Consumer Engagement at Austin Health - Our journey

Helen Robertson, Consumer Representative (CAC, Partnering with Consumers Committee, Diversity Committee and many other activities)

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Austin Health

- Largest health service in the north east metropolitan area – 911 beds
- 3 campuses
- Over 8,000 employees
- 7 statewide specialist services

In 2015-16:
- 105,414 Inpatient admissions
- 180,000 Specialist Clinics attendances
- 80,000 Allied Health attendances
- About 84,000 ED attendances
2011/12 – Patient feedback

• “The ED was fabulous! Really friendly and helpful.”
• “Staff very responsive and friendly.”
• “I am very happy with the treatment I receive - staff are excellent”
• “Reception staff excellent. Best service ever received. Thank you.”
2011/12 – Patient feedback

• “Teach your staff to understand a patient’s reply or demand is according to his pain so to avoid quarrels”

• “Staff completely ignore you when you ask them a question”

• “Nobody told me what time my operation was”

• “I was in an enormous amount of pain and was crying and they said I was being hysterical and I'm an adult and I shouldn't be crying.”
Late 2011: Consumer Engagement

• Small numbers of consumers on the register – most not engaged in committee work or projects
• Consumers were on the CAC but they didn’t have much of a voice
• An opportunity became available to address a new way of thinking about how we engaged with consumers
Early 2012

• A new Consumer Engagement Manager position was created
• The Patient Representative Office team (complaints management) and the Consumer Participation Officer role were brought together as one unit
• Systems and processes for both teams began to be reviewed
2012 - 2013

• New structures, processes and frameworks to address noted gaps in our systems were developed
  • Partnering with Consumers Committee (operational governance) established and Consumer Engagement Framework, model and policy developed – 4 consumers as members of this committee
  • More active engagement with consumers on other activities across the organisation ie: project teams, committees other than CAC
Our model of Consumer Engagement

Engaging consumers at Austin Health

Decision Making
- Consumers partner in quality and safety
- Consumers are actively engaged in their own care

Feedback
- Consumers learn
- Feedback provided
- Positive change

Planning
- Consumers have opportunities to engage in planning activities

Support
- Staff support
- Consumers involved in Patient Care

Legend
- Organisation/Staff
- Consumer
2012 - 2013

• Increased recruitment drive for consumer reps

• Preparation for accreditation:
  • Many supporting policies, procedures developed
  • Huge staff education roll out on consumer engagement and patient centred care led to the first wave of culture change across the organisation

• CAC focus changed following the appointment of a new Board member Chair – improved structure during the meetings and consumers had a greater voice
Oct 2013

• We passed accreditation with flying colours
• Standard 2 – we met all 15 actions – 10 Met with Merit
• About 15 consumer reps on the register at this time
• These consumers were heavily engaged in meetings with the surveyors and this was commented on as a key strength for Standard 2
Complaints management improvements

- Large review of formal complaints management processes began in August 2013

- What we did:
  - Benchmarked with our peers
  - Reviewed our own processes and data
  - Worked with our staff to improve communication with consumers at the point of care

**Poor communication was our biggest issue raised by consumers**
Complaints management improvements

• Changed our escalation tree for managing consumer feedback:

• **Inpatients**
  1. Talk to the doctor or nurse
  2. If not satisfied, speak with the nurse in charge
  3. If still not satisfied, speak with the Nurse Unit Manager
  4. To make a formal complaint, speak with the Consumer Liaison Officer.
Complaints management improvements

- Our escalation tree for managing consumer feedback:
  - Non Inpatients
    1. Fill in a 'My Say' form
    2. Speak with the Consumer Liaison Officer.
Complaints management in 2016

• We now have a culture of improved point of care communication between staff and consumers which has led to:

  • Many more compliments about good communication and shared decision making
  • Upskilling of staff to communicate more effectively with consumers
  • Significantly fewer numbers of formal complaints
Complaints management improvements
Mid 2014

- Consumer Engagement team radically restructured from being a reactive environment
  - Patient Representative side was 2.8EFT
  - Consumer participation side was 1.2EFT

- New structure – to a proactive environment
  - Consumer Liaison Officer – 1.0EFT
  - Consumer Engagement side – 1.8EFT
  - Admin and Project Support – 1.0EFT
Mid 2014

• Consumer Engagement Manager attended the Cleveland Clinic “Improving the Patient Experience Conference”

• Many new ideas brought back to Austin Health

• Changed the way staff were educated about patient centred care and consumer engagement – different key messages
2014 - 2016

• Continued to build our numbers of consumer reps who are actively engaged in many activities across the organisation

• Upgraded our process for recruiting consumer reps to more closely align with the requirements of each activity

• Better matching of the skills of our consumer reps with the opportunities that arise
2014 - 2016

• Our staff have a much better understanding of how consumer reps can add value to our patients’ experience

• Consumer reps feel valued and respected as part of the team when engaging with staff

• The variety of activities and opportunities for consumers to be engaged in has markedly increased

• Consumers are highly visible to staff so staff better understand how consumers add benefit
New Nursing Vision

- In 2014, broad consultation with nurses was undertaken to develop a new nursing vision
- “Austin Health Nurses – creating the best patient experience”
- Two new values were added to the Austin Health values – Compassion & Safety
- This new nursing vision became well embedded representing best practice in nursing clinical and professional practice
New Nursing Vision

