

How do you engage with Consumers?

Safer Care Victoria's Consumer Engagement and Participation

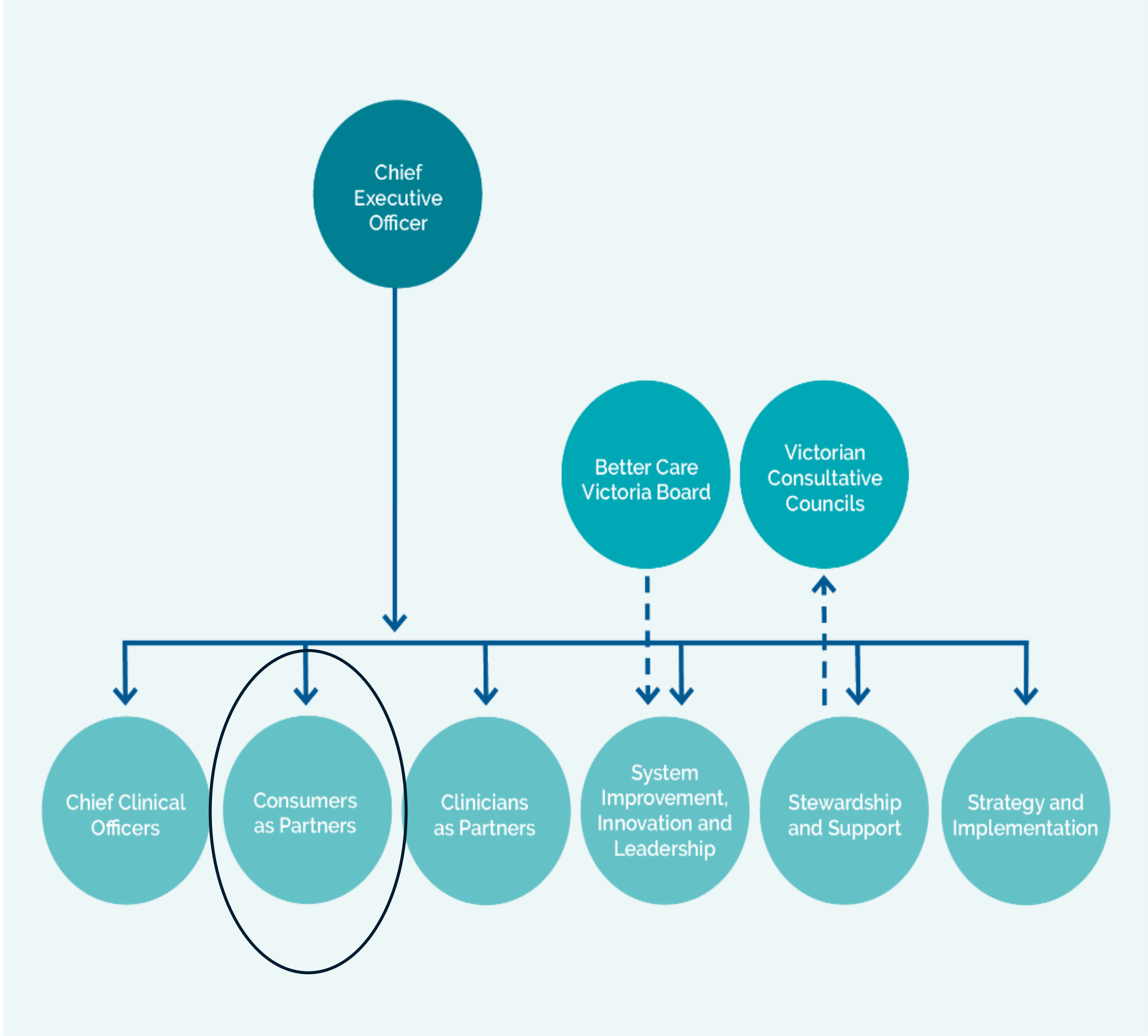
Louise McKinlay, Director Consumers as Partners

