

Consumer partnerships to drive quality improvement

Acute paediatric outpatient population

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Queensland
Government



Declaration of Interests

Children's Health Queensland Hospital and Health Service (Queensland Health)

- Division of Surgery and Perioperative Services
- Division of Allied Health





Children's Health Queensland Hospital and Health Service
pays respect to the Traditional Custodians of the lands
on which we have the privilege to work on.

We acknowledge and pay our respects to Aboriginal and
Torres Strait Islander Elders past, present and emerging.





Outpatient Department

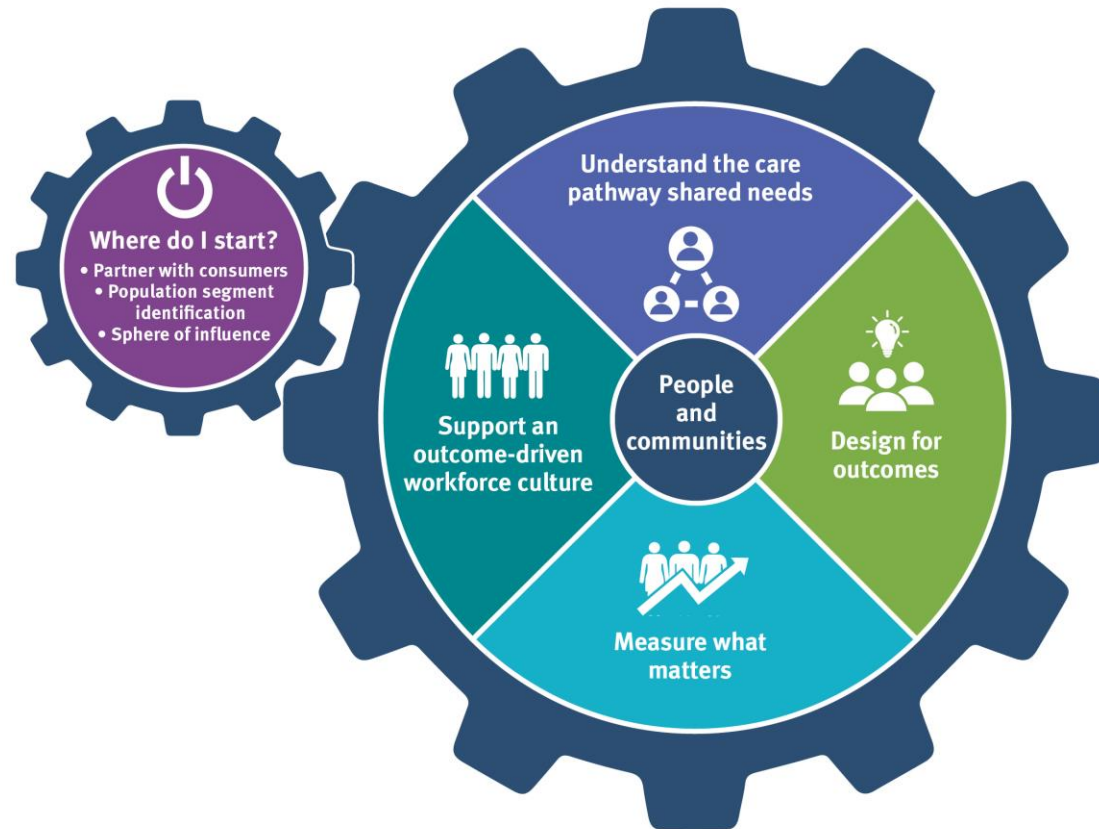


Quadruple Aim: Acute, transient population

- Acute hand fractures – plastic and orthopaedic specialities
- 100 - 150 children seen / week in the equivalent of 10 hours in 3 outpatient clinics
- Quality Improvement process for alliance project to redesign clinics
 - Strategy;
 - Service Mapping & Data analysis;
 - Literature review with evidence-based solutions
 - improving systems processes,
 - different models of care,
 - clinical standardisation



Value Based Health Care



Student Led Project: Patient Journey Mapping

- The most important component is to capture the differences between families' experiences to gain a population view for themes of opportunity.
- Visual pathway with informal interview and open ended question to prompt consideration: inclusion of time points, emotions, objective ratings, positive and negative experiences.



Literature effectiveness of PJM in healthcare for co-designing quality improvement (see resource list)

Patient Journey Map

PRIOR TO CLINIC

DURING CLINIC

DAY OF INJURY

EMERGENCY DEPARTMENT/ GP VISIT

EXPERIENCE BETWEEN INITIAL VISIT & CLINIC

CLINIC WAITING ROOM

HEALTH CARE WORKER
PLEASE CHOOSE SOMEONE YOU SAW TODAY

HEALTH CARE WORKER
PLEASE CHOOSE SOMEONE ELSE YOU SAW TODAY

In a few words...

What happened?

What was your main concern?



Where did you go?

QCH ED GP
 Other (different ED, etc)

How long after the injury did you go to the GP/ ED ?

What was your experience like?

Please rate how satisfied you were?



How do you feel? (1-2 words)



When did you come to the clinic following your initial GP/Emergency visit?

5 day or less or More than 5 days

How long did you wait to be notified about your appointment?

Did anything happen during this time that made you seek an earlier/ later medical review (e.g., surgery, COVID, etc.)?



How many times have you come back to the waiting room today?

Is there anything you would change?

Please rate how satisfied you were?



How did you feel? Describe (1-2 words)

Who have you seen today?

Admin Doctor
 Hand Therapist/OT
 Nurse X-Ray
 Cast Technician
 I don't know



What was their job/ profession?

What went well today?

Is there anything you would change?

Please rate how satisfied you were?



How did you feel? Describe (1-2 words)



What was their job/ profession?

What went well today?

Is there anything you would change?

Please rate how satisfied you were?



How did you feel? Describe (1-2 words)





What is a Patient Journey Map?

