



Quality
Innovation
Performance

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VICTORIAN-TASMANIAN
ALLIANCE

An Australian Government Initiative

Using Patient Experience for Continuous Quality Improvement

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This content is current at the time of recording – September 2020

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Acknowledgement

We acknowledge the Aboriginal and Torres Strait Islander Peoples as the Traditional Owners of the lands. We wish to pay our respects to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within our community.



Acknowledgement

This webinar has been developed by Eastern Melbourne PHN on behalf of the Victorian and Tasmanian PHN Alliance, which is a collective platform for the seven PHNs in Victoria and Tasmania.

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Disclaimer

The Commonwealth of Australia, Eastern Melbourne PHN, and the participating Victorian and Tasmanian PHNs do not accept any legal responsibility for any injury, loss or damage suffered as a result of the use, reliance upon, or interpretation of the information contained in this webinar. This webinar is to be used as a guide only and practices should read and refer to the additional accompanying resources and references.

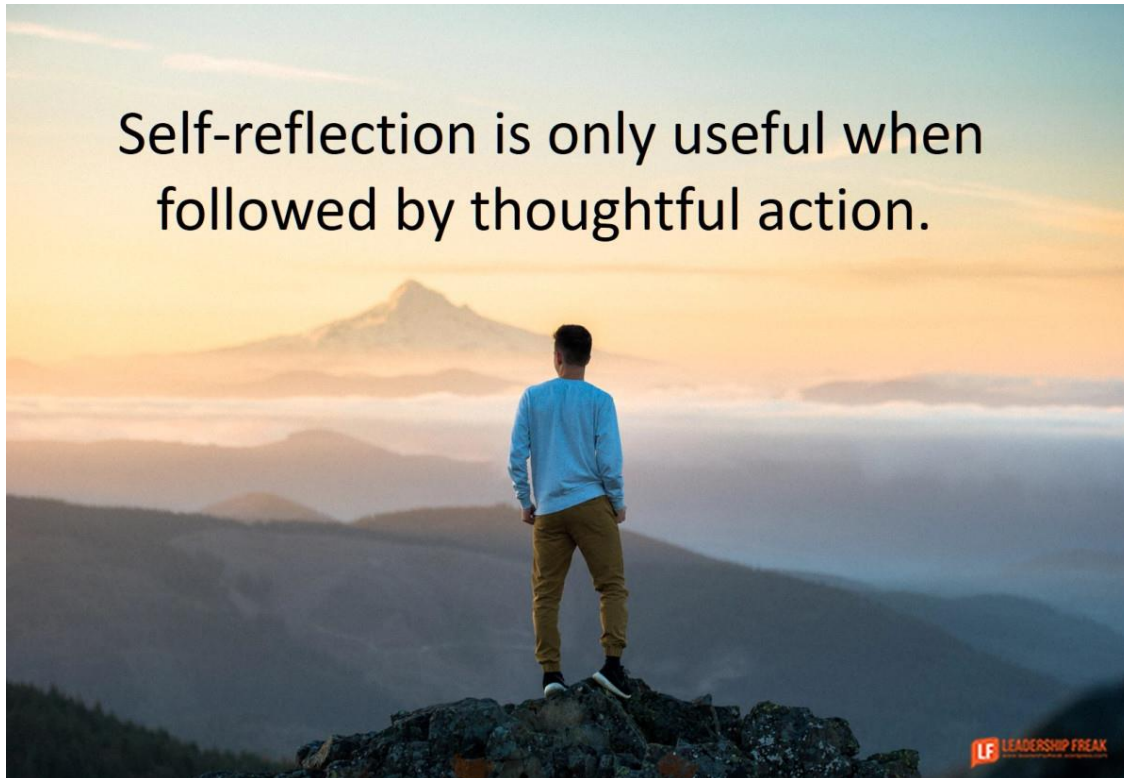


Learning objectives

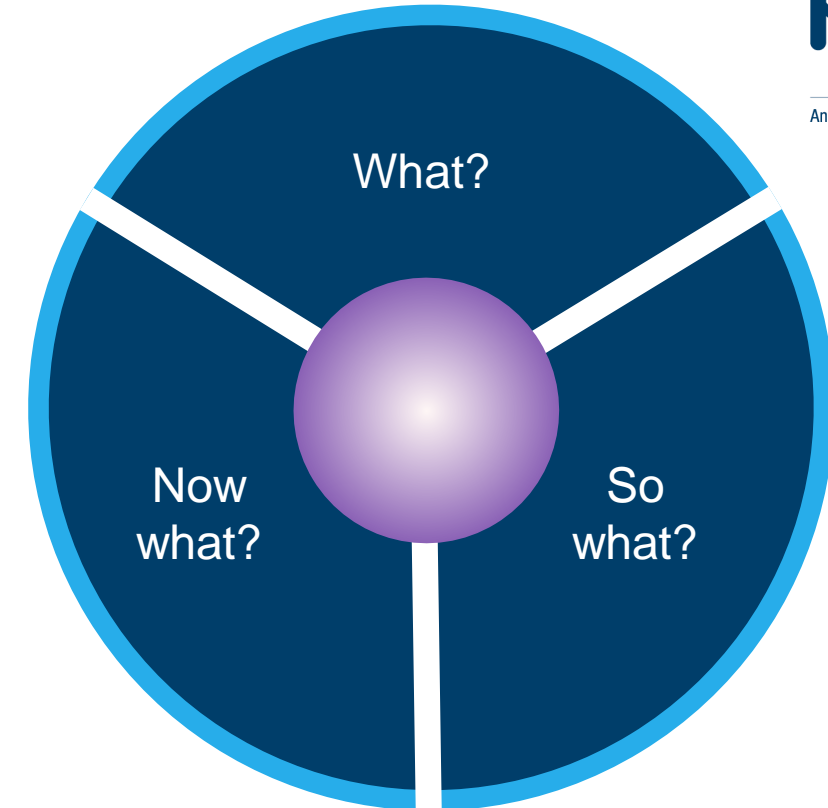
- Understand the importance of patient experience and how it differs from satisfaction
- List the factors that matter to patients
- Describe an overall approach to improving patient experience using the Australian Experience Based Co-design (EBCD) toolkit



Reflections on this webinar



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Strachan, Dorothy (2007). Making Questions Work: A Guide to How and What to Ask for Facilitators, Consultants, Managers, Coaches, and Educators. San Francisco, CA: Jossey-Bass.

<https://youtu.be/vGyjF9Ngd8Y>

What do we currently do to understand the patient experience?

