

Coordination of care

Service integration, and the experience of seamless integrated services, is a key strategic theme for Auckland DHB. We perform well in this domain in an outpatient setting with one in every two outpatients rating our care as ‘excellent’ with a consistent trend upwards.

We can see statistically significant improvements in nearly every area we measure around coordination of care (coordination prior to coming to clinic, explaining plan of care, discussing what patients should and should not do, discussing what to look out for and who to contact). The only exception to this is discussing medication, which has stayed stable.

Women’s Health shows particularly strong improvement with an eight-point gain (27 – 35%) of patients rating their ‘prior to clinic’ coordination as excellent. A testament to the effort going into supporting women in the community through improvements in our community based lactation services and more integrated Maori multidisciplinary team.

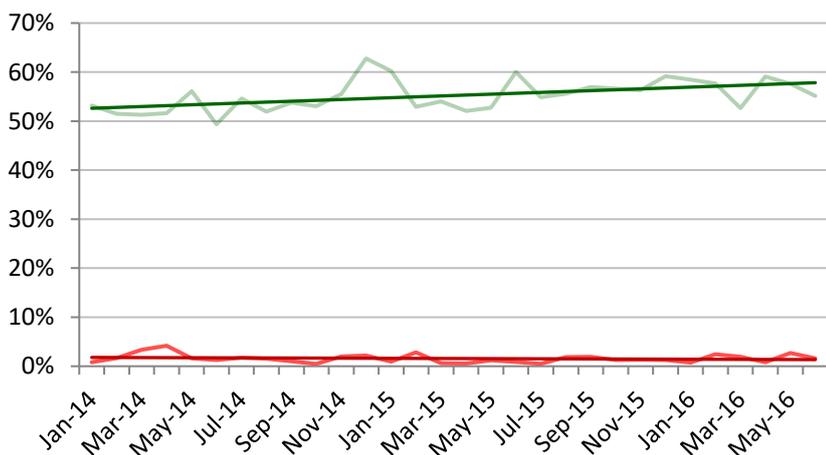
Interestingly, it seems to be a case of – when coordination goes well, it goes very well – there is good information sharing, service coordination and the appointment process is a breeze. However, because there are so many different moving parts involved in coordination of care, it just takes one part of the system to fail - when information isn’t shared, services are not coordinated, appointments are delayed or referrals lost - to cause annoyance and frustration, particularly when patients then have to spend time sorting out issues themselves or following up on things that they had been promised would happen or that they had an expectation would happen.

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

OVERALL RATINGS

Our “excellent” ratings continue to trend upwards from an average of 53 percent in 2014, to an average of 55 percent to May 2016.

OUTPATIENT OVERALL EXPERIENCE OF CARE RATING, JAN 2014 TO MAY 2016 (n=12401)



TOP THREE

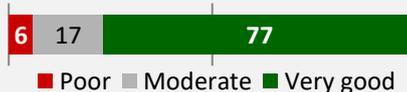
Our outpatients are asked to choose the three things that matter most.

1. Information (67%)

Getting good information is the aspect of our care most patients (67%) say makes a difference to the quality of their care and treatment.

“Dr could slow down when explaining as it is new territory for patient so quite a bit to process in a short space of time.”

How are we doing on information?



2. Organisation (54%)

For more than half of all our patients (54%), organisation, appointments and correspondence matter to the quality of their care and treatment.

“The people in clinic made me feel important when I had come up to the reception. They communicated well to follow up if there is anything else they could do for me while waiting.”

How are we doing with organisation?



3. Confidence (51%)

Half our patients (51%) rated having confidence in their care and treatment as one of the things that make the most difference.

“The specialist was well read on my case. I felt I had complete freedom to ask anything and was given open answers.”

How are we doing with confidence?



A focus on coordination

Those who take part in the Outpatient Experience survey are asked to rate the coordination of care between the clinic, GP and other services prior to clinic. They are also asked to rate the quality of the information and explanations around their plan of care, medication, who to contact, and what to look out for.



