Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

10 June 2020

2:00pm – 4:00pm

Venue
Boardroom - Level 1, 15 Shea Tce Takapuna
ZOOM - https://waitematadhb.zoom.us/j/98624486829
Meeting ID - 986 2448 6829

CONSUMER COUNCIL
10 June 2020

Venue: WDHB Corporate, Boardroom Level 1, 15 Shea Tce Takapuna OR
Zoom link : https://waitematadhb.zoom.us/j/98624486829 Zoom Meeting ID: 986 2448 6829
Time: 2:00pm – 4:00pm

Consumer Council Members	Ex-officio - Waitematā DHB staff members
David Lui (Council Chair) DJ Adams Neli Alo ((Ngati Maniapoto, Ngati Kahungunu) Boyd Broughton (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Angela King (Healthlink North) Ngozi Penson Jeremiah Ramos Kaeti Rigarlsford Ravi Reddy Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen	Dr Dale Bramley – Chief Executive Officer David Price – Director of Patient Experience

APOLOGIES

AGENDA

Disclosure of Interests (see page 5 for 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

1.	**AGENDA ORDER AND TIMING**	
2.	**CONFIRMATION OF MINUTES**	
2:00pm	2.1	Confirmation of the Minutes of Meeting (18/03/20) Actions Arising from Previous Meeting Welcome to Ngozi Penson – new Consumer Council member
3.	**DISCUSSION ITEMS**	
2.05pm	3.1	Choosing Wisely Aotearoa
2.30pm	3.2	Revisiting the Consumer Council's Strategic plan in view of Covid-19
3.00pm	---	Break
3.10pm	3.3	Confirmation of guidelines to be adopted by the Council - Guidelines for Consumer Council Proposals - Recommendations Tracker - Elevator Pitch
4.	**INFORMATION ITEM**	
For noting	4.1	Patient Experience Report
3.30pm	4.2	Covid-19 Waitematā Response
3.45pm	4.3	Update on presentation to the WDHB Board
5.	**ANY OTHER BUSINESS**	
3:50pm	5.1	Agenda for next meeting
3.55pm	5.2	Community concerns

Waitematā District Health Board

Consumer Council

Member Attendance Schedule 2019-2020

NAME	Jul 2019	Aug 2019	Sep 2019	Nov 2019	Feb 2020	Mar 2020	Jun 2020
David Lui (Chair)	✓	✓	✓	✓	✓	✓	
DJ Adams	✓	✓	✓	✓	✓	✓	
Neli Alo	✓	✓	✓	✓	✓	✓	
Boyd Broughton	✓	✓	✓	×	✓	✓	
Lorelle George	✓	✓	×	✓	×	✓	
Insik Kim	✓	✓	✓	✓	✓	✓	
Angela King	✓	×	×	✓	✓	×	
Jeremiah Ramos	✓	✓	✓	✓	✓	✓	
Ravi Reddy	✓	✓	✓	✓	✓	✓	
Kaeti Rigarlsford	✓	✓	×	✓	✓	✓	
Lorraine Symons	×	×	✓	✓	✓	✓	
Vivien Verheijen	✓	✓	✓	✓	✓	✓	
+Dale Bramley	✓	✓	✓	×	✓	×	
+David Price	✓	✓	✓	✓	✓	✓	

✓ *attended*
× *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
David Lui (Chair)	Director, Focus on Pacific Limited Chair, Consumer Advisory Committee, PHARMAC Board Member, Walsh Trust Board Member, Mental Health Foundation Chair - Board of Trustees, Henderson High School	18/09/19
DJ Adams	No declared interest	02/09/19
Neli Alo	No declared interest	24/09/19
Boyd Broughton	No declared interest	03/07/19
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Angela King	An employee of Royal District Nursing Service which has a contract with Auckland District Health Board	03/07/19
Ngozi Penson	No declared interest	31/05/20
Jeremiah Ramos	No declared interest	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	No declared interest	03/07/19
Lorraine Symons - Busby	MOU Liaison – Waipareira Trust	24/09/19
Vivien Verheijen	No declared interest	03/07/19

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.

2. CONFIRMATION OF MINUTES

2.1 Confirmation of the Minutes of Meeting 18 March 2020 Actions Arising from Previous Meeting

DRAFT Minutes of the meeting of the Consumer Council

of the Waitematā District Health Board

Wednesday, 18 March 2020

held at the Nikau Room, Waitakere Hospital Campus
commencing at 2.07pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
DJ Adams (Ngati Maniapoto, Ngati Kahungunu)
Neli Alo
Boyd Broughton (Te Rūnanga o Ngāti Whātua)
Lorelle George (by video conference)
Insik Kim
Jeremiah Ramos (by video conference)
Kaeti Rigarlsford
Ravi Reddy (by video conference)
Lorraine Symons (Te Whānau o Waipareira) (by video conference)
Vivien Verheijen (by video conference)

ALSO PRESENT:

Judy McGregor (WDHB Board Chair) (by video conference)
Dr Andrew Brant (Deputy Chief Executive)
David Price (Director of Patient Experience, Ex-officio member)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

APOLOGIES:

Apologies were received and accepted from Angela King and Dr Dale Bramley, late arrival from Boyd and early departure from Judy McGregor, Ravi Reddy and Lorraine Symons.

WELCOME:

The Consumer Council Chair welcomed everyone to the meeting and those joining in by video conference. The members acknowledged the presence of Dr Andrew Brant (Deputy CEO) to the meeting.

KARAKIA:

A Karakia was led by DJ Adams.

DISCLOSURE OF INTERESTS

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

1 AGENDA ORDER AND TIMING

Items were discussed in same order as listed in the agenda except the discussion of Item 3.4 (Waitematā DHB Website) was deferred to give way to provide important updates on Covid-19.

2 CONFIRMATION OF MINUTES

2.1 Confirmation of Minutes of the Consumer Council Meeting held on 19 February 2020 (agenda pages 7-13)

Resolution (Moved Ravi Reddy/Seconded Kaeti Rigarlsford)

That the Minutes of the Consumer Council Meeting held on 19 February 2020 be approved.

Carried

Actions arising from previous meetings (agenda pages 14-15)

The council noted the updates and no issues were raised.

2.2 Confirmation of 05 February 2020 Strategy Session Notes (agenda pages 16-20)

The council agreed that the Strategy Session Notes is an accurate reflection of the discussion and is confirmed.

2.3 Summary of recommendations – Engagement with the Youth (agenda pages 20-24)

The council confirmed the Summary of recommendations for Youth Engagement and is approved to be submitted to the WDHB Chair.

3 DISCUSSION ITEMS

3.1 Expectation from the Complaints Process (Agenda page 26)

Jacky Bush (Quality and Risk Manager) was present for this item. She provided a summary of the complaints and feedback process noting the following:

- Feedbacks/Comments/Complaints are either received by the DHB directly from the complainants (through various means) or in writing through the HDC.
- The services' first response to the complaint is to make contact by phone with the complainant and most issues are resolved during this discussion
- The average response time to the complaint is nine days.
- A survey was conducted on the complaints process and the results of the process revealed that around half of those surveyed do not know how to submit complaints.
- Majority of complaints were received from middle-aged NZ Europeans and this highlights equity issues in the feedback/complaints process.
- Two thirds of those surveyed felt that they were listened to and 1/3 felt that their concerns had been addressed.

Matters covered in the discussion and response to questions included:

- Complaints are tracked and followed through. All information received from the complaints process are used for quality improvement such as training.
- The DHB should consider other platforms to receive feedback (not in writing/spoken and in other languages). It was confirmed that the DHB utilises the translation services to assist in complaints received in various languages.
- It was also good to track Compliments since it can boost staff morale. There is also a need to look into the use of the word 'complaint' as culturally, it can discourage Pacific people to put forward their comments about the service received.
- The Council offered that they can provide their feedback as well on future surveys and this was welcomed by Jacky.
- Services are required to submit comments to the Friends and Family Tests and services are pro-actively asking for feedback.
- The HDC and NGOs can put forward a complaint on behalf of the users of mental health services. Consent is obtained when forwarding complaints on someone's behalf.
- The Council members were asked to submit further comments on the process (if any) to the DHB.

3.2 Last days of life in WDHB hospitals : Te Ara Whakapiri (Agenda pages 27-36)

Emily Dwight (i3 fellow) was present to discuss this paper. She gave a background and context on the discussion and highlighted the following:

- We do not have a "pathway" for end of life care and complaints around this sphere take note of missed opportunities to enhance comfort for patients.
- Te Ara Whakapiri aims to address an on-going 'care plan' which are constantly reviewed with the patient/family/whānau to make sure their wishes are addressed and managed.
- Te Ara Whakapiri was co-designed with consumers but there is recognition that it is not enough to address the level of patient focus we would want to achieve.
- In response to a query, it was noted that hospices are already implementing the framework and Te Ara Whakapiri is being developed for other settings. There is also 'home' version of the document covering 'laymen' terminology. A separate document is also provided to the family of the patient.

The council provided the following suggestions for consideration:

- It was observed that the ACE chart and the Te Ara Whakapiri are intended for clinical use and encompasses all critical elements of care.
- Negotiation and continued discussion with the patient and family is important and can be empowering for the whānau. It is understood that preferences and needs may change so the service should also be flexible inn addressing those needs.
- The ACE Chart could be used with color-coding so it will be easier for the clinicians to pick up goals that require intervention or escalation. Emily noted that this will particularly be useful in the electronic version of the document.
- DJ Adams, Kaeti Rigarlsford and Ravi Reddy noted their willingness to participate in the on-going discussion of the End of Life Care. The Council members will also submit further comments on the process (if any) to the DHB.

3.3 Agreement to Treatment / Consent Form (Agenda pages 37-42)

Amanda Mark (Legal Counsel) was present for the item. She provided an update on the changes made to the Agreement to Treatment / Consent process. She highlighted the following items:

- Comments for the Council were considered where possible and changes made not only to the form but as well as to the consenting process/procedure.
- There will be digital and non-digital resources to be developed for patients.
- The form was amended to give emphasis that the patient has an option to 'opt out'.
- In response to a query, it was clarified that the process aims to start the consenting process to provide them sufficient time to make informed decision. There are however instances that this could be limited by situations such as acute and emergency cases.
- Amanda also noted that she is not aware of a situation wherein the complaint was about 'understanding' of the consent form rather, complaints are received on the outcomes of the process not the process itself.

The council provided the following additional recommendations for consideration:

- The form should come in 'easy read', accessible and options for other languages. David Price also clarified that the Asian Health Services team provide translation/interpreting support 24/7 when needed.
- The consenting procedure should consider cultural sensitivity particularly in involving the patient's family/whānau to be involved in the process.
- It was suggested to look into the wordings in the form to be simplified as it may not be properly understood, can have different/subjective meanings to the patients. The words recommended to be reviewed are as follows:
  - In the first bullet "*I have had adequate opportunity*…", the word 'adequate' is complex and can mean different things to the patient.
  - In the second bullet, "…*there maybe other procedures undertaken*…", the word 'procedure' may not be understood by the patient.
- In relation to the process, the council noted that delivery of the form is also critical. The form should be provided by staff who are able to communicate in a culturally sensitive manner (possibly using humour when appropriate) and ensuring that the patient has understood the process.
- The Council members will also submit further comments on the process (if any) to the DHB.

3.4 Update and Discussion on Covid-19

Matt Rogers (Clinical Microbiologist and Incident Management Team member) provided an update on the current Covid-19 pandemic and the response of the Northern region DHBs:

- Response is a regional effort. The DHB's Incident Management Team (IMT) is linked with the Northern Region Coordination Centre.

- Focus is to address people's concerns and provide information. The government is focused on identifying cases and managing them.
- There is still much that is not known but Covid-19 does appear to pose risk to certain population groups.

Other matters covered in the discussion include the following:

- It was noted that from a consumer perspective, the information being made available by the MoH and ARPHS is very helpful.
- There are work streams on-going to address acute stress and mental issues as a result of Covid-19. In relation to this, the council noted that it would be helpful to have a separate support line (not the Healthline number) that could support those experiencing stress and anxiety as a result of Covid-19. Matt will raise this matter with the IMT.
- It would be helpful for consumers as well to be provided up to date and simple to understand information (like the WHO's situation report) or 'Factsheet' that will be useful to the community or those working at community services, primary care or whānau. This matter will be raised with the IMT.
- In response to a query, Matt clarified that masks are not required as it does not help manage 'fears' felt by the community. Sanitizers are helpful however the importance of proper hand washing should be highlighted.
- The council recommended the use of Asian Media as they can publish information that will maximise audience reach particularly in ethnic communities.
- Matt also clarified that supply for PPE and other equipment are constantly monitored.
- Additional updates were provided by David Price including the cancellation of the volunteer services at the DHB. The patient experience team will continue to ensure their wellbeing and provide support when needed.
- There is also discussion about the use of clinical volunteers during this period. Health and Safety is a top consideration and details are being developed.
- Matt noted that he can be contacted directly by the council members should they require additional information or clarification not already found on the public health websites.

3.5 Presentation to the WDHB Board (Agenda page 44)

David Lui (Chair) opening the discussion to the Council. He asked for recommendations of the group as to the topics they wish to be highlighted to the DHB Board. Recommendations from the members include the following:

- Progress already made in terms of the Council's set-up
- Achievements and key topics
- Challenges faced by the council
- Strategic focus and plans for the year as a result of the planning exercise
- Pressing issues in the community - Council members reported that they would like to see what is being presented to the Board beforehand so further feedback can be provided.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 45-55)

The patient experience report was taken as read and noted by the Council.

5 OTHER BUSINESS

Agenda for the next meeting and Community Concerns

Agenda for the next meeting will include the deferred discussion related to the Waitematā DHB Website as well as further updates regarding Covid-19 (as required).

(Secretarial Note: on 25 March 2020 in view of the efforts towards Covid-19 and Level 4 lock down, it was agreed by the Consumer Council members to cancel the next meeting scheduled 29 April 2020.)

Youth Vacancy

Boyd Broughton and David Price provided an update on the potential candidate for the youth vacancy.

The Chair thanked the members and attendees for their time.

The meeting concluded with a Karakia led by David Lui.

The meeting adjourned at 4.06pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 18 MARCH 2020.

_____CHAIR

ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE CONSUMER COUNCIL AS AT 2 JUNE 2020

Minutes ref.	Topic	Person responsible	Action / Status
	A section on Mental Health Services was requested to be incorporated into the Patient Experience Report with particular focus on statistics for Māori and Pacific and quality improvements in place	David Price (Director, Patient Experience)	- To be reflected in the July agenda

3. DISCUSSION ITEMS

3.1 Choosing Wisely Aotearoa

3.2 Revisiting the Consumer Council's Strategic plan in view of Covid-19

3.3 Confirmation of guidelines and policies to be adopted by the Council

3.1 Discussion: Choosing Wisely Aotearoa

Recommendations:

The recommendations are that you:

a) Review the attached report "Choosing Wisely in Aotearoa" **Yes/No**
b) Discuss how the findings from the campaign could contribute to improving patient, whānau and family experience **Yes/No**
c) Select Consumer Council members to be added to the Choosing Wisely in Aotearoa circulation list **Yes/No**

Background

Choosing Wisely New Zealand is health professional led, patient focussed initiative aimed to promote quality care, through better decisions. It engages various professions including doctors, nurses, pharmacists, midwives and other health groups – as part of an international community of Choosing Wisely initiatives around the world.

Launched in December 2016, the campaign aims to promote a culture where low value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations around their treatment options, leading to better decisions and outcomes. This is done through encouraging consumers and health practitioners to discuss whether a particular test, treatment or procedure is needed.

Choosing wisely is underpinned by five principles:

1. Health Professional led
2. Patient-Centred
3. Evidence-based
4. Transparent processes
5. Multi-professional

The attached report highlight the achievements and challenges of the campaign and provide valuable information on how the campaign could contribute to improving patient, whānau and family experience.

To facilitate discussion, the following questions are posed for discussion:

- How can the DHB embed the five principles in practice?
- How can clinicians strengthen shared-decision making and prioritise patient-centred discussion?
- How can we ensure equity lens is applied when "choosing wisely"?
- How can we further raise awareness of "choosing wisely"?

