Consumer Engagement

November 17 2015 Workshop Report

This event was the third in a series of Wimmera Southern Mallee Health Alliance Consumer Engagement events held during 2015.

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11/25/2015

Table of Contents

Introduction

Consumer engagement is good for health services.

There is solid evidence to prove that both services and consumers win when they discuss, plan and act together.

The WSMHA member agencies are committed to the principles of consumer engagement. Translating that commitment into practice is challenging work.

Over the course of 2015, the WSMHA and the Wimmera Primary Care Partnership hosted a series of workshops on issues in consumer engagement.

The **first** event was an in-depth exploration of the value and strength of the consumer voice in health service planning and delivery.

The **second** focused on developing effective skills and planning mechanisms for health service staff.

This **final** workshop has been planned as an opportunity for member agencies and their consumer representatives to come together in a supported environment to begin planning some effective, relevant consumer engagement strategies and activities.

Dr Cathy Balding, one of Australia's leading experts in consumer engagement is coming to the Wimmera. The WSMHA is sponsoring Dr Balding's participation as keynote speaker at the third, and final, event in the series of consumer engagement workshops held in 2015.

This workshop, designed for an audience of both health service staff and consumers from WSMHA member agencies, addressed the up-coming important changes to the NSQHS Standards. It was designed as a hands-on opportunity to expand thinking, share ideas, and begin some local level planning to take home.

`Getting to Grips with Consumer Engagement' was the theme of the second workshop

Review of Previous Events

The first workshop

On 25 February 2015, 72 people attended a Consumer Engagement Workshop designed to explore this idea.

Participants included both consumers and health service employees, clinicians and board members. 18 different health-related agencies and each of the local government areas were represented, stretching across, and beyond, the Wimmera and southern Mallee.

The Wimmera Southern Mallee Health Alliance hosted the day, which was centred on the stories of two local health service consumers. The two consumers, one a cancer survivor and another who has been living with diabetes for many years, spoke about their experiences during their health journeys. The constant theme was that interacting with health services is often challenging and frustrating for patients and their family friends and carers. These frustrations often stem from a lack of understanding about mutual expectations and circumstances.

Participants at the event spoke about the need to keep exploring how to best develop meaningful (for patients, clinicians, and services) and on-going engagement strategies.

There was some discussion of the inherent tensions between funding and service agreements, statutory requirements, limited time and resources, and the development of person-centred approaches to service delivery. The need for support from top levels of management to institute organisation-wide approaches was identified as significant.

For the most part, delegates were enthusiastic about opportunities.

Many took the time to respond to a section on the evaluation form for the day that asked: `What is one change that you will make in your workplace to improve consumer engagement after today'. Of these, the vast majority said they would undertake to listen more, hear more and ask more from their patients.

The constant theme was that interacting with health services is often challenging and frustrating for patients and their family friends and carers.

These frustrations often stem from a lack of understanding about mutual expectations and circumstances.

Consumer participants indicated that they would ask more questions and felt more empowered to ensure that they have a full understanding when interacting with health services.

Further training and/or resources to support consumer engagement were identified as worthy of consideration.

The second workshop

The second workshop was planned to respond to needs identified from an analysis of the evaluation materials from the first forum. The need to enhance practical skills and knowledge was both explicitly and implicitly evident. There was also a clear indication that some practitioners were experiencing concern and even intimidation when thinking about how to do consumer engagement.

This event focused on developing greater understanding of the work that is already being done that fits within the consumer engagement paradigm, though is not currently recognised as such.

The workshop opened with a keynote address from Dr Jane Farmer, LaTrobe University. Her presentation focussed on international perspectives on doing consumer engagement in rural health.

After identifying key take home messages from the address, there was a consolidation exercise – a modified World Café designed to identify groups and cohorts to engage and to create some fresh thinking about where and how to engage with groups and individuals.

Open Microphone sessions before and after lunch allowed participants to explore two sensitive subjects (as identified from the previous workshop feedback) in a light-hearted and informal discussion before moving on to a panel presentation and a scenario-based consumer engagement planning exercise.

A final, fast Noisy Round Robin exercise demonstrated the amount of data that can be generated in a very short engagement activity and will provide indicators for evaluation of this workshop and planning for the third event.

Over lunch, a `news stand' was provided with single A4 sheet take-home news stories that describe current agency activities that fit the consumer engagement spectrum. Also available were `how-to' sheets describing the World Café and Noisy Round Robin exercises.

The aim of the final consumer engagement workshop was to further develop concepts for active consumer engagement projects and processes in our local region.

The final event

The aim of the final consumer engagement workshop was to further develop concepts for active consumer engagement projects and processes in our local region. It was strictly limited to WSMHA member agencies' staff and their consumers.

The day opened with an address by Dr Cathy Balding, one of Australia's foremost experts in consumer engagement and quality and safety in healthcare.

