



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



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

Clinical Senate Meeting
Final Report

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Presenters & Expert Witnesses

- 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

Introduction

The role of the Clinical Senate of Western Australia (WA) is to provide a forum where collective knowledge is used to discuss and debate current strategic health issues. Recommendations are made in the best interest of the health of all Western Australians and are subsequently provided to the Director General (DG), the State Health Executive Forum (SHEF) and through the DG to the Minister for Health.

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'¹. Since then, policies have been developed to promote 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 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 determine 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.

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.

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,

¹ Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 2: Partnering with Consumers (October 2012). Sydney. ACSQHC, 2012.

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 to report patient experiences, and adequate resourcing of redesign projects were vital to achieve reform. Finally, to enhance patient experiences there was a need to build staff capacity, balance accountability and incentives, and maintain a culture strongly supportive of change and learning.

Dr Audrey Koay, A/Executive Director, Patient Safety and Clinical Quality, WA Health set the scene by sharing the state of play in WA and opportunities to change. Ms Pip Brennan, Executive Director, Health Consumers' Council WA provided a talk on consumer engagement and the journey to partnership.

1. Process

The Clinical Senate in Western Australia was established in 2003 and each debate follows a standard process that has been refined over time. This process ensures that senators and others involved have a clear understanding of what is required and receive sufficient information to discuss the topic and then develop recommendations for the Director General of Health (DG) and the State Health Executive Forum (SHEF). A copy of the program is included (Appendix A).

Prior to the debate, attendees received a series of webinars and pre-reading documents containing background information in preparation for the debate.

The full day Senate debate traditionally commences with a Welcome to Country, which for this debate was offered by Nyungar Elder, Ms Marie Taylor.

Following the Welcome to Country, the Chair of the Clinical Senate, Professor Julie Quinlivan welcomed attendees and gave an update on senate activities and introduced the topic by referring to the new national accreditation standards and the emerging international Patient Experience movement.

Assistant Director General, Ms Gail Milner PSM officially opened the debate on behalf of the Director General stating “we have had the debate on clinician engagement and the patient experience is a very important next step.” She stated that clinicians do a wonderful job, however; we all need to listen and understand care from the patient’s point of view. She then offered a response to the recommendations made at the previous Clinical Senate meeting.

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 2². 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.

Mr Alan Lilly, Chief Executive, Eastern Health, Victoria presented on their renowned program “In the Patient’s Shoes” which offered participants a gold standard model and foundation for discussion. Eastern Health defined patient experience as 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. Importantly, by making ‘A Great Patient Experience’ one of their five strategic directions they had ensured that improving the positive experience of patients was a priority for their health services.

Consumer Ms Lencie Wenden then 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 next stage of the Clinical Senate process was a plenary debate entitled “The Patient Experience” which 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.

² 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.

The afternoon sessions were devoted to two concurrent workshops in which participants focused either on:

- a) measuring patient experience to improve outcomes or
- b) using the patient experience to improve quality and safety outcomes in WA Health.

Recommendations from the workshops were presented in the final session of the day and ranked in order of importance by the full Senate. The Clinical Senate Executive issued a request for a response by the Director General of Health to each recommendation at the next debate. Responses could be:

- a) endorsed,
- b) endorsed in principle, or
- c) not endorsed.

2. Presentations

Mr Bevan Bessen, facilitator for the day, opened proceedings by welcoming participants, acknowledging the traditional owners both past and present, and introducing Nyungar Elder Ms Marie Taylor who offered the Welcome to Country.

Ms Taylor offered a beautiful Welcome to Country sharing the story of the Christmas tree as one of memory, of peace and of spirituality that links the past with the present for Nyungar people. With her blessing she encouraged participants to work together towards solutions.

Mr Bessen introduced Clinical Senate Chair, Professor Julie Quinlivan, who recognised the traditional owners and thanked Ms Taylor for her welcome and blessing.

In opening 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”.

She then welcomed all participants to the final meeting of the Senate for 2015. Prof Quinlivan confirmed the importance of the topic and called on senators to use their diverse skill base to consider how we improve the patient experience in West Australian hospitals. She shared a video clip from the Beryl Institute depicting that we are all an integral part of the patient experience and that every encounter impacts on the patients experience of our health service.

Professor Quinlivan referenced United States (US) studies which suggested the need for strong, committed senior leadership and active engagement of patients and their families throughout the institution and in parallel with similar focus on engagement. 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 experience.

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 and move beyond community advisory groups that have no teeth?

Prof Quinlivan introduced the list of speakers whom she stated would inform the debate and kick start the discussion. The Co-Sponsors of the debate were to set the scene along with invited guest speaker Mr Alan Lilly, Chief Executive, Eastern Health in Victoria who would share how his health service had strived to improve the patient experience. She stated, Ms Lencie Wenden, will share her personal patient experience.

She next welcomed senators and member representatives and emphasised the process of how the Clinical Senate of WA does business:

- To work collaboratively, setting aside individual and organisational agenda.
- To state your opinions freely, drawing on your clinical experience and expertise.
- To empower you to influence others in all your professional spheres with the new perspectives gained through the debate.
- To play a leadership role in health reform, developing strong, valid, priority recommendations in the best interests of the health of all Western Australians.

Prof Quinlivan reminded participants that all recommendations would go to the Director General of Health and his executive with an explicit response requested.

In welcoming Ms Gail Milner PSM, Assistant Director General, System Policy and Planning to report on behalf of the Director General and respond to the Senate recommendations, Prof

Quinlivan thanked the previous debates Executive Sponsor Mr Jeff Moffett for working with Ms Milner and the Director General to consider a response to the recommendations from the outpatient care debate. She also thanked them for staying true to the senate process of ensuring implementation of recommendations that have been endorsed.

