

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
<i>This information will be used only for contacting you in relation to this submission</i>	
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	Health Consumers' Council
First Name(s)	Pip
Surname	Brennan
Contact Details	████████████████████
Publication of Submissions	
<i>Please note all Public Submissions will be published unless otherwise selected below</i>	
<input type="checkbox"/> I do not want my submission published <input type="checkbox"/> I would like my submission to be published but remain anonymous	
Submission Guidance	
<p>You are encouraged to address the following question:</p> <p>In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?</p> <ul style="list-style-type: none"> • Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition; • The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public; • Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance; • Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care; • Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies; • The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring; • Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system. 	

Submissions Response Field

Please type your response into the field below. Alternatively, you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

- **Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;**
- Ways to **drive improvements in safety and quality for patients**, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The **key enablers of new efficiencies and change**, including, research, productivity, teaching and training, **culture**, leadership development, procurement and **improved performance monitoring**

The Health Consumers' Council is an independent, not for profit organisation whose purpose is to increase the capacity of all people to influence the future direction of health care and to make informed choices.

This submission addresses two key technologies which can drive the patient safety and quality conversation and assist in the all-important cultural change that new initiatives require in order to have better adoption and traction.

1. Leveraging both Patient Opinion and new real-time patient feedback technology (MES Experience) to drive more responsive safety and quality improvements in WA Health Services

In 2017 I met with both Membership Engagement Services (MES) and Care Opinion (formerly Patient Opinion) in the U.K. These two companies have Australian partners - Energesse and Patient Opinion respectively, both of which are successfully delivering these platforms in Australia. The purpose of the UK meetings was to better understand how the UK health system harnesses patient feedback in a more timely and effective manner, particularly as they have had several years more experience in doing so compared to Australian organisations.

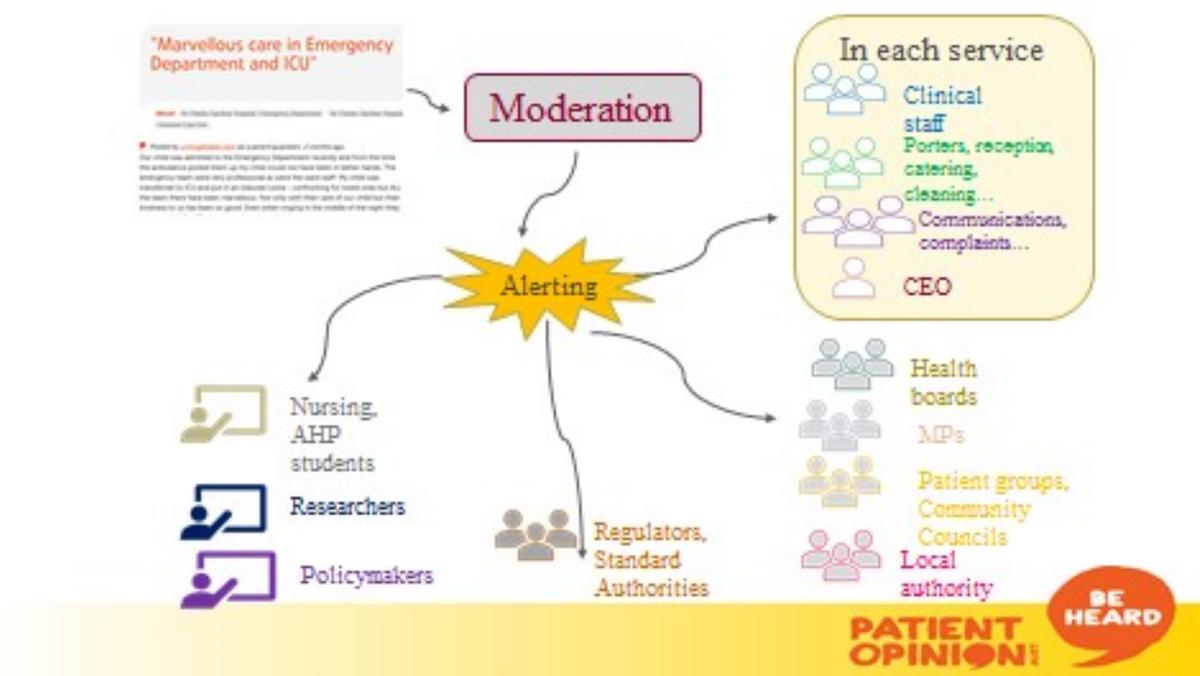
It is important to understand how these platforms complement each other in how they help drive improvements in safety and quality for patients.