The rest of the day's activities were specifically designed to stimulate thinking and planning for practical, effective consumer engagement and the development of processes to share ideas and learnings across the WSMHA. A detailed description follows.

Planning the Day

As with each of the previous workshops, the planning group for the forum included representatives from each of the WSMHA member agencies, supported by the WSMHA project officer contracted to the Wimmera Primary Care Partnership. The group has remained relatively stable across the year, with some variation to cover leave from time to time. This shared responsibility has been a key element in the success of the series.

Evaluation from the first two forums significantly impacted on the planning for the final event.

The third and final event was designed to be one with significant consumer, staff and executive representation. The planning group had identified a target of equal numbers of staff and consumer attendees from each agency. This proved impossible to achieve.

Working together works better

…the planning group for the forum included representatives from each of the WSMHA member agencies… This shared responsibility has been a key element in the success of the series.

The inevitable last minute changes!

An additional late change occurred when West Wimmera Health Service experienced a clash with the provision of valuable and necessary training regarding working with refugees. This was an indispensable opportunity for the agency to gain skills in working with a significant portion of their constituency – a necessary precursor to effective consumer engagement with the members of the sizable Karen refugee population residing in Nhill. Arrangements have been made to undertake at least the last segment of the day directly with WWHS staff and consumers in Nhill at a later date.

Presentations and Activities

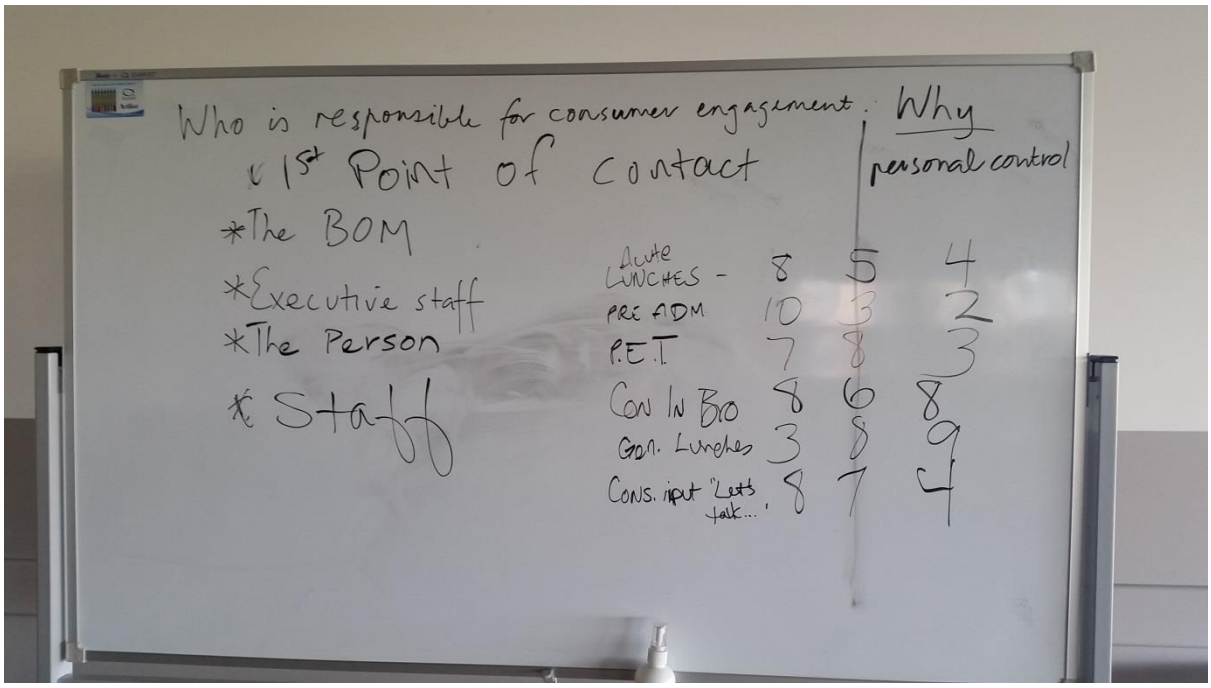
Keynote speaker

The day began with an hour long presentation by Dr Cathy Balding (http://www.cathybalding.com). Dr Balding's presentation can be found in Appendix II of this document.

Open session: Who is responsible for Consumer Engagement?

This short session was an opportunity for participants to identify where and who, across their agencies, responsibility for consumer engagement is held.

The point of the exercise was to reinforce that the effect of Standard 2 is to spread various aspects of responsibility for consumer engagement across all aspects of organisational structures and service delivery.