VHQA 8th May 2018

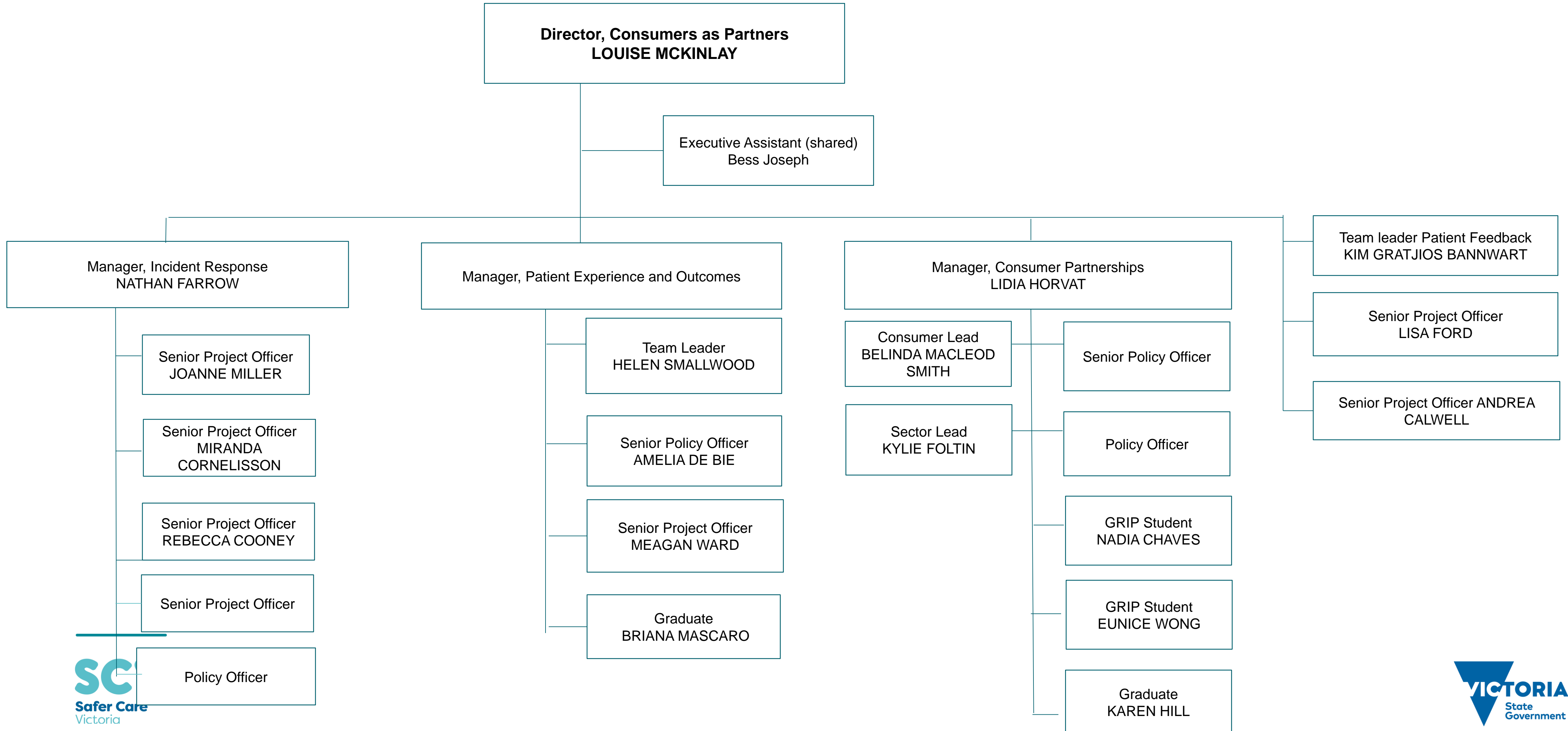
What we'll do in this session:

1. Quick update on SCV
2. What's SCV been doing in relation to consumer engagement?
3. Progress update on the Partnering in Healthcare Framework
4. What have we learnt?
5. Next steps

Flashback – quick update



Consumers as Partners



Safer Care Victoria's Priority Areas

Partnering with consumers

- Consumer voices and choices central to own care
- Consumer voices and experiences improve health services and system

Partnering with clinicians

- Reductions in unwarranted variation in practice and outcome
- Clinicians' voices and experiences improve health services and system

Leadership

- Healthy culture driven by strong leaders
- Quality and safety governance embedded throughout health services

Review and response

- Robust response and review of critical incidents
- Quality and safety data analysis drives system oversight and response
- Dissemination of learnings from critical incidents and local best-practice

System improvement and innovation

- Lead improvements in focus areas
- Enable innovation in focus areas
- SCV is a national and international leader in Q&S



Safer Care Victoria Strategic plan 2017–2020

How we will lead quality and safety improvement in health care,
for the benefit of all Victorians, for the next three years

Safer Care Victoria Corporate plan 2017–2018

Our priorities for this year to lead improvement
in quality and safety in health care

WHAT IS SCV DOING?