Patient Opinion has been adopted across all public hospitals in WA. Its objective is about changing culture, empowering patients and the broader community, staff reflection and improving services. What makes it unique and different from 'in-house' data collection systems are the following:

- The platform is public and transparent to all which is a key driver to culture change in health organisations
- It offers 'near real-time feedback' (to protect the identity of those giving feedback) and 'right-time' feedback where patients can post a story anytime (e.g. a recent forum conducted by The King's Fund Point of Care Foundation noted that Northumbria has recommended more meaningful feedback by asking patients for their feedback two weeks out from discharge from hospital).

- It is citizen-centric in the way that consumers are meaningfully engaged. It does this by:
 - Consumers get to tell their story without any prompting from the health service. Therefore, consumers can comment on ‘what matters to them’.
 - Consumers (patients, carers, advocates, family, friends, etc) get something back by providing feedback – they receive a response from the health service, and can see whether their feedback has made a difference to the safety and quality of the organisation.
 - Consumers who post their story can see who has responded to them from the health service, and when changes are planned or made.
- The platform’s focus is on visible improvement, so all stakeholders can see how a service is acting on the feedback from consumers
- Much of the platform’s metrics are focused on ‘demonstrating that an organisation has listened and whether they have made changes (or not)’

The way that a consumer story is shared by Patient Opinion is demonstrated below:



The way that a consumer story (micro-level) on Patient Opinion helps drive improvements in safety and quality is demonstrated below:

" A trip to emergency "

CHANGE MADE



This story led to [a change](#)

About: Royal Perth Hospital

Posted by [Link](#) (as *the patient*), 3 months ago

I went to emergency as I was in extreme pain with a gum infection. I told the triage nurse my pain level was 7-8. I got sent to quick assessment. After sitting a foray of two hours I had to go home as I hadn't been offered any pain relief and was in too much agony to sit there any longer. I don't think anyone minded at all, no one called back or came after me. They had my mobile number, but no one rang. Too busy to care.

More about:

care communication ED - emergency department emergency hospital
infection lack of care neglected pain public hospital triage WA waiting
waiting time

Responses

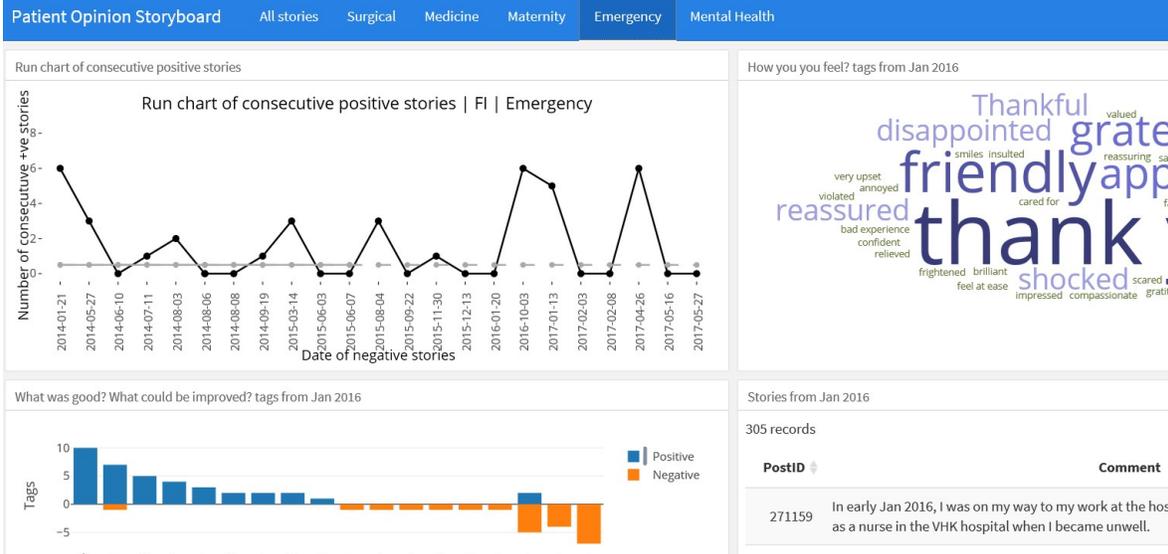
Response from [Aresh Anwar](#), Executive Director,
Royal Perth Bentley Hospital Group 3 months ago  We have made a
change



