



Government of **Western Australia**  
Department of **Health**  
North Metropolitan Health Service

# Towards a Framework of Engagement at NMHS

## Clinical Senate Presentation

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# OUTLINE

## *The 'Engagement' Journey at NMHS....*

- Why Engagement?
- What is Engagement?
- What have we done?
- Where to?

### Acknowledgements:

- Joel Levin - AHA Consulting
- Ros Elmes - Executive Sponsor Consumer, Carer, Community Engagement NMHS
- NMHS Governing Council
- NMHS Clinicians and Consumer representatives

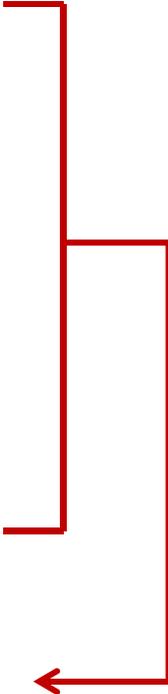


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# WHY ENGAGEMENT?

*Clinical engagement needs to be part of an organisational and system-wide culture focused on the sustained delivery of high quality care and value. (J. Clark, The King's Fund)*

- NMHS Governing Council Priority 2013/14
    - Framework proposal – literature based
    - Executive response and commitment established
  - NMHS Service Reform Framework
    - One of six “must dos”
  - NMHS Medical Leadership Program feedback
  - NMHS Operational Plan 2013/14 and 2014/15
    - One of eleven objectives under ‘Community and Partnerships’
    - Executive Sponsorship
- 

# WHAT IS ENGAGEMENT TO THE NMHS?

## CLINICIAN ENGAGEMENT:

*The manner in which NMHS involves people who provide direct patient care in the planning, delivery, improvement and evaluation of our health services.*

## CONSUMER ENGAGEMENT:

*The manner in which NMHS involves people who receive care or their carers in the planning, delivery, improvement and evaluation of their care and our health services.*

# WHAT IS ENGAGEMENT?

- Clinician, Consumer, Carer & the Community (C4) Engagement
- Levels of Engagement based on the IAP2 Model
  - From 'informing' to 'empowering'
  - Level of influence needs to suit the context and desired outcome
- There is no single way to engage
- Engagement is not new

# C4 ENGAGEMENT

## PROPOSED FRAMEWORK

- Project Plan presented to Governing Council Feb 2014
- Approved by NMHS Executive Mar 2014
- Phased approach across FY 2014/15 and 2015/16
- Acknowledged that significant engagement activities already occur
  - Stocktake activity
  - 'Pockets of excellence'

# THE PROCESS

1. BASELINE ENGAGEMENT MEASUREMENT ✓ Done

2. QUALITY ASSESSMENT ✓ Done

- Audit of NMHS site/service specific Clinician, Consumer, Carer and Community Engagement

3. ENGAGEMENT IN ALL POLICIES ✓ Underway

- Develop a checklist similar to the Substantive Equality checklist that ensures that Clinician, Consumer, Carer and Community Engagement has been considered and if required, undertaken to develop new policy.

4. NMHS ENGAGEMENT FRAMEWORK ✓ Underway

- Launch with associated Toolkit(s)

5. SITE/SERVICE SPECIFIC ENGAGEMENT PLANS

6. REPEAT ENGAGEMENT MEASUREMENT

# PHASE 1: Embedding Engagement Assessment (EEA) - baseline

- Survey instrument developed based on practice experience of embedding engagement in other organisations – *Aha Consulting*
- Peer reviewed by 5 independent engagement practitioners (all with 10+ years practise experience) and reviewed by people within the health sector
- Pilot study across 5 different sectors (including health) conducted
- Results independently validated (found to be a reliable tool)
- More detailed validation conducted with NMHS results

