

Consumer Council

Wednesday

23 March 2022

2:00pm - 4:00pm

By Video Conference



CONSUMER COUNCIL 23 March 2022

By Video Conference Time: 2:00pm – 4:00pm

Consumer Council Members	Ex-officio - Waitematā DHB staff members
Lorelle George (Consumer Council Deputy Chair)	Dr Dale Bramley – Chief Executive Officer
Neli Alo	Samantha Dalwood – Disability Advisor
Samuel Cho	
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)	Other Waitematā DHB Staff members
Maria Halligan (Te Whānau o Waipareira)	Grace Yu – Manager, Asian Health Services
Insik Kim	Tamzin Brott – Executive Lead, IMT
Ngozi Penson	Ravina Patel – Manager, Patient Experience
Jeremiah Ramos	
Ravi Reddy	
Kaeti Rigarlsford	
Vivien Verheijen	
Eden Li (Student Representative)	

APOLOGIES:

AGENDA

Disclosure of Interests (see guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

KARAKIA WELCOME

	1.	AGENDA ORDER AND TIMING
	2.	CONFIRMATION OF MINUTES
2.10pm	2.1	Confirmation of the Minutes of Meeting (09/02/22)
		Actions Arising from Previous Meeting
	3.	DISCUSSIONS
2.20pm	3.1	QSM Consumer Council paper approval
2.45pm	3.2	ED Video Storyboard presentation and paper (Cassie Khoo)
3.00pm		Break
3.10pm	3.3	Patient Experience Report
	4.	INFORMATION ITEMS
3.20pm	4.1	COVID-19 update – Omicron
3.30pm	4.2	HQSC Code of Expectations submission update
3.40pm	4.3	Community concerns
	5.	ANY OTHER BUSINESS
3:50pm	5.1	Agenda items for future meeting
3.55pm	5.2	Meeting evaluation

Waitematā District Health Board Consumer Council

Member Attendance Schedule 2022

NAME	Feb	Mar	May	June	July	Sept	Oct	Dec
	2022	2022	2022	2022	2022	2022	2022	2022
Neli Alo	✓							
Samuel Cho	✓							
Alexa Forrest-Pain	✓							
Lorelle George	✓							
(Deputy Chair)								
Maria Halligan	✓							
Insik Kim	✓							
Ngozi Penson	✓							
Jeremiah Ramos	✓							
Ravi Reddy	✓							
Kaeti Rigarlsford	✓							
Vivien Verheijen	✓							
+Dale Bramley	✓							
+Samantha Dalwood	✓							
Eden Li	✓							
(Student representative)								

- ✓ attended
- **x** apologies
- * attended part of the meeting only
- ^ leave of absence
- + ex-officio member

WAITEMATĀ DISTRICT HEALTH BOARD CONSUMER COUNCIL

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	11/06/21
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George (Deputy Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Maria Halligan	nil	13/10/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners, Northern Region Laboratory Network Point of Care Testing (POCT) Network Group	09/03/22
Jeremiah Ramos	nil	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	/ivien Verheijen Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	
Eden Li (Student Representative)	nil	22/04/21

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest. *Note: This sheet provides summary information only.*

۷.	CONFIRMATION OF MINUTES
2.1	Confirmation of the Minutes of Meeting 09/02/22 Actions Arising from Previous Meeting

Minutes of the meeting of the Consumer Council of the Waitematā District Health Board

Wednesday, 9 February 2022

held by video conference commencing at 2.04pm

CONSUMER COUNCIL MEMBERS PRESENT:

Neli Alo

Samuel Cho

Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)

Lorelle George (Deputy Chair)

Maria Halligan

Insik Kim

Ngozi Penson

Jeremiah Ramos

Ravi Reddy

Kaeti Rigarlsford

Vivien Verheijen

Eden Li

ALSO PRESENT:

Prof Judy McGregor (Waitematā DHB Board Chair)

Dr Dale Bramley (Waitematā DHB Chief Executive)

Samantha Dalwood (Disability Advisor)

Peta Molloy (Committee Secretary)

(Staff members who attended for a particular item are named at the start of the minute for that item.)

APOLOGIES:

An apology was received and accepted from Hannah Bjerga.

WELCOME:

The Consumer Council Chair welcomed everyone in the meeting and welcomed Mr Rob Campbell, CNZM (Health NZ, Chair.)

Introduction from David Lui (Waitematā DHB Board member and former Chair of the Waitematā DHB Consumer Council.)

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interest Register.

There were no interests declared that might involve a conflict of interest with an item on the agenda.

1 AGENDA ORDER AND TIMING

1.1 Items were discussed in a slightly different order than listed in the agenda.

1.2 David Lui noted the purpose and responsibilities of the Consumer Council highlighting the demand for its service and continuity upon the conclusion of upcoming reforms. Some of the duties mentioned were the Council's mission on maintaining diversity, consumer engagement, focus on patient experience and the implementation of a values programme across the DHBs. It was also noted the importance of holding the DHBs accountable for the practice of the adopted values and mission. In addition, the Council sees its role as an essential link between the Public Health system and the communities it serves in order to maintain a strong connection, to increase outreach of health services as well as bring awareness into the Committee on issues arising in the community that may not have the opportunity to be addressed otherwise.