A Patient Journey Map is a tool used to visually represent your own (or your child's) healthcare journey. By reflecting on how you felt and what you experienced along the way, you can help us to better understand what is important to you, what we are doing well and where we need to improve!

We highly value your feedback. Your responses will remain confidential, and your participation is voluntary. Please either place this in the "return box" located at the administration desk or feel free to hand this to the Occupational Therapist at the end of your appointment.

Thank you for your feedback and for letting us be part of your child's healthcare journey!

Additional comments/feedback?

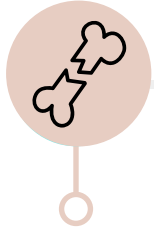
- Key**
-  Extremely Unsatisfied
 -  Unsatisfied
 -  Neutral
 -  Satisfied
 -  Extremely Satisfied

- Possible Feelings**
- Happy
 - Supported
 - Safe
 - Good
 - Comfortable
 - In Pain
 - Worried
 - Lonely
 - Sad
 - Angry

How did consumers respond?



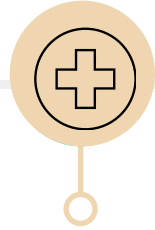
TRENDS ACROSS THE PATIENT JOURNEY



Day of Injury

Main concerns:

- Impact of injury on daily life
- **Health outcomes**



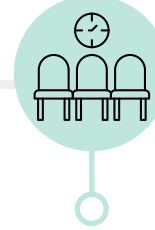
ED/GP Visit

Patients were mixed in feelings of satisfaction with their experience. Largely dependent on pain and waiting times



Experience Between Initial Visit & Clinic

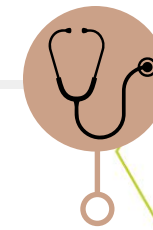
Patients generally waited one week & satisfied with process. Most reported they had no complications impacting this.



Clinic Waiting Room

Main Concerns:

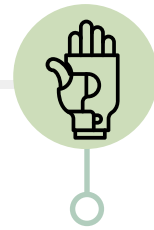
- Waiting time
- Hospital environment including parking



77% - 85% Overall Satisfaction (Doctor/Admin/OT)

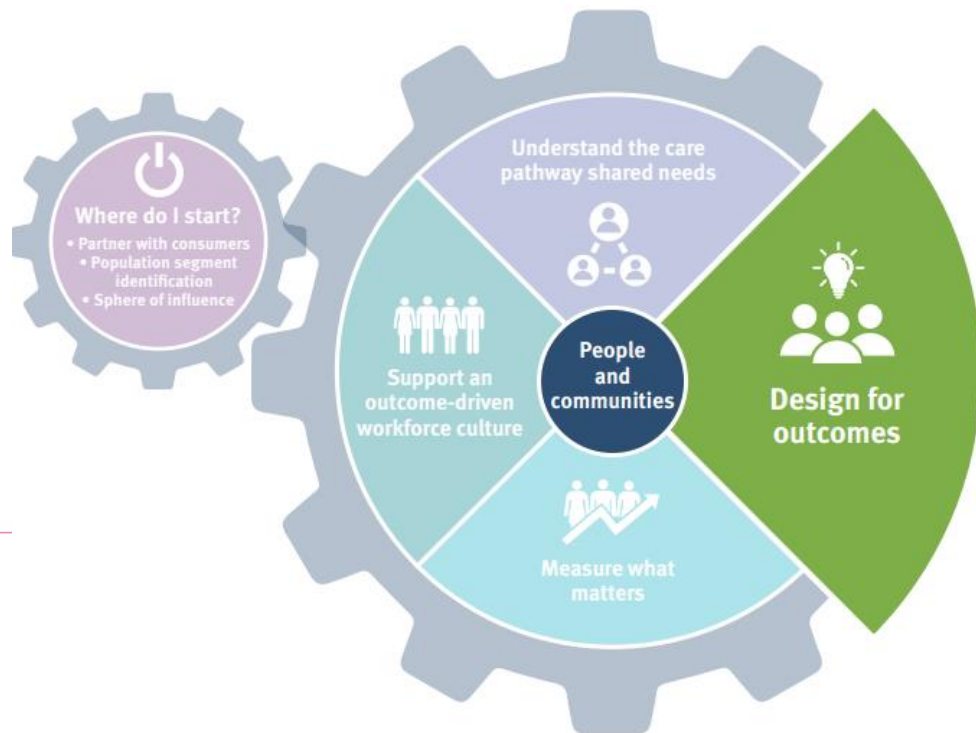
Thematic Prevalence/ Relevance

- Positive in affect: "happy, relaxed, positive" with no negative connotations provided.
- Differences between professions re: **health outcomes/ advice/ plans**