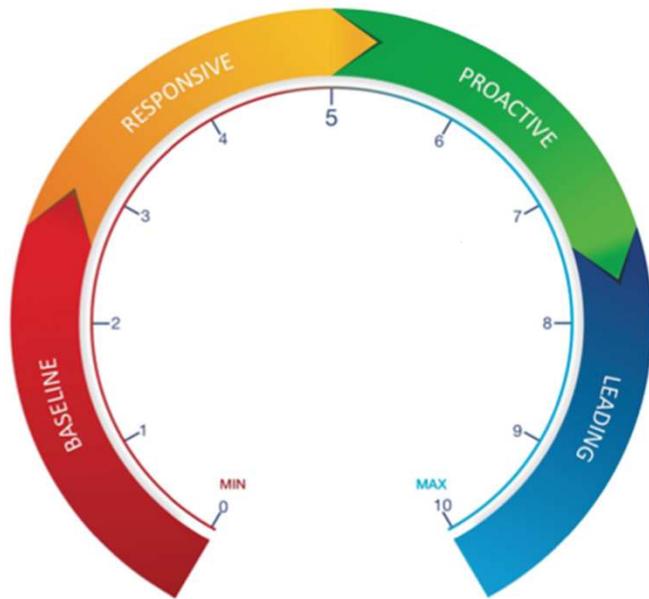
# PHASE 1: Embedding Engagement Assessment (EEA) - background

Assessment explores 5 dimensions of embedded practice assessing the culture of engagement within an organisation:



Vision and Quality  
Leadership and Commitment  
Awareness and Capability  
Governance and Delivery  
Evaluation and Improvement

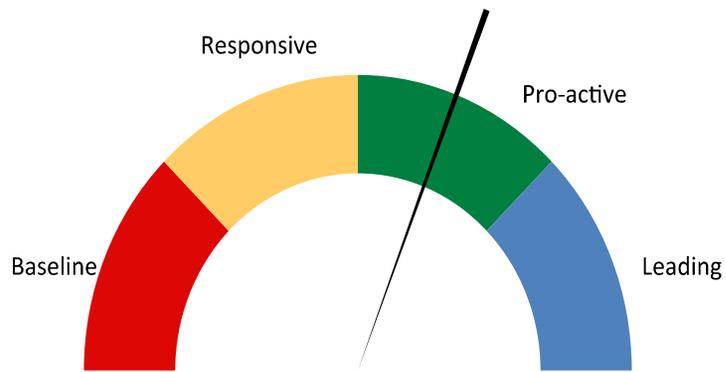
# EEA TOOL



## Assessment is plotted along 4 levels of embedded practice

- **Baseline Engagement** is characterised by doing the minimum level of engagement to meet compliance requirements (accreditation, statutory or regulatory). At its most basic level, achieving compliance is a greater focus than the quality of engagement.
- **Responsive Engagement** is characterised by a response to something that has already happened. The organisation waits until they need to engage and responds primarily to mitigate risks and/or defend a decision.
- **Proactive Engagement** is undertaken early in any project or discussion cycle, because the value and benefit of engagement are known and can be realised.
- **Leading Engagement** is about an organisation that is leading their sector in engagement practice. Their focus is not just on getting the job done but in continually improving how engagement occurs.

