National Healthcare Charter

you and your health service

National Healthcare Charter

**Working in Partnership with Patients**

people caring for people

	Traditionalists/Veterans 1925-1945	Baby Boomers 1945-1964	Generation X 1965-1980	Generation Y/Millenials "Nexters" 1980-2002
Slogans	"Keepers of the Grail" it's Monday"	Invented "Thank God, don't live to work"	"Work to live,	"Upcoming optimists"
Values	Logic and Discipline	Participation / Equity and work	Balance between life	Diversity / Morals
Provide	Stable environment	Personal challenges	Feedback	Structure
Authority	Respectful of authority	Nonauthoritarian	Dislikes close supervision	Respectful of Tradionalists
Characteristics	Conformers	Optimistic	highly Motivated	Can-do attitude
Work Priorities	No1 Priority - work	To be a star	Fun and flexible	Money
Train	Don't rush things	Skill practice	Visual stimulation	Mentor programs
Technology	Unsure and resistant	Willing to learn	Technology savy	Technology superior
Career Goal	Build a legacy	Build a stellar career	Build a portable career	Build parallel careers

people caring for people

From paternalism to partnership
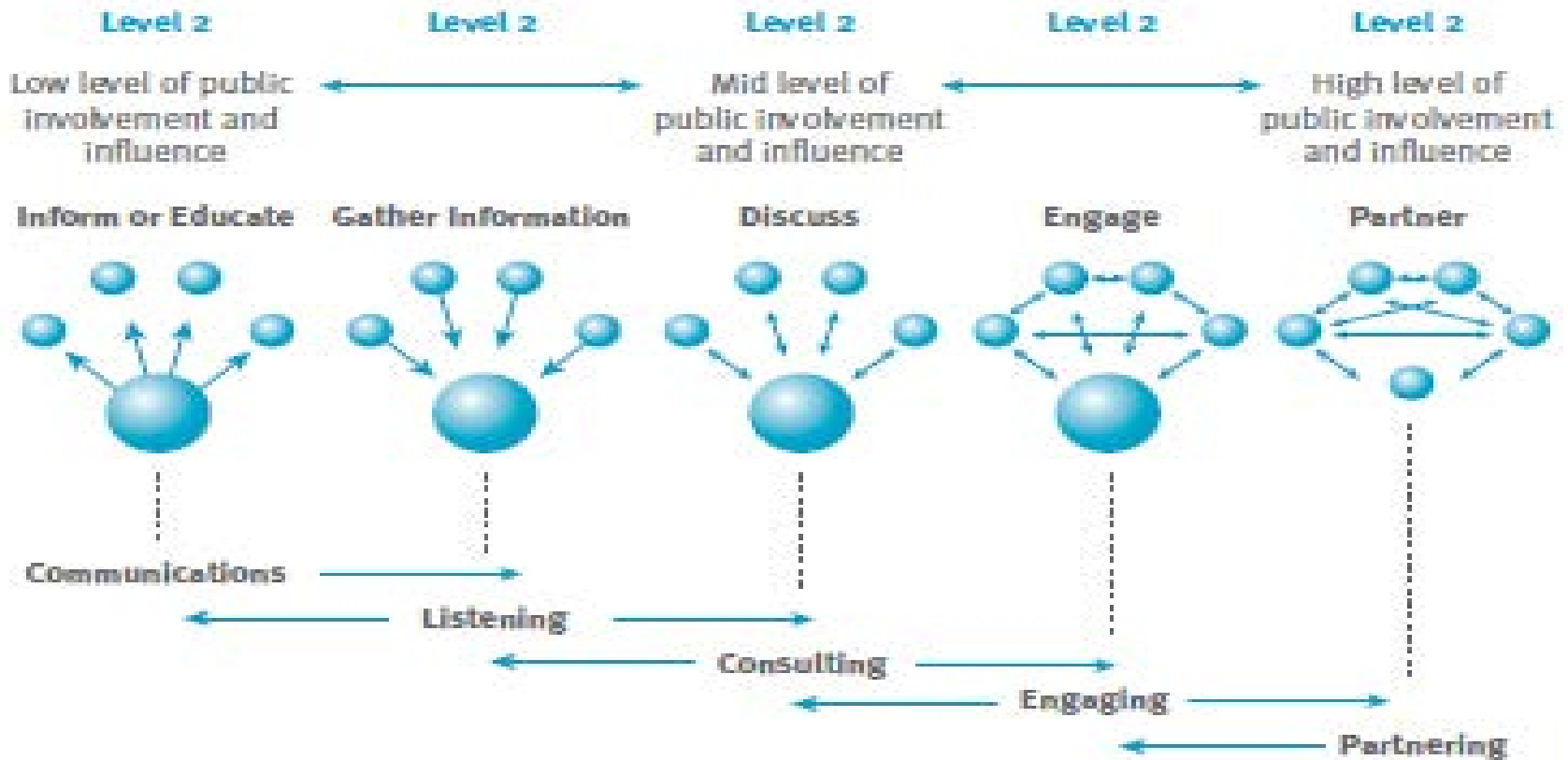
Adapted from Patterson Kirk Wallace

people caring for people

National Healthcare Charter

National Healthcare Charter
you and your health service

What you can expect

Access

Our services are organised to ensure equity of access to public health and social care services.

Dignity and Respect

We treat people with dignity, respect and compassion. We respect diversity of culture, beliefs and values in line with clinical decision making.

Safe and Effective Services

We provide services with competence, skill and care in a safe environment, delivered by trusted professionals.

Communication and Information

We listen carefully and communicate openly and honestly, and provide clear, comprehensive and understandable health information and advice.

