

# Experiences & Insights

## Metropolitan Melbourne Consumer/Community Representative

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# Experiences

## Committee memberships (Eastern Health)

- \* **Community Advisory Committee**
  - \* 9 Community representatives (+ 2 Board & CEO + 6 EH Senior Executives attend)
- \* **Patient Experience of Care, Expert Advisory Committee (EAC)**
  - \* 15 EAC's - 12 have at least 1 Consumer Representative
  - \* 12 Quality & Strategy Committees - 3 have at least 1 Consumer Representative
- \* **Board Quality Committee**
  - \* 3 Community representatives

# Experiences - mine & others EH

## Participation – examples (there are many more)

- \* Hospital Redevelopment projects (i.e. Box Hill)
- \* Open Access Board meeting
- \* Rapid Improvement Events
- \* Leadership Walkrounds
- \* Working Groups, planning days
- \* Mystery Shopping, other surveys

# Experiences - mine & others - EH

Input into review and development of

- \* Consumer information
- \* Policies, procedures, standards
- \* Practice Guidelines
- \* Research projects
- \* Quality of Care Report – annual
- \* Redesign - i.e. services

# Experiences – not EH

- \* Ministerial working party
- \* Smoke free hospital working party
- \* Exploring consumer participation & engagement – meetings, visits, conferences
  - \* UK
  - \* US

# Insights

## Consumer/Community Representatives are:

- \* **Driven by positive & intrinsic motivation**
  - \* Want to participate – these are voluntary roles
  - \* Want to be actively involved / influence change
    - \* Usually starts with own/family/friend experiences
- \* **Altruistic: Desire to maximize the welfare of others (not so much about self)**
- \* **Cooperative: Desire to partner & maximise joint outcomes – patient, family, carer, health service**

# Insights

## Self & others (aspects of participation)

- \* Being ready to participate – Board & Exec Committees
- \* Confidence to speak up (may be lone consumer)
- \* Need to build familiarity with health issues, health systems, data, terminology, hierarchical structures
- \* Confidence in views / input (responsibility, accountability)
- \* Staying ‘up to date’ / relevant
- \* Volume of pre-reading for Committee meetings

# Insights

## Some of the challenges:

- **Other consumers**
  - \* Single issue / self view advocacy
  - \* Know when to move on – we can only do so much
  - \* If staff have one ‘poor’ experience it can set us all back
  - \* Participation styles / views vary
  - \* Confidence amongst other consumers to have a view when you are ‘the new person’



# Insights

## Some of the challenges:

### - Health services

- There is so much data!!!!
- Not enough consumer/community reps for needs
- Attracting diversity of consumers / community reps is an ongoing issue
- Staff vary on their journey to acceptance, inclusion, participation, engagement
- Their 'agenda' Vs yours .....
- Consumer rep distance from 'people in the bed'

# Insights

**There are many rewards:**

- \* **Champions ‘in action’ leading the way - inspiring**
- \* **Building acceptance for participation**
  - \* ‘Part of the team’, ‘consumer view sought’
  - \* Introduce ‘new thinking’
- \* **Changing perspectives of health service staff**
  - \* New ways of practice for some
- \* **Influencing change – from the top down & ground up**
- \* **Self satisfaction from contributing**
- \* **Focus on medical and social needs is increasing**