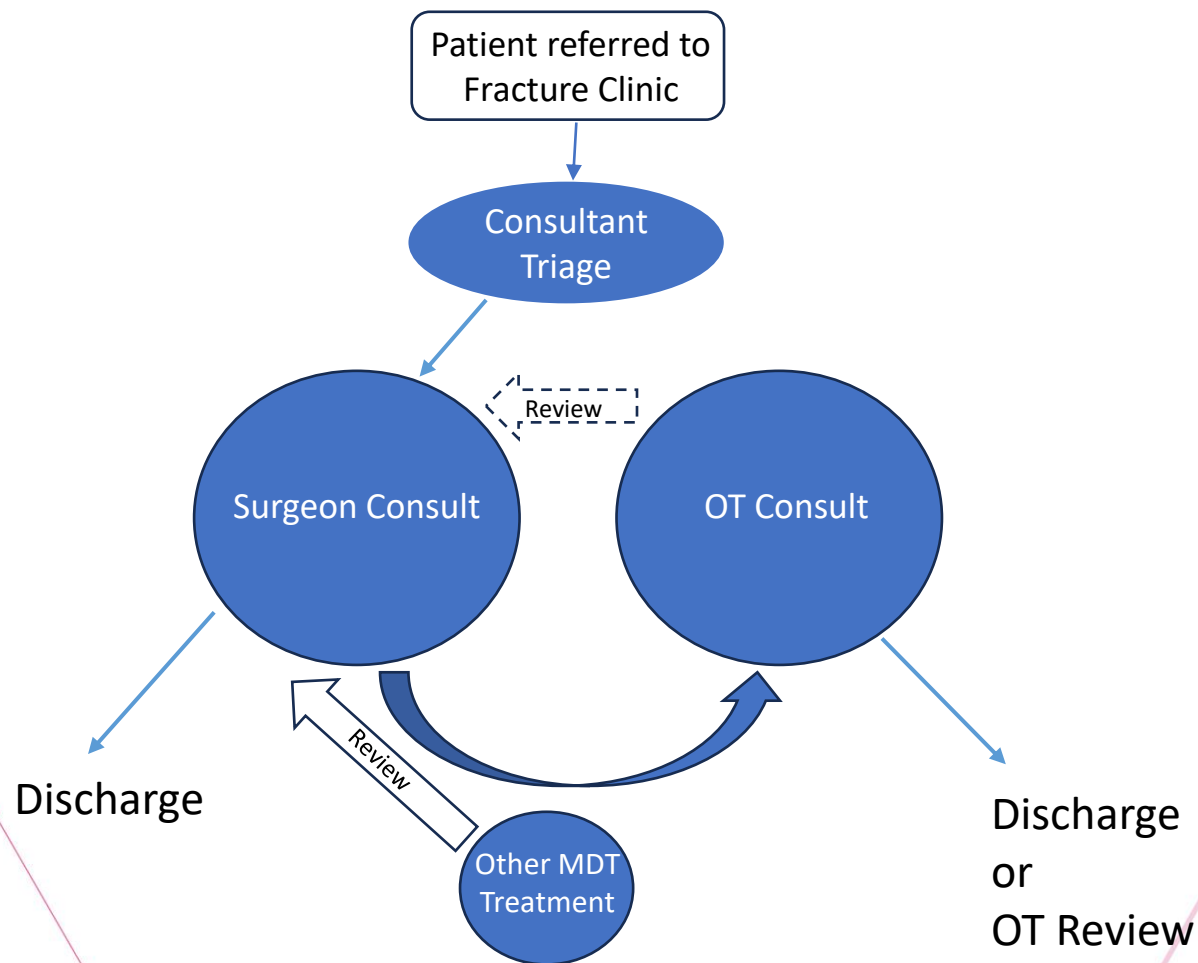
"The clinic was so busy this afternoon, but the staff were amazing and did their jobs proficiently"