Participation

see leaflet

We involve people and their families and carers in shared decision making about their healthcare. We take account of people's preferences and values.

Privacy

We will do our best to ensure that you have adequate personal space and privacy when you use our health services. We maintain strict confidentiality of personal information.

Improving Health

Our services promote health, prevent disease and support and empower those with chronic disease to self-manage their condition.

Accountability

see leaflet

We welcome your complaints and feedback about care and services, we will investigate your complaints and work to address your concerns.

What you can do to help

Keep appointments and let us know if you cannot attend, let us know if you have any special needs such as alternative methods of communication.

Treat staff and other patients with dignity, respect and consideration.

Support us to deliver safe and effective services, e.g. if you think that a member of a healthcare team has forgotten to wash their hands, give them a gentle reminder.

Help us to promote clear communication and information, if there is something that you do not understand, let us know and we will explain better.

Ask questions and become more actively involved in decision making about your care.

Support health services to safeguard patient confidentiality and privacy.

Learn more about what you can do to improve your health, ask your healthcare provider for information about healthy living and about what support services are available in your community, ask your healthcare professional to help you to set goals for improving your health.

Your feedback matters – tell us about your experience so that we can have your concerns addressed.

Get involved!

Find out about how you can get involved in improving health services in Ireland.

The HSE is actively inviting service users to get involved on patient forums and quality improvement initiatives. To find out more contact the National Advocacy Unit, HSE.

National Advocacy Service, HSE
Quality & Patient Safety Directorate
Health Service Executive, Oak House
Millennium Park, Naas, Co. Kildare

Tel: (045) 880 400
Email: yoursay@hse.ie
www.hse.ie

Contact the HSE Information Line:

Call-save 1850 24 1850
(Monday to Saturday
8.00am to 8.00pm)

people caring for people

people caring for people

1) Leadership Acute Hospitals

- Working in partnership with patients
- Communications and awareness raising
- Accountability and governance structures

2) INSIGHT-Patient Voice

HSE YOURSAY Complaints policy

National Patient Experience Survey Programme

Local tailored programmes of engagement and seeking feedback

3) INFLUENCE AND INTERVENTIONS

- QI plans in response to the key findings
- Oversight and Governance
- Hospital Group level leadership and expertise
- National support and leadership
- Sharing best practice

Changing models of care

CHANGING MODELS

	CONVENTIONAL MODEL SYSTEM	CO-CREATING HEALTH MODEL SYSTEM
Training	Clinicians trained in 'communications' skills to enable them to get agreement to clinician determined goals	Clinicians trained in skills to support people to determine and enact their own goals (eg. motivational interviewing)
Information flows	Results sent to clinician to share with patient during consultation	Person receives results in advance of consultation unless they determine otherwise
Appointments system	Allows for only fixed time 1;1 consultation	Allows different types of consultation e.g. group, telephone, email
Engagement	Individually-based respresentative	Community-based participative

Changing roles

CHANGING CLINICIANS ROLES

OLD APPROACH	NEW APPROACH
Believes knowledge creates behaviour change	Believes supported self-efficacy plus knowledge create behaviour change
Gives expert advise and prescription	Provides enabling support
Seeks compliance with clinician determined goals	Seeks exploration of person's goals
Scientific focus on condition	Empathetic focus on person
Lead part	Supporting role
Reactive	Proactive

Promoting a culture of Patient Partnership

1) Patients as partners in their own care

a) Self care and health promotion

b) Giving feedback about their experiences and outcomes of care, sharing their story

c) Shared decision making, informed consent

d) Seeking second opinions and researching options

e) Accessing healthcare services and screening

2) Patients as partners in design, delivery and evaluation of healthcare

a) Giving feedback about their needs, experiences and outcomes of care at a collective level

b) Fully involved as partners in patient safety initiatives, research and healthcare audit

c) Working as patient advocates

d) Participating as partners on patient forums, committees and working groups

e) Leading expert patient initiatives i.e. patients leading peer -led sellf management programmes and the WHO, Patients for Patient Safety Programme

f) Leading cultural change

g) Patients being involved in interview panels

h)Patient involvement in complaints investigations

Promotional resources

Teenage Wall chart

people caring for people

Gathering Patient Feedback

The NPESP the process

- **Communication and promotion**
- **Sample selection** –
  - all adult in-patients (over 18 yrs) admitted during month of May 2017 and 2018. (exclusion criteria)
  - 28,000 inpatients invited to participate in May 2018
- **The Questionnaire** –Picker survey tool –used internationally –Delphi Study currently underway, development, piloting, printing and distribution
- **Survey distribution plan**
  - Mixed methodology postal with online option
  - Maximise response rate and future proof methodologies
- **Data inputting and analysis**
- **Reports generated**
  - **National**
  - **Group**
  - **Hospital level findings**
- **QI plan developed by hospitals / H Groups in response to key findings**

people caring for people

Challenges to analysing complaints

Complaints are:

- Thoughtful, detailed and distil vast amounts of data

- Heterogeneous, unstructured and emotional

How can we leverage this unstructured data, turning it into reliable data that can guide system-level monitoring and learning?

What is in a complaint?

Illustrative example 1.

"We wish to raise concerns about the training of nurses in your hospital... When receiving a Fentanyl patch (to manage pain) the bedside nurse had to ask the accompanying Staff Nurse on how to apply this patch. When I questioned why she seemed unsure how to administer this type of analgesia she candidly told me that she was a paediatric nurse and was only helping out on the ward! I want to know why this Staff Nurse with inadequate skills was on the ward?"

Illustrative example 2.

