RAISING THE BAR ON THE NATIONAL ADULT INPATIENT EXPERIENCE SURVEY

PHASE 2: CO-DESIGNING NUDGES

OCTOBER 2018

REPORT BY

Ogilvy

PREPARED FOR

Health Quality & Safety Commission New Zealand
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CONTENTS

PROJECT SUMMARY

CHAPTER 1

BACKGROUND

The Health Quality & Safety Commission ('the Commission') uses data from the National Adult Inpatient Experience Survey to understand patient experience and evaluate quality of patient care in hospitals. Two questions (See Appendix 1A) pertaining to patients' understanding of medication side-effects and condition management have consistently received low scores on the survey every quarter. Ogilvy conducted Phase 1 of 'Raising the Bar' research for the Commission, investigating these two low scoring questions and recommends interventions in this report. These low-cost interventions, referred to as nudges, were developed to improve these areas.

What is a nudge?

"A nudge can promote a preferred behaviour by integrating insights ie, the physical, social, and psychological aspects of the context."

– (Thaler & Sunstein, 2008)

HIGHLIGHTS FROM THIS PROJECT:

- Prototyped three nudges in co-design sessions from November 2017 to February 2018 with key stakeholders at hospitals in our partnering DHB (District Health Board)
- 91% of patients surveyed recommended the 'Home Safe Checklist' nudge for other patients in our qualitative assessment with 20 patients
- 'Follow-up call' and the 'Optimised discharge sheet' nudges were prototyped, designed and are now ready to be piloted in DHB hospitals for a qualitative assessment

- *Leonard, T. C. (2008). Richard H. Thaler, Cass R. Sunstein, Nudge: Improving decisions about health, wealth, and happiness.*

CO-DESIGN PROCESS

CHAPTER 2

THE FOLLOWING PARTS WERE MAPPED OUT FOR CO-DESIGNING NUDGES FOR A PILOT:

A.	**NUDGE SELECTION**	Finding suitable nudges for each of the three DHBs, outlining how we plan to co-design, pilot and measure impact.
B.	**BEHAVIOURAL MODELLING**	Plugging existing research into a behavioural science model (COM-B model[1]) to synthesise key insights for co-design sessions.
C.	**CO-DESIGNING NUDGES**	Developing the selected nudges in co-design sessions, with the aim of creating interventions that are patient and family-centric, feasible and practical to implement.
D.	**PILOT DESIGN & MEASUREMENT**	Using a robust methodology to pilot the nudges and measuring the impact with a qualitative assessment.
E.	**RESULTS & ROLL-OUT RECOMMENDATIONS**	Analysing the impact of the nudges in each DHB hospital and making recommendations for rolling out successful nudges.

[1] *Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science, 6(1), 42.*

PART A | NUDGE SELECTION

Finding suitable nudges for each of the three DHB hospitals outlining how we plan to co-design, pilot and measure impact.

First, we defined the behaviour change interventions including target goals, populations and ingredients that make it work; with a view of developing nudges to be scaled across DHBs in New Zealand.

"To improve implementation and replication of effective behaviour change interventions, we need better methods to specify and report potentially active ingredients." – Dr. Susan Michie, Professor of Health Psychology and Director of the Centre for Behaviour Change at UCL.[2]

The active ingredients of interventions from Phase 1 of 'Raising the Bar' research:

NUDGE#1.
OPTIMISED DISCHARGE SUMMARY FOR PATIENTS:

Improve the discharge summary, to make the content clearer and easier for patients to understand.

Active ingredients -

MAKE IT EASY: Make information cognitively easier to process

MAKE IT ATTRACTIVE: Draw attention to the right information

NUDGE#2.
'HOME SAFE CHECKLIST' IN THE DISCHARGE LOUNGE:

Get patients to check their own knowledge gaps about their medication, condition or ongoing care plan.

Active ingredients -

MAKE IT SOCIAL: Encourage patients to ask questions as the new norm

MAKE IT EASY: Hospital staff can easily share relevant information

Our researchers at Ogilvy and the Commission evaluated the nudges using the Intervention Selection Tool (Appendix 1B) across the criteria of impact, feasibility and scalability. Using this tool, we narrowed down the feasible interventions to the following three nudges: (1) Follow-up phone calls, (2) Optimised discharge summary, and (3) Home safe checklist.

[2] *Michie S. Designing and implementing behaviour change interventions to improve population health. J Health Serv Res Policy 2008; 13: 64–9.*

NUDGE#3.
PROMOTION OF MULTI-SENSORY EDUCATION RESOURCES:

Give patients access to multi-sensory education resources, whilst in the discharge lounge.

Active ingredients -

MAKE IT ATTRACTIVE:
Multi-sensory caters to different learning preferences

MAKE IT TIMELY:
Patients can absorb information at their own pace

NUDGE#4.
PRINT EDUCATIONAL RESOURCES IN THE DISCHARGE LOUNGE:

Hand-out credible resources, to help patients understand their medications and how to manage their condition.