Accreditation
Surveys

Happy or
Not?

Suggestions
and
comments

Complaints



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Consumer reflections

Health professional listened carefully



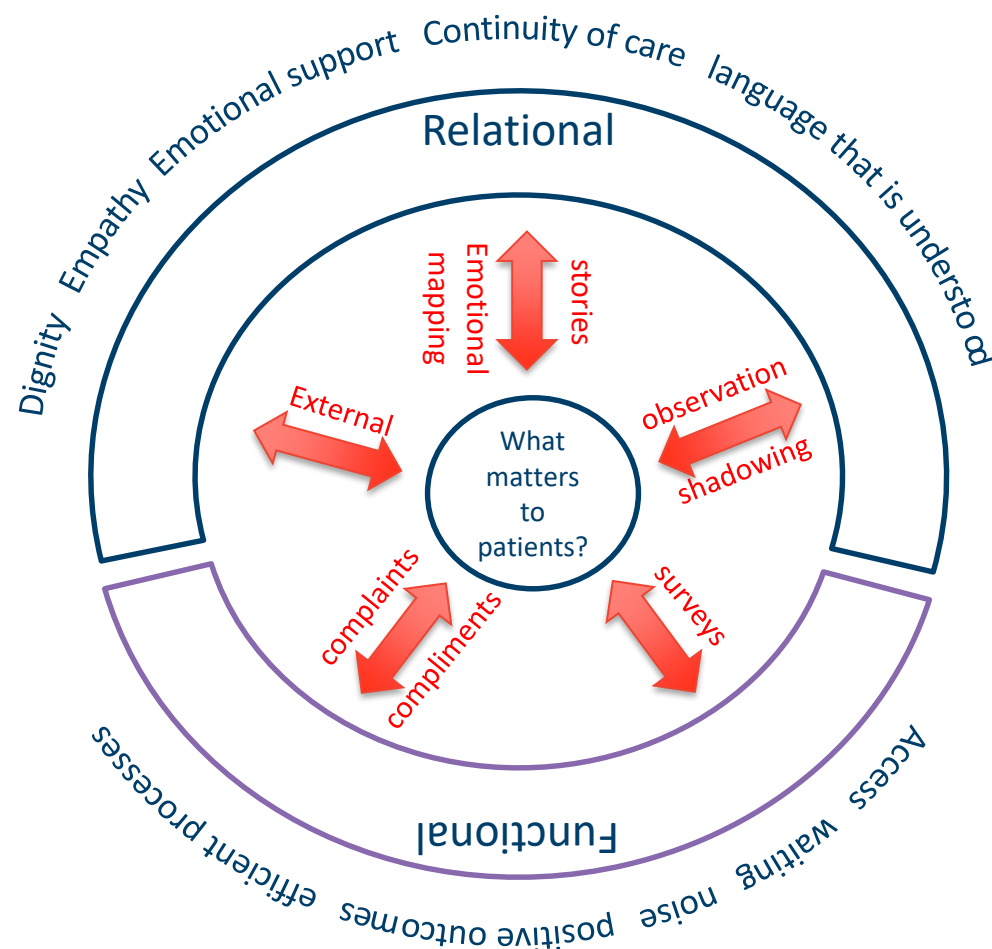
Health professional spent enough time with the patient



Health professional showed respect



What matters to patients?



- Feeling informed and being given options
- Staff who listen and spend time with the patient
 - “It’s impossible to overestimate the value of a really good, efficient, friendly receptionist”
- Being treated as a person, not a number
 - “Each patient is different my experience is not yours, and is not his”
- Patient involvement in care and being able to ask questions
- The value of support services, such a voluntary sector organisations, support groups etc
- Efficient processes that provide the patient with a sense of continuity of care
 - “Speed of access is an issue. It can take a long time to access help other than medications. But by the time people have plucked up courage to see their GP they may feel they need help quite quickly.”

Source: <http://bit.ly/whatmatterstopatients>

The Australian Charter of Healthcare Rights

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information,
ask a member of staff or visit
safetyandquality.gov.au/your-rights

Source: <https://www.safetyandquality.gov.au/sites/default/files/2019-06/Charter%20of%20Healthcare%20Rights%20A4%20poster%20ACCESSIBLE%20pdf.pdf>