Mr Ron Campbell acknowledged the important work and function of the Consumer Council and provided reassurance that it is the new entity's intention to continue to support the work of the Committee. Mr Campbell explained that although a clear strategy was not yet in place in view of a partnership, he asserted that it was in the organisation's best interest to maintain the Committee fully operational.

2 CONFIRMATION OF MINUTES

2.1 Confirmation of Minutes of the Consumer Council Meeting held on 1st December 2021

That the Minutes of the Consumer Council Meeting held on 1st December be approved.

Carried

3 DISCUSSIONS

3.1 End of Life Choice Act (Agenda pages 8-9)

Dr Jonathan Christiansen (Chief Medical Officer) joined by video conference for this item. He summarised the report noting the current process of patient care provided by the DHBs under the implementation of the aforementioned Act. In addition, he noted several issues with the current process that may be obstacles to patient's informed consent such as access to information of the services available.

Issues covered in the discussion and response to questions included:

- Eligibility criteria: information needs to be clear and emphasise that all elements of the criteria need to be met in order to qualify for the service; not just one
- Information needs to be available in other languages to accommodate culturally diverse populations
- Estimating prognosis may present an issue with clinicians overestimating projected outcomes
- Process for eligibility may take up to two/three weeks
- Assisted end of life service currently a primarily community based support but DHBs can facilitate the process if required
- Conflicting clauses between the Act stating that viability of the procedure can only be studied upon patient's initiative, is in contrast with the Rights Code stating that all options available should be presented to the patient for informed consent

The Consumer Council Chair acknowledged the input on the End of Life Choice Act subject and thanked Dr Jonathan for his time.

3.2 Youth Mental Health (agenda pages 10-23)

Petra, Selena, Julia and Jane joined by video conference for this item. The report was taken as read.

Matters covered in the discussion and response to questions included:

- Age definition was provided on age groups under the *young person* criteria, and the contexts these criteria may apply to qualify for mental health services
- Clarity was provided on routes of access for self-referral options for youth in need of mental health services: currently Duty Teams provide support through Health Point and Schools in additions to the professional referrals
- It was acknowledged Mental Health Services are running at full capacity and currently overwhelmed due lack of mental health practitioner's workforce, issue that's been aggravated by Covid-19 Omicron
- Several issues were raised regarding Mental Health Services unable to meet the
 public demands, standards of appropriate cultural competency, focus on
 partnerships with family for continuity of care for the young person, equity and
 accessibility
- It was collectively agreed that the discussion needs to continue in order to find a solution to the unmet and ever-increasing demands of the service
- Upcoming DBT programme to be launched on 10 schools for 30 weeks providing youth with tools to deal with crisis and overcome mental health issues

The Consumer Council Chair acknowledged the work of the team and thanked Petra, Selena, Julia and Jane for their time.

The session was adjourned for a short break from 3.25pm to 3.33pm.

3.3 Covid-19 Update - Omicron (Verbal update)

Dr Dale Bramley (Chief Executive) provided and update.

Matters covered in the discussion and response to questions included:

- An update on the COVID-19 vaccination roll-out: currently over 90% of eligible population have been vaccinated. This successful campaign focused on equity of health outcomes for Māori and Pacifica groups
- Message to the community: get the booster, prepare to isolate if in contact with the virus. Testing with Rats and Proc for staff members is available
- Recruit 500 campaign: aimed to recruiting new staff members as part of the Business Continuity Plan to buffer the effects of predicted 25% reduction of workforce during the pick of the Omicron spread
- Planned response to deal with increasing numbers of Covid-19 cases amongst the admitted patients, with focus in acute services and maintaining normal functioning of all services.
- Plan in place to extend services out to the community to people that may be home isolating unable to seek health services
- Plan in place to maintain operational testing sites

The Consumer Council acknowledged Dr Dale's update and thanked him for his time.

3.4 Discussion on NZREX (agenda pages 24-35)

Ngozi (Committee member) provided a summary of the report presented on NZREX Clinical pass rates and general registration figures. Ngozi noted the cost to the general population based on the low numbers of registrations granted in relation to the numbers of candidates that sat the examination.

Matters covered in the discussion and response to questions included:

- The process is purely driven by the Council on an attempt to raise the medical practice standard
- A consequence of the low numbers of registrations granted is a high number of unregistered practitioners that are unable to be employed by DHBs
- The question of why are internships exclusive to DHBs and no longer available in the community was raised
- It has been collectively agreed that Prof Judy will bring this issue to the Health Council

The Consumer Council acknowledged Ngozi's contribution to the discussion and thanked her for her time.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 37-40)

The Patient Experience Report was noted and a need to better understand the patient discharge process was raised and it was requested for the item to be added for discussion at the next meeting.

5 OTHER BUSINESS

Actions to note and t be followed up at next meeting:

- Mental Health discussion to be continued to resolve the shortage of mental health practitioners to increase capacity of the service
- It was agreed that Prof Judy will take the issue of shortage of Drs to the Health Committee, Lorelle to email Judy with Ngozi's paper for the issue to be referred.
- Insik to email Lorelle regarding question on how items for discussion are decided to be on the on the agenda

The Chair thanke	ad the members	and attendess	for their time	
The Chair thanke	ea the members	and attendees	for their time.	

