

Together | Tūhono

We are a high performing team

What does our value of together | tūhono look like to outpatients? What do they think constitutes good teamwork? What is their experience like when we don't work as a team? To help us understand this better, we looked at stories and narratives from more than 8000 outpatients who responded to our survey between January and December 2017. Of these, we found 2300 comments about behaviours that support our values around team work, and around 350 comments about behaviours we don't want to see. This report is a summary of these behaviours.

Actions and behaviours aligned with our value of "together"

ACHIEVE AS A TEAM

Many outpatients value their involvement with and as part of their care team. Some view the relationship between themselves and the clinical staff who are treating them as highly collaborative and consultative and united by the shared goal of treating or managing their condition/s. This relationship often appears to have been built over multiple visits and is one that is highly valued by the patient.

"...building-up a long-term, positive relationship with the same doctor at each clinic gives [me] a better overall experience and is an important part of my treatment."

CHECK THE PATIENT IS IN AGREEMENT

Our outpatients say they have more confidence both in their treatment plan and clinical staff when they are in agreement with the course of action around their care and treatment.

"(My doctor and I) developed a plan... We then reviewed and discussed the outcome and advice was given for my future wellbeing. I felt we worked together as a team which is very reassuring."



79%

OF OUTPATIENTS SAY THEY WERE AS INVOLVED AS THEY WANTED TO BE IN DECISIONS AROUND THEIR CARE AND TREATMENT

"At the end of a robust discussion about the pros/cons of [treatment options], the Dr and I agreed on the path forward which has given me confidence - an important thing for me."

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THERE IS A MODERATELY STRONG CORRELATION BETWEEN INVOLVEMENT IN DECISIONS AND OVERALL RATINGS

Including patients as part of the "team" can positively influence the quality of care through supporting informed, shared decision making, improving patient knowledge, and informing self-management skills and preventive behaviours.

(Haywood K, et al., Patient participation in the consultation process: a structured review of intervention strategies. Patient Educ Couns. 2006;63(1-2):12-23.)

69%

OF OUTPATIENTS SAY STAFF ALWAYS SHARED INFORMATION SUCH AS X-RAYS AND TEST RESULTS IN A TIMELY MANNER.

SHARE TEST RESULTS IN A TIMELY MANNER

Our outpatients appreciate it when their test results are shared with them, preferably before or during the consultation. They say it helps to build a more thorough picture of their condition or treatment and assists their decision-making processes.

Actions and behaviours aligned with our value of “together”

ENCOURAGE WHĀNAU SUPPORT

Having their whānau and family recognised, treated and spoken to in a way that acknowledges their role as a key part of the support team is important for our outpatients.



FIVE OUT OF 10 OUTPATIENTS (49%) SAY THAT WHĀNAU, FAMILY AND FRIENDS SUPPORTED THEM DURING AN OUTPATIENT APPOINTMENT.

89% OF THOSE WHO WANTED SUPPORT SAY THEIR WHĀNAU, FAMILY AND FRIENDS WERE **DEFINITELY** MADE TO FEEL WELCOME AND ABLE TO SUPPORT THEM.



“My husband was treated respectfully and was fully informed as to my health. After my operation he was phoned and reassured by my surgeon. This inclusiveness meant the world to us.”

RIGHT INFORMATION, RIGHT TIME

To feel as though they are a contributing member of their own healthcare team, our outpatients tell us they need the right information, at the right time. This includes test results, links to any research clinical staff recommend they read, and information on how to manage their condition or prevent a recurrence. Several talked about feeling significantly more in control of their own health management due to information provided to them at an outpatients appointment.

76%
OF OUTPATIENTS RATE THE COORDINATION OF THEIR CARE PRIOR TO CLINIC AS VERY GOOD OR EXCELLENT



“My [doctor] gave me a copy of the research paper that led him to recommend my change in medication. I had the chance to read it and discuss it with my GP and another [doctor] to help me make the decision. I felt very much in control of the decision...”

86%

OF OUTPATIENTS SAY THAT **DOCTORS AND DENTISTS ALWAYS** TALKED TO THEM IN WAYS THEY COULD UNDERSTAND

COORDINATION BETWEEN TEAMS

Outpatients with complex conditions or with conditions that require multi-disciplinary teams, appreciate when these teams work together so that patients only need to have one point of contact and/or when they can go to any member of the team to get information that is both accurate and consistent.