20 percent of our outpatients say that coordination of care between the clinic, GP and other services is one of the three things that makes the most difference to the quality of their care & treatment

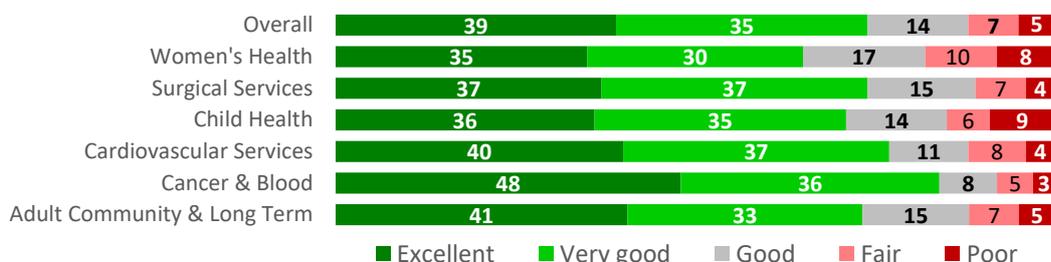
HOW ARE WE DOING?

The following data from the period June 1, 2015 to May 31, 2016 have been compared with data from the previous outpatient coordination report, in September 2014, in order to establish whether there have been any significant changes. Please note that 'not applicable' answers have been removed from these data and the data recalculated.

Prior to Clinic

Three-quarters of patients rated the coordination of care between the clinic, GP and other services before they came to the clinic as very good or excellent, an improvement of 4 percentage points since the last report in September 2015. Both Cancer & Blood and Women's Health also experienced statistically significant improvements in their excellent ratings, from 44% to 48% and 27% to 35% respectively.

Patient ratings of coordination of care between the person who referred them, the clinic and other services before they came to the clinic (%).



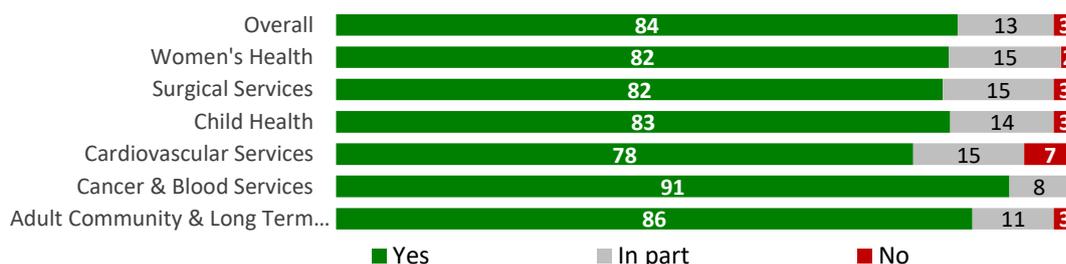
4%
improvement in overall 'excellent' ratings prior to clinic since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=579; Cancer & Blood services n=972; Cardiovascular services n=182; Child Health n=550; Surgical services n=2075; Women's Health n=657, Overall n=5015

Plan of care

The percentage of patients who say staff discussed their plan of care in a way they could understand has increased by two percentage points since the previous report on coordination. Surgical services were the only directorate to have a statistically significant improvement; up three percentage points from 79 to 82 percent.

Percentage of patients who say staff discussed plans of care in ways they could understand

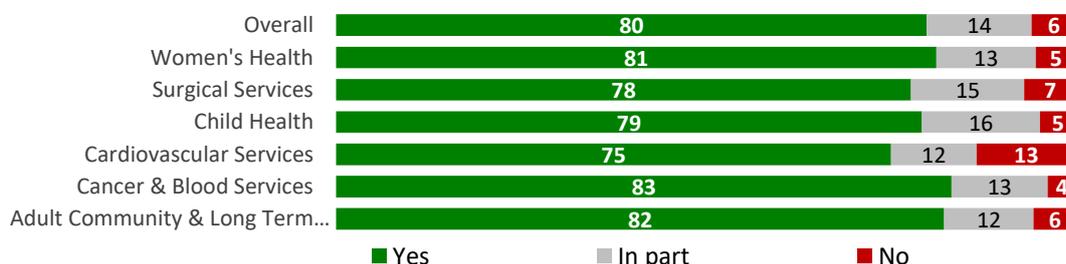


2%
improvement in discussion of plan of care since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=570; Cancer & Blood services n=985; Cardiovascular services n=171; Child Health n=593; Surgical services n=2031; Women's Health n=635, Overall n=4985

What to do

Percentage of patients who say staff discussed what they should and should not do in ways they could understand