Ms Milner stated she was pleased to report back on the recommendations developed during the previous Clinical Senate debate held in September 2015: Outpatient Care – A look to the future. She reported that the response was framed in the context of the new governance structure of WA Health. Ms Milner cited significant reform over the past twelve months and outlined upcoming changes with regard to the Health and Hospitals Act of 1927. The new Act would set the framework for the whole of the system and define the roles and responsibilities of both the Department of Health as system manager as well as those of the health services.

Ms Milner reflected on the importance of the debate and provided a comprehensive response to each of the nine recommendations. She reported that all of the recommendations were either endorsed or endorsed in principle with most anticipated to be fully endorsed over the next 12 months. Ms Milner provided a comprehensive overview of each of the recommendations outlining key actions, their alignment to current reform strategies and their value add to work yet commenced. Her report was as follows:

Rec 1- Endorsed in Principle: That WA Department of Health, as system manager, develops non-admitted Key Performance Indicators (KPIs) that can be measured across health services to inform patient care, performance, accountability, and patient access, including clear definitions. The KPIs need to exploit embedded outcome measures that will enable Area Health Services to drive down clinic activity through use of predictive algorithms and maintain or improve the quality of care and patient experience.

Response: WA Health, in its role as 'System Manager', will continue to develop and refine standardised KPIs in relation to outpatients to ensure that Health Service performance is comparably measured and monitored.

Rec 2- Endorsed in Principle: That WA Health ensures the ICT Strategy Implementation Plan Priority Area 2- Information Sharing and Management specifically addresses in outpatient and ambulatory care information sharing and communication, outcomes that:

- Optimising outpatient/ambulatory care information sharing by secure electronic messaging to the GP AND uploading into the PCEHR, including outpatient summaries/letters, outpatient investigation results (pathology, imaging and other) and care plans
- Promote information sharing via an integrated electronic health record (likely the PCEHR) to health professionals and the at risk population e.g. (Aboriginal people, elderly, chronic conditions and musculoskeletal)
- WA Health employees be provided with access to and training in the use of the PCEHR (to reduce duplication of tests and improve quality of care).

Response: A Year 1 deliverable of the WA Health ICT Strategy 2015-2018 is the development of an Information Management Strategy that supports clinical information sharing (both within WA Health and between acute and primary care). The impact of the clinical input into the strategy has really firmed up their understanding that the drivers of the business do understand the importance of communication with not just our hospital system but all of those that work in the ambulatory area, primary care, hospital in the home (HITH), and general practice. She stated that unless we have that communication, we won't really get a handle on what is happening in patient care.

The mechanisms for the sharing and communication of outpatient and ambulatory care information are in the scope of this deliverable.

This recommendation will form part of the project team's consideration.

With regard to the Personally Controlled Electronic Health Record (PCEHR) Ms Milner reported we will have to keep in mind the Commonwealth Department of Health (CDOH) program of rolling it out. However, now that WA Health had a clear direction from the Clinical Senate, they would ensure there was alignment with WA Health's negotiated arrangements with the Commonwealth regarding information sharing and the personally controlled eHealth Record.

Rec 3- Endorsed in Principle: That the Health Services Improvement Unit (HSIU) organises clinical redesign projects that decrease face-to-face consultation in favour of telephone/videoconferencing (including government facilities and personal use devices) to stop unnecessary outpatient appointments for minor consultations for both metropolitan/regional patients for:

- Pre-admission clinics
- Benign pathology results
- Wound checks post-op
- Clinical follow-ups/'check ins'

Response: Improving the patient experience, providing care closer to home, and achieving value for money are important outcomes for the Health System.

WA Health acknowledges that migrating face-to-face appointments for minor consultations to a more convenient platform (such as tele-phone, or tele-health) may support the achievement of the aforementioned outcomes.

The design and implementation of projects relating to this recommendation will be managed at a Health Service level.

Rec 4: Endorsed

That WA Health ensures the outpatient appointment system is reviewed with the following considerations:

- a) All internal outpatient referrals require senior discipline authorisation unless they're part of a pathway or LOS initiative. This might be achieved by a phased clinical redesign process that aims to reduce DNA rates, unnecessary referrals, increases the use of telehealth, focuses on keeping patients within their communities and benchmarks the rate of follow up appointments and number of internal derived appointments.
- b) All patients are always referred back to their GP to coordinate care, and are not referred to another discipline within the hospital or given a further review appointment unless there is a documented reason by a consultant.

Response: WA Health recognises the importance of improving outpatient management and there are several projects underway focussing on the areas highlighted by the Clinical Senate.

SMS technology is available for use by WA Health Services through the Telstra Integrated Messaging Service (TIMS). The major teaching hospitals are using SMS to remind patients with regard to appointments or test results.

Similarly, Health Services are currently working on projects relating to

- Patient initiated centralised booking services
- Central Referral Management of internal referrals within the outpatients
- MBS Billable Clinics
- The transfer of care to the primary care sector

- Service redesign related to clinic processes

With respect to point A: The Demand Management Steering Committee is currently considering a recommendation that all referrals (including out of catchment referrals) are reviewed by a Senior Clinician Executive before it is rejected.

With respect to point B: The Demand Management Steering Committee will investigate the feasibility of the Clinical Senate's recommendation that all patients are referred back to their GP.

Rec 5: Endorsed in Principle- The Chief Officers from Medical, Dental, Nursing/Midwifery and Health Professions to sponsor and work with HSIU to analyse existing data to identify high volume MBS activity that can be transferred to primary care through partnership with the Primary Health Networks (PHNs).

Rec 6: Endorsed in Principle - The Primary Care Health Network, Department of Health work with each Health Network to identify from the 'Models of Care' occasions of service currently provided as outpatient care that could be safely transferred to primary care.

