

Learning to Listen

The importance of understanding patient experience and nexus to safety and quality improvement at DjHS

Patient experience the vital cog



Patient experience and real engagement

- Why is it important?
 - Health and well being
 - Health literacy
 - Life long impact
- Why is it fundamental to self determine and be listened to?
- What does the evidence say?
- The link between quality safety and patient involvement in the decision making?
- Understanding and involving the patient in decision making is cost effective and efficient. It can reduce 'points of care' that waste patients time, health service time, resources and health dollars.
- To understand the patient perspective we need to work hard at listening and create the environment to:
 - Reduce the halo effect
 - Manage the authority gradient
 - Provide many opportunities to hear the story, particularly for diverse communities.

The link to improvement

- Health care is an unusual service industry in that it accepts risk and makes decisions on behalf of patients who must live with the consequences?
- What standard of care are we prepared to accept when it is some one we care about? We need to hold the line.
- Consumers have the greatest interest in getting it right, why would we not use this?.
- The complexity in health is further complicated by the 'touch points' and then add communication; by bringing the consumer into the conversation we add a safety mechanism and improve the outcomes

Measures - how do we know?

- Direct and indirect conversations
- Feedback, complaints and complements
- Clinical indicators that are meaningful
 - Bench marked
 - Trending
 - Peer reviewed
- Surveys, audits and questionnaire
- VHES data

VHES Value

- Independent
- Reduces the relationship bias
- Reduces the power imbalance
- Trended, benchmarked and regulated
- Provides another opportunity with a built in “cooling off period”
- Provides a safe way for consumers to provide difficult feedback

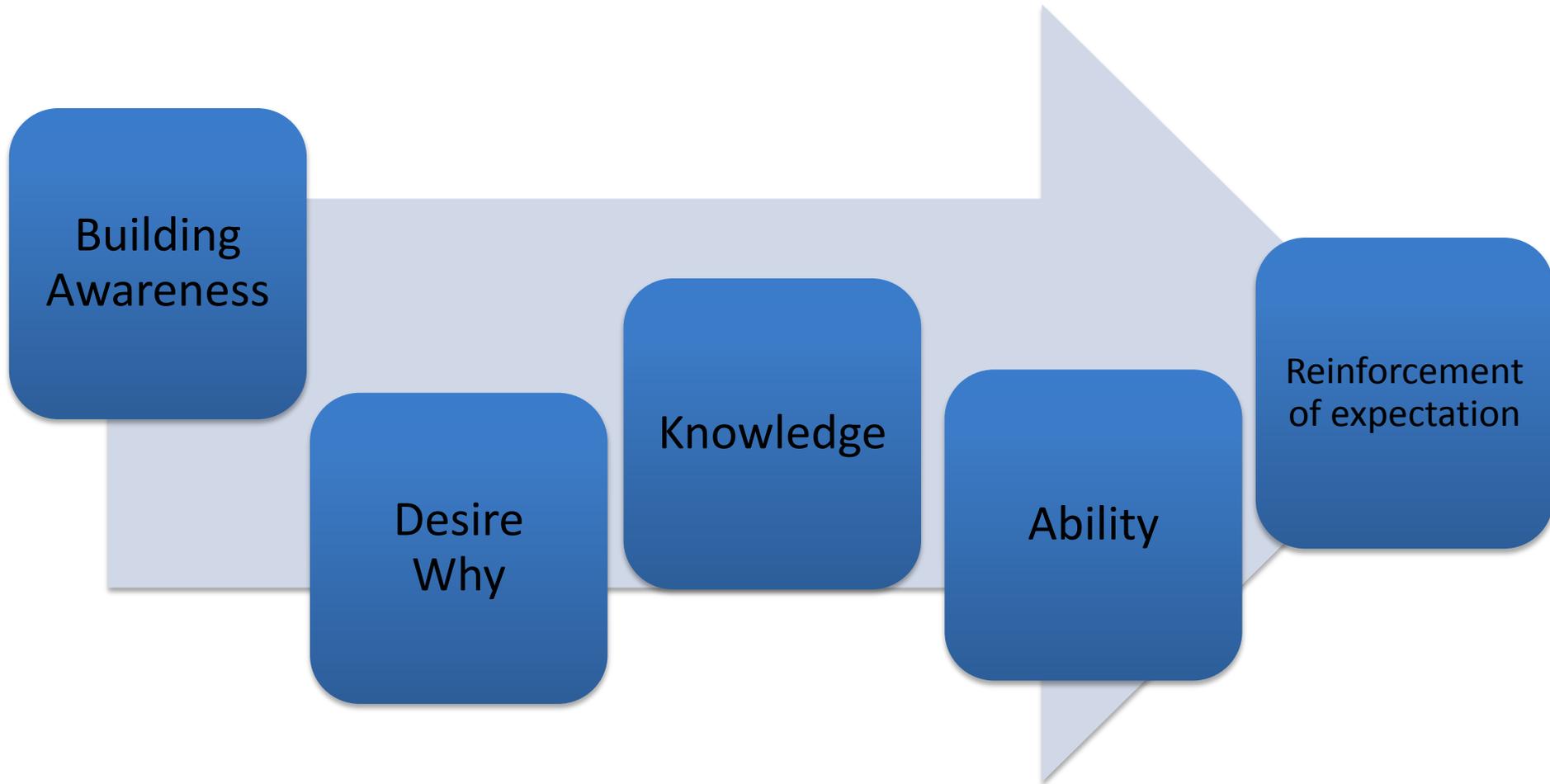
VHES data is part of the improvement puzzle for DjHS and our community

The cycle of moving information through the clinical governance structure at DjHS has been a valuable method of rebuilding trust, accountability and responsibility across the organisation. When data is reported at clinical, operational and Board committees it provides a clear message that it matters, what our consumers say and feel is important. When it moves to an action plan with accountability and responsibility against a Director or Committee it provides a clear message that it really matters.

Sharing information has provided an opportunity for staff from all areas of the health service to feel included, valued and part of the solution. It has added a depth to discussion and often better outcomes.

- Clinical indicators
- Patient feedback, compliments and complaints
- VHES data
- Auditing, surveys and questionnaires
- Consumer re-engagement
- Incident monitoring and follow up
- Risk identification and management

The Change process



Framework for Change

Communication

Value Diversity

Distributive
Justice

Trust

Collective action

Shared celebration

Outcomes

Communication

- The biggest challenge is the quality and consistency of communication
- Communication involves active listening and identifying how the message receiver has filtered the words
- Good quality communication is the greatest challenge
- Ignore your consumer perspective or engage in tokenism at your own peril.