Dear *Link*,

Thank you for taking the time to write to us. I apologise that your experience has been so poor that you felt that the organisation didn't care about the health issues that you are facing when you presented to the emergency department

At a macro-level, storyboards can be generated to get a sense of where things are done well and where things may need to improve. Below is an example of stories told about an Emergency Department.



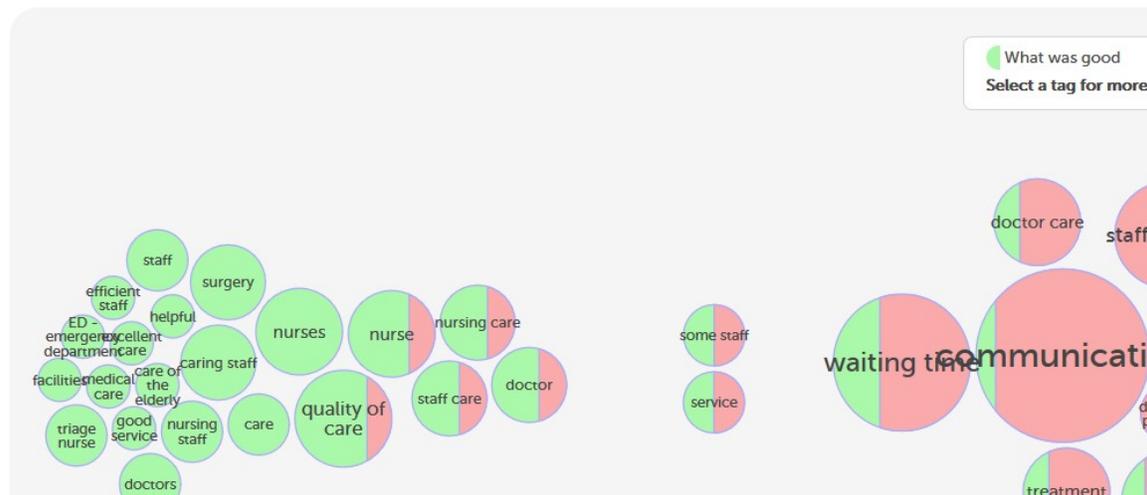
This macro-level overview can also be viewed through tag bubbles and story swarms such as the examples below from Royal Perth Hospital:

The bigger the bubble equates to more stories which are highlighted when clicked on.

