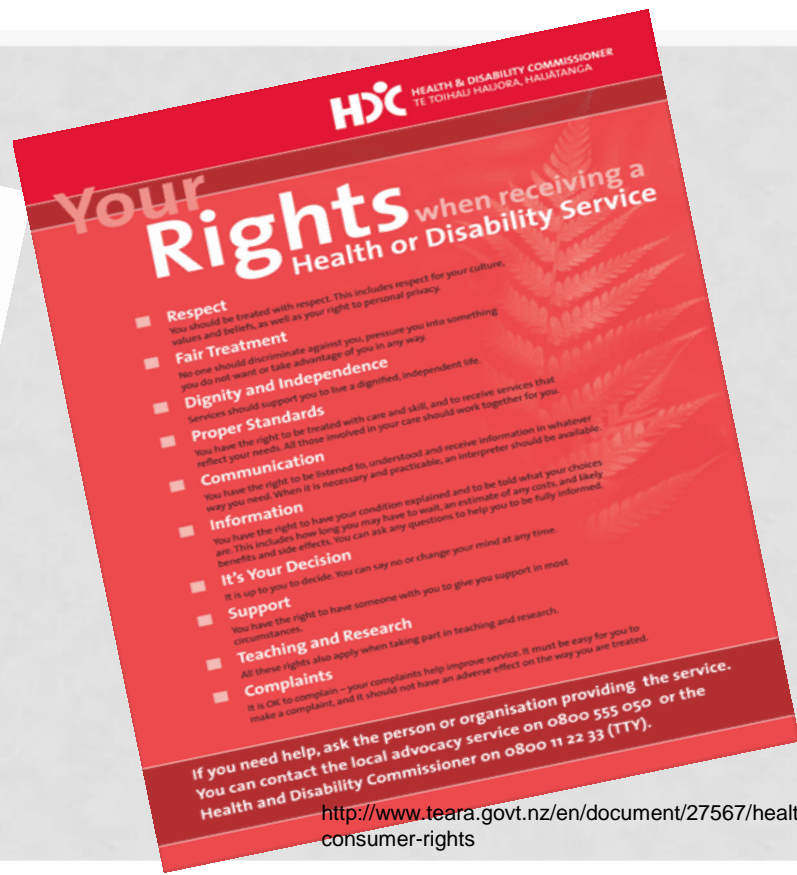


Improving patient and staff experience through Care with Dignity

Mikaela Shannon: Nurse Manager, Capital and Coast District Health Board



BACKGROUND



- **Respect**
You should be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.
- **Fair Treatment**
No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.
- **Dignity and Independence**
Services should support you to live a dignified, independent life.
- **Proper Standards**
You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.
- **Communication**
You have the right to be listened to, understood and receive information in whatever way you need. When it is necessary and practicable, an interpreter should be available.
- **Information**
You have the right to have your condition explained and to be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you to be fully informed.
- **It's Your Decision**
It is up to you to decide. You can say no or change your mind at any time.
- **Support**
You have the right to have someone with you to give you support in most circumstances.
- **Teaching and Research**
All these rights also apply when taking part in teaching and research.
- **Complaints**
It is OK to complain – your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

If you need help, ask the person or organisation providing the service.
You can contact the local advocacy service on 0800 555 050 or the
Health and Disability Commissioner on 0800 11 22 33 (TTY).

<http://www.teara.govt.nz/en/document/27567/health-and-disability-consumer-rights>



Care
with Dignity

OUR FOCUS

- **Health Care Team**
- All members of the MDT to remodel a culture of care with dignity and measured by patient family/whanau feedback “staff need to be kind to each other”.
- Commitment to reflective practice and finding solutions enabling staff to have a voice
- Maintaining, nurture and value the involvement of family/whanau and those in caring role in care.
- Staff within KPH inpatient wards will play an active part in addressing the following gaps, Underlining reasons for the lack of respect and dignity
Elements required in a staff well-being bundle – Values, attitudes, skills and knowledge



CARE WITH DIGNITY INITIATIVE

- Hello my name is.....
- Questionnaire
- Workshop



WELCOME TO WARD 4

Kenepuru Hospital

A KNOWLEDGE

Show a positive attitude

- Make the patient feel important
- Put the patient at ease
- Have a positive attitude by words, voice tone and body language

I NTRODUCE

Hello, my name is...