“I’m amazed by how each different team knows exactly what is going on with me ... I am able to ask any one of those about future appointments and they can answer my queries”



68%

OF OUTPATIENTS RATE THE **EASE TO CHANGE THEIR APPOINTMENT** AS VERY GOOD OR EXCELLENT

COORDINATION OF APPOINTMENTS AND TESTS ETC.

Outpatients who require multiple tests or appointments are very appreciative when these are scheduled together, or when it is easy to change the appointment so that they can be scheduled together. This is particularly important for patients who live outside of Auckland and those who have pressing family and work commitments.

Behaviours that don't reflect our value of together | tūhono

GIVE CONFLICTING INFORMATION OR ADVICE

The confidence and trust of our outpatients is eroded when they get contradictory information from different clinical staff, or when clinical staff disagree with a treatment plan put in place by other health professionals. They told us this was both stressful and concerning, particularly when they felt this advice or information was given as a result of clinical staff not reading their clinical records properly.

"[The doctor] came across as either disbelieving what I was saying or disagreeing with the advice given to me by doctors at my previous outpatient appointments. [The doctor] didn't appear to review my previous notes."

DO NOT SHARE INFORMATION

Some outpatients told us that they were expected to make decisions without the required information, such as test results, or they felt as though clinical staff were withholding information from them. At the very best this was an inconvenience, however at its worst it made it difficult for them to have confidence in the treatment plan and their decision making.

"I was not told that we would be transferred to [another hospital] after the procedure as staff said they didn't want to shock us. We live [1.5 hours away]. It was a massive issue."

5%

OF OUTPATIENTS SAY THEY **WERE NOT GIVEN** THE INFORMATION THEY NEEDED TO MAKE INFORMED CHOICES ABOUT THEIR CARE AND TREATMENT.



"[Our autistic son] does not understand long sentences, or directions. The doctor was not interested in listening to anything we said to help [our child cooperate] and kept asking him to do things he didn't understand. Predictably, [the doctor] was not able to perform the exam, and made our child feel to blame for that."

DISCOURAGE SHARING

Outpatients say that there is no sense of "working together" when clinical staff act bored or disinterested, or behave in a way which suggests they are to blame for their health condition.

UNDERESTIMATE LONG-TERM RELATIONSHIPS

We heard from a small minority of long-term outpatients who told us of their dismay when they arrived at an appointment to find the staff member they had developed a trusted connection with is no longer there. This upset them and made them feel like they didn't matter enough to be informed of the change.

"I was surprised and disappointed to learn that the specialist who I had been seeing for the past 4 years was leaving. While I understand that change is inevitable ... I was concerned that no-one had thought it worth communicating these changes to me."

"I'm not seen as a whole and only in bits. To me that's not quality care, it's 'I will treat this part of you but I am not interested what else is going on as it's not my department.' I'm actually connected."

SEE THE PATIENT AS A SET OF UNRELATED CONDITIONS

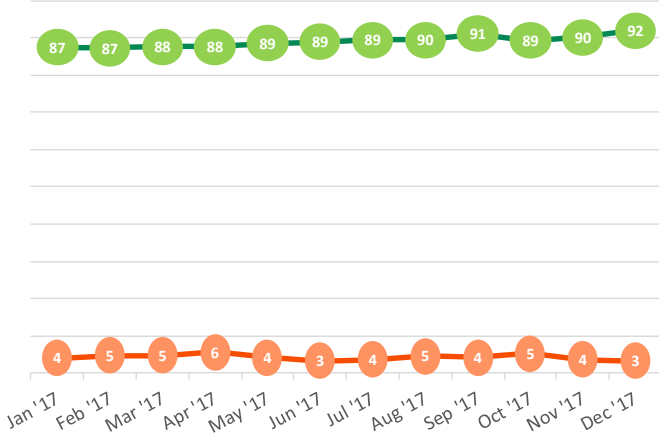
Whilst the majority of patients with complex or multiple conditions spoke positively of the team approach taken to their care, there were a minority who felt their conditions (which they believe were connected) were treated separately, rather than part of a whole. They asked for a more connected approach to their care and to be acknowledged as a whole person.