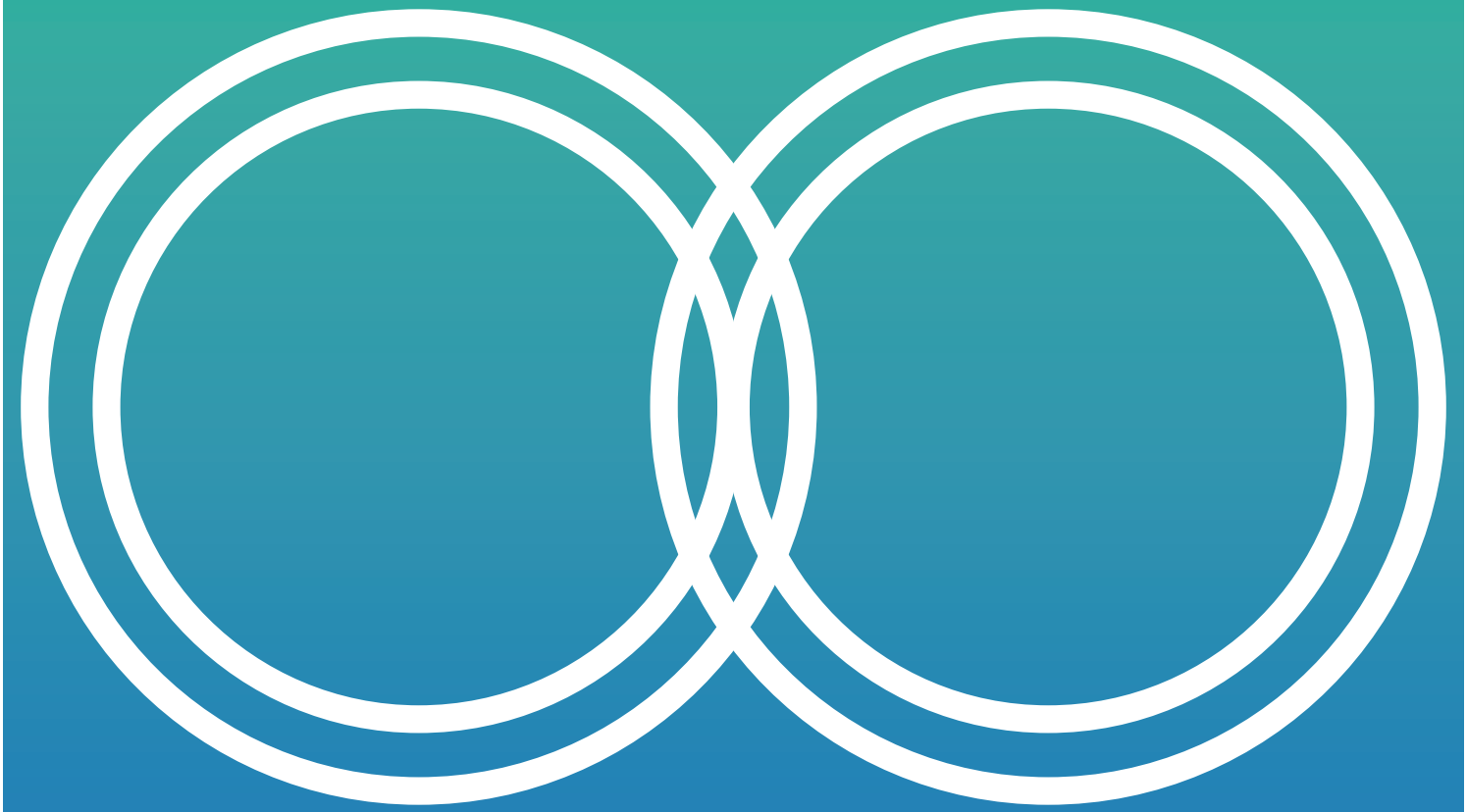
Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

CHOOSING WISELY AOTEAROA NEW ZEALAND

Choosing Wisely in Aotearoa New Zealand: The achievements and the challenges

DECEMBER 2019



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the *Choosing Wisely* campaign
PO Box 10375
Wellington 6143
New Zealand

This document is available online at
www.choosingwisely.org.nz

Contents

"Overdiagnosis is turning people into patients by unnecessarily identifying issues that were never going to cause them any harm."

Dr John Bonning,
President of the Australasian College for Emergency Medicine

Introduction

A big three years

The *Choosing Wisely* campaign was formally launched in New Zealand only three years ago, but progress has been remarkable. At its launch there were 18 lists of recommendations of tests, treatments and procedures that should be questioned, supported by 17 specialty colleges and associations. We now have an impressive 33 lists of recommendations, support from 32 colleges and associations, as well as commitment from 18 district health boards (DHBs) who have been or are involved in over 100 *Choosing Wisely* projects. We have run three consumer media campaigns, supported 12 summer students to undertake *Choosing Wisely* projects, held three national forums, and have relationships across the health sector.

Awareness of *Choosing Wisely* among clinicians has increased from 41 percent to 80 percent, and the number of consumers who said they asked their doctor questions about interventions has grown by 10 percent, to 54 percent.

All this has been achieved on a limited budget, and with only 1.3 full time equivalent staff and a clinical lead. Particular thanks go to *Choosing Wisely* champion John Bonning, facilitator Sue Ineson, our medical advisors Belinda Loring and Graeme Lindsay, and the support from Leanne Shuttleworth, Rachel Gregory and Lizzie Price.

We couldn't have come so far in such a short time without the incredible support and perseverance of groups and individuals in the health sector too numerous to name. I would also like to sincerely thank our supporters and sponsors the Council of Medical Colleges, Southern Cross Health Society, PHARMAC, Consumer NZ, the Health Quality & Safety Commission, the Ministry of Health, and Pacific Radiology (sponsor 2016-2018).

Dr Derek Sherwood
Choosing Wisely Clinical Lead

Kaushiki's story

The importance of shared decision making

Kaushiki Roy is a singer and writer who works full-time in a busy project and portfolio office in Wellington. She has experienced first-hand the importance of good communication between consumers and health professionals.

"After a planned hysterectomy in 2016, the pain I had would not go away and I had a number of tests. I was finally diagnosed with Cushing's disease, a rare condition linked to having too much cortisol in your body. Symptoms of Cushing's disease include weight gain, thinning skin and fatigue.

"Since being diagnosed, I have had two surgeries and have received advice about further surgery I may need to have. More surgery is likely to seriously impact my quality of life, however uncured Cushing's is not an option. So it is extremely difficult for me to know what to do.

"Cushing's is a disease that affects multiple systems in the body, so I faced the challenge of aligning the different medical specialties – neurosurgery, endocrinology, ophthalmology and general or internal medicine.

"I asked my doctors, 'please see me as a whole person'.

"I think hard about each decision I make about my health and wellbeing, and look at all the options. I need to feel reassured that any decision to have surgery or medication is the right one for me, and not just because these treatments are on the prescribed pathway.

"Getting through each day is a challenge – my medication has many unpleasant side effects and I am worried about losing my independence.

"Having medical professionals discuss the pros and cons of tests and treatments with patients and allowing them time to come to their decisions is important, so they can choose wisely."

Why choose wisely?

Choosing Wisely encourages consumers and health professionals to discuss whether a particular test, treatment or procedure is needed. Tests, treatments and procedures have side-effects and some may even cause harm. For example, CT scans and x-rays expose people to radiation; overuse of antibiotics leads to them becoming less effective; a false positive test may lead to painful and stressful further investigation.

The launch of *Choosing Wisely* New Zealand

Choosing Wisely was launched in New Zealand in December 2016. Three years on, we look back at some of its history, what has been achieved, and where the challenges still lie.

The international *Choosing Wisely* campaign was launched in Washington DC in April 2012 by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports, a consumer rights advocacy organisation. 'Top five' lists of recommendations of tests, treatments and procedures health care professionals and patients should question from nine specialty societies were released.

The New Zealand Council of Medical Colleges (CMC) was approached to introduce the campaign to this country, as it was a non-governmental, clinician-led organisation focused on improving quality of care. After seeking stakeholder input in May 2016, CMC decided to facilitate the campaign in New Zealand.

Choosing Wisely clinical lead Dr Derek Sherwood says his first thoughts were that the campaign was a great thing for CMC to be involved with as a way of promoting better care for patients and also improving quality of care.

"I thought it was a very positive thing for colleges to have more direct involvement with patients; to take on a project that was a bit more public facing."

After consultation within the health sector, the New Zealand campaign and website were formally launched on 7 December 2016 in Wellington by the CMC, with partners the Health Quality & Safety Commission and Consumer NZ. It had support from a number of medical colleges and societies.

The *Choosing Wisely* New Zealand advisory group is responsible for the development, organisation and implementation of the *Choosing Wisely* campaign and to ensure that the principles of *Choosing Wisely* are paramount in any development or work.

Challenges

Derek Sherwood says while there were some early adopter colleges, getting buy-in for *Choosing Wisely* in New Zealand has had its challenges.

"We were lucky Australia had already been involved for about 12 months, so several Australasian colleges and associations shared recommendations that had been developed with input from both sides of the Tasman.

"But that also had some challenges because we wanted New Zealand health professional groups to get excited about doing it and sometimes it was harder to get them engaged."

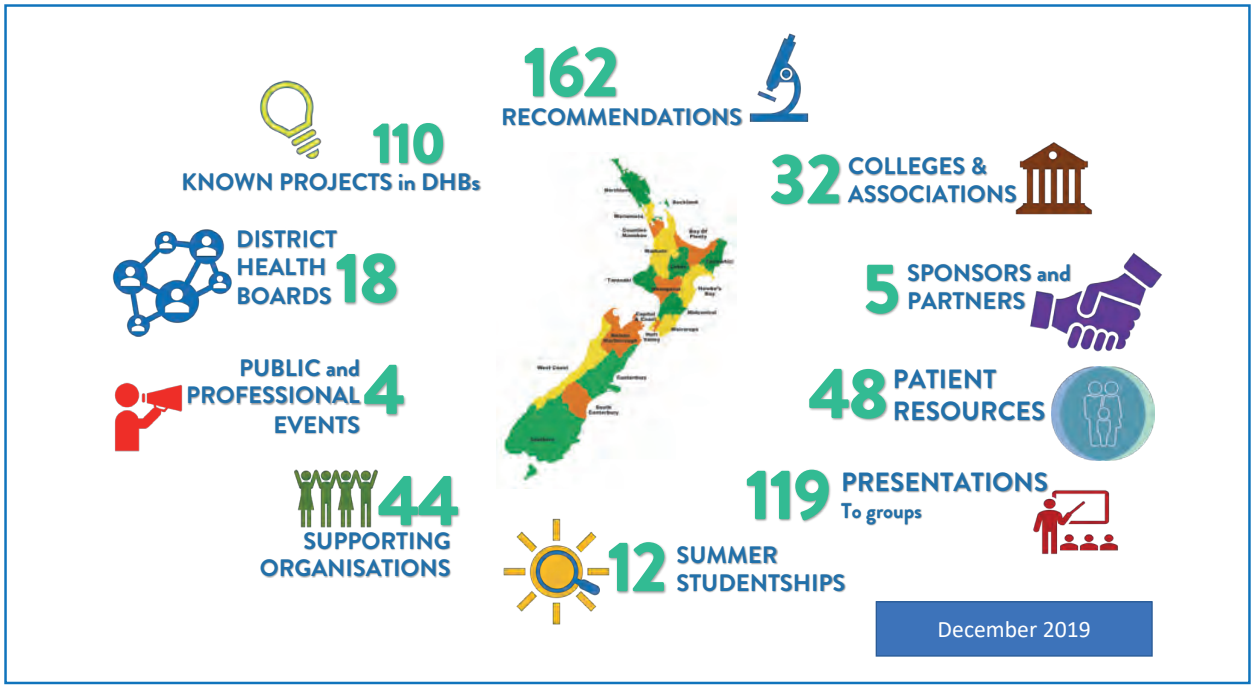
Another challenge has been ensuring there is support across all health professions.

"CMC represents medical colleges, so we don't always have strong links to some of the non-medical health professional groups.

"But DHBs are getting involved more and more which is helping because most health care is provided by multi health professional teams. Even if an organisation isn't quite on board, a lot of the individual health practitioners are, which helps spread the message. We are now seeing buy-in from other groups such as midwives, pharmacists, allied health, physiotherapy and nursing."

Dr Sherwood says some providers, like general practice and primary care organisations, feel they are already having conversations about treatment choices with patients. "And some are. But many are not, or are not doing so consistently."

Choosing Wisely in 2019



Why does low value care happen?

To change behaviour, we first need to understand why that behaviour is taking place. Research shows reasons low value care can happen include:

- fear of missing a diagnosis
- financial incentives
- the way doctors are taught
- patient expectations
- lack of time for shared decision-making
- avoiding challenging conversations with patients about them not needing interventions
- fear of a complaint.

However, many of these fears are unfounded, or at the very least, manageable. For example, studies have found that no evidence has yet been produced to support the claim that shared decision making takes too much time.[1]

Part of an international community

Choosing Wisely is an international campaign, and keeping up with the latest developments around the world is important for the New Zealand campaign. Networking with our international colleagues enables us to share the latest research and ideas about promoting good treatment choices in care, and take part in global strategic planning.

Over the past three years, New Zealanders have attended international *Choosing Wisely* round tables in Amsterdam (2017), Zurich (2018) and Berlin (2019).

***Choosing Wisely* international conference in Amsterdam, 2017**

1 Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns*. 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.

The future

Choosing Wisely has come a long way in three years, but there are still challenges ahead. Two areas of focus are securing ongoing, sustainable funding, and finding a permanent 'home' for the campaign.

However, clinical lead Derek Sherwood is confident the *Choosing Wisely* kaupapa and the changes it has brought about, will endure.

"With any culture change it can feel like a slow start, but once you plant those seeds of change – the idea and way of approaching shared decision making for instance – you can get a momentum going and it becomes self-sustaining.

"I'm hopeful that even though we may not have a huge amount of funding, eventually the work will be carried on in health provider organisations, in the universities, in vocational training, and this work will become business as usual in 10 years' time."

Find out more

Choosing Wisely offers speakers for conferences, grand rounds, PHO and GP meetings and meetings of consumer groups.

If you'd like to learn more about *Choosing Wisely* or become part of the campaign, please see **our website** for contact information and to sign up for our eNewsletter.

Enquiries@cmc.org.nz

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www.choosingwisely.org.nz

Working with the health sector

Objective: To work with the health sector so it can identify, based on evidence, unnecessary interventions and implement measures to reduce them.

Choosing Wisely principles

All groups wanting to be part of the *Choosing Wisely* campaign must sign up to the five *Choosing Wisely* principles:

- The campaign must be clinician-led. This is important to build and sustain the trust of clinicians and patients
- The campaign must be consumer-focused and involve efforts to engage consumers and patients in the process, as communication between health professionals and patients is central to *Choosing Wisely*
- The recommendations issued by those in the campaign must be evidence-based, and must be reviewed on an ongoing basis to ensure credibility
- Be multi-professional: where possible the campaign should include doctors, nurses, pharmacists and other health care professionals
- Be transparent: processes used to create the recommendations must be public, and any conflicts of interest must be declared.

Increasing health professional support for *Choosing Wisely*

One of the notable achievements over the past three years is the increasing focus on a *Choosing Wisely* approach by health professionals. From early adopter DHBs like Canterbury – who are now moving away from individual *Choosing Wisely* projects and focusing on embedding the approach – to Southern DHB which came on board with great enthusiasm in July 2019, DHB staff are increasingly questioning interventions that may not add value.

"If we prioritise patient-centred decision-making we will be choosing to use available time wisely. We can stop and reflect, use the time available and the test of time wherever appropriate."

Dr Neil Whittaker,
Nelson GP and medical educator

Spotlight on district health boards

Think before ordering a scan says Hutt Valley DHB geriatrician

"Think before ordering a scan" is the message from Dr Perminder Kaur, from Hutt Valley DHB. Dr Kaur is a geriatrician and *Choosing Wisely* champion. With Dr Rachel Matthews, she recently completed a project on CT scanning on patients with cognitive impairment. They found that, in many cases, doing a CT scan may not add any value to patient management.

As part of the project, an audit was conducted at the DHB's Older Persons Rehabilitation Service (OPRS) outpatient clinic, with 60 patients who had been diagnosed with dementia. Concerto clinic letters, referral letters and radiology appointments were reviewed to assess neuroimaging practices and outcomes.

"None of the patients included in this study had evidence of a reversible cause of cognitive impairment," says Dr Kaur. "Therefore, we have concluded that neuroimaging may not add any value in the treatment plan."

The DHB's geriatricians are now questioning whether neuroimaging should be routinely performed for work-up of cognitive impairment and dementia prior to a patient's review by geriatrics, and whether the DHB's current guidelines/dementia pathway are appropriate.

"Despite all international guidelines for dementia diagnosis recommending neuroimaging as a standard investigation, our project peer group does not find a rationale to support this," says Dr Kaur.

