

## Support from whānau, family, friends

Family-centered care is defined as an approach to healthcare that is respectful of and responsive to individual families' needs and values. Enabling support from whānau, family and friends is something we do particularly well; nine out of 10 outpatients (91%) who say this dimension of care is important to them rate our performance on this measure as 8-10 on a 10-point scale.

It is worth noting that not all patients want or need their whānau, family or friends to be involved in their healthcare. When they do, however, their comments show that treating their support people as a key part of their healthcare team is important to their positive experience of care.

Enabling support from whānau, family and friends is particularly important to our Maori and Pasifika patients, who are twice as likely to say this is one of the three things that makes the most difference to their care than are other patients. They are also, however, slightly less likely than other patients to say that whānau, family and friends were made to feel welcome and that they were given the opportunity to speak with a doctor when they wanted to.

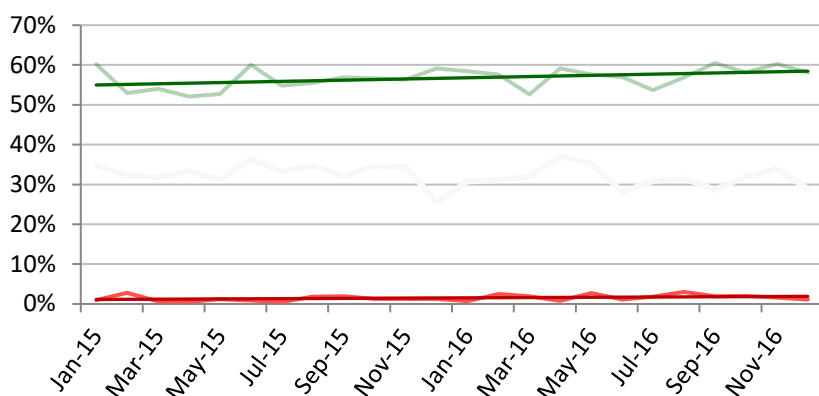
Learning from the experience of patients and whānau is essential in designing our outpatient services of the future. As we look to meet the challenges of a diverse and growing Auckland, it is important that patients, whānau and our community help to shape how we deliver care, whether that be in our traditional outpatient clinics or taking advantage of new technology and different settings to provide the best possible service. We have commenced the Outpatient Models of Care programme which will work with hospital-based services, primary care, patients and whānau to look at new and innovative ways to provide outpatient care in a way that is sustainable and meets the needs of the communities we serve.

**Margaret Dotchin** *Chief Nursing Officer*

### POOR AND EXCELLENT RATINGS @2 YEARS

Our "excellent" ratings continue to trend upwards and now average 56%, whilst our "poor" ratings have stayed largely static. The differences are significant and sustained when demographic factors such as the age and gender of respondents are controlled for.

#### OUTPATIENT OVERALL EXPERIENCE OF CARE RATING BY DIRECTORATE, JAN 2015 TO DEC 2016



### TOP THREE

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

#### 1. Information (66%)

Getting good information is the aspect of our care two thirds of patients (66%) say makes a difference to the quality of their care and treatment.

*"Doctor communicated in a way to make me feel consulted rather than talked at and was comfortable using medical language when appropriate."*

##### 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.

*"I waited over an hour to see the doctor beyond my appointment time, it would have been helpful if someone had explained that this would happen, and I would have been feeling less anxious."*

##### How are we doing with organisation?

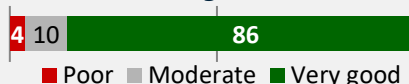


#### 3. Confidence (51%)

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

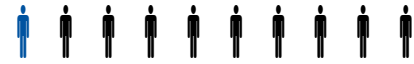
*"It is apparent to me that whoever I dealt with had read my somewhat extensive file and understood what treatment I required..."*

##### How are we doing with confidence?



# A focus on enabling support

Overall, five percent of respondents to the outpatient experience survey say that enabling support from whānau, family and friends is one of the three things that makes the most difference. Note, however that twice as many Māori and Pasifika patients (11%) say this is important to them.