Royal Perth Hospital stories

Created by Michael Greco, CEO, Patient Opinion Australia on 05 December 2017

About: Interactive tag bubbles about stories about Royal Perth Hospital



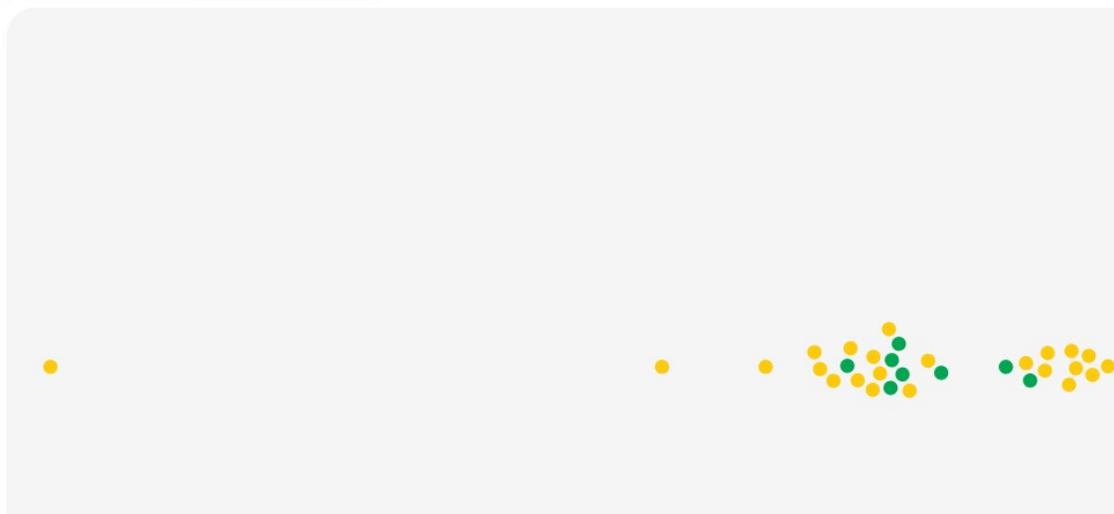
Each of the dots in the Story Swarm below represents a story which is highlighted when clicked on. This story swarm highlights the 'progression of stories' over time from being read, to being responded to, to a change being made.

RPH progress

Created by Michael Greco, CEO, Patient Opinion Australia on 05 December 2017

About: stories about Royal Perth Hospital published on or after 01/07/2016

Progress	Criticality
Together	Expanded



2. Patient Opinion – embedding the system with a dedicated staff member based in WA

As a small agency with a state-wide remit we are always looking for innovations which will turn the curve towards meaningful involvement of consumers in health care reform. We have spent many hours assisting with comment and feedback on policies, frameworks, models of care and more, and seen these initiatives fail to translate to change on the ground for patients.

As advocates for, and now watchers of the Patient Opinion platform, we are in a strong position to see the culture shift that is occurring when it comes to responding to Patient Opinion feedback. This moderated platform allows for many more frontline staff to hear the thanks and praise of consumers. It also allows for the timely, effective, action oriented responses when things need to change. The whole system sees and learns from the stories that are posted because of the system's transparency.

Western Australia is currently leading the way as the only state mandating its use in all public

hospitals. Victoria is also looking to do something similar. However, more needs to be done to embed it as a tool given that it is not just a technical tool but also has implications for cultural change across organisations as they listen and learn from patient stories.