Survey



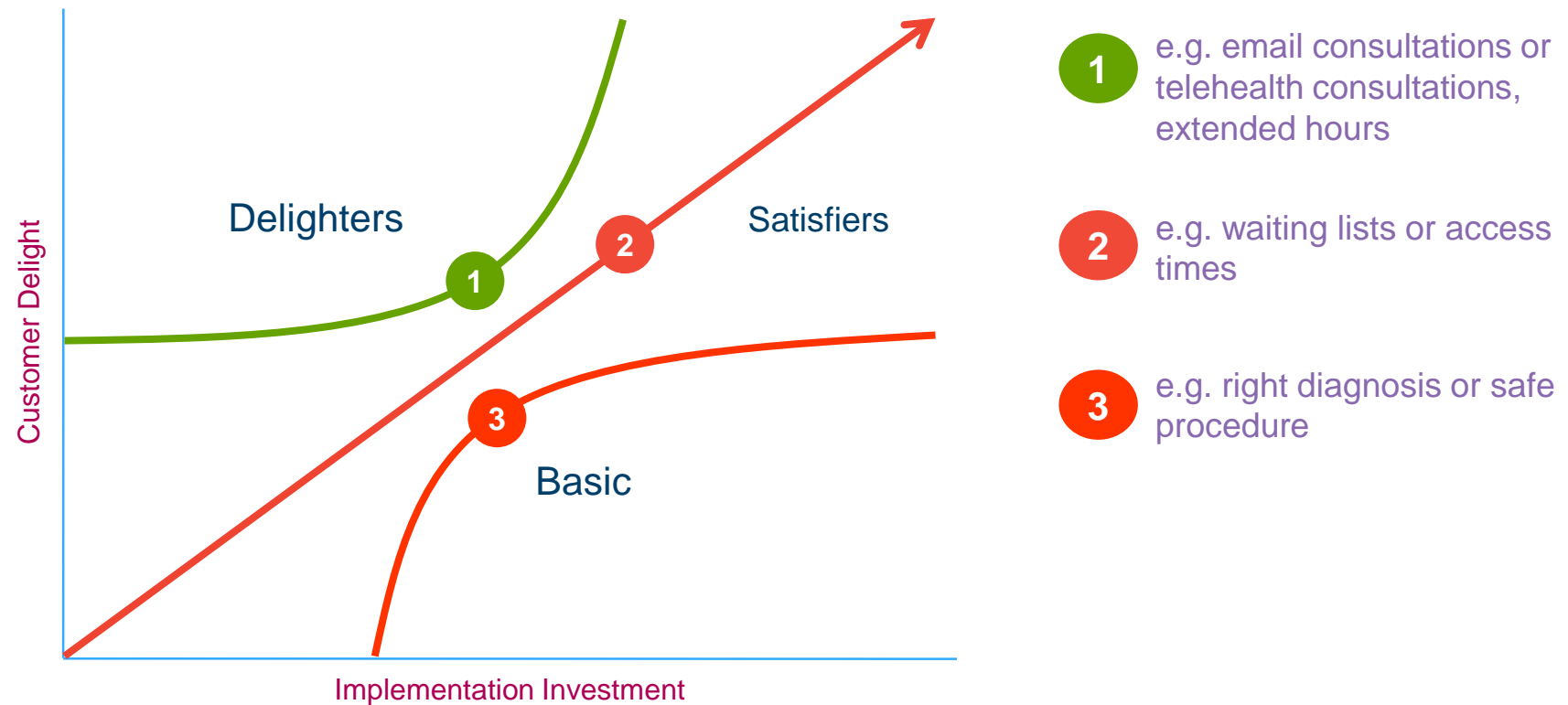
Performance Paradox

Performance + Engineering + Aesthetics

“Describing people as a percentage would dehumanise the physical impact on a real person, someone’s mother, father, sister or brother”

“What matters more than raw data is our ability to place these facts in context and deliver them with emotional impact”

The theory (Kano analysis)



Source: Jané AC, Domínguez SM. Citizens' role in health services: satisfaction behavior: Kano's model, part 1. Quality Management in Healthcare. 2003;12:64-71.

Experience vs Satisfaction

Most of the feedback we currently seek is asking people to cognitively describe their experience:

*e.g. Your experience of the way clinicians communicated with you at your last visit:
involved you in decisions.....Poor...Fair...Good...Very good...Excellent*

Fundamentally, it's about thinking about ourselves as a service and trying to measure the service.

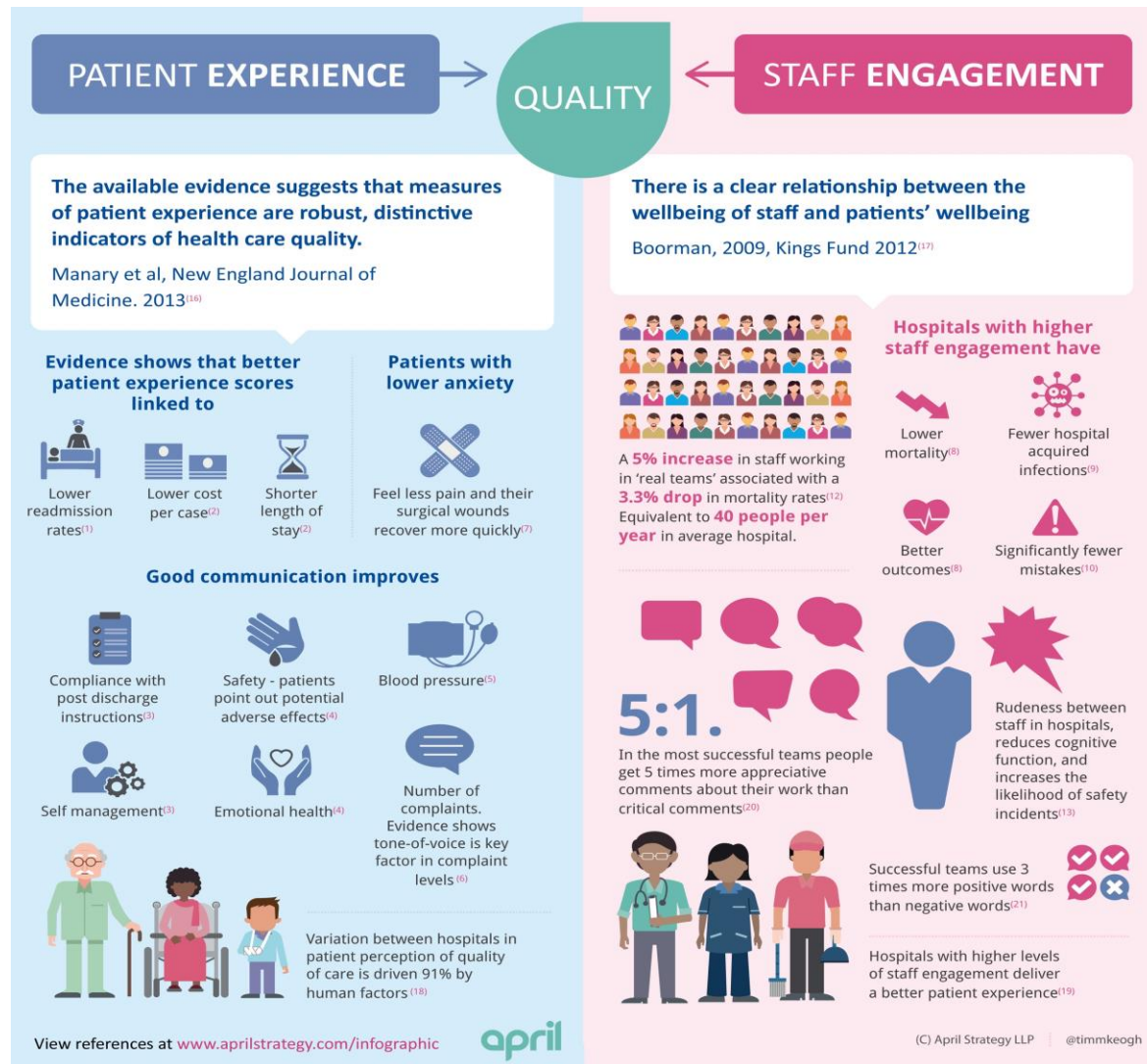
Instead of a service economy we can change our paradigm by thinking of ourselves as an experience industry.

“Experiences occur when an individual has been engaged in a personal and memorable way.....on an emotional, physical, intellectual or even spiritual level.”