# Consumer

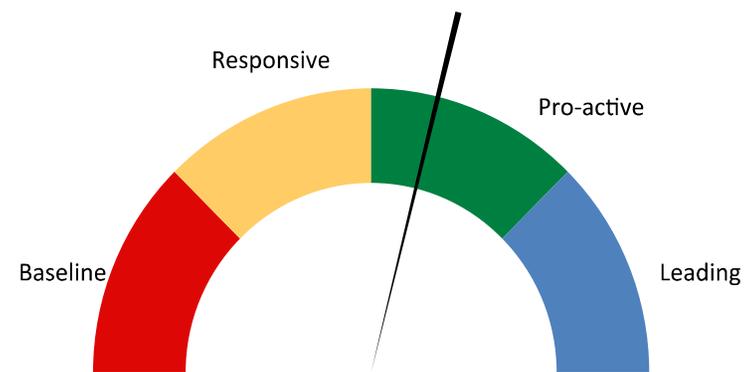


**LEVEL OF EMBEDDED ENGAGEMENT**

Overall Score = 62%

- responses from 35 CAC members across NMHS

# Clinician

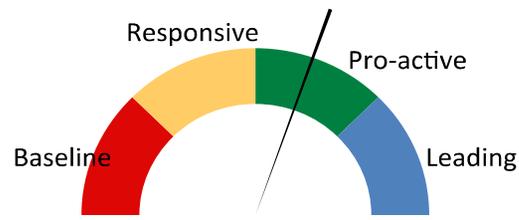


**LEVEL OF EMBEDDED ENGAGEMENT**

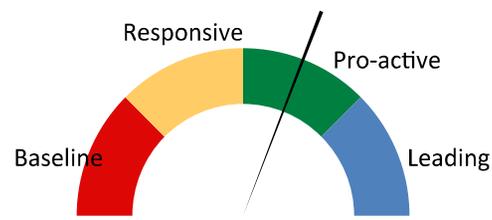
Overall Score = 58%

- responses from 927 clinicians across NMHS

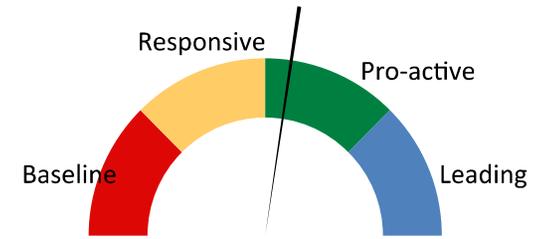
# Clinician - Dimensions



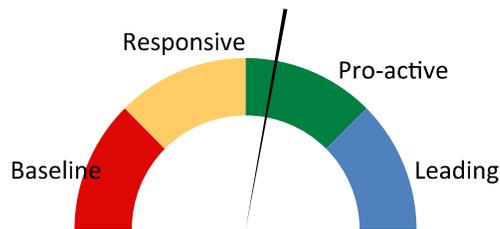
**Vision and Quality**



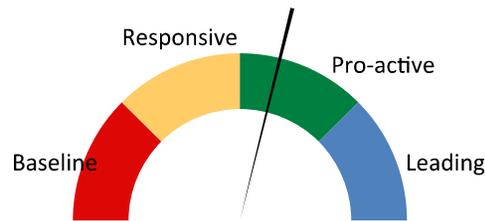
**Leadership and Commitment**



**Awareness Raising and Communication**



**Governance and Delivery**



**Evaluation and Improvement**

Vision and Quality (61%)

Leadership and Commitment (62%)

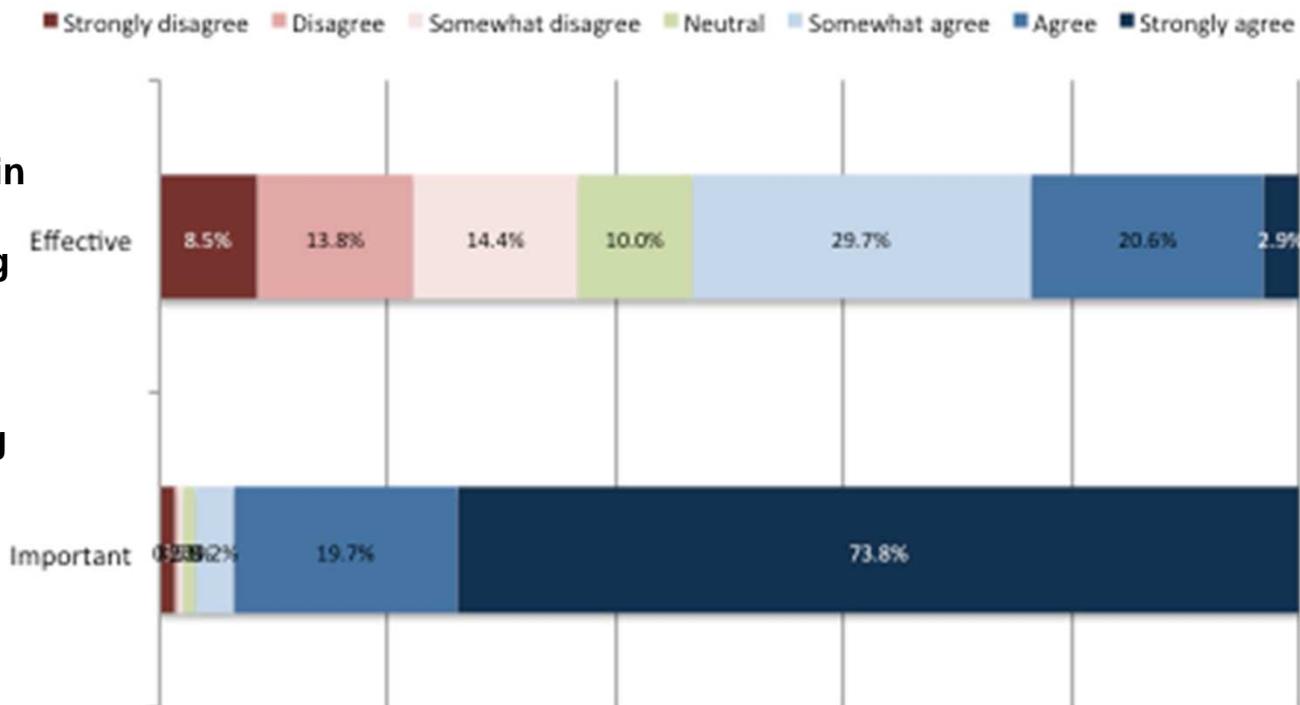
Awareness and Capability (55%)