Responses included:

- First point of contact
- The Board of Management
- Executive Staff
- The person (consumer) themselves
- All staff

A brief discussion was held about the different kinds of consumer engagement that might be enacted by each of those identified groups, especially as this related to the four new criteria identified in the new draft ASQHS Standards. These are:

1. Governance systems
2. Partnering with consumers in organisational design and governance
3. Health literacy
4. Partnering with Consumers in their own care

Breakout groups 1: Implications for actions - revised Standard 2

For this session, mixed groups on 6 tables identified a current consumer engagement activity and analysed the activity using a template score sheet (attached as Appendix III). Scoring domains were as follows:

- How did you know that this CE activity was needed?
- How did you identify the skills and knowledge that would be needed to resource this CE activity?
- How did/will you know if this CE activity has been successful?
-

The process of scoring the activities was revealing

There was a clear trend in the scoring of the current activities.

- Where a project **scored well for `knowing that the project is needed', it tended to score poorly for evaluation.**

- Where it was felt that a project was **easy to evaluate**, it **tended to score poorly for knowing it had been needed in the first place.**

- Where a project **scored well for evaluation**, tended to correlate with **relative ease in finding resources.**

Is it all about perception?

Interestingly, one project was scored twice by different groups of staff and scoring weights were reversed for the two analyses.

This indicates that further use of strategic questioning in the development of projects will strengthen all aspects of CE project design – and make us more confident that we've covered all the bases

Breakout groups 2: Identifying responsibilities organisations, direct care staff and individuals

This session was changed on the day to optimise the applicability of the activity to the services present. Initially, it was to be a brainstorming session on developing possible activities, which would then have been consolidated in the last session.

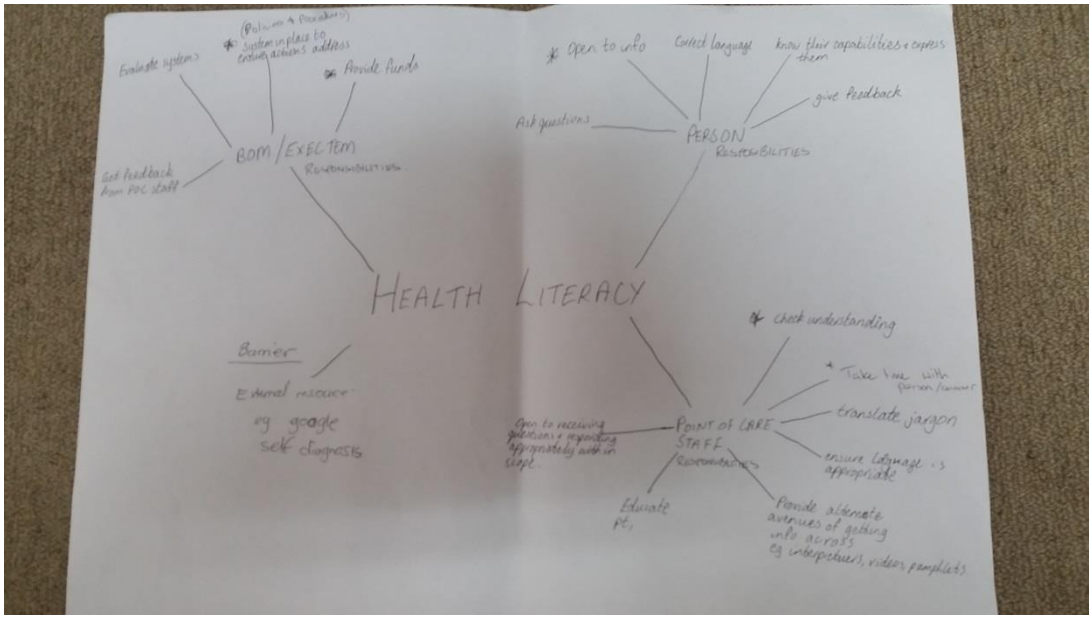
However**, on the day it appeared that there was more to be gained from a further discussion of where responsibility lies within organisations and in their relationship with their consumers and patients.**

We agreed to loosely base our discussions around a survey of the responsibilities of Boards of Management, Point of Care Staff and the Person (consumer/patient).