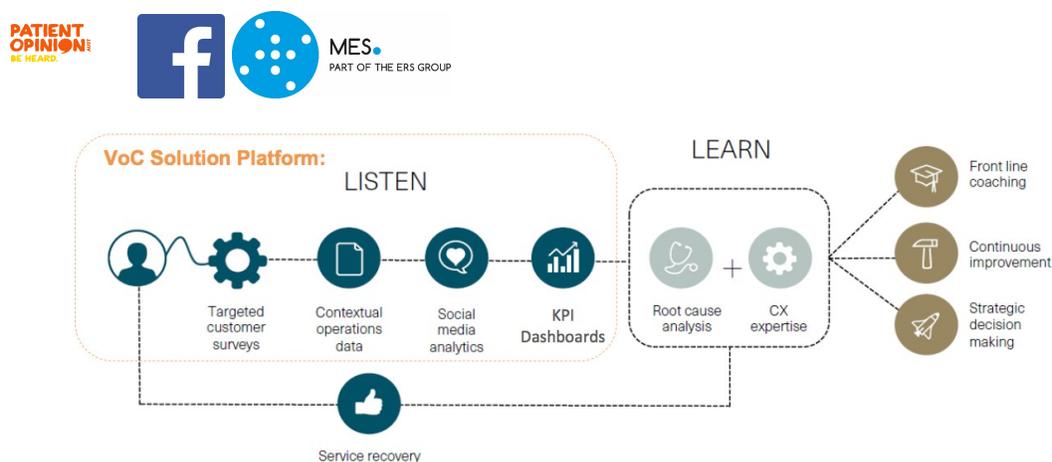
We appreciate the many challenges facing stretched and dedicated healthcare staff and understand their wellbeing to be an essential component of patient safety. We also understand that changes mandated from without, such as this, may not be accompanied by the necessary support to undertake new activities and changes in practice.

We therefore request that a Patient Opinion staff member be co-located in WA, potentially within our agency, to continue to drive its establishment as a cornerstone of our patient feedback system.

3. What is the value-add of MES technology?

MES demonstrated their MES Experience real-time patient survey platform which enabled real-time collection of patient feedback. This digital platform enables front line staff to respond more rapidly to feedback in any health service through the collection of feedback via iPads, kiosks, SMS, etc. The MES platform also incorporates the Pansensic® tool, which is able to analyse free text comments and theme this data to help staff understand specific quality and safety issues in a more granular way. This granularity enables improvements to be made more quickly and cost-effectively. The free text feedback can be drawn from Patient Opinion, surveys, complaint forms. Through a separate process, the PanSensic® tool can also be applied to analyse comments on social media platforms.

The overall architecture of a state-of-the-art 'Voice of the Consumer' solution, from the point of patient feedback and stories collection to care improvement and outcomes is as below:



The example below shows how front-line staff can utilise real-time patient feedback much more effectively to make quality improvements.

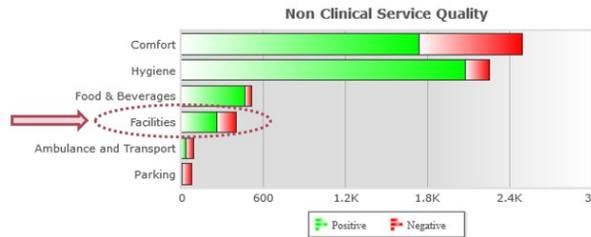
Through the MES Experience platform, Lisa, a Health Service Manager, reviews the largest items in red from the word cloud to address the most frequently mentioned feedback for improvement.

CASE STUDY 1 - FACILITIES

MEMBERSHIP
ENGAGEMENT
SERVICES

1. Lisa, the facilities manager, wants to know what patients think can be improved

2. She clicks on the bar 'Facilities'



3. This generates a word cloud, which only shows words in context of 'Facilities'

Red is negative
green is positive



This is a live client example

As the image shows, Lisa can click on the exact comments (e.g. not enough seats) and view the relevant words that will allow her to do something concrete to improve the quality of her health service.

CASE STUDY 1 - FACILITIES

4. She notices that there are many **negative** comments about *seats* and *chairs*

5. She clicks on **'not enough seats'**



6. She can now see
✓ actual comments
✓ ward and location

Likely	Orthopaedics	department is always busy and waiting area extremely cramped patients get called through from main reception to the waiting area but there is insufficient room not enough seats and wheelchair space limited	not enough seats
Likely	Liver Outpatients	the clinic is always very busy and sometimes there are not enough seats available	not enough seats
Likely	Paediatric Dentistry	great staff but waiting areas need urgent attention not enough seats lots of people standing in way of doors unable to get through with pram very busy	not enough seats
Likely	Emergency Department	good care but have mobility problems and not enough seats	not enough seats
Did not answer	Antenatal care	very long wait to be seen not enough seats in waiting room	not enough seats

7. Lisa is thrilled as she can now do something concrete to improve patients' experiences!

The MES Experience platform is a live, real-time feedback system as opposed to the current slow, paper-based, retrospective patient feedback surveys. Currently, the delays for the survey information can take weeks or months to reach front-line staff, when it is too late to fix the problem. The consequences of such delays are increasing numbers of complaints, poor care, staff dissatisfaction and potentially even medico-legal lawsuits.

