

**December 2015 Clinical Senate: The Patient will see you now – Thinking beyond accreditation to focus on patient experience**

**WA Health Actions, Jan 2017 progress update**

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Recommendation	WA Health Actions	Person responsible	Start	Expected end	Progress to date	Next steps	Current status
1: The principles of customer service (including empathy and communication) are integrated into mandatory training modules for employees who have direct Patient contact. Where possible, this would be embedded into existing training. Consumers and carers are central in the development and delivery of the added elements of the modules.	<b>1.1 Effective customer service principles document developed and released to Health Service Providers</b>	Denise Kluck, Quality Improvement & Change Management Unit (QICM)	April 2016	Apr 2017	Literature review and key stakeholder consultation has occurred. Customer service principles and the definition of a great patient experience (action 7.1) have subsequently been drafted and consulted on.	Final document to be released in 2017 after further consultation.	On schedule Substantial implementation (level 3)
	<b>1.2 Two 6 monthly updates of implementation status conducted</b>	Denise Kluck, QICM	May 2017	Sep 2017	Nil	On release of the principles, CEs to be asked to provide feedback on how they would implement, and then 2 six-monthly updates on implementation status, and results of implementation.	Scheduled to start H2 2017 No progress (level 1)
2: WA Health as system manager adopts one tool to rate patient experience that is common system-wide to monitor and benchmark for patient experience. The results from the one common tool must be fed back to SHEF, AHS Exec/Boards, individual wards within healthcare facilities and Consumers. Feedback should include results from all sites. Consideration should also be given to adopt additional tools for particular subgroups of patients and carers. E.g. CaLD, Aboriginal etc.	<b>2.1 Review Australian Commission on Safety and Quality in Health Care (ACSQHC) core patient experience questions for possible inclusion in the WA Health Patient Evaluation of Health Services (PEHS) program</b>	Sarah Joyce, Health Survey Unit	Feb 2017 (dependant on release by ACSQHC)	Jun 2017	Draft non-proprietary Core Common Questions (NCCQs) have been developed by ACSQHC and are currently undergoing testing and validation.  Depending on results and jurisdiction agreement, questions could be included in a module of the existing PEHS program or a standalone separate survey.	Validated questions will be available during the first quarter of 2017, subject to Australian Health Ministers' approval.  Inclusion in the PEHS program or commencement of a standalone survey could be achieved for the 2017/18 cycle.	Ahead of schedule Partial implementation (level 2)
	<b>2.2 Recommended patient experience measure included in the Health Service Performance Report</b>				The PEHS program is the current system-wide tool used by WA Health to measure patient experience of public patients. The results from the PEHS program are fed back to the Director General, Health Service Provider and regional executive teams and individual hospitals. Results for the state, metropolitan services, and WA Country Health Service (WACHS) are publicly reported in the WA Department of Health (DOH) Annual Report.  A patient experience KPI, sourced from PEHS results, was developed and is included in the Health Service Performance Report (HSPR) and is reported at site and health service level, as well as at the senior health executive level.	Pending work undertaken by the ACSQHC, WA Health will examine the options for and feasibility of adopting nationally used tools to assess patient experience (PREMS and PROMS)	Completed Full implementation (level 4) <i>Please note that the HSPR is currently being reviewed (as at 14 Dec 2016). This recommendation has been provided to the HSPR review.</i>
3: The trial of Patient Opinion should be expanded across WA Health (beyond WACHS) to provide a constructive platform for the public and health	<b>3.1 Release of WACHS Patient Opinion Pilot results to other HSPs</b>	Denise Kluck, QICM	Dec 2015	Dec 2016	WACHS released the interim report on the pilot in Aug 2016 to the DOH and other Health Service Providers (HSPs), and the final report in Jan 2017.	Nil	Completed Full implementation (level 4)

