

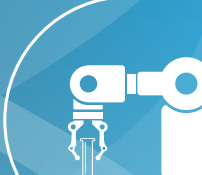
Workshop Session 2 Responses

Table	How do we hear what individual consumers are trying to tell us about their health care and health care needs?	How do we generate a culture within the health system that promotes these relationships?	What should be considered to achieve this? (A culture that promotes response to consumer health care needs)
1	<ul style="list-style-type: none"> > Ask how can I help you? > Silence > Time > Ask what do you need? 	<ul style="list-style-type: none"> > Make our Health Facilities healing environments. 	<ol style="list-style-type: none"> 1. Training, upskilling- the skill of conversation. 2. Space, environment, time, planning. 3. Respect and consideration of human diversity. 4. Individualised care, present in the moment.
2	<ul style="list-style-type: none"> > Create a culture among clinicians of asking questions, listening to answers and <u>accepting</u> the response/desire of the consumer. 	<ul style="list-style-type: none"> > Ask listen and <u>accept</u> the wishes of the consumers. 	<ol style="list-style-type: none"> 1. What do patients actually want? 2. Empowering patients to make decisions about their care. 3. Providing the information and technologies to do this.
3	<ul style="list-style-type: none"> > Ask them, talk to them, as individuals and as groups/communities. > Disseminate the information and use it to change. > Culture of listening and valuing the information. > Continuity of information across clinicians and settings. > Improve use of interpreter services for ESL consumers. 	<ul style="list-style-type: none"> > Teach listening, asking, communicating (including non-verbal communication) as a clinical skill in all curricular (undergraduate and post graduate). > Data is the key - collect better data to inform change about: what consumers value, gaps, where good and where improvement needed (could be electronic PROMS (patient reported outcome metrics) while waiting for an OPD appointment e.g. PCOC in Palliative Care). 	<ol style="list-style-type: none"> 1. Better clinical data systems - collection and reporting/ feedback to clinicians. 2. Better linkage with first degree care - data sharing/interoperability. 3. Improve partnering with health education to improve communication. 4. Get consumers to inform/drive this - how to do it and what is important. 5. Publish metrics - transparency - as a learning/quality improvement tool, not as a judgment tool.
4	<ul style="list-style-type: none"> > Ask them. > Listen and respect. > Make it easy to give feedback. > Make time. 	<ul style="list-style-type: none"> > Role modelling and leadership that takes feedback seriously. > Patient stories and patients telling their stories. > Respect wishes and actively document and encourage conversations. > Information to the patient. > Involving in plan. 	<ol style="list-style-type: none"> 1. Mechanisms to actively seek feedback and demonstrate action as a result!! 2. Enhance health literacy. 3. Enhance cultural competency. 4. Training to have conversations. 5. Mechanisms to share goals of care to all providers.
5	<ul style="list-style-type: none"> > Provide opportunities to hear feedback and act on it. > Start by asking with intent to listen. > Need to have a number of mechanisms to engage - e.g. internet, phone, in person, what is comfortable. > Have consumers actively involved in system design. > Upskill consumers so they can engage as a consumer not just as an individual. > Give people a chance to be a consumer (not just through personal connections) - decrease barriers to entry. 	<ul style="list-style-type: none"> > Give consumers knowledge and skill to push implement change (empower). > Share 'patient stories' and engage them to tell story and how. > Meaningful engagement and notable actions. > Embed in undergraduate education for all health professions - follow up in employment - inter-disciplinary approach. 	<ol style="list-style-type: none"> 1. Allocate 'protected' time to do this - fund private contractors to attend/write into contract /CPD. 2. Invite the 'right' consumers - trained supported etc. 3. Train invest in consumers to be consumer advocates and understand health language. 4. Role of HCA going forward. 5. Train/invest in consumers to be consumer advocates and understand health language. 6. Navigators in the Health System (with consumers). 7. Quality not Quantity.