(Joseph Pine, The Experience Economy)

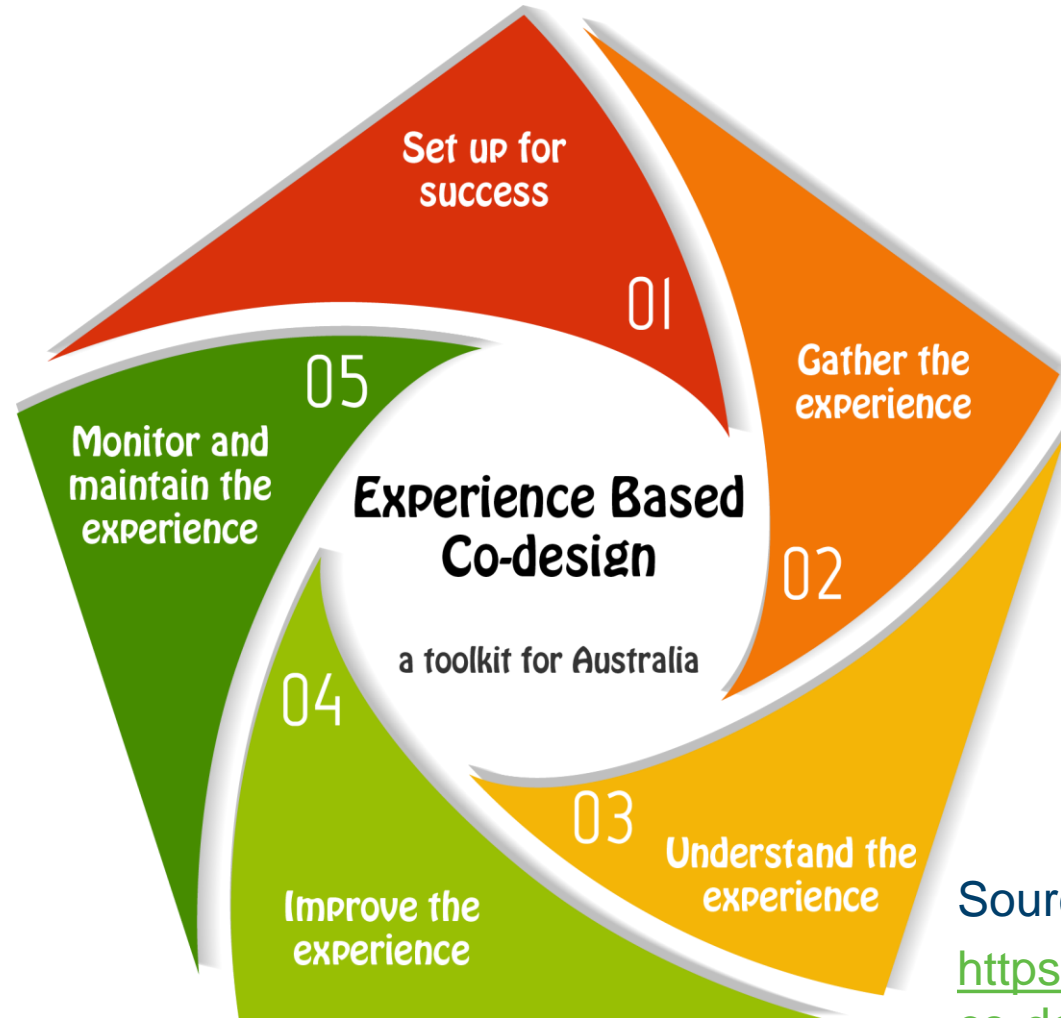


Why bother?



Source Tim Keogh, April Strategy LLP. The references in the infographic are available at <http://www.aprilstrategy.com/infographic/>.

Experience Based Co-design Toolkit



Source: Dawda P and Knight A.

<https://ahha.asn.au/experience-based-co-design-toolkit>

Setting up for success



- Engagement
- Deciding your EBCD approach
- NHS Sustainability Tool
- Senior leadership support
- Project management
- Start up workshop
- Planning workshop
- Codesigning visions
- Communication strategy



Problem statement
"It takes too long for patients to access their surgery - via the telephone"

Goal statement
To reduce the length of time it takes patients to access their surgery via the telephone



SOLUTION IDEAS

12.7.8 9.14.8

1. All phone lines open all day?
2. Next day booking. — urgent (link to 4)
3. ...

Acknowledgement: South Street Surgery, UK

Gather the experience



- Patient shadowing and observation
- Patient stories
- Real People, Real Data tool
- Videoing
- Interview staff
- Experience based surveys
- Conversation cards

"Designing a product is designing a relationship"
Steve Rogers

Design students from University of Canberra attended a GP clinic to undertake observation in the waiting room. After a careful analysis of activities, students identified potential problems to tackle. The observation process informed a separate project that was used at a consumer workshop to develop an interactive pod in the waiting room.

The consultation

Meet and Greet	Describing your symptoms and being able to ask questions.	The examination/ test	Being involved in decisions about your care	Information and next steps (eg whilst seeing the GP or nurse, information provided following consultation)
respected	respected	respected	respected	respected
pleased	pleased	pleased	pleased	pleased
valued	valued	valued	valued	valued
cared for	cared for	cared for	cared for	cared for
involved	involved	involved	involved	involved
not listened to	not listened to	not listened to	not listened to	not listened to
hurried	hurried	hurried	hurried	hurried
frustrated	frustrated	frustrated	frustrated	frustrated
anxious	anxious	anxious	anxious	anxious
Comments – we would also like to know why you felt like this.	Comments – we would also like to know why you felt like this.	Comments – we would also like to know why you felt like this.	Comments – we would also like to know why you felt like this.	Comments – we would also like to know why you felt like this.