One in every 20 outpatients (5%) say that enabling support from whanau, family and friends is one of the three things that makes the most difference to the quality of their care & treatment.

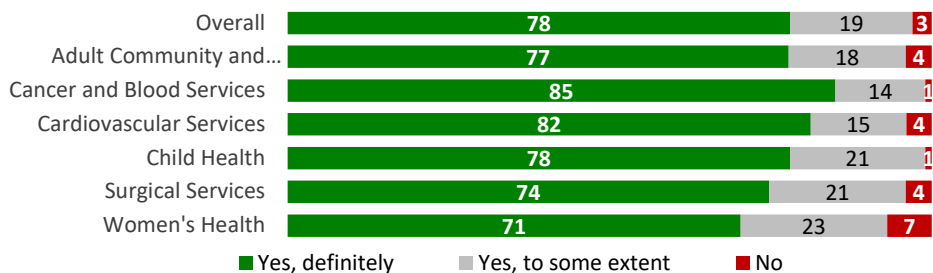
## HOW ARE WE DOING?

The following data from the period August, 2014 to July 2016\* have been compared with data from the year to July 2014 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.

### SUPPORT PEOPLE SPEAKING WITH MEMBERS OF THE HEALTHCARE TEAM

*There has been an overall improvement of four percentage points in the percentage of patients who say their support people could 'definitely' talk with their healthcare team (from 74% to 78%) since July 2014. Note that ratings for all directorates on this measure have trended upwards, with a significant improvement for both Child Health and Surgical Services directorates.*

#### Percentage of patients who say their support people could talk with a doctor



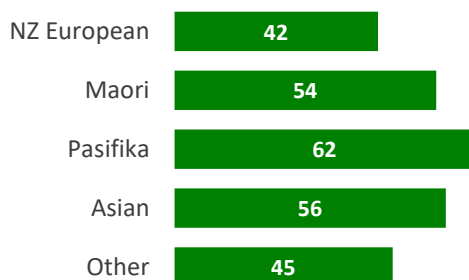
**4% improvement**  
 in overall ratings since July 2014, with significant improvements for both Child Health (+8) and Surgical Services directorates (+5). The difference is significant (p<0.05).

Adult Community and Long-term Conditions n=246; Cancer and Blood Services n=1306; Cardiovascular Services n=217; Child Health n=739; Surgical Services n=1736; Women's Health n=434, Overall n=4733

### SUPPORT PEOPLE SPEAKING WITH A DOCTOR, BY ETHNICITY

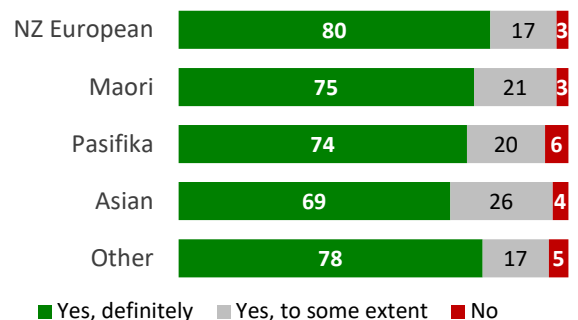
*Not all patients want their whānau, family or friends involved in their healthcare. Overall, just over half of patients said their whānau, family and friends were either not involved, did not want or need information, or they did not want them involved in their healthcare. What is interesting is when we compare ethnic groups by those who want or need their whānau, family or friends to speak with a doctor, against those who say they had a chance to do so. As an example, Pasifika and Asian people are most likely (62% & 56%) to say they have support people involved in their care, yet less than three quarters say these support people 'definitely' had a chance to speak with a doctor.*

