HEALTH CONSUMERS' COUNCIL
YOUR VOICE ON HEALTH

Patient Experience Week 2019
"Kindness, Connection, Community – see the Whole Person"
Djinang Kwop Wirrin

Patient Experience Week 2019

Tuesday 30th April, 2019

Pelican Point Sea Scouts Club, Crawley, WA

Yarning Circle Responses

What is being done well in this area to contribute to a positive patient experience that we can do more of?

How can we add more value to the patient experience?

What is one thing *you* can do? What help do you need doing that?



Yarning Circles
During this session, attendees moved between different parts of the space, with the opportunity for small groups discussions with community members and staff who are involved in a range of programs aimed at improving patient experience and outcomes.

The circles were held under trees outdoors.

Health service hosts were invited to participate from a number of services. After these hosts gave an overview of their program or service participants in the circle were invited to ask questions and/or share their experience and knowledge of that area too.

People were invited to discuss these questions as a guide for discussion:
- What is being done well in this area to contribute to a positive patient experience that we can do more of?
- How can we add more value to the patient experience?
- What is one thing *you* can do? What help do you need to do that?

These were the topics and speakers for the yarning circles:

Topic	Yarning circle host
1. Cultural safety	Ian Gentle, East Metropolitan Health Service
2. Child health	Leah Bonson, Child and Adolescent Health Service
3. Mappa – mapping health services closer to home	Ronda Clarke, Aboriginal Health Council WA
4. Integrated Team Care Country to City project – improving patient transitions	Annie Young, WA Primary Health Alliance
5. Traditional healing	Bernie Ryder, Traditional Healer, Karratha
6. Aboriginal Acute Care Coordination – supporting advocacy and health education from hospital to community	Tarnee Tester and Renee Braedon, East Metropolitan Health Service
7. National Justice Project – building capacity for health advocacy in the community	James Harris, Aboriginal Health Council of WA Tania Harris, Health Consumers' Council
8. Connection First	Storm Motohata, Wisdom in your Life

1. Cultural Safety

➢ Overview

- How do we get the best fix for everybody?
    - Set-up standards, implementation of concepts across medical staff.
- Trauma informed;
- Carers and whole family in on treatment;
- Local cultural advisors;
- Chaplaincy is a slow process, automatic referral after any loss is good;
- Language shift from appropriate to sensitive;
- Improve health literacy – why are you crook? How can you not get crook?
- More Aboriginal workers: yes; but ALL STAFF need to be able to help Aboriginal people.

What is one thing you can do? What help do you need doing that?

- Need more Aboriginal advocates;
- For clinicians to establish where are you from:
    - Wards have language maps, can point to identify.
- After-care and allowing for going home to take care of others;
- Cultural education needs to be strengthened in school;
- Educate people about what to expect in hospital;
- Improve communication of medical staff.

2. Child Health

➢ Overview:

- Aboriginal people employed and empowered to care for Aboriginal people and their health needs;
- More Aboriginal liaisons;
- Attitude change needed:
    - Stop seeing Aboriginal people as a problem. see a solution. Aboriginal people to care for Aboriginal people;
    - Need more funding of: WAIS;
    - Palliative Care team at King Edward Hospital are very good. Taking care of still-births being put to rest.
- Aboriginal workforce
    - Aboriginal people to add value to existing organisations;
    - △ narrative.
- Must improve the patient experience:
    - Long-term programs vs. contracts. Just when people get used to services good programs are stopped!
    - Need more Aboriginal female workers – working in mental health advocacy space;
    - Employment increase for Aboriginal people;
    - Autistic (Autism not Mental Health vs. Disability) Aboriginal children on the spectrum being diagnosed and supported early

➢ What is being done well in this area to contribute to a positive patient experience that we can do more of?

- Child ED at Fiona Stanley Hospital is very good. Very attentive;
- 800x increase in Indigenous people accessing mental health. Recognising 'black fellas' feel comfortable and seek people they trust. Decrease of fear to access Mental Health services.

What is one thing you can do? What help do you need doing that?

- Not culturally accepting behaviour at some ED's;
- Disability services are poorly funded for Aboriginal people.

3. MAPPA

➢ Overview

- Aim:
  - Keep people on country, at home, closer to family;
  - Less people travelling extremely far for appointments;
  - Reduce DAMA because patients are ready to go home but not quite well enough;
- Current focus:
  - Mapping primary care services;
  - Digital version only – aiming for a mobile app;
  - Make the app easy to use – for community members as well as clinicians;
  - Refine current trial in Pilbara and Kimberley – re-trial in Pilbara and Kimberley and then rollout;
  - Trial at pharmacy at RPH, including location, timing, coverage etc.
- Likely use:
  - 80% by workers in clinical and hospital settings,
  - 20% community members.
- Helps with:
  - Referrals,
  - Follow-up appointments closer to home;
  - How much medication to allocate before next appointment.

➢ What is being done well in this area to contribute to a positive patient experience that we can do more of?