Active ingredients -

MAKE IT EASY:
Easy access to credible resources for patients

MAKE IT TIMELY:
Patients can absorb information in a relatively healthy state

NUDGE#5.
PROVIDE MEDICATION CARDS TO ALL PATIENTS:

Provide a medication card to ALL patients (not just those with complex regimes) with information such as what medication to take, when, why, and key side-effects to look out for.

Active ingredients -

MAKE IT EASY:
Patients can keep track of all information in one place

MAKE IT ATTRACTIVE:
Answers to questions which patients may 'feel stupid' asking are made available

NUDGE#6.
CONDUCT FOLLOW-UP PHONE CALLS:

Patients receive a follow-up call from a hospital staff member to explain their medication side-effects and condition management.

Active ingredients -

MAKE IT TIMELY:
Patients can absorb information in a relatively healthy state

MAKE IT SOCIAL:
Patients receive relevant information via a friendly, personalised follow-up call

PART B | BEHAVIOURAL MODELLING

Plugging existing research into a behavioural science model (COM-B model) to synthesise key insights for co-design sessions.

We plugged existing research into the COM-B model to synthesise the key findings from Phase 1 of 'Raising the Bar' research report. The model hypothesises that the interaction between Capability, Opportunity and Motivation (COM) causes the performance of Behaviour (B).

Using this model helps explain why patients reported low scores on understanding their medication side-effects and condition management. For example, under the Capability component, the research indicates that patients find it difficult to understand medical terms and abbreviations (See Appendix 1C for all insights).

The COM-B scorecards allowed us to simplify the detailed findings into key insights for the focus group and co-design sessions for the three DHBs.

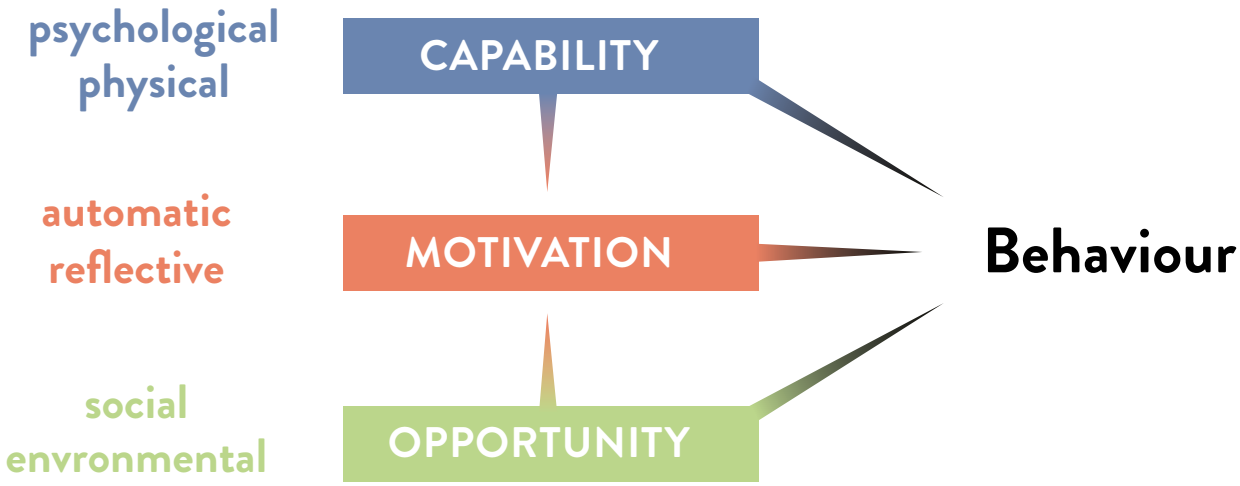


Figure 1. *The 'Capability', 'Opportunity' and 'Motivation' scorecards were designed to explain insights from our research report for the co-design session.*

PART C | CO-DESIGNING NUDGES

Developing the selected nudges in co-design sessions, with the aim of creating interventions that are patient-centric, feasible and practical to implement.

Between November 2017 and February 2018, we conducted three co-design sessions at hospitals in Blenheim (Nelson-Marlborough DHB), Hamilton (Waikato DHB) and Whangarei (Northland DHB). Each session had between 8 to 12 participants which included:

- Consumers
- Pharmacy leads
- Nurse managers and directors
- Clinical specialists
- Quality improvement staff

The voice of the patient was central to the co-design process, and each hospital had at least one or two consumers, to ensure that the nudges adopted a customer-centric focus.

The first half of the session involved focus group discussions using the COM-B scorecards described in the previous section, uncovering key insights from Phase 1 of 'Raising the Bar' report and assessing the insights that were most relevant for the hospital. This ensured that the key insights from research were top of mind for all participants at the co-design session and context-dependent factors at the selected hospital were considered.

The second half of the session was the co-design session. Here, we recapped the target goals and populations; and prototyped the selected nudge into a concept for design. The prototypes were further refined with feedback from the Commission and iteratively developed with the co-design group over a six-week period. Below is an overview of the process and outcome for each of the DHBs following the co-design sessions and follow-up working groups.

