

Healing at Home

Amy Pham, Lynette Pengelly, Janet Paterson, Sandra Blake, Michele Naish, Kaye Dennison, Lynda Irvine, Rebecca Lawn and Sneha Shetty

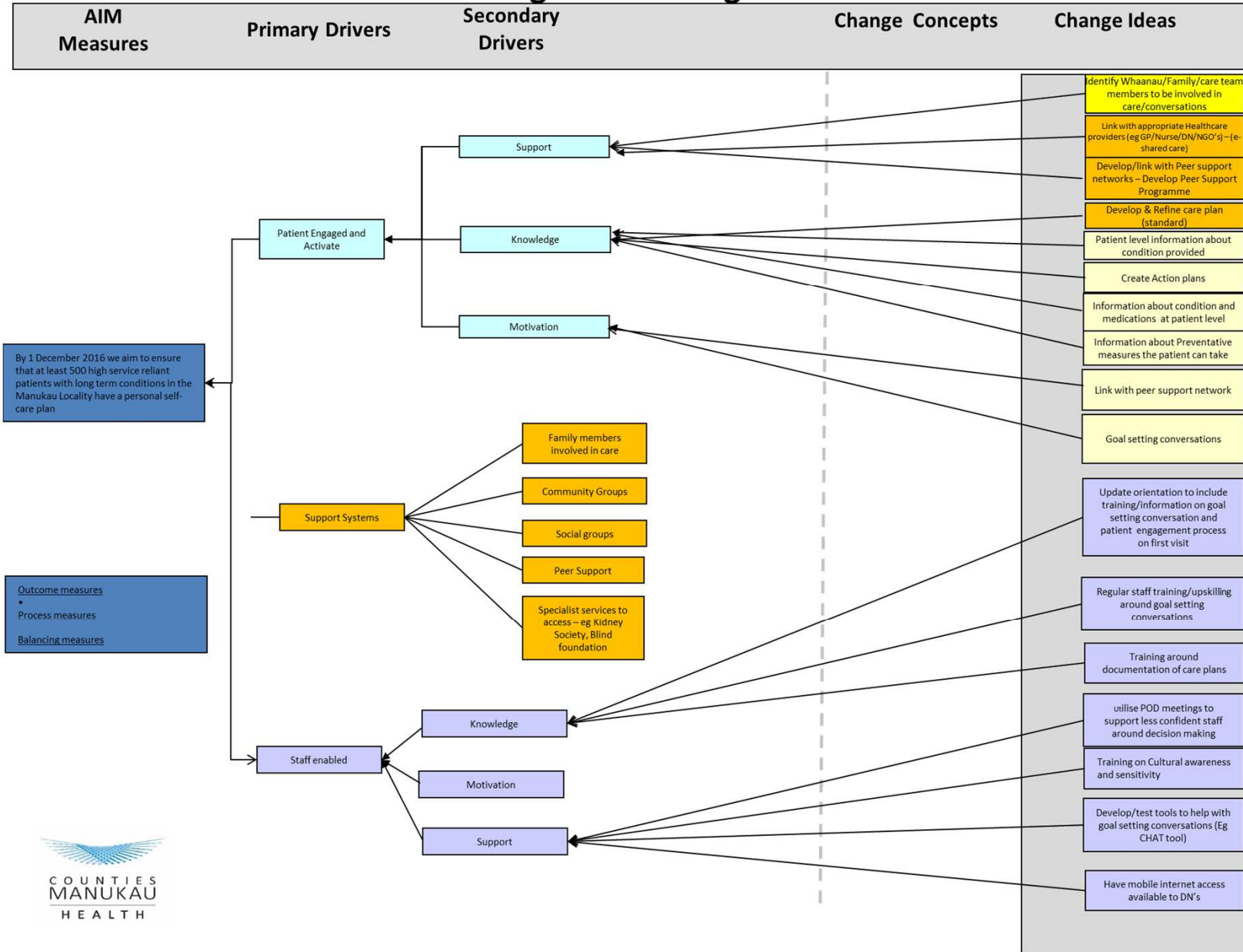
Aim

By 1 December 2016 we aim to ensure that at least 500 high service reliant patients with long term conditions in the Manukau Locality have a personal self-care plan

