

# Co-creating the power of consumer experience in Quality and Safety

International Forum on Quality and Safety  
in Healthcare

BMJ Conference

No conflicts to declare



# Acknowledgement of Country

Metro South Health recognises and pays respect to the traditional custodians of the land and waters — the Yugambah, Quandamooka, **Jaggera**, Ugarapul, **Turrbal** and Mununjali peoples — and to Elders, past, present and emerging.

# Background

Patients and consumers need to be at the centre of all approaches to quality and safety in healthcare.

Note: The term Consumer Partner is the same as Consumer Advisor or Consumer Representative.



Figure 1: Components of the Framework. Source: Adapted from ACSQHS. National Model Clinical Governance Framework, 2017.

# Objectives

1. To understand different systems that can be developed to embed consumer partnering into quality and safety in healthcare.
2. To understand the importance of relationship building between staff and consumers to develop successful programs.
3. Have had the opportunity to share experience and generate new ideas to take back to your own healthcare service.

# Let's get warmed up...

- Where are you at as an organisation with embedding partnering with consumers?
- Where are you personally at with your confidence with partnering consumer involvement?

# Outline of session



**Warren Stubbs**  
Consumer Partner



**Anna Voloschenko**  
Consumer Partner



**Ian Clark**  
Consumer Partner



**Elizabeth Miller**  
Consumer Partner



**Faiza El Higzi**  
Consumer Partner



**Jodie Nixon**  
Manager Consumer Partnering



**Nicola Rogers**  
Complex Complaints Manager



**Amber Williamson**  
Engagement Specialist



**Ruth Cox**  
Director Occupational Therapy



**Rae Parker**  
Senior Advisor



# Who is Metro South Health?

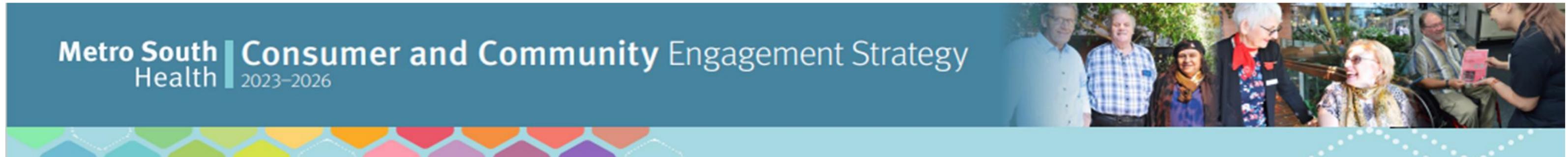


# Who is Metro South Health?



# Part 1: Better together through systems

## *Strategy & plans*



# Part 1: Better together through systems *Governance*

- Governance Structure with committees
- Consumer Partnering Team + Facility Person Centred Care Coordinators (Linked with Clinical Governance)



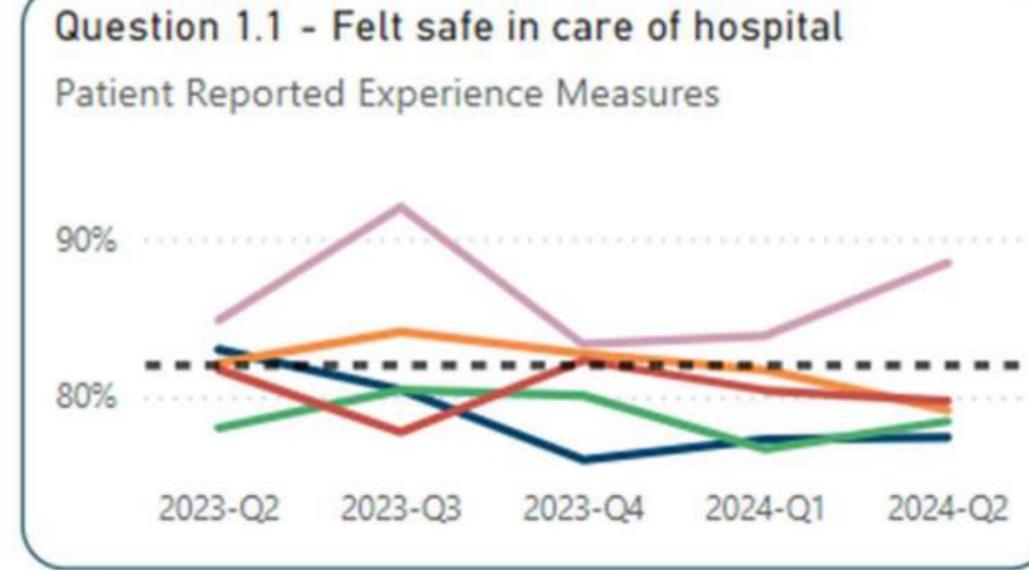
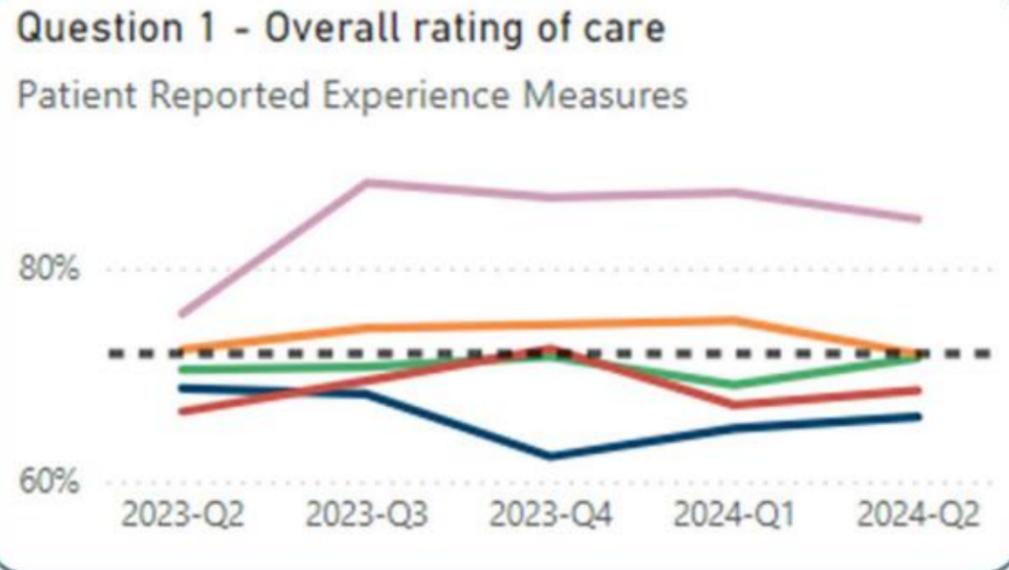
# Part 1: Better Together through systems