NUDGE A) NELSON-MARLBOROUGH DHB: FOLLOW-UP CALL

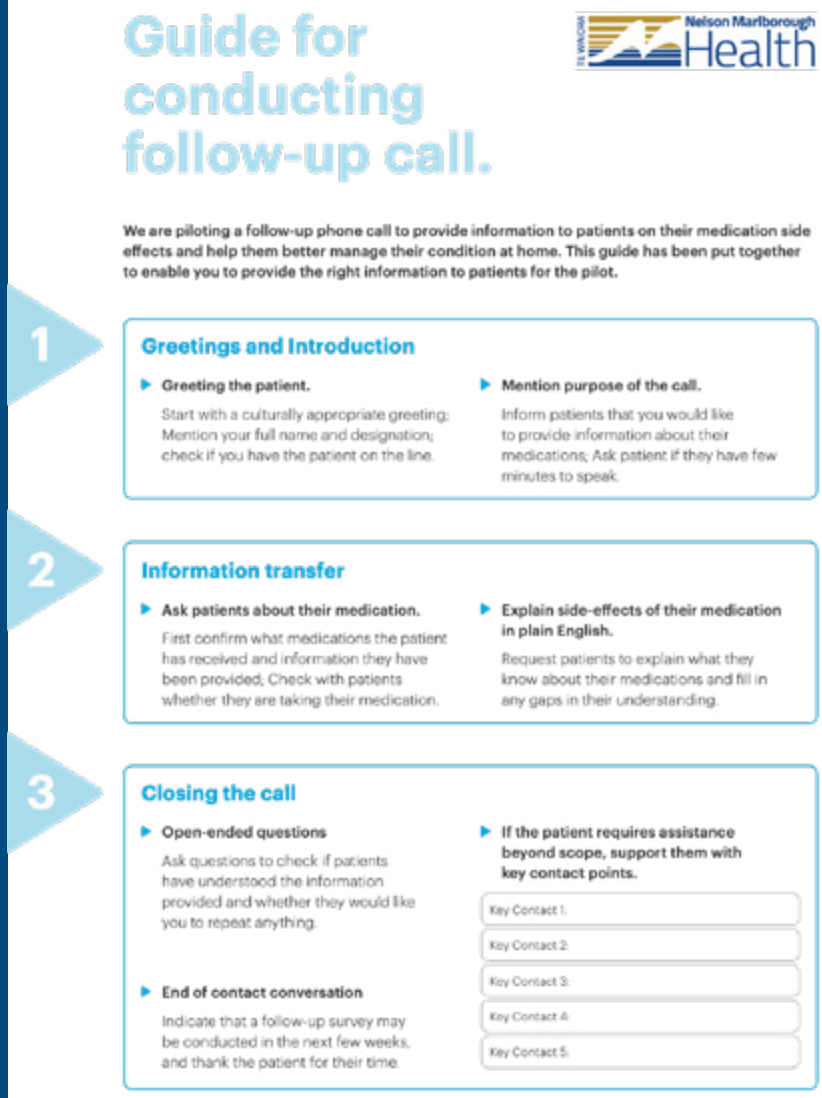
INTERVENTION: Patients receive a follow-up call from a hospital staff member to explain their medication side-effects.

We co-designed this nudge with a 3-step process:

1) **Discover - What will a recently discharge patient want to know about their medication side-effects and condition management?**
2) **Diagnose - What are the challenges that might arise from a follow-up call? How might we overcome these challenges?**
3) **Design - Following group discussions in the Discover and Diagnose steps, we developed a prototype version of the follow-up call.**

BEHAVIOURAL SCIENCE FEATURES INCORPORATED IN THE DESIGN OF THE 'FOLLOW-UP CALL':

- Personalisation: The follow-up call was developed as a best practice guide for pharmacists to share the right information with the patients two days following discharge from the hospital; this was not developed as a script.
- Chunking information: Calls are structured into 3 parts that is Introduction, Information transfer and Closing the call. This means all patients receive similar information in an easy-to-digest form.
- A little more conversation: The call guide includes positive confirmations through the call. For example, Check if the patient has a few minutes to speak, check if the patient is taking their medication, check if the patient understood the information provided.
- Overcoming challenges: Under certain circumstances, discharged patients may require assistance beyond the scope of the nudge. Recording the frequent requests and contact points, will help the hospital staff member better serve patients in need of some help.



Guide for conducting follow-up call.

Nelson Marlborough Health

We are piloting a follow-up phone call to provide information to patients on their medication side effects and help them better manage their condition at home. This guide has been put together to enable you to provide the right information to patients for the pilot.

1

Greetings and Introduction

- **Greeting the patient.** Start with a culturally appropriate greeting; Mention your full name and designation; check if you have the patient on the line.
- **Mention purpose of the call.** Inform patients that you would like to provide information about their medications; Ask patient if they have few minutes to speak.

2

Information transfer

- **Ask patients about their medication.** First confirm what medications the patient has received and information they have been provided; Check with patients whether they are taking their medication.
- **Explain side-effects of their medication in plain English.** Request patients to explain what they know about their medications and fill in any gaps in their understanding.

