



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Join the Conversation Create a SHARED VISION



PATIENT EXPERIENCE WEEK 2017 REPORT

'Patient Experience is the HUMAN EXPERIENCE'

#hccpxw #WhatMatters2U

Health Consumers' Council & Tuna Blue Consulting

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Introduction – Patient Experience Week 2017

The Health Consumers' Council (WA) Inc. (HCC) is a not for profit organisation dedicated to ensuring the health consumer is at the heart of our health care system. We have been in operation since 1994 and have seen many reforms, initiatives and discussions over the years.

The Australian Commission on Safety and Quality in Health Service first included a standard explicitly requiring health services to actively engage with patients in 2012. "Standard Two – Partnering with Consumers" has facilitated a more central role for consumers in health care discussions, although we are often the last to be invited to the table; sometimes reluctantly so. Regularly, we hear health providers exclaim with surprise how useful our feedback has been afterwards, when the expertise of the lived experience has shed a new light on a problem or challenge. We are a massive resource that is still waiting to be properly tapped.

There are countless consumer engagement frameworks, toolkits, policies and so on in existence, what is most needed is real action to meaningfully implement them. Change is very difficult to achieve, and people are often poorly supported to do things differently. Through the annual Patient Experience Week, an international event held in the last week of April, HCC seeks to support this needed change.

HCC and Patient Experience – objectives and achievements

2017 was the second year that HCC has hosted Patient Experience Week, following a successful inaugural event in 2016 which encompassed the longer standing Health Consumer Excellence Awards.

Patient Experience Week 2017	
Objectives	Achievements
Bring together health consumers, carers, community members, health professionals, clinicians and not for profit organisations to collectively define what's important to us about our health system and what our patient experience improvement priorities are.	Community Conversation 27 th April facilitated by external consultants and attended by around 100 participants. See page 4-7 for summary, detailed information in Appendices.
Showcase patient centred practice in our health system by providing an opportunity for services to highlight projects they are working on.	Poster displays by public and private hospitals, Health Networks and Cancer Council. See page 8 for list of participants.
Honour our everyday heroes in health through our Excellence Awards	6 awards given, including the inaugural Compassionate Care Award, sponsored by WA Health. For details, go to website http://www.hconc.org.au/hceawards/
Partner to host a Health Leadership Breakfast to announce the outcomes from the Community Forum.	Australasian College of Health Service Management hosted a WA leadership breakfast forum, sponsored by HESTA, entitled "Why the patient experience matters to health leaders" 31 st May. Further details page 11.

A highlight in 2017 was our guest Jason Wolf, President of the Beryl Institute who presented the keynote address at our Community Forum and Leadership Breakfast, and officiated at the Consumer Excellence Awards. Jason attends Patient Experience Week events across the world, and noted that WA's event was unique because it was convened by a consumer organisation, not a service provider organisation.

The key messages from Patient Experience were:

Patient Experience is a Human Experience

In each health care episode there, are human experiences. For example, a health professional inserting a cannula is having an experience, as is the person having the cannula inserted, as is the loved one watching it being inserted, and so on. They are not the same experience, but they are all experiences, and all need to be considered when planning and reviewing health services.

Patient Experience is a movement, not an event

It is not a destination that can be reached and then ticked off the list; it is a continuing quality improvement endeavour.

What Matters to You?

A shift from "what's the matter", this was the first question to be asked at the morning workshop of the Community Forum. There was significant agreement among patient, carer, not for profit and health professionals, with the following themes emerging:

- Transparency,
- Partnership,
- Being Listened To,
- Safety,
- Equity,
- Choice, and
- Person Centred & Family Focused Care

What's next?

The Patient Experience Movement in WA is gaining momentum. HCC will be informed by the Community Forum feedback to develop a systemic advocacy agenda and we will be actively seeking partnerships, especially with clinicians, to develop and then share these, and any other suggested patient experience improvement priorities. It's an ongoing conversation and action loop.

WA Primary Health Alliance and HCC will be partnering to develop an online consumer engagement resource – further details to be announced soon. Our web page <http://www.hconc.org.au/hccpxw/> and social media is regularly updated with new videos and latest Patient Experience news, and we maintain a mailing list of people interested in becoming part of the Patient Experience Movement - email info@hconc.org.au to enquire.

HCC has an open, year-long invitation for health services to:

- Nominate health services and practitioners for HCC's Consumer Excellence Awards to showcase and reward patient centred practice
- Submit information about their patient experience improvement priorities to continue to build a community of practice

Community Conversation – April 27, 2017

To facilitate the 2017 Patient Experience Week Community Conversation, HCC engaged consultants Tuna Blue to bring together a diverse group of stakeholders on Thursday, 27 April 2017 at the Bendat Centre in Wembley. (See *Infographic Summary in the appendix*)

Aim of the Community Conversation

The aim of the Community Conversation was to create a shared statement of patient experience priorities by exploring the theme ‘What matters to you?’

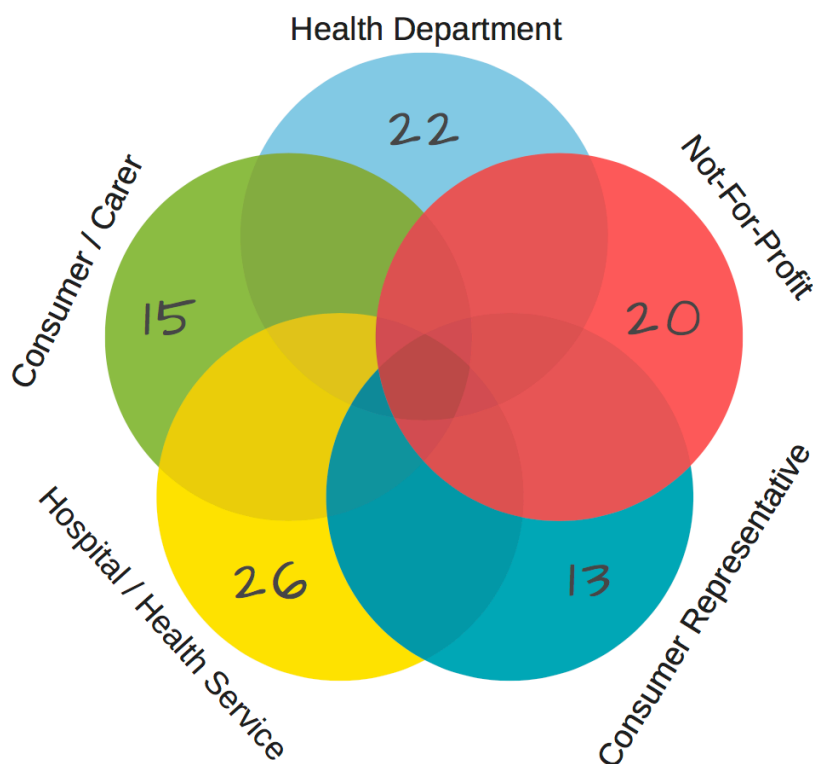
Outcomes

By the end of the Community Conversation, participants had:

- Heard presentations from the Director General and Jason Wolf;
- Shared their stories of patient experience;
- Considered ‘what matters most to them’ as different stakeholder groups;
- Identified practical initiatives to improve the patient experience; and
- Agreed on the next steps in the Patient Experience Movement.

Participants

The following split of participants were present at the Community Conversation.



Context of Community Workshop



Shaun Nannup



David Russell-Weisz



Jason Wolf

Shaun Nannup Welcomed the participants to Country.

David Russell-Weisz, Director General WA Department of Health set the context.