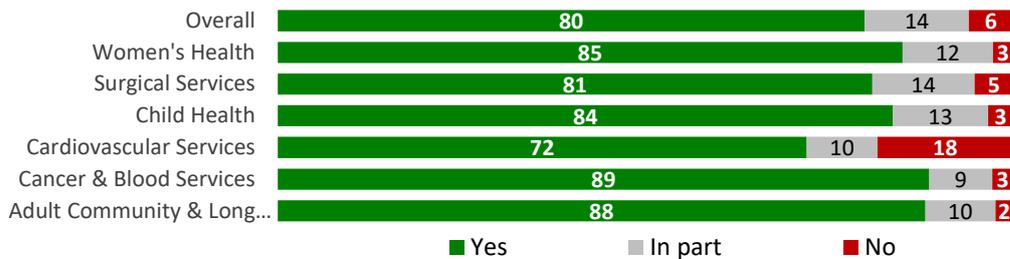


3%
improvement in discussion of what to do since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=539; Cancer % Blood services n=910; Cardiovascular services n=156; Child Health n=552; Surgical services n=1847; Women's Health n=588, Overall n=4592

Medication

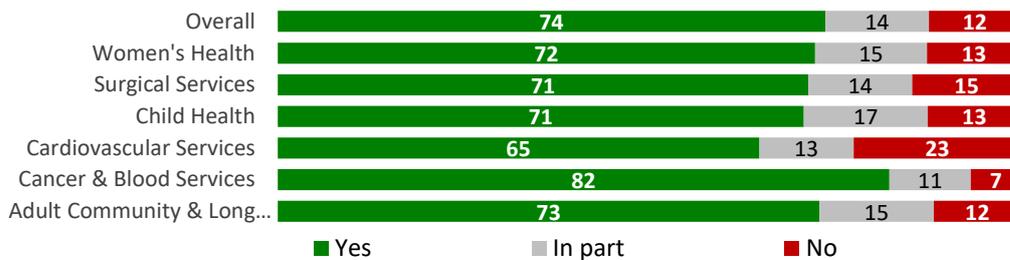
Percentage of patients who say staff discussed medication in ways they could understand



There is no statistically significant improvement in the percentage of patients who say staff discussed medication in ways they could understand.

Adult community and long term conditions n=461; Cancer & Blood services n=783; Cardiovascular services n=114; Child Health n=325; Surgical services n=1384; Women's Health n=366, Overall n=4592

Percentage of patients who say staff discussed what to look out for and who to contact in ways they could understand

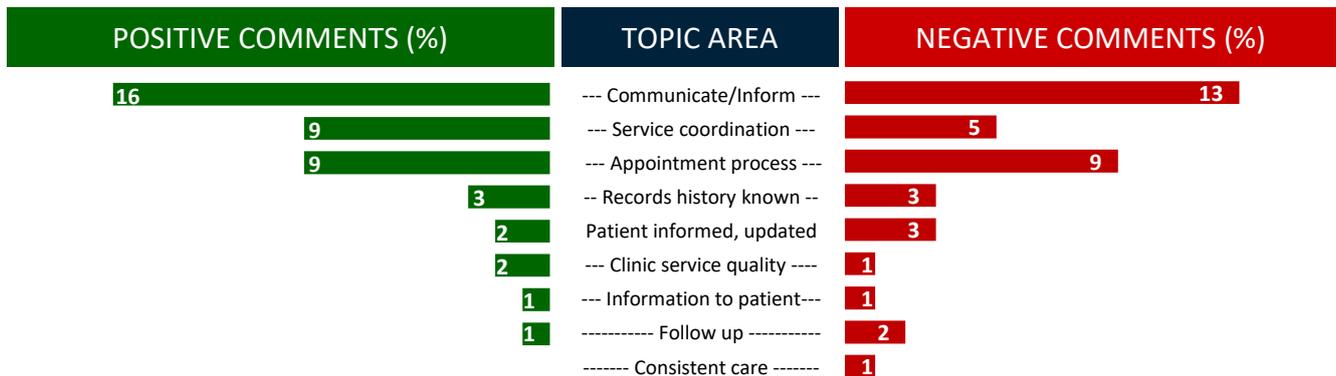


3% improvement in discussion of what to look out for since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=502; Cancer & Blood services n=920; Cardiovascular services n=142; Child Health n=541; Surgical services n=1744; Women's Health n=545, Overall n=4394

A closer look at patient comments

A total of 871 outpatients commented on coordination of care. Just over half (54%) of the comments were positive, whilst the remaining 46 percent of the comments were negative.



PATIENT COMMENTS

GOOD APPOINTMENT PROCESS (9%)

Nearly one in ten patients commented on how well the appointment process went, particularly the speed between referral and appointment, or between consultation and onward referral.

With my referrals to ADHB I was given an approximate time that I would be seen which was great for planning work/family commitments. And all the appointments ended up being within the approximated time frames.