"We are writing to you to complain about the care given to our mother....she twice visited A&E in pain from an severe and ongoing sickness. The doctors examined her, and diagnosed a gastric bug. They ignored our concerns that she was getting progressively weaker. We visited a third time, five days later, where mum was diagnosed as having a hernia blocking her bowel. We feel the first doctors should have detected the hernia and acted on her deterioration. The hernia could have been detected through a more thorough examination, before her health had deteriorated to the point where she was too weak to undergo the operation (which result in kidney failure and death)"

Both letters report safety problems (competences, misdiagnosis)....

...but the severity of the problems (multiple failings leading to death / skills for pain control) differ

How can we learn from these complex data?

1) The key issues reported in individual complaints must be analysed using a coding frame that is **reliable** and **conceptually meaningful**

2) Complaints must be assessed in terms of their **severity** in order that the worst and most pressing problems can be identified (akin to never events)

3) Data must be aggregated at a hospital/trust level in order that a 'normal' picture of complaints can be ascertained, and outlier hospitals identified through benchmarking

Healthcare Complaints Analysis Tool

CLINICAL PROBLEMS
Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (i.e., doctors, nurses, radiologists, and allied health professionals)

Quality: *Clinical standards of healthcare staff behaviour*

Safety: *Errors, incidents, and staff competencies*

MANAGEMENT PROBLEMS
Issues relating to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible)

Environment: *Problems in the facilities, services, clinical equipment, and staffing levels*

Institutional Processes: *Problems in bureaucracy, waiting times, and accessing care*

RELATIONSHIP PROBLEMS
Issues relating to the behaviour of any specific member of staff towards the patient or their family/friends

Listening: *Healthcare staff disregard or do not acknowledge information from patients*

Communication: *Absent or incorrect communication from healthcare staff to patients*

Respect and patient rights: *Disrespect or violations of patient rights by staff*

Safety: *Errors, incidents, and staff competencies*
- Sub-categories: Error-diagnosis; Error-medication; Error-general; Failure to respond; Clinician skills; Teamwork.
- Keywords: "incorrect", "medication error", "did not notice", "mistake", "failed to act", "wrong", "poor coordination", "unaware", "missed the signs", "diagnosis".

1. Low severity	2. Medium severity	3. High severity
Slight delay in making diagnosis	Clinician failed to diagnose a fracture	Clinician misdiagnosed critical illness
Slight delay administering medication	Staff forgot to administer medication	Incorrect medication was administered
Minor error in recording patient progress	Delay noticing deteriorating condition	Onset of severe sepsis was not identified
Not responding to bell (isolated)	Not responding to bell (multiple)	Not responding to heart attack
A minor error filling-out the patient notes	Clinician overlooked information (e.g. previous experience of an illness)	Clinician overlooked critical information (e.g. serious drug allergy)
Minor misunderstanding among clinicians	Test results not shared with clinicians	Failure to coordinate time-critical decision

Communication: *Absent or incorrect communication from healthcare staff to patients*
- Sub-categories: Delayed communication; Incorrect communication; Absent communication.
- Keywords: "no-one said", "I was not informed", "he/she said 'X'", "they told me", "no-one explained", "contradictory", "unanswered questions", "confused" "incorrect".

1. Low severity	2. Medium severity	3. High severity
Short delay in communicating test results	Long delay in communicating test results	Urgent test results delayed
Patient received incorrect directions	Patient received conflicting diagnoses	Patient given wrong test results
Staff did not communicate a ward change	Staff did not communicate care plan	Dementia patient discharged without the family being informed

