

PATIENT EXPERIENCE WEEK



COMMUNITY FORUM REPORT

27 APRIL 2017
BENDAT CENTRE, WEMBLEY

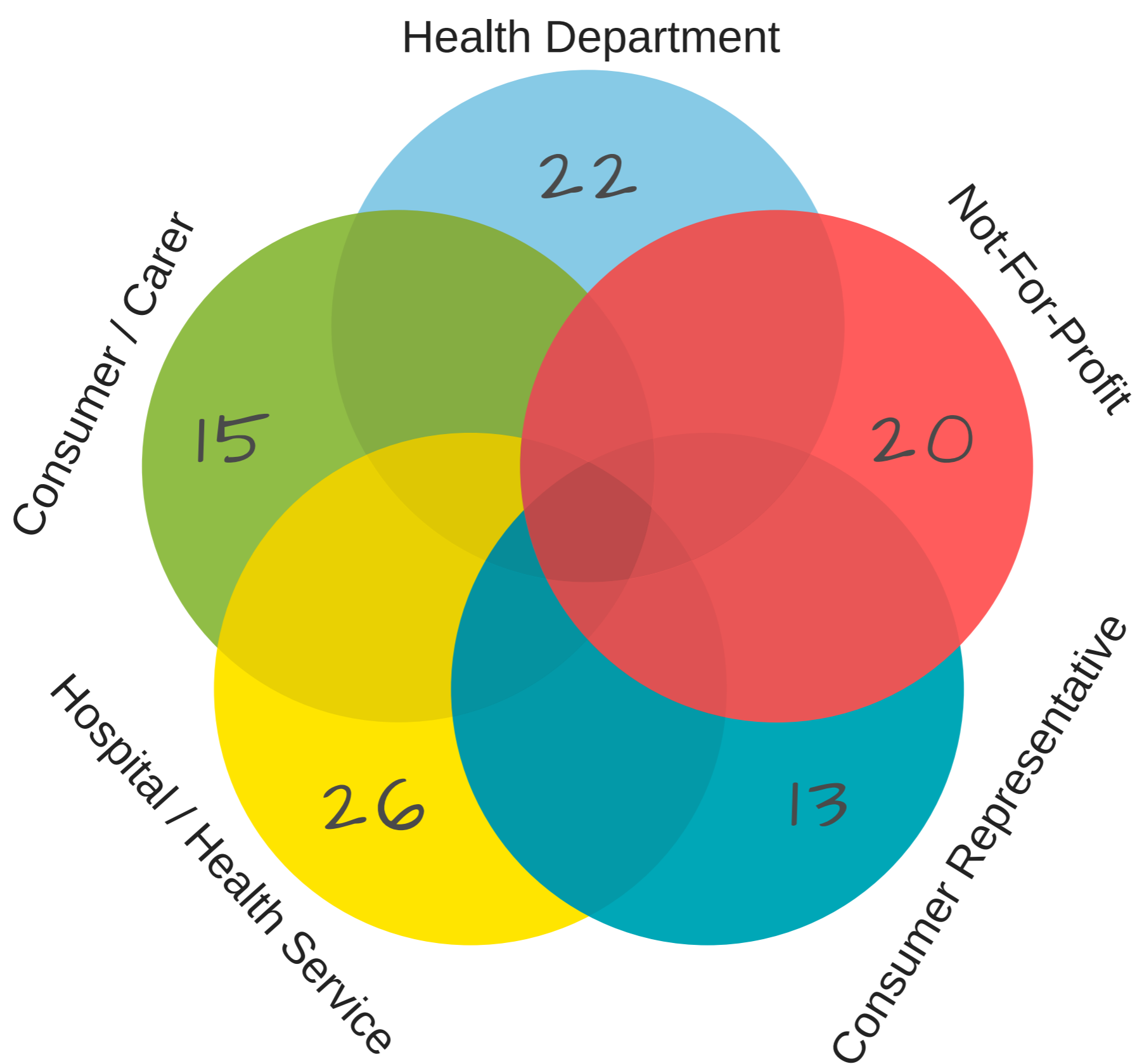


HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

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.