

Improving the experience of people in hospital who are blind or have low vision

How to implement at your site

October 2022

Ophthalmology Network

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

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Introduction

This toolkit is to support staff at health services to plan and put into action a project to improve hospital stays for people who are blind or have low vision at their site.

It accompanies the suite of resources for people in hospital who are blind or have low vision, and for clinicians caring for them, including:

- [Requests for personalising care: Patient's TOP 5 needs for support](#)¹ (TOP 5 tool)
- [What matters most to you? Information for patients](#)² (Patient prompt sheet)
- [Personalising care for people who are blind or have low vision: Information for staff](#)³ (Staff prompt sheet)

This toolkit includes a number of supporting resources to assist your site with putting your project into action, including:

- [Example staff capability building program](#) (Appendix 1A)
- [Staff TOP 5 training card](#) (Appendix 1B)
- [Staff TOP 5 training care – text format](#) (Appendix 1C)
- [Evaluation measures](#) (Appendix 2)
- [Experience map: a visualisation of the experience a person who is blind or has low vision goes through in hospital](#) (Appendix 3)

Background

Health services should provide care that is inclusive, person-centred and accessible, as defined by the NSW Health [Policy directive: Responding to needs of people with disability during hospitalisation](#).⁴ This requires health service staff to involve people with disabilities in their care in a way they understand, to ensure their individual needs are met.

Reports from people who are blind or have low vision in hospital, reveal that their experience is often not optimal or consistent, and at times they feel unsafe. Staff report not always being aware of these issues. Staff who want to improve the experience are uncertain about how to make the changes required.

In recognition of this issue, a pilot project was initiated using an experienced based co-design (EBCD) methodology. It brought consumers and health professionals together in an equal partnership to plan, design and produce services to meet the needs of people receiving care.

The project was initiated by the:

- Agency for Clinical Innovation (ACI) Ophthalmology Network
- South West Sydney Local Health District (SWSLHD)

The project was supported by representatives from:

- Vision Australia
- the Clinical Excellence Commission (CEC)

An [Experience map \(Appendix 3\)](#) outlines the care experiences of people who are blind or have low vision during an acute hospital inpatient stay. Following validation, a deeper understanding of the experiences and priorities emerged.

It was agreed that the focus for the solution should be to:

- enhance communication between people with low vision and hospital staff
- raise staff awareness and understanding of the needs of people who are blind or have low vision.

All resources developed as part of this project went through two phases of testing before being piloted.

Consumers and staff involved in the pilot found benefits from using the solution, relating to:

- greater equity in treatment of people who are blind or have low vision
- people who are blind or have low vision feeling more confident in the care they receive
- reduced anxiety levels for people who are blind or have low vision
- improved safety
- enhanced recovery for people who are blind or have low vision.

Some key findings from the pilot included:

- Consumers commented that they were acknowledged and treated as an individual with the use of the [Patient prompt sheet](#)² and [TOP 5 tool](#)¹.
- The [TOP 5 tool](#)¹, developed by the CEC, helped staff to gain valuable non-clinical patient information, to assist with personalised care.
- Staff found the [Staff prompt sheet](#)³ helped structure the conversation with the person who is blind or has low vision, resulting in a better understanding of their needs.
- Staff members during the pilot reported the capability program provided them with greater insights on how their conversations impacted on those who are blind or have low vision.

The solution

Solution overview

Consumers and hospital staff co-designed a solution to improving care for people who are blind or have low vision in hospital.

The solution consists of four parts that should be implemented at your site concurrently:

- **Part 1:** Develop a process to enable hospital staff to identify a person who is blind or has low vision.
- **Part 2:** Use the [Patient prompt sheet](#)² to guide the initial and subsequent conversations with people who are blind or have low vision. This tool helps identify and review needs and promotes reflection on how needs are being met throughout the hospital stay. The [TOP 5 tool](#)¹ helps document the identified needs so they can be communicated and followed.
- **Part 3:** Compile a kit for people who are blind or have low vision that contains items which can assist meeting the identified needs, including assistance technology that can help with completing daily activities.
- **Part 4:** Implement a training program for staff.

Each part of the solution is interconnected and best implemented alongside each other.

Site-based implementation

It is intended that implementation will be led by individual sites. Each stage should be designed to suit the resources and time available at each site.

All tools and resources to enable implementation are available on the ACI's Ophthalmology Network website:

- the solution resources
- evaluation measures to capture feedback
- [experience maps \(Appendix 3\)](#), available in multiple formats, which can be used for further EBCD and clinical redesign projects, if the site wished to conduct these in the future, and for training purposes
- project management, co-design and implementation resources.

It is recommended that site project teams inform the ACI at their initiation, so that they can be connected with other sites and conduct regular networking meetings to share progress and discuss challenges. The ACI STEP Directorate and [Ophthalmology Network](#) can provide guidance at these meetings on request.

Solution resource pack

To support successful preparation and implementation, it is recommended that the project teams consider the following points.