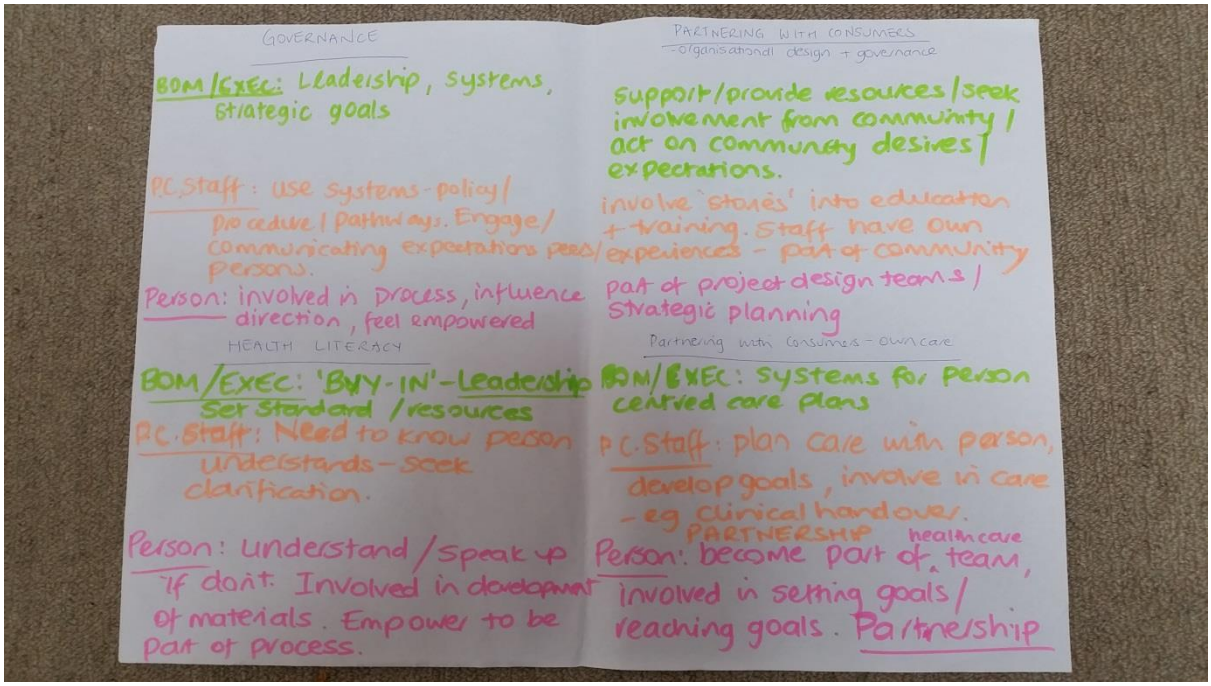
As a focus for those responsibilities, and in keeping with the material presented by Dr Balding in the morning, we reviewed 4 general areas of responsibility as they align with the NSQHS Standards and/or imperatives for health literacy. These were:

- Governance systems
- Health Literacy
- Partnering with consumers: organisational design and governance
- Partnering with consumers in their own care

The session was fairly free-flowing. There was good discussion around the tables. Each group worked out different structures for their discussions. Two of the feedback sheets are pictured below. The first focussed entirely on health literacy and mapped the varying levels of responsibility from that central point, including potential barriers.



The second photo is a good example of the discussions that centred around creating a grid of the relative responsibilities.



Across all responses there was general agreement about where the responsibilities lie across board and executive, point of care staff, and individuals and these are well represented by the examples of the two divergent ways of thinking through the issues.

Importantly, similar barriers also emerged from discussions across the tables. The most significant, though differently phrased by various respondents, can be summarised as `**culture**'. In one case the phrase used was that `**the hospital machine must roll on!**'.

One of the **potential strategies** was to **`instil a retail or hospitality mindset'**.

> **[The person] has a right to be heard… it is their experience. [They need to be able to] raise any issues or concerns with confidence**

This was the shared central tenet. All other responsibilities stemmed from, or supported, this sentiment.

Organisational groups: Identifying and planning specific CE activities

The plan for the final session was that each organisation attending would gather together to begin concrete planning of a specific community engagement project for the coming year.

The CEOs of each of the attending organisations were present for this session, as were staff and, where possible, consumers from each service.

Two services decided to work together on their identified project. This was particularly notable as they are the two organisations that are most physically distant from each other. It is unlikely that they would have developed a co-operative plan, best utilising each services' strengths and staff hours, without attending this session.

Range of projects identified

From the four attending services, three projects were developed.

It was particularly gratifying to see the variety across the range of projects identified and developed.

Learning from each other: Consumers and Board Members Talking Together

One was a re-development, to suit the local organisation's structure and consumer group, of a previous activity in another WSMHA organisation. Sharing good ideas that work is a smart use of resources. Thinking through the local application of a tried and tested project will ensure that effort goes into further refinement of processes and leaves capacity to respond to needs identified.

Sharing a new idea: The Rainbow Tick

As mentioned above, two services attending the day chose to work together on a project to best utilise scant resources. In this case, the organisations took an up-coming quality imperative and began pro-actively planning a consumer-centred, consumer-engaged process, ensuring that local responses will meet local needs, rather than reacting to an imposed burden.

Developing a new consumer-centred ethos in process redevelopment: Pre-admission

This project built on the thinking from analysing current projects in session 1. It started with a 10/10 score for `knowing the CE activity is needed'. When consumer engagement is firmly embedded in the origin of the project, making arguments to find needed resources is easier and evaluation strategies will naturally focus on the consumer in the process rather than a process the consumer must navigate on their own.