Jason Wolf, Beryl Institute provided a keynote presentation on the global patient experience movement. The Beryl Institute spearheads the international patient experience movement, with a membership of 50,000 spanning more than 50 countries.

The presentations are available on the Health Consumers' Council website www.hconc.org.au/hccpxw.

Workshop Process

The participants worked in small groups with table scribes to answer the following workshop questions throughout the day.

Session One

Participants completed the statement:

- As a ...*
- *Consumer / Carer,*
 - *Health service professional, or*
 - *Not-For-Profit*

the thing that matters most to me about patient experience is ...

Session Two

Working in the priority areas identified from Session One's input, the participants considered the question:

What three practical things could you do to improve patient experience in this priority area?

Session One: What matters to you?

In Session One, all attendees whether consumer, health professional or not-for-profit professional were asked “What Matters to You.” What was significant about this session was the ease with which we were all able to agree on themes, and define those themes. These are captured in the table and will form a framework of the ongoing communication and engagement about Patient Experience across the sector.

Theme	Description
Transparency	I’m informed and understand what is happening at an individual, service and system level
Partnership	Patients, consumers and carers are included in decision making, and service and system design.
Being Heard	I’m being listened to, I have time for conversations and opportunities to ask questions, and I feel I’m influencing positive change from being heard.
Safety	I feel safe, my carers feel I’m safe and I know that I’m being treated by competent clinicians; that I know my patients feel safe
Equity	Avoiding stereotypes and respecting individuality and culture
Choice	I know the options and I’m empowered to make them
Person-Centred	I feel like a person not a number; that a holistic and family focused approach is taken



Ann White, Kylie Fryer & Cheryl Holland

Session Two : Practical Initiatives

The top 2 initiatives with the most “likes” in each theme area are listed below. The full range of initiative has been appended to this report.

Transparency

- The complaint process for WA Hospitals needs to capture all feedback and complaints received in a variety of formats (not just writing), especially calls to the Patient Liaison Department;
- Link up the Department of Health’s IT systems

Safety

- Ensure that every patient departing the hospital walks out with their discharge summary plus an electronic copy sent to the patient’s GP and a follow up appointment with their GP already been booked.
- Encourage patients to document concerns that need to be addressed (e.g. whiteboard in hospital rooms, iPad or paper forms in waiting rooms).



Jason Wolf – “Hands up those in the room who are human?”

Family and Person Focused

- Use mobiles or buzzers similar to ones used in restaurants to notify family or patients when they are next in line. This way, family who is waiting in ED could go for a break and be notified when they can see a relative.
- Always allow time to ask the patient ‘have we covered everything for you today?’

Partnership

- Provide training and support for consumers and carers to be part of consumer engagement programs in hospital. (e.g. RPH).
- Include the importance of patient experience in tertiary education.

Equity

- Always ask people how they would like to receive the information they will be given.
- WA Substantive Equality Policy for Aboriginal and CALD consumers needs to be elevated

Being Listened To

- Mandated training for doctors on customer service principles, listening skills and working in partnership. Hard wire 'expectation dialogues' into interactions between providers and consumers (e.g. appointment agendas, orientation to service and perhaps there could be an 'app'?).



Antonella Segre, Dianne Bianchini, BK Tan, Ruth Lopez

Improving the Patient Experience Posters

For Patient Experience Week 2017 HCC invited hospitals, health services and not-for-profit organisations to share how they provide positive patient experiences. To have a poster displayed on the day, the service had to answer three simple questions:

- What initiative are you working on that ensures what matters to your patients/consumers is leading to improved patient experience?
- What difference has this made?
- Share one lesson you have learnt.

These were our pioneer health services:

Bethesda Hospital	WA Health – System Manager
Cancer Council	North Metropolitan Health Service
Disability Health Network	East Metropolitan Health Service
Princess Margaret Hospital	WA Country Health Services
Osborne Park Hospital	WA Primary Health Alliance

Their posters were displayed at the Patient Experience Week Community Conversation and are on our website here: <http://www.hconc.org.au/pxposters/>

We are accepting submissions all year round. Just email us on info@hconc.org.au to submit.

Health Consumers' Council - Health Consumer Excellence Awards *Honouring the everyday heroes in health.*

2017 was the second year HCC announced our Health Consumer Excellence Awards during Patient Experience Week. We believe it is important to leverage this worldwide movement dedicated to improving the patient experience to celebrate the everyday heroes in health, both the health consumers and healthcare providers. Officiating at the Awards Ceremony was the Hon Alanna Clohesy MLC, Parliamentary Secretary to the Deputy Premier; Health; Mental Health, Roger Cook MLA, Deputy Premier.

A special thank you to our sponsors Lotterywest and the Western Australia Department of Health and our judges; Cheryl Holland, HCC Chair; Richard Brightwell; Karen Bradley, Chief Nurse; Dr Bernadette Wright, Clinical Psychologist; And Yvonne Parnell, South Metropolitan Health Service Board Member.



Winner – Health Professional Award –
Ellie Newman. Pictured centre, Hon. Alana Clohesy on the left, Jason Wolf on the right



Winner – Health Organisation Award –
Moorditj Djena team, Hon. Alana Clohesy on the left, Jason Wolf on the right



Highly Commended – Health Consumer Award –
Petrina Lawrence. Pictured centre, Hon. Alana Clohesy on the left, Jason Wolf on the right



Winner – Health Consumer Award –
Caz Chisholm (in blue) with Pip Brennan on the left, Hon. Alana Clohesy and Jason Wolf on the right



Highly Commended – Rosemary Caithness Award – Jan Thair, in orange on the right. Hon. Alana Clohesy on the left, Robyn Nolan from National Council of Women presenting the award



Winner – Rosemary Caithness Award – Carolyn Chisholm, in blue. Pip Brennan and Hon. Alana Clohesy on the left, Robyn Nolan from National Council of Women on the right.



Highly Commended – Aboriginal and Torres Strait Islander Award Boodjari Yorgas Family Care Program. Hon. Alana Clohesy on the left.



Winner – Aboriginal and Torres Strait Islander Award Bentley Aboriginal Health Liaison Office. Hon. Alana Clohesy on the left.

The Compassionate Care Award was a new category introduced in 2017 with the support of WA Health.



Compassionate Care Award Inaugural Winner – Fatima Edward Hon. Alana Clohesy on the left, Fatima in the centre and Chief Nurse Karen Bradley on the right.

To find out about all of the finalists, check our website here: <http://www.hconc.org.au/hceawards/>

Health Leadership Breakfast

On Friday 31st May, the Australasian College of Health Service Management hosted a WA Health Leadership Breakfast forum entitled “Why the patient experience matters to health leaders”.

Jason Wolf presented on the patient experience movement internationally, and presented the summary report from the Community Conversation. Dr Simon Towler co-presented with his own powerful story of the moment he went from being Chief Medical Officer to cancer patient.

The event was over-subscribed and registrations were extended to accommodate the 100 people on the day. There was significant interest from health leaders from private, not for profit and public health sectors recognising the importance of understanding the patient experience for those in leadership roles. The messages were clear – to improve patients outcomes, the human experience of being a patient must be considered at every layer of the service delivery.

Participants were touched by the honesty in the presentations and the common threads that run through the international and local patient experience.

The partnership between the HCC and ACHSM reflected how we have advanced our recognition of how a compassionate response is required to truly assist improving patient safety, quality and outcomes in our health services.