<p>6</p>	<ul style="list-style-type: none"> > Consumer as part of health care team (plus family). > Consumer feedback and involvement in service design (all aspects). > Electronic portal for consumer information, comms, and feedback. > Consumer Input e.g. experts by experience, youth advisory group, consumer advisory council. > Co-governance. 	<ul style="list-style-type: none"> > Engagement, involvement, communication. > Genuine - act on input and feedback - not tokenism; include in Medical Training. 	<ol style="list-style-type: none"> 1. Consumer focus - part of training staff and consumers. 2. KPIs for consumer engagement and include in JPS. 3. Plain English - drop the jargon. 4. Co-governance - consumers and clinicians. 5. Learn from 'best practice' - ensure spread across primary, community and acute - whole of patient journey (local and federal).
<p>7</p>	<ul style="list-style-type: none"> > Active listening. > Reorientate the culture of Health Care to People. > Provide easy opportunity for people to provide their story. > Reliability - every part of the system connects. > Create opportunity for mutual respect. 	<ul style="list-style-type: none"> > Develop a system that has real - time responsiveness to patient need. > Wellness model e.g. Fanau model of holistic care (NZ) > Learn from the private sector - Amazon, Scandinavia ED - can't get into ED without phoning first - filters people who don't need to go to ED. 	<ol style="list-style-type: none"> 1. Change from complaints system to marketing approach to customer service. 2. Use technology to inform patient journey e.g. text to say outpatient appointments running behind. 3. Outlining the roles and responsibilities between patients, consumers and service providers within a partnership model.
<p>8</p>	<ul style="list-style-type: none"> > Listen and ask. > Transparency of system to allow consumer choice. > Partnership - tell story, listen, agree goals and the plan. > Ask me don't speak at me. > Healthcare accessible. > My GP runs a business - sometimes priorities don't match > Hard to navigate - very complex not set up for consumer. 	<ul style="list-style-type: none"> > Basic Education- communication skills. > System needs to be more agile. > Partnership models > Respect as the core value > Health literacy. 	
<p>9</p>	<ul style="list-style-type: none"> > Listen - no distractions. > Face to face Human. > Ask and listen. > Create an environment where people will talk - social - trust, compassionate care - treating people with dignity and physical. > Patient centred needs, appropriate staff resources to allow time to talk and listen e.g. Balance staff resources and value for money - right mix of staff (doctors nurses and carers). > Creating a culture that listens and hears (induction, training, diversity, manages services for diverse population). 	<ul style="list-style-type: none"> > Dying well - add to quality of life - give patients options and documenting goals of care. > Closing the gap - Health Literacy and Information; > Asymmetry - knowledge imbalance between service providers and consumers. > Cultural training – re: culture needs re: communities - aboriginal and other cultures. 	<ol style="list-style-type: none"> 1. Create a culture that supports consumer's needs - listens and hears. 2. Care Plans - shared care with all carers being part of the design and understands the plan to avoid duplication and reworking during its delivery. 3. Feedback loops throughout and after care are integrated to evaluation - decreased medical error and risk of medical error. 4. PREMS PROMS normalised and systematic and culturally positioned. 5. Ensure evidence based strategies - informed by good evidence.



10	<ul style="list-style-type: none"> > Listen - active listening, blanks - what's not said, time, presence, listening to understand, empower the patient/person, give opportunity for the patient/person to speak, give options and match to goals. > Questioning - curious questions, explore understanding, options. 	<ul style="list-style-type: none"> > Understand empowerment, empathy, culture. > Value time. > Just because we can doesn't mean we should conversations. 	<ol style="list-style-type: none"> 1. SA Health be a learning organisation - respect and trust. 2. Equip people to have listening/questioning skills - include in all teaching - how to non-verbally interact. 3. Incentivise system to have time to have conversations etc. 4. Champions across and through the system on how to listen, empower, mentoring 5. Understand self and understand not to project onto patients/people. 6. Look after self, then able to look after others - supervision – PR and D. 7. Day to day care e.g. rounds could use technology to assist and shift power to patients asking the questions.
11	<ul style="list-style-type: none"> > Listen! - time, Advance Care Directive. > Discuss patient stories. Ask the right questions. > Stop the 'professional script'. > Consumers partners at all levels of care. > Share good stories also. > Understand where the consumer is at. > Genuine consumer engagement with systems and processes. > Different channels/methods to get feedback. > Systems/training/education/investment. 	<ul style="list-style-type: none"> > Recognise consumers cultural/religious backgrounds, diversity. > Consumers embedded as partners at all levels - this filters through the organisation - but needs maintenance (WCHN good example re consumer partnering work). > Consumer engagement takes time. 	<ol style="list-style-type: none"> 1. Top down leader championing consumers as partners and requiring systems to be in place. 2. Bottom up - clinician training pre service e.g. Uni students. 3. Survey consumer experience, transparency of results to support consumer choice. 4. Proactive response to consumer concerns, don't wait for complaints form. 5. Language can be a barrier for consumers - can technology assist?
12	<ul style="list-style-type: none"> > Listen, ask, consumer engagement/presence at standard governance committees. It has to be genuine, honest discussions. > Documenting and reviewing Health Care needs. > Don't put expectations on their health care needs. > Having a system in place to ensure you're asking them. 	<ul style="list-style-type: none"> > Having a system in place that ensure its capture (questions have been asked). > Having engagement on all different levels. > Ensuring visibility and importance of consumer engagement is driven from the top to the board level so voices are heard. 	<ol style="list-style-type: none"> 1. Policy for person first/centred care. 2. Staff education/awareness. 3. Resourced appropriately and gives value. 4. Compassion, empathy, kindness - employee - pre-employment requirement. 5. Staff must be given time for self-care - to prevent compassion fatigue!
13	<ul style="list-style-type: none"> > Teach health care providers how to listen /talk. > Empathy and time in conversations. > Relationship building. > Redesign jobs. > Time. 	<ul style="list-style-type: none"> > Quality of service not quantity. > Need based KPIs (patient focussed). > De-cluttering/simplifying processes - time saved. 	<ol style="list-style-type: none"> 1. Involve consumers in service design. 2. Consumer empowerment. 3. Health literacy in mind - design of health information. 4. Patient choice over family choice. 5. ASK.
14	<ul style="list-style-type: none"> > By asking the right questions repeatedly. > Read back - was the information understood - informing - and educating in able to determine their needs. > Feedback/consumer information - FAQs. > Consent. 	<ul style="list-style-type: none"> > Involving other professions. > Current model does not allow for relationships. > Educate early - consumers and health clinicians. > Conversations - social research. > Prevention. 	<ol style="list-style-type: none"> 1. Re-invest in preventative care. 2. Re-invest in preventative care. 3. Re-invest in preventative care. 4. Role model conversations.



