



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



# Executive Summary Report and Recommendations

**The Patient will see you now-  
Thinking beyond accreditation  
to focus on the patient experience**

Clinical Senate of Western Australia  
11 December 2015

# Executive Summary

The final meeting of the Clinical Senate of Western Australia for 2015 was held on 11 December at the University Club of WA. The topic for debate was “The Patient will see you now- Thinking beyond accreditation to focus on the patient experience”.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) provided the underpinning policy context for debate. In 1978, the Declaration of Alma Ata stated that “people have the right and duty to participate individually and collectively in the planning and implementation of their health care”. Since then, policies have been developed promoting the rights and responsibilities of consumers within the healthcare system, and there has been an increasing focus on consumer participation and collaboration in the planning, design, delivery and evaluation of health care. There has been a slow but steady shift towards the recognition that healthcare providers, health services, and consumers are all partners in the healthcare system.

There is consistent worldwide evidence that improving the patient experience is a dynamic issue for healthcare providers. Patients judge healthcare providers not only on clinical outcomes, but also on their ability to deliver compassionate, patient centred-care. In Australia, the National Safety and Quality Health Standards (NSQHS) standard 2: Partnering with consumers now formally incorporates patient experience outcomes into the accreditation framework. This new standard was a driving impetus for the decision by the WA Clinical Senate to consider how best practice in promoting the patient experience might become incorporated into WA health facilities.

The specific focus for debate was to consider the patient experience in WA health facilities and determined how to use this information to inform clinicians and administrators in order to drive quality and safety outcomes within our clinical services. Senators were asked to debate issues around how to reliably capture and measure the patient experience, how to engage consumers and carers in order to innovatively address the new accreditation standards.

This debate required co-sponsors from each side of the partnership. The Clinical Senate invited Dr Audrey Koay, A/Executive Director, Patient Safety and Clinical Quality and Ms Pip Brennan, Executive Director, Health Consumers’ Council WA to act as co-sponsors.

Experts invited to the debate were those with direct involvement in quality and safety and consumer engagement across the WA Health system. Experts provided both a local and interstate perspective.

The day opened with a Welcome to Country by Nyungar Elder, Ms Marie Taylor, who shared a dream time story of the Christmas tree and described it as a tree of memory, of peace and of spirituality that links the past with the present for Nyungar people. She welcomed participants and offered gum leaves as a message stick of peace and wished them well in their deliberations.

In her opening address Senate Chair, Professor Julie Quinlivan paraphrased the famous expression: “People don’t always remember what you say or even what you do, but they always remember how you made them feel”. Sharing data from the USA, she outlined the key elements required to improve the patient experience. They included the need for strong, committed senior leadership with leaders capable of articulating and selling a clear strategic vision. There also needed to be active engagement of patients and their families throughout the institution, in parallel with a similar focus on staff engagement. Active measurement and feedback of patient experiences to administration and staff, and adequate resourcing of redesign projects were vital to achieve reform. Finally, she stated you have to build staff capacity, balance accountability and incentives, and maintain a culture that is strongly supportive of change and learning to make significant impact on patient experiences.

She challenged senators to consider how WA Health, as system managers can achieve this and how can we improve the patient experience. Furthermore, how do we take the lead in involving

consumers in our healthcare system and move beyond ticking the box in accreditation standards or adopting community advisory groups that have no teeth?

Ms Gail Milner, PSM Assistant Director General, System Policy and Planning opened the debate on behalf of the Director General sharing the message that patient care, patient safety and providing the best patient experience remain the priority for WA Health. She stated the importance of the topic as a follow on from the debate on clinician engagement and emphasised the importance for clinicians to listen and understand care from the patient's point of view.

The Co-Executive Sponsors for the debate Dr Audrey Koay, A/Executive Director, Patient Safety and Clinical Quality, WA Health and Ms Pip Brennan, Executive Director, Health Consumers' Council WA set the scene for debate. Dr Koay provided a comprehensive overview of the current state of play on patient satisfaction in WA and the performance against Standard 2<sup>1</sup>. Ms Brennan then provided a partnership perspective which highlighted the importance of the relationship between healthcare professionals and the consumer both in terms of the care received as well as the need to direct efforts towards improved outcomes and positive systemic change.