Part 1: Process to enable hospital staff to identify a person who is blind or has low vision

Each hospital will have their own processes. If it is not established already, a brainstorming session could be run with staff and people who are blind or have low vision, to identify local approaches. Refer to [Phase 2 - Assess readiness](#).

Part 2: Communication tool and TOP 5 tool

Use the [Patient prompt sheet](#)² for the initial and subsequent conversations with each person. This enables people who are blind or have low vision to identify and review how their needs are being met throughout their hospital stay. Use the [TOP 5 tool](#)¹ for documenting their needs so they can be communicated and followed.

Part 3: Kit for people who are blind or have low vision

You may like to develop a kit for people who are blind or have low vision for your site. This can assist staff to better meet people's needs.

The following list of items can guide sites when developing kits:

- Non-slip mats to be used for meals
- Talking alarms
- Voice dictaphones
- Handheld magnifiers (Visuelettes)
- ID badges
- Large plastic boxes for storage

If project teams are not sure how to source these items, discuss this with your local corporate services team.

Part 4: Staff capability building program

Individual sites will need to prepare and run the capability program to train staff. We have included an [Example staff capability building program \(See Appendix 1A\)](#) that sites can adapt to their needs. If you use the examples, please share feedback and any changes you have made with the [Ophthalmology Network](#) so that other sites may benefit from what you have learnt.

The Example staff capability building program contains:

- A plan for running the workshop.
- Equipment checklist for running the workshop.
- [Staff TOP 5 training card \(Appendix 1B\)](#) to be used in the program sessions with staff.

Part 5: Evaluation measures for capturing feedback

A set of [Evaluation measures \(Appendix 2\)](#) has been developed to assess the implementation outcomes.

How to implement at your site

Phase 1: Make a plan

1. Complete local project management plan including:
 - governance structures and ways of working (sponsor, project lead, project team, steering committee and meetings)
 - aim (objectives and scope of implementation phase)
 - timeline for the project including implementation phase (ensure your site has identified when the 'implementation' phase will be complete and continuous improvement will start)
 - who will be involved from your organisation e.g. nursing, medical, catering, cleaning staff
 - how you will work with people who are blind or have low vision and carers in this project
 - risks and issues management approach
 - overall implementation action plan defined by activities outlined in the below phases.

Phase 2: Assess readiness

Each site will need to determine its own considerations for implementing the solution. Consider whether further assessment of the local experience of people who are blind or have low vision is required to define a baseline for your site.

1. Undertake a [process mapping exercise](#)⁵ for implementation of the solution at your site. Your local redesign leaders or quality improvement leads may be able to guide you through this process if you need support. Particularly consider the following processes identified as high priority:
 - Admissions process at your site (How do you identify people as blind or having low vision? Where do you record this information? How do you communicate between team members?)
 - Creating a process for managing the kit for people who are blind or have low vision (How will the kit be stored? How will the contents be managed, cleaned, replaced and monitored? Who needs education about it?)
 - Adopting a process for escalating consumer feedback and issues
2. Identify with your project team any customisation or gaps that need to be addressed specific to your site and context.
 - How are you going to address these issues?
 - Do you need to run some additional solution design work with staff and consumers and your project team?
3. Assess change readiness for your site.
 - How ready is the site to implement?
 - Are there other demands, priorities and accountabilities that need to be assessed and addressed before you introduce the solution?

Phase 3: Make it happen

Create your action plan for implementation – what needs to be done to put the solution into practice at your site?

1. Do any new solutions and changes to the original solution that you made in the assess phase need to be tested?
 - How and when will this get done? Who is responsible?
2. Outline any processes that are going to change, identify when and how to communicate these changes and with whom.
3. Identify clear roles and responsibilities for delivering the new solution and processes.
 - Make sure everyone involved in delivering the solution understands their role, what is expected of them and are ready for change.
 - Who will they go to with any questions?
4. How will you communicate the change more broadly across your site?
 - Who are you communicating with?
 - What are your key messages?
 - What methods will you use to communicate your key messages?
5. Identify your site success measures:
 - You can use the [Evaluation measures \(see Appendix 2\)](#) from ACI and any other measures and feedback templates relevant to your specific site.
 - Plan how you will track progress.
 - Build these evaluation and feedback measures into your project management plan.

Further resources to support implementation

Many resources and tools are available to support and guide you through implementation. Below are some useful resources available on the ACI website for consideration:

- [Service improvement resources](#)⁶
- Consider whether [accelerating implementation methodology \(AIM\)](#) training and resources⁷ may support you in implementing at your site.
- [Co-design toolkit](#)⁸

You can also reach out to the [ACI Ophthalmology Network](#) Manager via the contact details on the ACI website.

Appendices

Appendix 1A: Example staff capability building program

Appendix 1B: Staff TOP 5 training card

Appendix 1C: Staff TOP 5 training care – text format

Appendix 2: Evaluation measures

Appendix 3: Experience map that can be used for further experienced based co-design and clinical redesign projects or for people who want to do training

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