For recommendations five and six the design and implementation of projects relating to these recommendations will be managed at a Health Service level

Each Health Service is expected to establish an independent partnership with the WA Primary Health Alliance (as the operator of each Primary Health Network in WA) regarding the services required in their area.

These recommendations are part of a strategy that is being developed and currently out for consultation. There is also an implementation plan to support WA to further develop MBS clinics. The MBS clinic billable strategy will be ready for endorsement in early 2016.

Rec 7: Endorsed - That innovation in the transition of paediatric to adult care can be achieved by WA Health developing pathways to transfer paediatric cases into adult services using streamlined patient centred processes.

WA Health is currently working to improve these pathways.

Rec 8: Endorsed in Principle - That WA Health organise see and treat or see and diagnose clinics. This can be achieved by reviewing every inpatient DRG involving a LOS of 4-23 hours to determine if clinical service redesign could transform the inpatient care episode into an outpatient occasion of service.

A see and treat/see and diagnose clinic is one of a number of strategies that WA Health is considering to ensure that patients receive the care they need in the most appropriate setting.

The recommendation of the Clinical Senate will form part of this consideration, but any decision regarding a strategy will be evidence based.

Rec 9: Endorsed

WA Health through the WACHS CEO (as the State Telehealth Executive lead) include in the WA Telehealth Strategy

1. Funding options to support telehealth in the public sector using the Queensland ABF model and other sustainable options.
2. Propose a strategy to align the effort of jurisdictions, professional colleges, and key stakeholders e.g. WAPHA to make recommendation/s related to:
 - a. MBS and alternative funding options to support consumer access to GPs via telehealth in areas of high need (low GP numbers and high access need).

- b. Telehealth enablement for NGO's-NFPs, private hospitals, GPs, prisons and aged care facilities to achieve linkage with public health services for the "public good".
 - c. Public Outpatients Services specialists to be able to VC - link to GPs to support GP care to patients to reduce the need for unnecessary travel and increase GP capacity to provide outpatients related services.
3. Metropolitan Outpatients to determine how they might increase their linkage to GPs and to smaller public hospitals to support local service access.

WACHS will progress this recommendation. There is a link to recommendation 2 and we do have the opportunity through the ICT Strategy to work with our partners in the not for profit sector, the WA Primary Health Alliance and the private hospital sector. It is important that the ICT Board includes this in their work plans and I anticipate this could be done in the first year.

Ms Milner confirmed the response provided was from the Director General and the Department and with the support of Executive Sponsor Mr Jeff Moffett. She stated that 2016 would offer some changes in the area of outpatients and given the unsustainable demand, it was important to continue to support patients in how we could better manage the system for them. There were opportunities to streamline access to outpatients.

In addressing the topic of the day, Ms Milner affirmed the importance of the patient experience and conveyed that it was an important next step and follow on from the clinician engagement debate held earlier in the year by the Clinical Senate. She thanked the Co- Executive Sponsors for taking on the topic and closed "We all think we do a wonderful job. I am sure we do. But I ask you to consider if we really listen and understand care from the patient's point of view?"

Mr Bessen thanked Ms Milner for her address and introduced the first speaker for the day, Co- Executive Sponsor Dr Audrey Koay, A/Executive Director, Patient Safety and Clinical Quality, to set the scene for debate.

In her presentation: Patient satisfaction: improving the experience for patients and staff.

Dr Koay opened with a snapshot of who and where we are. This information highlighted the changing landscape in relation to people living longer and in turn to the greater expectations on the quality of life they seek to live. She stated the patient population in the future will be less healthy, as less than half our children get sufficient physical exercise and only 10% of adults consume their daily quota of fruit and vegetables. Dr Koay stated we were treating increasing numbers of patients with chronic conditions, due to our increasing life span and also lifestyle habits. More than half of all hospitalisations were for chronic conditions. The relationships we have with our existing patients were therefore likely to be long term. Our ability to empower patients to self-manage was going to be an important factor in clinical outcomes. "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. The Department used an annual patient satisfaction survey. She reported that in 2014, a total of 800 patients were surveyed from inpatient, emergency or outpatients, with a 97% participation rate. She emphasised the results related to how informed patients felt, the degree to which they felt satisfied and how we had involved them in decision making about their care.

Additional consumer feedback was obtained via the internet, feedback forms, customer drop boxes, customer liaison officers and other routes including ministerial, Health and Disability Complaints Office (HaDSCO) and the Australian Health Practitioner Regulation Agency (AHPRA). This feedback was fed into the DATIX CIMS consumer feedback module, which serves as a single repository of feedback. In addition, various health services also used Press

Ganey inpatient surveys. She stated that in her opinion, our handling of patient complaints was less mature than our handling of clinical incidents, and 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.

In reporting on external sources of assessment from accreditation and WA Health's performance against the NSQHS Standard 2, Dr Koay reported between 2013-2014 there was significant growth in our ability to address the standard within our health services. In 2013 surveyors commented that our involvement of consumers/carers in decision making was limited to giving them a choice between options. By 2014, our engagement with consumers was somewhat more meaningful, with involvement of consumers/carers in decision making committees as well as through involvement of carers at the individual patient level through triage, assessment and in formulating care planning processes. Additionally, some health services incorporated family conferences and shared goal setting. The ongoing contribution of long-established Consumer Advisory Committees (CAC) also helped address standard 2, particularly in relation to strategic and operational planning. Also worth noting was that one health service established a Continuous Improvement Register and reviewed over 230 publications to ensure they were consumer friendly and understood by consumers. Yet another secured "achieved and met with merit" for Standard 2, by demonstrating the links with other standards and how strong governance structures had been put in place that led to strong partnerships with consumers. There was evidence the partnerships were embedded into daily operations.