Next steps

In the final session of the workshop the group canvassed potential group Consumer Engagement activities for the upcoming year.

It was agreed that:

- The **Consumer Engagement Working Group** (with representatives from each health service) **will continue to meet bi-monthly or as necessary**. These meetings will be hosted in the Wimmera Primary Care Partnership offices and attendance can be in person, via telephone or via video-conference.

- **The WSMHA project officer** (based at WPCP) **will organise monthly one hour sessions on specific topics or projects**. Each meeting will be accessible via tele- or video-link and are open to anyone with an interest to attend. These will be advertised via:

    - the WPCP and WSMHA newsletters, and
    - within each organisation by the CE working group representative(s)

- **Each WSMHA member agency will work on discrete projects, alone or in partnership with other agencies as appropriate**. Learnings and outcomes from these projects will be shared via newsletters and the monthly CE topical sessions.

The agencies of the WSMHA will work together and support each other to further Consumer Engagement as a valued part of each agency's activities.

Appendices

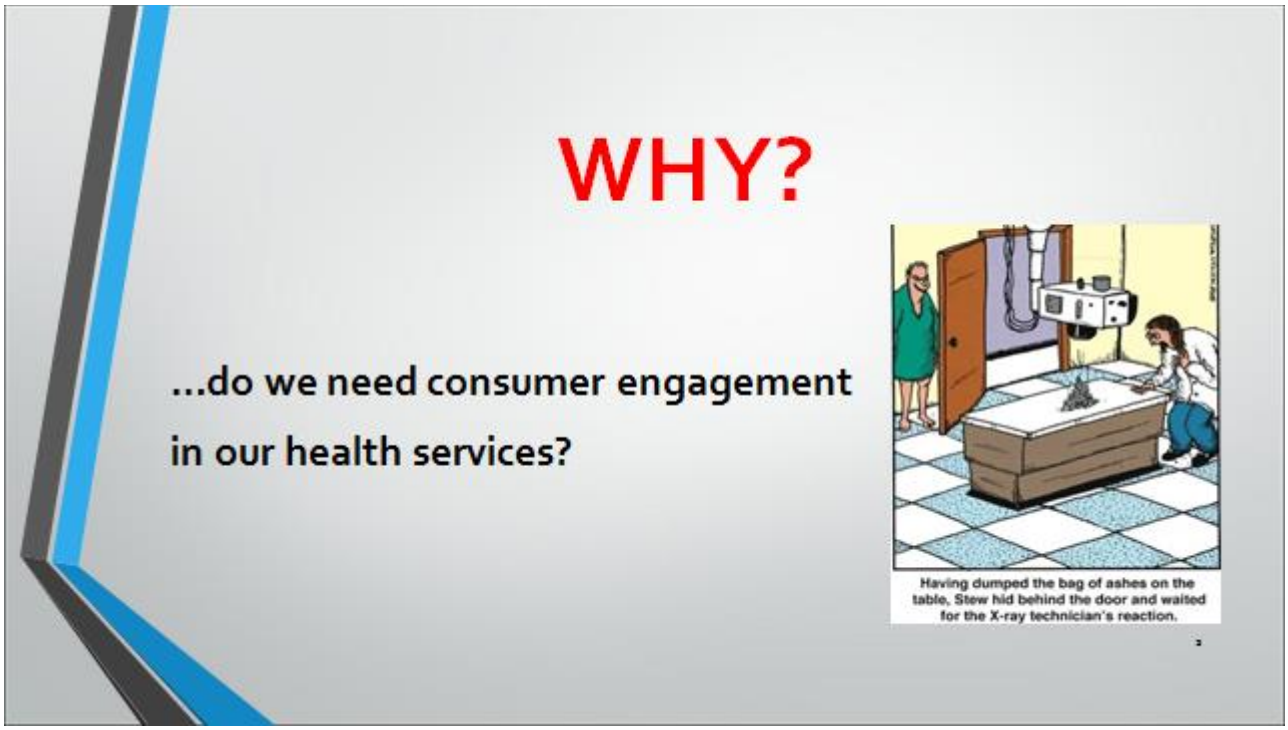
Appendix I Running Sheet

10:00am	Welcome, Housekeeping Welcome to include a brief review of previous workshops and outline the planning for this day, including the opportunity to work collaboratively	5 minutes
10:05	Cathy Balding – keynote address "Governance, CE and you…" We will ask Cathy to speak briefly about 1) the difficulty of bridging individual comprehension and interpretation with universal concepts of CE 2) the benefits of working together across the WSMHA to share good work and reduce duplication	1 hour
11:05	Setting the context: Who is actually responsible for CE? This should set up parameters for the 2-3pm session	15 min
11:20	Quick morning tea	10 min
11:30	Workshop sessions – mixed tables to discuss the 4 criteria identified in relation to the new draft of Standard 2: • **Governance systems** • **Partnering with Consumers in organisational design and governance** • **Health literacy** • **Partnering with consumers in their own care** Explore scope and identify current action that fits – it is in a specific area? Can it be used in other areas/standards? How would you measure success? • 4 mixed groups • One criteria per group • 40 min to review current actions (template)	1 hour

	• 10 min in group to discuss scoring
	  ○ Any surprises?
	  ○ What did you learn?	