Profile of 1110 letters by the most severe issue reported within them
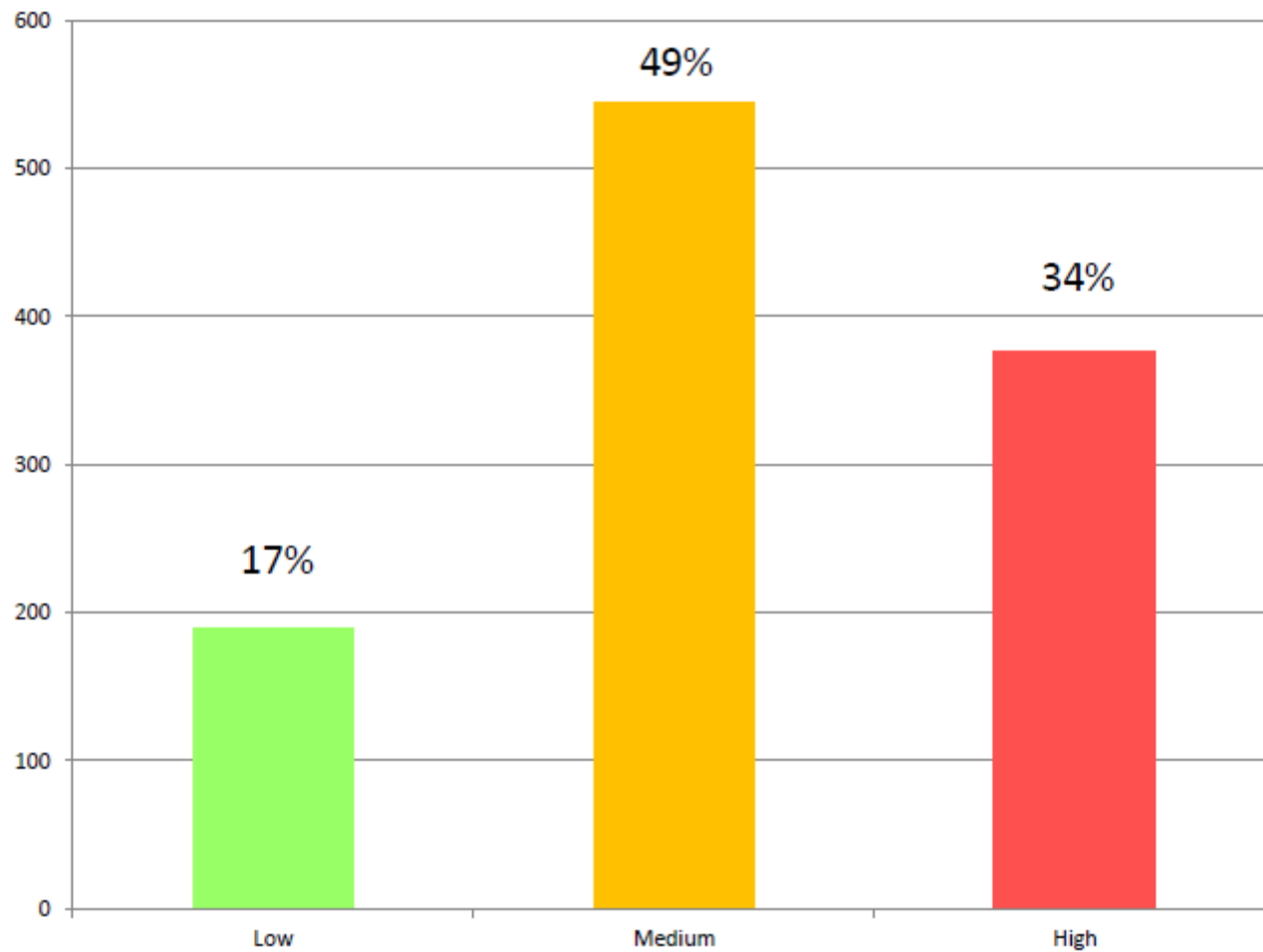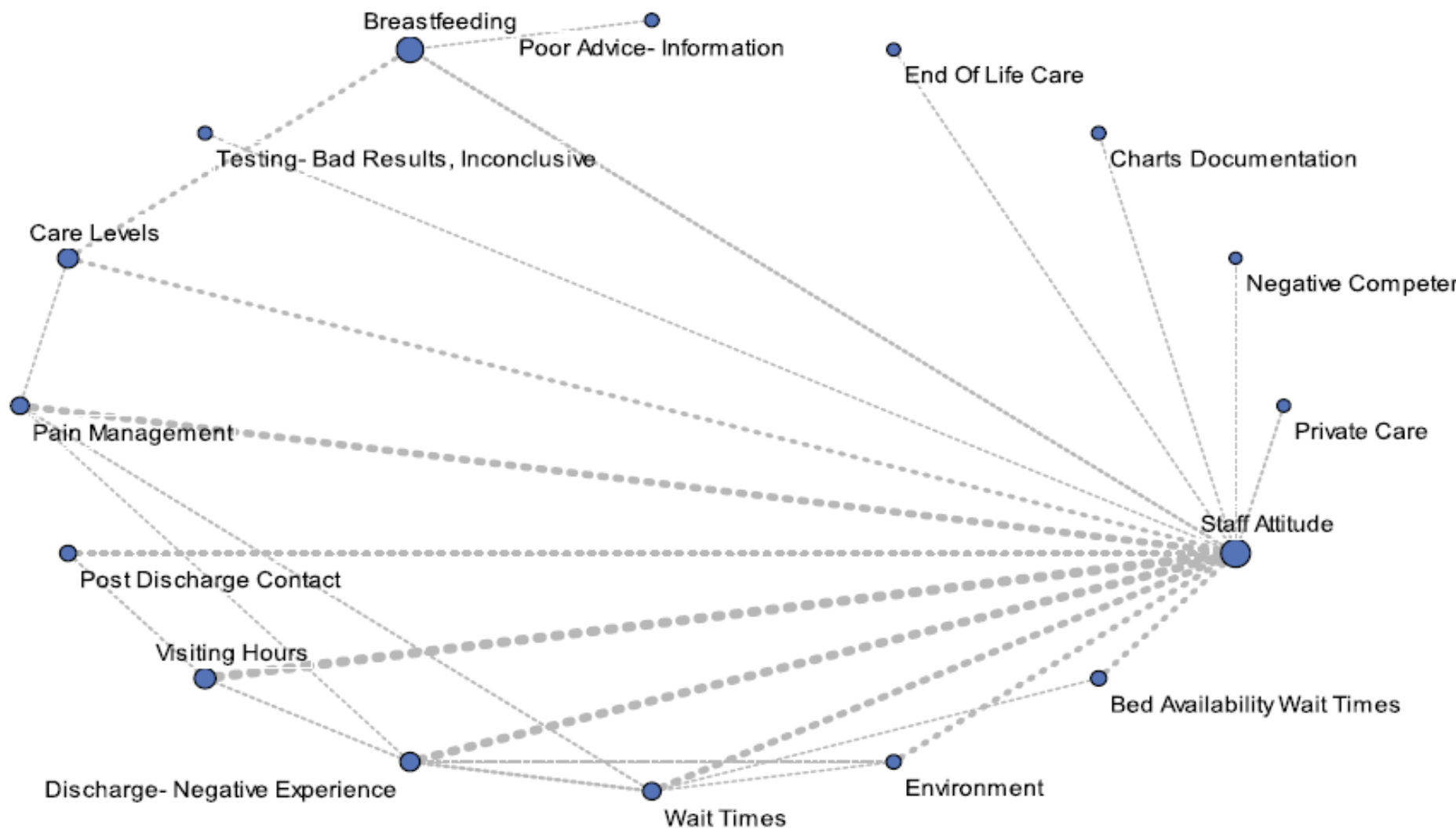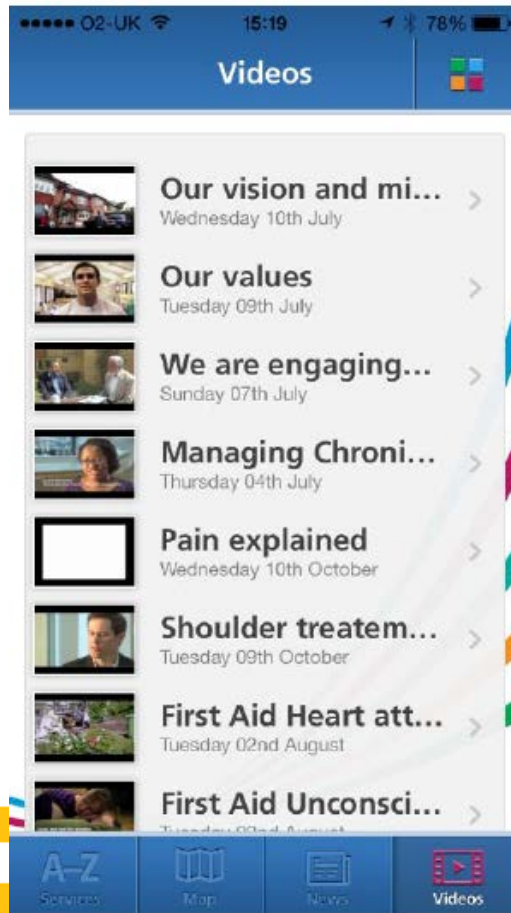
Webplot of Links Between Response Categories