15	<ul style="list-style-type: none"> > We ask our patients - we listen. > Empowerment. > Consumer involvement in service design/review. > Support for Health Consumer Alliance. 	<ul style="list-style-type: none"> > Teaching clinicians interpersonal skills. > Culture change - setting the expectation at organisation level. > On boarding. 	<ol style="list-style-type: none"> 1. New standards - comprehensive care - patient at centre. 2. Training, education, professional development - tools processes. 3. Experiential learning. 4. Engaging consumers in service development. 5. Strategy wide approach.
16	<ul style="list-style-type: none"> > Patient experience, outcomes, instance reporting, ready to hear. > Patient advocates. > Individual goal setting. > Customer service- compliments/complaints. > Take time to have conversation. > Close gaps in transition of service e.g. NDIS. 	<ul style="list-style-type: none"> > Options that are sensitive to the situation. > Willing to hear and accept > Patient's point of view and wants. > Rating value of patients view, versus carers view. > Consumer put first. > Co-design. > Consumers on committees and provide advice. 	<ol style="list-style-type: none"> 1. Strong consumer engagement - built into leadership structure. 2. Incentive processes - some are at odds with this objective - KPIs top down and bottom up- recognition and reward. 3. Patient reported data to drive change and improvement - to Board Level. 4. Genuine engagement and response (not token box ticking). 5. How to create time and space (literally) for trust, relationship.
17	<ul style="list-style-type: none"> > Listen and remain silent to truly hear - create the space. > Funding support for those who need help to be heard. > Planning care together in a partnership, goal setting together, cultural appropriateness. > Multi-disciplinary teams. > Letting go of needing to be in control (clinicians). 	<ul style="list-style-type: none"> > Fluidity of funding to allow holistic approaches and improve experience. > Shift focus from point of care to whole of health experience. > Educate on rights and responsibilities (both clinicians, consumers and staff). 	<ol style="list-style-type: none"> 1. Broad based community (empowered) consultation to prioritise funding. 2. Support for clinicians to understand the importance of the consumer's voice in care provisions. 3. Promote the rights of consumers to ask questions, participate in decision making. 4. Make sure the systems are in place to support clinicians and consumers to be engaged. 5. Governance at community level with locals e.g. aboriginal examples to reflect community values.
18	<ul style="list-style-type: none"> > Good bedside manner - treat patients as individuals not numbers. > Patient reported outcome measures. > Ask the right questions. > Communications training. > Collaboration with families and patients. > Relationship building. 	<ul style="list-style-type: none"> > Embed in training and healthcare outcomes. > Embed in practice. > Re-inforce and reward good behaviour. 	<ol style="list-style-type: none"> 1. Consumer to get into universities to help healthcare training. 2. Reinforce and reward good behaviour. 3. Communication training and ongoing. 4. Customer service training and ongoing. 5. 'The' Consolidated patient record.

For more information

SA Health
www.sahealth.sa.gov.au/HealthandWellbeingStrategy

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