"The group now recommends CT scans of the brain are not undertaken on a mandatory basis. They can be considered for the following: those on anticoagulation, falls, unexplained neurological signs, features consistent with normal pressure hydrocephalus, new seizures, unexplained psychotic features and significant history of previous malignancy. If there are other concerns, staff should talk with a relevant specialist, such as a geriatrician before ordering a scan."

"In Canada we still have problems with things like unnecessary CT scans, screening mammography and prostate screening. It is about thinking 'what test do I have to do that will change the management and help this patient?' If the test doesn't help, or the drug doesn't help, don't use it."

Dr Peter Kuling,
Choosing Wisely *Canada champion and advocate*

Canterbury DHB focusing on embedding *Choosing Wisely* approach

Canterbury DHB was an early supporter of the *Choosing Wisely* campaign, something service improvement lead Carol Limber puts down to the DHB's history of embracing similar principles.

"The Canterbury health system has long had a focus on things like patient choice and bringing primary and secondary care together. Because of this it wasn't a leap to bring a *Choosing Wisely* lens to some of the projects we were doing."

These projects have been numerous and varied, promoting the *Choosing Wisely* approach to patients and clinicians. They have included the use of radiology for pre-operative testing, the investigation of pulmonary embolism, and the investigation of sub-arachnoid haemorrhage.

Canterbury District Health Board
Te Poari Hauora ō Waitaha

She says the DHB is now moving away from individual *Choosing Wisely* projects and focusing on embedding the approach, particularly through health pathways.

Aligning HealthPathways to *Choosing Wisely*

In 2017, Canterbury DHB reviewed its community and hospital health pathways to check consistency with *Choosing Wisely* recommendations. HealthPathways help primary care teams to manage and refer their patients to community, secondary and tertiary services.

One hundred and twenty-nine pathways of 136 were found to be aligned with *Choosing Wisely*. Revisions to non-compliant pathways were made where possible, and *Choosing Wisely* references added to existing pathways.

Study looks at unnecessary UTI testing in older people at Capital & Coast DHB

A study into nurses' knowledge of urinary tract infection (UTI) testing guidelines, their attitudes towards UTI testing and treatment, and their testing practice found there was near universal belief by nurses that urine tests cannot cause harm.

In fact, testing the urine in patients with no symptoms of urinary infection isn't without risk of harm. It can lead to unnecessary treatment with antibiotics which can in turn lead to antimicrobial resistance, antibiotic-associated colitis or other drug-specific side effects.

The study was carried out by medical student Adam Sangster, and took place under the umbrella of the *Choosing Wisely* campaign, in the Capital & Coast DHB. Over 70 nurses working in long-term care facilities in the Wellington region and at Kenepuru Hospital in Porirua were surveyed. The study took place in December 2017.

Nurses were evenly divided on whether it was safer to request a urine test for a patient, even if there was no current sign of infection, rather than potentially miss a UTI. A key take-away message from the study is that drive towards intervention is very strong.

As a result of these findings, it was recommended further education be provided on the specific guidelines for UTI diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive.

Large increase in health professionals' knowledge of *Choosing Wisely*

Surveys of health professionals' knowledge of *Choosing Wisely* were undertaken in 2016 and 2018[2] and show a large and very pleasing increase, from 41 percent to 80 percent.

There has also been an increase in the percentage of health professionals advising against a particular test, procedure or treatment and not providing it (77 percent to 84 percent), and a decrease in the percentage of health professionals advising against a test but providing it anyway (14 percent to 9 percent).

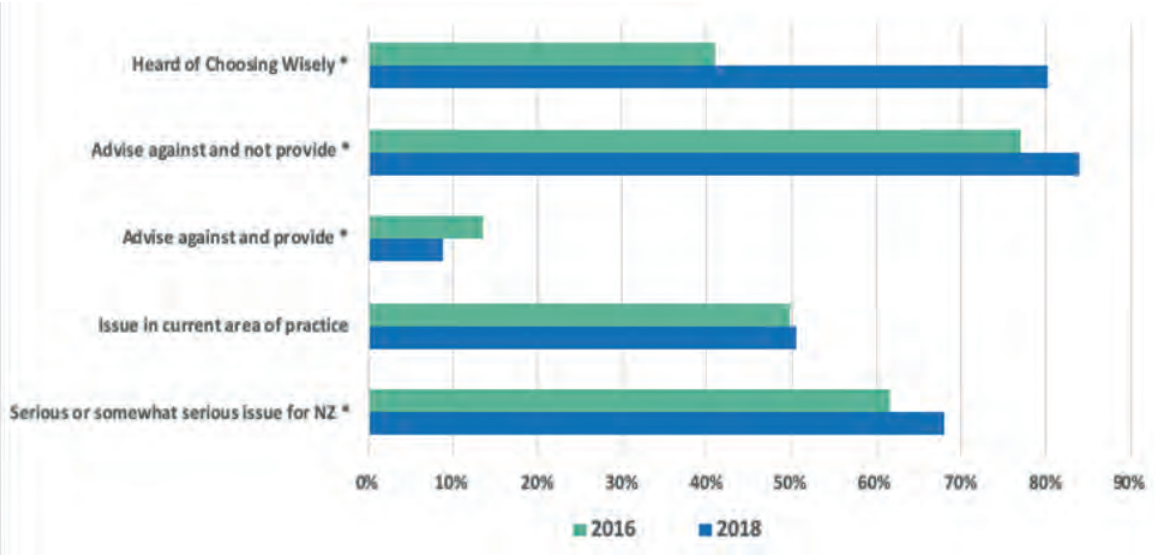
The percentage of health professionals who considered the provision of unnecessary tests, procedures or treatments a somewhat serious or very serious issue for New Zealand rose from 62 to 68 percent.

2 The 2018 survey was undertaken by *Choosing Wisely*, working with the Association of Salaried Medical Specialists, the New Zealand Medical Association, and the New Zealand Nurses Organisation.

These results show that, despite its constrained resources and relatively recent introduction, *Choosing Wisely* has had a big impact on the thinking of many health professionals. This is also seen by the number of New Zealand's district health boards that have involvement in the campaign – 18 out of 20.

The survey identified several areas of overuse that were of particular concern for health professionals, including polypharmacy, sleeping pills, antibiotics, tests in palliative care and repeated blood tests.

What health professionals said (*significant difference)



Pharmacy, allied health and primary care

Choosing Wisely is continuing to work with colleges and associations to develop and update lists of recommendations. Colleges and associations are encouraged to consider those areas with the greatest impact on reducing health inequities when selecting topics for recommendations.

Informal groups are currently developing *Choosing Wisely* recommendations in the areas of pharmacy and allied health. These recommendations will then undergo formal consultation.

Primary care has been a focus for *Choosing Wisely* presentations and connections in 2019, with a number of meetings held with primary health organisations (PHOs) and general practice.

The Royal New Zealand College of General Practitioners regularly features *Choosing Wisely* recommendations that have particular relevance to general practice in its electronic newsletter *ePulse*.

In 2018, the most 'clicked on' recommendations by GPs to get more *Choosing Wisely* information were:

1. Infectious diseases: In a patient with fatigue, avoid performing multiple serological investigations, without a clinical indication or relevant epidemiology
2. Dermatological: Don't prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection
3. ENT & head/neck: Don't prescribe oral antibiotics for uncomplicated acute discharge from grommets
4. ENT & head/neck: Don't prescribe oral antibiotics for uncomplicated acute otitis externa
5. Internal medicine: Don't request Holter monitoring, carotid duplex scans, echocardiography, electroencephalograms (EEGs) or telemetry in patients with first presentation of uncomplicated syncope and no high risk features.

A tip for communicating risk was also very popular, with 107 unique clicks to go through to the *Choosing Wisely* resource.

Support from midwives and obstetricians

Do I really need to have this test? That's one question midwives and obstetricians are encouraging people to ask their maternity health professionals.

The NZ College of Midwives (NZCOM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) launched *Choosing Wisely* recommendations in August 2018.

College of Midwives deputy chief executive Alison Eddy (now chief executive) said *Choosing Wisely* was an excellent fit with what midwives already do as health professionals. RANZCOG Chairperson Dr Celia Devenish says that obstetricians also find it a good fit.

"We emphasise that this is about informed consent, knowledgeable consumers, only intervening when needed, and avoiding unnecessary harm. Midwives and obstetricians work together, so midwives understand and promote the natural physiological processes of birth and obstetricians provide back up when intervention is medically required," Dr Devenish says.

"Both midwives and obstetricians are committed to ensuring the women in their care understand fully and are able to give informed consent when it comes to making decisions in the best interests of themselves and their baby," says Alison Eddy.

Shared decision-making: Debunking the myths

A 2014 paper by Légaré and Thompson-Leduc[3] identified 12 commonly raised barriers to the success of shared decision-making. These barriers were:

1. Shared decision-making is a fad – it will pass
2. In shared decision-making, patients are left to make decisions alone
3. Not everyone wants shared decision-making
4. Not everyone is good at shared decision-making
5. Shared decision-making is not possible because patients are always asking me what I would do
6. Shared decision-making takes too much time
7. We're already doing shared decision-making
8. Shared decision-making is easy! A tool will do
9. Shared decision-making is not compatible with clinical practice guidelines
10. Shared decision-making is only about the doctors and their patients
11. Shared decision-making will cost money
12. Shared decision-making does not account for emotions.

The paper concluded that a review of the literature suggests all 12 of these barriers should be termed myths, as they can be dispelled by evidence. Policy makers and clinicians should not be deterred from undertaking shared decision-making.

3 Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns.* 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.


"With more information, more time for discussion and better, more detailed risk analysis, a lot of patients will choose alternative treatment options."
Dr Paul Dalley

Engaging with consumers

Objective: To raise awareness of consumers and patients of *Choosing Wisely* so they understand the risks of unnecessary care and their rights to ask questions of health professionals.

June's story

Eighty-two-year-old June[4] had been diagnosed with renal pelvis cancer. One of her doctors, Paul Dalley from Capital & Coast DHB, says talking to June about what mattered to her made all the difference in the treatment she chose.

"Before we saw June in the pre-surgery clinic, we went back to the surgeon and talked about the options. The surgeon said the definitive thing to do would be to remove her kidney, but it would be a high-risk operation.

"When we talked with June we found that she thought her only option was to have surgery. What she was most worried about was her future living arrangements. She just wanted her kidney out so she could focus on sorting that out.

"We asked her, was it more important to her to live a long time or to live well? She said she was not really interested in how long she lived, she just wanted to maintain as much quality of life as she could. And she wouldn't accept any treatment that could make her health significantly worse.

"Once we'd had that discussion it was clear that the best thing for her was to have embolisation of her kidney and not to have surgery. The geriatrician also organised a package of community-based care for her, to put in the extra support she needed and to make decisions about their living arrangements.

"We knew we'd done a good job because at the end of it she was crying and she hugged all of us."

Dr Dalley says with more information, more time for discussion and better, more detailed risk analysis, a lot of patients will choose alternative treatment options. These options will often be less invasive and less aggressive.

4 Not her real name

Consumer resources

Over the past three years, a large number of evidence-based consumer resources have been developed, and are available on the *Choosing Wisely* website www.choosingwisely.org.nz. They focus on tests, treatments and procedures consumers might want to discuss further with their health professional, and include:

- allergies and allergic reactions
- tests before surgery
- back, knee and ankle x-rays
- using antibiotics
- blood tests
- coughs, colds and sore throats
- dementia
- ear infections
- electrocardiograms (ECGs)
- end of life care
- reviewing and using medicines.

Consumers are encouraged to ask their health professional four key questions.

Consumers' understanding of *Choosing Wisely* is increasing

A main focus of the *Choosing Wisely* campaign has always been promoting our messages in a way that reaches consumers and health professionals. Surveys of consumers in 2016, 2017 and 2018 show that the message is getting through.

For example, from 2016 to 2018, the percentage of respondents who thought their doctor had recommended a test or treatment that wasn't necessary grew from 18 to 21 percent, while the percentage who asked their doctor questions rose from 44 to 54 percent.

What consumers said

Consumer campaigns

There have been three *Choosing Wisely* consumer campaigns. The most recent ran from June to September 2018, and included Health TV (where health messages are played in clinic waiting rooms) and advertising on radio, websites and magazines.

The radio, website and magazine placement reached over 420,000 adult New Zealanders. *Choosing Wisely* promotions were run in over 110 clinics across the country, with a particular focus on areas with higher needs populations.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30
20
Incorporating Choosing Wisely *concepts and competencies into medical education change*

Influencing medical education

Objective: To incorporate *Choosing Wisely* concepts and competencies into medical education change.

Clinicians say one of the reason they do not 'choose wisely' is because of the way they have been taught. *Choosing Wisely* has therefore been working with medical schools and colleges to incorporate the approach within their teaching curriculum, encouraging summer students to study *Choosing Wisely* topics. It has also worked with the New Zealand Medical Students Association to develop *Choosing Wisely* recommendations and 'WISE' advice for student doctors.

Choosing Wisely recommendations for medical students

In August 2017 the New Zealand Medical Students Association developed *Choosing Wisely* recommendations[5] for medical students and resident medical officers (RMOs) to use. This work follows trends in several countries overseas where student groups have helped foster awareness about *Choosing Wisely* concepts among medical students and in medical education.

The recommendations are:

1. Ensure the test, treatment or procedure is indicated and will make a difference to the course of patient care
2. Provide an opportunity for the patient to discuss the necessity of tests, treatments and procedures
3. Establish discussion regarding tests, treatments or procedures if you question their necessity in a patient's management
4. Ensure you are only suggesting tests, treatments or procedures for the benefit of the patient, rather than to gain further clinical experience
5. Ensure decisions about tests, treatments or procedures are joint decisions with the patient
6. Consider less invasive options and weigh up the risk of harm versus chance of benefit
7. Not ordering a range of non-indicated tests, treatments and procedures just in case the senior clinician might want/expect them.

5 https://choosingwisely.org.nz/professional-resource/nzmsa/

Making the WISE choice

The New Zealand Medical Students Association also developed 'WISE' to help students remember following principles:

Why? What will this test, treatment or procedure change?

Is there an alternative? Less invasive, less resource intensive?

Seek clarification. Clarify why the doctor ordered this test

Explore/explain. Be the patient's advocate. Explore concerns, take time to explain why a test, treatment or procedure is/isn't necessary.

"The Choosing Wisely message of doing less is counter intuitive and needs investment in public and patient communication to help people to understand it. Typically, we know patients in the community don't understand, for instance, that imaging and unnecessary testing can cause harm."

Prof Kirsten McCaffery,
Sydney School of Public Health, University of Sydney

Evaluation and measuring change

Objective: To measure change facilitated by CMC and encourage those implementing *Choosing Wisely* to evaluate the success of their programmes.

Change of practice may result from attendance at *Choosing Wisely* forums

An evaluation of the *Choosing Wisely* forum held in Wellington in May 2019 suggests some attendees may change their practice as a result of attending.

Choosing Wisely has run three forums since it was introduced to New Zealand. The first, in March 2017 in Wellington, was for health professionals, consumer advocates and others already involved in *Choosing Wisely*, or those who wanted to know more. Its theme was *Implementing Choosing Wisely in New Zealand*. Keynote speaker was Professor Wendy Levinson, Chair of *Choosing Wisely* Canada.

The second forum, called *Putting the Theory into Practice*, was held in 2018 and focused on implementing *Choosing Wisely* in services, as well as measurement and evaluation. There were consumer commentaries at each session.

A third forum with the theme *Continuing the Conversation*, also in Wellington, was held in May 2019. It provided an opportunity for health professionals to learn more about how to develop and extend their *Choosing Wisely* work, and to hear from consumers. It was attended by about 130 people.

Keynote speakers included Kirsten McCaffery, Director of Research at the Sydney School of Public Health, who talked about shared decision making; Associate Prof Sue Crengle from Otago University's Department of Preventive and Social Medicine, who discussed *Choosing Wisely* and equity; Prof David Tipene-Leach, chair of Te ORA, who talked about equity and cultural safety; and Asmara Jammali-Blasi who spoke about the implementation of *Choosing Wisely* across Victoria as part of the Safer Care Victoria *Choosing Wisely* Victorian Collaboration.

The evaluation of the 2019 forum found that potential practice changes included:

- further investigating *Choosing Wisely* within a region
- always ensuring the four questions were asked and answered
- initiating a planning group to investigate how to influence *Choosing Wisely* within an organisation
- encouraging nurses and doctors to bring patients' needs and requests to the table
- focusing on communication, equity and evaluation
- consideration of development of guidelines and collaboration.

Those who completed the evaluation said the most valuable things they learned were the importance of:

- shared decision making and equity
- communication with consumers and discussing all options
- evaluation and audits.