Figure 3: Web plot of links between categories of response.

Future Proofing

National Healthcare Charter
your service, your say

Tell us...
about your experience
in hospital

people caring for people

01 When you had important questions to ask a doctor, did you get answers that you could understand?
○ Yes, always   ○ Yes, sometimes
○ No   ○ I had no need to ask

02 When you had important questions to ask a nurse, did you get answers that you could understand?
○ Yes, always   ○ Yes, sometimes
○ No   ○ I had no need to ask

03 Sometimes in hospital, one doctor or nurse will say one thing and another will say some-thing quite different. Did this happen to you?
○ Yes, often   ○ Yes, sometimes
○ Never

04 If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?
○ Yes, completely   ○ Yes, to some extent
○ No   ○ I didn't have any anxieties or fears

05 Did doctors talk in front of you as if you were not there?
○ Yes, often   ○ Yes, sometimes
○ Never

06 Did you want to be more involved in the decisions made about your care and treatment?
○ Yes, definitely   ○ Yes, to some extent
○ No

07 If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?
○ Yes, completely   ○ Yes, to some extent
○ No   ○ I didn't have any anxieties or fears

08 Did you find someone on the hospital staff to talk to about your concerns?
○ Yes, completely   ○ Yes, to some extent
○ No   ○ I didn't have any anxieties or fears

09 Were you ever in pain?
○ Yes   ○ No

If Yes... do you think that the hospital staff did everything they could do to control your pain?
○ Yes, definitely   ○ Yes, to some extent
○ No

10 Were you given enough privacy when being examined or treated?
○ Yes, always   ○ Yes, sometimes
○ Never

11 As far as you know, did healthcare staff wash or clean their hands between touching patients?
○ Yes, always   ○ Yes, sometimes
○ No

12 In your opinion, how clean was the hospital room or ward that you were in?
○ Very clean   ○ Fairly clean
○ Not very clean ○ Not at all clean

13 If your family or someone else close to you wanted to talk to a doctor, did they get the opportunity to do so?
○ Yes, definitely   ○ Yes, to some extent
○ No   ○ No family or friends were involved
○ My family didn't want or need information
○ I didn't want my family or friends to talk to anybody

14 Did the doctors or nurses give your family or someone close to you all the information that they needed to help you manage your condition once you went home?
○ Yes, definitely   ○ Yes, to some extent
○ No

15 Did a member of staff explain the purpose of the medicines you were to take at home in a way that you could understand?
○ Yes, completely   ○ Yes, to some extent
○ No   ○ I didn't need an explanation
○ I had no medicines

16 Did a member of staff tell you about the medication side effects to watch out for when you went home?
○ Yes, completely   ○ Yes, to some extent
○ No   ○ I didn't need an explanation

17 Did someone tell you about the danger signals regarding your illness or treatment to watch out for after you went home?
○ Yes, completely   ○ Yes, to some extent
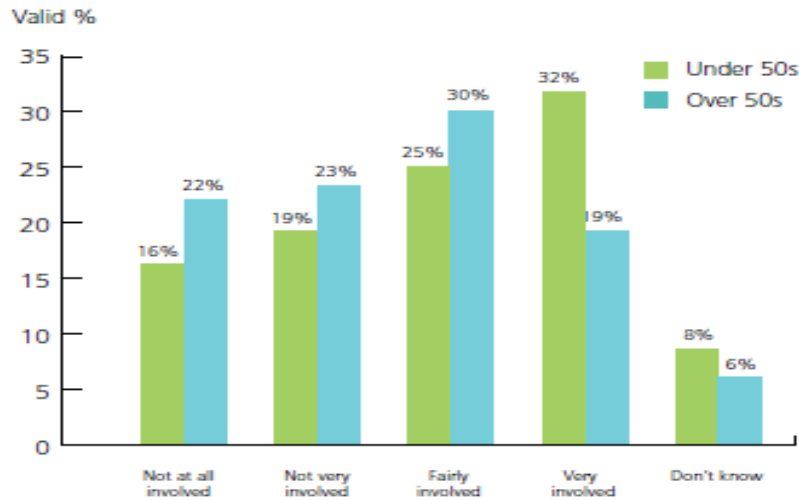○ No