3

Closing the call

- **Open-ended questions** Ask questions to check if patients have understood the information provided and whether they would like you to repeat anything.
- **End of contact conversation** Indicate that a follow-up survey may be conducted in the next few weeks, and thank the patient for their time.
- **If the patient requires assistance beyond scope, support them with key contact points.**

Key Contact 1:
Key Contact 2:
Key Contact 3:
Key Contact 4:
Key Contact 5:

Figure 2. *Finalised 'Follow-up call' co-designed for pilot testing with Nelson-Marlborough DHB*

NUDGE B) WAIKATO DHB: HOME SAFE CHECKLIST

INTERVENTION: Get patients to prompt a discussion about their medication, condition or ongoing care plan. We started to co-design a new version of the prototyped 'Your Home Safe' checklist developed in Phase 1 of 'Raising the Bar' research.

This co-design process involved the following:

1) **Questions for the checklist: Listing the questions a patient may want to know about their medication side-effects/condition management, reviewing the questions to add, with removal or adjustment of questions in the checklist.**

2) **Logistics: Method of distribution of the checklist, collecting responses from patients and informing patients on knowledge gaps.**

3) **User experience: How might we improve the overall look and feel of the checklist to motivate patients to ask questions?**

BEHAVIOURAL SCIENCE FEATURES INCORPORATED IN THE DESIGN OF THE 'HOME SAFE CHECKLIST':

- Priming: Change heading to 'Am I ready to go home?' to encourage patients to start thinking about what they might need to know.
- Saliency: Prompts for patients to ask questions with red outline and emergency logo to create urgency to start conversations.
- Commitment devices: Ask patients to sign form as a commitment device to signal engagement.
- Reciprocation: Using a customer-centric tone in communications to patients in order to encourage a conversation.

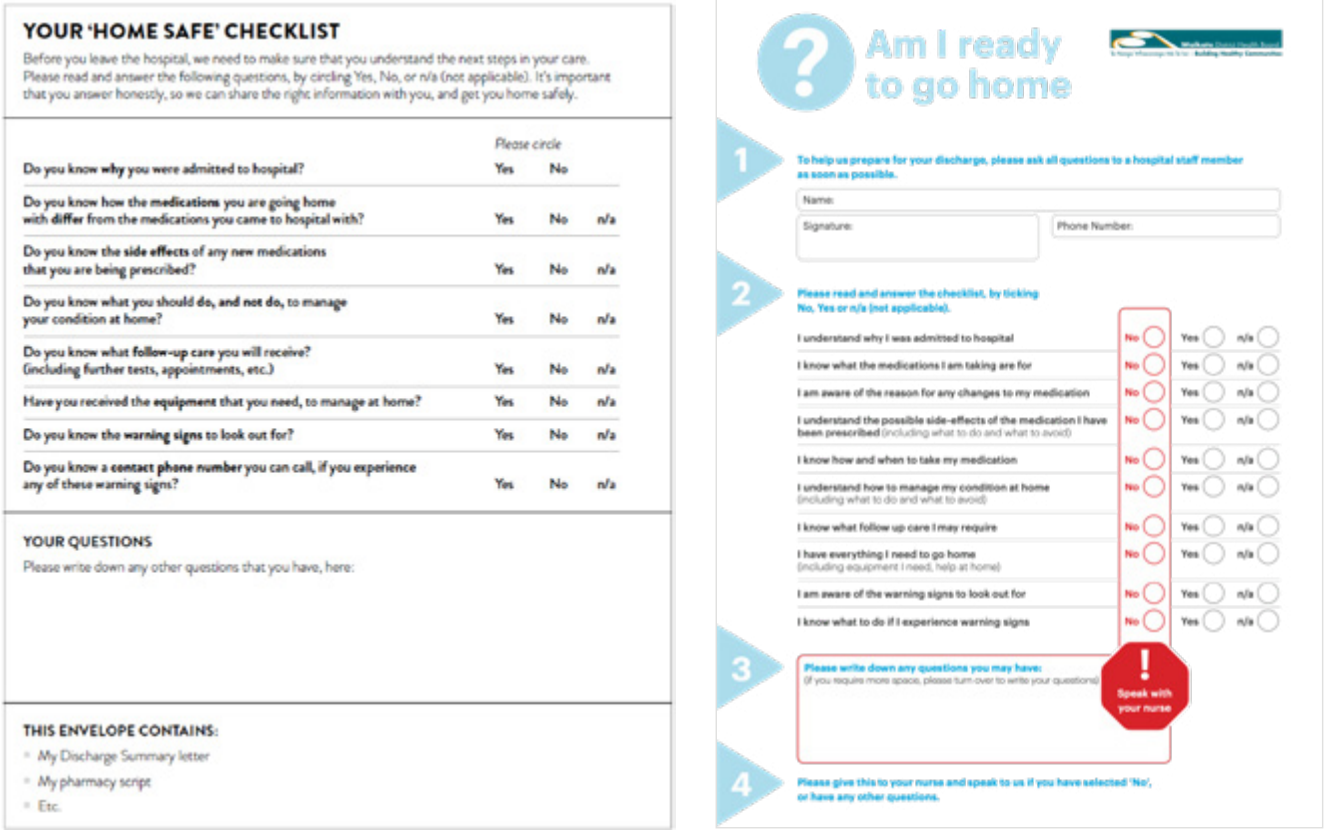


Figure 3. *On the left is the design prototyped in Phase 1 of 'Raising the Bar' research; On the right is the co-designed developed nudge for pilot testing with Waikato DHB.*

NUDGE C) NORTHLAND DHB: OPTIMISED DISCHARGE SUMMARY

INTERVENTION: Get patients to check their own knowledge gaps about their medication, condition or ongoing care plan. Here we optimised the discharge summary, which has been through a few revisions and is now referred to as the 'Transfer of Care' document.