Suggestions for improvements for future forums included more interactive group sessions and fewer structured presentations, a bigger focus on *Choosing Wisely's* application to New Zealand practice, and more focus on primary care.

Choosing Wisely facilitator Sue Ineson says the findings were further evidence that recommendations alone are not enough to make a difference; "You need to implement *Choosing Wisely* in services and change practice".

Strong consumer focus

There was a strong focus on consumer views and input at the forums. Consumers were assisted to attend forums, and their comments sought at the end of each session. A consumer chaired the session on joint decision-making at the 2019 forum.

Findings from summer students' projects

To be sustainable, *Choosing Wisely* needs to be championed by the new generation of health professionals, and introduced to them while they are still training. New graduates will then bring *Choosing Wisely* principles and practices with them as they enter the workforce. Research suggests clinicians may 'choose unwisely' because of the way they are taught, so learning about *Choosing Wisely* early can provide a balance.

In 2017, 2018 and 2019, *Choosing Wisely* funded summer studentships to evaluate *Choosing Wisely* work. The students undertook a range of projects, including:

- Choosing medications wisely for older people with dementia and palliative care needs
- Do posters and guidelines work to reduce unnecessary pre-op chest x-rays?
- Does staff education and removing urine dipsticks from wards reduce unnecessary urine testing and over diagnosis of urinary infections?
- Can CT scans, without lumber puncture, be used to safely diagnose subarachnoid bleeds?
- What influences clinicians to choose wisely?
- Evaluating the impact of four questions on patient behaviour when they attend the outpatient clinics at the Hutt DHB
- Evaluating the effectiveness of the *Choosing Wisely* programme and the way it is organised at Canterbury and Capital & Coast DHBs.

Findings from the projects, relating to specific DHBs, included:

- There had been a statistically significant decrease of 22 percent in average monthly urine culture requests since the removal of urine testing dipsticks from wards
- Barriers to changing clinician behaviour to minimise unnecessary pre-op testing included lack of communication, mental automation and traditional practices.

Strategies identified to overcome these barriers included evidence-based educational presentations, providing clear and specific protocols and auditing testing decisions

- The need for further education on the specific guidelines for urinary tract infection diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive
- The recommendation of a re-launch of *Choosing Wisely* in a DHB, using email, posters, presentations at ground rounds, presentations to new clinical staff, and regular articles in the DHB newsletter; as well as a review of the structure and function of the DHB's *Choosing Wisely* steering group. The four questions consumers are encouraged to ask should also be reviewed and adapted for Māori and Pacific populations
- A review of patterns of medication use in aged care residents found unnecessarily high rates of preventative medication use at the end of life.

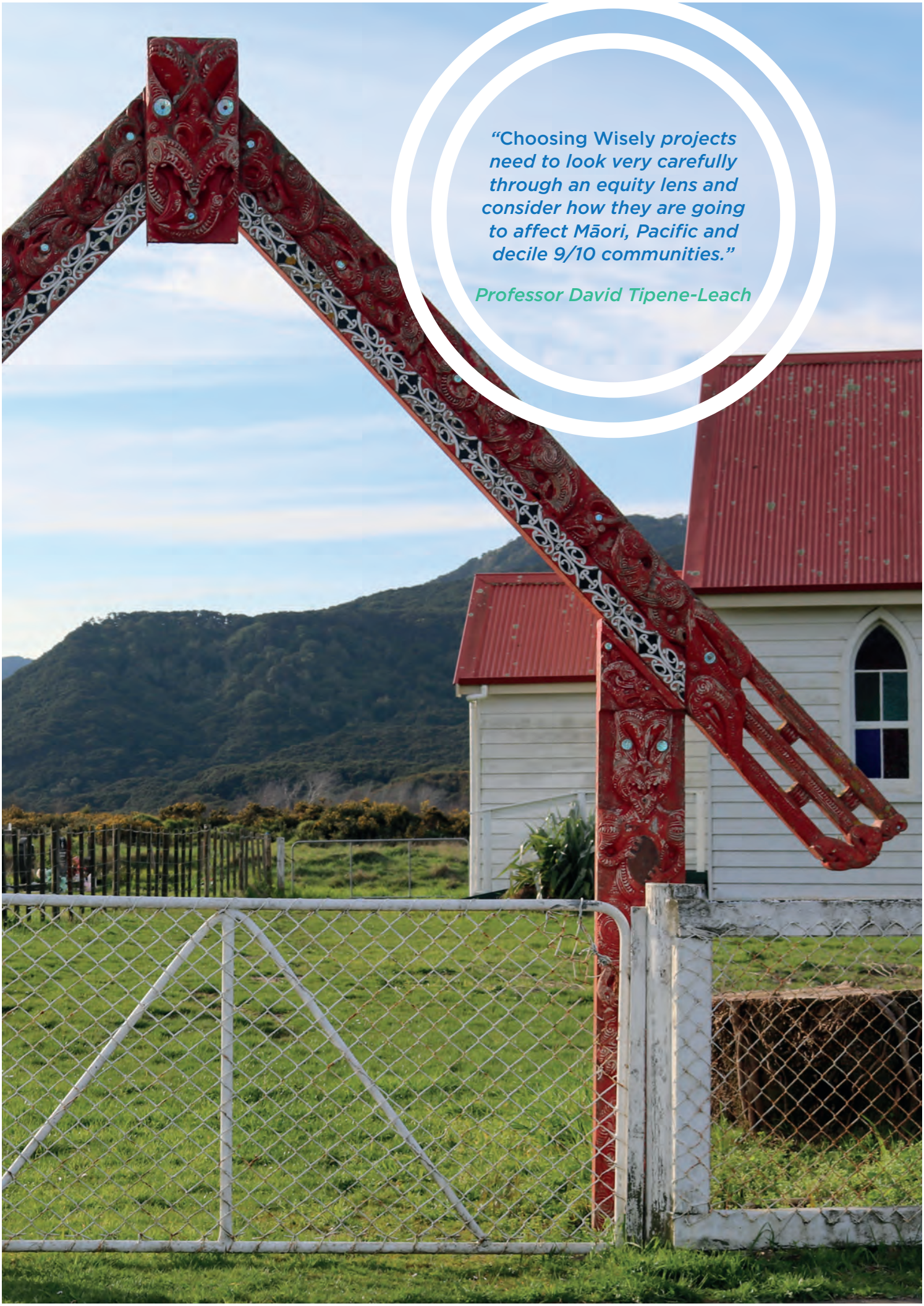
Survey finds *Choosing Wisely* community of practice meetings useful

Choosing Wisely has quarterly community of practice meetings via conference call. These meetings provide a valuable opportunity for clinicians to share information. The meetings are facilitated by the *Choosing Wisely* national team. Over 60 health professionals with an interest in the wise use of interventions are invited to attend.

A survey of participants in August 2019 confirmed they found the meetings useful, and also valued receiving the monthly *Choosing Wisely* newsletter. There were suggestions that general practice and primary health organisations could also be invited to attend the community of practice meetings.

"Choosing Wisely looks at the human factors of health care, such as motivation, stress and resilience, which I can relate to as an occupational therapist. It focuses on better health outcomes and enhanced participation and quality of life for the patient."

Harsh Vardhan, President,
Tangata Tiriti Occupational Therapy
New Zealand Whakaora Ngangahau Aotearoa



"Choosing Wisely *projects need to look very carefully through an equity lens and consider how they are going to affect Māori, Pacific and decile 9/10 communities."*

Professor David Tipene-Leach

Choosing Wisely and equity

Choosing Wisely New Zealand is partnering with Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association) on a research project to improve shared decision making between health professionals and Māori consumers and their whānau. The goal of the project is to support more equitable health outcomes for Māori.

The project outputs will include practical and cost-effective strategies to improve shared decision making for use by all health professionals and/or providers.

Choosing Wisely means choosing equitably

Professor David Tipene-Leach, chair of Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association), says *Choosing Wisely* must mean choosing equitably.

"The evidence is clear," Dr Tipene-Leach says, "in primary care we give Māori patients less appointment time. We do fewer investigations, we make fewer diagnoses, we provide less treatment, we do fewer referrals and when Māori get to hospital we do fewer interventions."

He says we have moved from talking about cultural sensitivity in the 70s, to cultural competency with the passage of the Health Practitioners Competence Assurance Act in 2003, and are now moving towards cultural safety.

"Cultural safety, which originally came from Irihapeti Ramsden and the nursing profession, asks people to think about their own biases and their own culture and roles in providing care for Māori patients.

"We are going to get our practitioners to start to think about themselves and their own biases in the way they practise."

Kaupapa Māori service in Hawke's Bay

Intentionally delivering equitable musculoskeletal care in Hawke's Bay has seen a reduction in pain for the 400 participants, as well as improved mobility, fewer GP and specialist visits and better ability to work.

Dr Andy Phillips was one of a team that worked with the Hawke's Bay community to design the programme to provide Māori and Pacific peoples, and those living in the most deprived areas, with care for musculoskeletal conditions customised to their needs.

The trial, which began last year and finished in February 2019, has been so successful it is likely to receive short term Ministry of Health funding so more in-depth analysis and evaluation can be done to enable Hawke's Bay DHB to fund it long term.

Dr Phillips and the team used the musculoskeletal programme as a way of informing wider system change to address health inequities.

"We wanted to identify the really serious health inequities. And while heart disease and cancer were the main causes of death, the biggest issue impacting on wellbeing of our Māori whānau was osteoarthritis."

Working with the local community, the team codesigned a kaupapa Māori programme to address health inequities and reduce pain and disability. The programme was a partnership between the DHB, Health Hawke's Bay PHO and Ironmāori. The team worked with a number of agencies, including the Ministry of Social Development, local employers, the Mananui Māori Healthy Lifestyle Collective and local Māori physiotherapists.

An individually tailored programme was provided for up to three months for people with painful joints or muscles, with physiotherapy, an exercise programme that included swimming, and education and support including self-management support. The programme was available for Māori and Pacific peoples and all people who lived in quintile five areas within the region, who had experienced joint pain for more than three months and were not covered by the Accident Compensation Corporation.

Dr Phillips says he is most pleased about the programme's genuinely intentional approach to equity.

"We didn't just start something and then add in equity; the intention right from the start was to put the power into the hands of the community and have an equitable service. That transfer of power was the critical thing. The DHB and PHO were facilitators to make sure communities were able to design and deliver programmes that were important to them."

Assessing equity in *Choosing Wisely*

The *Choosing Wisely* campaign seeks to reduce harm from unnecessary and low-value tests and treatment, but this must not be at the expense of equity. Unless equity is explicitly considered, new health care interventions or campaigns have the tendency to widen inequities, as they are taken up first by those in society with the most resources and the least need.

For example, a *Choosing Wisely* recommendation not to prescribe antibiotics for acute upper respiratory tract infections may sound reasonable given the majority of these infections are viral and antimicrobial resistance is a rising concern. However, for Māori and Pacific children in New Zealand, who experience high rates of rheumatic fever, sore throats should be swabbed and treated with antibiotics presumptively until swab results are available.

Choosing Wisely has been working to ensure the campaign does not increase inequities in health for Māori. We are partnering with Te ORA, conducting research to improve shared decision-making between health professionals and Māori consumers and their whānau, increasing our advocacy in this area, and reviewing governance statements on the *Choosing Wisely* website in relation to equity.

The specific research objectives are to:

- Explore Māori health consumers' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Explore Māori health professionals' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Make recommendations for practical, cost-effective, and evaluable strategies (ie, tools and/or resources and/or approaches) to improve shared decision-making with whānau Māori in health care settings.

"Ensuring that at least one of the* Choosing Wisely *recommendations made by colleges specifically focuses on reducing a known inequity in an investigation or treatment has the potential to make an important contribution to equity."

Associate Professor Sue Crengle,
Otago Medical School

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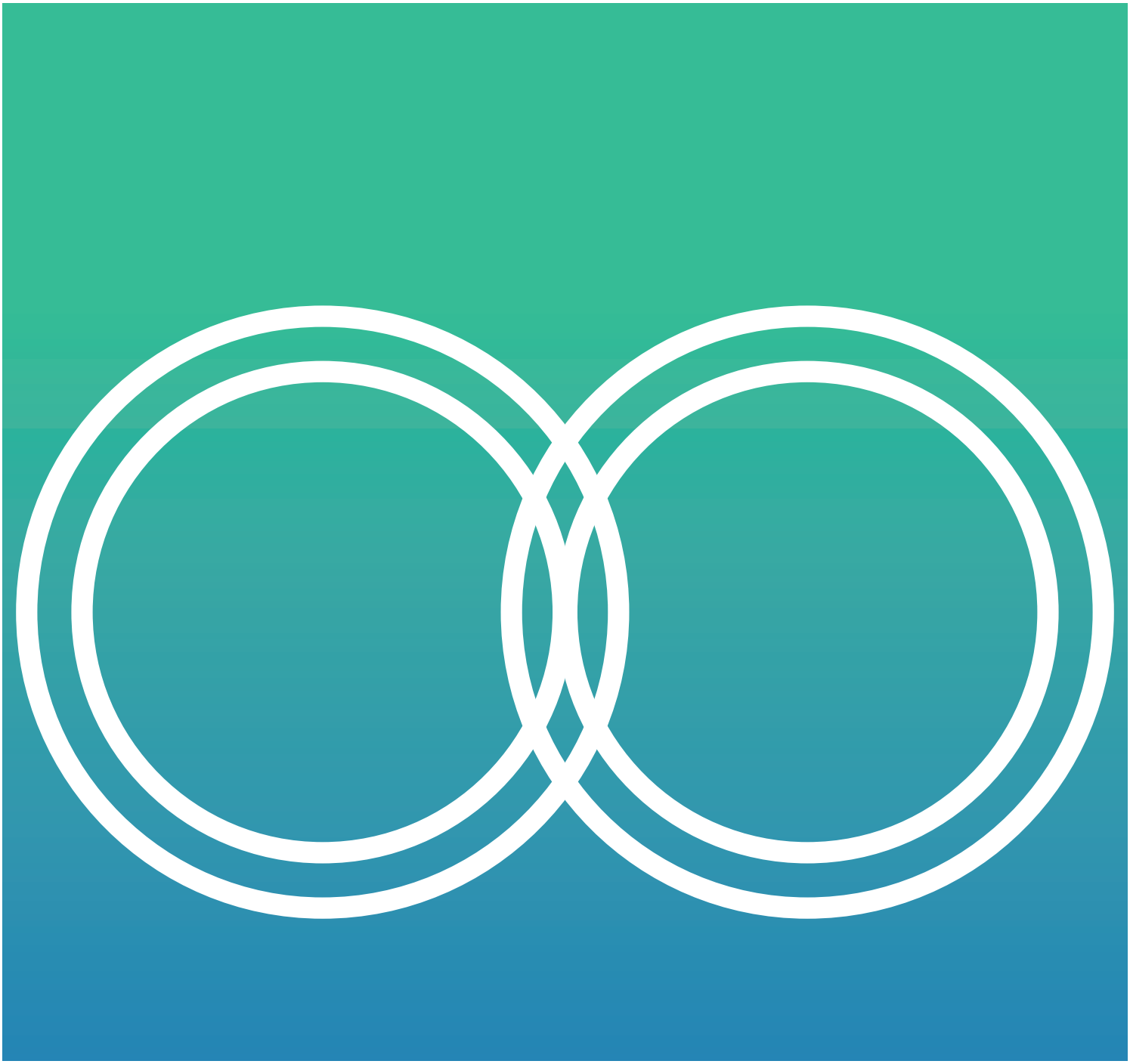
NEW ZEALAND



CHOOSING WISELY AOTEAROA NEW ZEALAND

Southern Cross Health Society

Council of Medical Colleges in New Zealand
TE KAUNIHERA O NGĀ KĀRETI RATA O AOTEAROA

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

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3.2 Discussion: Revisiting the Consumer Council's Plan in view of Covid-19

Recommendations:
The recommendations are that you:

a) Review the current Consumer Council Strategic Plan **Yes/No**
b) Advise if there are changes or a need to refocus plans as a result of or in consideration of Covid-19 **Yes/No**

Key Issues
Following the strategy session conducted in February of this year, the Consumer Council has agreed on the objectives and strategic focus of the group to support its activities and responsibilities as a voice and conduit for the community with the goal of improving patient experience, ensuring equity of access to treatment and services and prioritising key issues relevant to consumers as part of its advocacy. The attached strategic plan has been circulated to the council members and was scheduled to be confirmed by the council in its scheduled meeting in April. However, in consideration of the lockdown restrictions put into place on 26 March 2020, the meeting was cancelled. While the Covid-19 pandemic presented challenges, it also provided an avenue for opportunities such as new ways of working and virtual interpreters/General Practice consultations/Specialist Appointments. To take advantage of these opportunities, a revisit of the strategic plan is recommended so we can look into how we can maximise the learning that came into the fore during this period. The following questions are posed for discussion: - What consumer challenges were presented during the pandemic that could impact patient whānau and family experience? - What opportunities and learning could we apply and explore? - What could we improve/refocus in our strategic plan in light of those learnings and opportunities?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

Waitematā DHB Consumer Council Annual Plan 2019/20

The Waitematā District Health Board's Consumer Council works collaboratively with the Waitematā DHB Chief Executive, and the Board to develop effective partnerships in the design, planning and delivery of high quality, safe and accessible health care services for the Waitematā community.