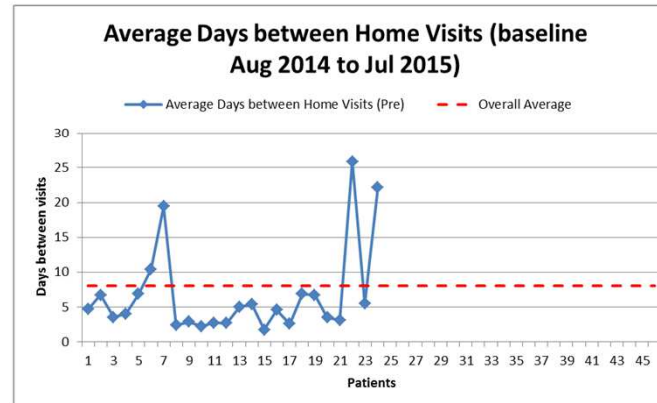
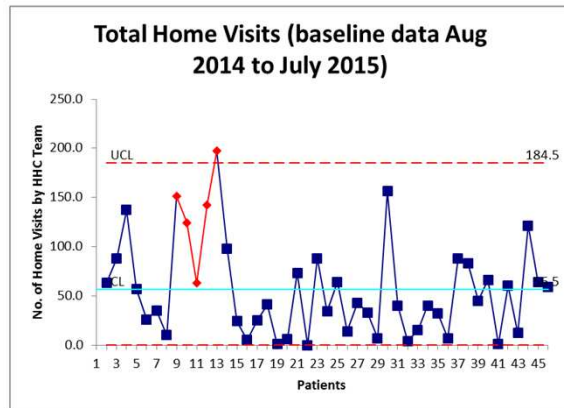
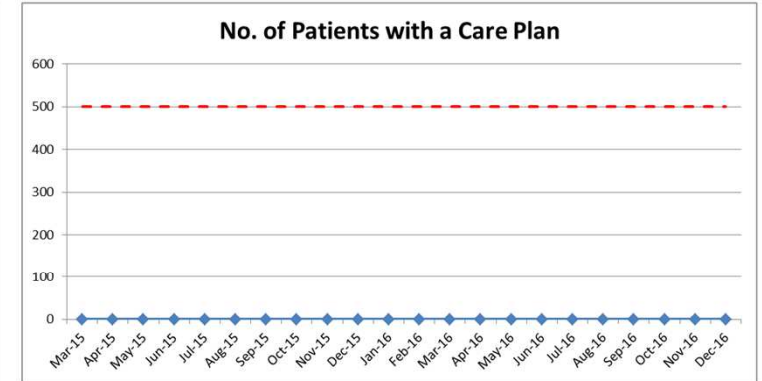
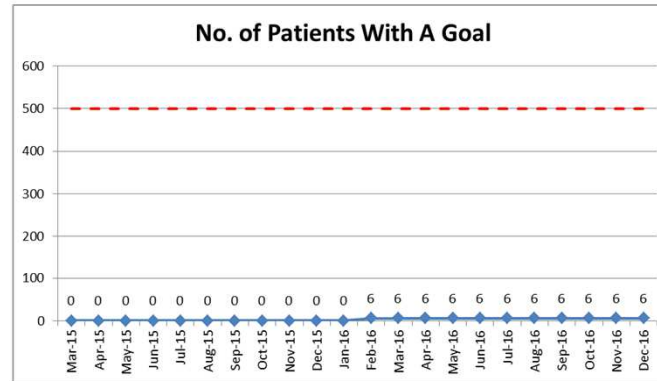
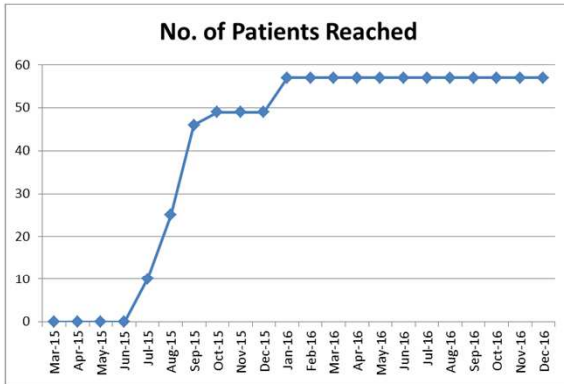
Driver Diagram