Deep Engagement: PJM in Co-Design

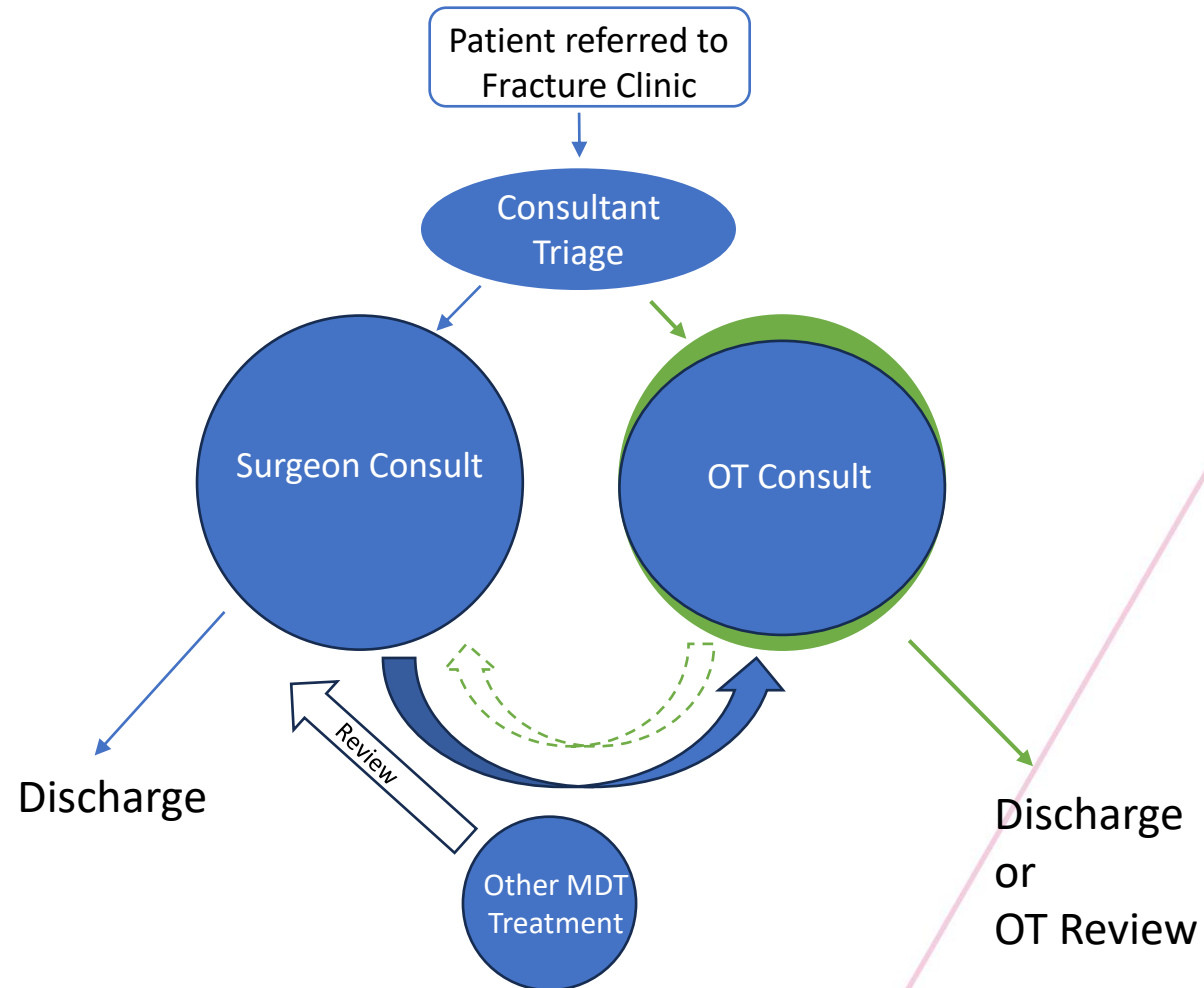


- Patient Journey Mapping needs Informal Interviewing
 - Richer feedback is gained with clarification, noting verbal information (e.g. consumers often wanting to protect staff) and **soft-test alternative solutions** with families invaluable for co-design.
- Tool for deep engagement in **early** quality improvement process
 - Resources = Time and Understand the process
- Combined Chart Audits / Service Data/ Literature/ Benchmarking
 - Initiative: New Model of Care for Simple Fractures**
(Novel in Australian Paediatric Speciality Hospital)
- Clinical Team/ Leadership Consultation and Sphere of Influence

Occupational Therapy (Specialist Hand Therapy) for Fractures: Medical Led MDT Care



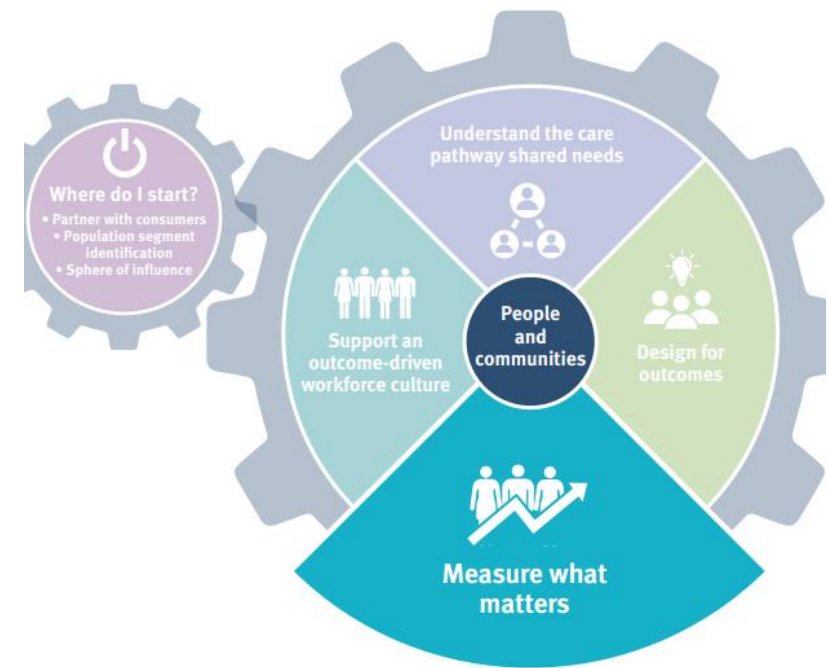
Occupational Therapy (Specialist Hand Therapy) for Simple Fractures: Joint Surgical and Allied Health (OT-Led Care)



Measures that Matter

Research/ Implementation Practice

- RE-AIM Framework
- HREC Approval



Standard Practice needs a VBHC SUITE

- Health service measures
- Financial measures
- Outcome **measures that matter**

“How are YOU doing?” not “How are WE doing?”

Building Measures that Matter: Patients

CAPABILITY



Measures a person's functional status outcomes. The ability of people to do the things they want to do, during and after care.

COMFORT



Measures relief from physical and emotional suffering throughout the journey of care. Lessening the burden of disease or injury.

CALM



Measures the ability of a person to live normally while accessing care. Freedom from the stress caused by the chaos of the health system.

- Three C's
- Extensive research that measurement needs to prioritise simplicity, aiming to no more than 5 questions
- Expressed in terms of capability, comfort and calm

Liu, et al. (2017). Value-based Healthcare: Person-centered measurement: Focussing on the Three C's. *Clinical Orthopaedics and Related Research*, 475, 315-317.

Consumer : Clinician Partnership

- Consumer partner (recruited through Family Advisory Council) to develop outcome measures that matter
- Used patient journey mapping results, framework and lived experiences



Integrated Care Journey (not individual professions)

VBHC Outcome Measures that Matter

Capability:

Q1. Function at clinical healing (KPI > 80% Positive)
Acquiescence bias

Q2. Belief of return to function (KPI > 80% Yes)

Comfort:

Q3. Pain, discomfort or avoidance (KPI > 80% No)

Calm:

Q4. Total time spent accessing care (KPI > 60% Positive)

Q5. Total cost spent accessing care (KPI > 80% Positive)

Q6. Happy with care options? (KPI > 80% Positive)

Freetext Feedback

As of today, how much can your child participate in their pre-injury, normal daily activities?

Not at all
 Somewhat
 Mostly
 Completely

Given what you know today, do you believe your child will return to all their normal daily activities once their injury has healed?

Yes
 No

These activities are individual but could include playing sport or musical instruments, as well as self-care and school.

Is your child experiencing pain or discomfort, or are they avoiding any activities because of their recent injury that you feel is unexpected at this time?

Yes
 No

Please specify ...

Please Note: You are encouraged to contact the QCH health care provider you have seen (eg. Occupational Therapy Department, Phone 3068 2275) if you would like further review.

Your answers in this survey are unidentifiable and not able to be individually addressed.

Please rate the following ...

The total amount of time you have spent accessing care for your child.

Way too much
 A bit too much
 Okay
 Minimal

Please consider waiting times for appointments, time off work and school, and impact on family routines.

Please rate the following ...

The total cost of accessing your child's care has been

Very unreasonable
 Somewhat unreasonable
 Somewhat reasonable
 Very reasonable

Please consider appointment costs, medical items, parking costs and lost income.

