Tuning in-
amplifying the consumer voice to enhance consumer engagement and participation

Louise McKinlay, Director Consumers as Partners
Safer Care Victoria

Our purpose
Outstanding healthcare for all Victorians: Always.

Our mission
To enable all health services to deliver safe, high-quality care and experiences for patients, carers and staff.

Four key principles guide our work
- We are committed to a person-centred approach
- We partner with others
- Our work is underpinned by evidence-based best practice
- We are focused on outcomes and measuring our impact

Chief Executive Officer

Better Care Victoria Board

Victorian Consultative Councils

Chief Clinical Officers
Consumers as Partners
Clinicians as Partners
System Improvement, Innovation and Leadership
Stewardship and Support
Strategy and Implementation
<table>
<thead>
<tr>
<th>Strategic priorities</th>
<th>Description</th>
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<tbody>
<tr>
<td>Partnering with consumers</td>
<td>• Consumer voices and choices central to own care</td>
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<tr>
<td></td>
<td>• Consumer voices and experiences improve health services and system</td>
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<tr>
<td>Partnering with clinicians</td>
<td>• Reductions in unwarranted variation in practice and outcome</td>
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<td>• Clinicians’ voices and experiences improve health services and system</td>
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<tr>
<td>Leadership</td>
<td>• Healthy culture driven by strong leaders</td>
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<td>• Quality and safety governance embedded throughout health services</td>
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<tr>
<td>Review and response</td>
<td>• Robust response and review of critical incidents</td>
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<td>• Quality and safety data analysis drives system oversight and response</td>
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<td></td>
<td>• Dissemination of learnings from critical incidents and local best-practice</td>
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<td>System improvement and innovation</td>
<td>• Lead improvements in focus areas</td>
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<td>• Enable innovation in focus areas</td>
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<td></td>
<td>• SCV is a national and international leader in Q&amp;S</td>
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Why do voices, choices & engagement matter?

The people with the greatest expertise in our health system are the people who rely on services, their families and loved ones, and the workers who provide care and support. Patients (residents), carers and workers want to share their expertise and play a core role in designing how services and the system as a whole works. Listening to people’s diverse experiences and ideas, and acting on them, will help create a better health system and better healthcare.

*Health 2040: Advancing health, access and care.*
## What have we learned?

<table>
<thead>
<tr>
<th>hospital / service</th>
<th>report</th>
<th>year</th>
<th>$</th>
<th>patient needs</th>
<th>registration &amp; credentialling</th>
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<th>governance</th>
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We believe that quality is all about the patient-clinician interaction. Everything we do must enable & improve this interaction.
Tuning in – Embedding & amplifying the Consumer Voice in SCV
Partnering in healthcare for better care and outcomes

- Safe, effective, person-centred care
- Leadership and culture
- Clinical practice
- Consumer partnership
- Risk management
- Workforce
- Personalised and holistic
- Effective communication
- Equity and inclusion
- Shared decision making
- Working together

Improving
Partnering in health domains – priorities and actions

**Personalised and holistic**
- Individualised and connected care. Compassion and respect.

**Working together**
- Care is co-designed with patients, families and clinicians. Coordination, and continuity of care.

**Shared decision making**
- Use of decision aids, decision support coaching. Increase use of PROMS, PREMS.

**Equity and inclusion**
- Patient reported language services provision. Cultural safety, diversity of consumer participation.

**Effective communication**
- Respectful communication, health literacy, Ask me 3, Teach Back.

Peoples’ experiences and outcomes

**Direct Care Level**
- I am respected and receive personalised care that treats and supports me as a whole person.

**Service Level**
- I am included as a respected partner in learning about and improving healthcare.

**System Level**
- I am empowered with making informed decisions about my healthcare.

**I receive care of equal quality that is safe, effective and responsive to my needs.**

**I receive high quality information that I can readily understand and act on.**

Direct Care Level
- Consumers participating in their own health care, treatment, and that of their family and carers. Health care services enabling and supporting consumers to be equal partners in their care, including through shared decision making.