We conducted the following exercises to improve the Transfer of Care document:

1) **Make it Attractive – How might we draw patients' attention to relevant information**
2) **Make it Easy – How might we improve patients' understanding**
3) **Logistics and constraints – Discuss changes we can embed with existing systems**

BEHAVIOURAL SCIENCE FEATURES INCORPORATED IN THE DESIGN OF THE 'TRANSFER OF CARE' DOCUMENT:

- Relevancy: Clearly separating information for patients and healthcare professionals.
- Traffic lights: Adding the directives from 'Know your Warning Signs' outlined in Red, Yellow, and Green.
- Chunking: Breaking information for patients into easy-to-digest pieces.
- Contextual factors: Changes were adopted into the IT system within the constraints of what was possible in the current system.

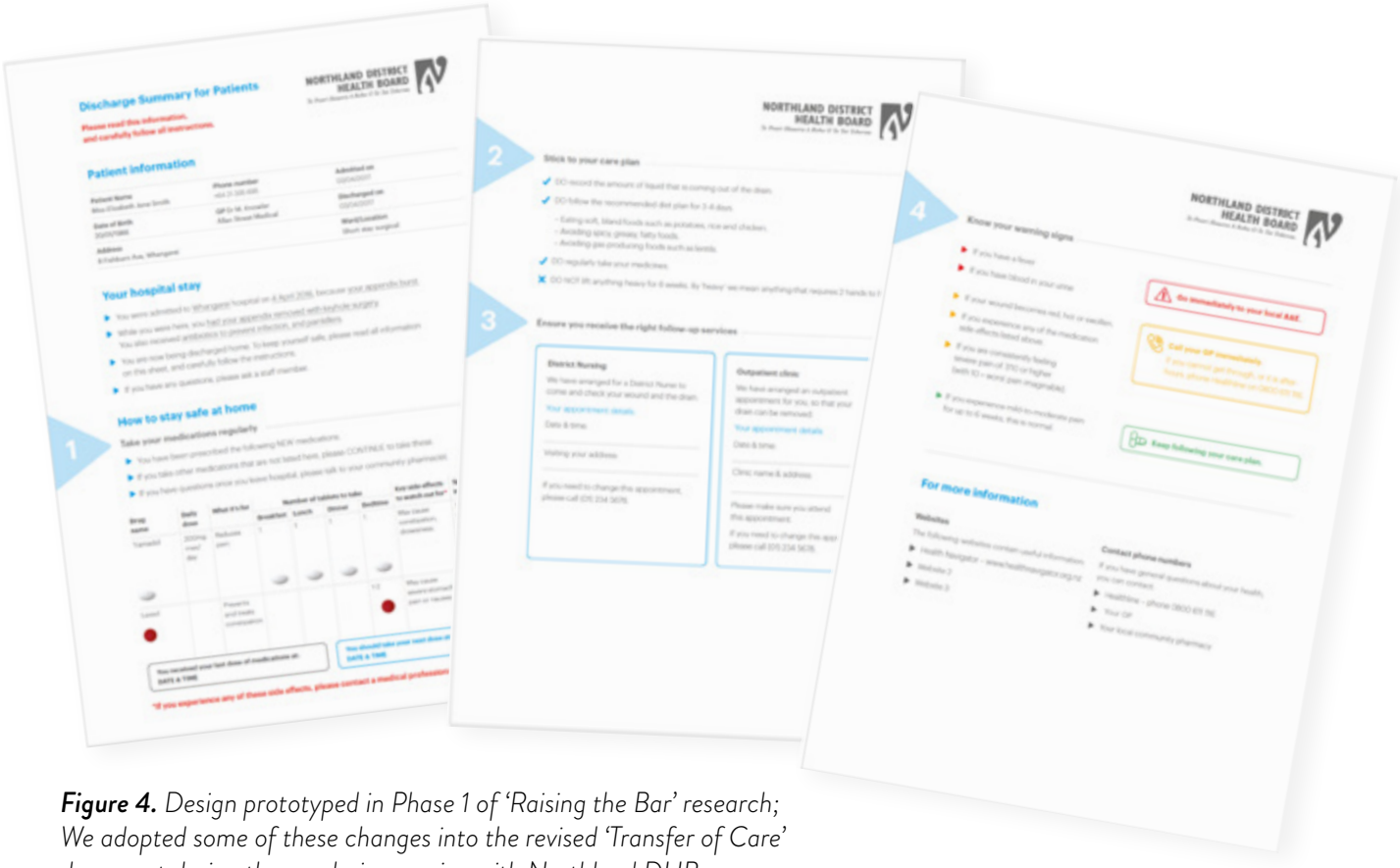


Figure 4. *Design prototyped in Phase 1 of 'Raising the Bar' research; We adopted some of these changes into the revised 'Transfer of Care' document during the co-design session with Northland DHB.*

PART D | PILOT DESIGN & MEASUREMENTS

Using a robust methodology to pilot the nudges and measuring the impact with a qualitative assessment.