Were you happy with the care options provided for your child's health condition or injury?

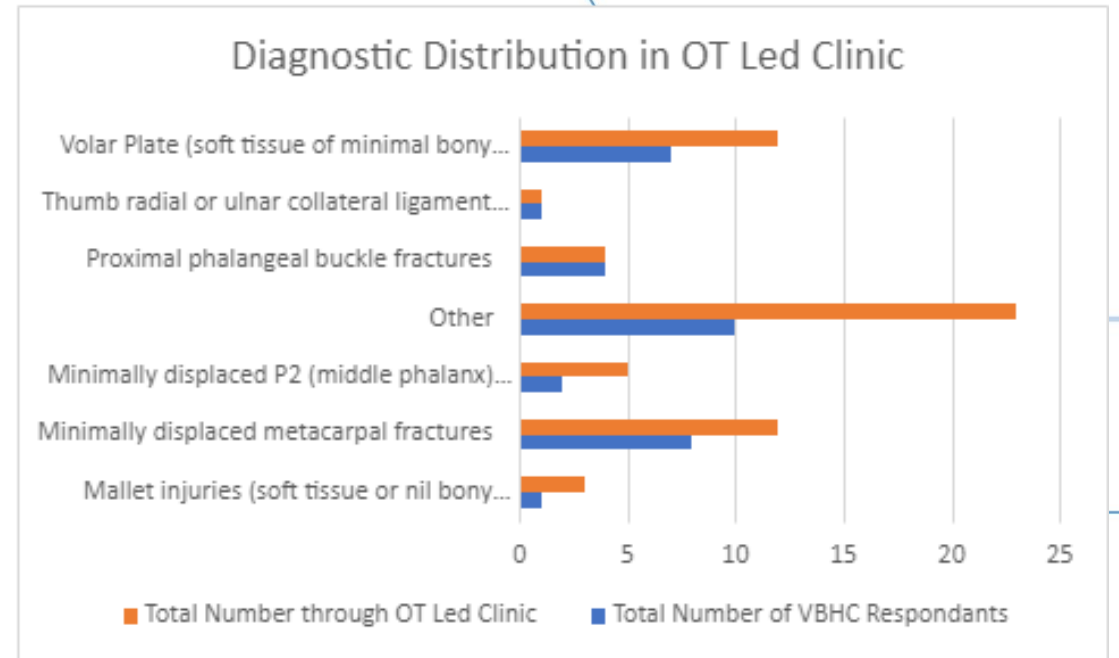
Yes
 No

Do you have any comments you would like to share about your health care experience, or how else we can be helpful?

Please share here ...

Results: Patient Measures that Matter (VBHC Outcomes)

- **60 eligible new participants**
- **50% of children had only the initial appointment**
- Survey was emailed through REDCap at **expected clinical healing post injury (~ 4 -6 weeks after day of injury)**
- **Achieved 55% response rate**
- Proportionally representative of diagnostic conditions treated



Capability and Comfort

Capability:

Q1. Function at clinical healing = **93% Positive**

(KPI > 80% Positive)

Q2. Belief of return to function = **97% Yes**

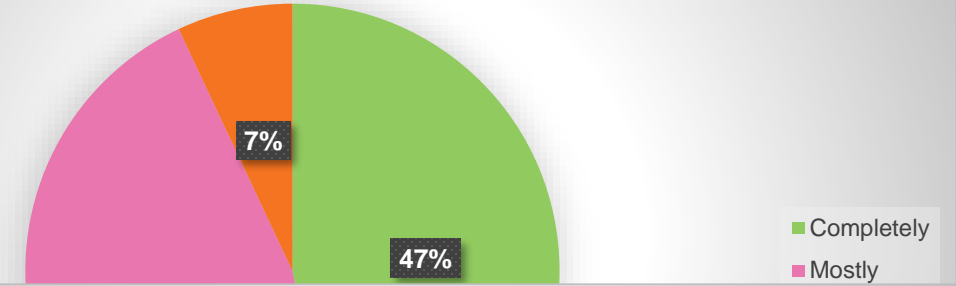
(KPI > 80% Yes)

Comfort:

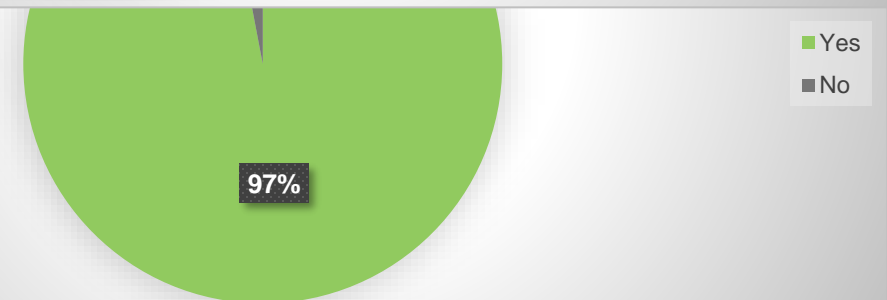
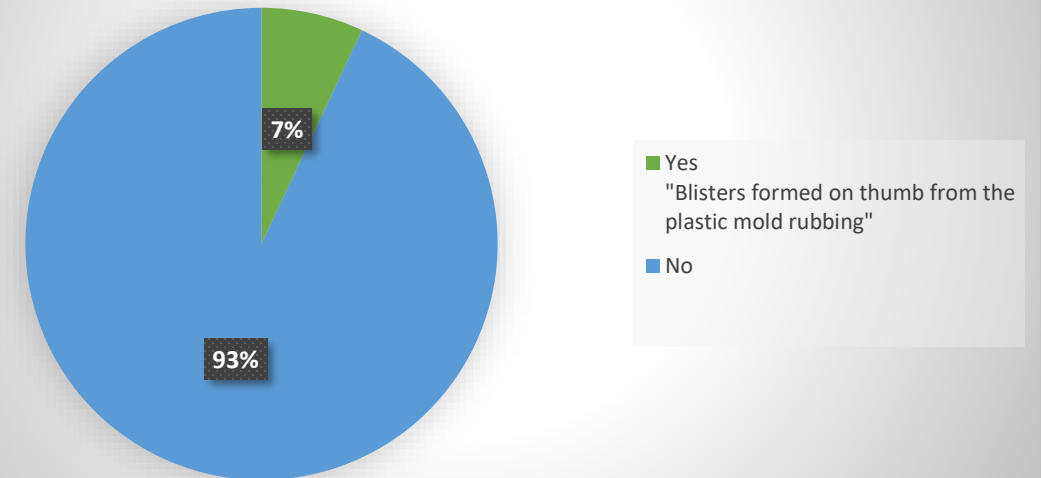
Q3. Pain, discomfort or avoidance = **93% No**