Source: Productive General Practice, NHS

Understand the experience



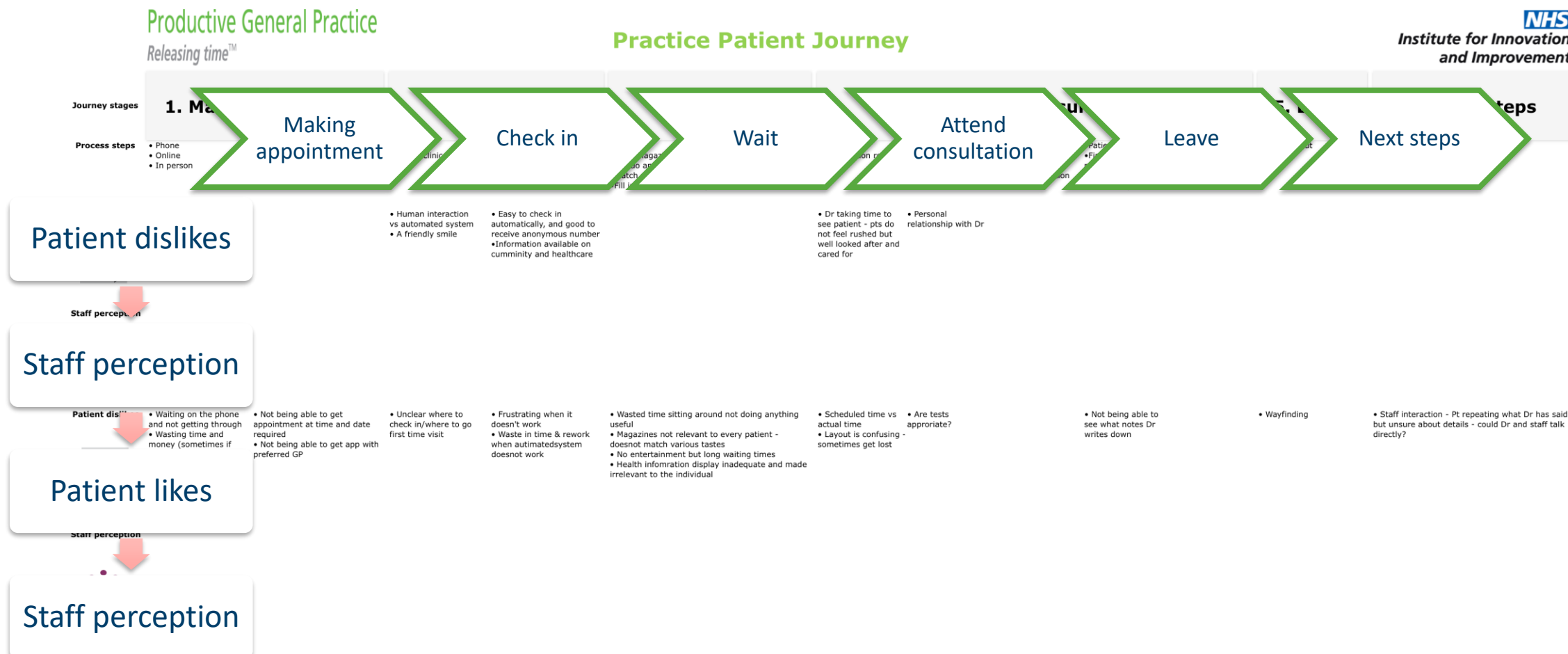
- Feedback events
 - patient
 - staff
 - joint
- Touchpoints and hotspots
- Patient journey mapping

"You never really understand a person until you consider things from his point of view... until you climb inside of his skin and walk around in it."

—Atticus Finch, in Harper Lee's *To Kill a Mockingbird*

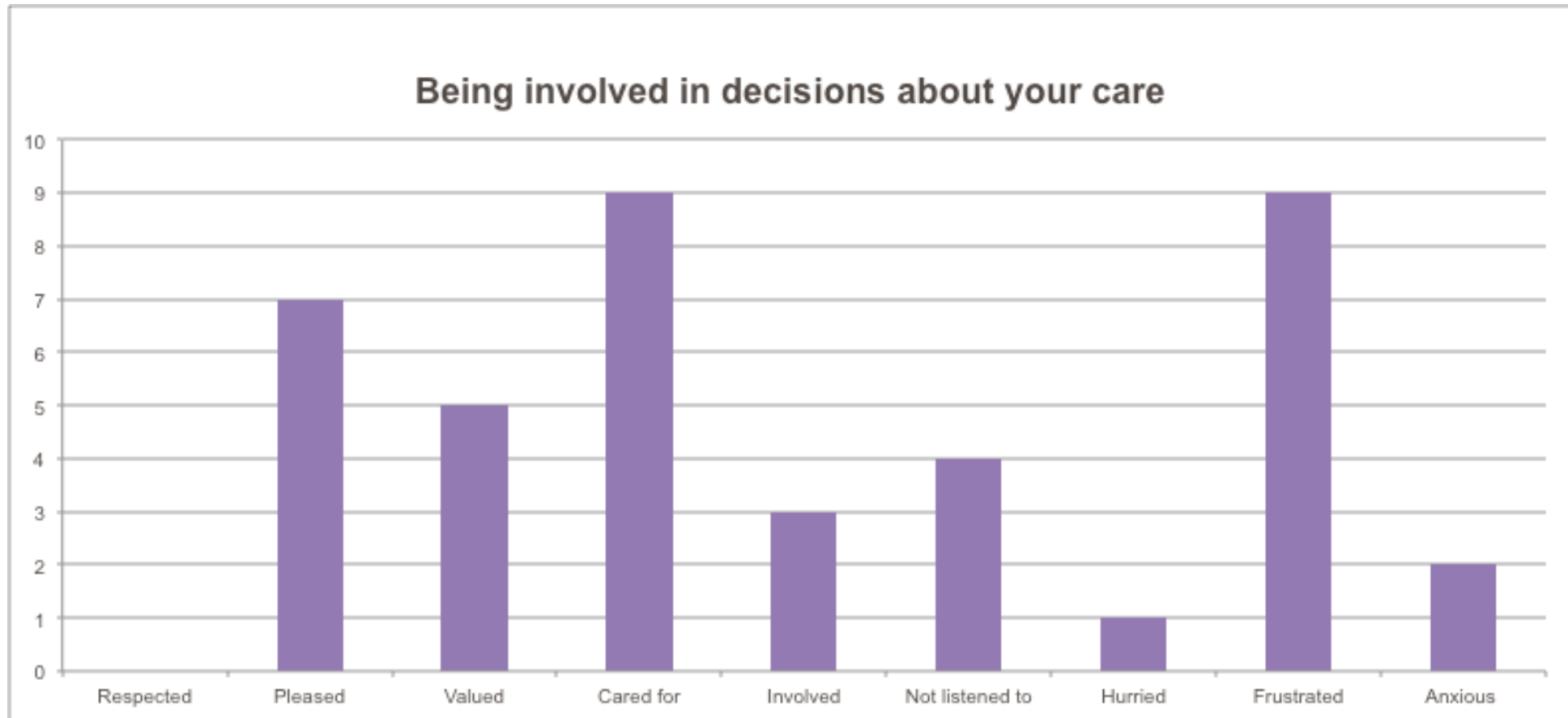
Mapping the Journey

Source: Productive General Practice and Experience Based Design. <http://bit.ly/prodgp>