We aimed to pilot the co-designed nudges, and assess the impact of these interventions on improving patients' understanding of their medication side-effects.

MEASUREMENTS:

For each of the three DHB, we proposed phone surveys to be conducted with 20 patients for a qualitative assessment to evaluate the impact of the nudge in improving patients' understanding of their medication side-effects. We used the EAST Framework3 to evaluate the impact of the intervention across the four behavioural parameters i.e. Make It Easy, Attractive, Social and Timely (EAST).

SURVEY QUESTIONS:

BEHAVIOUR CHANGE INTERVENTION	
PARAMETER#1. EASY Did the [Nudge] make it easy to ask questions/get information? (Yes or No Only) (Follow-up open ended question) If Yes - What made it easy? If No - What made it difficult?	**PARAMETER#2. ATTRACTIVE** Was the [Nudge] useful for you? (Yes or No Only) (Follow-up open ended question) If Yes - Tell me about what was useful about it. If No - Tell me about what was not useful about it.
PARAMETER#3. SOCIAL Would you recommend the [Nudge] for other patients? (Yes or No Only) (Follow-up open ended question) If you wanted to tell someone, could you explain the side-effects of your medication?	**PARAMETER#4. TIMELY** Was the timing of the [Nudge] useful for you? (Yes or No Only) (Follow-up open ended question) When would be the best time for you to receive this information?

The phone survey was conducted by pharmacy personnel 2 to 3 days after patients received the intervention, and these behavioural parameters were used to evaluate the performance of the nudge in improving the patient experience.

[3] *EAST: Four simple ways to apply behavioural insights, April 2014, Behavioural Insights Team.*

PART E | RESULTS & ROLL-OUT RECOMMENDATIONS

Analysing the impact of the nudges in each DHB hospital and making recommendations for rolling out successful nudges. [Updated with results up to October 2018].

WAIKATO DHB: HOME SAFE CHECKLIST

PARAMETER#1. MAKE IT EASY

75% of the patients reported that the checklist made it easy to ask questions

9 out of 12 positive responses from the phone survey.

"Made it easy to ask, helped me decide what to ask"

"The form reinforced you could ask questions"

"I am a nurse and had already asked questions."

PARAMETER#2 MAKE IT ATTRACTIVE

80% of patients found the checklist was useful

8 out of 10 positive responses from the phone survey.

"Made me think about how I would be at home and what I needed"

"It covered everything I had doubts about"

"Gave good understanding between me and the doctors and nurses"

PARAMETER#3. MAKE IT SOCIAL

91% recommended this intervention for other patients

10 out of 11 positive responses from the phone survey.

"Help people to decide what they needed to ask"

"For some people who have never been in hospital it would be good"

"Because it is about checking you are 100% ready to go home, including mentally ready"

PARAMETER#4. MAKE IT TIMELY

82% of the patients indicated the timing of the intervention was helpful

9 out of 11 positive responses from phone survey

"The day after you come into the ward"

"When Mum was there as she minds my affairs"

"When there is a definite decision re going home, then give the form out"

Recommendation from pilot: Overall the nudge performed extremely well on all four behavioural parameters. Our qualitative assessment strongly recommends a larger scale pilot of the Home Safe Checklist to quantify the impact in improving the patient experience.

OTHER RESULTS

The pilot for the 'follow-up call' nudge was put on hold at the Blenheim hospital in Nelson-Marlborough DHB since the time duration for the initial calls took longer than anticipated (calls were 10 to 15 minutes while we estimated 5 minutes per call). The 'optimised discharge sheet' nudge is scheduled to be piloted in a hospital ward at Northland DHB.

APPENDIX

APPENDIX | A

LOW SCORING QUESTIONS FROM THE HEALTH QUALITY & SAFETY COMMISSION / MINISTRY OF HEALTH NATIONAL INPATIENT EXPERIENCE SURVEY:

- Did a member of staff tell you about medication side effects to watch for when you went home?
- Do you feel you received enough information from the hospital on how to manage your condition after your discharge?