The meeting closed with a Karakia. The meeting adjourned at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 23 MARCH 2022.

 _CHAIR	

3. **DISCUSSION ITEMS**

- 3.1 QSM Consumer Council paper approval
- 3.2 ED Video Storyboard presentation and paper
- 3.3 Patient Experience Report



Consumer Engagement QSM self-assessment endorsement

Recommendations:

The recommendations are that you:

- a) Note the information paper
- b) Endorse the March 2022 self-assessment recommendations

Background

The consumer engagement quality and safety marker (QSM) is measured by all District Health Boards biannually. The next self-assessment is due to the Health Quality Safety Commission (HQSC) on the 31 March 2022. Our self-assessment is to be uploaded to the dashboard self-reporting system, with a matrix to indicate whether or not a domain is being met, supported by evidence and qualitative comments for each domain.

The self-assessment is designed to demonstrate improvement over time as DHBs invest in more mature and effective ways of consumer engagement. As with the previous self-assessment completed in September 2021, prior to submitting the self-assessment the Consumer Council is responsible for endorsing the self-assessment.

There has been some movement within the Domains with Consumer Council (Engagement), Health Literacy (Engagement) and Access (Responsiveness) moving from a score of two (2) to a score of three (3). This means that there has been a change in our overall score for the Engagement domain. It has moved from two (2) to three (3). Therefore it is recommended that the Consumer Council endorses the updated scores for March 2022.

The following scores are recommended for each domain:

- Engagement = Consultation (3),
- Responsiveness = Involvement (3),
- Experience = Involvement (3).

Included as part of the evidence to support the submission are the following:

- Consumer Council minutes, these include the reflections of the Council members at each meeting.
- Mental Health Model of Care for Emergency
- Waitakere Healthlink community services meeting flyer
- Waitakere Healthlink video library flyer
- DHB-Led Improvement Sustainability Funding Final Report
- Emergency Department Journey Map and video storyboard
- Health Literacy Presentation
- Feeding Support survey
- Patient Experience Report January 2022

Appendix:

- self-assessment document with ratings
- Health Literacy Presentation
- Feeding Support survey

Please note all other evidence is available in previous Consumer Council meeting minutes

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested 1st contact
Ravina Patel	Patient Experience Manager	021 816 403	
Samantha Dalwood	Disability Advisor	021 221 7810	✓

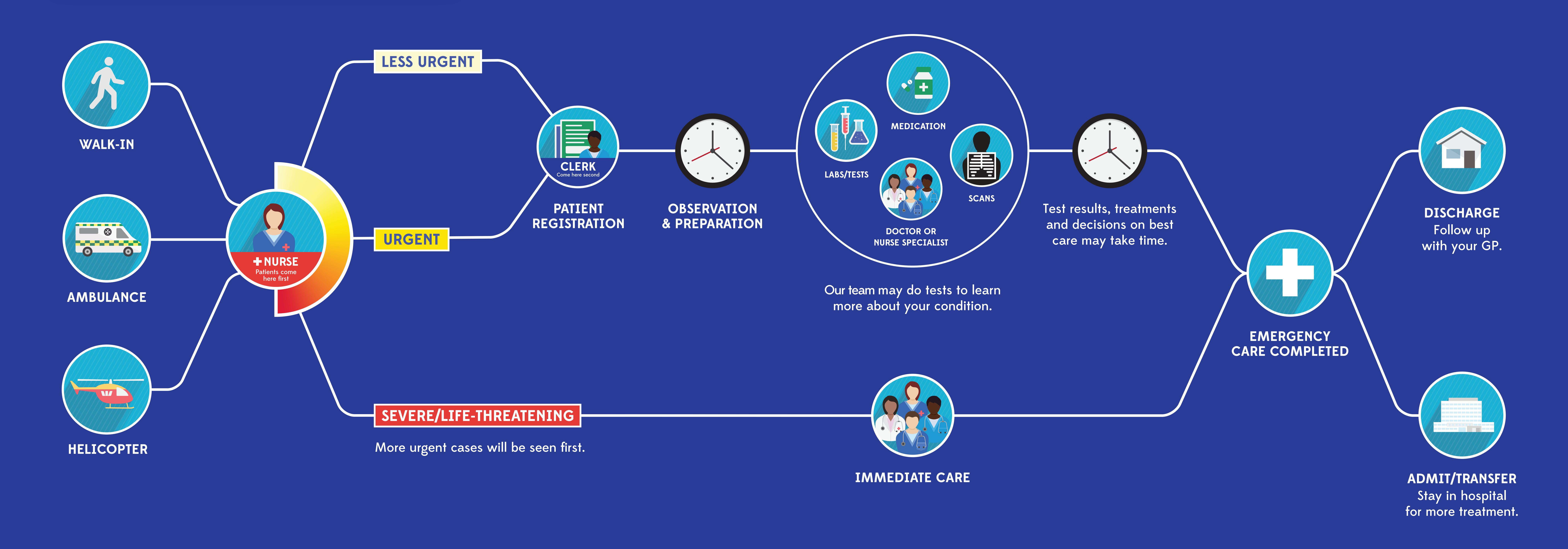
March 2022 - Consumer engagement quality and safety marker (QSM) | SURE (Supporting, Understanding, Responding and Evaluating) framework