Journey Stages	Access	Arrival and check in	Information	Departure and check out
Process Steps	<ul style="list-style-type: none"> • Telephone • Email • Walk-In • Ambulance 	<ul style="list-style-type: none"> • Present at Reception • Waiting Area • Read Magazine etc • Listen to Radio 	<ul style="list-style-type: none"> • Called by GP /Nurse • Walk to Consult Room • GP/Nurse takes info from patient • GP/Nurse gives advice/diagnosis / treatment options/ prescription / Referral 	<ul style="list-style-type: none"> • Make way back to Reception • Invoicing • Payments • Book further appointments
Module	<ul style="list-style-type: none"> • Front of House • Planning and Scheduling 	<ul style="list-style-type: none"> • Not do anything • Watch T.V /DVD (Kids) • Receptionist opportunity to cover admin issues • Fill in Practice form 	<ul style="list-style-type: none"> • Consultation • Prescriptions • Back Office 	<ul style="list-style-type: none"> • Collect prescriptions/ completed forms • General queries to Reception
Positive Comments	<p>I like the urgent clinic at least I know I will be seen</p>		<p>Good information by nurses with self management plans easy to understand</p>	
Negative Comments	<p>Cannot get through on phone x3</p> <p>No routine appts so have to present to acute clinic</p>	<p>Dr waffled too much, took too long and had forgotten care plan we discussed last time</p>	<p>Don't mind waiting for doctor for routine appt for 15-20 minutes but 1 hour is too long</p>	<p>Different information by doctors and nurses e.g. doctors tells me I will be rung when results are in and nurse tells me I have to ring in</p> <p>Cost</p>
Suggestions	<p>Phone appointments with GP would be helpful</p> <p>Email or phone consultation with GP would be appreciated</p> <p>Follow up of results via email or phone instead of drs visits</p>	<p>I would love a reminder when my script is due</p>		

No decision about me without me



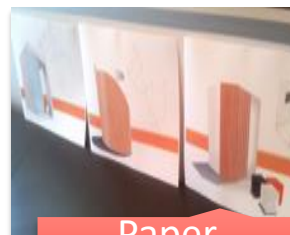
Improve the experience



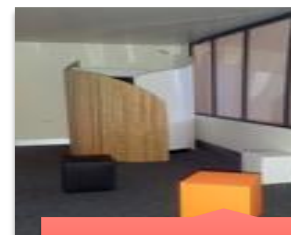
- Ideas group
- Stakeholder needs
- Scenarios and Personas
- SWIFT
- Prototyping
- Experience improvement sheet
- Group action statements

"Not every change is an improvement, but every improvement is a change"

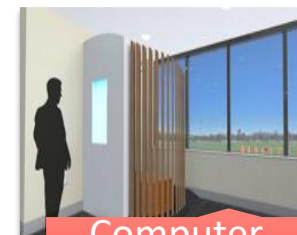
Harry Potter and the Methods of Rationality



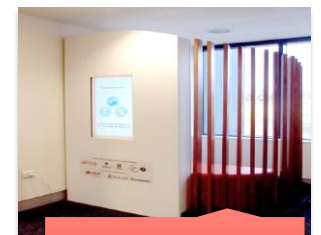
Paper
Sketches



Model



Computer
Graphics



Final product

Shared decision making in diabetes (1)

Daily Routine	Daily Sugar Testing (Monitoring)	Cost														
Metformin 	Metformin <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td></td><td></td><td>+</td><td></td><td></td><td>+</td> </tr> </table> Monitor 2 - 5 times weekly, less often once stable.	S	M	T	W	T	F	S	+			+			+	These prices are indicative only. For patients with Concessional, Repat, CTG and Safety net entitlement patients will generally pay \$5.90.
S	M	T	W	T	F	S										
+			+			+										
Insulin 	Insulin <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td> </tr> </table> Monitor once or twice daily, less often once stable.	S	M	T	W	T	F	S	+	+	+	+	+	+	+	Metformin (Generic available) \$20 per month
S	M	T	W	T	F	S										
+	+	+	+	+	+	+										
Pioglitazone 	Pioglitazone <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Monitor 3 - 5 times weekly, less often once stable.	S	M	T	W	T	F	S	+							Insulin (No generic available - price varies by dose) The cost of insulin is variable and depends on type and dose. As a general indication the price of most insulins are in the region of just over \$36.00.
S	M	T	W	T	F	S										
+																
Liraglutide/Exenatide Take in the hour before meals.	Liraglutide/ Exenatide <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td> </tr> </table> Monitor twice daily after meals when used with Sulfonylureas, as needed when used with Metformin.	S	M	T	W	T	F	S	+	+	+	+	+	+	+	Pioglitazone (No generic available) \$40 per month
S	M	T	W	T	F	S										
+	+	+	+	+	+	+										
Sulfonylureas 	Sulfonylureas <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td></td><td></td><td>+</td><td></td><td></td><td>+</td> </tr> </table> Monitor 2 - 5 times weekly, less often once stable.	S	M	T	W	T	F	S	+			+			+	Liraglutide/Exenatide (No generic available) \$40 per month
S	M	T	W	T	F	S										
+			+			+										
Gliptins 	Gliptins <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>+</td><td></td><td></td><td>+</td><td></td><td></td><td>+</td> </tr> </table> Monitor 2 - 5 times weekly, less often once stable.	S	M	T	W	T	F	S	+			+			+	Sulfonylureas (Generic available) \$20 per month
S	M	T	W	T	F	S										
+			+			+										
		Gliptins (No generic available) \$40 per month The above costs are based on PBS listings and do not include private prescription charges. The actual price paid may be higher.														

For more information visit <http://bit.ly/M7nNeU>

Diabetes Medication Choice

A guide to choosing the proper medication for you.

Metformin

Insulin

Pioglitazone

Liraglutide/Exenatide

Sulfonylureas











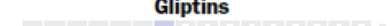

Gliptins

This information reflects the best available research studies. It was prepared by Mayo Clinic researchers without funding from makers of diabetes medication.

It has been adapted for use in Australia by Dr. Paresh Dawda with permission from Mayo Clinic. Please check costs prior for yourself prior to using.