(KPI > 80% No)

Function at Expected Clinical Healing

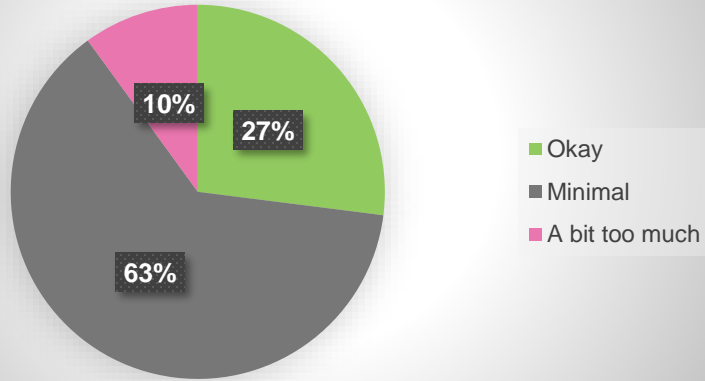


Pain, Discomfort or Avoidance at expected clinical healing

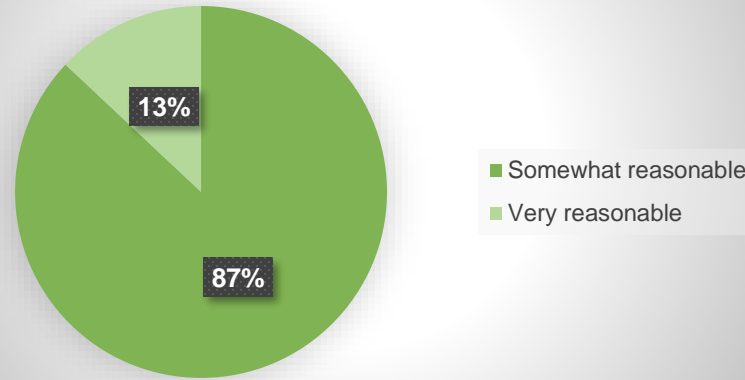


Calm

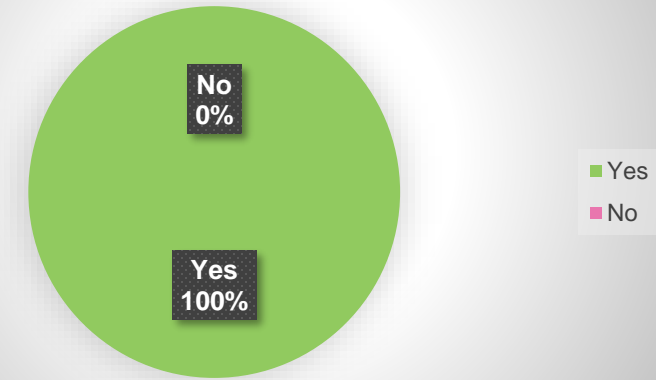
Time spent was ...



Cost was ...



Happy with care options?



Calm:

Q4. Total time spent accessing care = **90% Positive**
(KPI > 60% Positive)

Q5. Total cost spent accessing care = **100% Positive**
(KPI > 80% Positive)

Q6. Happy with care options? = **100% Positive**
(KPI > 80% Positive)

“Referral straight to OT without having to see ortho is a time saver and highly recommended for those injuries that do not require surgery.”

“After having older children and lining up for hours at the fracture clinic I found the new system fantastic.”

“The experience was great. Quick and very personal care and attention.”



Building Measures that Matter: Health Services & Implementation

RE-AIM: www.re-aim.org

Reach the target population: Recruitment

- Number of referrals seen, reasons for non-acceptance of referrals, slot utilisation for new clinic

Effectiveness or efficacy: Intensity delivery and received

- 3 C's
- Patient Reported Outcome Measure – UL specific from 8 years of age

Adoption by target staff, settings, systems and communities

- Staff survey at ½ way point for feedback
- Monthly research/clinical team meeting to monitor implementation (e.g. monitoring outcomes and processes, local champions, sharing small wins, emotions), determine solutions, design sustainable model

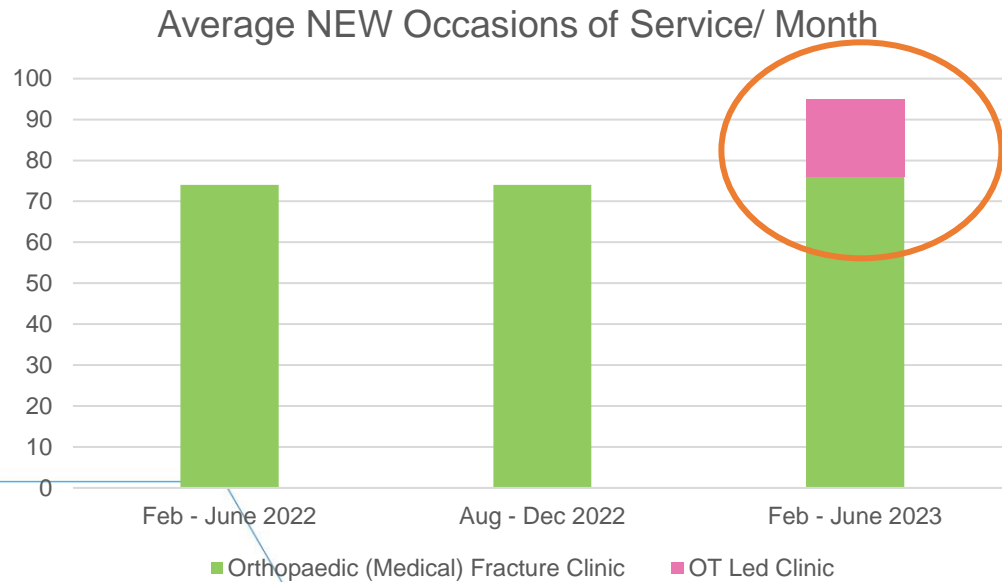
Implementation consistency, costs and adaptations made during delivery