Areas of Focus	Improving patient, whānau and family experience	Informing decision making about equity, safety and quality, design and redesign of health services	Ensuring the patient/community voice is heard by the DHB
Responsibilities	• Overview and monitoring of patient experience strategy • Understand and critically review feedback themes from Patient Experience surveys and improvement activities • Report, identify, highlight patient experience/ community feedback and identify priority areas for Patient Experience activity • Seek to ensure that services are organised around the needs of all consumers	• Understand and critically review complaint and adverse event themes and recommendations that impact on patient experience • Advice and on-going input into the direction and implementation of the Quality Strategy • General advice to teams/services who present their work to the Council, seeking advice about direction and/or engagement • Promote equity of access/treatment. • Seek to enhance the communication of the DHB with the community and make health easy to understand. • Recruitment and management of consumer council members ensuring far-reaching community representation	• Advice and support through regular reports to the Board to ensure Waitematā DHB is engaging with consumers at all levels of governance • General advice to teams/services who present their work to the Council, seeking advice about direction and/or engagement • Oversee the self-assessment process for the Consumer Engagement Quality Safety Marker • Ensure, coordinate and enable appropriate consumer engagement within the DHB. • Ensure regular communication and networking with the community and relevant community groups. • Link with specific interest project work to support problem solving and provide advice.
Strategies	• Monitoring of recommendations and advice provided to services and recommendations that impact on patient experience • Identify, prioritise and pro-actively raise consumer issues to the organisation • Ensure overarching principle of equity	• Identifying and ensuring that the Council's focus is aligned with the Community's Health needs • Aligning the Council's focus with the DHB's organisational plans and strategies • Monitoring of recommendations and advice provided to services and recommendations	• Twice-yearly reporting to the DHB Board on Consumer Council activity • Engaging with the community and increasing awareness of the council to enhance consumer engagement in planning and decision-making • Develop and maintain connections with

	of access to treatment and services is upheld and considered on all discussions and recommendations	that impact on equity and access to services • Ensuring good attendance, robust, open and diverse discussion during the Council's Meetings • Work with the DHB to develop, improve, review programmes to promote patient safety, equity and health literacy	youth within the community. • Ensuring strong linkage to the DHB through regular updates and communication with the CEO and the Board
Objectives 2019/20	• Ensure that the Council's focus is aligned with organisational plans and strategies • Engagement in the prioritisation of agenda items and key issues	• Develop the Council's Consumer Council Engagement guidelines to ensure timely alignment of Council and DHB activities • Early engagement with the DHB's services and project teams to ensure consumer perspective is captured on plans and programmes • Develop an 'Actions and Follow-up List' to monitor recommendations and advice provided to services and recommendations that impact on patient experience. • Facilitate a focus on the following issues: - Disability - Bariatric Surgery - Mental Health - Transgender Health - Communication - Oral Health	• Develop the Council's 'elevator pitch' as a tool to engage members of the community with the functions and activities of the Council • Development of new consumer friendly website for the DHB – that supports better engagement and makes health easy to understand. • Develop details of the election and re-election process for consumer council members.

3.3 Discussion: Guidelines to be adopted by the Consumer Council

Recommendations:

The recommendations are that you:

a) Review the current proposed guidelines **Yes/No**
b) Advise and discuss if there are changes required **Yes/No**
c) Subject to recommendation (b), confirm the guidelines for adoption by the Consumer Council **Yes/No**

Background

The following guidelines are being proposed for the adoption by the Consumer Council:

a. Guidelines for Consumer Council Proposals
This was suggested during the Strategy Session as tool for the Consumer Council to define 'rules of engagement' with the Consumer Council. This will ensure effective planning and robust discussion during meetings
b. Recommendations Tracker
This was suggested during the Strategy Session as tool for the Consumer Council to track progress of recommendations provided to the DHB. The Council is being requested to confirm the 'format' of the tracker.
c. Elevator Pitch
This was suggested during the Strategy session as a way to promote the role of the Consumer Council within the community.

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

Waitematā District Health Board
Guidelines for Consumer Council Proposals

The Waitematā District Health Board's Consumer Council works collaboratively with the Waitematā DHB Chief Executive, and the Board to develop effective partnerships in the design, planning and delivery of high quality, safe and accessible health care services for the Waitematā community.

To support this, the Consumer Council has developed an Annual Plan covering objectives, priorities and strategies that they wish to achieve for the year. In order to maximise the time allocated during the Consumer Council meetings and utilise their expertise to contribute to:

- equity in accessing and provision of services;
- improving patient, whānau and family experience,
- decision making about safety and quality,
- design and redesign of health services and
- ensuring the patient/community voice is heard by the DHB,

It is recommended that proposals for discussions/comments/review are guided by the following principles.

Timing of Proposals

1. The Consumer Council secretariat headed by the Director of Patient Experience is notified in advance of the proposal. The council has draft topics laid out for each meeting cycle but it can accommodate requests subject to priority.

2. The Council meets every six weeks and agendas are sent to the members one week in advance of the meeting to allow for adequate time for the members to review documents. This requires that proposals are submitted no later than two weeks before the scheduled meeting.

3. The Consumer Council would like to be engaged in projects/programmes/discussions during the early stages **not** to confirm what has already been decided upon. This will ensure that the end result captures consumer perspectives opposed to seeking it at a later stage which may result in delays, additional work or work that is not aligned with consumer needs.

Format of Proposals

4. Provide a proposal document that follows the template. Writing has to be clear and concise. Specify what questions or suggestions you would like their advice on (for example feedback on a process, suggestion on format/forms). Please consider to include context, background information including options and potential impact.

5. Consider health literacy when forwarding forms and proposals to the council. Ensure that wordings are easy to understand and terms are clearly defined. A glossary of terms or abbreviations is recommended.

During the meeting

6. The members conduct an open, robust and diverse discussion during their meetings and it is recommended that you also plan adequate time for discussion and feedback. Provide correct and adequate clarification to questions, and if possible, provide a summary of suggestions. If you are unsure of the answer, you may provide an update to the Secretariat who will then circulate answers to the members.

7. Consider health literacy when presenting. When possible explain jargon/acronyms and provide relevant context or background during the presentation.

8. Consider the following questions to ask during the discussion:

    - How you plan to partner with consumers/ whānau in the design of any work?
    - How the work is likely to improve patient/whānau/ or staff experience?
    - What advice would you give to staff when implementing these programmes?
    - How could you engage patients and whānau to conduct conversations effectively?
    - What could be the programme's next steps and priorities?

After the meeting

9. The members of the Consumer Council welcome the opportunity to comment on plans as well as development of policies, processes and programmes. If and when necessary, they can be sent documents for detailed comments following the meeting. This should be coursed through the Council Secretariat.

10. The minutes will be circulated to the members as well as the attendees. The Council's Secretariat will also follow-up recommendations made during the meeting to ensure that feedback is captured. Please ensure that an update is provided to the council when requested.

11. You may also be invited to attend the meeting of the council after few months from your initial discussion. This is to allow for sharing of updates and how their feedback has made an impact to the programmes and plans of the DHB.

Waitematā District Health Board Consumer Council
Recommendations Tracker

Note: The Council is being requested to confirm the 'format' of the tracker. The list has been populated below for information.

Meeting Date	Agenda Item/Discussion	Responsible Officer	Expected Report Back	Update
14 August 2019	Informed Consent • Reviewing the process and timing of providing consent forms, noting that some patients will appreciate more time given, to consider their options • Format should include Braille, a version printed in native language and considering religious and cultural context • Members also noted the importance of having a level of support provided to the patients/family/care partners/whānau particularly for those who do not have the capacity to make decisions on their own such as the case for patients with learning disability. One suggestion was that this support can be provided by a social worker or any other personnel. • Further detail of the feedback were provided in attachments to minutes  Adobe Acrobat Document	Lisa Sue Sue French Cassie Khoo		An update was provided to the Consumer Council in its 18 March 2020 meeting. Further comments were provided
25 September 2019	Informed Consent Process • The informed consent form is perceived by many as a "cover" in case something goes wrong in the procedure. This is potentially because of the lack of understanding on the purpose of the form which is to provide information for the patient. • There is also an impression that the informed consent	Dr. Michael Rodgers		An update was provided to the Consumer Council in its 18 March 2020 meeting. Further comments were provided

	form is a "contract" that the patient has no option but to accept. This also contributes to the impression that the patient will not be able to complain when something goes wrong. • It was suggested that the following are considered: - The purpose of the form should be indicated and it should also be made clear that the form does not limit the patient to lay a complaint. - When an opportunity is available, the form should be provided in advance, to give more time to the patient and their whānau to consider options. - Provide education to the clinicians in terms of the manner of delivering the information to the patient. This will include providing information in a calm manner, acknowledging that the patient is nervous, building rapport and trust with the patient, ensuring competency of interpreters, considering the cultural appropriateness of delivering information to family members, carers, support persons or whānau while also complying with the legal requirements of obtaining consent. - Consider providing information on videos or ipads - Include the form in information booklets provided to patients - Include a Frequently Asked Questions (FAQs) to accompany the form			
25 September 2019	Consumer Engagement Quality System Marker (QSM) Framework • Language of the framework should be simplified or be made "user-friendly" for patients and the public, particularly from the point of view of whānau members. • An introduction on the purpose of the QSM as well as inclusion of a glossary or definition of terms and	David Price		An update was provided to the Consumer Council on 6 November 2019

	acronyms will provide additional information. • Consider the QSM framework to be in line with Te Whare Tapa Whā (Māori Model of Health) • To include a linkage or alignment with the Treaty of Waitangi as the treaty applies to everyone in the community.			
25 September 2019	Patient Experience Report • The council requested that an update is provided to them with respect to the corrective actions taken to address comments on the form received by the DHB and to be included as part of the patient experience report. • It was suggested to consider providing incentives to patients or family members completing surveys to increase uptake.	David Price		
25 September 2019	Korero Mai Programme • Consider the placement of posters in all areas such as placement of posters at each bedside for all areas/wards of the hospital as well as printing smaller version (A5 size leaflets) of the poster to be put on food trays. • Consider other options for distributing information such as providing the leaflets through social workers or flashing the poster when logging-in to the hospital Wi-Fi. • Consider including Korero Mai as part of the information being provided to the patients or whānau when they are orientated to their wards. • More education to be provided to the staff about the service.	David Price		
6 November 2019	Patient Deterioration Program – Shared Goals of Care The members were asked to provide feedback on how to achieve	Jeannette Bell		

	effective conversations, involving families, the type of support to be provided and having patient-centred care. Timeliness and environment • Members suggested that clinicians consider the timeliness of the goals of care discussion noting that conversation should be on-going and reviewed regularly with the patient and whānau. • Patient should also be provided with options and 'if and then' scenarios. Clinicians should also recognise the pace of the conversation and taking care not to provide them with too much information. Patients are usually overwhelmed and need time to think and/or consult with their loved ones. • The physical space and environment where these conversations are held are also important. These conversations should be discussed where there is enough privacy. Cultural competency • Clinicians should recognise the cultural context of each patient. Some patients will prefer to nominate key decision maker, a family member, Chief/Kaumatua or a support person to assist in the decision making. • Approach each case without assumptions as each family and situation is different. • Cultural context also recognises that language can become a barrier as such the use of interpreters would be vital to ensure the patient and whānau have clear understanding. Patient-centred • The chair commented that it is important that these	Peter Groom		

	discussions are anchored on trust as such having an open, honest and transparent conversation will influence the outcome of the discussion. He highlighted that patients can recognise sincerity and the manner in which these messages are conveyed should be considered. • It was also highlighted that there should be recognition of the patient's capacity to decide for themselves as a priority. This is particular for older patients and for patients with disabilities, in that while they may have some limited capacities, most patients are still fully capable and are able to decide their 'goals of care' than welfare guardians or persons holding power of attorney. • Members also shared their personal experiences wherein 'respect' was lost during discussion with patients. There is a need to keep 'humanity' in the conversation by learning more about the patient, their background, their beliefs and hence to treat them with compassion. • Rights of the patient should be embedded during the conversation. 'Understanding Resuscitation Status' Brochure • It was suggested that the form is made available in different languages and in 'easy-read' format for people with learning disabilities. This can also be useful for people whose first language is not English. • It was suggested that the wording considering the timing of making the resuscitation decision (ideally within the first 24 hours and reviewed depending on condition) should be specified on the document. • It was suggested to re-phrase the sentence "unfortunately most resuscitation will be unsuccessful". • Rights of the patient should be included and referred to in the brochure. Embedding the Korero Mai (Patient			

	Escalation) service or include a reference to patient rights within the brochure was also suggested.			
6 November 2019	Quality and Risk Reporting • It was suggested by the members that that the brochure be available in different languages and in 'easy-read' format.	Jacky Bush		
6 November 2019	Health Literacy Programme Update and suggested next steps • It was suggested that the concept of Health Literacy should be treated as a two-way street wherein the understanding of health-related information should be the responsibility not only of the patient but also of the provider. • The members suggested that the programme also focus on equity. This is on-going work and can be a priority for next year. • It was suggested that the programme focus on specific areas. Pharmaceutical safety was proposed to be a priority area particularly ensuring that patients are able to understand the proper use of medication as this influences patient outcomes. • It was also suggested to consider a 'whole-of-New-Zealand' approach wherein partnerships with Ministry of Education and other agencies can be explored to educate consumers before accessing the services (for example in schools) or to learn about diseases and conditions with the aim of disseminating information. • Members suggested exploring other ways of communicating and disseminating information particularly using videos on YouTube to reach and engage more consumers, using QR codes that will link to a specific page on the Waitematā DHB website as well as to make the website user-friendly and easier to navigate.	Leanne Kirton		

	• The programme will also explore the possibility of having the Consumer Council co-present at the next Health Literacy Symposium (scheduled in 2020). • It was also suggested that a 'Teach Back' methodology should be used with patient conversations to ensure that patients understand what is being said – rather than using 'closed' questions.			
19 February 2020	Patient Experience Report • A request was made for the next report to provide more visual presentation of information in the report.	David Price		
19 February 2020	Consumer and Whānau Advisory Team – Lived Experience Leadership The Council's feedback and suggestion were sought on increasing engagement and cooperation with the consumer council. • A suggestion was made to consider people with intellectual disabilities on the team's plans and workstreams. • The council members also extended an invitation to the Senior Management Team of the Specialist Mental Health and Addictions Team to attend a future meeting of the consumer council to link and discuss areas of collaboration. • A section on Mental Health Services was requested to be incorporated into the next Patient Experience Report with particular focus on statistics for Māori and Pacific and quality improvements in place.	Dean Manley David Price		
19 February 2020	Outpatient Experience <u>Information for Outpatients</u>	David Price		

	• Form is helpful and informative, however, consumer lens need to be applied and will need to be developed within the health literacy policy. It was also suggested to consider 4Q's (questions) to ask the clinicians (*Do I really need it?; What are the risks?; Is there a safe option?; What will happen if I don't have the procedure?*). This is in line with the HQSC's 'Choosing Wisely' Programme. • In line with the HQSC's 'Choosing wisely' the patients should be made aware that they have options and this should be promoted or made explicit to the patient. • A checklist for clinicians should also be developed. A clinician's checklist aligned with the Outpatient's checklist could also be developed (for example 4Q's key takeaways for patients). • Easy-read format (with more visual messages/pictures) should also be considered for information to be given to patients. This will address needs of patients with intellectual, visual as well as language barriers. <u>The appointment process</u> • There are different appointment systems adopted between NSH and WTH which could make it difficult for patients to navigate. • There is also inconsistency in terms of advice and information given on phone calls. This could be very confusing to older people. • There should be a consideration of convenience and accessibility to patients when setting schedule of appointments and location of appointments. • The council provided examples of community members given appointments that do not consider a patient's condition (letters too small for patients with visual impairment/issues, appointments set over the phone for			

	elderly patients, more youth-friendly approach to language for youth patients). Appointment letters and discussion with patients should consider these aspects. • A suggestion was made to look into a process where in the clinical team can record a patient's needs during their appointment and a system that can capture this, so that in future appointments, the system will prompt clerical staff with this information when making calls or preparing letters - this could enhance patient experience. • Suggestions were also made into providing automated copies of letters to carers, whānau or support persons for patients with disabilities and/or language barriers. • A suggestion was made to highlight if a response is required from the patients on appointment letters. This will make it clearer for patients if there is a need to respond. This may reduce possibility of missing or inadvertently cancelling appointments by missing 'to respond' 'messages. <u>During the appointment</u> • There is a need to recognise the condition of the patient and the relationship. Patient could be confused and/or scared, as such, delivery of the message should be with empathy. Clinicians should also ensure that the patient has understood what has been communicated. • The need for continued staff training on cultural competency was also highlighted. There was also a suggestion to consider utilising the volunteer ushers in the hospital as support persons or a Kaumatua to assist patients during and after an appointment. • 'SOS cards' are given to patients. This will enable them to call in, if their condition changes prior to their next appointment.			