<p>services to connect to improve quality. In the process:</p> <ul style="list-style-type: none"> <li>- The capacity to collect data into the DATIX Consumer Feedback Module should be explored.</li> <li>- Data should be reported at all system levels.</li> </ul>	<p><b>3.2 Development of a plan for extension of use of the Datix Consumer Feedback Module (CFM): Linking Consumer Feedback with Service Improvement</b></p>	<p>Annie Chacha-Gan, Patient Safety &amp; Clinical Quality Unit (PSSU)</p>	<p>Oct 2016</p>	<p>Sep 2017</p>	<p>Implementation plan completed in late 2016.</p>	<p>Nil - implementation of the plan to be initiated in early 2017.</p>	<p>Completed Full implementation (level 4)</p>
<p>4: WA Health should introduce a system wide consistently branded "Patient First" program that drives the patient experience agenda and under which all key patient experience improvement programs are measured with results publically available.</p>	<p><b>4.1 Review and update Patient First resources</b></p>	<p>Denise Kluck, QICM</p>	<p>May 2016</p>	<p>Aug 2017</p>	<p>Content and design of generic resources has been drafted and consulted on. Planning for April 2017 pilot underway.</p>	<p>Materials to be piloted at Sir Charles Gairdner Hospital (SCGH) and WACHS in April, printed in July, and released over July-August 2017.</p>	<p>On schedule Substantial implementation (level 3)</p>
	<p><b>4.2 Provision of training in, and increasing awareness of, Patient First resources</b></p>	<p>Denise Kluck, QICM</p> <p>Pip Brennan, Health Consumers Council (HCC)</p>	<p>Dec 2016</p>	<p>Aug 2017</p>	<p>Memorandum of Understanding between the HCC and DOH signed in mid-2016. HCC, in association with DOH, currently drafting training and roll-out plan.</p>	<p>Pilot of training at SCGH and WACHS in April 2017, and release in July-August 2017.</p>	<p>On schedule Partial implementation (level 2)</p>
<p>5: The Senate recommends Chief Executive Officers visibly and actively lead consumer partnership programs and have related Key Performance Indicators (KPIs) in their performance agreement with their boards.</p>	<p><b>5.1 Incorporation of these requirements in Chief Executive Agreements</b></p>	<p>Audrey Koay, PSCQ</p>	<p>Jan 2017</p>	<p>Jul 2017</p>	<p>Discussion with Angela Kelly, Assistant Director General, Purchasing and System Performance regarding the Clinical Senate recommendation has been initiated.</p>	<p>Angela Kelly/DG to make a decision regarding inclusion in the Chief Executive Agreements.</p>	<p>On schedule Substantial implementation (level 3)</p>
<p>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.</p>	<p><b>6.1 Clinical Senate Secretariat to submit request to Information and Communication Technology (ICT) governance committee</b></p>	<p>Audrey Koay, PSCQ Exec</p> <p>Barbara O'Neill, Clinical Senate</p>	<p>Jul 2016</p>	<p>Sep 2016</p>	<p>Letter to Clinical Senate Secretariat sent in Sept 2016.</p> <p>Clinical Senate Secretariat has forwarded the recommendation to the Chair of the WA Health ICT Executive Board for the Board's consideration.</p> <p>This recommendation is being considered as part of the development of the WA Health Applications Roadmap and the WA Health Enterprise Architecture (AREA) Strategy, by the AREA Project Board</p>	<p>Nil</p>	<p>Completed Full implementation (level 4)</p>
<p>7: That in consultation with consumer and carer peak bodies:</p> <p>a) A state-wide definition of a great patient experience is developed that incorporates a value based, patient centred approach. WA Health as system managers are to ensure this is adopted by the whole of Health.</p> <p>b) Patient experience tools are developed or selected for use that reflects the indicators that matter to patients.</p>	<p><b>7.1 PSCQ to develop definition and submit to SHEF for adoption by whole of Health.</b></p>	<p>Louise Mason, QICM</p>	<p>June 2016</p>	<p>Aug 2016</p>	<p>Literature review has been completed. A definition of a great patient experience has been drafted, alongside the consumer service principles (action 1.1), and consulted on.</p> <p>Recommendation 7(b) is addressed by actions 2.1 and 2.2.</p>	<p>Final document to be released in early 2017.</p>	<p>On schedule Substantial implementation (level 3).</p>

8: The Senate recommends that a consumer is appointed as a member of SHEF (or its equivalent post legislative amendment to create HS boards).	<b>8.1 PSCQ to request that SHEF, or equivalent, include a consumer in its membership</b>	Audrey Koay, PSCQ	Jan 2017	Feb 2017	This action was paused while the new legislation was being enacted in relation to DOH governance structures.	Now that the new executive governance committees have been established, PSCQ executive will present this request to the Director General, as chair of these committees.	Scheduled to start Jan 2017 No progress (level 1)
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.	<b>9.1 The Nursing and Midwifery Officer (NMO) works with the rest of the Clinical Services and Research Division (this includes the Office of the Chief Medical Officer, Office of the Chief Health Professions Officer and PSCQ) to identify and/or develop staff tools/resources to support staff to provide compassionate care</b>	Audrey Koay, PSCQ	Jul 2016	Aug 2016	A steering group including representatives from the offices of the Chief Medical, Nursing and Midwifery, and Health Professions Officer and HCC has been convened. A set of four principles of compassionate care, and a number of implementation options, have been drafted.	Review of the draft four principles and implementation options by the reference group. Ratification of the principles and development of these into a framework.	On schedule Partial implementation (level 2)