4. Measuring and Improving Staff Engagement with real-time surveys

We have noted that the recent feedback from WA health services staff is that there is a significant level for staff dissatisfaction that is being addressed. These issues have also arisen in the NHS in the UK and some health services, such as the Hertfordshire Partnership NHS Trust have begun measuring staff experience in real-time using the same MES Experience platform.

There are also specifically customised PanSensic analytics lens for staff engagement with have been utilised in the UK. MES are currently providing this type of solution to various healthcare organisations in the UK and Australia. The analysis contains 33 such staff experience themes spanning things like Workload & staffing levels, Competence & training, Culture & values, Salary & benefits, etc.

Results are presented using a mix of dashboards, word clouds, charts and comments, and it is

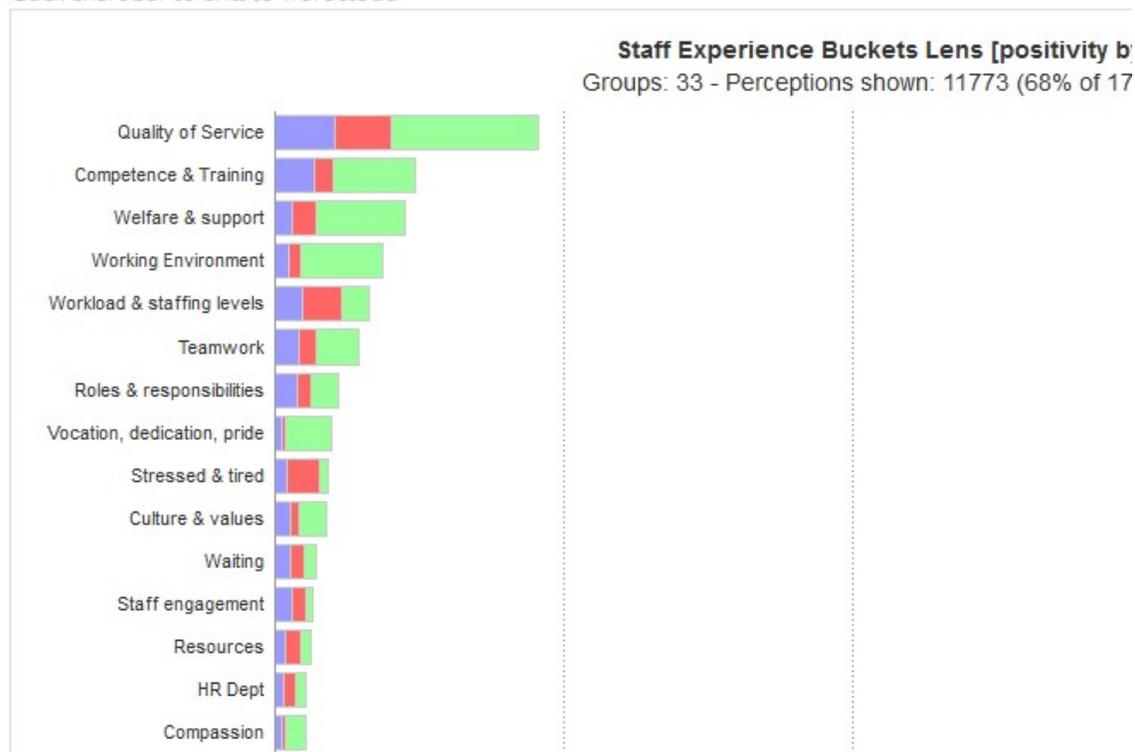
possible to further ‘drill down’ into the data as well as filter by certain criteria such as demographics, ward, etc.