	<u>After the appointment</u> • A letter (digital or paper based) to be provided to the patients similar to a discharge summary for in-patients was suggested. The challenge however for this is ensuring that this summary would be useful to patients as information is currently 'designed' for GPs. While a patient's GP could assist in providing more information, this is a barrier for patients who are not registered to a GP or attend their GP regularly. • In relation to the above, it was suggested that a consideration is made for a 'contact centre' for outpatients wherein they can ask questions if there are aspects of the letter they do not understand.			
19 February 2020	Expectation from the Complaints Process • The DHB should consider other platforms to receive feedback (not in writing/spoken and in other languages). It was confirmed that the DHB utilises the translation services to assist in complaints received in various languages. • It was also good to track Compliments since it can boost staff morale. There is also a need to look into the use of the word 'complaint' as culturally, it can discourage Pacific people to put forward their comments about the service received. • The Council offered that they can provide their feedback as well on future surveys.	Jacky Bush		
19 February 2020	Last days of life in WDHB hospitals : Te Ara Whakapiri • Negotiation and continued discussion with the patient and family is important and can be empowering for the whānau. It is understood that preferences and needs may	Emily Dwight		

	change so the service should also be flexible inn addressing those needs. • The ACE Chart could be used with color-coding so it will be easier for the clinicians to pick up goals that require intervention or escalation. Emily noted that this will particularly be useful in the electronic version of the document. • DJ Adams, Kaeti Rigarlsford and Ravi Reddy noted their willingness to participate in the on-going discussion of the End of Life Care. The Council members will also submit further comments on the process (if any) to the DHB.			
19 February 2020	Agreement to Treatment / Consent Form • The form should come in 'easy read', accessible and options for other languages. David Price also clarified that the Asian Health Services team provide translation/interpreting support 24/7 when needed. • The consenting procedure should consider cultural sensitivity particularly in involving the patient's family/whānau to be involved in the process. • It was suggested to look into the wordings in the form to be simplified as it may not be properly understood, can have different/subjective meanings to the patients. The words recommended to be reviewed are as follows: - In the first bullet "*I have had adequate opportunity*…", the word 'adequate' is complex and can mean different things to the patient. - In the second bullet, "…*there maybe other procedures undertaken*…", the word 'procedure' may not be understood by the patient. • In relation to the process, the council noted that delivery of the form is also critical. The form should be provided	Lisa Sue Amanda Mark		

	by staff who are able to communicate in a culturally sensitive manner (possibly using humour when appropriate) and ensuring that the patient has understood the process. • The Council members will also submit further comments on the process (if any) to the DHB.			

Waitematā District Health Board
Consumer Council

'Elevator Pitch'

The 'elevator pitch' proposed below is aimed to assist Consumer Council members in promoting their roles within the community and enable a clear understanding of their role*.

"As a member of Waitematā DHB's Consumer Council I help to represent the interests of consumers and the community. I bring a consumer and family/whānau perspective to the Waitematā DHB to assist them in their policies, strategies, plans and decisions. I am a link between the Waitematā DHB and the community to make sure that the voices of the community are heard and influence the organisation through our direct relationships with the CEO and the Board Chair of the DHB. The Council is made up of a diverse group of people and we bring a key focus on equity as well as positive patient and whānau experiences."

* Recognising that Council members are communication 'vehicles' for the DHB, Council members are not restricted to engage with the media, however, they must attribute that they not speaking on behalf of the council. All media enquiries related to the activities of the DHB should be directed to the DHB's Communication Team Media line at (09) 487 1276. Members are also suggested to refer to the attached 'key speaking points' provided by the Communications Team.

Waitemata
District Health Board

Best Care for Everyone

Communications Dept
Corporate Office
Level 2, 15 Shea Terrace
Private Bag 93-503, Takapuna
Auckland 0740
Telephone: 09 486 8955

Key points for Consumer Council members when engaging with media or at public events

As requested at the 14 August meeting, below is a suggestion of principles for Consumer Council members to observe when engaging with the media or speaking at public events...

Before considering commenting on a subject to the media, or publicly, Consumer Council members need to consider the following principles which also govern Board Members:

All public statements on behalf of the Consumer Council are to be made by the Chair of the Consumer Council.

Only the Board Chair or the Chief Executive (or other senior staff under his delegation) can speak on operational matters. On occasions, Consumer Council members may be asked their opinions. When talking to the media, or publicly, Council members should:

a. Make clear the capacity in which they are speaking.
b. Make it clear that they are expressing their own personal views and not speaking for the Consumer Council or Waitematā DHB.
c. Remember that they are representing Waitematā DHB.
d. Not make any promises in relation to funding or service provision.
e. Be aware of their consumer voice role, and that management is responsible for policy implementation and operational issues.
f. Contact the DHB Media Line – **(09) 487 1276** - if contacted by or intending to speak to the media. Also refer journalists to the Media Line without providing comment.

In the course of working in the community, Consumer Council members may be approached about particular issues and may find themselves pressed by people seeking change or a particular outcome.

Engaging in this way is fine and is part of Council members' regular activities but caution must be exercised to avoid raising expectations that no individual Council member can deliver on.

Suggested messaging in such situations:

"You have made a strong case and I can see your point. I would like to discuss this with fellow Consumer Council members and we will then come back to you."

It is acceptable, even desirable, to demonstrate empathy and compassion to people who may feel they have not had good service from the public health system. Care must be taken to avoid agreeing on behalf of the Consumer Council that the issue at hand is something the Council will act on.

Suggested messaging:

"I appreciate your position and I sympathise with your situation. Please let me talk about this with my fellow Consumer Council members and see if we feel this is an area where we can bring about improvement."

ends

4. INFORMATION ITEMS

4.1 Patient Experience Report
4.2 Covid-19 Waitematā Response
4.3 Update on presentation to the WDHB Board

Waitematā DHB - Patient Experience Report (March/April 2020)

Executive Summary

The Waitematā DHB Patient Experience Team is led by Director of Patient Experience. This team supports all divisions and services of the organisation by collecting, listening to and analysing patient, whānau, staff and community feedback to provide a better understanding of what matters to our diverse community. This informs organisational strategic direction and highlights local service improvements to enhance the patient experience and achieve better health outcomes for our community. The Patient Experience team works with divisions, teams and services to deliver innovative, responsive, accessible and flexible care that meets the individual needs of our patients and their whānau throughout the whole patient journey.

The Director of Patient Experience also supports Patient and Whānau Centred Care Standards Programme, Chaplaincy Services and the Asian Health Services Team. Waitematā DHB's Asian Health Services (AHS) provides a range of services and programmes for Asian patients, families and community members. These services include: iCare Health Information Line, Asian Breast Screening Support Service, Asian Patient Support Service, Asian Mental Health Service, WATIS (Waitemata Translation & Interpreting Service) and Health Promotions. The Asian Health Services Team has many aims including: providing communication (language) support to Waitematā DHB staff and non-English speaking patients/clients and their families; providing cultural, emotional and coordination support to Asian patients/clients. The Interchurch Council for Hospital Chaplaincy (ICHC) provide seven Chaplains and a part time Administrator across North Shore Hospital, Waitakere Hospital and Mason Clinic to support pastoral care and spirituality support for our inpatients, whānau and staff.

Highlights

- New role – Māori Patient and Whānau Experience Lead commenced in April.
- April saw our highest ever NPS score of 83 for 'likelihoood to recommend'. The following measures also achieved their highest scores since the survey began - 'did we see you promptly', 'did we meet your expectations' and 'welcoming and friendly'. These scores are exceptional and demonstrate the strength and performance of our staff during the COVID-19 response.
- Waitematā Happy Birthday cards designed and given out to patients who are in hospital on their birthdays.
- Asian Health Services worked with the Waitematā and Auckland DHB communication teams and Auckland Regional Public Helth Service (ARPHS) to provide accurate information about COVID-19.
- Cultural support was also provided to arrivals at Auckland International Airport.
- WATIS implemented 'Video Interpreting Service (VIS)' for online patient consultations.

Key issues

- Long wait times, pain management, communication and noise are some reasons for patients giving a low score on the Friends and Family Test in March and April.
- A lack of translated resources among 3DHBs in Auckland was highlighted again during the COVID-19 health promotion period. Sufficient resources for translated health information are required for accurate public health messages.
- Inaccurate information about Novel Coronavirus (COVID-19) shown on Asian social media contributed to increasing fear and unnecessary panic in the community.
- Volunteer welfare during closure of the volunteer programme – regular welfare calls were made to volunteers over April.

Contents

1.0 Patient Experience Feedback

1.1 National Inpatient Survey

Cemplicity no longer provide the service for the National Inpatient Survey, therefore there is no current data available. The new provider – Ispos was formally announced as the new provider by the Health Quality & Safety Commission in late January. A review of the current survey is in progress, with many changes predicted. The new survey will be rolled out from August 2020.

1.2 Friends and Family Test

In March we achieved a combined Net Promoter Score (NPS) of 82 and April saw our highest ever NPS score of 83. These scores are up from February where we achieved a score of 80. In March we received feedback from 680 people and in April we achieved a response rate of 273. The lower response rate for April is attributed to lower admission rates due to COVID-19. The NPS performs consistently above the DHB target of 65.

1.2.1 Friends & Family Test Overall Results

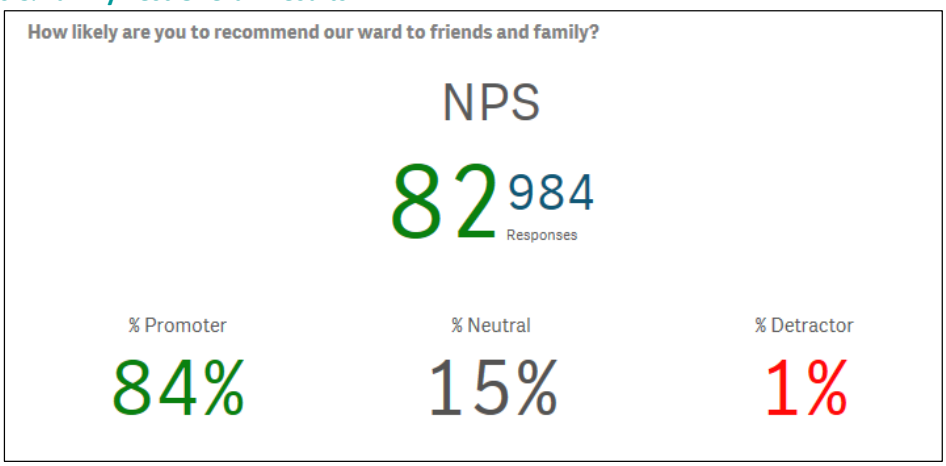
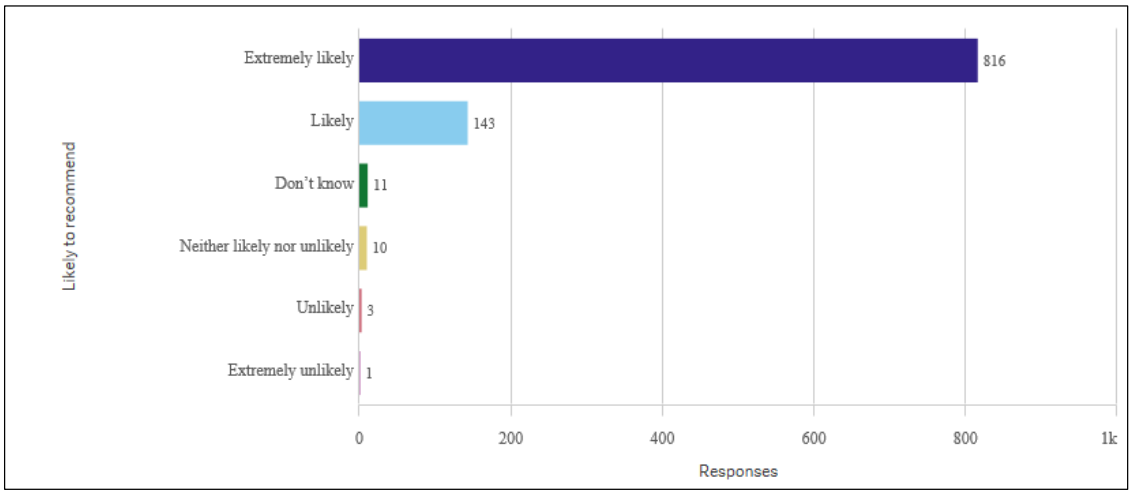


Figure 1: Waitematā DHB overall NPS



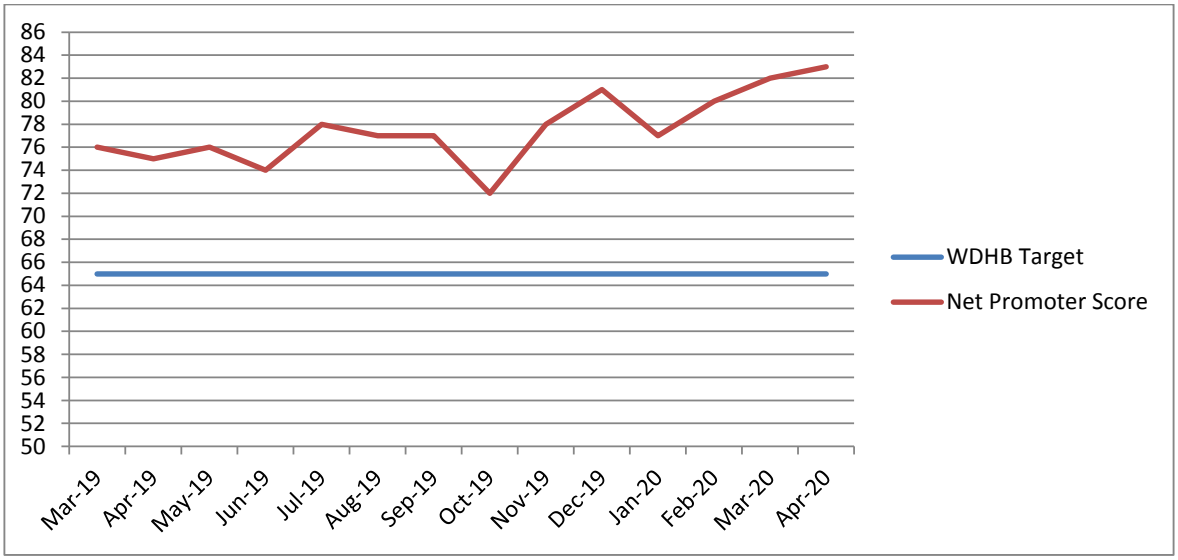
Graph 1: Waitematā DHB overall FFT results

Pt Experience Survey by Period

Month & Year	Surveys	How likely are you to recommend our ward?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Welcoming and friendly?
Totals	**953**	**82**	**81**	**87**	**92**	**86**	**93**
Apr-2020	273	83	84	88	92	89	95
Mar-2020	680	82	79	87	92	85	92

Table 1: Waitematā DHB FFT results (each question)

The net promoter scores in March and April have met target for all Friends and Family Test questions. In April, the following measures all achieved their highest scores since the survey began - 'Likelihoood to recommend', 'did we see you promptly', 'did we meet your expectations' and 'welcoming and friendly'.



Graph 2: Waitemata DHB Net Promoter Score over time

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

Mar & Apr 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	650	92	84	62	230
NPS	82	75	79	94	81

Table 2: NPS by ethnicity

In March and April, all ethnicities met the Waitemata DHB NPS target and score 65 and above.