18 Overall... (please circle a number)
I had a very poor experience   I had a very positive experience

0   1   2   3   4   5   6   7   8   9   10

Involvement in decision making

FIGURE 6.26
Inpatients' ratings regarding involvement in decision-making about their discharge from hospital: national augmented sample (n=344)

Sample Action Plan – responding to the results of patient feedback

Identified issue	Objective goal	Work required	Timescale	Responsibility	Monitoring	Link with other work
What issue has the survey identified? eg. 25% of patients felt that they were not involved as much as they would like in the decision making about their healthcare	What do you hope to achieve? What measurable difference will you make?	• Implement the National Consent Policy • Provide training and information sessions for staff on informed consent and shared decision making in healthcare • Make available leaflets for patients "its safer to ask" to encourage patients to become more involved in the decision making about their health	When will this work be done? What are the major milestones along the way?	Staff responsible for involving patients in shared decision making about their health Managers responsible for supporting staff to implement National Consent Policy Who will you work in partnership	Monitored through patient feedback • Analysis of complaints • Results of surveys • Feedback from staff • Documented evidence • Discussions in team meeting	What initiatives link with this work? Standards for Safer, Better Healthcare Implementation of the National Healthcare Charter Clinical governance

It's Safer to Ask

Promoting shared decision making, promoting safety

- Questions to ask your healthcare provider

  ➢ Provides space to write down responses / ideas / suggested options
  ➢ Aid to supporting self management

- Suitable for all healthcare settings hospitals, surgeries, community services, out-patient clinics

National Early Warning Score (NEWS)

•Driving a culture of patient partnership

•Demonstrating the role of all staff from Board to Ward

•Absorbing the complexity of this agenda of change

•Outlining the role and responsibility of each staff member, not just the role of quality manager

Key contact: Celia Cronin, Clinical Governance Manager, CUH

Doing it with us, not for us:
Strategic direction 2015-2018

Cork University Hospital Group
Staff guide to patient and public participation
April 2015

people caring for people

Constructive feedback

Strategic Objectives

Across five levels of the hospital group

1. **Individual Patient Care level**

2. **Ward / Department / Clinical Specialty Team level**

3. **Clinical Directorate / Senior Management Team level**

4. **Individual Hospital level**
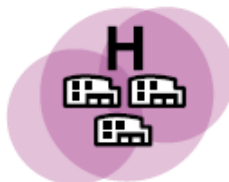
5. **Cork University Hospital Group level**

for people

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Individual Patient Care Level

Responsibility lies with each staff member

To promote the rights and responsibilities of patients within the hospital community

- Be kind, smile, make eye contact
- Help anyone who appears lost
- Communicate clearly and respectfully
- Listen for patient preferences
- Dignity and respect for patients and colleagues
- Effective training – customer care, complaints and open disclosure
- Understanding, challenge prejudice
- Support patient involvement

people caring for people

HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Responsibility lies with Ward Managers, Dept Heads and Clinical Speciality L

Leaders focussing on organisation goal of improving participation with patients

- Leadership at ward/ dept/ clinical speciality team level
- Promote patient involvement in own care at all stages
- Accessibility for a diverse community
- Patient feedback informing quality improvements
- Establish working links with community organisations
- Patient involvement in developing clinical guidelines

people caring for people

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clinical Directorate & Senior Management Team Level

Responsibility lies with Clinical Directorate and Senior Management Teams

Management promoting participation internally & externally

- Leadership at Directorate and Senior Management level
- Promote patient & management teams / committee working together
- Involve patients in planning and evaluation of services
- Use patient feedback to improve services
- Establish & develop strong links in community
- Promote open disclosure

Individual Hospital Level

Responsibility lies with CEO, General Managers, & Executive Quality and Safety Committee

Hospital promotes and increases patient and community participation

- Promote importance of health needs assessments in service planning
- Strengthen work of volunteers through their promotion of National Healthcare Charter
- Integrate patients & families into hospitals quality & safety programme
- Establish Patient & Public Forum
- Proactive resolution of complaints
- Create culture of advocacy
- Develop training of advocates and expert patients

people caring for people

Implementation tools

Action plan templates

Implementation Tasks 2015-2016	Actions to complete task (if required)	Responsible individual	Timeframe for achievement	Measurement / evidence of task achievement
1. Be aware of the need for patient advocacy and be an advocate for patients.				
2. Be informed about and promote:				
• The National Healthcare Charter				
• The National Consent Policy				
• Customer Care				
• Effective Complaints handling				
• The National Guidelines on Accessible Health and Social Care Services				
• Principles of Open Disclosure				
• How to access patient information leaflets on the quality information database (Q Pulse)				

Action plan template for Patient Care Level

people caring for people

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ward level implementation

Implementation Tasks 2015-2016	Actions to complete task (if required)
1. Managers of all wards / departments and leads for Clinical Specialty Teams to complete individual action plan(s) and report on its achievement through hospital governance structure.	
2. Identify a member of staff in your ward / department / Clinical Specialty Team to champion participation.	
3. Facilitate staff to be trained in customer care, effective complaints handling, consent and open disclosure.	
4. Use hospital approved patient information leaflets to better inform and involve patients in decisions about their health.	
5. Ensure that the promotional resources for the implementation of the National Healthcare Charter are available and visible in your wards / departments.	
6. Create a database of voluntary, community & support group contacts currently supporting services and patients.	
7. Arrange focus groups with patients who have used the service in the previous six months to explore and investigate what worked well and what could be improved upon.	
8. Use evidence from engagement with patients and patient experience of your service to inform service improvements, new service development and clinical care programme(s) implementation.	
9. Ensure that the contact details of local access officers are made available to all Involve patients collectively in the design, delivery and evaluation of healthcare.	