She stated the challenge was to consider how to provide seamless services within a devolved governance model. Some questions to consider were: (a) whose responsibility is it to identify and then address the gaps and (b) how to ensure responsiveness to address barriers to continuity of care.

Citing an example from the Royal Children's Hospital in Melbourne, Dr Koay highlighted the importance of understanding the patient journey. The journey demonstrated many tangents within the hospital and depicted that the patient experience was a direct result of how hospital and staff work to provide care. She stated we cannot improve the patient's experience without acknowledging how many parts of the hospital are involved in care.

Dr Koay highlighted the progress being made in the development of tools for staff and stated that although painfully slow, progress is also being made with hospital ICT systems to assist staff and patients in terms of information sharing, discharge planning, and bed management. With regard to the continuum of care, WA Health was working on systems and processes to improve continuity of care as patients moved between hospital and community settings. One example was the Notifications and Clinical Summaries (NaCS) discharge summaries that have the capacity to be uploaded to the patient e-health record. There is also work in the area of continuity of medication management which has been shown to reduce frequency of adverse drug events, lower rate of hospital readmission, improve satisfaction and enhance compliance. Finally, community focused complex care coordination teams were now in place to provide case management to ensure that care and support in the community was coordinated to the needs of clients and carers. One expected outcome of these services was a reduced reliance on the emergency department and hospital services.

Dr Koay stated 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. Research by the Royal Australasian College of Surgeons (RACS) identified that patients have a right to care that is not affected by our culture and that the quality of care provided depends on the quality of the working team. Likewise, she stated we are much better at managing bad behaviour and performance management. She felt that there was a need to bridge the gap between clinicians and

administrators as there is considerable evidence that staff well-being correlates with patient outcomes.

Dr Koay concluded 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 patient if we don’t also attend to our staff.”

Mr Bessen thanked Dr Koay for setting the scene for the debate and introduced Mr Alan Lilly, Chief Executive, Eastern Health, Victoria who shared his health services journey towards improving the patient experience. Eastern Health in Victoria has met the NSQHS Standard 2 with merit. Eastern Health is the largest metropolitan health system in Victoria and consists of 7 hospitals across 21 locations.

He stated the focus of a great patient experience was born of a genuine desire to recognise that it should not be lost in any of our other strategic directions but in fact, should sit aside them on its own. Therefore, at Eastern Health, it is one of the five strategic directions.

Culture was a manifestation of our values and was characterised by the stories our patients told in the community. This impacted on reputation. He stressed the importance of understanding the patient journey and the opportunities to improve the patient experience across the many touch points of that journey. Mr Lilly stated the importance of understanding that everyone in our health service is responsible for the patient experience.

He emphasised the importance of the culture of the organisation, the need for a strong work ethic and “can do” culture, the need for clear and regular communication and for there to be accountability for responsiveness and follow-up. Mr Lilly stated that we need to commit to be the providers of the highest standard of care, to be great at what we do, to put ourselves in the patient’s shoes and genuinely believe that by improving the patient experience, we in turn improve public confidence in the services we provide.

Mr Lilly spoke of the importance in defining the patient experience. In Eastern Health this was: ‘a reflection of a set of interactions, observations and the environment, through the lens of the patient and is typically characterised by the story they tell’.

The patient experience care program provides Eastern Health with an honest and open view of the patient experience. Input from consumers is managed with genuine commitment from the top executives down ensuring that leadership drove great experience in Eastern health.

He emphasised that you must also be willing to learn from others and referenced the report into Mid Staffordshire by Dr Don Berwick, KBE, MD, MPP, FRCP and the National Advisory Group on the Safety of Patients in England: A promise to learn-a commitment to act: Improving the Safety of Patients in England, August 2013, in which they stated:

Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.

Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.

Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.

He stated it was important to treat all feedback as good feedback, be it glorious or inglorious and to focus on creating a 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.

Mr Lilly informed participants that they identified and determined that through “In the Patient’s shoes” they would set the standard and expectations; measure and monitor performance; and report performance and engage for action. In order to do this they established the Centre for Patient Experience that is a virtual and physical repository for the collection and collation of all data related to patient experience in the health service.

When embarking on the journey he indicated that the first step was to establish what a great patient experience would look like. Through an extensive literature review and working with the community, consumers, and expert advisory groups and based on work done at The Picker Institute (Principles of Patient-Centred Care), they developed 10 patient experience of care principles tailored for Eastern Health.

He outlined the key components of program ‘In the Patient’s Shoes’ which uses a feedback framework to inform service improvement and create a great patient experience. They have a Consumer Perspective which is used to engage consumers and gain feedback in several ways such as: mystery shoppers where volunteers pose as mystery shoppers; and make observations by asking carers/consumers about their experience which helps to improve strategies. They hold consumer forums which provide opportunities to hear the consumer perspective and have consumer involvement in rapid improvement events to collaboratively and objectively evaluate a process, identify solutions in order to better meet patients’ needs and expectations. Finally, they offer shadowing opportunities which provides insight across the patient journey to gain a better understanding of what the experience is like from both a patient and family member’s perspective.

Other components included patient surveys gained via patient experience trackers (PETS) using handheld devices to gain real time insight into the patient experience. Patients were also surveyed once a month by Eastern Health using ‘audit angels’ to measure compliance with their Patient and Family Centred Care Standard. The audit results were displayed widely within facilities with data broken down to ward and department levels. Lastly, The Victorian Department of Health and Human Services conducted five surveys on adult inpatient, emergency department, maternity, paediatric inpatient and paediatric emergency with reports produced quarterly.

Mr Lilly shared feedback regarding areas of improvement. These were set according to the feedback across the ten patient experience of care principles. Each set of results refined future priorities. By example, in recent feedback priorities identified were improving communication and customer service, improving interpreting services, improving meals and reducing noise – in particular in wards at night.