- Fidelity (e.g. chart audits: 2 x 1-week periods across 3 clinics, compliance with model of care)
- Standard KPIs for outpatients (e.g. waiting periods, FTA rates, slot utilisation)
- Impact on staffing (e.g. TOIL/overtime accrual)
- Management accounting: Cost between clinics

Qualitative and Quantitative Analysis

Maintenance/sustainment of intervention effects in individuals and settings over time

Key Findings: Implementation Research



- 100 total New patients (1 x 3.5 hour clinic/week)
- OT Led Clinic took **20% of all new referrals** to the Orthopaedic Fracture Clinic during the trial period
- There was **22% growth in referrals to Orthopaedic Fracture Clinic** during the trial

This model of care enabled health service provision to more appropriate clinician scope of practice.

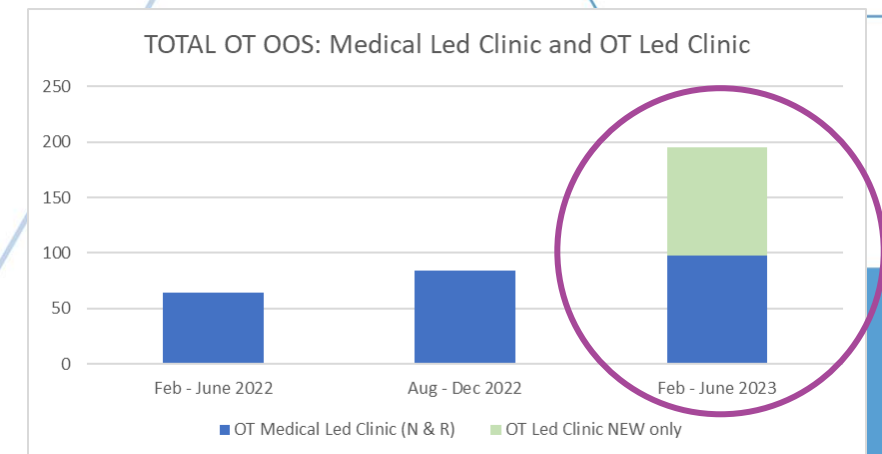
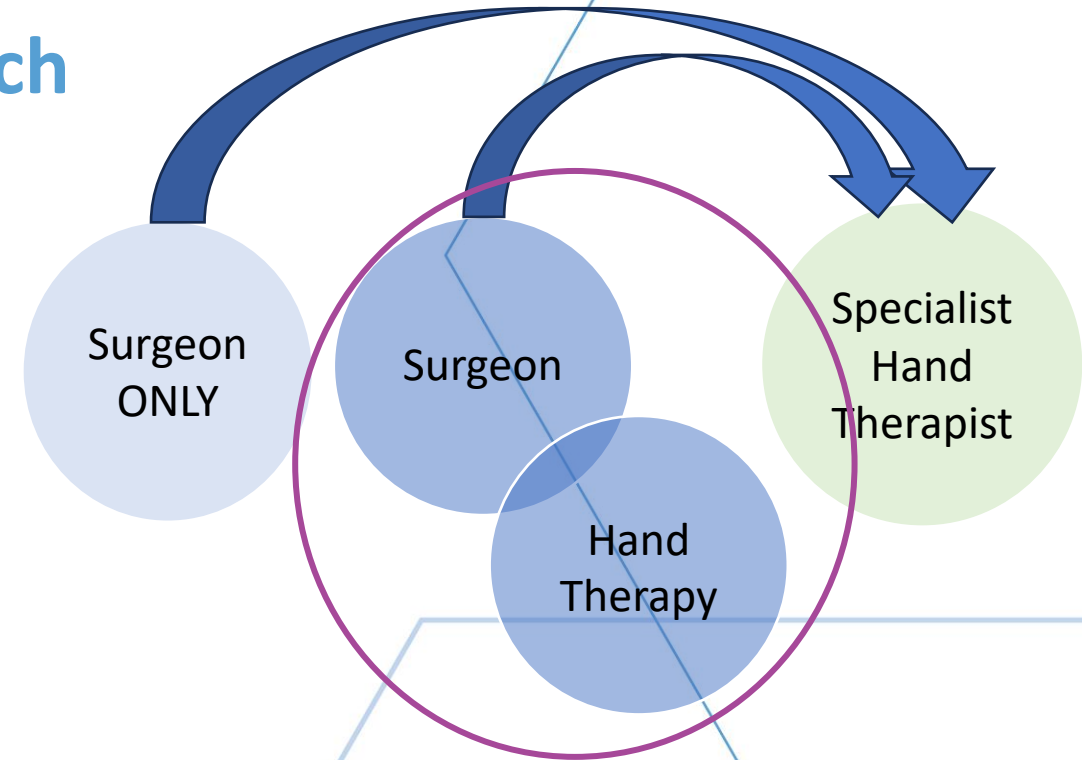
- Met all KPI for specialist outpatient performance except FTA rate (same medical and OT led Clinic = 12%)
- Cost of OT < MDT Clinic per new patient (\$88 vs \$143)
- Review appointments were provided predominantly via **Virtual Care** (82% in OT vs 9% in medical clinics) = less demand on hospital amenities such as parking and waiting rooms

