Improving patient and staff experience through Care with Dignity

Mikaela Shannon: Nurse Manager, Capital and Coast District Health Board
• **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
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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>What was the best thing about the dignity in care workshop?</td>
<td>Anchoring participants in a positive experience <em>(backward)</em></td>
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<tr>
<td>What is the main thing you learnt that has influenced your practice since?</td>
<td>Looking inward and reflecting on what worked <em>(inward)</em></td>
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<td>Describe a time when you were best able to deliver care with dignity to your patients?</td>
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<td>What needs to happen next to support that to be possible all of the time?</td>
<td>Looking forward and imagining what might be <em>(forward)</em></td>
</tr>
<tr>
<td>If you were asked to implement the dignity in care programme somewhere else, what two aspects would be most important?</td>
<td></td>
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</table>
• 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”
RESULTS

• Looking inward and reflecting on what worked (*inward*)
  Teamwork
  Professional Growth
  Person Centred Care
• Looking forward and imagining what might be (forward)

Management support
Teamwork
Time
CONCLUSION

- Initial engagement with staff: “Hello, my name is”
  - Administer survey for baseline

- Educational interventions focusing on critical concepts
  - Contextualisation of resources
  - Support structure - SI groups and champions
  - Leadership

- Leadership and sustainability of SI groups
  - Administer survey to understand impact
  - Integration of current evaluative tools

- Unfreeze

- Change

- Refreeze
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
Our Journey
Towards
Care with Dignity

❤ Understanding the experience
❤ Identifying emotions
❤ Changing behaviour
❤ Celebrating Success
• Engagement
• Leadership
• A Common Understanding
• Ownership
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

E = Expectation
What do you expect this person to do or not to do to meet your expectations?

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 Attitude
- Screaming or Shouting
- Unrealistic Expectations of Each Other
- Suppression of our Thoughts and Values

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

<table>
<thead>
<tr>
<th>Patients</th>
<th>What we are expected to do</th>
<th>What we are not expected to do</th>
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<tbody>
<tr>
<td></td>
<td>Listen to patients and visitors concerns and take action.</td>
<td>Ignore criticism, seeing it as a personal attack rather than a way to improve yourself or your service.</td>
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<tr>
<td></td>
<td>Sherphory to actions that will improve the service and promote patient safety.</td>
<td>Provide or give inadequate or inappropriate care.</td>
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<tr>
<td></td>
<td>Always report incidents or near misses that could cause harm to patients and clients.</td>
<td>Show a lack of concern for the quality and attention patients receive.</td>
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<th>Personal responsibility</th>
<th>What we are expected to do</th>
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<td>Use initiative to raise concerns and inform others when aware of potential issues.</td>
<td>Avoid taking responsibility for own actions.</td>
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<tr>
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<td>Appropriately challenge unhelpful behaviors.</td>
<td>Take responsibility for own actions and recognize how our actions affect others.</td>
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<tr>
<td></td>
<td>Be willing to give the care to do patients and others and act on their feedback.</td>
<td>Ignore problems, don't take initiative, pass the buck, and say &quot;it's not my job&quot;.</td>
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<td></td>
<td>Lead by example, influencing and inspiring confidence in others.</td>
<td>Behavior in a way that might put others at risk.</td>
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<th>Improvement</th>
<th>What we are expected to do</th>
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<td>Look at my working environment and actively search for ways to improve the patient and client experience.</td>
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<th>Price in what we do</th>
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<td>Be proud of our own work and that of your team.</td>
<td>Be unwilling to expose to change and uncertainty.</td>
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<td></td>
<td>Celebrate success and share good practice.</td>
<td>Be unwilling to expose to change and uncertainty.</td>
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Care with 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).
ACKNOWLEDGMENTS