A video of Jason’s presentation is available on HCC’s website on the Patient Experience Week 2017 page (<http://www.hconc.org.au/hccpxw/>)



Dr Simon Towler, Jason Wolf



Denise Kluck, Tim Benson, Michael Greco & Kate Jones

Evaluation of the events

The Community Conversation was rated positively by participants with the Keynote Address, inclusiveness of workshop discussions and venue/catering receiving the highest overall approval. In addition to a brief evaluation survey, participants had the opportunity to provide more detailed feedback, full comments appended to this report. They suggestions for improvement, including requests for more specific examples of ways to improve the Patient Experience, and some difficulties with sound quality.

Leadership Breakfast participants rated the both the style and content of the presentations highly and the majority indicated that the information received was relevant at the highest level.

Join the Movement!

The Health Consumers' Council invites you to be part of the Patient Experience movement. We are always interested in hearing stories about the patient experience improvement priorities that you are working on. Contact info@hconc.org.au to join the Patient Experience mailing list.

Appendix 1 – Community Conversation Detailed Input

Session 1 What matters to you?

The detailed input for each stakeholder group is provided below:

Consumer / Carer

<p>Choice</p>	<p>Empowerment; Support to take healthcare into my own hands; Dignity and choice in palliative care; Consumers often feel power imbalances; Open to alternative options; When I have a choice, and am informed in a way that helps me, I can use it well; Knowing that I have choices; Empowered; Provided with options of all treatments, including no treatment; Choices; Patient wishes are sought and respected. Allow the patient to control their quality of life; Choice; Having choice - I am a customer;</p>
<p>Partnership</p>	<p>Patients and families need to be involved in the discharge process; Support for parents and post-natal care; Have an advocate, whether a family member or someone appointed for me; As a care giver, be involved in decision making; As a consumer to have health providers to collaborate about my carer who has my best interests at heart; Health providers consider the input of family members as well as the patient; As a parent, to be treated with respect and no prejudice; Professionals should listen to family members who know the patient and understand when they are deteriorating; Be involved in decision making; System needs to take into consideration that the families and carers often know more about those who they are caring for; Not to be dismissed as a carer when seeing professionals; Carers being respected in the health process; Partnerships at all levels - individuals, services and systems; When the health professional recognises there are other people they can use, and refer to those who may know more; Being involved in decisions relating to healthcare; Consult with consumers; Embracing the principles of family centered care in other care settings; Recognising the value of carers in providing medical care; Support networks; Information and inclusion; listen to the family, acknowledge the family / carers and encourage them to participate in the treatment; Important that I am included in the patient experience that includes treatment, information and the ability to provide input into their care; Being included</p>

<p>Being Listened To</p>	<p>Time to be heard and time to listen; More time; The process of complaints to be clearly explained to the consumer; Don't assume that I do know or don't know; Being respected for my knowledge of my own health; Complaints and feedback shouldn't be feared; Value the patient's experience and how they feel / their believed experience; Explain processes and time constraints; Being acknowledged; That my time and knowledge is to be respected when seeing a specialist; Being asked the right questions, so that when the patient goes home they can care for themselves or have support available; Listen and listen carefully; Being heard about adverse reactions; Effective communication; Don't make assumptions on what a consumer wants or needs; Being open to all feedback and skills to use it for improvement; Saying a simple hello to you as a patient; an acknowledgement; Listened to; Don't make assumptions around what a consumer wants or needs; To have a voice; Being heard; Communication is the key regardless of outcomes, you need to be able to communicate; Have time for questions; Being heard; Safety and communication are vital; Communicate; That the service provider listens to me, hears my need for information and realises that I have expectations; That my opinion counts; Being listened to by my health provider and taken seriously; Have the opportunity to say what my concerns are; Patient is listened to, is heard and understood with positive or better outcomes achieved; Customer being heard from a health professional perspective; To ask questions; Feeling comfortable and having the courage to ask questions and having enough information to action the responses; Prompt service and being listened to; That what I say is not making me feel stupid in front of health professionals; To listen to what is being said</p>
<p>Person-Centred and Family Focused</p>	<p>A holistic, beautiful and peaceful environment; Providing affordable holistic respite to prevent burnout; Seamless and cohesive; Holistic integrated team with values in holistic wellness; Holistic healthcare that I can afford; More attached to a person's holistic self; Consider people holistically;</p>

	<p>Kindness;</p> <p>Be provided with healthcare using a holistic approach;</p> <p>To be seen as a whole person and responded to in a holistic way;</p> <p>Care providers that address all needs - physical and spiritual;</p> <p>One stop shop for all information for each individual patient;</p> <p>Looking at the patient as a human being;</p> <p>Being seen as a person;</p> <p>Issue that at a point of mental diagnosis, the person becomes the diagnosis and dehumanised, no longer a member of the community;</p> <p>Feeling cared for and not just a number;</p> <p>That you are not treated like just a number or a disease</p>
Transparency	<p>As a consumer to understand the standard (i.e. ratings);</p> <p>Terminology and perception is important;</p> <p>Easy to understand information;</p> <p>Transparency regarding researchers and declaration of vested interests;</p> <p>Being able to navigate the complex health system;</p> <p>Health literacy;</p> <p>I want to know where to go for the care I need;</p> <p>One coordinator / advocate of care;</p> <p>Patients being informed and situations explained clearly by professionals;</p> <p>Improve discharge practices to avoid unnecessary readmission;</p> <p>Would like more information about the person I'm caring for;</p> <p>Access to comprehensive knowledge of resources available from community to hospital;</p> <p>To have a doctor who is open and not egotistical;</p> <p>Easy access and communication with my doctor, being able to email and phone as I can with other services;</p> <p>Being informed;</p> <p>Systems that communicate well;</p> <p>Transparency</p>
Equity	<p>Support and information in my language;</p> <p>Services that are accessible without culture, language or gender being a barrier;</p> <p>Not to be stereotyped;</p> <p>My age and gender is important and not to be categorised;</p> <p>Culturally safe and respectful;</p> <p>Not to be categorised;</p> <p>Being understood (use an interpreter if needed);</p> <p>Frustration about stereotypes and assumptions when being diagnosed;</p> <p>Equality in healthcare provision;</p> <p>That the patient feels equal in their health journey;</p> <p>The acceptance of mental health issues in the same context as general health issues</p>
Safety	<p>Safety;</p> <p>Is that whatever is decided is in my best interest;</p> <p>When professionals know their limits and are honest with me;</p> <p>To know the health professional is competent;</p> <p>Trusting that the care I need and information that I want will be provided;</p>

Empathy, respect and compassion	<p>Showing empathy with their patients, showing good manners and respect;</p> <p>That people are treated with respect;</p> <p>Empathy;</p> <p>Understand consumers often feel let down and angry;</p> <p>Being respected by healthcare professionals;</p> <p>People cannot prioritise their health because of issues around them;</p> <p>Compassion;</p> <p>Receiving respectful empathetic management based on best practice;</p> <p>Respect</p>
Other comments	<p>Reinforcing that there is support after hospitalisation and for children with speech difficulties;</p> <p>Better connected database of PA;</p> <p>Need more consistency;</p> <p>Less restrictions by insurance providers;</p> <p>Affordable, universal high-quality healthcare;</p> <p>Flexibility and accessibility;</p> <p>Timely access to appropriate care;</p> <p>Be referred to the right service at the right time;</p> <p>Not having to go to hospital for primary healthcare;</p> <p>Recognising the huge costs to consumers;</p> <p>A good patient outcome;</p> <p>Stress free experience;</p> <p>Sometimes a phone conversation might be easier;</p> <p>That my Parkinson husband gets eye contact from professionals dealing with him;</p> <p>Outcome (e.g. diagnosis, medications, prognosis and care plan) in a timely manner</p>