Service Level
- Health professionals and services partnering with consumers in decisions service design, delivery and quality improvement activities, including through Community Advisory Committees. Consumers providing feedback, ideas and personal experience to drive change.

System Level
- Consumers participating in system-wide quality and safety improvement. Healthcare organisations partnering with consumers in governance, planning and policy development, including through hospital boards and clinical governance.

Accountability Drivers
- Health service Strategic Plan - Health service Quality Improvement Plan, policies and monitoring frameworks - Victorian Health Services Performance monitoring framework – Statement of Priorities, Victorian clinical governance framework - DHHS policies - National Accreditation Standards-Version 2
Why should it matter to you?
Jack and Lucy
The workforce profile for PSRACS is unique, comprising a predominantly a nursing direct care workforce. Most of the workforce is engaged with many seeking further training and education.

Excluding retirement, full time study and a desire for more acute care experience were the most common reasons for leaving the aged care workforce.

Many senior nurses (almost 40%) are planning to leave the workforce in the next 5 years.
The number of people in residential care and home care has increased by 31% over the last decade.

- 2007: 195,000
- 2012: 225,000
- 2017: 256,000

1 in 3 people in residential aged care were born overseas.

Only 1% of people in residential aged care identified as Aboriginal or Torres Strait Islander.
6 in 7 people in permanent residential aged care have at least one diagnosed mental health or behavioural condition.

Around 1 in 2 people in permanent residential aged care have dementia or depression.

People with dementia have higher care needs.

People born in non-English speaking countries have higher care needs.
Standard 1 - Jack & Lucy

Consumer outcome

I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Organisation statement

The organisation:

- has a culture of inclusion and respect for consumers; and
- supports consumers to exercise choice and independence; and
- respects consumers’ privacy.
Standard 2- Jack & Lucy

Consumer outcome

I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement

• The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer.

• Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences
What patients (residents) want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we’re not good at are the things that are so simple and basic that we overlook them.

Laura Gilpin, Planetree Pioneer
Opportunities

Firstly – ask your consumers

Complaints/ Feedback – communication, communication, communication

Think about how you care for those who cannot speak English or cannot verbalise

Importance of Families and Carers and significant other’s

Partner with other services especially Acute – they have a lot to learn from you and you both have similar needs and demands, just different contexts

Clinical Governance is just as critical in aged care- involve ‘Consumers’ in your governance structures and service re-design
## Where next for SCV?

### PATIENT CENTRED CARE
- Starts with health service culture and policies
- Knowing the patient, not just the condition
- Family/cultural needs welcomed and recognised
- Isolation and lack of social supports recognised and addressed
- Ensuring a shared vision between care team and patient/families

### SHARED DECISION MAKING
- Inclusion of patient/family AND multidisciplinary teams in discussions about options
- Consideration of social, physical and psychosocial outcomes
- Acceptance that patient priorities/preferences may be different from health professionals
- Inclusion of shared decision making in performance management frameworks

### CARE PLANNING (EVERYBODY’S BUSINESS)
- Continuous care that’s connected from start to finish, and into community (beyond hospital)
- Single source of truth in health records supported by effective technology
- Strengths-based planning that’s led by patients (and includes carers)

### HEALTH (SYSTEM) LITERACY
- Understanding that for most patients, entering hospital is like entering an unknown country
- Redressing the power imbalance, aim for a system that works for the patient, not for the system itself
- Improving patient information accessibility and quality

### COMMUNICATION
- Consistent approach/strategies at key points of patient journey
- Effective communication skills treated as mandatory in staff recruitment
- Communication that’s responsive to cultural, linguistic, cognitive and other needs
PEOPLE DO NOT CONSIST OF MEMORY ALONE- THEY HAVE FEELING, WILL, SENSIBILITY AND MORAL BEING….IT IS HERE THAT YOU MAY TOUCH THEM, AND SEE A PROFOUND CHANGE

A. LURIA
Take Aways

Leadership = Culture = Staff Experience = Resident Experience

Governance - involve consumers more (families & carers)

Feedback = Gift

See the person and be curious about their story – share them & celebrate them

Diversity = reality & opportunity!

Partnerships create value
Why does it matter to me?
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