		1 – Minimal Te itinga iho	2 – Consultation Te akoako	3 - Involvement Te whai wāhi	4 – Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi
		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
Engagement The environment created to support	Consumers	Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input do not reflect the population served.	Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable. Organisation Score ✓ 2	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible).	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health.
community engagement. Te Tūhononga ko te taiao kua hangaia hei tautoko i te tūhononga hapori.	Equity	Equity is a little known or discussed principle in the organisation.	Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served. Organisation Score 2	Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served.	Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon.
te tunononga napon.	Consumer Council	The consumer council is newly established, with a lack of resources, systems, and processes.	The consumer council is newly established, partially resourced, and evaluation has not yet occurred.	The consumer council is well established, partially resourced, and occasionally evaluated. Organisation Score 3	The consumer council is well established, resourced, and regularly evaluated.
	Co-design	Co-design is not used or understood by the service.	Co-design is a method understood by parts of the service. It has not been used to improve processes at this point.	Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers. Organisation Score 3	Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers.
	Workforce	There is limited evidence that the organisation encourages a diverse workforce.	The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Organisation Score	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.
	Health Literacy	There are no systems or policy related to health literacy within the organisation for verbal and written information.	A health literacy policy is in place, however not influencing common health literacy practices. Consumer health literacy group is in place to review written information, however not embedded into patient information review process.	Regular health literacy staff training is available. Consumer health literacy group is embedded into the patient information review process, including online platforms, wayfinding, consumer information and mobile applications. Organisation Score 3	Organisation is endorsed as a 'Health Literate Organisation'. Consumer information is codesigned and there is accountability for including feedback. Information is accessible to all consumers

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
Responsiveness Responding to and acting on what consumers are saying about the service and having	Systems	There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services. Organisation Score	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)
the right information at the right time for consumers accessing				3	
Te Noho Urupare ko te urupare, ko te	Community Voices	Community voices are not brought to the attention of senior leaders	Community voices are brought to the attention of senior leaders within the organisation but not acted upon.	Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed).	Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed).
mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i				Organisation Score ✓ 3	
ratonga me te whai i te mõhiohio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.	Consumer Council		The input of the consumer council is heard, documented, but seldom acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. Organisation Score 3	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.
	Skills	Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). Organisation Score 3	Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. codesign, listening, behavioural science).
	Access	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding. Organisation Score	Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.
				✓ 3	

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
The systems in place to capture consumer experience, and act upon the results. Wheako	Metrics	There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. Organisation Score 4
ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	Reporting	These metrics are reported on.	These metrics are reported on and shared with relevant stakeholder groups.	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Organisation Score 3	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed.
	Feedback Options	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. Organisation Score 3	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.

EMERGENCY DEPARTMENT | Sharing how we care for patients and whānau (families).



ED ANIMATION STORYBOARD

Scope of the Video: DISCI AIMEDS 1. Rough illustrations only. Not necessarily the final fonts or images. Basic video, Intended primarily for use in ED waiting rooms (on TV displays) to give patients, whangu and 2. The video will be in colour (black and white images are used for the visitors a sense of what the journey is and what they

might expect during their visit/stay in ED. It is designed to support the ED Journey Map physically 3. Space has been left for sign language interpretation which can be added post-production (funding pending). installed in the waiting room.

purposes of the storyboard).

4. The video will have a voiceover. The captions for the dialogue will Future Scope:

appear textually in the subtitles box at the bottom of the screen. The ED video is intended to be placed on the bospital

5. Masks appear on characters unless their facial expressions are keu website page in the future with language translations to the communication of the message. for greater accessibility.



The video will be in colour (black and white images are used for the purposes of the storyboard).

Core Team:

Dr. Cecilia Rademeyer

Dr. Johanne Eaan

Carria Khoo

Dr. Imogen Evans

Ivana Nakarada-Kordic

Janette Ng

Consultants:

Sam Dalwood

Allanah Winiata-Kelly Mäori Patient and Whänau Experience

Ravina Patel

ED Leadership Team

EMERGENCY DEPARTMENT

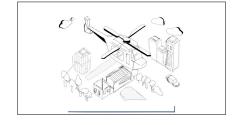
Sharing how we care for patients and whānau (families)

ARRIVAL "Patients may arrive into the Emergency Department, or 'ED', in a number of ways."

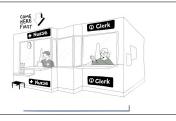


"They may walk in or be dropped off by whānau at the entrance..."



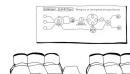


"...or if they're coming from further away or a tricky-to-reach spot, they may arrive bu helicoater."

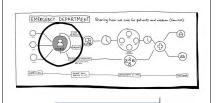


"When you arrive at the ED, the first step is to see the nurse. Please let the nurse know if you need a translator or other support so we can best care for you."

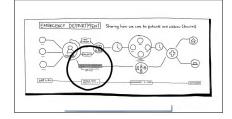


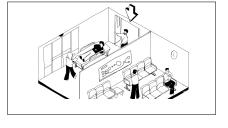










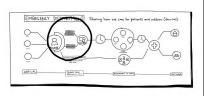


"...are usually taken straight through to the resuscitation area, or 'Resus', for



100 might not see these patients come into the waiting room



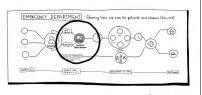




"At times our ED might be very busy. If the nurse has identified that your condition is appropriate for you to be cared for at a local urgent care centre, we might offer you a voucher."