- Tell the patient your name and role
- Ask what they would like to be called

D URATION

How long and when we will return

- Inform the patient how long each aspect of their care will take
- Inform them when you will return

E XPLAIN

What we are doing and why

- Explain the task or procedure
- Confirm the patients understanding
- Ask if they have any questions

T HANKS

- Thank the patient for their cooperation in their care



Care
with Dignity

STUDY BACKGROUND

Research Intent:

- Evaluate the Care with Dignity initiative documents
- Identify elements for successful implementation of a Care with Dignity initiative in a New Zealand hospital setting

METHODS

<ul style="list-style-type: none"> <i>What was the best thing about the dignity in care workshop?</i> 	<p>Anchoring participants in a positive experience <i>(backward)</i></p>
<ul style="list-style-type: none"> <i>What is the main thing you learnt that has influenced your practice since?</i> <i>Describe a time when you were best able to deliver care with dignity to your patients?</i> 	<p>Looking inward and reflecting on what worked <i>(inward)</i></p>
<ul style="list-style-type: none"> <i>What needs to happen next to support that to be possible all of the time?</i> <i>If you were asked to implement the dignity in care programme somewhere else, what two aspects would be most important?</i> 	<p>Looking forward and imagining what might be <i>(forward)</i></p>

- **Anchoring participants in a positive experience (*backward*)**

Shared Framework

Teamwork

"I think it was good for people to be able to put a name to what you are trying to do, you know I think everybody wants to do it, to have the language to talk about it"