SCV Consumer Engagement Activities

Direct Care Level

- 1:1 Consumer encounters arising from direct contact or as a result of consumer complaints

Organisation Level

- Recruited 2 consumers into every SCV Clinical Network & 5 Consumers recruited and sit on Vic Clinical Council
- Established SCV Patient and Family Council (11 voting members at present, chaired by a consumer)
- Supporting HS in recruitment of consumers
- Reviewing consumer participation with SCV consultative councils
- Commencing review of HS CACs
- Trial of Patient Opinion

System Level

- Review of on-board process and training of consumers
- Partnering in Healthcare Framework development
- Transvaginal Mesh Response
- Review of PREMs and PROMs
- Academy & PEER
- Developing guidelines for consumers on RCA panels
- Codesign capability
- Patient story videos

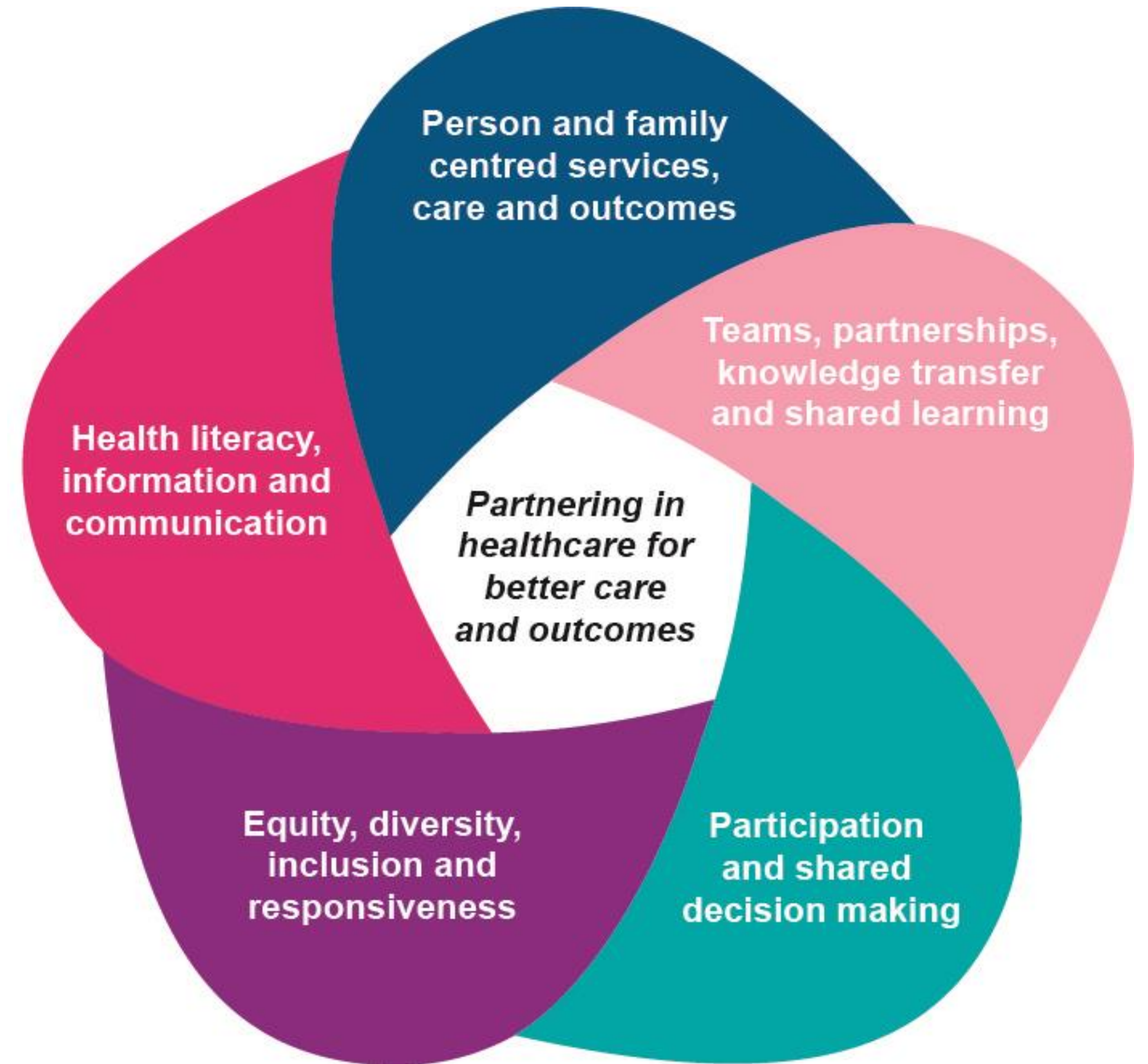
Partnering in Healthcare Framework

The Partnering in healthcare framework comprises of five interdependent domains

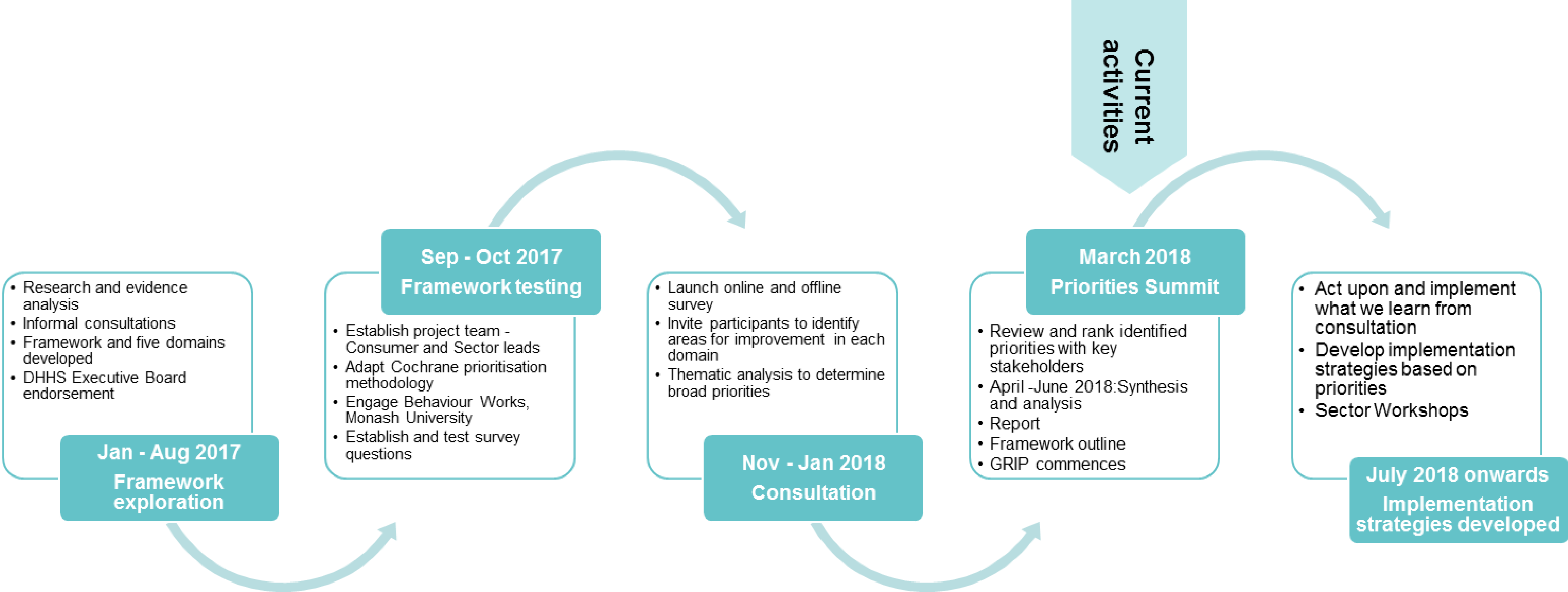
These are the key components of high-quality partnering in healthcare and priorities for implementation

Each domain can be actioned in a practical way at:

- direct care level
- service level
- system level



Framework – timeline



Priority summit by the numbers

Consumer to
organisation ratio of
2:1

Sampling framework addressed cul
gender, geography, disability,
management of ongoing conditions and
age.