"There is likely to be a shorter wait time then You are welcome to stau in ED if you choose.

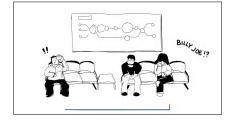




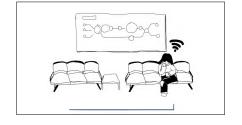
"The next person you will meet is the administration clerk who will ask you some questions that will help with the process such as... your name, date of birth, contact details, etc."



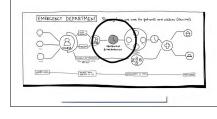
"If your condition is more urgent, you may be taken through to another part of the ED. In this case, the administration clerk will come to you."



first."



"If your condition is less urgent, you may have to wait a bit longer to be seen. While universe writing please know that you can connect to beginning useful. 6"

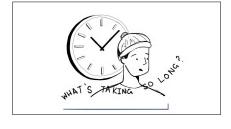




"During this time, you will also have a more detailed assessment by a nurse. At this stage, pain relief and tests might be started. Please let the nurse know if you need any other support (i.e. cultural, access needs, care support, etc)"



"You may be asked to take a seat back in the waiting area after this assessment or may be taken to another area if you require more urgent treatment."

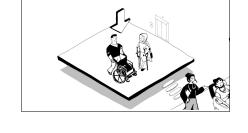


[&]quot;We understand waiting can be difficult. Please know our teams are busy working to make sure they have all the right information to give everyone the best care."

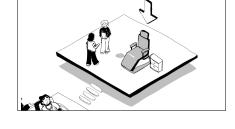




"...but we're busy preparing your treatment bed or chair and caring for other patients in the department."









"Even while you're waiting, the nurses are constantly keeping an eye on you and your condition, but it's important to let us know if your symptoms change or get worse."



"If you need to go to the bathroom or leave the emergency department for an reason, just let the nurse know."

ASSESSMENT & CARE







"You may be able to bring a whānau member or support person in with you. Please check with our staff"





"The doctor or nurse specialist will gather more information to help decide what



TREATMENT



"The team will discuss with you and your whanau how we may best care for you..."











"If you need to stay in hospital, you will be admitted to one of our wards or trans ferred to another hospital."



"If you are well enough, you will be discharged hom



on aischarge, your care notes from your time with us will be sent to your GP. W encourage you to follow up with them to review your progress."



""We're all here to care for you. Thank you for your patience while you wait - we try to see everyone in a timelu manner and will aet to you as soon as we can."

For more information on the care available, check out the Waitemată DHB website.



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Emergency Department (ED) Journey Video

The recommendation is to:

a) Review Emergency Department journey video storyboard Yes/No

b) Discussion with project group to ensure video storyboard supports journey map Yes/No

The Emergency Department is often a place of great stress for many patients and their whānau in seeking emergency treatment. There is often feedback provided by our patients that they wait for long periods in the waiting area, that patients that came in later than them are seen earlier and often ask how the Emergency Department prioritise patient care. In addition, when our Emergency Department is busy and if they are triaged as a category 4 patient, patients are offered a voucher to attend local urgent care services such as Whitecross so that they can be seen sooner. This practice is often not understood and can be perceived by the patients that we are not taking their care needs seriously.

In June 2021, the Emergency Department Journey map was presented to the Consumer Council for review. This was originally designed by Auckland DHB and was adapted to suit Waitematā DHB Emergency Department's processes. The journey map has now been physically installed in the waiting rooms of North Shore Hospital and Waitakere Hospital's Emergency Departments.

The project group has since been working on an accompanying ED Journey Video (as was one of the recommendations from the ED Journey Map review) to be displayed on TV screens in the ED waiting rooms. The video is intended to expand on and support the physical journey map, providing more detail around the various steps of the process as displayed on the map. It addresses many of the recommendations and suggestions made by the Consumer Council when reviewing the journey map.

The video will be fully animated (to give greater control and flexibility of content, especially with restricted access to ED under current circumstances). This will also help with the longevity of the video. It will have audio narration, subtitles and (hopefully with additional funding) sign language translation in this first English version. See below for note on language translations.

The project group has completed a detailed storyboard of the video, outlining the content, visual look and feel, and script. Ongoing consultation and feedback had been sought from various staff/experts in the DHB in the development of the storyboard (as indicated in the PDF attachment).

Before proceeding to the next stage of the video development, the project group are seeking your advice on whether the ED Journey video storyboard provides sufficient additional detail (not covered by the physical map) to support a patient's understanding of the Emergency Department process. In particular, they are seeking your feedback on whether the video's additional information and explanations will help support discussions with patients and whānau who are concerned with waiting times, how care is prioritised/triaged in the Emergency Department, and what is available/accessible to them while they wait (i.e. wi-fi, going to the bathroom, food).

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Johanne Egan	ED SMO / Clinical Lead People & Culture	0276366816	✓
Dr Cecilia Rademeyer	Emergency Medicine Specialist		
Ivana Nakarada- Kordic	Human-Centred Design Specialist		
Cassie Khoo	Design Fellow		
Imogen Evans	Fellow		

Attachments:

ED Journey Video Storyboard_DRAFT Mar2022 ED Journey Map_Final_Aug2021

Future scope of the wider ED Journey project:

The ED Journey Map and now accompanying ED Journey Video are intended for use primarily in the Emergency Department waiting rooms. It is intended to seek funding for the video to be translated into various languages, and for the English version and any translated versions to also be available on the hospital website.