APPENDIX | B

INTERVENTION SELECTION

(On a scale of 1 to 10)

NUDGES	IMPACT	FEASIBILITY	SCALABILITY	ACTIONS & COMMENTS
	Is this a highly effective intervention?	Can this be developed in the next 2-3 months?	Can it be adapted across different hospitals in 2018/19?	Shall we: **Develop it** **Park it** Any further comments?
Optimise discharge summary for patients				
'Home safe checklist' in the discharge lounge				
Promotion of multi-sensory education resources				
Print educational resources in the discharge lounge				
Provide medication cards to all patients				
Conduct follow-up phone calls				

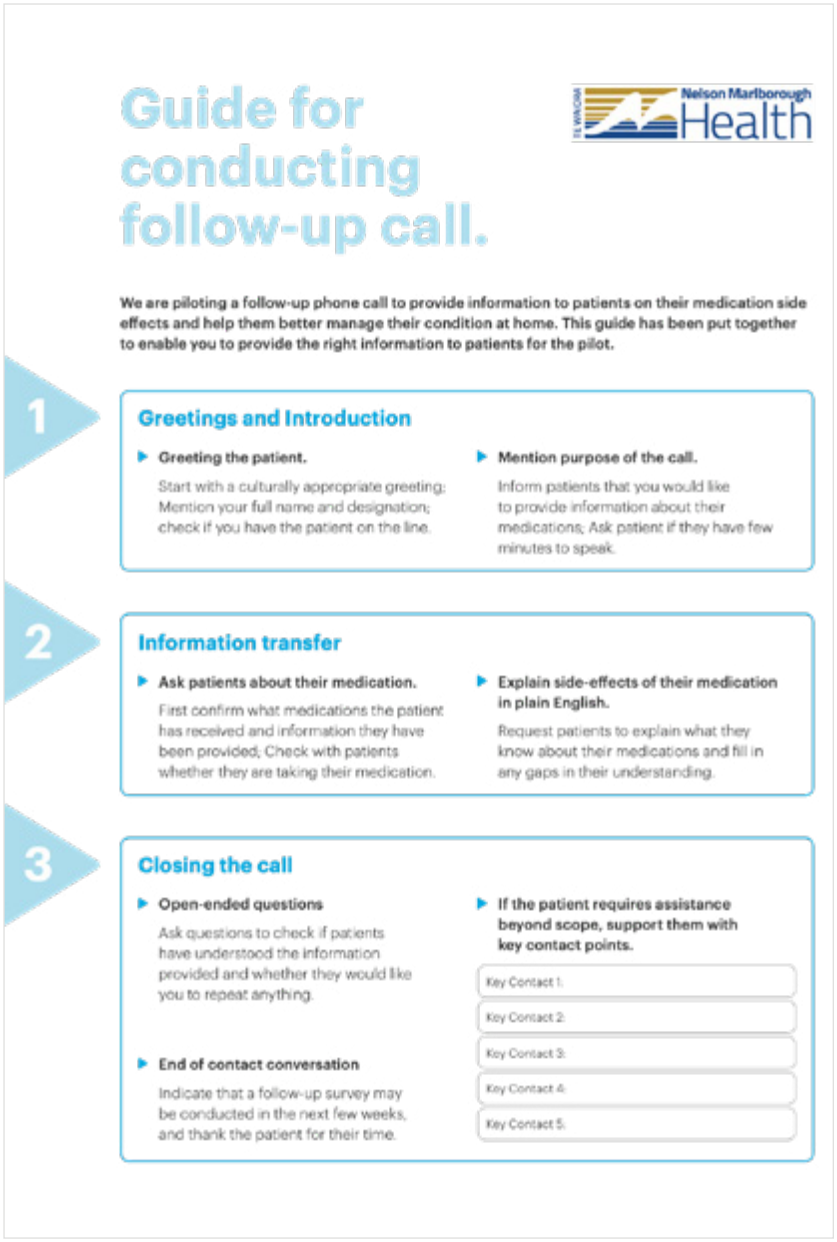
APPENDIX | C

CAPABILITY, OPPORTUNITY AND MOTIVATION INSIGHTS DISCUSSED BEFORE THE CO-DESIGN SESSION

INSIGHTS	How important is each insight?
PHYSICAL	Patients have limited ability to absorb information due to illness, stress, fatigue, and the influence of medication.
PSYCHOLOGICAL	Patients find it difficult to understand medical terms and abbreviations.
	Patients can grasp information better if it is all available in one place or resource.
SOCIAL	More information is absorbed when family members are included in key discussions.
ENVIRONMENT	Patients don't ask questions because they can see that staff members are busy.
	All learning styles should be catered for i.e. verbal, visual, kinesthetic.
AUTOMATIC	Patients may 'feel stupid' asking certain questions to staff members.
REFLECTIVE	Drug compliance can be negatively affected if staff members share too many medication side effects.

APPENDIX | D

FOLLOW-UP CALL



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Closing the call

- **Open-ended questions**
  Ask questions to check if patients have understood the information provided and whether they would like you to repeat anything.
- **End of contact conversation**
  Indicate that a follow-up survey may be conducted in the next few weeks, and thank the patient for their time.
- **If the patient requires assistance beyond scope, support them with key contact points.**