Health Service Professional

Partnership and collaboration	<p>Collaboration;</p> <p>Silos are not good for positive outcomes;</p> <p>Partnership to achieve positive outcomes;</p> <p>“Why can't we all just work together?”</p> <p>Healthcare team working together and putting egos aside;</p> <p>When the whole health and social system can keep the patient at the centre and not be driven by funding processes and priorities;</p> <p>When the whole team is working together to deliver a good experience;</p> <p>Everyone owns it;</p> <p>That it is a shared responsibility, at all levels of our services;</p> <p>Is at the heart of everything we do;</p> <p>Being included;</p> <p>Engaging with respect;</p> <p>Consumer and peer advocacy;</p> <p>We are continuously striving to deliver the right care, at the right time in the right place.</p> <p>We continuously strive to deliver care which meets the expectations of consumers, we develop meaningful cons</p>
Being Listened To / Having Respectful Conversations	<p>Emotional intelligence education for all staff;</p> <p>“What worked, what do we do well?”</p> <p>Being respectful;</p>

	<p>Important not to make assumptions on what a consumer wants/needs;</p> <p>Listen to the patient as they have valuable information;</p> <p>Learn about the patient, build a common relationship;</p> <p>Relationship building with consumers;</p> <p>Ask the question;</p> <p>Respectful communication;</p> <p>Having the time to provide the level of care that you really want to;</p> <p>Trust and respect;</p> <p>Health literacy - lay terminology;</p> <p>Ensure the patient understands;</p> <p>Say hello to someone. Ask, Are you ok? Do you want to chat?</p> <p>Health literacy is considered;</p> <p>Listening and voicing the consumers voice;</p> <p>Professionals to use laymen terms when talking with patients;</p> <p>Real-time feedback from patient and staff;</p> <p>When a consumer comes in to emergency, and there is no one with you, it helps to have someone to talk to, a real person;</p> <p>The patient can have all their particular questions answered effectively;</p> <p>Time to ask questions, it's important. Take the time for information gathering;</p> <p>Communication must be two ways and respectful;</p> <p>Recognising the wisdom of the patient;</p> <p>Communication;</p> <p>Empower patients to ask questions;</p> <p>Active listening;</p> <p>That the patient feels listened to</p>
Transparency and choice	<p>Health service doesn't always tackle complaints appropriately due to fear of repercussions. (e.g. high-ranking clinicians);</p> <p>They know who to inform when they are not happy;</p> <p>Patients know where to go, to get help and support</p>
Person-Centred and family focused	<p>Treating the human being, mental and physical health together;</p> <p>People who suffer from multiple symptoms are treated as a whole;</p> <p>Look at the whole experience from start to finish;</p> <p>Ability to provide a holistic approach;</p> <p>Holistic care for patients which requires greater resourcing than currently available;</p> <p>Person centred;</p> <p>Making patients feel like a person not a number;</p> <p>The outcome of being treated with respect at all levels of encounters with health services is so different and positive;</p> <p>Holistic approach;</p> <p>Holistic outcomes;</p> <p>Treating patients as humans, with respect and dignity;</p> <p>Value based healthcare</p>
Choice and Meeting Expectations	<p>Managing expectations;</p> <p>Difference between care and experience;</p> <p>Individual needs are met;</p> <p>Understand the different phases of a consumer journey. (i.e. initially they may be hungry for information and later they may need support and care);</p>

	<p>Patients get the standard of care they need and want;</p> <p>Patients have their needs met and can manage their condition;</p> <p>Need to know patient's expectations;</p> <p>Balance of a subjective and objective experience;</p> <p>Their experience;</p> <p>Clinical services, planning that considers what the consumers want;</p> <p>Expectations are exceeded;</p> <p>Choice</p>
Safety	<p>Patients to feel safe;</p> <p>Non-judgmental;</p> <p>Trusting is important;</p> <p>Not feeling alone;</p> <p>Have confidence in our ability as caregivers;</p> <p>To know that patients feel safe;</p> <p>Quality of care</p>
Positive leadership and supportive environments	<p>Positive leadership;</p> <p>Leadership to create a positive culture;</p> <p>Supportive care for staff;</p> <p>Positive environments;</p> <p>That our behaviours are consistent with our values</p>
Equity	<p>See the consumer as an individual, consider cultural differences;</p> <p>Reduce racism;</p> <p>Cultural respect for aboriginal families and understanding their culture;</p> <p>Culturally safe and respectful;</p> <p>Interpreters should be a standard practice. Always ascertain if there is a need</p>
Systemic Improvements	<p>Improving the knowledge of the methods of taking prescription drugs;</p> <p>Data base on medication and improve safety around prescriptions medication;</p> <p>Need a better platform to deliver information;</p> <p>A process that helps, not hinders me caring for my patients;</p> <p>Increasing the ratio of time given to actual hands on care as opposed to administrative issues;</p> <p>MER led performance measures that meet consumer expectations;</p> <p>Procedural rules impacting upon patient experiences;</p> <p>Providing the support and systems to assist clinicians in their care delivery;</p> <p>Systemic improvements</p>
Other comments	<p>Gaining skills;</p> <p>How to treat conflicting issues. Advocating. Being present. Mediating;</p> <p>Knowing where I can refer on to, where and what is available;</p> <p>Clients gain an understanding of their strengths and resilience and power;</p> <p>Positive outcomes;</p> <p>Sometimes it's good to have a family/support person, however, it's important to ascertain if the consumer wants to be spoken to alone;</p> <p>More empowerment for health staff in significant procedural decision making;</p> <p>Patient leaving empowered, knowing that they can manage their own health;</p> <p>Health system is easy to navigate;</p> <p>Recognising you operate as a business, which needs to focus on and be responsive to their consumers;</p> <p>Good patient outcome; Positive experience of care</p>

Not-For-Profit

Equity	<p>Staff to practice sensitivity towards cultures; Need Aboriginal liaison between staff in all hospitals; Culturally appropriate and community led healthcare; Aboriginal community controlled primary care services needs to be available across WA; Equity, people are seen for who they are</p>
Being Listened To and Informed	<p>Communicate with patients in a way that is unique to their needs; Health providers needs to listen well and respond appropriately; Conversations about death and dying are challenging but important; Meet and greet services are critical and important; Allow time for the translational work and enough time to discuss any questions/concerns the consumer may have; Meet and greet service; Translation is not just about language, but also helping people to understand what is happening to them; Consumer at the centre of the conversation; People who use or want to use the service feel their voice is heard. And they know we listen, to ensure they receive the service required; Very careful questioning to list key issues regarding treatment and care; Informed decision making</p>
Partnership and Collaboration	<p>Communication between all those involved in the care sectors; Coordination of patient journey for those coming from regional, rural or remote places; Important for the consumer to be able to access multi-disciplinary services; Receiving care in the community; Right care, right time, right place; Being open to all, without barriers, giving and offering care that people need; If the NGO can't help, help with a pathway, meaning referral; People can access appropriate and timely care</p>
Empowering consumers and building wider health literacy	<p>For the consumer to feel like the most important person in the room; For patient/carer to feel empowered and confident about their experience; Empowering people to be change agents; Health Literacy; Community Engagement; Engaging more effectively with consumers and the wider community; Getting the conversation out there so we can focus on what really matters to the consumer; Empower; Being included</p>