Many respondents found the appointment process seamless and efficient. Those from out of Auckland particularly appreciated how their needs were taken into account.

My appointment was at Greenlane and my follow-up appointment for a pre-surgery was in [another city] to save me waiting in Auckland for most of the day. All very convenient and efficient and appreciated.

POOR APPOINTMENT PROCESS (9%)

A poor appointment process for patients is when they have to follow up things they were told would be taken care of, when there is an unanticipated delay between referral and appointment, when referrals are lost, or when appointments are postponed or changed at the last minute which makes it difficult to make arrangements or upsets existing arrangements (i.e. work, travel and childcare).

I was told by Dr he would refer me to the hospice services but I waited maybe two weeks to hear from them and didn't and finally made that contact myself thru' the local phone book. They had not had any contact about me.

The setting up of the appointment and the arrangements seemed very haphazard. Presumably you have a system but it is hard to work out what it is.

Please do not postpone appointments. It's difficult to arrange day off.

PATIENT COMMENTS (cont...)

GOOD INFORMATION SHARING BETWEEN SERVICES (16%)

The largest percentage of positive comments were from patients who were impressed with the information flow and sharing between their GP, the ADHB and other services. Many commented on how this helped them feel confident about their ongoing treatment and that everyone understood their medication and history.

Throughout this whole process and with all the people concerned (booking staff, administrators included) I have experienced a cohesive well informed body of professionals, who all know about my particular health condition, and share the information with each other in a manner that has provided me with easy access to finding out what next, but more often than not - being informed of my where to next.

A number of patients liked that they could see their records and history on the computer

The doctor in front of me seems to have full electronic access to clinical reports prepared previously or by other departments

The Specialist was always happy to show me my files on the computer and I could see that there was good communication between my GP and hospital services...

GOOD COORDINATION BETWEEN SERVICES (9%)

Nearly one in every 10 patients commented positively on the good coordination between services. For many this meant that their time at the outpatient clinic was spent efficiently. For others, it meant that follow-up was seamless and well organized.

Good coordinated approach between district nurses, clinical nurse specialist and specialist team.

The co-ordination between [a number of different services] has been superb. We feel like we're on a conveyor belt into good health.

The Nurse Specialist ensured that two clinics happened together - this is brilliant as it gives a holistic approach to my son's care. Also saved in extra clinic times and travel/school leave for my son - definitely a win-win for my sons health and time...

OTHER

Patients also appreciated it when:

- All services and staff they dealt with appeared to be well informed about their clinical records/patient history (3%)
- They were kept informed and updated about what was happening, and when (2%)
- They received efficient and timely service at the clinic (2%)
- They were given information and guidance around how to manage their condition (1%)

LITTLE OR NO INFORMATION SHARING BETWEEN SERVICES (13%)

Poor or non-existent sharing of information was a source of ongoing frustration for at least one in every 10 respondents. Many of these have to explain their treatment to their GPs, and many worried that they were not able to communicate this properly. A number of patients talked about spending large amounts of time between services following up information and ensuring that each service has a copy.

ADHB and [another DHB] should communicate with each other about my eligibility to avoid my having to run about getting documentation that has already been provided several times.

A small number of patients spoke about how neither they or their GP had been given information on potentially serious conditions.

[My outpatient clinic doctor] asked me "how is your diabetes going?" I was shocked and told her I didn't have diabetes. She told me I did as per my last blood test. I had had a blood test about 3 months earlier to check for diabetes and no one had passed on my test results to my GP. I went to see my GP to clear it all up and she was gobsmacked as to why she was not informed.

POOR OR LIMITED SERVICE COORDINATION (5%)

A number of patients spoke of their frustration over the lack of coordination between services, often resulting in them attending multiple appointments across a number of days, not receiving test results, not receiving appointments they were told would happen, or having to follow up with multiple teams and services.

In one appointment a staff member saw something but told me this would have go back to my GP as it was 'another departments job' and they wouldn't be able to cross refer me. Stressful.

I took it upon myself to write an email connecting all the teams together who are working with me in the ADHB and including my Cancer Society Team, Hospice Team, Rehab and my GP. That was a rather effective exercise and brought the teams together quite rapidly [although there have been] many issues along the way.

OTHER

Patients ask that we also:

- Ensure that all those involved in their care and informed and updated on their care, clinical notes and medical history (3%)
- Make sure follow-up to different services occurs, particularly when this is promised (2%)
- Keep them informed and updated as to any delays or if awaited test results turn up (1%)