How are we doing overall?

OVERALL RESULTS

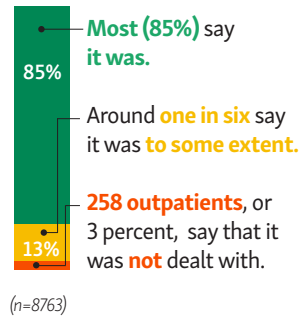
In 2017 an average of 89% of respondents to the outpatient experience survey rated our care as 'excellent' or 'very good.' Also notable is our highest rating of 92% in December 2017.

COMBINED VERY GOOD AND EXCELLENT, AND POOR AND FAIR RATINGS, JAN 2017 - DEC 2017 (%)



MAIN REASON MET?

We ask our outpatients if the main reason they went to the clinic was dealt with to their satisfaction



HELPLEFULNESS OF APPOINTMENT?

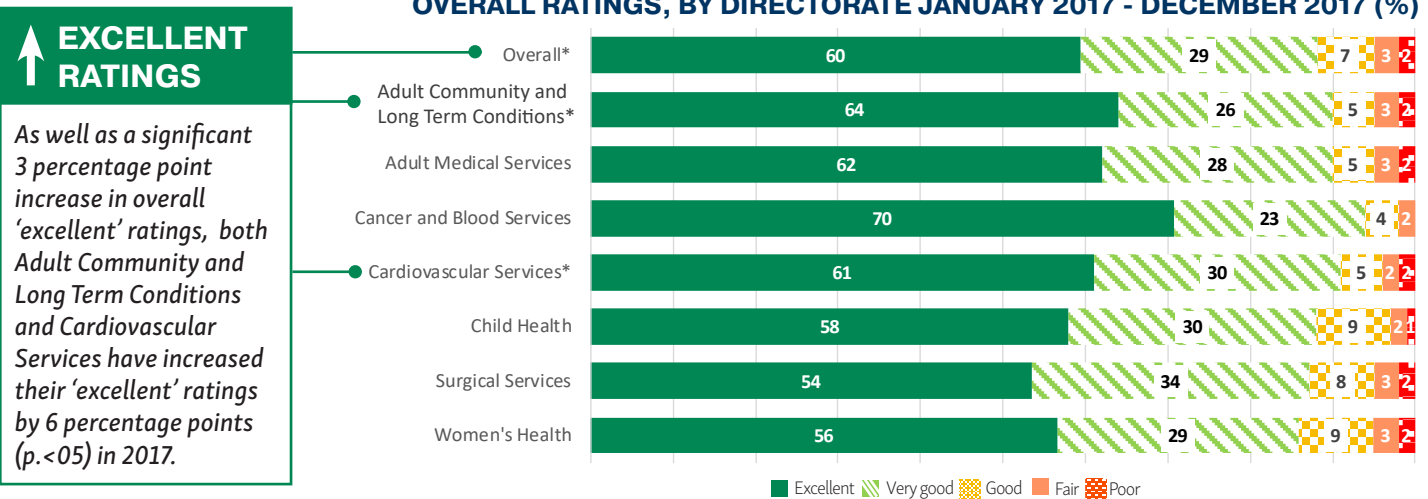
Outpatients are asked to rate, on a scale of 1-10 (where 1 = not at all helpful, and 10 = very helpful), how helpful or useful the appointment was to them.



BY DIRECTORATE

Two directorates lifted their 'excellent' performance by six percentage points each in 2017, which helped to push the overall outpatients 'excellent' results up by three percentage points.

OVERALL RATINGS, BY DIRECTORATE JANUARY 2017 - DECEMBER 2017 (%)



(Adult Community and Long Term Conditions n=1146; Adult Medical n=1530; Cancer and Blood Services n=1014; Cardiovascular Services n=868; Child Health n=616; Surgical Services n=2743; Women's Health n=803)

↑ EXCELLENT RATINGS

As well as a significant 3 percentage point increase in overall 'excellent' ratings, both Adult Community and Long Term Conditions and Cardiovascular Services have increased their 'excellent' ratings by 6 percentage points (p.<05) in 2017.

DIMENSIONS

Our outpatients are asked to choose the three things that matter most to their care and treatment, and then rate our performance on those dimensions.