Mar & Apr 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Did we see you promptly?	82	78	80	83	80
Did we listen and explain?	87	81	85	95	86
Did we show care and respect?	94	86	87	95	88
Did we meet you expectations?	87	82	83	94	85
Were we welcoming and friendly?	94	86	94	97	91

Table 3: NPS for all questions by ethnicity

Over the last two months all measures score above the DHB target. Pacific patients gave high scores across all measures, with four out of five measures achieving a score in the 90's. 'Welcoming and friendly' remains the strongest performer, followed closely with 'showing care and respect'.

1.2.3 Friends and Family Test Comments

- "*The nurses are welcoming and quickly gave reassurance because I was anxious. Great communication and gave relevant information. I am very happy.*" ***Endoscopy, WTH***
- *"All the staff I have met during my stay have been so kind and down to earth, friendly as well as very professional and proficient. I feel I have been well looked after by everyone medically and emotionally. I especially liked the conversation with the nurses and the doctors – informative and entertaining."* ***ADU, WTH***
- *"Personal, caring, attentive service. Caring to my individual needs. Encouraging!"* ***Allied Health Community Adults West***

- *"The staff was first class and better than any hospital that I have been in before."* ***Cullen Ward, ESC, NSH***
- *"Everyone has been 100% amazing and supportive and helpful. Even more incredible with what's going on in the world at the moment."* ***Maternity, NSH***
- *"Service is excellent as usual. Very happy with the NZ healthcare system. Kapai, Kiaora"* ***Emergency Department, WTH***
- *"As a carer for a patient, I observed the nurses and their work was excellent."* ***Ward 6, NSH***
- *"Doctors and Nurses do their job 100% and they care about us. They always encourage us to stay positive in life. It is more like our second home."* ***Dialysis - Apollo, NSH***

1.2.4 Friends and Family Test by ward

		March and April 2020	
Division	**Ward**	**Responses**	**NPS**
AH	Allied Health Community Adults North	6	83
AH	Allied Health Community Adults Rodney	7	86
AH	Allied Health Community Adults West	6	83
AH	Allied Health Community Child Health West	2	100
AH	Allied Health Early Discharge and Rehabilitation Service (EDARS)	9	100
ESC	Elective Surgery Centre Cullen Ward	19	95
SMHOP	North Shore Hospital Haematology Day Stay	30	90
S&AS	North Shore Hospital Hine Ora Ward	11	90
A&EM	North Shore Hospital Lakeview Cardiology (LCC)	103	92
CWF	North Shore Hospital Maternity Unit	133	69
S&AS	North Shore Hospital Outpatients	4	75
S&AS	North Shore Hospital Radiology	2	100
CWF	North Shore Hospital Special Care Baby Unit (SCBU)	19	74
S&AS	North Shore Hospital Short Stay Ward	44	63
A&EM	North Shore Hospital Ward 2	15	80
A&EM	North Shore Hospital Ward 3	28	96
S&AS	North Shore Hospital Ward 4	45	76
A&EM	North Shore Hospital Ward 5	22	77
A&EM	North Shore Hospital Ward 6	17	80
S&AS	North Shore Hospital Ward 7	14	100
S&AS	North Shore Hospital Ward 8	47	96
S&AS	North Shore Hospital Ward 9	26	100
A&EM	North Shore Hospital Ward 10	32	97
A&EM	North Shore Hospital Ward 11	25	80
SMHOP	North Shore Hospital Ward 14	4	75
SMHOP	North Shore Hospital Ward 15	15	100
CWF	Wilson Centre	13	92
A&EM	Waitakere Hospital Assessment Diagnostic Unit (ADU)	37	67
A&EM	Waitakere Hospital Anawhata Ward	20	68
A&EM	Waitakere Hospital Emergency Department	7	86
A&EM	Waitakere Hospital Emergency Department Waiting Room	10	30
A&EM	Waitakere Hospital Huia Ward	9	67
SMHOP	Waitakere Hospital Muriwai Ward	8	63
S&AS	Waitakere Hospital Outpatients Reception 1	30	67

S&AS	Waitakere Hospital Outpatients Reception 2	5	60
S&AS	Waitakere Hospital Radiology	11	100
CWF	Waitakere Hospital Rangatira Ward	22	91
CWF	Waitakere Hospital Special Care Baby Unit (SCBU)	21	90
S&AS	Waitakere Hospital Surgical Unit	48	92
A&EM	Waitakere Hospital Wainamu Ward	5	100

Table 4: FFT results by ward

Key for table 5:
Service/Ward Responses: *Green – achieved response target, Red – did not achieve response target*
NPS: *Green – met NPS target (65+), Amber – nearly met target (50-64), Red – did not meet target (<50)*

In March and April, 55% of services and wards met their response targets. Of these wards/services, 95% scored at or above the Waitematā DHB target. The top three ranking wards are all at North Shore Hospital – Ward 9, Ward 15 and Ward 10 (see table below). The main reasons for these positive scores include amazing staff (understanding, patient, empathetic, professional and compassionate), great care and service, high standard of food and clean and tidy environment.

This month, the lowest NPS score is for Short Stay Ward at North Shore Hospital, achieving slightly under target with a score of 63. Only a small number of reasons were given for the low scores and these include feeling ignored when in pain, long wait times and noisy at night.

A summary of the FFT results can be seen below.

Ward/Service – Exceptional NPS	**Target Responses**	**Achieved**	**NPS Score**
Ward 9, North Shore Hospital	20	26	100
Ward 15, North Shore Hospital	10	15	100
Ward 10, North Shore Hospital	20	32	97
Ward/Service – Low NPS	**Target Responses**	**Achieved**	**NPS Score**
Short Stay Ward, North Shore Hospital	10	44	63

Table 5: FFT Results Summary

1.3 Kōrero Mai/Talk to Me Programme

Korero Mai is a patient and whānau led escalation service that was launched in mid-November 2018. Patients are empowered to use a three step process to escalate their concerns. The third step instructs patients/whānau to call an 0800 number which is triaged by a Senior Nurse 24 hours/7 days a week who can request a medical review for a reported deterioration or intervene to support patient concerns.

There were four calls to the Kōrero Mai phone line in February and March, taking the total number of calls to the phone line to 41. Two of the kōrero mai calls during this period where by the same patient on different admissions – relating to his management plan for pain relief. Most calls to date relate to a breakdown in communication and an unclear management plan of the patient. All calls have been resolved promptly by staff with 90% of callers reporting they would not hesitate in calling the Kōrero Mai service in the future. The response after calling the Kōrero Mai number has prevented a formal complaint and usually led to ongoing support from the Patient Experience team to ensure patient and whānau needs are met.

Ethnicity	**M /F**	**Department**	**Hospital**	**Caller**	**Reason for call (as stated in RiskPro)**
NZ European	F	Ward 7	North Shore	Patient Partner	Communication Breakdown
NZ European	M	ED	North Shore	Patient	Pain Control (called twice)

NZ European	F	ED	North Shore	Patient Friend	Pain Control

Table 6: Kōrero Mai December Call Summary

1.4 Patient and Whānau Centred Care Standards Programme (PWCCSP)

During the beginning of March the focus was on continued work to implement the recommendations from the PWCCS review of last year as well as prepare for the first annual review in May 2020. Recruitment and training of hospital volunteers to complete patient interviews (Part A data) had just finished and interviews had started. However this focus suddenly changed when the COVID 19 pandemic was declared in New Zealand. The volunteer service was put on hold as was the PWCCSP work. The May PWCCSP review postponed until further notice.

In April work refocused to support and compliment other COVID-19 related work within Waitematā DHB. Regular weekly calls were made to most wards included in the PWCCSP to check in and see how they were. From these calls there was a theme identified of high work load associated with visitor's not being able to enter the hospital. Many wards reported that the increase in phone calls from families was significant and wards were struggling to keep up. Many had implemented a proactive strategy of requesting that each patient nominate one family spokesperson whom the nurse/Dr could then connect with daily following the ward round. Fourteen areas identified that having a portable phone or an additional portable phone would make a big difference. These wards were provided with a portable phone. Also during this time any ward that had a patient who was having a birthday was notified on the day of the birthday so that they could assist with acknowledging it and providing increased family connection where able- for example via zoom. The patient experience team supported any ward that indicated they needed help to get zoom up and running for patients. Work was also done to develop a variety of birthday cards that patients could be given from the Waitematā DHB. These were printed and distributed to the wards. They can be reordered via oracle.

2.0 Patient Experience Activity Highlights

2.0.1 Consumer Council Update & Highlights

The Consumer Council met in March via zoom days before the lockdown announcement occurred. The March agenda continued discussions about the informed consent process. In addition, robust discussions were had about our current complaints process and views of how to improve our approach to end of life care were provided. The Consumer Council requested an update of the COVID-19 response and Dr Matthew Rogers (Clinical Director Laboratories and COVID-19 Incident Management Team representative) spoke to the Consumer members and answered their questions.

The April Consumer Council meeting was cancelled due to COVID-19 and the next meeting is scheduled on June 10th. The Consumer Council Chair was scheduled to present to the Board for the first time in May.

2.1.1 Volunteer Recruitment Statistics

Volunteer number has remained the same as recruitment and on-boarding process have been suspended due to COVID-19, and this number is expected to decrease since some volunteers may not return.

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)
54	84	4	142

Table 7: Volunteers Recruitment

2.1.2 Volunteer Activity Highlights

- ***Recruitment***

While the volunteer programme was suspended, the patient experience team focused on volunteer welfare and connectedness. All volunteers were contacted each week and special attention/follow up was given to the volunteers who were identified as being at risk of social isolation. Volunteers were communicated with regularly by emails, phone calls and postage. Information for communication was drawn from CEO updates, statistics from the Ministry of Health (MOH) website, as well as some puzzles, jokes etc. Sharing some information with volunteers kept them connected and

engaged with the organisation. This maintained and reinforced their sense of belonging, a positive protective factor for mental well-being.

With the country moving to alert level 2, it was decided that front of house volunteers could return to their duties. The following process was taken to ensure a safe return:

- Volunteers were contacted individually to discuss personal circumstances.
- Volunteers who wanted and could return were screened
- They completed a refresher course and signed a declaration form prior to resuming their volunteer role.

Three refresher sessions have been completed the week of the 18th May 2020 at both sites and twenty three volunteers have returned to duties so far. More sessions will be conducted in the upcoming weeks to allow other volunteers to return gradually.

2.2 Māori Patient and Whānau Experience Update (Introduction from Allanah Winiata-Kelly)

Kia Ora e te whānau whanui o te hāpori Waitematā.
Ko Allanah Winiata-Kelly ahau. I whakapapa to Tauranga moana, Ngati Ranginui iwi, Ngai Tamarawho hapu, Takitimu waka.

I started in the role as the Māori Patient and Whānau Experience Lead in April during the lock-down. While it has been an interesting time to start, it has provided me with the opportunity to observe and explore components of the role. Reporting and engaging with both the Patient Experience team and Māori Health team. I see the role as a key support to enhancing the experience of whānau and community engaging with our DHB – furthermore as a contributor to better health outcomes of our Māori community.
While establishing and socialising the role now being active, key initiatives currently underway include:

- Pā Harakeke: The rebuilding of the pa harakeke to support the weaving of wahakura is currently in discussion as we explore the concept of it providing a therapeutic and rongoa Māori facilitation space. The intent is that this will enhance the experience of whānau and staff at our Waitakere site by using environment and natural elements to provide space for facilitating therapy and privacy to the Dialysis unit patients. The design concept is currently in conversations with the Maori Health team through Dame Whaea Naida Glavish.
- Kia Ora: the request for Kia Ora to become the official welcome of the DHB is underway. This initiative is also in conversation with Dame Whaea Naida Glavish. The recent events and the impacts of COVD-19 has provided space and opportunity for new-norms to be explored inclusive of being able to welcome all patients and whānau with 'Kia Ora' as an expression of well-wishes.
- Collaboration with Auckland DHB Maori Patient Experience Lead: Regular meetings are booked with Vanessa Duthie who currently holds the role under Auckland DHB. It is intended this could provide consistency and support across the Auckland Metro DHBs.

As the DHB come to learn of the role now being active, there is space to have conversations with those who hold a view of what they need a role like this to support in order to enhance the experience of Māori. I look forward to further developing the potential initiatives in the pipeline. The current list of potential future initiatives include:

- Support for the recruitment of Maori volunteers
- Support to review the experience and impact of recruitment and HR on patient experience
- Development of safe and trusted communication pathways for Māori community to provide feedback
- Maori Patient Experience training package for staff

2.3 Patient Experience Team Highlights

➢ *COVID-19*

Members of the Patient Experience team were seconded to the Incident Management Team to support patient, staff and community welfare. Below are some activities the team was involved in to enhance patient and community experience.

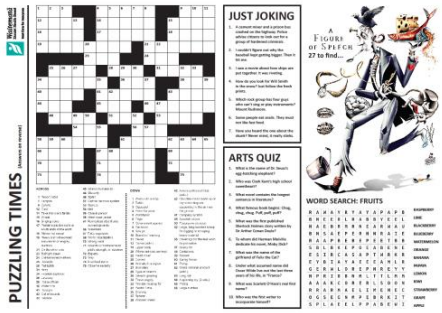
- **Zoom access** – as visitors were temporarily restricted from visiting patients, Zoom was installed on all Friends and Family Test iPads at NSH and WTH so that patients can keep in touch with their families and whānau.

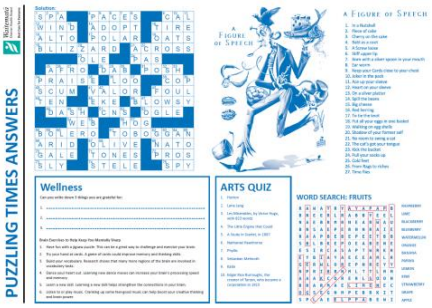
- **Birthday cards** – cards were created to celebrate patient birthdays while in hospital. There were two different design concepts:

We Send You Our Art	***Staff***
The Well Foundation partnered with The Upstairs Gallery in Titirangi to create We Send You Our Art – an initiative that gives the community the chance to show its support for DHB workers through art.	A personalised greeting using staff deliver a happy birthday message
 Artist: Lynette Holtrigter	 From all of us at Waitematā DHB

- **Thank you cards** – cards to thank our amazing community who supported staff and our organisation during COVID e.g. Countdown (maternity packs), flowers, chocolate, ice-cream, tea/coffee and so much more...

- **Meal Tray Mats** – activities for patients to complete during lockdown and visitor restrictions.





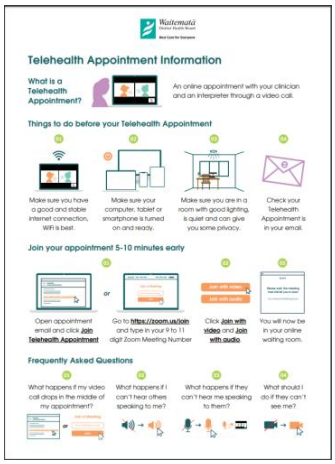
- **Meet my loved one** – designed for staff to understand patients and their needs during their stay with us.

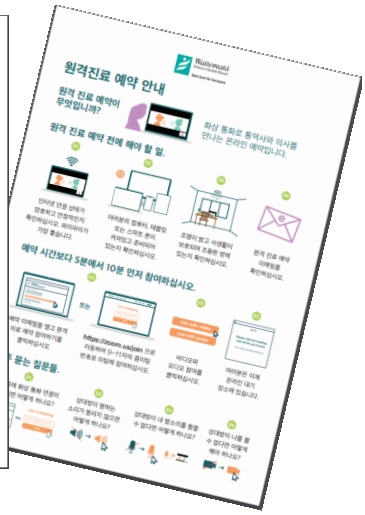
- **Visitor Flyers** – Visitor guidance flyers to help visitors understand why visitor restrictions were in place during the lockdown periods (level 4 and level 3). Flyers were translated into Māori, Tongan, Samoan, Korean and Simplified Chinese.

2.4 Asian Health Services Team Highlights

➢ ***Video Interpreting Service (VIS) implementation***

A new video conferencing interpreting service is now available for online patient consultations. The Asian Health Services' WATIS team has over 100 staff who showed their interest in this project. Interpreters are now able to provide language support via TeleHealth virtual video appointments. This project was initially scheduled to begin at a later date to meet the needs of our large Asian and ethnic community. However, it was brought forward in response to COVID-19. Easy instructions to utilise 'TeleHealth - Video Call Information' was developed for DHB staff and consumers, and is available for free download on the Asian Health Services website (www.asianhealthservices.co.nz). The instructions are in English, Simplified Chinese, Korean, Hindi, Tagalog, Japanese and Samoan.