Other comments	Significantly improve PATS; Financial support for holistic care; Not expected to provide work freely in health and wellness; Need to ensure a comfortable environment for seniors in healthcare; Fear of seniors is really acknowledged; Difficult to meet expectations; Understand that consumers will be angry following a negative experience; The patient's experience is positive to them, and this will be unique; Changing funding landscape makes it difficult; Realistic expectations are set and met or exceeded; Sharing knowledge and resources; Value for money; To ensure a positive outcome for every individual that engages with the service for as long as it takes; Correct and early diagnosis.
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Session 2 Practical Initiatives

Key Initiatives in Detail

Transparency

Initiative	Likes
Many WA hospitals do not lodge 'consumers' feedback' as a formal complaint, unless it is received in writing and this has to change (e.g. Complaint process need to capture all feedback and complaints that are received; many consumers assume that if they call a patient liaison department, a formal complaint will be lodged).	4
Link up Department of Health's IT systems.	4
Case manager to help individuals navigate through the health system and access other appropriate services.	2
More time to be allocated per patient; technology allows things to move faster now but we still need more time with patients.	1
Unclear who the medical notes belong to, specialist or consumer? Perhaps they should be shared with both for transparency, honesty and clarity.	1
Information and professional profiles for health organisations, clinical departments and health professionals (e.g. Include examples of patient journeys or testimonials, preferably accessible online).	1
Include the patient in all decision making.	1
Honesty of accreditation results for hospitals.	1
The process of accessing health records is too difficult and needs to be improved.	1
Easier access to patient records.	1
Information on health apps. (E.g. Diabetes management app) as these give a sense of control to patients.	1
Remove barriers to incident reporting; start by reducing the fear that staff have to file a report; this will lead investigations to actual improvements and is beneficial for patients. (e.g. Providing information and knowledge, step by step flow charts and visual charts that are clear for staff and patients).	1
Providing up front information to consumers about the system and how it works. (e.g. fees and charges, appointment lengths, waitlists and processes).	1
Ask consumers what is not transparent about the service; service providers must be encouraged to undertake that consultation.	1
To make policies, procedure and best practices available to patients, carers and the public.	1
Electronic health records to be visible to patients and appropriate health professionals. (e.g. Electronic record to include mental health records).	1
Better communication with consumers and stakeholders.	1
Honesty and transparency needed for patients arriving and discharging.	0
Utilise different modalities to provide information, as well as supporting input.	0
Improving preventative care and education.	0
A 'partnership approach' to decision making will support informed choice for appropriate care provision.	0
Recognise long-term chronic illness in 'cause of death information' as this will improve data and information.	0
Real time consumer feedback.	0
Easy access agreed performance indicators between consumers and clinicians.	0
Need more consumer respect and to take their opinion in to account while creating policies.	0
Honest and open communication.	0
Reception staff to inform of expected waiting time and perhaps offers to call you when you are next.	0

Health department to be transparent about the costs of errors made by health service providers.	0
Feedback loop and a public platform for policy sharing information.	0
Involving consumers in service delivery design.	0

Safety

Initiative	Likes
Ensure that every patient departing the hospital walks out with their discharge summary plus an electronic copy sent to the patient's GP and a follow up appointment with their GP is already been booked.	3
Encourage patients to document issues that need to be addressed (e.g. Whiteboard in hospital rooms, iPad or paper forms in waiting rooms). *Comment: Replace 'issues' with 'concerns'.	3
People should not be discharged from hospitals without an assessment of vulnerability, availability and appropriate and accessible support services; this includes primary care and family support services.	3
Allowing time for handover, ascertaining patient expectations for the day and communications around 'what to expect'.	2
Dedicated funding allocation to Area Health Services for employing 'Patient Experience' staff members to implement these actions.	2
Open reporting of safety and errors made in a constructive manner, this will collaboratively improve processes.	2
Recognise that most issues are systemic in nature and we need to train all staff to work collaboratively, not in isolation.	1
Being culturally appropriate.	1
Developing a culture which states open disclosure when serious incidents occur, not blaming but looking for opportunities to improve."	1
Feedback findings from the impending Health Department review to the public domain as this could inform the work of other organisations.	0
Introducing doctor review and hospital review systems.	0
Evaluate the clinicians beforehand.	0

Person-Centred and Family Focused

Initiative	Likes
Use mobiles or buzzers similar to ones used in restaurants, to notify family or patients when they are next in line. This way, family who is waiting in ED could go for a break and be notified when they can see relative."	3
Always allow time to ask patient "have we covered everything for you today?"	2
Multidisciplinary meetings, sharing information and working collaboratively towards the same goals and specific coordinator assigned to each patient.	2
More staff to allow time for relational care. Increase ratios (e.g. more realistic nurse-to-patient ratio). Acknowledge insufficient time for staff to get to know patients. Use trained volunteers or paid peer support workers for emotional care.	2
Additional funding provided to the NGO sector, need to deliver a peer-support service to help patients, family social and emotional needs while in hospital. (i.e. This will help free up clinical services).	1
Add '3 key facts of personal information' on patient records to facilitate a more familiar conversation.	1
One ICT system across WA Health.	1
Provide welcoming facilities, for a personal welcome with 'meet and greeters'. Comments:	1

<ul style="list-style-type: none"> ➢ Especially for older care ➢ CALD groups 	
Protected 'direct patient care' time. * Comment: If you gain time through automation, don't cut back on patient time, try to give extra time for patient.	1
Provide free car parking at services, particularly hospitals.	1
Independent patient advocate. Ensure the patient advocate is independent to the health service or hospital.	1
Discharge planning not to be rushed.	1
Reduce and streamline the 'paperwork processes' to facilitate more time for personal interaction.	1
Partner with the WA Primary Health Alliance to develop consumer resources via the Health Pathway project.	1
Value and consider the Advanced Health Directive.	0
Some protocols are too 'one size fits all' (e.g. isobar).	0
Describe the healthcare system and its complexities in a way that makes sense to consumers.	0
Clear signage with directions on how to get around large campuses and facilities such as travellers, wheel chairs and access.	0
Respect patients by following the appointment times.	0
First question during an assessment should be "What is important to you?"	0
Clear discharge processes and information. * Comment: 'Clear' should include making process and referrals clear to the patient, family, primary and tertiary care. Clear across the whole system.	0
Resources that are focused on assisting consumers to navigate the healthcare system and processes. (e.g. Humans, technology and information available at the national through to the local level).	0
Ensure appropriate referrals post discharge are covered.	0
Train and mentor healthcarers to establish and maintain eye contact, emphasise how important this is to the patient and family.	0

Partnership

Initiative	Likes
Provide training and support for consumers and carers to be part of consumer engagement programs in hospital. (e.g. RPH).	5
Include the importance of patient experience in tertiary education.	4
Implementation of a care coordination program between health, mental health and disabilities.	3
Mandated development of consumer led service performance measures which reflects consumer expectations.	3
Funding allocation to a project which supports independent patient advocates in hospitals.	2
Introducing more advocacy programs from start of patient care through to discharge.	2
Increasing interpreters in hospitals to become culturally appropriate.	2
Asking the patient – 'Is there anyone else you would like to involve in this conversation or in your care?'	2
Same case manager for patients with chronic illness every time they are admitted. Patient to be tagged as a person that needs someone to coordinate care.	2
Shared discussions and decision making goals of care.	1
Standardising care.	1