Acknowledgement: Mayo Clinic, US. Adapted for use in Australia by Paresh Dawda with permission

Shared decision making in diabetes (2)

Weight Change	Low Blood Sugar (Hypoglycemia)	Blood Sugar (A1c Reduction)	Side Effects
Metformin  None	Metformin  No Severe Risk Minor = 0 – 1%	Metformin 1 – 2%	Metformin In the first few weeks after starting Metformin, patients may have some nausea, indigestion or diarrhea .
Insulin  4 to 6 lb. gain	Insulin  Severe = 1 – 3% Minor = 30 – 40% <small>(of those who experience minor hypoglycemia)</small>	Insulin Unlimited %	Insulin There are no other side effects associated with Insulin.
Pioglitazone  More than 2 to 6 lb. gain	Pioglitazone  No Severe Risk Minor = 1 – 2%	Pioglitazone 1%	Pioglitazone Over time, 10 in 100 people may have fluid retention (edema) while taking the drug. For some it may be as little as ankle swelling. For others, fluid may build up in the lungs making it difficult to breathe . This may resolve after you stop taking the drug. 10 in 100 people at risk of bone fractures who use this drug will have a bone fracture in the next 10 years.
Liraglutide/Exenatide  3 to 6 lb. loss	Liraglutide/Exenatide  No Severe Risk Minor = 0 – 1%	Liraglutide/Exenatide ½ – 1%	Liraglutide/Exenatide Some patients may have nausea or diarrhea . In some cases, the nausea may be severe enough that a patient has to stop taking the drug.
Sulfonylureas  2 to 3 lb. gain	Sulfonylureas  Severe = Less than 1% Minor = 21% <small>(of those who experience minor hypoglycemia)</small>	Sulfonylureas 1 – 2%	Sulfonylureas Some patients get nausea, rash and/or diarrhea when they first start taking Sulfonylureas. This type of reaction may force them to stop taking the drug.
Gliptins  None	Gliptins  No Severe Risk Minor = 0 – 1%	Gliptins 0.5 – 1%	Gliptins A few patients may get nose and sinus congestion and headaches.

Acknowledgement: Mayo Clinic, US. Adapted for use in Australia by Paresh Dawda with permission

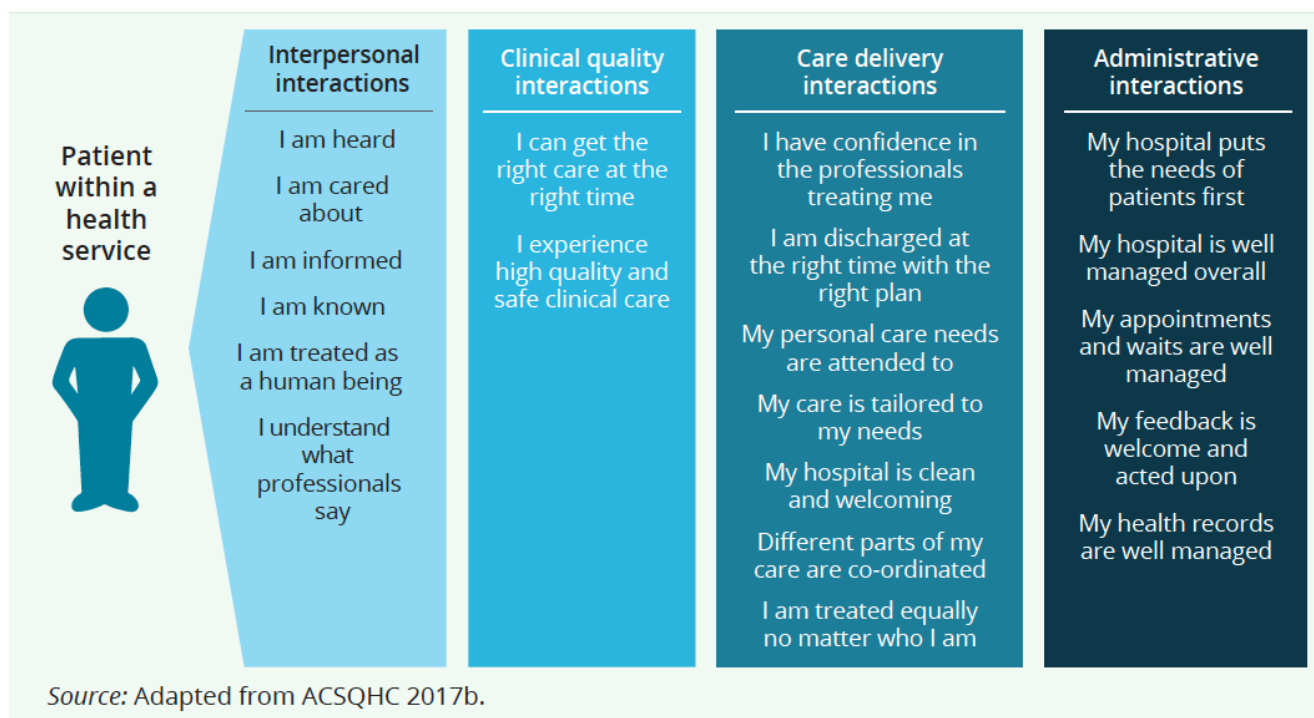
Monitor and maintain



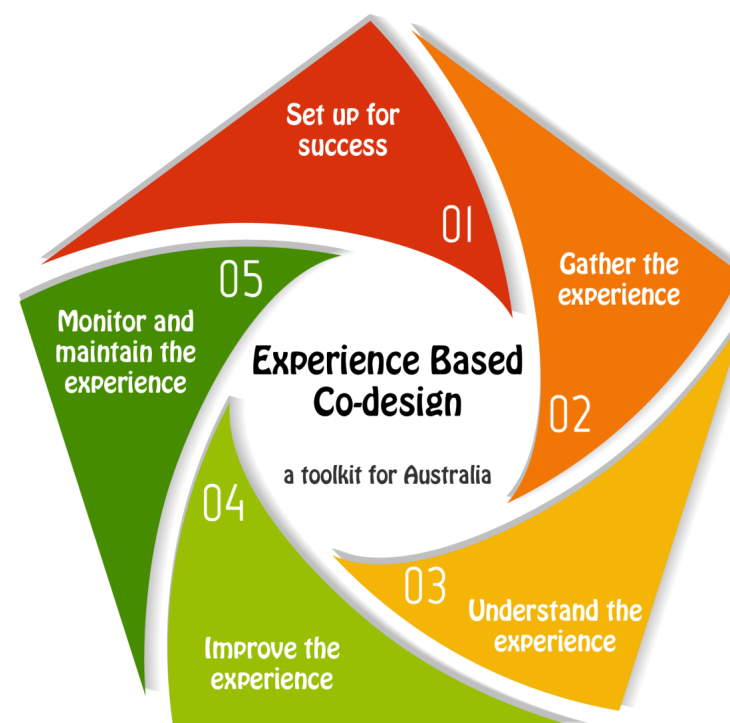
- Dissemination
- Celebration events
- The biggest difference
- Service blueprints