The below image shows an overview of 20 out of the 33 themes available. Each bar shows:

- The total length of the bar indicates total volume of comments for that theme.
- The **green** part of the bar indicates volume of positive comment for that theme.
- The **red** part of the bar indicates volume of negative comments for that theme.
- The **blue** part of the bar indicates volume of neutral comments for that theme.

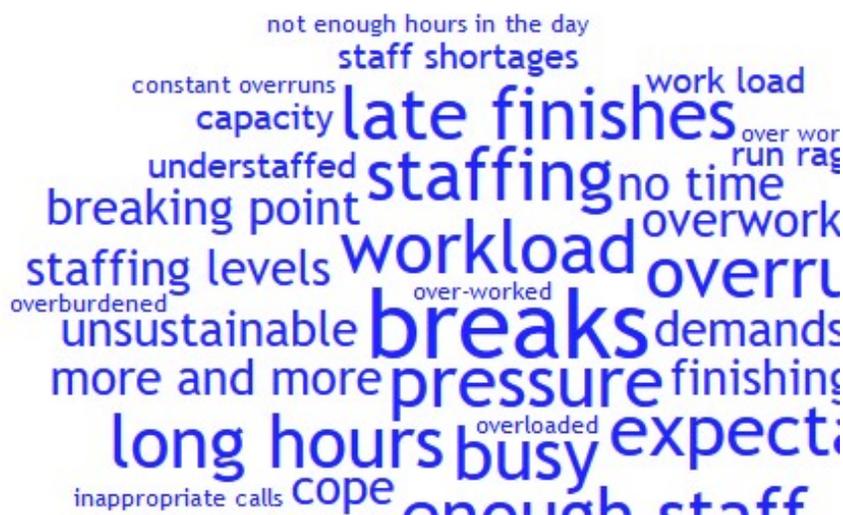
NHS EMPLOYEE EXPERIENCES

Click chart bar to drill to wordcloud



Word Clouds

For each theme, our solution can generate an ‘in-context’ word-cloud. What that means is that a user can click on the theme bar ‘Workload & Staffing Levels’ and be presented with a word-cloud that only pulls in comments talking about this (i.e. in the context of workload & staffing levels), as is shown below.



Drill down to raw text comments

The final step of the analysis is the ability to drill down to the actual raw text comments themselves to help management specifically pinpoint the issue. In the image below, we have clicked on the word 'Workload' in the word-cloud and are then presented with the raw text comments.

COMMENTS FOR: "WORKLOAD"

Perception	Comment
3276-1	nds from management for turnaround times etc m increasingly untenable workload
3676-1	the lack of local leadership through high workload managers is also unsustainable
3771-1	fficulties which are inherent in most ambulance ser finishes heavy workload excessive distances driv especially on night shifts etc

Being able to drill down all the way to raw-text comments enables system users to have confidence in the analysis being presented as they can understand individual employee's experiences, and check the validity and accuracy themselves (i.e. that comments are interpreted and presented in the correct theme).

Summary

HCC is a small organisation with a state-wide remit, and we look for innovations which will turn the curve for patients.

In addition to Patient Opinion, HCC strongly advise a policy mandate for state-wide integrated 'Voice of the Patient' approach for WA Health, that enables real-time feedback and survey data with deeper performance analytics to help front-line staff, managers and senior executives make more effective quality improvements. The same platform can also be utilised to measure staff engagement in real-time and therefore help to enable culture improvements in WA health services as there is evidence to show that "happy patients = happy staff" and vice versa. This strategy can be enabled through the adoption of the MES Experience platform by health services (which includes the PanSensic® tool and delivery by Energesse, a specialist firm in this field).