## *Feedback data*

Patient Reported Experience Measures Survey (PREMS) – **experience**

Best Practice Australia Survey – **satisfaction**

Consumer Complaints and Compliments



# Part 1: Better together through systems

## *Consumer Partner Network*



# Part 1: Better Together through systems

## *Consumer Partner experiences*

Reflections of Clinical  
Governance,  
committees, and how  
I influence change



# Part 1: Better Together through systems

## *The Take Home messages*

Ensure your organisation has a systems approach to partnering with consumers:

- Support documents (Consumer and Community Engagement Strategy, Standard 2 Action Plan)
- Executive support
- Consumer Partner Team



# Part 2: Better Together through partnership in Redesign

## *Person-centred systems*



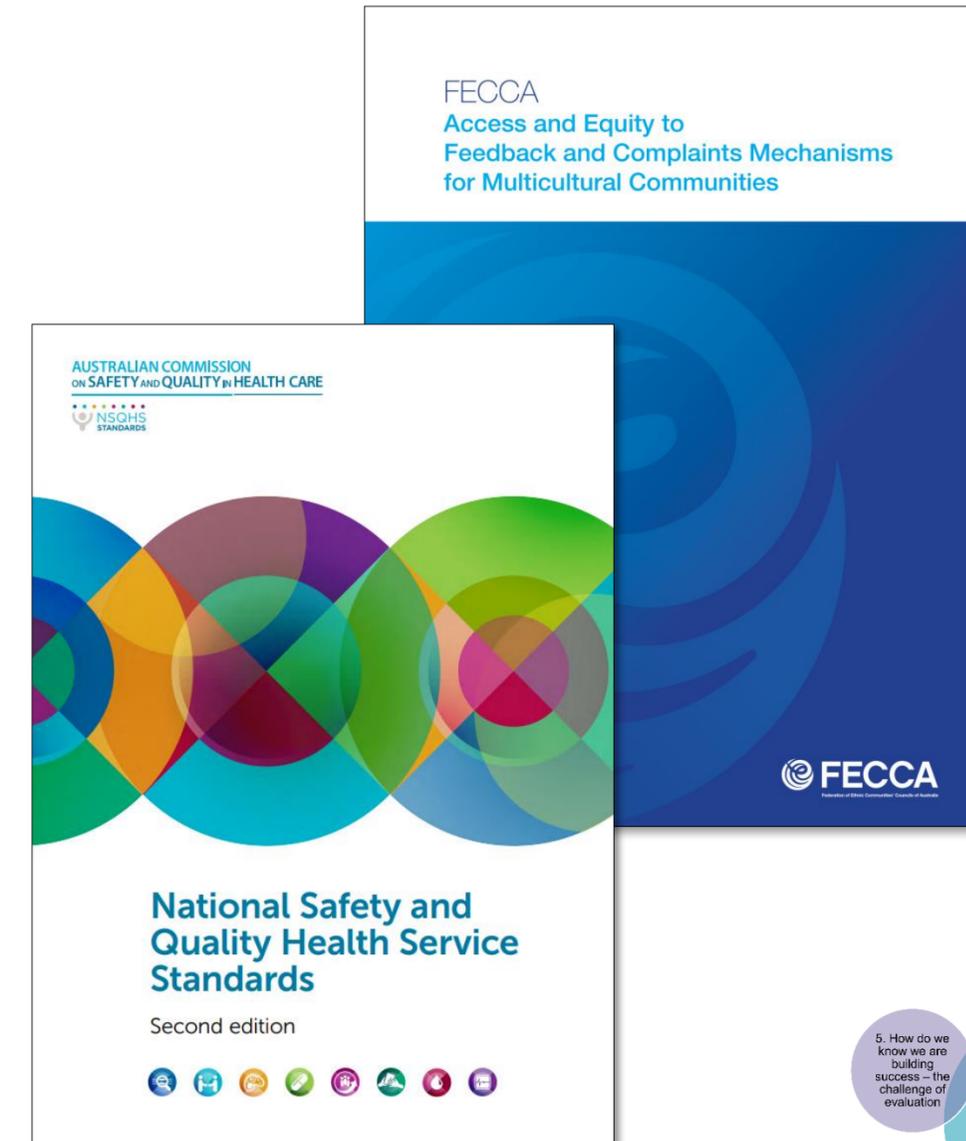
Metro South Health is a highly diverse district.