12:30	Lunch	30 min
1:00pm	Workshop sessions – mixed tables to discuss the 4 criteria identified in the draft new Standard re Comprehensive Care: • **Governance systems** • **Partnering with Consumers in organisational design and governance** • **Health literacy** • **Partnering with consumers in their own care** What are the first steps to change? Identify actions and quality reporting mechanisms • 4 mixed groups • One table per criteria • Ten minutes per table/ per group World Café • 15 minute review of discussions • 5 min Visible Vote to prioritise (whiteboard and coloured pens)	1 hour
2:00	Workshop sessions – CEOs and Board to be invited – each org to a table to begin concrete decision-making and planning • One table per organisation – hoping for ½ staff, ½ consumers per org. • Use the planning template from last workshop • pick a priority action from list generated • 45 minutes planning • 15 minutes feedback re key barriers and enablers discussed	1 hour
3pm	Consolidation – what's next? Where do we want to be in a year? How do we get there? Focus on collaboration and sharing good work from local pilots (whiteboard and coloured pens)	30 min
3:30	Close	

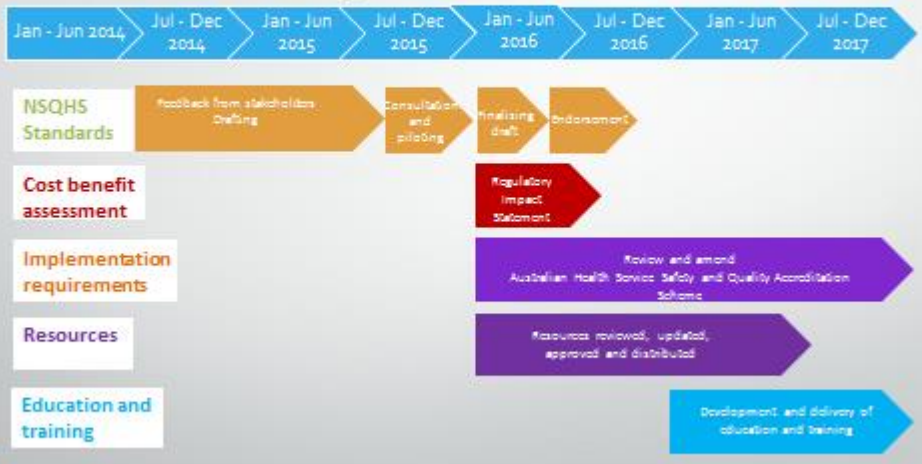
Appendix II Dr Cathy Balding's presentation



Engaging with consumers – in their own care and in enhancing your organisation

- It's easy to do… because…
- It's hard to do…because…

Reviewing the NSQHS Standards



Partnering with Consumers V2 (DRAFT): Criteria

1. **Governance systems**

- Systems are designed and used to support consumers to be partners in healthcare design, delivery, measurement and evaluation.

- 2. **Partnering with consumers in organisational design and governance**
- Health service organisations understand the diversity and needs of consumers who use their services and, where relevant, their local population. Consumers are partners in the design and governance of the organisation.

- 3. **Health literacy**
- Health literacy is embedded in the systems of the health service organisation. Consumers receive information that supports safer care and better health outcomes, and is easy to understand and use.