Governance and Delivery (56%)

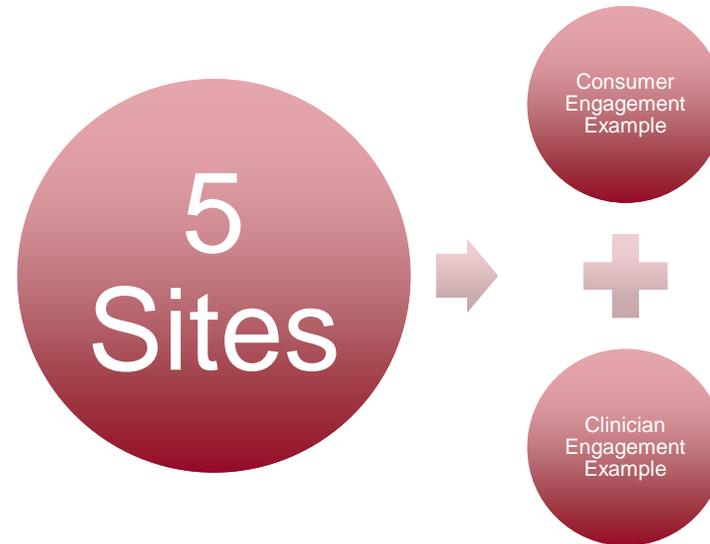
Evaluation and Improvement (58%)

**Effective: NMHS is effective in the way in which it engages clinicians in decision-making**

**Important: Engaging clinicians in decision making that affect their work will improve clinical outcomes**



# PHASE 2: QUALITY ASSESSMENT



## **“DEEP DIVE” EXPLORING:**

- Overall sentiment (commitment, genuineness, trust, understanding)
- Engagement process (level of involvement, opportunity, consideration, respect, etc)
- Engagement outcomes (improved outcomes, relationships, awareness)
- Required supports to develop practice

VIA face-to-face workshops/meetings with clinicians and consumers

# PHASE 2: QUALITY ASSESSMENT

## “DEEP DIVE” EXAMPLES USED – CLINICIAN

*KEMH: Emergency Centre Redesign Project*

*OPH: Surgi-Centre Redevelopment*

*PHAC: Humanitarian Entrant Health Service Shared Care Model*

*MH: Older Adult Hospital in the Home*

*SCGH: Pre-Admission Clinic Model*

*PLUS literature and overseas learnings...*

## PHASE 2: OUTCOMES

Key enablers to successful engagement of clinicians:

- Credibility of the process
  - Senior staff support, commitment and backing
- Flexibility
  - Engaging in a way that works for clinicians
- Capacity
  - Time spent developing clinicians – esp. relevant to projects/programs eg. CSR

# WHERE TO ?



## STAFF SUPPORTS:

- Framework drafted
- Online Tool Kit in development
- Site-specific Engagement Plans to be developed
- Plans to be registered as QI activities at site/service level
- Compliance reporting to be established to NMHS Executive