- **Looking inward and reflecting on what worked (*inward*)**

Teamwork

Professional Growth

Person Centred Care



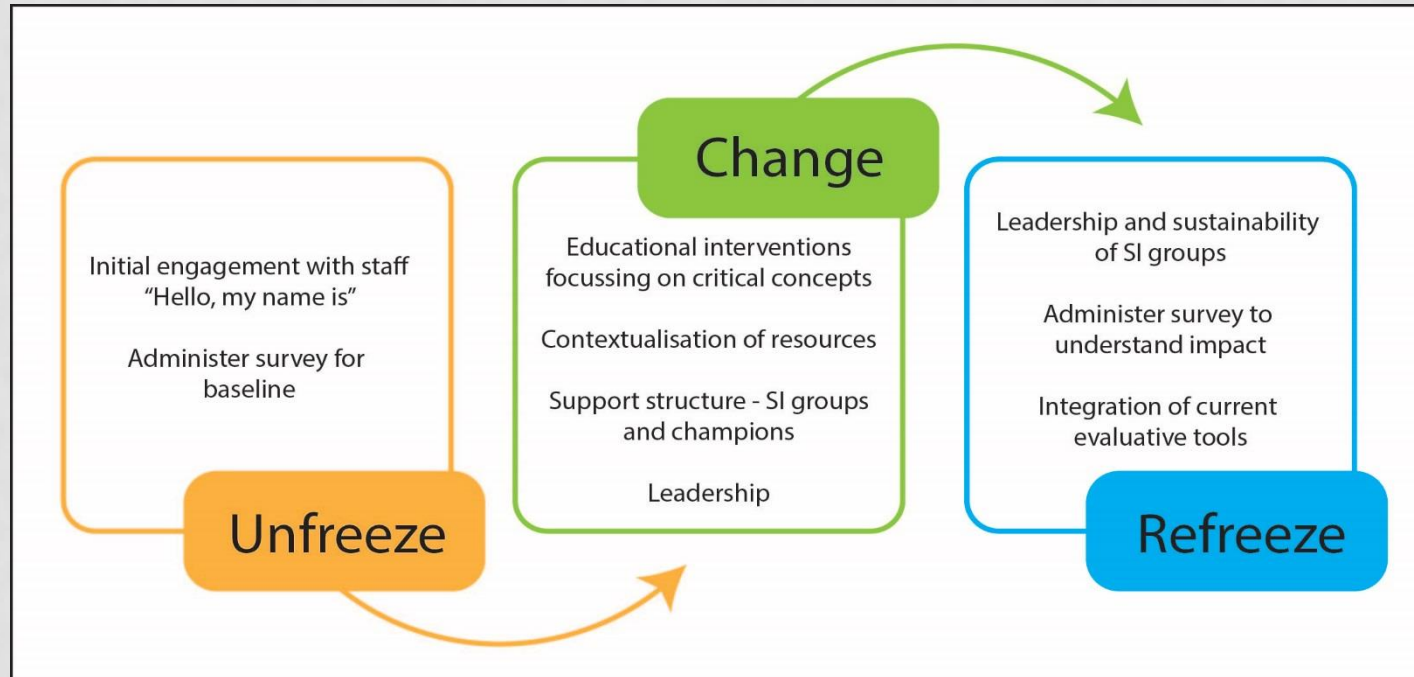
RESULTS

- **Looking forward and imagining what might be (forward)**

Management support

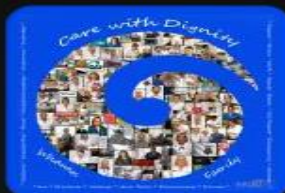
Teamwork

Time



Care With Dignity Framework

Your care, Your Dignity, Our Promise



Focus
on the
Person

Dignified
and
Respect

A
Better
Service

Getting
the
Basics
Right

% patients
feedback
of
receiving
care with
dignity



WHAT'S NEXT



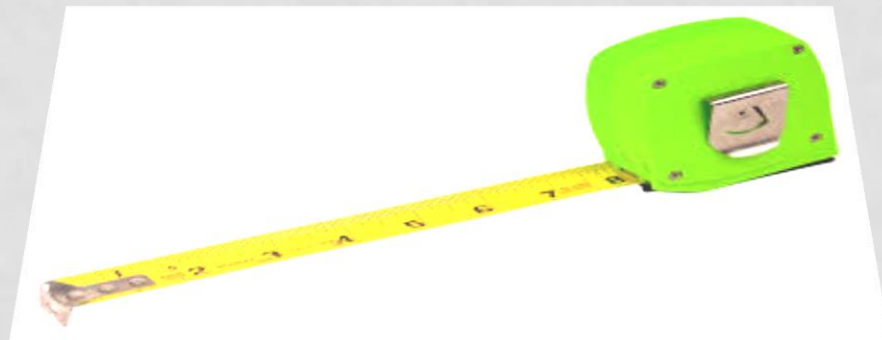
Our Journey Towards Care with Dignity

- ♥ *Understanding the experience*
- ♥ *Identifying emotions*
- ♥ *Changing behaviour*
- ♥ *Celebrating Success*

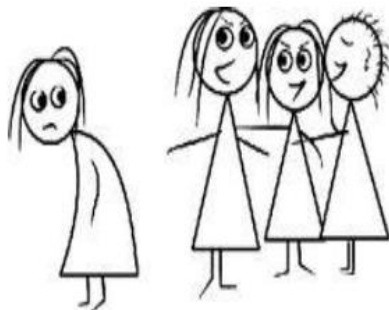




- Engagement
- Leadership
- A Common Understanding
- Ownership







What is Not Okay!

- Not Being Respectful to Feedback
- Emotionally Reactive
- Not Sharing Information or Resources
- Isolating Our Peers
- No Silos
- Changing information both written and verbal without delegation.
- Poor Attitudes
- Screaming or Shouting
- Unrealistic Expectations of Each Other
- Suppression of our Thoughts and Values

The BEE Algorithm

B = Behavior

What the person is doing or not doing that

is disruptive, inappropriate, or unacceptable.