As part of the ongoing project, the project group hopes to continue extending patient information of the ED journey to other key areas inside ED (e.g., more info posters/stickers in observation, treatment, waiting to be discharged areas). This may also include adding to the ED's website page, providing helpful pre-arrival information for patients and their whānau in anticipation of a visit to the emergency department.



Patient Experience Feedback

1.0 National Inpatient Survey

The Q1 2022 survey was sent out on 22nd February and was live for 3 weeks until 15th March 2022. The sample who received the survey is a selection of patients who visited the hospital during the two-week period from 31st January to 13th February. Results will be made available around 15th April 2022.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In February 2022 the Net Promoter Score (NPS) was 81 with feedback from 552 people. The NPS is down slightly on the previous month, however it remains strong scoring above the target of 65. The number of responses is picking up however, it remains lower than usual due to the Omicron Covid-19 outbreak.

2.2 Friends & Family Test Overall Results

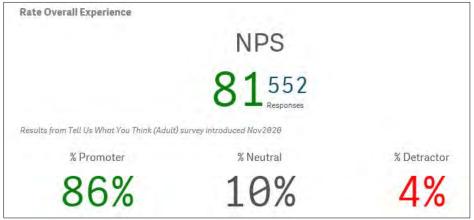
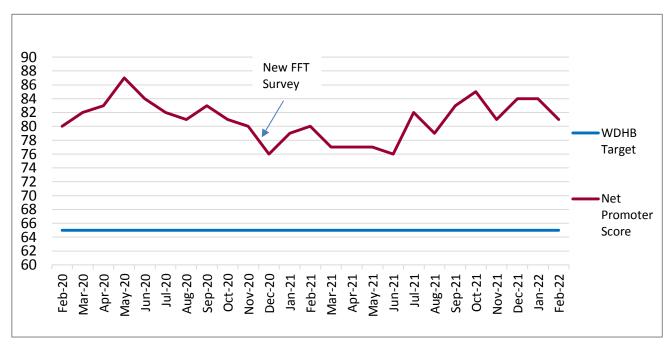


Figure 1: Waitematā DHB overall NPS



Table 1: Waitematā DHB overall FFT results



Graph 1: Waitemata DHB Net Promoter Score over time

The above chart shows the net promoter score over the last 2 years. A new Friends and Family Test was introduced in November 2020 changing the question from 'based on your experience would you recommend' to a general question asking about their overall experience. The scale was also changed from a five point scale to a more sensitive 11 point scale.

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

	NZ				Other/
February 2022	European	Māori	Asian	Pacific	European
Responses	304	42	48	49	109
NPS	82	60	88	84	85

^{*}Low base size, interpret with care

Table 2: NPS by ethnicity

In February, all ethnicities with the exception of Maori met the Waitemata DHB NPS target and scored above 65. Māori scored slightly below the target with feedback suggesting communication could be improved.

	NZ				Other/
February 2022	European	Māori	Asian	Pacific	European
Staff were welcoming and friendly	88	79	88	85	92
I was listened to	87	69	83	90	94
I was treated with compassion	88	79	85	85	94
I was involved in decision making	79	67	74	88	84
My condition/treatment was explained in					
a way that I understood	86	86	83	98	93

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. Pacific and Other/European recorded their highest score to date for 'explained in a way that was understood' and Other/European also achieved their highest score for 'listened to'.

2.4 Patient Experience Highlights

Waitematā DHB - Patient Experience Report (February 2022)

Covid Support

Patient Experience continues to support the organisation during the covid outbreak in several areas including managing the visitor policy, food parcels and staff redeployment process. In addition, the Volunteer Coordinator has been seconded to work two days a week with the Orderly team to:

- Take Specimens from the wards to the Lab and medicines from the Pharmacy to the Wards
- Move cardboard from holding areas within the building to the cage on the dock

Patient Feedback

Feedback this month has again been positive with patients and whānau citing great care, compassionate and caring staff and good communication as some of the main reasons for an exceptional experience.

3.0 Volunteers

3.1 Volunteer Recruitment Statistics

Volunteer numbers are up by one on the previous month.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
50	133	13	196

Table 4: Volunteers Recruitment

The number of applications is lower than usual (approx. 1-2 applications a month). As these referrals come in, the Patient Experience team continues to process the applications and prepare for the volunteers to return in the orange setting. The Asian Health Service needs more bilingual volunteers and the Patient Experience team is assisting with this recruitment.

3.2 Volunteer Highlights

Hospital Auxiliary

A team effort has seen Hospital Auxiliary volunteers spend approximately 800 hours in February working on producing various items including sleep packs, knee rugs and padded mitts for North Shore and Waitakere Hospitals. The teams have adapted their way of volunteering to ensure that hospitals sill receive supplies when needed for our vulnerable patients. In addition, Librarian volunteers who used to distribute magazines in waiting areas and clinics will be now dedicating their time to put together sleeping packs.