➢ ***COVID-19 Information – Public Health Promotion***

Asian Health Services has been working with the Auckland Regional Public Health Service (ARPHS) to provide accurate health information to the Asian community during COVID-19 Levels 2, 3 & 4. Posters for the hospital's emergency department have been updated, and relevant health messages were distributed via Asian Health Services (AHS) ethnic networks.

➢ ***Mental Health training for interpreters***

Many people are finding the global pandemic and lockdown situation stressful. For people in our community whose first language is not English, communicating their needs can be challenging. Thus, the WATIS team is required to facilitate clinical conversations for mental health and addiction services. WATIS has been offering mental health training for ethnic interpreters, so they can provide some much needed support. A further 3 mental health workshops and supervision sessions will be delivered in May 2020

➢ ***Asian Health Services (AHS) staff – Full time Equivalent (FTE)***

No. of current staff	22 FTE
No. of management	1
No. of iCare Call Centre & Asian Patient Support Service (APSS)	4.7
No. of APSS Bureau (contractors)	9
No. of Asian Mental Health Service (AMHS)	5.5
No. of AMHS Bureaus (contractors)	20
No. of WATIS Interpreting service	9.5
No. of Contracted Interpreters	186
Vacancy	1.3 (0.5 APSS & 0.75 WATIS)
Total	237 (23FTE + 214 contractors)

➢ ***Asian Patient Support Service & iCare call Centre (April 2020)***

No. of total enquiries	1,838
No. of iCare call centre enquiry - NZ Health info, GP, Breast Screen etc.	1,527
No. of patients under APSS care	119

No. of new inpatient referrals - complex issue & cultural support	71
No. of support episodes by cultural support coordinators	311
No. of clinical meetings & face to face liaison	0
No. of phone support	89
No. of clinical coordination	222
No. of exit	202
No. of health or cultural workshop or promotion or survey	0
No of participants of workshops	0
No. of document & resources – cultural review /input	26

- ***Asian Mental Health Service (April 2020)***

No. of active mental health clients (target KPI: 75)	80
No. of new referral - mental health client	7
No of client support hours	188
No. of support meeting hours	18
No. of liaison psychiatry referral	2
No. of active forensic MH clients	2
No. of acute MH inpatient ward or Crisis team referral	6
No. of active clients of Asian Clinical Psychological Service & referrals	8
No. of exit	14
No. of Asian Wellbeing Group Sessions	0
No. of workshops (e.g. Incredible years parenting / Sensory modulation)	0

- ***WATIS Interpreting Service (April 2020)***

No. of contracted interpreters (covering 90+ languages & dialects)	187 + NZ Sign language interpreters
No. of FTE interpreters (employed)	3.75 (0.75 FTE vacancy)
No of interpreting episodes	2,827
No. of face to face interpreting	616
No. of Video interpreting service(VIS)	27
No. of appointment confirmation	941
No. of telephone assignment	239
No. of telephone interpreting	1018
No. of primary health interpreting episodes	121
No. of document translated or proof reading	13
% DNA of WATIS users	1.52%
Booking unfulfilled	0.15%

2.4 Pastoral Care Update

New Zealand moved quickly from Level 2 to Level 4 lockdown in March which resulted in changes with the Chaplaincy Services. At Level 3, to minimise visitors into the hospital, the volunteer programme was stopped therefore all the VCAs stopped their volunteering as of 18th March. This includes the Sunday Chapel volunteers as Sunday services were also suspended. Level 4 lockdown was announced subsequently the North Shore and Waitakere chaplains worked from home and provided pastoral care via telephone whenever possible. During the level 4 lockdown, the North Shore and Waitakere Chaplains only came into the hospital when it was required, where phone chaplaincy was not possible. During the Level 4 lockdown, the North Shore and Waitakere Chaplains attended a number of requests for face to face chaplaincy. Among the requests include, support for family in grief, blessing for the dying, blessing for babies lost by miscarriage and stillbirth and support for cancer patients, spiritual counselling and communion. Urgent requests for catholic priests from patient, family and staff were attended to by ort catholic priests near the hospital facilitated by out telephonists and the chaplaincy team. The chaplaincy also provided telechaplaincy for a number of requests, including remote blessing for a mother and baby lost by miscarriage, spiritual counselling and request for prayer.

Mason Clinic chaplains continued to work throughout the lockdown stages onsite. They provided care in person as well as via telephone, e-mail to the patients, staff and whānau. They produced creative resources (palm leaves for Palm

Sunday, Anzac devotions), prayers in different languages for staff. They also distributed 180 hot cross buns, gave out food parcels and worked with doctors at the Kowhai Centre.

The Chaplains Administrator has also uploaded a 'Covid-19 Prayer book' for use by staff and in the absence of Chaplains in the hospital. During the Level 4 lockdown, there were requests for Bibles from some patients which were delivered by members of the Patient Experience team.

The daily Covid-19 communication was sent via e-mail to members on the Chaplaincy team on a daily basis. VCAs, Sunday Chapel volunteers and communion ministers were sent e-mails. During Easter, palm crosses were made and left in the chapel for any patients who celebrated Palm Sunday. Chapel was decorated with Holy Week theme during Holy Week and Easter reflections were also put around the Chapel for staff and patients. Similarly, on Anzac Day, reflections were left around the Chapel.

3.0 Appendix – Patient Experience Activity Overview

On track	Generally on track – minor issues/delays	Off track/not started

Project Name	Project Summary	Patient Experience Lead	Update	Domain	Status
Organisation wide / Multiple Divisions					
Kōrero Mai – Whānau/Patient led escalation	Kōrero Mai (Talk to Me) aims to co-design a patient/family/whānau-led escalation system for patients whose condition is deteriorating (getting worse).	David Price Ravina Patel Lara Cavit	- Over the past 14 months since Kōrero Mai went live we have had 38 calls to the phone line. Seven of these calls were not Kōrero Mai calls and were forwarded to the phone line via switchboard. - Kōrero Mai is now business as usually and will be regularly evaluated and regular campaigns to promote the service. - Next steps for this programme are to complete a further awareness campaign and design a service for our inpatient mental health units.	Patient & Community Participation	
Consumer Council	As part of the annual planning DHB priorities guidelines for 2016/17 an expected focus for improving quality at WDHB is to 'commit to either establish or maintain a consumer council (or similar) to advise the DHB'.	David Price	- 5th meeting took place in February - Consumer Council members participating in various events and initiatives throughout the organisation. - Strategy session completed in February – this will be shared with the Board in April – once strategy endorsed. - Website page – now live.	Governance	
Mystery Shopping Programme	To further understand the experiences of patients and consumers accessing our services via phone a mystery shopping programme will be piloted.	Ravina Patel	- Mystery shopper phone calls are undertaken monthly. SMT has endorsed the programme. - Each month 10-12 services are contacted. Further investigation to numbers with nil response. - Telephone best practice guidelines complete and distributed to staff. - PE team has completed training sessions with Contact Centre, ARDS admin and Patient Service Centre staff.	Measurement & Evaluation Patient & Community Participation	

			- Best practice guidelines have been co-designed with staff and have been sent out to all staff in the Patient Service Centre and ARDS. - Face to face mystery shopper programme to be developed.		
Patient Stories	Capturing patient stories on video for internal and external audiences. The purpose is for staff to learn from experiences and assist with providing the best level of support and care to our patients.	Ravina Patel	- Patient Story – Disability. Improving the patient experience for deaf people. - Diabetes in Pregnancy. - Patient story – Autism. Challenges people with autism face and augmented communication. Seeking a patient to support the video. Disability Advisor to provide patient details. - Maternity journey and education for new mother's to be developed.	Patient & Community Participation	
Patient Feedback - Survey Design	Advisory role supporting services to develop patient surveys which capture feedback to understand if we are providing our patients with a quality service.	David Price Ravina Patel	- Mental Health – Telehealth patient feedback - Outpatients – Telehealth patient feedback - Anaesthetics – Telehealth patient feedback - Health Systems Design Council – COVID negative test results - Metabolic screening - Aged care staff survey Rodney - CADS staff survey - Paediatric bronchiectasis patient survey - Assistance with accessing Survey Monkey data	Measurement & Evaluation	
Health Literacy	To enhance health literacy awareness and understanding across the organisation in supporting patients to make informed choices about their healthcare and improve communication both written and verbal.	David Price Leanne Kirton	- Health Literacy Policy endorsed by Executive Leadership Team in April – now published and available. - Health Literacy intranet site updated and live. - Launch of awareness campaign across organisation to promote policy, new resource intranet page and e-learning modules adapted from a Hawkes Bay DHB resource. - Successful Health Symposium organised in October 2019 – Over 150 attended with overall positive feedback. Attendees requesting a more	Communication	

			practical symposium in 2020. - Health Literacy planning for 2020 has commenced, working with Health Literacy NZ to design a more practical approach to training.		
Patient and Whānau Centered Care Standards (PWCCS) Review	The Patient Experience team is leading a review of the Patient and Whānau Centred Care Standards to engage the multi-disciplinary team in the process and ensure the results of the survey provide effective insight into ward performance in the fundamentals of patient and whānau centred care.	David Price Meg Smith	- ARDS and Community Mental Health to pilot Care Standards in their areas in early 2020. - Establishment of new governance group to oversee programme meeting in January 2020. - Progression of PWCCS review recommendations continues. - Allied Health planning to create Multi-disciplinary team approach to care standards to commence in February 2020. - Further investigation into medical engagement in process. Early adopters in Emergency identified. - Next audit in May 2020.	Measurement & Evaluation	
Joint Māori Health and Patient Experience Action Plan	Patient Experience reporting lacks cultural understanding and the ability to tell the story of our Māori patients and their whānau. The Māori Health and Patient Experience team have come together to align our focus and understand the Māori patient experience.	David Price Riki Nia Nia	- Joint team meeting on Waitakere Marae conducted in late November 2018. - Draft paper collated and circulated to both teams for endorsement – paper endorsed. - Māori Patient & Whānau Experience paper presented to and endorsed by Maori Equity Committee – action plan now to be created to meet objectives of the Maori Health & Patient Experience Team collaboration. - Advertising for Māori Patient and Whānau Experience Lead position for 2nd time over January 2020. - Appointment of Māori Patient and Whānau Experience Lead in final stages.	Patient & Community Participation	
Piloting new Friends and Family Test – including youth survey	Feedback about the current survey and an evaluation of our current questions and feedback outline that not all questions are aligned to our values and there is confusion about recommending a hospital. In addition, we have no surveys available to our children to provide feedback. In addition, there is	Ravina Patel	- Draft surveys for youth piloted on Rangatira and ARDs services in September after testing with some local primary school classes. - Draft survey with satisfaction rating and new questions co-designed with patients and aligned with values created. Draft survey incorporates 0-10 rating scale more aligned to NPS methodology.	Measurement & Evaluation	

	limited variability in our data from our current questions over past 2 years.		- Pilot will start w/c 17th Feb. Wards and services involved in the trial include: ADU WTH, Ward 7, Renal, Radiology and Rangatira Ward. 115 surveys have been completed to date.		
Volunteers					
Ward and outpatients Volunteer Programme	Waitematā DHB aims to have volunteers working on all wards throughout the organisation to support specific tasks and enhance the patient experience. Providing social connections and meeting basic patient needs in a busy ward environment is important to our patients.	Genevieve Kabuya Lara Cavit	- The ward and Outpatient volunteer services were suspended because of Covid-19. - With the country moving to alert level 2, the patient experience team had consultation with involved Charge Nurse Managers and it was agreed to wait for all clinics and general admission to resume. Then after, we will review and re-assess volunteer roles	Patient and community participation	
Better Impact	An online volunteer management system that provides access to volunteer information within one database.	Genevieve Kabuya Lara Cavit	- During the lockdown, Better Impact software allowed the patient experience reinforces volunteer connectedness by celebrating in real time volunteers' birthday. - This was very much appreciated by our volunteers who had their birthday during this unprecedented time. - Training for volunteers to use it has been postponed until most of the Front of House volunteers return to duties. - The postponement is to minimise disquietude among volunteers.	Patient and community participation	
On-boarding and training for volunteers	Developing systems and processes to ensure that the on boarding and training programme for volunteers aligns with current processes for Waitematā DHB staff/contractors. This will be linked to a central database managed through Occupational Health and Safety. This new process will ensure that volunteers have completed their mandatory training before receiving or renewing their Waitematā ID cards. The aim is to have all current volunteer on boarded into this new training system by	Lara Cavit Genevieve Kabuya	- All current volunteers have already completed the new online training module - The patient experience team in collaboration with infection control has put together a refresher course which needs to be completed by each volunteer before restarting volunteering.		

	the end of 2019.				
Asian Health Services (AHS)					
Community Health Workshop	Asian Health Services offer 4 community workshops per year to improve the Asian community's understanding of New Zealand's health system and support services	Grace Ryu	- 2 Chinese health workshops in North Shore & West Auckland (March and October 2019) - 1 Korean health workshop completed (May 2019) - 1 Japanese health workshop completed (April 2019) - 1 Indian health workshop will be held in 2020	Community engagement & health education "Connected"	
Let's get real - Asian Workforce Development Project	Te Pou and Asian Health Services are working together to enhance ethnic workforce development in Waitematā DHB by providing Real-skills surveys and various learning opportunities, as well as cultural workshops in FY2019-20.	Grace Ryu Tiffany Tu Carol Lee	- Real skills survey for Asian Patient Support Service team - completed - Asian Mental Health Team and WATIS team to complete the survey by end of Dec 2019 - Mental health supervision for DHB interpreters and MBIE interpreters in Sep 2019 - *Let's get real* workshop for DHB's mental health workforce on 13 Sep 2019 - Muslim & former Refugee cultural workshops on 15 Nov 2019 - Pacific cultural workshop for Asian & ethnic workforce on 6 Dec 2019 - Staff to attend Maori Cultural workshops (Hauora Māori with Dame Naida Glavish, Chief Advisor Tikanga) via Awhina - Mental health Trainings for ethnic interpreters in May 2020	Workforce Development "Everyone matters"	
Youth Suicide Prevention Project	This is part of the suicide prevention project of Waitematā DHB & Auckland DHB priorities guidelines for 2019/20. An expected focus is for improving awareness of youth suicide prevention and mental well-being in the community.	Grace Ryu Hannah Lee Tiffany Tu	- 1st Youth Life skills workshop was held at Kristin School in May 2019 with 95 participants - 2nd Youth Life skills workshop was completed at Epsom Girls Grammar School in Sep 2019 with 168 participants - Both workshops received excellent feedback	Suicide prevention Community Health promotion "with compassion"	
Asian Patient Support Service – Consumer & staff survey	Asian Patient Support Service conducts surveys every 2 years to collect feedback from patients and their families, as well as	Grace Ryu Ivy Liang	- Written survey forms were distributed to patients and families from June 2019 - On-line Survey Monkey links were sent to DHB	Quality Management & Assurance	

	DHB staff according to the service quality action plan		staff from September - On-line survey completed in December 2019 and an evaluation report to complete in January 2020	"Connected"	
Supporting International Collaboration with Asian countries	Waitematā DHB has an international collaboration team (Dr Lifeng Zhou, chief advisor) to work with Asian countries. Asian Health Services (AHS) supported the international collobration team and will support future collaboration acitivities as a partnership organisation.	Grace Ryu Hong Lo Stella Luo Rachel Oh	- AHS supported 3 delegation groups from China & Korea in 2018-19 by providing NZ health system information and AHS information - AHS team supported the Inaugural Health Forum on International Collaboration with Asian Countries on 8 November 2019 - Project: Evaluation and Optimization of Jarvisen Smart Voice Interpreter (Project Lead: Dr Lifeng Zhou, Dr Maggie Ma)	International collaboration Innovation & improvement "Better Best Brilliant"	
Asian cultural advice at the regional level governance groups	Asian representation and cultural input at regional governance groups on requests.	Grace Ryu	- Collaborative Mental Health and Addictions Credentialing Programme Governance Group - Regional Head & Neck Cancer Oversight Group	Strategic advisory "Everyone matters"	
COVID-19 Collaborative Public Health Promotion	Asian Health Services cooperated with Auckland Regional Public Health Service (ARPHS) and other DHBs for public health promotions including documents translations and support at the border	Grace Ryu Belle Zhong Ivy Liang Jenny Kim	- Public health promotion and language support at Auckland International Airport - COVID-19 : Translation for posters for Emergency Department - Translation for DHB's health documents and messages on DHB's social media (Facebook) - Urgent translations of COVID-19 related documents for Auckland Regional Public Health Service (ARPHS) - School Resource COVID-19 Information for Parents : translation in multiple languages	Public health promotion "Connected" "everyone matters"	

5. OTHER BUSINESS

5.1 Agenda for next meeting
5.2 Community concerns