people caring for people

Promotional resources

Implementation tools

Resources: Downloads, leaflets, posters & wallcharts

A variety of resources available tailored for each level

Demonstrating that Acute hospitals are listening, responding and improving

You said, we did

(demonstrating that you are listening, responding and improving)

Gathering patient feedback is a limited exercise unless something constructive is done with the findings to bring about improvements. Having analysed the results of your surveys and your complaints, and complemented this information with more detailed feedback from focus groups or your patient panel, you then need to decide what to do with this information and where to focus your efforts. A good place to start is by writing an action plan in partnership with your local patient forum. It is better to prioritise areas for action to keep momentum going and to encourage continuous improvement.

people caring for people

The Karesk Model of Healthy Work

SUPPORT — weak / strong

CONTROL — high / low

DEMANDS — low / high

healthy work

dangerous work
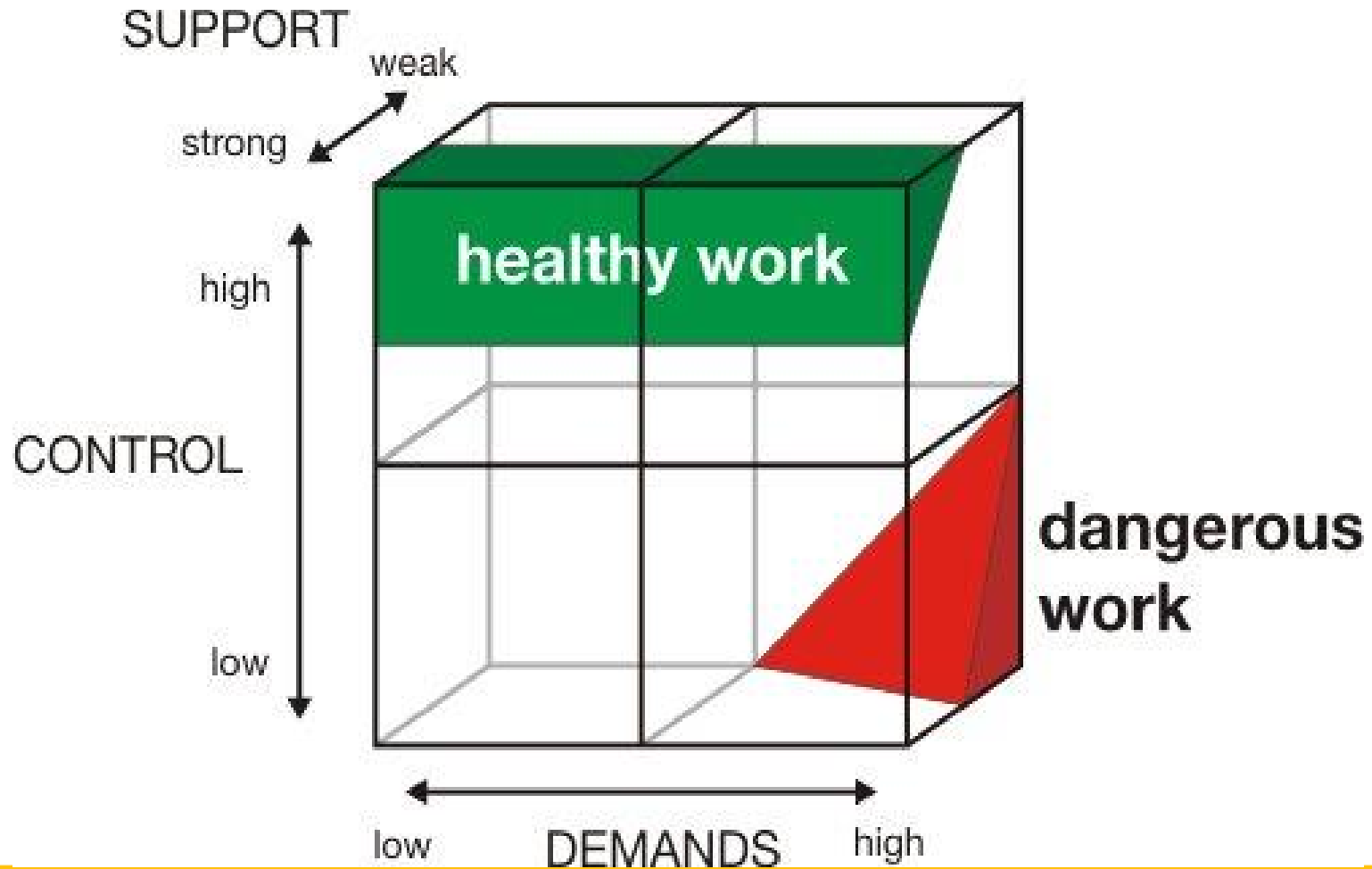
Perceived Relationship of Employee Engagement, Employee Satisfaction, Patient Satisfaction and Financial Performance