In her presentation: Patient satisfaction: improving the experience for patients and staff, Dr Koay opened with a snapshot of who and where we are: highlighting the changing landscape in relation to people living longer and in turn to the greater expectations on quality of life. Dr Koay stated we were treating increasing numbers of patients with chronic conditions, due to our increasing life span and also lifestyle habits. "This, for me, is why the discussion and debate today is so very important, this is why we care about our ability to enhance the patient experience and their satisfaction with the care they receive".

Dr Koay outlined the various ways the health department obtained feedback on patient satisfaction reporting that in 2014, 800 patients were surveyed from inpatient, emergency or outpatients, with a 97% participation rate. Additional consumer feedback was also obtained through other means. In Dr Koay's opinion, our handling of patient complaints was less mature than our handling of clinical incidents. She advised that we should view 'complaints' as a 'canary' for potential clinical incidents or areas for improvement. She called for maturity in how we respond to patient feedback.

She reported on WA Health's performance against NSQHS Standard 2. In 2013-2014 there was an increase in our ability to address the standard within our health services. Engagement with consumers was somewhat more meaningful with involvement of consumers/carers in decision making committees and at the patient level through triage, assessment and in formulating care planning processes. The ongoing contribution of long-established Consumer Advisory Committees (CAC) also helped address standard 2. The challenge was to consider how to provide seamless services within a devolved governance model.

Dr Koay concluded by stating that hospitals where staff have high levels of engagement have lower mortality rates, infection rates, and mistakes and better outcomes. Higher levels of engagement also correlated with higher patient satisfaction. Dr Koay said "we cannot build a system that provides high quality health care and satisfactory care to patients if we don't also attend to our staff".

Ms Pip Brennan spoke of consumer engagement and the journey to partnership. She defined partnerships as "Establishing a long-term win-win relationship based on mutual trust and teamwork". It is key to focus on what each party do best, understanding the importance both of clinical knowledge as well as the expertise of the lived experience. It starts with a one on one relationship with the consumer and their health care provider and can progress to consumers actively engaged in supporting health services to reach their objectives in system reform. Ms Brennan outlined that key components of a great partnership include: trust; common

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<sup>1</sup> Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standard 2: Partnering with Consumers – Embedding partnerships in health care. Sydney: ACSQHC, 2014.

values/shared vision; defined roles and expectations, outcomes and accountability; mutual respect; great two-way communication and the importance of handling disagreements early.

Ms Brennan stated Standard 2 of the National Safety and Quality Health Service Standards requires the involvement of consumers in strategic processes that guide the planning, design and evaluation of health services. She shared the Health Consumers' Council WA vision with regard to Standard 2 and highlighted that partnering with consumers and carers is what health services do, and "met with merit" is a natural consequence of health service's culture and operations.

Ms Brennan outlined current established partnerships in health through the Community Advisory Councils (CACs) and District Health Councils (DHACs) and identified the need to broaden the partnership zone to engage consumers and community in the design of services.

She outlined her 'best buys' toward improving the patient experience as: patient centred consultation styles; communication training for health professionals; patient feedback through various methods; and public reporting of performance data as "what we measure, we improve".

Ms Brennan identified the real challenge we face is culture change. Culture change takes leadership, education, support, commitment and requires transparent measurement. She offered that Health needn't do it alone as partnerships with the HCC, Carers WA and other groups will help support and drive a culture of change. She stated that "Met with merit" should be a by-product or natural consequence of how we run our organisations".

Mr Alan Lilly, Chief Executive, Eastern Health, Victoria presented on their renowned program "In the patient's shoes: The Eastern Health Patient Experience of Care Program" which offered participants a gold standard model and foundation for discussion. Eastern Health, Victoria is the largest metropolitan health system in Victoria which consists of 7 hospitals across 21 locations. In sharing his health services journey towards improving the patient experience Mr Lilly highlighted the importance of first defining the patient experience which for Eastern Health is: a reflection on a set of interactions, observations and the environment, through the lens of the patient and it was typically characterised by the story they told.

Eastern Health Victoria established the patient experience care program in order to better understand and respond to the experience of patients and carers who used their services. Creating 'A Great Patient Experience' was a priority for their health services and was one of their five strategic directions to support improving the positive experience of patients.

He outlined key components of the program and methods by which they engage consumers across the many touch points of the patient journey. He stressed that health services need to commit to be the providers of the highest standard of care, to be great at what they do, to put themselves in the patient's shoes and genuinely believe that by improving the patient experience, they in turn improve public confidence in the services they provide.