#### Percentage of patients who say support people are involved, by ethnicity



Overall n=4733; NZ European n=3147; Maori n= 430; Pasifika n=389; Asian n=559; Other n=700. The differences between groups are significant

#### Percentage of patients who say their support people could talk with a doctor, by ethnicity



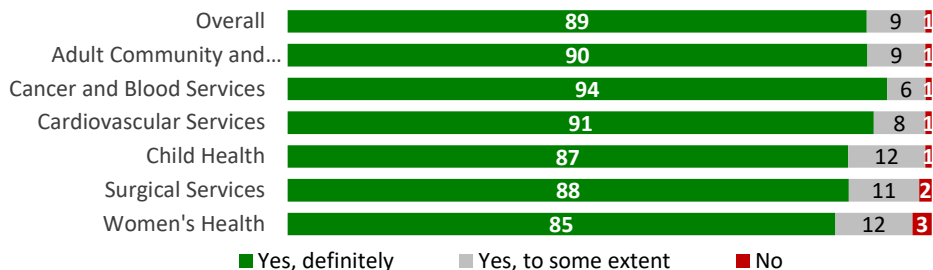
Overall n=4733; NZ European n=3147; Maori n= 430; Pasifika n=389; Asian n=559; Other n=700. The differences between groups are significant

\*note numbers were too low for comparison the 12-month period from August 2015

## SUPPORT PEOPLE WELCOME AND INVOLVED

Most patients agree that whānau, family and friends were made to feel welcome and could support them where this was needed. Overall, the percentage of patients who said that their whānau, family or friends had the opportunity to support them in their clinic visit and were made to feel welcome has increased by two percentage points, and Cancer and Blood Services have also had a statistically significant three percentage point gain. Most other directorates have an upwards trend on this measure, however the differences are not significant.

Percentage of patients who say their support people were welcome and able to give the support they needed



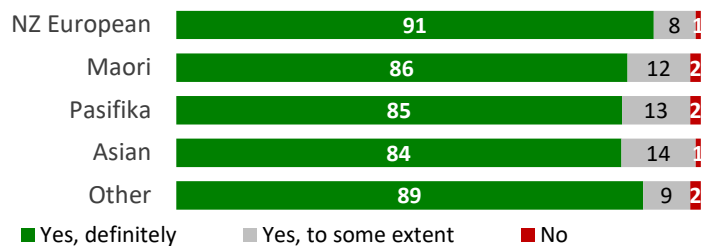
**2% improvement**  
in overall ratings since July 2014, with a significant improvement for both Cancer and Blood Services (+3). The difference is significant ( $p < 0.05$ ).

Adult Community and Long-term Conditions n=271; Cancer and Blood Services n=1379; Cardiovascular Services n=233; Child Health n=893; Surgical Services n=1939; Women's Health n=548; Overall n=5319

## SUPPORT PEOPLE WELCOME AND INVOLVED, BY ETHNICITY

There are several small but significant differences between ethnic groups who say their whānau, family and friends were made to feel welcome and could support them. Although most said this 'definitely' happened, Asian, Pasifika and Maori respondents were more likely to say that they did not feel welcome, or only felt welcome and involved to some extent.

## Percentage of patients who say their support people felt welcome and involved, by ethnicity



NZ European n=3547; Maori n=491; Pasifika n=437; Asian n=636; Other n=791. The differences between groups are significant

# A closer look at patient comments

A total of 215 patients commented on whānau, friends and family support. Comments were overwhelmingly positive (97%).

### SUPPORT PEOPLE INFORMED, INVOLVED, LISTENED TO (31%)

Respondents valued staff involving and informing their support people. It was important for patients not to feel alone. Having support people was also important for language, hearing, or access challenges.