"A highly engaged employee cares more for the success of the organisation."
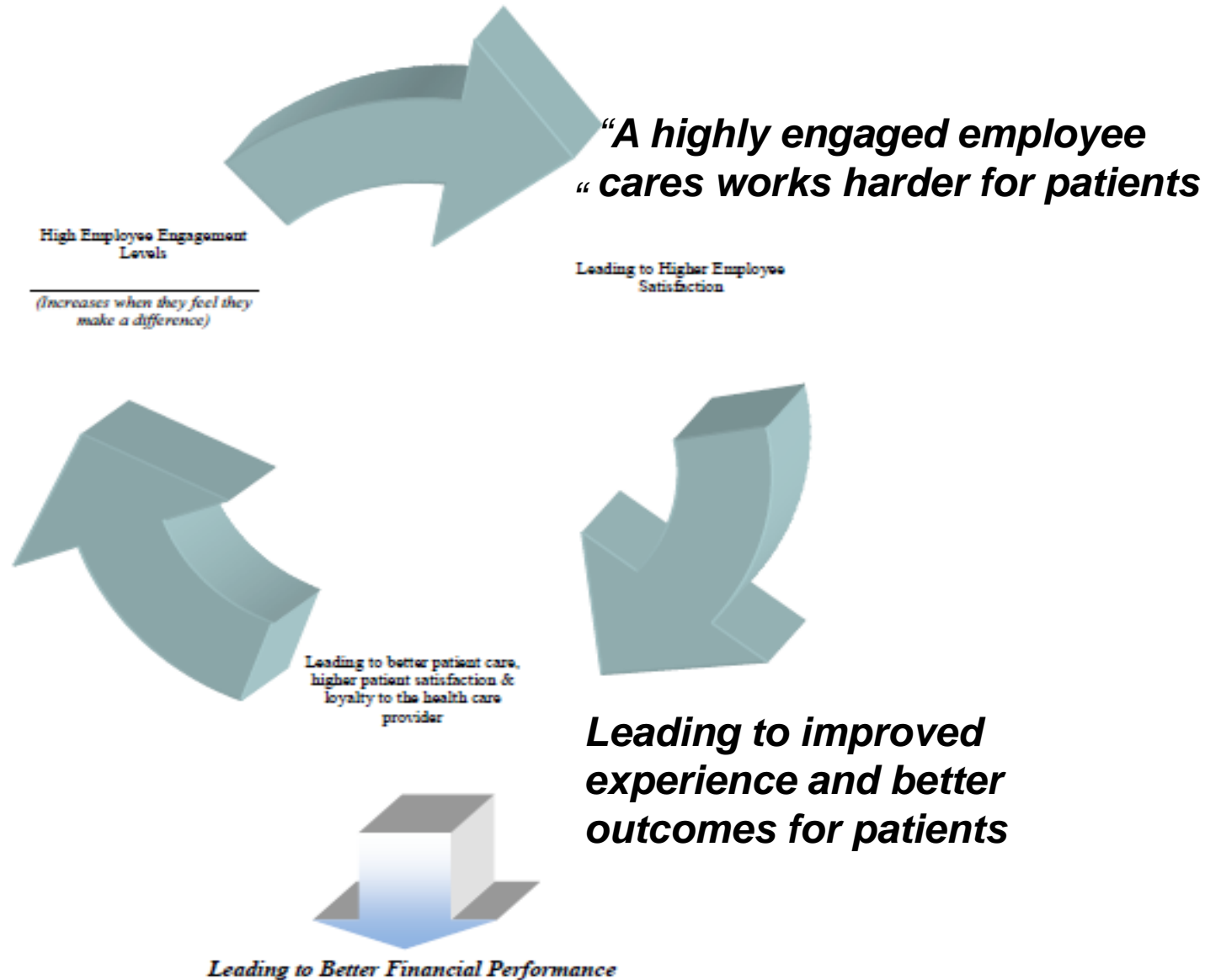
"A highly engaged employee cares works harder for patients

High Employee Engagement Levels

_____

(Increases when they feel they make a difference)

Leading to Higher Employee Satisfaction

Leading to better patient care, higher patient satisfaction & loyalty to the health care provider

Leading to improved experience and better outcomes for patients

Leading to Better Financial Performance

Better Financial performance and greater productivity

Priority areas, identified by staff

- **Address uncertainty**
- **Reconnect with leadership**
- **Improve advocacy for patients**
- **Enhance communications**
- **Demonstrate staff value**
- **Maximise potential of everyone**
- **Recognise diversity in the organisation**

people caring for people

Effective strategies reducing organisational stress

- Primary stress prevention
  - Healthy interpersonal workplace relationships and culture
- Secondary stress prevention
  - Building resilience
  - Coping mechanisms
- Tertiary stress prevention
  - Access to support services

People caring for people

People are at the heart of health care
People *who need care and **people** who deliver care*

HSE as a corporate citizen - If the health service cannot promote health among its staff and engage with its staff who can?

➢ Sick organisation equates to poorer outcomes for patients

➢ Do we empower staff to reach their full potential?

➢ If we don't treat our staff with dignity and respect how can we expect staff to treat patients with dignity and respect, we need to challenge paternalism

➢ Importance of peer support as a buffer to stress

- **Develop a culture which values health as a resource and promotes healthy working and work life balance**

"We don't see things as they are,
we see them as we are."

Anaïs Nin

Invictus – informed and empowered

Out of the night that covers me,
Black as the Pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds, and shall find, me unafraid.

**It matters not how strait the gate,
How charged with punishments the scroll.
I am the master of my fate:
I am the captain of my soul.**

William Ernest Henley

Thank-you for your attention

June Boulger
HSE Lead, National Patient
Experience Programme
Acute Hospital Services, HSE
june.boulger2@hse.ie
086-8069829

people caring for people