Better access to smaller communities and more consultations with community elders in remote areas.	1
Taking healthcare to consumers in rural and inaccessible areas.	1
Partnerships between community organisations to provide collaborative care to patients in the community, this will ensure they are fully cared for.	1
Staff engagement as health professionals often feel detached (e.g. "That's not my job" jargon). Need for staff education, emotional intelligence training and prioritising holistic, coordinated approaches.	1
Enabling consumers to have a more equal role with providers in their care.	1
Using peer support, perhaps someone with a lived experience with the same condition. Matching people and training people in certain chronic conditions to work with patients and provide support and practical information.	1
Creating a single ICT system that covers metro, regional and country health services for patient information to be accessible to health professionals and patients. (e.g. this would facilitate development of Patient Oriented Discharge Summaries).	1
No link to primary and individual care.	0
Collaborative development.	0
Using technology to prevent duplication of information, this way information can be more shared more efficiently.	0
Research if children and parents perceiving the experience in the same way.	0
Empower children and youth as this will empower their parents and carers.	0
Equity in balance of chair members.	0
Partnership with local council on specific issues (e.g. Elderly population and suicide).	0
Establish networks and Community Conversations of health services professionals within a health service area. This will enable provisions of holistic and connected services for patients.	0
Open communication and information sharing.	0
Do more to place children and young people at the centre of their own healthcare plan.	0
Well defined and supported roles with good communication.	0

Equity

Initiative	Likes
Always asking people how they would like to receive the information they will be given.	5
WA substantive Equality Policy for Aboriginal and CALD consumers. "What happened to this?" Needs to be elevated.	3
Clear integration between community and primary support. * Comment: Need practical strategies to achieve this.	3
Standardising the care in metro and rural areas.	2
Avoiding stereotyping.	1
Improving patient equity and non-judgemental services.	0
Broader range of chair members to improve policy.	0
Basing the systems on metro and regional as two separate areas.	0
More involvement with the processes and policy makers of all public demographics.	0
Reducing the healthcare cost of initial doctor's consultation.	0
Consumers own nothing in this process and improving the collaboration.	0
Blending the corporate environment with those of learnt experience.	0
New initiatives for oral care programs in aged care.	0

Choice

Initiative	Likes
Free parking at hospitals.	3
Ability to choose 'care at home' if possible (e.g. chemo at home). *Comment: Not only chemo, a variety of care options possible.	3
Healthcare providers should give information to empower consumers and families to make informed choices.	2
Lots of resources need to be allocated to ensure that consumers have the information needed to make informed choices.	1
Ask patient 'May I come in?' Respecting privacy when receiving care and treatment.	1
Providing guidance on how to navigate the health system for patients to receive the care they need.	1
Patient Opinion - roll this out.	1
Put next of kin details on patient ID bands.	1
Provide accessible resources in the community. *Comment: Information available for everyone without the need for practitioner to give it to them and hold the power.	1
Listening to what is being raised.	0
Improving aged care.	0
Portable care.	0
Improving infrastructure and services in the area, if the area is rural.	0
More 'at home' healthcare.	0
Improving.	0
Be clear on different options available.	0
Better access to maternity care in aboriginal and remote communities.	0
Advertising campaigns.	0
Organisational culture that allows patient choice for treatment decisions. These need to be driven by boards and leadership.	0
Choosing the correct care and treatment pathway for patients.	0
Treatment options (including non-treatment) should be given verbally and in writing.	0

Being Listened To

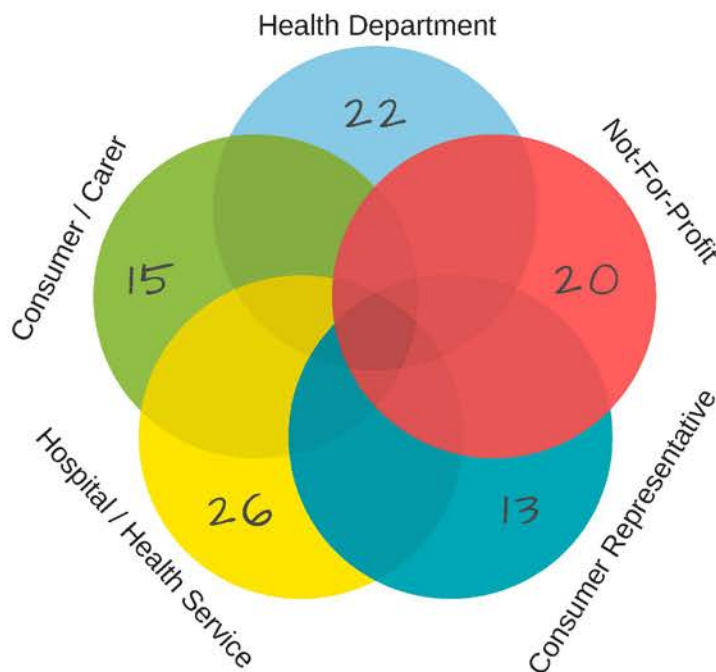
Initiative	Likes
Mandated training for doctors on customer service principles, listening skills and working in partnership (Note: we are not sure if doctors receive training in this space.) *Comment: Consider other options rather than 'mandated training', extended to all. However, agreed this is a priority.	4
Hard wire 'expectation dialogues' into interactions between providers and consumers (e.g. appointment agendas, orientation to service. Perhaps there could be an 'app?') *Comment: "This is brilliant!"	2
Automatic referral to expert feedback user group. * Comment: Needs a bit of further work.	2
Improve access to advocacy and social support.	2
Having the time to give the level of care that we wish to give as care providers.	2
Develop shared health literacy through increased community awareness with health professional support and engagement. * Comment: Starting at primary school.	2
Engaging more with consumer representation on hospital committees. Perhaps driven through the boards.	1
Communication needs to be more effective. Listening isn't enough.	1

Listening to their opinions with validity.	0
Platform for people to publicly leave their comments.	0
Information to go to board members who are then informed by patients.	0
More platforms such 'as patient experience'.	0
Show patient respect and wishes to be granted if appropriate.	0
Explore ways and strategies to manage expectations between consumer, carer and health professionals.	1

ABOUT THE FORUM

A diverse group of stakeholders gathered for the 2017 Patient Experience Forum to create a shared statement of patient experience improvement priorities by exploring the theme *What matters to you?*

WHO WAS THERE?



Shaun Nannup and Director General David Russell-Weisz



WORKSHOP SESSION

Participants worked in small groups to complete the sentence...

The thing that matters most to me about patient experience is ...

The key Priority Areas are below.

TRANSPARENCY

What is happening?
Individually, at the service level, at the system level

PARTNERSHIP

Patients, consumers & carers included in decision making, service & system design

BEING HEARD

Being listened to, time for conversations and to asking questions, developing positive change from being heard

EQUITY

Avoiding stereotypes, respecting individuality and culture

SAFETY

That I and my carers feel that I'm safe, that I'm treated by competent clinicians, that I know my patients feel safe

CHOICE

I know the options and I'm empowered to make informed choices

PERSON CENTRED

That I feel like a person not a number, that a holistic and family focused approach is taken





WORKSHOP SESSION

Working in the above Priority Areas, the participants discussed **practical initiatives to improve patient experience**