• This lived vision is evident in the Austin Health nursing culture through:
  • Recruitment and advertising
  • Interview questions - we employ nurses who share this philosophy
  • New nurses are informed of the Nursing Vision at orientation
  • A strong, visible presence of the vision in clinical areas
New Nursing Vision

• This lived vision is evident in the Austin Health nursing culture through:
  • Performance appraisals reflecting the philosophy of the nursing vision
  • Professional celebrations – the annual Nursing Awards now include a Patient Experience Award which is nominated by patients
Our vision
Austin nurses creating the best patient experience

Our values
- Safety and Quality
- Compassion
- Excellence
- Accountability
- Respect and integrity
- Opportunities for learning and advancement
- Interdisciplinary teamwork
- Professional scope of practice
  - Competence and skill
  - Professional commitment

Our local environment
Nurses involved in local area decision making
Timely access to resources and information
Organisation structure and expectations for nurses
  - Policy and practice
  - Professional development

Our vision is achieved by adhering to our values which creates a positive workplace and our environment enables a culture of excellence which enhances our professional practice.

Austin Health
August 2016

• We passed accreditation with flying colours again
• Standard 2 – we met all 15 actions – 11 Met with Merit
• About 45 consumer reps on the register at this time
• Consumer reps now on every National Standard governance committee, Board Quality, CSU and Dept level quality committees
Our committee structure (Std 2)

- **Community Advisory Committee**
  - Consumers: Eight

- **Austin Health Board**

- **Board Clinical Safety and Quality Committee**
  - Consumers: Two

- **Safety, Quality and Risk Management Committee**

- **Partnering with Consumers Committee**
  - Consumers: Three

- **Aboriginal Systems of Care Working Group**
  - Community Representatives: Two

- **Diversity Committee**
  - Consumers: Three

- **Information for Consumers Committee**
  - Consumers: Three
2015 - 2016

• Embedded a culture of patient storytelling at the beginning of meetings from Board and Executive level to local area level

• Implemented the Patient Centred Care training package which is available for all staff on the Hub and is highly recommended for completion by all staff. This training forms part of the performance appraisal process
2015 - 2016

• Noticeable improvements in the way staff of all disciplines work together as a team – including with the patient and carer / family members

• Many great examples of shared decision making between patients, carers and staff – positive feedback from consumers
2015 - 2016

• Consumer feedback mechanisms:
  • My Say (paper based tool)
  • Survey Angel (electronic survey tool)
  • Consumer Walk Aroun(s) (face to face discussions led by consumer reps)
  • Formal complaints (managed for the Consumer Liaison Officer or Mental Health Quality Coordinator)
  • Victorian Healthcare Experience Survey (VHES) (DHHS benchmarking survey)
  • Our internet and social media
  • Thank you cards
  • Local area surveys
2015 - 2016

• Set up “You said, We did” noticeboards in public spaces on each site to provide consumers with information about how their feedback has led to improvements
2015 – 2016

• Development of the Consumer Experience Dashboard
Patient Information

• “Developing and Reviewing Information for Patients and Consumers Guideline” updated

• Implemented a Plain English training program which includes facilitated workshopping for staff to develop patient information in plain English – 4 courses run per year

• Introduced a regular auditing process for printed consumer information
Patient Information

**Total Number of Brochures without Consumer Approval**

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**% of Brochures with a Flesch-Kincaide Readability Score ≤ 8**

- 2014: 20%
- 2016: 50%
CAC changes

• Early 2016 – our CAC was restructured to become a more highly strategic planning committee
• All members – staff and consumers – were asked to express their interest to continue in the new format
• New committee members were appointed and the new committee commenced in May
CAC

• First project brief for the new CAC:
  • Co-design project to develop our patient experience expectations
  • The process was conducted by an external facilitator
  • Staff were asked to listen while consumers were given the opportunity to speak
  • Consumers felt free to express strong feelings around issues affecting the patient experience without organisational interference
CAC

• The benefits:

  • The word “standards” was removed because the consumer reps felt this word meant a basic level of achievement and they wanted these expectations to set a much higher bar for all to achieve

  • The language used to explain the expectations was much clearer and easily understood for all – ie: “things I can expect when I’m going home” v’s “discharge planning”

  • The true co-design approach was empowering for all involved
CAC

• Where to next:
  • The “patient experience expectations” document is now being finalised
  • It will be used to measure against our performance in clinical settings, committee meetings and project meetings
  • With the Strategic Plan being due for review in 2017, the “patient experience expectations” document will be used to inform key information for inclusion in the plan
From a Consumer Rep’s perspective in 2016

• To be a consumer rep, you need to be prepared to be proactive and actively get engaged for the betterment of the organisation and it’s day to day running

• The activities that consumer reps get engaged in have an outcome so you see things followed through which is satisfying

• Consumer reps see that their contribution is making a difference – this is encouraged by staff
2016 – Patient feedback

• “Staff are really friendly and helpful”
• “Communication, manners, politeness, and making us feel comfortable were all wonderful.”
• “Absolutely everything was done well. What an amazing team of compassionate professionals.”
• “(Staff) introduced themselves, made me feel very at ease, explained every thing so well.”
2016 – Consumer feedback

• “Poor response times to answering buzzers, especially at night”
• “Some staff are rude and abrupt”
• “Could improve communication between staff and carers. I found I was forgetting things said to me however my wife was not always around at 7:00-7:30am for the doctors rounds”
• “Felt a bit uncomfortable, being a young woman in a room with older men, but the nurses realised this and moved me”