The patient experience care program provides Eastern Health with an honest and open view of the patient experience. Input from consumers was managed with genuine commitment from the top executives down ensuring that leadership drove great experience in Eastern health. Mr Lilly stated by putting ourselves 'In the Patient's Shoes', they actively seek and respond to feedback from people that use their services.

Mr Lilly also emphasised the importance of the culture of the organisation, and described culture as a manifestation of organisational values. He believes everyone in a health service is responsible for the patient experience. The organisational culture needs to show a strong work ethic and "can do" culture, clear and regular communication and accountability for responsiveness and follow-up.

In closing, Mr Lilly stated that it is important to treat all feedback as good feedback and focus on creating sustainable improvement in the patient experience across all facilities in the health

service. He warned not to let others in the organisation see patient feedback as a blame game. It was an opportunity for improvement.

Ms Lencie Wenden shared her lived patient experience as a cancer survivor, providing an important reality check for clinicians and health service administrators, and highlighted systemic issues which impacted the delivery of her healthcare.

The plenary debate “The Patient Experience” allowed all participants (both Senators and invited experts) to share their experience and identify opportunities to improve the patient experience within services across WA Health.

Highlighted in the discussion was the importance of identifying opportunities for improvement in patient experience particularly the need to develop tools for measurement and ways to identify what is important to consumers. A key message reflected in the discussion was the need to involve consumers and carers in the development of the questions and tools. Researchers highlighted that surveys need to be tailored to the setting and consider the whole spectrum and episode of care. Consumers can be involved in administering surveys to enhance engagement.

There was acknowledgement that there needed to be a mechanism to standardise and merge data in order to determine what picture it paints. The picture then must be shared with all staff and consumers in order to complete the audit cycle and benchmark and lead to strategies to improve outcomes. The lack of feedback left the job half done.

Several debaters outlined the benefits of working in partnership not only in our health services, but across the sector and into the community.

Senators agreed we needed to hear the stories our patients are telling and not be afraid of hearing the negative, as these stories could be used to guide improvements.

Highlighted in the debate was the lack of performance indicators that measure both staff and patient experience. Acknowledged was the need for the leaders in WA Health to take responsibility for consumer partnerships and monitor performance in patient experience through the use of KPIs.

It was identified that 80% of complaints relate to dissatisfaction with attitudes and behavior and much less about treatment and diagnosis.

The attitude and behaviours of staff are important components in leading change and ensuring a better patient experience. We need to engage with clinicians in a meaningful way and must share information with our patients and involve them in their own care.

The debate generated key themes which were grouped using Mind map technology and taken into the concurrent workshops.

The afternoon sessions were devoted to two concurrent workshops in which participants focused either on: A Wealth of Information: measuring patient experience to improve outcomes or Beyond “Ticking the Box”: using the patient experience to improve quality and safety outcomes in WA Health.

Key themes for the workshop: A Wealth of Information: measuring patient experience to improve outcomes were: defining patient experience; determining what to measure and how; developing tools to measure; the importance of measuring specific experiences particularly for special groups; and finally, the importance of capturing the patient experience in both hospital and other settings.

Key themes for the workshop Beyond “Ticking the box”- Using consumer experience for meaningful improvement were: the need for better communication with patients; the need to include patients in service development; and the need for better communication between services and sharing access to patient experience initiatives and resources. A change in culture particularly around attitudes and behaviors was pivotal. Also identified was a reminder to include the carer experience and consideration for special needs groups.

In conclusion, the Clinical Senate endorsed that patient experience was an important priority for WA Health. Key messages were:


- (1) The patient journey is unique to each person. We must consider that every interaction with our patients and their families impacts on their experience.
- (2) We must transparently measure the patient experience, and embrace a culture whereby the lessons learnt, be it through positive or negative feedback, are used to respond to and improve health services.
- (3) Many patients in our health system do not feel heard. Consumer Lencie Wenden said “the health system is a big and at times impersonal beast... one in which it is often hard to feel seen and heard”. She shared that she often had excellent care, by excellent clinicians, and that the bad experiences were related more to systemic than individual failures.
- (4) WA Health must define what a great patient experience is and work with consumers and staff to develop a culture of change across all health services.
- (5) The Clinical Senate recommendations that follow signal the importance for all staff to embrace and be part of this vision.

A response from the Director General of endorsed, endorsed in principle, or not endorsed is requested.