He closed emphasising the need to share the feedback with all staff. He stated that all reports were summarised and shared with every health service and every committee and there was an annual quality of care report. “In the Patient’s Shoes” systematically embedded the patient feedback cycle into the organisations improvement approach.

Following on from Mr Lilly, Mr Bessen introduced Ms Pip Brennan, Executive Director, Health Consumers’ Council WA and Co-Sponsor who spoke about consumer engagement and the journey to partnership. She stated the focus of her talk was to unpin the concept of partnering with carers and consumer in order to work towards the health system we aspire to.

Ms Brennan stated the Standard 2 of the National Safety and Quality Health Service Standards requires the involvement of consumers in the organisations and 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 that partnering with consumers and carers is not a “side dish” for health services, necessary for compliance. Instead, 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.

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

In explaining the concept of partnering with consumers in their care she highlighted the importance of understanding the roles and relationships of both the consumer and clinician. Listening to the patient, understanding they are unique and using open ended questions to elicit information, such as what is important to you will signal a partnership and render a more open dialogue and information exchange.

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 stated the process of engagement must be more than committees and highlighted the need to have consumers at every level. She spoke of the engagement continuum incorporating consumer input and including feedback on consumer resources; ward walk around with staff; identifying and preventing safety incidents; and service co-design.

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 and data as “what we measure, we improve”.

Ms Brennan identified the real challenge we face is that of 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”.

In closing, Ms Brennan stated “I believe partnerships are the only way we can get anything done”.

Bevan thanked Ms Brennan for putting a strong view forward with regard to consumers and the importance of partnerships.

Rounding out the morning session, Ms Lencie Wenden shared her lived patient experience. Ms Wenden courageously delivered an enlightening account of her ‘roller coaster ride’ through the health system once diagnosed with breast cancer.

She described the health system as a big and at times impersonal beast... one in which it is often hard to feel seen and be heard. She shared that she often had excellent care, by excellent clinicians, and that the bad experiences related more to systemic than individual failures.

Highlighted throughout Lencie’s story was the lack of coordination across sites which included her file being lost in the system as she navigated treatment across 7 sites, none of which spoke to each other. The disconnect between hospital and primary care (GP) also impacted her care.

Additionally, complications were not addressed or picked up by staff and there were challenges with her ongoing medications.

Lencie's story identified the challenges clinicians also grapple with in relation to a large system, where consumers get lost and can feel like a number, not a person. She highlighted the many missed opportunities for better care through a lack of communication.

Mr Bessen thanked all presenters for sharing their perspectives and providing senators with a comprehensive overview of the topic and foundation for debate.

Presentations from the day can be found on the Clinical Senate website:

<http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia/Clinical-Senate-debates-and-publications/2015-Clinical-Senate-debates>

Following the morning break, Senators engaged in an open plenary debate.

3. Plenary Debate

3.1 The Patient Experience

Facilitator	➤ Mr Bevan Bessen
Presenters/ Expert Witnesses	➤ Mr Alan Lilly
	➤ Dr Audrey Koay
	➤ Ms Lencie Wenden
	➤ Ms Olly Campbell
	➤ Ms Wendy McIntosh
	➤ Ms Stephanie Fewster
	➤ Mr Timothy Marney
	➤ Mr David Pelusey
	➤ Mr Todd Gogol
	➤ Mr Jason Micallef
	➤ Ms Anne Donaldson
	➤ Prof Anne Williams
	➤ Ms Hazel Inglis
	➤ Ms Rosie Kelly
	➤ Mr Craig Comrie
	➤ Mr Peter Somerford
	➤ Dr Bernadette Eather
	➤ Mr Colin Phillips
	➤ Ms Stephanie Newell

Mr Bevan Bessen facilitated the plenary session “The Patient Experience”. He welcomed the expert witnesses and invited guests and outlined the rules for debate and the aim of the session.

At the start of the plenary, Bevan called on Mr Lilly to reflect on the topic followed by a Q&A. Mr Lilly emphasized the following points: the most important step was getting started, making it a priority and providing information at all levels across the hospital system, particularly at the ward level. This will send a clear message that we are taking the patient experience seriously in the organization.

He quoted Jim Collins “you need to get the right people on the bus and the wrong people off the bus and you need to have the right people in the right seats”. It is hard work but in my view this goes a long way to improving cultures.

The focus should be on the work needed to promote consumer engagement and improve patient experience. He shared his view about organizational culture and stated that you cannot improve or change the culture in any organization overnight; it is hard work. However, by making change a priority, it becomes everyone’s responsibility.

In the free flowing debate that followed senators and experts shared examples of where there is positive engagement with patients and where there is good measurement of that experience. This was followed by discussion around potential areas of improvement across WA health. The issues raised in the debate were documented in a mind map.

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. Consumers and carers should also be a vital part of the design of services.

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 with consumers.

There was acknowledgement that in many ways we were flooded in data. However, 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 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. Clinicians should be partners with consumers.

Senators agreed we needed to hear the stories our patients are telling and we needed to understand and share both the good and bad stories 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 key performance indicators (KPIs).

It was identified that 80% of complaints relate to dissatisfaction with attitudes and behavior and much less about treatment and diagnosis. It is about respect, attitude, and the use of language with patients and carers and acknowledging the humanistic approach to health care. It was acknowledged there is often a defensiveness around clinical staff when a complaint is made therefore we need to educate staff that the complaints can be used for positive organization and cultural change.

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

At the conclusion of the plenary session Mr Bessen confirmed that the key themes emerging from the full morning session had been captured using mind map software and would inform senators in the afternoon workshops (Appendix 2). The Map was distributed to all participants who attended the workshops.

All participants then broke for lunch.