> Asian Health Services

Asian Health Services have requested more support from the Patient Experience team. The call volumes for Asian Health Line 0800 88 88 30 have increased and they are now experiencing staff shortages due to the Omicron outbreak. Recruitment is underway and the advert has been shared further with Asian Media and Network. Two bilingual Front of House (FOH) volunteers who usually meet and greet patients and visitors, have offered their support while we continue to recruit more volunteers.

4.0 Consumer Council Update

The Consumer Council met on 9 February 2022. They discussed the following agenda items at their most recent meeting:

- Welcome Rob Campbell, CNZM (Health NZ Chair) David Lui introduced the Consumer Council and talked
 about the support for the Council from Dale Bramley, CEO, and Judy McGregor, DHB Chair and how this
 enables the Council to make a real contribution to the DHB. He commented on the diversity of the Council
 members and the knowledge and experience that they bring. Rob thanked David and talked about his
 intention that Consumer Councils will continue in the new health system. He thanked the Council members
 for the work that they do.
- End of Life Choice Act Presentation and update from Dr Jonathan Christiansen (Chief Medical Officer). Jonathan gave an overview of the Act and how the DHB is implementing it. He gave reassurance that there is a robust and thorough process to any applications through the Act.



Waitematā DHB - Patient Experience Report (February 2022)

- Youth Mental Health Overview of the current continuum of Children and Young People's Mental Health services Stephanie Doe, Selena Griffiths, Petronella Musekiwa and Julia Kranenburg answered questions about their paper. The Council asked questions about workforce issues, services for people with disabilities, e.g. Autism (dual diagnosis), cultural support and people with eating disorders.
- **COVID-19 update** Omicron update from Dale Bramley, CEO. Although numbers were rising more slowly than initial modelling had suggested, they are starting to rise. Dale emphasised the need for people to get boosted and told the Council that the boosters are doing their work to protect people. He asked that people encourage their communities to get the booster as soon as they can. Under 18s are not yet able to have the booster until this is approved by Medsafe.
- **Discussion on NZREX** Overseas training doctors wanting to work in NZ discussion led by Ngozi Penson, Deputy Chair, Consumer Council. Jonathan Christensen responded to the points that Ngozi raised and explained that this is a national issue, in part due to lack of places for doctor to train. Judy McGregor, as Chair of the NZ Health Workforce Advisory Board, said that she will take this issue forward to the Advisory Board for discussion



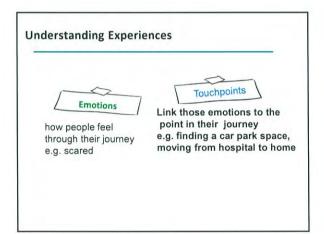
What is Patient Experience?

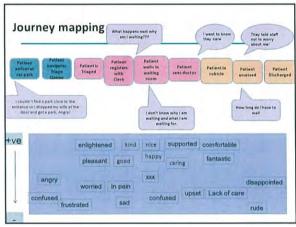
'The sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care'

- The Beryl Institute

1

2



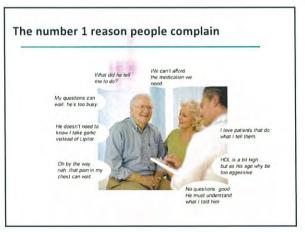


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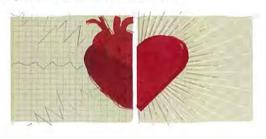
That's not my job

This is a story about four people named
Everybody, Somebody, Anybody
and Nobody. There was an important job to be
done and Everybody was sure that Somebody
would do it. Anybody could have done it, but
Nobody did it. Somebody got angry about that,
because it was Everybody's job. Everybody
thought Anybody could do it, but Nobody
realized that Everybody wouldn't do it.
It ended up that Everybody blamed Somebody
when Nobody did what Anybody could have done.



Why is communication the #1 complaint?

Why is there often such a disconnect?



Tailoring conversation to the patient

- reading the situation
- teach back methodology
- listening to words used by patients
- working in partnership
- pitch/volume/eye contact/body position
- introducing everyone in the room
- picking up on cues

8 7

Health Literacy

'the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions'.

56.2% of adult New Zealanders have poor health literacy skills, scoring below the minimum required to meet the demands of everyday life and work.

People with low levels of health literacy:

- · are more likely to be hospitalised
- · make greater use of emergency care
- have poor health outcomes
- have lower ability to demonstrate taking medications appropriately
- · have lower ability to interpret labels and health messages

What can at times appear like a simple health task, can often be challenging for our consumers.

Scenario: Ngahuia has been sent a letter with instructions to attend a clinic and faces the following challenges to access and receive healthcare

- Reading and understanding the instructions of an appointment letter
- Getting to the appointment, including transport and organising time off work
- Balancing other commitments, such as family and childcare
- Paying for the cost of care
- Apprehension about attending the appointment and talking to health professionals

9 10

Kiwisaver / new interest rate on mortgage



- 1. How financially literate are you? 2. How have you built your financial literacy?
- 3. What do you do when you have a financial literacy
- 4. Why is it hard to become more financially literate?

What factors affect financial literacy?