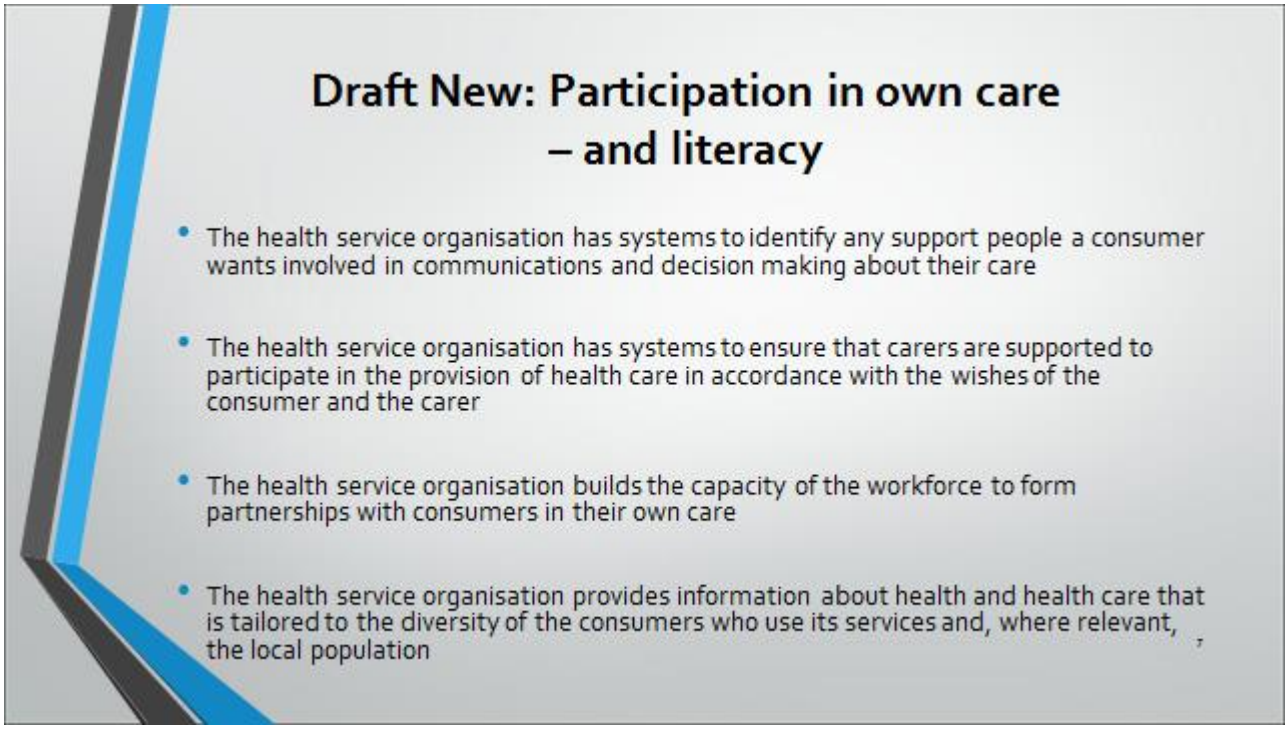
- 4. **Partnering with consumers in their own care**
- Systems that are based on partnerships with consumers about their own care are used to support the delivery of care. Consumers are partners in their own care to the extent that they choose.

DRAFT NEW Standard 2: Partnering with Consumers: what's new?

- A new criterion has been added about **partnering with consumers in their own care**, which builds on and replaces criteria from across the previous Standards
- A new criterion has been added about **health literacy and health information**. The associated actions are intended to support this by ensuring that health literacy is embedded in the organisation's systems.
- An action has been added about **quality improvement**. There has generally been little evaluation of systems for partnering with consumers, even though this is a central part of providing safe and high-quality care:
  - The health service organisation and workforce use the organisation-wide quality improvement systems to:
    - a. monitor the effectiveness of the systems for partnering with consumers
    - b. take action to improve the systems and their performance for partnering with consumers
    - c. report on effectiveness and outcomes

6

An action has been added about **understanding the diversity** of the consumers who use the services.


Draft New: Participation in own care – and literacy
The health service organisation has systems to identify any support people a consumer wants involved in communications and decision making about their care
The health service organisation has systems to ensure that carers are supported to participate in the provision of health care in accordance with the wishes of the consumer and the carer
The health service organisation builds the capacity of the workforce to form partnerships with consumers in their own care
The health service organisation provides information about health and health care that is tailored to the diversity of the consumers who use its services and, where relevant, the local population
7


Draft New: Participation in health service
The health service organisation involves consumers in partnerships to plan, design, deliver, measure and evaluate health care
The health service organisation provides orientation, support and/or education to enable consumers to fully participate as partners with the organisation
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce
8

Draft New Standard: Comprehensive care

- **Intent:**
  - Ensure that consumers receive comprehensive care – that is, care that is based on **identified goals for the episode of care**. These goals are **aligned with the consumer's expressed preferences** and healthcare needs, **consider the impact** of the consumer's health issues on their **life and wellbeing**, and are **clinically appropriate**
- **Criteria:**
  - **Systems** to support comprehensive care
  - Development of comprehensive care **plans**
  - **Delivery** of comprehensive care

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The message…

Engage!

…with consumers in their care

…with consumers in enhancing your organisation

Consumer participation Developmental Actions – Not Met in 2014-15

Public Health Services in Victoria – July 2014 to July 2015

Pick one of the following that's a challenge for your health service. Why is it hard to meet this requirement?

Standard
9.9.3 The performance and effectiveness of the system for **family escalation of care** is periodically reviewed
2.8.1 Consumers and/or **carers participate in the analysis of organisational safety and quality performance**
2.9.2 Consumers and/or **carers participate in the implementation of quality activities** relating to patient feedback data
2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or **carers to enable them to fulfil their partnership role**
2.8.2 Consumers and/or carers **participate in the planning and implementation of quality improvements**

11

When was the last time you felt a bit…lost?