Following the lunch break Senators participated in their choice of the following two workshops: Measuring patient experience to improve outcomes and using patient experience for meaningful improvement.

What follows are the workshop notes and final senate recommendations.

4. Afternoon Workshop One

4.1 A Wealth of information – Measuring patient experience to improve outcomes.

Facilitator	Mr Bevan Bessen
Executive Committee Member(s)	Prof Julie Quinlivan Adj Assoc Prof Kim Gibson Ms Nerida Croker Dr Dan Xu Ms Mary Miller
Expert Witnesses	Dr Audrey Koay
Support	Ms Barbara O'Neill

Bevan Bessen opened the workshop stating the focus was to consider how to measure the patient experience to improve outcomes.

Prof Julie Quinlivan outlined the process and urged senators to consider recommendations that fall within the remit of WA Health as system managers, bearing in mind the transition to health service boards. She stated senators should also consider the budgetary constraints of the department when framing recommendations.

Participants formed five groups and were provided with the mind map from the morning session. They were directed to discuss what might be missing. All groups brought their issues forward and consensus was reached on four themes, with participants self-selecting to a theme of their choice. The themes were:

1. Measurement – what do we measure and how
2. Better patient experience measurement tools (2 groups addressed this theme)
3. Measuring specific patient experience
4. Defining a great patient experience

At the end of the workshop, each group presented their recommendations. The top five recommendations were taken to the final session.

A summary of the group discussions during the recommendation forming stage is provided below.

Group 1- Measurement

Participants focused on what to measure and how to measure it. They considered a range of things such as: qualitative and quantitative measurement; ability to differentiate within measures for improvement opportunities; capturing levels of information and data (ward, site, HS); and capturing both the good and the bad stories.

They developed recommendations targeted at strategies to better explore the capacity to collect data centrally and emphasised the importance and benefits of the need to report across the system and at all levels. They also discussed the importance of engaging consumers and recording their stories.

They estimated that for an annual investment of \$180,000, WA Health could subscribe to Patient Opinion Australia, which is already being trialled in WACHS and could provide them with a more constructive platform to the public giving both a better way of connecting to improve quality. Through a trial expansion of Patient Opinion they could also explore the capacity to collect data centrally and ensure reporting at all levels. With this in mind they developed a

recommendation that considered better application and commitment to existing tools such as Patient Opinion. They noted this program is currently being trialed in WACHS and has been implemented in other parts of Australia the UK and Ireland.

Group 2 – Better patient experience measurement tools

Two groups addressed this theme. The combined notes follow.

It was agreed there was a need for WA Health to encourage Health Services to utilize social media options such as Twitter as a means to capture patient experience and feed results back via the consumer feedback module, which would then be shared with executives/boards, individual services and wards.

Senators called for the adoption of one tool to rate patient experience that was common across all facilities to benchmark patient experience across WA.

They recommended that WA Health as system managers expand “The Pruning Project” with QUICS and work with the health services to prune and stop collecting data that doesn’t serve a clear and identified purpose. Simultaneously we must also identify some core indicators that every HS/Board must review, benchmark and feedback results to their facilities /wards and consumers.

It was suggested that the HCC and other consumer peak bodies should review any selected tools to ensure all tools asked questions that were important to patients. Each health services should demonstrate that it employed a range of tools, both qualitative and quantitative, and gave patients a variety of options about how to provide feedback.

Also identified was the need for culturally appropriate tools consistent with the NSQHS that could be utilized system wide to reduce the number of patients who discharging against medical advice (DAMA).

Importantly, participants agreed that WA Health must work towards an environment where the collection of patient experience data is integrated into day to day care and not as an optional delayed retrospective audit of a select few (e.g. trial in a selected region/institution)

It was agreed to draft a specific recommendation to recognize the need for patients with behaviours that are challenging for healthcare as these individuals are our most vulnerable patients. WA Health therefore needed to consult with specific consumer and carer groups to improve vulnerable groups’ patient experience.

Group 3 – Measurement of specific patient experience

Participants discussed the importance of measuring specific patient experience particularly in relation CaLD, Aboriginal, youth and disability. They agreed the need for WA Health to identify and develop validated tools that could be utilized across the different subgroups of patients and carers.

Although they called for the need to establish state-wide consumer reference groups inclusive of these different consumer sub groups they agreed that existing groups should be expanded to include adequate representation from these subgroups with the same set of principles around mapping, benchmarking, transparency and sharing of resources.

Group 4 – Defining a great patient experience

Participants identified the need to have a state-wide definition of a great patient experience. They determined that in order to define a great patient experience there needed to be consultation with consumer groups and that the definition needed to incorporate a values based person centred approach.

Senators agreed there was a need to develop standard elements such as 'innovative training techniques for staff around customer service' and on 'what constitutes a great patient experience'.

They recommended there be a 'standard definition' and that WA Health as system managers needed to ensure 'it was adopted by all of health' and incorporated into 'key policy documents and strategic plans'.

A total of 14 recommendations were developed by participants in workshop one. Participants agreed to merge one recommendation leaving a total of 13 for priority voting. The top 5 recommendations were taken to the final session.

5. Afternoon Workshop Two

5.1 Beyond “Ticking the Box” – Using patient experience for meaningful improvement.

Facilitator	Mr Will Bessen
Executive Committee Members	Dr Sharon Nowrojee Mr Shane Combs
Expert Witnesses	Ms Pip Brennan
Support	Ms Kimberly Olson

Mr Will Bessen facilitated workshop two. He welcomed participants and stated the focus of the workshop as to consider how to use patient experience for meaningful improvement.

He outlined the process as to firstly, discuss the issue streams brought forward via the mind map, to identify any additional issues, group them into themes and finally, develop recommendations. All recommendations he stated, would be voted on, with the top five brought forward to the final session.

