes the buck, says "it's not my job", unsupportive, does not take responsibility and leaves work for others.

Often late. Leaves people waiting unnecessarily or puts people under pressure with unrealistic timeframes.

E Excellence

Chooses to take a positive, will-do attitude. Looks for solutions. Uses positive words and actions to good effect.

Aims for the best results, always learning, developing skills, knowledge, and ways of doing things, and helping others to.

Consistently follows agreed, safe, best-practice.

Seeks, welcomes and gives constructive feedback, speaks up when they have a concern, coaches others' behaviour.

Part of a positive culture
of high achievement

Things are always improving

Safe

We are role models who
are open to feedback

A negative attitude, often moaning, complaining or grumpy. Focuses on problems.

Assumes they know best, resists change, not interested in learning or developing. Happy with 'good enough'.

Inconsistent, cuts corners, closed to new evidence.

Blames. Closed to feedback. By not speaking up about poor behaviour or unsafe practice they condone it.