13

Knowledge gap + unfamiliar environment/process + a lot at stake = ***Stress***

Engagement helps all round…even in education

How well school students perform strongly relates to evaluation of own performance and discussion and feedback with teachers…

But less than 20% students surveyed…

And the teachers thought…

Why engage with consumers in their care? – better outcomes

Considerable evidence indicates that partnering with consumers is associated with a better care experience:

- higher levels of adherence to recommended prevention and treatment
- better clinical outcomes
- better consumer safety within hospitals
- less use of health care.

Lots of issues with care are created by the ***knowledge gap***.

Why engage with consumers? It's part of governance

Integrated governance: 'Systems, processes and behaviours by which healthcare organisations lead, direct and control their functions in order **to achieve organisational objectives, safety and quality of service** and **relate to patients, carers, the wider community and partner organisations.'**

(NHS, 2006)

Why engage with consumers to enhance our organisation?: part of governance and better for business

A focus on partnering with consumers, in parallel with improved care coordination and organisational accountability for outcomes, can contribute to cost savings by preventing overuse and underuse of health care, and improving overall quality.

- And, to pick up the things you've lost sight of...

17

But...Partnering with consumers???

18

Tale from the front line

- Josie
- 81, retired Deputy DON and Midwife
- 11 grandchildren
- Lives in Woodend, Vic
- Very active and busy busy busy...
- Unexpected cholecystectomy in December 2014 – two emergency admissions across three hospitals over two weeks

What was the story?

- No serious adverse events
- Most things went to plan
- Pain well managed
- Most people were courteous and caring, but on the run
- One nurse was particularly proactive
- Surgeon was polite and clear
- Surgery went well
- Discharged better than when admitted

- Asked 5 times for the 'story' in 4 hours in ED
- Nurse pointed to the toilet after 4 hours on morphine
- Family operating drip
- 24 hours nil orally – confusion and concern about regular medication
- Had to chase up test results
- No offer of a wash/bed straightening in first 24 hours

(we're too busy to plump the pillows)

- Sometimes conflicting information given by different staff
- Bedside handover – close but no cigar
- ***Where's the app???***

This was probably an 'average/mediocre' admission

Technically all ok – yay!

Not bad...but not great. We felt like 'extras' on a movie set.

But a few tweaks would have made a BIG Difference.

Rewind and do it again: Find one way to engage our family more to improve our experience and the broader organisation:

1. *While an inpatient*
2. *After discharge*

Beyond average...

View Consumer engagement as a *means to an end:*
better care and outcomes; and a better functioning organisation

- **Decide to be 'great'** – and define what 'great' is at point of care:
- How can consumers help you define and achieve this?
- **Lead the Attitude**: patient as **part of the health service team**, rather than passing through
- **Go after it:** plan and do as part of your *strategic plan*
- **Support it:** with practical, useful **systems** that help rather than hinder engagement. Focus on specific consumers and community groups and tell their stories.

Consumer partnerships –
WHAT ARE YOU TRYING TO ACHIEVE? BE CLEAR!

'Our goal is to create a collaborative, interactive experience that maximises the interdependency between consumers and the organisation to achieve our core objectives.

The main approach of the next six months will be to facilitate a consumer-centric environment, whereby staff work with consumers to co-design our future state.'

Tell it like it is…

We're convening a working group for the next six months with our recent obstetric patients to advise on the design of the new maternity service.

25

Messages about what's important must be clear and consistent: not faddy, fancy or jargony!

Imagine if JFK had said in 1962:

'Our mission is to become the international leader in the space industry through maximum team-centred innovation and strategically targeted aerospace initiatives.'

Fortunately - he didn't!

- *"By the end of this decade we will land a man on the moon… and return him safely to the earth.'*

26

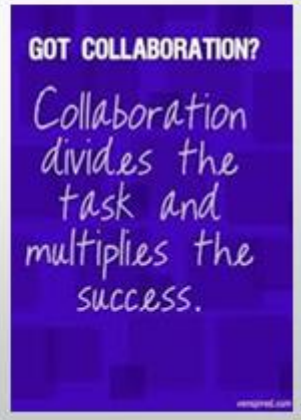
Brave new worlds require…

Brave new partnerships!

Work together…

Share great ideas and initiatives

Evaluate each other's approaches…



27

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Thankyou!

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28

Appendix III Template response sheet, Breakout session 1

Exercise Sheet 11:30 session

Project/Activity name: _____

Brief description:

How do you know that this CE activity is needed?	How do you identify the skills and knowledge that are needed to undertake the CE activity?	How will you know if this CE activity has been successful?
Score ____/10 for substantiated need	Score ____/10 for organisational capacity	Score ____/10 for potential to evaluate

Overall score _____/30