

Co-Design Partners in Care Patient Scheduling Capital and Coast DHB 13th September 2019



An update of progress made

- Getting Started – Engage –Plan of Care
- Focus groups , Joint, Discipline specific
- Gaining Understanding
- Patient Story present to the Hospital Board
12th December 2018
- Shared Learning and ideas –
- Vision/ Mission/Action / Clear Themes

2019
Monday 18 February

| Room | Patient | 8:00 | 8:30 | 9:00 | 9:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 1:00 | 1:30 | 2:00 | 2:30 | 3:00 | 3:30 | 4:00 | 4:30 | 5:00 | |
|------|-----------------------|------|------|------|------|-------|-------|-------|-------|-------|-------|------|------|------|------|------|------|------|------|------|--|
| 1 | Ms Chhima | | | | | | | | | | | | | | | | | | | | |
| 2 | M. Walker | | | | | | | | | | | | | | | | | | | | |
| 3 | Mrs Cashin | | | | | | | | | | | | | | | | | | | | |
| 4 | Mrs Minkulena | | | | | | | | | | | | | | | | | | | | |
| 5 | Mrs Pele TC1 15/2 | | | | | | | | | | | | | | | | | | | | |
| 61 | Mr Van Egmond-Honders | | | | | | | | | | | | | | | | | | | | |
| 62 | Mrs Marsters | | | | | | | | | | | | | | | | | | | | |
| 63 | Mrs Taufitu | | | | | | | | | | | | | | | | | | | | |
| 71 | Mr Valentine | | | | | | | | | | | | | | | | | | | | |
| 72 | Mr Hill | | | | | | | | | | | | | | | | | | | | |
| 73 | Mr Lumahetau | | | | | | | | | | | | | | | | | | | | |
| 74 | Mr Henry | | | | | | | | | | | | | | | | | | | | |
| 81 | Mrs Underhill | | | | | | | | | | | | | | | | | | | | |
| 82 | Mrs Simpson | | | | | | | | | | | | | | | | | | | | |
| 83 | Mrs Thorns | | | | | | | | | | | | | | | | | | | | |
| 84 | Mrs Barriball | | | | | | | | | | | | | | | | | | | | |
| -91 | | | | | | | | | | | | | | | | | | | | | |
| 92 | | | | | | | | | | | | | | | | | | | | | |
| -93 | Ms Felagai | | | | | | | | | | | | | | | | | | | | |
| -94 | | | | | | | | | | | | | | | | | | | | | |

Notes on board:

- push bring pt down for activities ↓
- Pts Attending Activities - Mrs Thorns (activity for day)
- Miss Minkulena
- Miss Simpson (referral required ↑)
- Ys to attend Falls Education
- Miss Simpson where Henry
- LOAN EQUIPMENT
- XXL sling
- Sensor mat ward 4
- Steady steady bariatric (over) shower chair
- ECC machine W15

What went well

- Planning Care – Focus
- Removing Barriers
- Linking SNAPS- Aroc
Data and Benchmarking
- Team engagement – re
grouping
- Clear Themes
- Sharing patient stories
- Recovery Focus



What was Challenging

- The Focus of the Project
- Road Map
- Goal of the service
- Clear responsibilities
- Changing Practice views and understanding
- Time and Resources



Message from Amanda

Hello- my name is Amanda and I'm sorry I can't be here today. I'm at Wellington Hospital all day so the team is kindly reading this out for me.

- I'm just 22 years old, but I've spent the last two and a half years recovering from a ruptured aneurysm in my brain. It's a hefty thing relearning how to eat, drink, breathe, see, and walk- but it's been a huge learning experience.
- I'm glad that at least, a lot of these experiences I've lived through can be rewarding and helpful in some way to improve the lives of other patients.
- I consider myself a bit of a professional at the patient experience- spending 5 months between Wellington and Kenepuru Hospitals.
- A lot of people say this: but my family isn't like other families. My dad works 50 hour weeks, my eldest sister flies all over the world as a free trade lawyer, my other big sister is special needs, and my mother doesn't work due to past health concerns and she spends her time running our family.
- My family and myself had distinct goals and hopes regarding my hospital stay and recovery. Goals and hopes that were very much self-motivated as I already had some set daily program, chosen for me and out of my control.
- About a year post-discharge I learnt about the co-design work happening at Kenepuru, and I was so happy that this was being addressed so strongly.
- The most distinct and rewarding parts of rehabilitation were those therapies that I, or my family, directly discussed with rehab staff: like baking, going for a walk through the garden and going to hydrotherapy sessions.
- My family all have hectic schedules but wanted to be able to spend as much time with me as possible, and they wanted to see me grasp back any aspect of my life and have some autonomy.
- This is what the patient bedside scheduling allows more than anything- for patients and the ones who know them best to make decisions about their own recoveries and express their own goals- what's most important to them and their families, and this being prioritised in our hospital stays.

Final Report

- complete and edited case study:
<https://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/Co-design-patient-scheduling-Jun-2019.pdf>

Highlights –

Team engagement with all parties – kept it real and focused on the consumers.

Enhanced communication and enabling co-design methodology

Questions ?

- Next Steps
- Keeping the feedback up to date and current ?
- Keeping the changes made to date?
- Moving to IT equipment to help i.e. iPad