Version 2 - 9th September 2015

Driver Diagram: Healing at Home



Dashboard



Coming soon -

- 1) Change in no. of home visits per patient
- 2) Change in days between home visits per patient

Change package (Still Testing)

- Patient Goal Setting
- Patient Care Planning
- POD Meetings (inter-team communication)

Secondary Drivers

Specific Change Ideas

PDSA's

Healing at Home - PDSA Tree



Support

Knowledge

Motivation

Family members involved in care

Community Groups

Social groups

Peer support

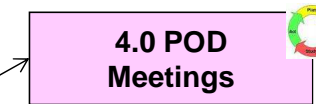
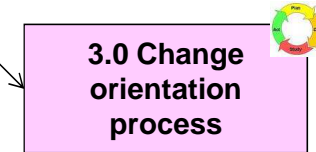
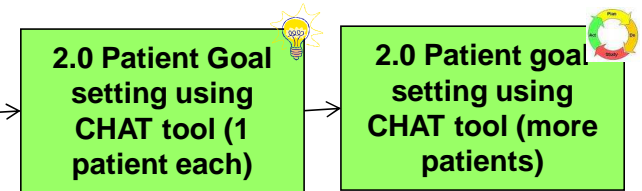
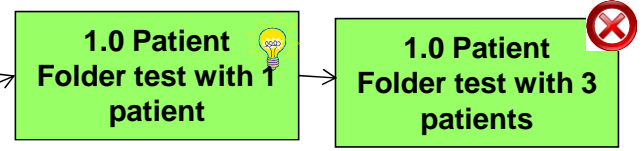
Specialist services to access e.g. kidney society, blind foundation

Staff Knowledge

Staff Motivation

Staff Support

- Identify Whaanau/Family/care team members to be involved in care/conversations
- Link with appropriate Healthcare providers (eg GP/Nurse/DN/NGO's) – (e-shared care)
- Develop/link with Peer support networks – Develop Peer Support Programme
- Develop & Refine care plan (standard)
- Patient level information about condition provided
- Create Action plans
- Information about condition and medications at patient level
- Information about Preventative measures the patient can take
- Link with peer support network
- Goal setting conversations
- Update orientation to include training/information on goal setting conversation and patient engagement process on first visit
- Regular staff training/upskilling around goal setting conversations
- Training around documentation of care plans
- Utilise POD meetings to support less confident staff around decision making
- Training on Cultural awareness and sensitivity
- Develop/test tools to help with goal setting conversations (Eg CHAT tool)
- Have mobile internet access available to DN's



Key

- Adopt
- Adapt
- Abandon
- What next?
- Testing



Version Control
 Date: 09/03/2016
 Owner: Healing at Home
 Folder: W: Manaaki Hauora – Healing at Home



PDSA's / Key learnings

- Two focus areas identified by MPACCIC – Goal Setting and Care Planning
- Folder resource previously successful with CBRT did not work for our patient group
- POD meetings have supported sharing of knowledge, problem solving and strategies for managing patient need
- Goal setting conversations with the use of the CHAT tool have been successful. Positive feedback received from patients and staff.

Risks and associated plan of action

- Staffing constraints
- Nursing burnout
- Project team turnover
- Competing priorities
- Other parallel projects
(Change fatigue)

Highlights

- Opportunity for staff to develop improvement skills
- Nursing driven interventions
- Self management a way of life at Papakura HHC
- Opportunity to meet and work with experts like Brandon