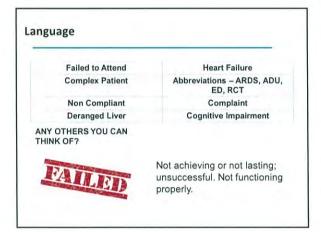
- Experiences
- · Explanations provided/access to good information and advice
- Complexity e.g. jargon
- Unfamiliarity
- Interest
- Priorities & responsibilities
- Literacy and numeracy skills
- Age, income
- Support
- Stress
- Financial status

So... Health Literacy...

- is a state (changeable) not a trait
- · depends on the situation
- affects every person at some point
- is not about intelligence

Communitive Communities Commun

13 14



What can Health Professionals do for HL?

3 steps to better Health Literacy

Help individuals and families to manage their health by building health literacy using Ask, Build and Check - the Three Step Model

From Ministry of Health: Israework for health literacy

This object to Step 2

Check you were clear (and, if not, go back to Step 2)

Into //www.haut.govi.nz/acutes//consumer Gragamen/Besources/health-filteracy-

15



Step 1: ASK

16

- Ask them what they already know, think, do and believe Focus on asking open questions, listening and uncovering person's background knowledge
- "Tell me what you know/do about"
- "Tell me what you think/believe about"
- Set an agenda

"Today I want to find out how you have been since I saw you last and then talk about your blood tests. Tell me what you would like to talk about" (write it down) And keep asking "anything else – anything else"

- And then prioritise
- "So we may not be able to cover all these things today so tell me what are the most important things you want to cover"

17 18



Step 2: Build Health Literacy skills and knowledge

- Link it to what the person already knows
- Give information in manageable chunks
- · Give information in logical steps
- · Explain technical words
- Use visuals including actual equipment
- · Use written materials
- · Help people anticipate next steps



19

How people learn new words

40 times

Step 3
Check you were clear (and, if not, go back to Step 2)
This is the hardest step and needs the most practice

22

20

• Check that you have been clear – take responsibility for the clarity of the communication this is different from asking if a patient has understood you

e.g. I want to make sure I've given you have the information you need... could you please tell me what you have to do when...

Or I just want to check I have been clear can you please tell me how you are going to take this new medicine



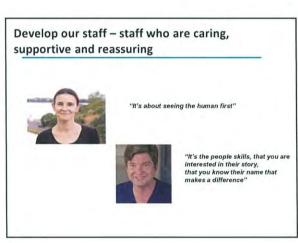
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25 26





27 28





29 30

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel"



32

Maya Angelou - American author, poet, dancer, actress, and singer (1928-2014) in other people's shoes.

If you feel that it hurts you, it probably hurts the person too.



33

Feeding Support Survey

The Child Health Service is interested to hear about your experience of receiving tube feeding support for your child. Your feedback will help us to evaluate the service we are providing and make the necessary changes to do it better.

Please can you complete a short survey? It will take a few minutes to complete. All responses are anonymous.

1. Before leaving the hospital, did staff help you to ...?

	Yes	No	Not sure / Can't remember
feel included in decisions made about			
options of feeding support for your child			
understand why your child needed feeding			
support by tube feeds			
have clear expectations on when the			
feeding tube is likely to be removed?			

2. How would you rate the transition process from the Special Care Baby Unit (SCBU) to your home for the following...?

	1. Strongly Agree	2.	3.	4.	5. Strongly disagree
		·	••	••	•••
I was involved in the decision to transition home with tube feeds.					
I was taught to manage tube feeds for my baby before discharge.					
I felt confident to voice my concerns with staff.					
Staff answered any questions I had.					
I was contacted by the community team whilst in hospital or the first day after discharge.					
I knew who the professionals involved were and their roles in both the hospital and in the community.					
The transition from hospital to home went smoothly.					
I felt prepared to tube feed when I got home					

	, did you?						
now wh							
now wh			Yes	No) C	sure / an't ember	
uestions	om to contact if or concerns?	you had any othe	er				
	w to connect wit	h support groups	in				
id you	experience an	y challenges or o	difficulties w	ith tube 1	eeding at h	nome?	
_	-	ourney, were yo		planning			
our chil	ld's teeding pla		_	•		als abou	ıt
	01	ans and about tr	ne support y	•		als abou	ıt
П				ou receiv	ed?		
	Yes	Please can you for your child,	u tell us more specifically r	e about yo	ed? our involver	ment in s	ettin
		Please can you	u tell us more specifically r	e about yo	ed? our involver	ment in s	ettin

Thank you for your time.

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	, did you?						
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now wh			Yes	No) C	sure / an't ember	
uestions	om to contact if or concerns?	you had any othe	er				
	w to connect wit	h support groups	in				
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our chil	ld's teeding pla		_	•		als abou	ıt
	01	ans and about tr	ne support y	•		als abou	ıt
П				ou receiv	ed?		
	Yes	Please can you for your child,	u tell us more specifically r	e about yo	ed? our involver	ment in s	ettin
		Please can you	u tell us more specifically r	e about yo	ed? our involver	ment in s	ettin

Thank you for your time.

4. INFORMATION ITEMS

- 4.1 COVID-19 Update Omicron
- 4.2 HQSC Code of Expectations submission update
- 4.3 Community concerns

5. CONFIRMATION OF MINUTES

- 5.1 Confirmation of the Minutes of Meeting 09/02/22Actions Arising from Previous Meeting
- 5.2 Meeting evaluation