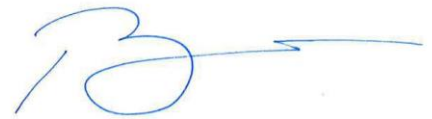
Sincerely,



Professor Julie Quinlivan  
Chair  
Clinical Senate of WA



Dr Audrey Koay  
A/Executive Director  
Patient Safety and Clinical  
Quality



Ms Pip Brennan  
Executive Director  
Health Consumers Council WA



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### Recommendations

1. The Senate recommends that the principles of customer service (including empathy and communication) are integrated into mandatory training modules for employees who have direct Patient contact. Where possible, this would be embedded into existing training. Consumers and carers are central in the development and delivery of the added elements of the modules.
2. WA Health as system manager adopts one tool to rate patient experience that is common system-wide to monitor and benchmark for patient experience. The results from the one common tool must be fed back to SHEF, AHS Exec/Boards, individual wards within healthcare facilities and Consumers. Feedback should include results from all sites. Consideration should also be given to adopt additional tools for particular subgroups of patients and carers. E.g. CaLD, Aboriginal etc.
3. The trial of Patient Opinion should be expanded across WA Health (beyond WACHS) to provide a constructive platform for the public and health services to connect to improve quality. In the process:
  - The capacity to collect data into the DATIX Consumer Feedback Module should be explored.
  - Data should be reported at all system levels.
4. WA Health should introduce a system wide consistently branded “Patient First” program that drives the patient experience agenda and under which all key patient experience improvement programs are measured with results publically available.
5. The Senate recommends Chief Executive Officers visibly and actively lead consumer partnership programs and have related Key Performance Indicators (KPIs) in their performance agreement with their boards.
6. Consistent with priority area 2 of the Information sharing and management within the ICT Strategy 2015-2018 the Clinical Senate recommends prioritisation of a single electronic platform accessible by all area health services that is able to provide information on: patient care providers, appointments and clinics, discharge summaries and resources available in the community
7. That in consultation with consumer and carer peak bodies:
  - a) A state-wide definition of a great patient experience is developed that incorporates a value based, patient centred approach. WA Health as system managers are to ensure this is adopted by the whole of Health.
  - b) Patient experience tools are developed or selected for use that reflects the indicators that matter to patients.
8. The Senate recommends that a consumer is appointed as a member of SHEF (or its equivalent post legislative amendment to create HS boards).
9. WA Health explores how to support staff in caring for patients with behaviours that are challenging for healthcare providers and who may be our most vulnerable patients.

## Presenters and Expert Witness

- Ms Marie Taylor, Nyungar Elder
- Professor Julie Quinlivan, Chair, Clinical Senate WA
- Ms Gail Milner, PSM, Assistant Director General, System Policy and Planning
- Dr Audrey Koay, A/Executive Director, Patient Safety and Clinical Quality, WA Health
- Mr Alan Lilly, Chief Executive, Eastern Health, Victoria
- Ms Pip Brennan, Executive Director, Health Consumers' Council WA
- Ms Lencie Wenden, Consumer
- Mr Timothy Marney, Commissioner, Mental Health Commission
- Ms Olly Campbell, A/Executive Director, Safety, Quality and Performance, NMHS
- Ms Wendy McIntosh, A/Area Director Safety and Quality, WA Country Health Service
- Ms Stephanie Fewster, Program Manager, Carers WA
- Mr Craig Comrie, Chief Executive Officer, Youth Affairs Council of WA (YACWA)
- Dr Bernadette Eather, Director, Health, Ageing and Human Services, KPMG
- Mr David Pelusey, Chairman, Men's Health and Wellbeing Western Australia
- Mr Jason Micallef, Manager, Institute for Health Leadership, WA Health
- Mr Todd Gogol, Director, Consumer Engagement , Royal Perth Group (RPG)
- Ms Anne Donaldson, Director, Health and Disability Services Complaints Office (HaDSCO)
- Professor Anne Williams, Chair, Health Research, School of Health Professions, Murdoch University
- Ms Hazel Inglis, Quality Facilitator, SMHS Clinical Governance Support Unit
- Ms Rosie Keely, Manager, Child and Adolescent Health Service (CAHS) Customer Liaison Service
- Ms Stephanie Newell, Consumer Advocate, Consumer and Community Engagement Coordinator, Health Consumers' Council WA
- Mr Peter Somerford, Principal Epidemiologist, WA Health
- Mr Colin Phillips, Manager, Arche Health Ltd Aboriginal Health Team





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