Summary

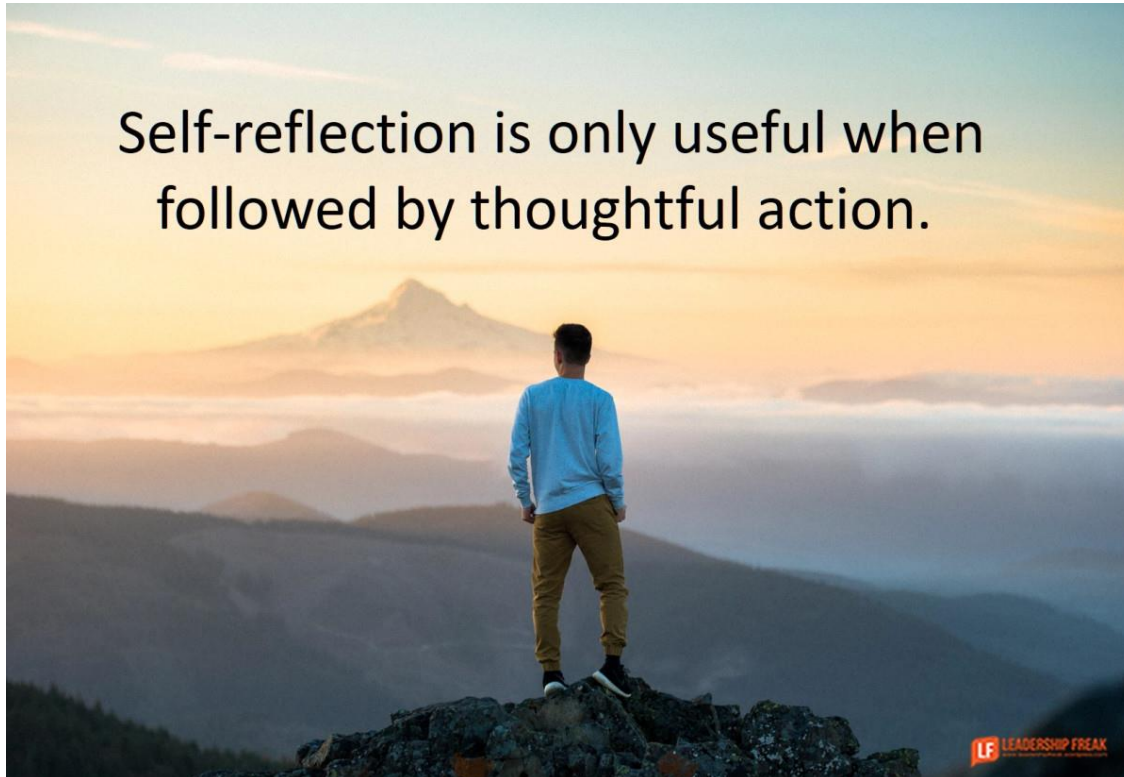
Experiences and satisfaction are not the same thing



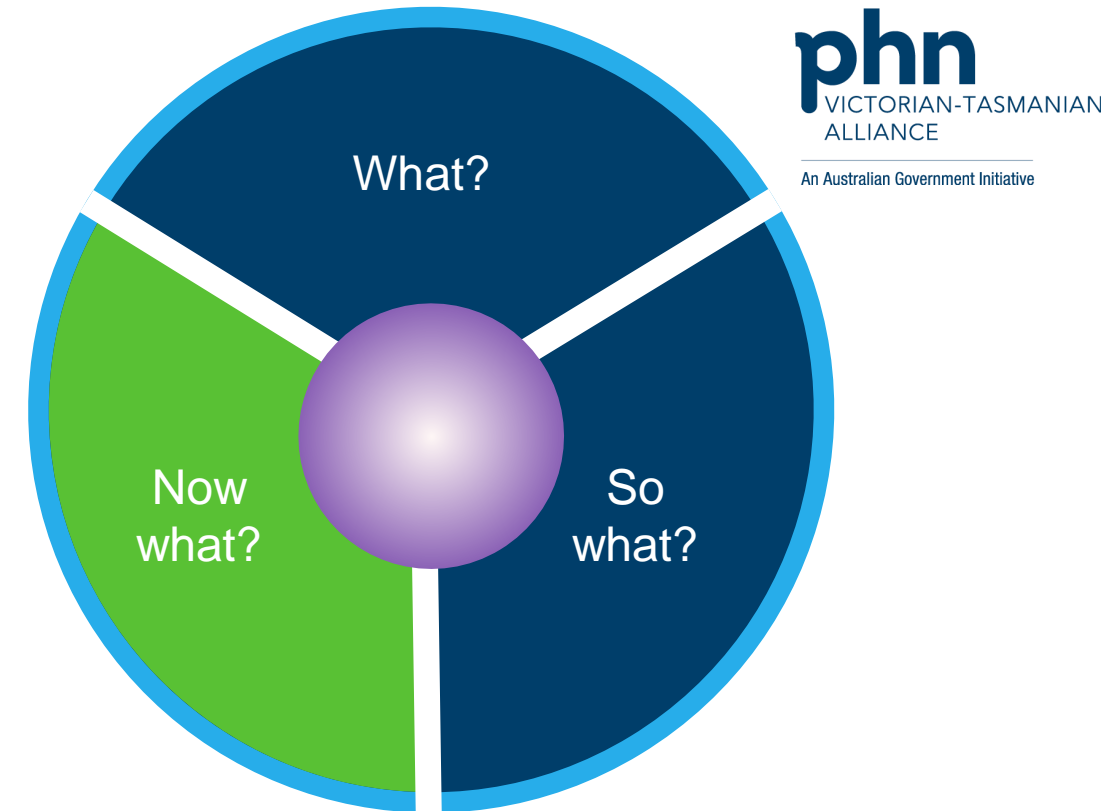
Australian Institute of Health and Welfare 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221.



Reflections on this webinar



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Strachan, Dorothy (2007). Making Questions Work: A Guide to How and What to Ask for Facilitators, Consultants, Managers, Coaches, and Educators. San Francisco, CA: Jossey-Bass.

<https://youtu.be/vGyjF9Ngd8Y>

Resource

Australian Experience Based Toolkit

- <https://ahha.asn.au/experience-based-co-design-toolkit>

NSW Agency for Clinical Innovation Patient Experience and Consumer Engagement

- <https://www.aci.health.nsw.gov.au/networks/peace>

Consumer enablement

- <https://www.aci.health.nsw.gov.au/networks/primary-care/consumer-enablement>



This initiative has been funded by the Australian Government under the PHN program.