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Key Contact 2:
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Key Contact 4:
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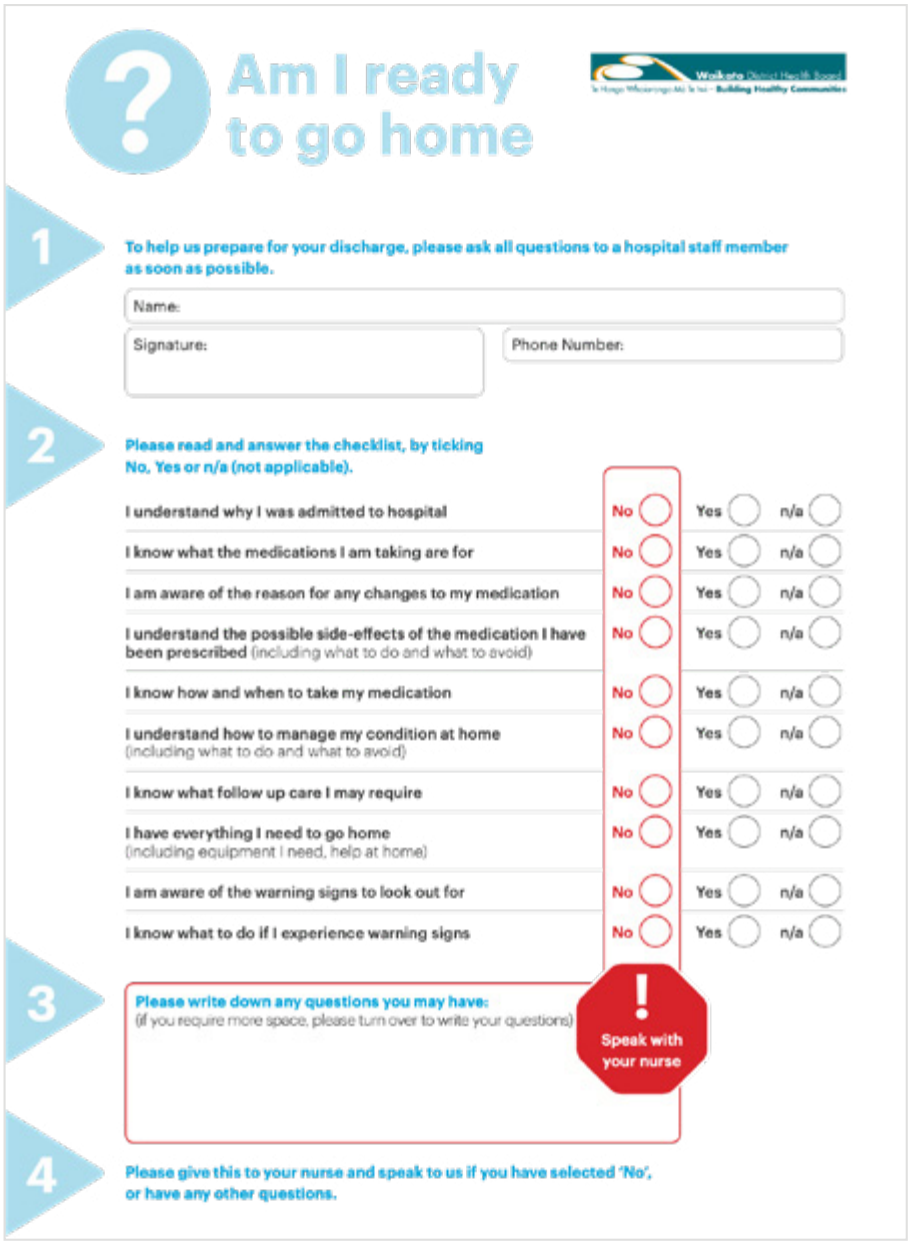
APPENDIX | E

HOME SAFE CHECKLIST



Am I ready to go home

Waikato District Health Board — Building Healthy Communities

1 To help us prepare for your discharge, please ask all questions to a hospital staff member as soon as possible.

Name:

Signature:

Phone Number:

2 Please read and answer the checklist, by ticking No, Yes or n/a (not applicable).

I understand why I was admitted to hospital	No	Yes	n/a
I know what the medications I am taking are for	No	Yes	n/a
I am aware of the reason for any changes to my medication	No	Yes	n/a
I understand the possible side-effects of the medication I have been prescribed (including what to do and what to avoid)	No	Yes	n/a
I know how and when to take my medication	No	Yes	n/a
I understand how to manage my condition at home (including what to do and what to avoid)	No	Yes	n/a
I know what follow up care I may require	No	Yes	n/a
I have everything I need to go home (including equipment I need, help at home)	No	Yes	n/a
I am aware of the warning signs to look out for	No	Yes	n/a
I know what to do if I experience warning signs	No	Yes	n/a

3 Please write down any questions you may have:
(if you require more space, please turn over to write your questions)

! Speak with your nurse

4 Please give this to your nurse and speak to us if you have selected 'No', or have any other questions.

APPENDIX | F

OPTIMISED DISCHARGE SUMMARY

Discharge Summary for Patients

Please read this information, and carefully follow all instructions.

NORTHLAND DISTRICT HEALTH BOARD

Patient information

Your hospital stay

How to stay safe at home

1 Take your medications regularly

NORTHLAND DISTRICT HEALTH BOARD

2 Stick to your care plan

3 Ensure you receive the right follow-up services

District Nursing

Outpatient clinic

NORTHLAND DISTRICT HEALTH BOARD

4 Know your warning signs

For more information

Websites

Contact phone numbers

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