The full group worked to consider the main themes with consensus reached on the following four for development of recommendations:

1. Better communication with patients.
2. Cultural change around attitudes and behaviours (2 groups addressed this theme).
3. Better communication between services and sharing access to patient experience initiatives and resources.
4. Inclusion of patients in service development.

Group 1- Communication with patients

Participants considered strategies for better communication with patients. They identified the need to address key issues that impact patients and their families such as parking and accessibility as well as the costs associated with multiple visits and fragmented care.

The group developed four recommendations. They called for the need for a consistent concession scheme for low income and frequent users of a service. Identified the importance of WA Health to liaise with local councils particularly around parking issues (at and around hospitals) and consider increasing the number of hospital owned parking bays for people with disabilities.

They also called for WA Health to develop a central (web based) portal for health staff to share tools and information in relation to consumer and carer experience.

One recommendation highlighted that carers and consumers have input into the development of training for healthcare workers at all levels with regard to empathy and communication. It was agreed that this recommendation would be combined with one of the group’s looking into the need for cultural change around attitudes and behaviours.

Group 2- Cultural change around attitudes and behaviours

Two groups addressed this theme. The combined notes follow.

Senators considered cultural change around attitudes and behaviours as well as leadership.

Participants considered the importance of a customer service focus to client care. They discussed the importance of leadership in terms of prioritising the patient experience as important to all of health. They also acknowledged their individual responsibility in making a difference in patient experience.

With regard to changing culture they considered communication strategies through HealthPoint and other tools to send messages to all staff around values and behaviours. They also considered the use of performance management in order to provide client feedback and drive clinical performance.

Other senators identified the need for closing the feedback loop and providing information in a meaningful way. They stated the need for consideration and coordination around the acknowledgement/actioning of complaints at all levels. Identified was that Health's leaders must embrace this as a priority and work together to embed the changes across all of health.

They discussed the importance of leadership and recommended that Chief Executive Officers need to lead consumer partnership programs and to have KPIs in their performance agreements with their boards. This information could potentially appear on the ED dashboards.

They also recommended change through use of system wide consistently branded "Patient First" programs be used to drive the agenda and under which sits all key consumer experience improvement programs that are measured with results made publically available.

The main recommendation addresses the need to embed the principles of customer service (including empathy and communication) into mandatory training for employees who have direct patient contact. They noted this could be integrated into current training modules and that consumers and carers were integral in both the development and delivery of the modules.

Group 3- Better communication between services and sharing access to patient experience initiatives and resources

Participants considered the need for better communication between services and sharing access to patient experience (stories), initiatives and resources.

Discussion was held around the central referral system (CRS) with development of a recommendation to review the system in order to better share information. They identified the need to enhance the CRS as a physical tool for medical record/patient medical history sharing including investigations, specialist care, GP/primary care /allied health. They called for review of the CRS with consideration for the following: standardisation to external referrals including medication information and key care provider information; and for staff to be mandated to comply with internal referral pathways.

Participants considered both physical and digital tools to better utilize and share the information. They discussed the need for WA Health to implement a patient-owned physical medical booklet similar to those used in child health which includes a list of key contacts for all healthcare providers involved in that persons care across both public and private health services and community care such as physios and pharmacists.

The key recommendation from this group identified the need to ensure prioritisation of a single IT platform that is accessible to all area health services and that provides information on all patient care providers. This would include appointments and clinics; discharge summaries; and resources available in the community.

Group 4 – Inclusion of patients in service development

Participants emphasised the importance of including patients in service development. The sense from participants in this group was that the patient is the only person who follows the

whole journey and therefore we need to tap into their knowledge. They identified the importance of engaging consumers and carers at the start of a program particularly in service design.

They identified the need for a clear strategy at the highest level and that with clinical redesign there is the need for the right consumer to be involved. They proposed that the Health Service Improvement Unit engages the Health Consumers' Council WA when reforming health services through the Clinical Services Framework.

The key recommendation developed by this group identified the need for a consumer to be appointed as a member of SHEF and they agreed this would be best once the Area Health Service Boards were in place.

A total of 14 recommendations were developed by participants in workshop two. Participants agreed to merge two recommendations leaving a total of 13 for priority voting. The top 5 recommendations were taken to the final session.

In the final session, senators were presented with five recommendations from workshop one and five recommendations from workshop two. A total of ten recommendations were voted on and ranked forming the final prioritised recommendations from the day.

6. Final Session

In the final session senators reviewed each of the recommendations presented from both workshops. A total of ten recommendations were therefore put forward from the debate for final voting. The recommendations have been ranked in order of importance by the full Senate.

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 for 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 too 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 changes 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.

Finally, the clinical senate recommendations will provide the Director General with strategies towards improving the patient experience and support his message that “Patient care, patient safety and providing the best patient experience remain our priority”.

7. Clinical Senate Recommendations

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

1. The Senate recommends that the principles of customer service (including empathy and communication) are integrated into mandatory training modules for all employees who have direct patient contact in WA Health facilities. 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 patient experience. The results from the one common tool must be fed back to SHEF, AHS Executive and Boards, individual wards within healthcare facilities and Consumers. Feedback should include results from all sites. Consideration should also be given to the adoption of additional tools for particular subgroups of patients and carers. (E.g. CaLD and Aboriginal patients).
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 introduces 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 Clinical Senate recommends all 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.

Recommendations continued on next page

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 centered 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 amendments 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.