This approach helped make sure we
heard from people that hadn't
contributed to the online survey
instrument.

31 attendees committed to a full-day
workshop.

Priority Summit
held on Wednesday
21 March in
Melbourne

"I felt my
contribution was
heard and valued"
96% of attendees

Deliberative
dialogue and
electronic polling
took us from 86
categories to 5 top
priority areas

Cochrane prioritisation methodology – from BIG to small

State-wide survey, **680** responses, themed into **86** categories across **5** domains (18-21 categories in each domain)

Summit stage one: **86** categories aligned to **15** themes

Summit stage two: electronic voting and discussion

Then there were **5**

The famous five – what did the group tell us?

PATIENT CENTRED CARE

- Starts with health service culture and policies
- Knowing the patient, not just the condition
- Family/cultural needs welcomed and recognised
- Isolation and lack of social supports recognised and addressed
- Ensuring a shared vision between care team and patient/families

SHARED DECISION MAKING

- Inclusion of patient/family AND multidisciplinary teams in discussions about options
- Consideration of social, physical and psychosocial outcomes
- Acceptance that patient priorities/preferences may be different from health professionals
- Inclusion of shared decision making in performance management frameworks

CARE PLANNING (EVERYBODY'S BUSINESS)

- Continuous care that's connected from start to finish, and into community (beyond hospital)
- Single source of truth in health records supported by effective technology
- Strengths-based planning that's led by patients (and includes carers)

HEALTH (SYSTEM) LITERACY

- Understanding that for most patients, entering hospital is like entering an unknown country
- Redressing the power imbalance, aim for a system that works for the patient, not for the system itself
- Improving patient information accessibility and quality

COMMUNICATION

- Consistent approach/strategies at key points of patient journey
- Effective communication skills treated as mandatory in staff recruitment
- Communication that's responsive to cultural, linguistic, cognitive and other needs

Priorities Summit participant comments:

ALL priorities listed on the day
are in fact priorities.

I voted strategically for 'Patient Centred
Care' as I thought it'd have to include all
the other elements that
we were voting for.

I hope this is the case.

I have hope that the health system
will improve, and that consumers are
being heard and their contributions
valued.

Patient and carer involvement are
integral to create a responsive
health system.

What's in it for you?

What work/projects/strategies are you working on that you think might support/align with this priority area? (now and in the future)

What would success look like for you?

How else can SCV help you?

What we think success looks like?

Measurable reductions in avoidable harm

Consumer-defined outcome measures and improvement goals being delivered at a health service level and within SCV

Demonstrable improvement in patient experience

Reduction in variation in specific clinical conditions – as identified by clinicians and consumers

What we think success looks like?

SCV chief clinicians, the Victorian Clinical Council and clinical networks are utilised to inform policy and planning

System-wide approach to developing and sustaining current and future leaders (including consumer leaders)

Evidence that accountability of health services' governing bodies and executives is strengthened

What we think success looks like?

Consumers are partners at the table and not just guests

A just culture: demonstrable improvements in the number of serious events reported to SCV

New quality and safety measures in clinician-driven reports for sector and public

Evidence of local innovation scaled across the system

What have we learnt?

Authentic consumer engagement requires authentic investment (time and resources)

Consumers on committees are a good start

Same communication principles that apply for campaigns apply to consumer engagement

Pay special attention to those not usually in the room/ conversation

Reduce barriers to participation e.g. meeting prep and set ups

What have we learnt?

If you can't connect with a specific health consumer community, find out who does, and work with them - you don't have to own the relationship for effective engagement (we did this with CALD, Aboriginal, acquired brain injury and chronic illness communities)

Genuine engagement can feel messy and overwhelming - make your peace with it

What have we learnt?

Understand that whatever you're working on is YOUR priority, not THEIRS - you will need to reach out multiple times, using multiple methods that suit the stakeholders, not you

Next steps

- X2 PhD Candidates commence with SCV May 2018
- Consolidate learnings from the PiHC consultation and priorities summit and release final report July 2018
- Next 12 month SCV Corporate plan will be released late July 2018
- ‘Roadshows’ with the sector to promote strategies based on PiHC priorities – Dec 2018
- Implementation of PiHC - early 2019+

And finally.....

“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we’re not good at are the things that are so simple and basic that we overlook them”.

Laura Gilpin, Planetree Pioneer

Thank you! Questions?

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