*Due to the language barrier, I need our daughter to assist. The work team is always to explain every detail to us.*

*My children were able to support me at every appointment. They were also interpreting for me in my native language. This made me feel comfortable knowing my medical information was known to myself and my children.*

**Involving support people in decision making helped patients too.**

*We needed to decide whether or not to proceed with major surgery - surgeon and anaesthetist were very frank and open to our family.*

### SUPPORT PEOPLE NOT INFORMED, IGNORED (1%)

Only a very small number of patients said that their support people were not informed and involved.

*My support person was ignored.*

*The treatment is about the patient, so the staff usually talk to the patient not the family. This is because there is not enough time, I guess.*

*The doctor announced the appointment was over before we had a chance to ask final questions*

## PATIENT COMMENTS (cont...)

### SUPPORT PEOPLE MADE TO FEEL WELCOME, CARED FOR AND RESPECTED (16%)

#### Respondents often mentioned how important it was that support people were made to feel welcome

*On my initial consultation two of my children and my wife insisted on being present which I thought might have been 'over-kill' but there was no problem at all. I was very impressed.*

*At no point time was my support discounted from the procedure. My support was allowed to follow me through, ask questions and hold my hand during treatment.*

*Whānau were welcome to be actively supportive before and after the operation and received up to date communication when the surgery was completed.*

*When I have wanted my husband with me this has always been possible and he was always treated with respect and allowed to ask questions or raise concerns about my treatment.*

*My father... commented to me about the friendliness & openness of the consultant. Also, that he was treated with respect.*

#### Treating whānau, family and friends with respect and remembering who they were was highly valued.

*The staff treated my whānau with respect, and the nurses and doctors remembering who they were was a big deal. They ensured my whānau were comfortable and helped them when needed.*

*(The doctor) greeted my husband and my friend. The second time we saw her she greeted my husband and asked about my friend. I was amazed that she had remembered and it felt great.*

*I have a partner of the same sex. At no time did we feel that our relationship was different from the 'norm' and we were both treated with respect. Her questions and opinions were listened to and answered.*

#### This welcoming respectful approach was especially important for whānau Māori.

*Hand shake to whānau, eye contact to whānau member when discussing my progress, allowing questions from whānau, using easy to understand words.*

### HAVING SUPPORT PEOPLE MAKES IT EASIER TO REMEMBER AND GET MISSED DETAILS (8%)

#### Having whānau support was very important to make sure no details or questions were missed, especially for older people, and people with hearing and language challenges

*I have been married for 52 years and my wife and I share everything including medical issues. I am also hard of hearing and my wife often picks up on things the doctor said that I have missed.*

### HAVING SUPPORT PEOPLE AROUND ALLEVIATES ANXIETY (5%)

#### Several respondents commented how comforting it was to have support people with them.

*Aspects of my experience were difficult to face alone. It was a great comfort to know that family could access the consultation process where appropriate or necessary.*

### SUPPORT PEOPLE ALLOWED TO STAY (8%)

#### Respondents appreciated that their support people were welcomed to be with them through all parts of the care.

*(The staff) seemed please that I had a support person who was involved in the whole process with me.*

*I was told that my family support was most welcome at any stage of my treatment. My husband stayed with me at the hospital overnight very very very thankful for that.*

### SUPPORT PEOPLE NOT ALLOWED TO STAY (1%)

#### For a very small number of respondents not having their support people allowed to stay or being restricted to one support person at a time was not helpful.

*I only had my mum there because you're only allowed one support person, but I had 2 other support people, I wanted them to be with me also*

*We found when my aunty had chemotherapy there was not a lot of room to accommodate more than 1 support person and the rooms were very crowded with patients.*

## OTHER COMMENTS

#### One patient suggested having a support person present when you wake after surgery would be very comforting.

*If you can have a family member there ready beside your bed before you wake up that would be even better.*

#### There were a very small number of comments (3) about needing more regulation around the number of support people and visiting hours allowed.

*The idea of whānau, family and friends is a good idea and everybody in hospital needs support, but also comes with issues. (Some large groups) stay for hours making jokes and talking for hours on end...*