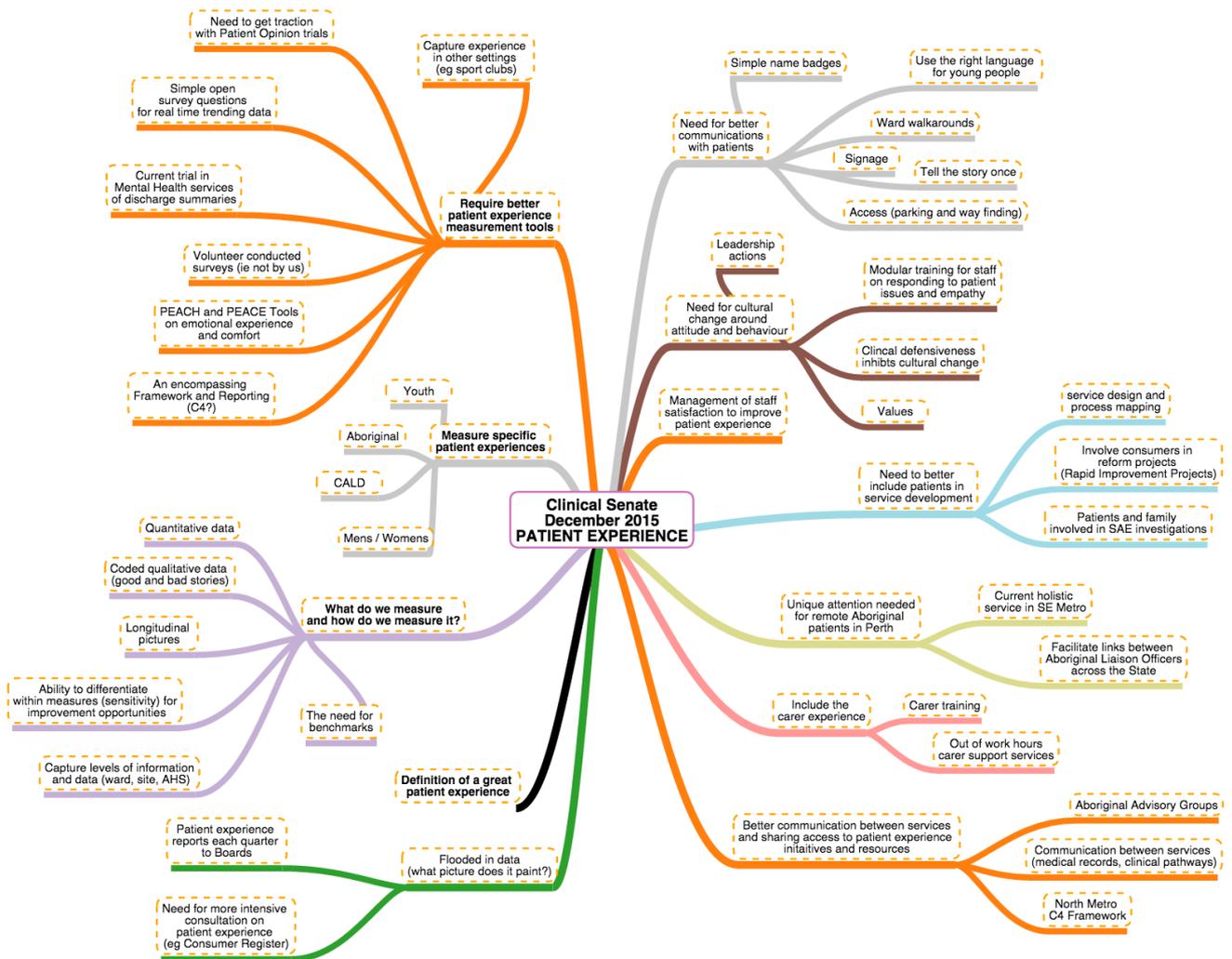
8. Appendix 1: Program

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

11 December 2015
Banquet Hall South
The University Club of Western Australia
Crawley, Western Australia

7.45 – 08.30	Registration	Tea & coffee
Executive sponsors: Chair, Clinical Senate of Western Australia Facilitator: Mr Bevan Bessen		
08.30	Welcome to Country	Ms Marie Taylor
08.40	Welcome and senate update	Prof Julie Quinlivan
08:50	Director General's response to recommendations	Ms Gail Milner PSM
09.05	Patient satisfaction: improving the experience for patients and staff	Dr Audrey Koay
09.20	In the patient's Shoes – the Eastern Health experience	Mr Alan Lilly
09.40	Journey to Partnership	Ms Pip Brennan
09.55	A consumer perspective	Ms Lencie Wenden
10.05	Morning tea	Banquet Hall Foyer
10.35	Plenary debate: The Patient Experience	
Additional Expert Witnesses	Mr Timothy Marney, Ms Olly Campbell, Ms Wendy McIntosh, Mr Craig Comrie, Ms Stephanie Fewster, Dr Bernadette Eather, Mr Todd Gogol, Mr David Pelusey, Ms Anne Donaldson, Ms Stephanie Newell, Mr Jason Micallef, Prof Anne Williams, Ms Hazel Inglis, Ms Rosie Keely, Mr Peter Somerford and Mr Colin Phillips	
12.15	Lunch	Banquet Hall Foyer
13.00 – 14.40 Workshops		
Workshop 1 – Banquet Hall South A Wealth of information Measuring patient experience to improve outcomes		Workshop 2 – Banquet Hall North Ensuring sustainability – towards a framework
➤ Facilitator: Mr Bevan Bessen		➤ Facilitator: Mr Will Bessen
➤ Expert: Dr Audrey Koay		➤ Expert: Ms Pip Brennan
➤ Executive: Prof Julie Quinlivan		➤ Executive: Mr Shane Combs
14.40	Afternoon tea	Banquet Hall Foyer
15.00 – 15.30 Final session		
15.00	Presentation and prioritisation of recommendations	Bevan Bessen/Will Bessen
15.20	Closing remarks	Dr Audrey Koay
15.30	Close	Mr Shane Combs

9. Appendix 2: MindMap





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on request for a person with a disability.**

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