E = Effect

Why/how the behavior is disruptive, inappropriate, or unacceptable...

how it affects me, hurts my productivity,

destabilizes the team or affects customer service.

E = Expectation

What do you expect the person to do or not do to meet your expectations?

May 2016



Identification and evidence that staff daily interactions are conducted with respect and dignity.

Patients	What we are expected to do	Listen to patients and visitors concerns and take action. Give priority to actions that will improve the service and promote patient safety. Always report incidents or near misses that could cause harm to patients and clients
	What we are not expected to do	Ignore criticisms, seeing it as a personal attack rather than a way to improve yourself or your service. Provide or ignore inadequate or inappropriate care. Show a lack of concern for the quality and attention patients receive.
Personal responsibility	What we are expected to do	Use initiative to solve problems and inform others when aware of potential issues. Appropriately challenge unhelpful behaviour. Be willing to go the extra mile for patients and clients and act on their feedback. Lead by example; influencing and inspiring confidence in others.
	What we are not expected to do	Not take responsibility for own actions, admit we are wrong or recognise how our actions affect others. Ignore problems, don't use initiative, pass the buck and say "it's not my job" Behave in a way that might put others at risk. Blame others; without taking own responsibility for looking at how things could be changed.
Improvement	What we are expected to do	Look at my working environment and actively search for ways of improving the patient and client experience. Drive continuous improvement by asking 'how could we do this better?' Review what the 'Best in Class' would be for our area of responsibility and seek to achieve this.
	What we are not expected to do	Dismiss alternative ideas and discourage colleagues from suggesting new ways of doing things. Stick to old methods that have become ineffective. Be unwilling to be exposed to change and uncertainty.
Pride in what we do	What we are expected to do	Be proud of our own work and that of your team. Celebrate success and share good practice. Be a positive role model that looks smart and professional. Lead by example. Promote confidence in colleagues, teams and the organisation. Recognise and rewarding achievement. Value our workplace. Celebrate success. Learn from experience.
	What we are not expected to do	Show a lack of concern in the quality of our work and the reputation of the organisation and our team. Be overly critical and a poor role model. Choose not to work as a team by pursuing your own agenda. You 'dead end' people by saying: I can't do anything. Not my problem. He/she isn't here there's nothing I can do. Not my patient



REFERENCES

- Baillie L. & Gallagher A. (2012) Raising awareness of patient dignity. *Nursing Standard*, **27(5)**, 44-49.
- Clark J. (2010) Defining the concept of dignity and developing a model to promote its use in practice. *Nursing Times*, 106(20), 16-19.
- Havens, D. S., Wood, S. O., & Leeman, J. (2006). Improving nursing practice and patient care: Building capacity with appreciative inquiry. *Journal of Nursing Administration*, 36(10), 463-470.
- Health and Disability Commissioner. (1996). *Code of Health and Disability Services Consumers' Rights*. Retrieved from <http://www.hdc.org.nz/the-act--code/the-code-of-rights>
- Lewin, K. (1947). Frontiers in group dynamics II. Channels of group life; social planning and action research. *Human relations*, 1(2), 143-153.
- Nursing Council of New Zealand. (2012). *Code of Conduct*. Retrieved from <http://www.nursingcouncil.org.nz/Nurses/Code-of-Conduct>
- Royal College of Nursing (2008). *Dignity: at the heart of everything we do*. Retrieved from <http://www.rcn.org.uk/newsevents/campaigns/dignity>
- Sutherland K. (2013) Applying Lewin's change management theory to the implementation of bar-coded medication administration. *Canadian Journal of Nursing Informatics*, **8(1-2)**.
- World Health Organisation. (1994). *Declaration on the promotion of patients' rights in Europe* – Amsterdam. World Health Organisation for Europe, Copenhagen.



Care
with Dignity

ACKNOWLEDGMENTS