Some key responses are below

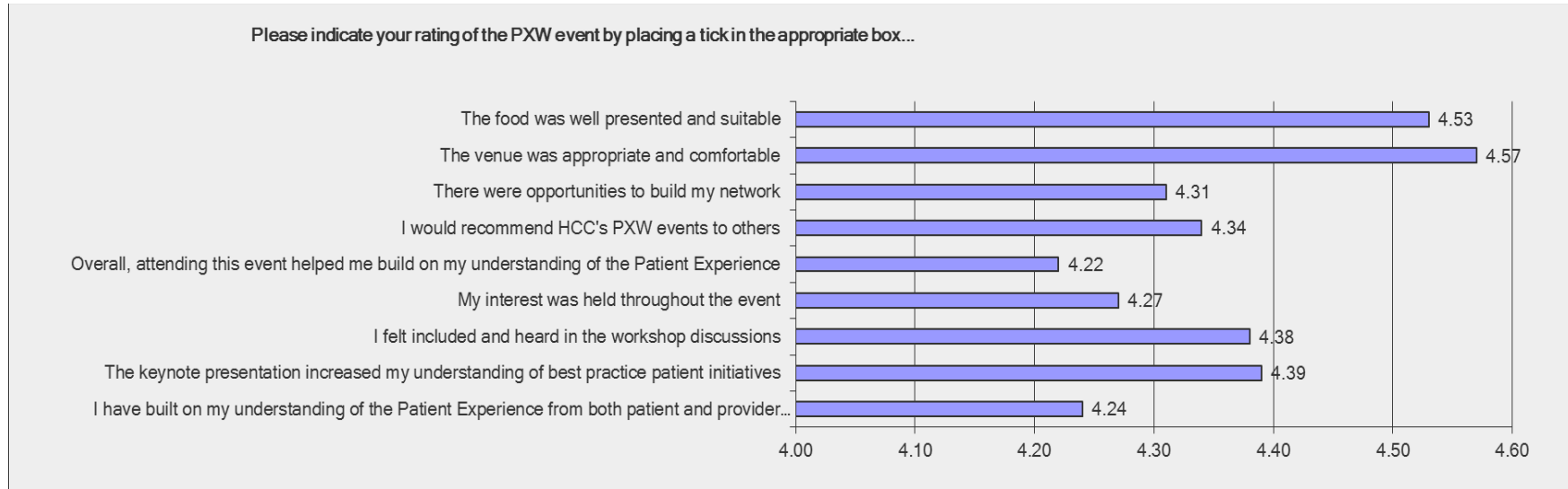
Jason Wolf, Beryl Institute

- WA hospitals need to lodge **consumer feedback** as a formal compliments and complaints **in a number of formats** (currently only writing accepted). Consider including the Patient Opinion platform and Patient Liaison phone calls.
- Provide **training and support for consumers and carers** to be part of consumer engagement programmes in hospital
- Include the importance of the **patient experience in tertiary education**.
- **Training for doctors** on customer service principles, listening skills and working in partnership (categorised as clinical CPD)
- Automatic referral to **expert feedback user group**
- **Hardwire 'expectation dialogues'** into interactions between providers and consumers (e.g. appointment agendas, orientation to service as an app)
- Patient experience focused **hospital discharge (eg PODS)**
- Encourage patients to **write up the concerns** they want addressed on a white board in a hospital room, an iPad or piece of paper in a waiting room
- Dedicated funding allocation to employ a **'Patient Experience' staff member** to champion change (we're all responsible for PX though)
- Always **ask people how they'd like to receive the information** they are being given to ensure equity and informed decision making
- Use **mobile phone call or restaurant buzzers** to allow family or patients to know when they are next to be seen. Family waiting in ED could go and get a coffee and be called back when they can go and see their relatives.
- Always giving time to ask **'have we covered everything with you today?'**

NEXT STEPS

This participant input will be presented at the Leadership Breakfast on 28 April 2017 and will inform the Health Consumer Council's advocacy moving forward in 2017.

Appendix 3 - What people thought of the Patient Experience Community Conversation



Please indicate your rating of the PXW event by placing a tick in the appropriate box...							
Answer Options	1 Strongly disagree	2 Disagree	3 Neither agree not disagree	4 Agree	5 Strongly Agree	Rating Average	Response Count
I have built on my understanding of the Patient Experience from both patient and provider perspectives	0	0	4	48	22	4.24	74
The keynote presentation increased my understanding of best practice patient initiatives	0	2	4	31	37	4.39	74
I felt included and heard in the workshop discussions	0	1	4	35	34	4.38	74
My interest was held throughout the event	0	2	6	36	30	4.27	74
Overall, attending this event helped me build on my understanding of the Patient Experience	0	1	6	43	24	4.22	74
I would recommend HCC's PXW events to others	0	0	3	43	28	4.34	74
There were opportunities to build my network	0	0	5	41	28	4.31	74
The venue was appropriate and comfortable	0	0	0	32	42	4.57	74
The food was well presented and suitable	0	1	0	32	41	4.53	74
<i>answered question</i>							74

Appendix 4 – Open Comments on the Community Conversation Feedback Form

Future Topics

Adolescent & youth forum
Aged care focus, more baby boomers, more dementia
Effective engagement of consumers, carers, community, and clinicians
Engaging with hard to reach populations, e.g. Youth, CaLD, ATSI, People with disability
How to advocate for hospital patients.
Perhaps "speed dating" sessions to share ideas and initiatives
Positive examples of Patient Experience.
Holistic wellness --> Wheel of Wellness
Great day - Invite a broad range of Consumers of H.C in WA to a session outlining their experiences and areas for improvement.
Have a local initiative to showcase with health service and consumer view
Have a patient locally share his/her experience
Hear more from consumers - only heard from one consumer speak up!! ?
More collaboration of Health Providers & consumers
What the Clinicians think of the Consumers.

Format Comments

Clearer workshop questions
One topic per table then collate & share, rather than each table pick a topic - session 2
Examples of how to write recommendations – SMART
In the workshop 2 - the question also should have asked "how"
Assist tables with developing simpler and realistic improvement recommendations
More in-depth priority work.
More quiet, reflective time.
Similar interactive format excellent idea
Good mix between workshops and talks.
Awesome forum - very colourful and creative - my dyslexic self and I loved it
Great event, great work - keep going!
Well organised, very helpful
Thank you for organising an excellent event
Format perfect
Great event
Well done to everyone involved!
Excellent day!
Great event, well organised, engaging and informative
Great event with enthusiastic presenters/participants
Great network opportunity. Great welcome by Shaun. Great day --> very informative.
Shaun Nannup - so brilliant and connecting to the spirit
Great speakers - Great venue
Really enjoyed the day - great speakers!

Sound

Could not hear/understand American accents - talked too long. Knew & practised this for years, been acting on this
The sound system was poor. Others around me too thought so
Too noisy, poor sound quality
Please feedback to Jason that he needs to speak up and speak less fast than presenting

Table Champions

Loved the day! Pity about what happened at my table.
Better training of table chair.

Next steps

Like to see a report on recommendations that are being implemented
Ongoing discussions and sharing of ideas
Practice outcomes of PXW
Revisit what we have done today in 12 months and check for actions and change
Follow up evaluation to see if anything has changed.
Can we be emailed feedback from session?
Do we get feedback from the breakfast if we can't attend?
Encourage patients and clinicians to engage in meaningful and in-depth discussion around case and treatment options
Everyone needs to be involved in this at the same time. Funding needs to be available to increase speed at which this happens. Government needs to engage with both Health professionals and consumers.
Don't think I came away with anything concrete to improve PX.
I missed the keynote speaker
Other logistics
Instructions via public transport to get to location
Advice of public transport options is recommended
Excellent event Food: I always find rolls hard work - sandwiches/wraps easier

Other comments

Remember the reality - health professionals are stretched already - trying to give extra after the fifth 12 hr shift in a row is often the straw that breaks the camel's back.