Key Findings: Implementation Research

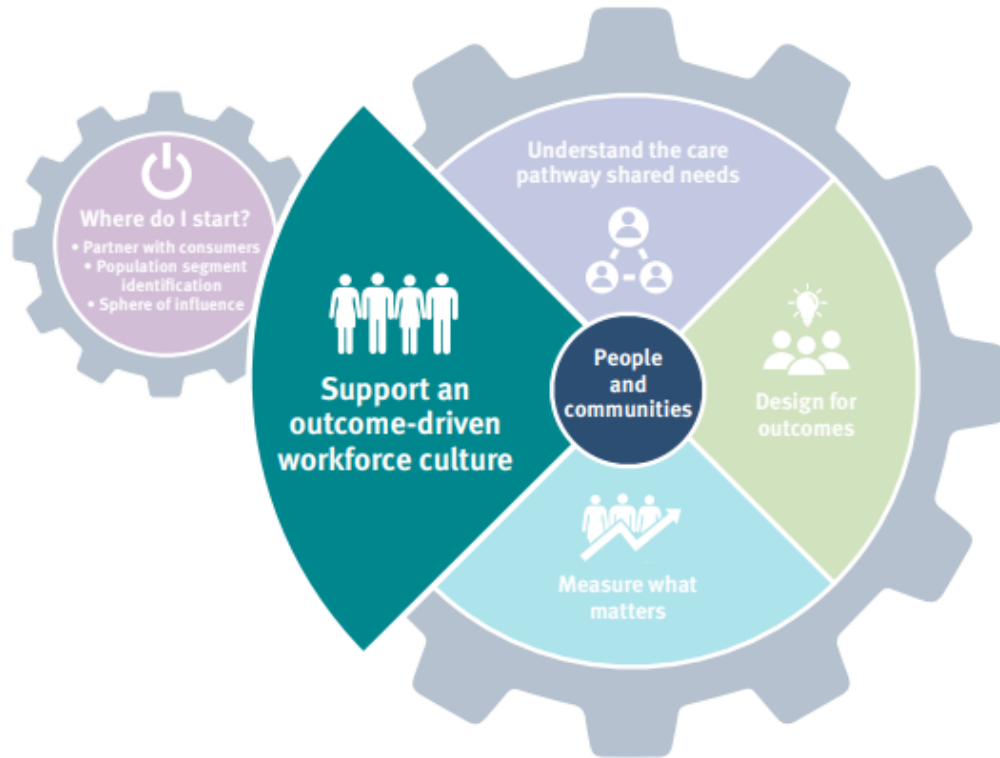
Qualitative components informed by Consolidated Framework for Implementation Research (CFIR)

- Formal staff survey (medical, admin & OT)
 - Impact on Staff
 - Unsustainable absorption for Occupational Therapy without resourcing
 - Loss of training opportunities for clinic staff from experienced hand therapists reduced staff confidence and communication
 - Willingness rates high to continue with implementation changes

Proof of Concept = safe and effective in paediatric specialty healthcare and there is greater expansion possible with appropriate workforce enablement



Workforce Enablement: Maintenance / Sustainment



Strategy and Policy Support: Queensland Health June 2023

- HealthCare purchasing incentives for **Workforce Enablement** (next 2 Financial Years)
 - Upper Limb Specific: for OT or PT to provide more **timely access** for patients with **lower complexity needs** and expedited access to **enhanced multidisciplinary services**.



Consumers

Leaders

Colleagues

Students

People Power Change ...



Discussion and Questions

- How do you translate engagement with acute, transient health consumers in your practice?
- Are you capturing a suite of value-based health care outcome measures in operational performance monitoring dashboards?
 - System? Organisation wide?



Useful References

Patient Journey Mapping

- Burton, et al. (2017). Using family and staff experiences of a botulinum toxin – A service to improve service quality. *Child: Care, Health and Development*, 43(6), 847-853.
- Davies, et al. (2022) Reporting of patient journey mapping in current literature: a scoping review protocol. *JBIC Evidence Synthesis* 20(5):p 1361-1368,
- de Ridder et al. (2018). The perioperative patient experience of hand and wrist surgical patients: An exploratory study using patient journey mapping. *Patient Experience Journal*. 2018; 5(3):97-107.
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- Smith, et al. (2022). Using journey mapping to support staff, family members and allies of people with dementia to think and act differently during a care transition: The benefits and limits of care imagination. *Dementia (London, England)*, 21(6), 1873-1889.
- Schouten, et al. (2021). Experiences and perspectives of older patients with a return visit to the emergency department within 30 days: patient journey mapping. *European Geriatric Medicine*, 13(2), 339–350.
- Tothy, et al. (2017). The evolution and integration of a patient-centric mapping tool (patient journey value mapping) in continuous quality improvement. *Patient Experience Journal*, 4(1), 154–158.

Value Based Health Care

- Queensland Health Allied Health Framework for Value-Based Health Care: <https://www.health.qld.gov.au/ahwac/html/VBHC>
- Nundy et al. (2022). The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*.327(6):521-2.
- Liu, et al. (2017). Value-based Healthcare: Person-centered measurement: Focussing on the Three C's. *Clinical Orthopaedics and Related Research*, 475, 315-317.

Implementation Research

- Improving Public Health Relevance and Population Health Impact: RE-AIM: www.re-aim.org
- Nevedal, et al. (2021) Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). *Implementation Sci* 16, 67.

National Strategy

- Public Hospital System: 2020–25 National Health Reform Agreement (NHRA) | Australian Government Department of Health and Aged Care
- Primary Care: Unleashing the Potential of our Health Workforce – Scope of practice review | Australian Government Department of Health and Aged Care (Current)