- Helping people understand how long it takes to travel to appointments;
- Helps scheduling, i.e. “Cardiologist in Newman on Tuesday”;
- Will have local clinic numbers on the app;
- Able to find based on three letters of the city;

➢ What is one thing you can do? What help do you need doing that?

- Information is out-of-date so it is not being proactively promoted:
  - Current version is a proof-of-concept.
- Challenges:
  - Very challenging to find regional contacts. Process is: suggest -> go through AMS and ACCHOS in the area.
  - Not enough access to ACO’s – ACO’s only available during MAF business hours.
  - Currently depends on ACO’s (not always available);
  - Some communities are known by different names. App will have all names of towns, IATSIS has names of all languages.

➢ How can we add more value to the patient experience?

- From SHR and recent clinical senate –KPI's for DAMA's have been created;
- One site had success with a business case example (after 4 years) to get permanent full-time ALO staff
- Current focus is on mapping primary care services;
- Include Aboriginal interpreting service;
- NDIS are keen to be involved;
- Consider an out-of-hours ALO service, staffed by ALO staff from across the health system – shared across all health services.

4. Integrated Team Care - Country to City

➢ Overview:

For more information about the project, see the report online at the WA Primary Health Alliance website https://www.wapha.org.au/wp-content/uploads/2018/06/ITC_Country_to_City_report.pdf

- Make sure service providers are communicating well to patients;
- Continue to improve discharge process; make sure providers are sending out discharge summaries;
- Better sharing of published materials;
- Improve connectivity of ITC co-ordinators.

5. Traditional Healing

➢ Overview

- Impact of being able to access traditional healing:
    - Confidence – somebody to relate to.
- Training others to heal;
- You can train others to heal (including wadjelas);
- In Aboriginal Australia it passes through to the next generation.

➢ How can we add more value to the patient experience?

- Traditional healing to the health system:
    - Who are the healers? You need 20+ who support each other and can work in small groups. One from each area, but they all work together;
    - Consider talking to Ken and Ben Wyatt;
    - Draw-up guidelines of how you might work with that group of healers;
    - Women's group and men's group of healers;
    - Heart health/Chevron may fund healers;
    - It's a resource for many people to tap-in-to.

6. Aboriginal Acute Care

➢ Overview

- Only operates from RPH;
- 90-day program, links to GP's in communities – can be extended if needed;
- Ward rounds for area co-ordinators;
- Offers transport;
- Goal is to decrease DNA's;
- A lot of follow-up work is involved;
- Contact is made within 10 days;
- Advocates for getting scripts;
- Breaks down barriers in hospital and communities;
- Works closely with Aboriginal Liaison Officers at RPH;
- Teaching and educating patients while in hospital on how to self-manage;
- Focus in Perth metro, but has now taken on Kimberley region:
    - Increase level of services and communication.
- Mostly works with acute, not as much work with chronic;
- Helps people understand what they need to do;
- Has moved away from ITC;
- Helps people identify their goals and get them support to get there;
- Makes linkages and manage themselves:
    - Not doing it for them.
- There is an apprenticeship program;
- New mums program at Armadale hospital available 8 weeks after they leave;
- 97% people engage with service in Kimberley, approximately 60% people engage with services in Perth.

➢ Questions

- Mental health:
    - Need to have a fixed address – but still can get services;
    - Link in with community supports.
- What is the individual getting now?
    - Key focus on holistic needs of individual to ensure healing continues out of hospital:
- Suicide - who is connecting with them in the community?
    - They don't see the patient unless they're admitted to hospital.
- When is this program going to Armadale?
    - Soon

➢ What is being done well in this area to contribute to a positive patient experience that we can do more of?

- Looking at the whole person - big tick:
    - Can be exhausting to get to all the different contacts;
    - Help's patient to self-manage;
    - Being an advocate for the patient.
- Looking at prevention and early detection;
- Educating others about the program;

- “Frequent flyer” patients look at broader areas and medical teams;
- Supporting Aboriginal patients coordinate with hospital;
- Takes a holistic approach – encourages self-reliance;

➢ How can we add more value to the patient experience?

- Continue to work together;
- Important to have a combination of clinical knowledge and individual experience working together.

7. National Justice Project

➢ Overview

- Social investment in WA:
    - Funds used for incarceration – reinvested into community;
    - Run through Wungening Aboriginal Corporation;
    - Overseen by SRWA;
    - Run out of Halls Creek;
    - Reducing incarceration rates;
    - Rehab, divert, healing;
    - Community driven;
    - Trialled in Texas;
    - Starting 2019.
- Government stakeholders:
    - Often confuse people;
- ACCHS:
    - Trying to get funding;
    - Other stakeholders to reach people;
    - Stable infrastructure;
    - Resources.
- Networking opportunities;
- Talk to leaders in grassroots communities to drive it;
- Where to get diagnosed:
    - Why does it take so long?
- WA joined with Autism WA for a diagnosis clinic;
- Resources are culturally appropriate;
- Networking;
- Resources specific for age groups;
- Zoning issues for school/scholarships;
- Disability scholarships;
- Literacy skills;
- More follow-up.

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May 2019