Appendix 5 - What three things will you do differently? Patient Experience Community Conversation Feedback

Collaborate	Partnerships	Build healthier bridges
More research around patient experience	Build more networks with consumers and providers	
Communicate	Think more strategically	
Listen more	Demand better	Expect more
Continue to listen	To learn	To share
Introduce feedback to CAC	Advocate for their action and follow up	
Check understanding and needs more clearly with patients at start of relationships.		
Build consumer interaction in my work setting	Research consumer groups in community	
Introduce myself	Help out in corridors	
Enforce the good practices we already have	Focus groups	Look at low value tasks
Introduction	Round for intent.	
Seek increased feedback		
Push Patient Opinion		
Spread the word		
Be more overt re: patient experience	Promote HCC activities more actively.	Link "Q and S and experience"
Nothing - keep encouraging providers to value PX		
Check with patient	Include carers	Loads!!
Suggest patient advocates	Buzzers for waiting room?	Meet with Pip to discuss peer support!
Keep on keeping on		
Develop further networks	Join Patient Opinion	Promote HCC and Patient Opinion further
Be an advocate for change	Be more aware of patient needs	
Communicate	Friendliness	Make people feel like people
Facilitate consumer engagement	Empathy	Support cultural diversity as a service.
Listen		

Keep persevering	Add to meeting agendas	Group discussion and involvement to improve
Look at feedback options	Try to start on education process at work	Engage more with other hospitals for info sharing and help.
Take more risks in promoting consumer engagement - don't wait for permission! Don't hold back.	Be creative and innovative	Network/Partner more with other health services to learn and improve how we do consumer engagement
Work even harder	Build more networks	Access more info from Beryl Institute
Keep on keeping on!		
Share chaired discussions	Increased training of chair	Increased table movement - opportunity to work with others or on topics of specific interest to you.
PX in developing programs	Greet people when walking through hospital	Possibly join the CaLD consumer/Health Professions committee to advocate
Talk to medical students about patient experience.		
Engage with HCC	Liaise with RPH CAC	Share experiences with SMHS Board and Culture and Engagement Committee
Remind clinicians about Patient Experience		
Use patient experience		
Remember to be human	Treat people the way I would want to be treated.	
Continue advocate for patient involvement in care	Promote consumer rights with colleagues	Encourage patients to write complaints. So many are reluctant for fear of reprisal.
Ask whether patient had any other questions	Be more compassionate	Treat others how I would like to be treated
Follow up on implementation of several aspects of nursing curriculum related to issues raised today		
Use narratives to demonstrate concepts - powerful	Search out and recognise consumer voice	
Look to partnerships	Further collaborations	Advocate Patient Exp.
Be assertive	Seek transparency	Seek leadership from top

Further partnership		
Remind myself that we're all here for the patient/consumer & carers	To be included, informed, inspired	
Shorter or shorten (handwriting is open to interpretation)		
Listen	Look	Feel
Include Jason Wolf in my network	Research The Beryl Institute website	Use some quotes given in keynote
Be innovative from consumer feedback	Review practice	Celebrate the achievements
Feedback to my team		
Visit more patients	Be kind, friendly & courteous	Be inclusive of consumers
Gain more Feedback about service provided	Give more Feedback to healthcare providers	



The Health Consumers' Council (WA) Inc. (HCC) is an independent not-for-profit, community based organisation, representing the consumer voice in health policy, planning, research and service delivery in Western Australia.

Our Services

Individual Advocacy

HCC provides an individual advocacy service to assist people with problems accessing our health system, and in providing feedback or making a complaint. The service is free and available to people anywhere in Western Australia. Our Advocates are experienced in consumer rights, knowledge of the health system and consumer responsibilities and advocate for your wishes. Our individual advocacy service informs the systemic advocacy we do on behalf of WA health consumers. HCC is keenly aware of the difficulties facing people in remote locations and regions outside the metropolitan area. Patients in rural and remote areas are encouraged to use our service by calling the country free-call number, 1800-620-780.

Aboriginal Advocacy

HCC is committed to the importance of ensuring Aboriginal people's experiences and views of the health system are heard. We also provide individual Aboriginal advocacy and support to Aboriginal consumers experiencing a problem with a health service.

Consumer and Community Engagement

The Consumer and Community Engagement Program provides support for health consumers to create positive change in health care through forums and workshops. We also support public health services to better engage with consumers through our workshops and advice. More complex projects may require additional resourcing.

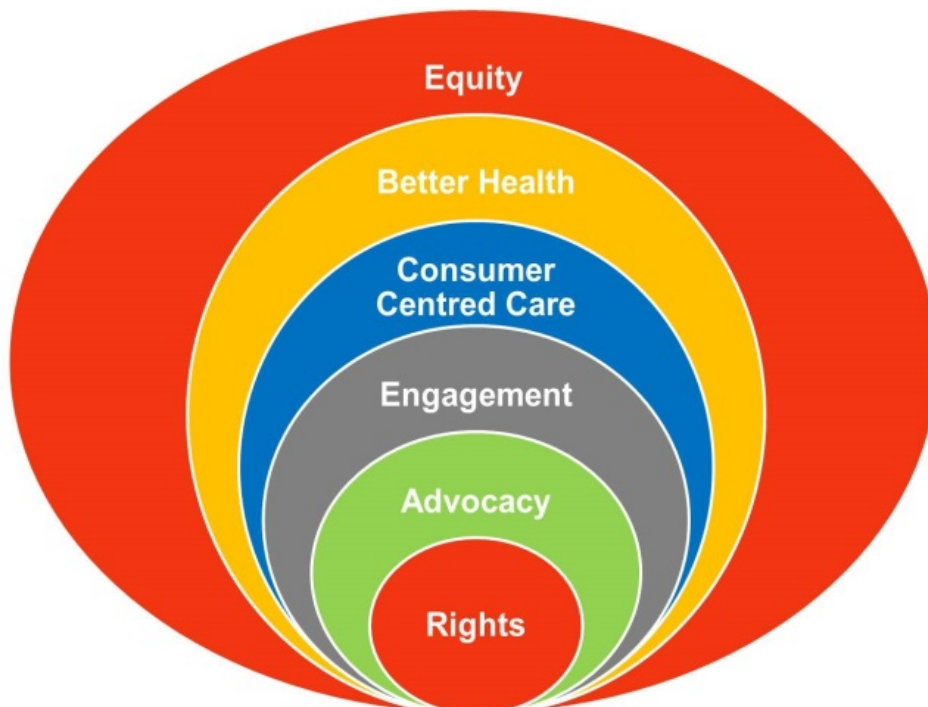
Culture and Diversity

We also offer several workshops and forums to assist with effective engagement and care provision to people from Culturally and Linguistically Diverse (CaLD) backgrounds. These include Diversity Dialogues forums, Supporting Cultural Diversity in Healthcare workshop run twice a year, the Let's Talk Culture seminar series, and Working Effectively with Interpreters in a Healthcare Environment workshop run once a year. We also run a fee for service course Cultural Competency for the Healthcare Sector. Our workshops and forums also count towards active learning hours for nursing staff.



Supporting health services in consumer engagement

The Health Consumers' Council offers fee for service workshops and consultation to assist private health services gain increased understanding in effectively partnering with consumers in the governance and operational structures of their organisation. We can tailor workshops to an organisations' requirements, e.g. conducted specifically for board members, executive, management and point of care delivery staff or as a whole of the organisation approach. Our services support health services to become confident in consumer engagement practices which ensure a positive rating in accreditation against Standard Two, Partnering with Consumers.





**HEALTH CONSUMERS'
COUNCIL**
YOUR VOICE ON HEALTH

Patient Experience Week 2017 was held in partnership with the Australasian College of Health Service Management

ACHSM Australasian College of Health Service Management

Patient Experience Week 2017 was generously supported by LotteryWest, HESTA & WA Department of Health

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Government of **Western Australia**
Department of **Health**

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