Prior to redesign, the existing system wasn't inclusive.

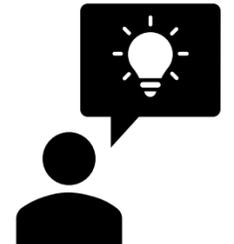


Complaints & compliments are important and unique indicators of safety and quality.

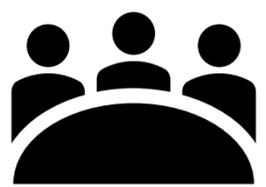


# Part 2: Better Together through partnership in Redesign

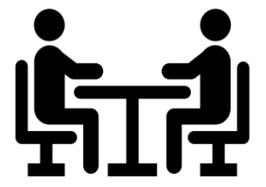
## Co-production



Good understanding of our community demographic profile and literature.



Consumers embedded throughout the process.



In-depth, extensive consultation (n=112) in the design phase.

You can also provide feedback by talking directly to the staff or asking for the manager.

**Would you like to complete the form online?**  
Please scan the QR code or visit [metrosouth.health.qld.gov.au/feedback](https://metrosouth.health.qld.gov.au/feedback)

**Is this feedback relating to:**

Your experience?  
 Someone else's experience? [Please provide the name and date of birth of the patient who was receiving care]

**Tell us about your experience**

Online feedback form  Scan me

Metro South Health | Queensland Government

### HAVE YOUR SAY!

**Give a compliment or make a complaint**

Compliment  Complaint

Location: [hospital/service/department/ward] \_\_\_\_\_  
Name: [optional] \_\_\_\_\_  
Date of birth: [optional] \_\_\_\_\_  
Phone: [optional] \_\_\_\_\_  
Email: [optional] \_\_\_\_\_  
Date: \_\_\_\_\_

**More to say?**  Would you like to be contacted to discuss your concerns or to hear the outcome of your feedback?  
*Turn over to continue.*

Our MSH values: Integrity, Compassion, Accountability, Respect, Engagement, Excellence

Standard 1 Clinical Governance | Standard 2 Partnering with Consumers



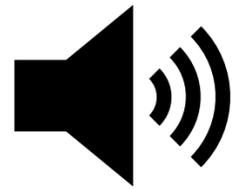
# Part 2: Better Together through Redesign *Co-production*

The screenshot shows the Metro South Health website's 'Compliments and complaints form' page. At the top, there is a header with the Queensland Government logo and the Metro South Health name. A search bar is located on the right. Below the header is a navigation menu with links for 'Patients and visitors', 'Hospital and health centres', 'Health services', 'Careers', 'Refer your patient', 'Research', and 'About us'. The main content area has a breadcrumb trail: 'Home > About us > Contact us > Give feedback > Compliments and complaints form'. The title 'Compliments and complaints form' is prominently displayed, followed by the text 'Use our online form to give a compliment or make a complaint.' Below this, there is a section titled 'About us' with a list of links: 'Who we are', 'Vision, purpose and values', 'Strategies and reports', 'Get involved', and 'Our performance'. The main text area contains the following information: 'Fill in the online feedback form below to give a compliment or make a complaint. You can type your feedback, or you can upload a video or voice recording. If you don't want to use the online form you can speak to a consumer liaison officer at the hospital or health service you were treated at. All feedback is confidential. It will not be linked to or recorded in your health record. Learn more about how we treat your feedback. Our online feedback form is available in the following languages.' A list of languages is provided: 'English' and 'العربية / Arabic'. A 'Help us understand' button is visible at the bottom right of the page.

## Online feedback form | Metro South Health



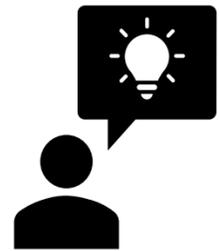
# Part 2: Better Together through partnership in Redesign *the Value*



The consumer is listened to, no matter who they are.



Empowers consumers from all backgrounds to speak up.



Our system is a vehicle for inclusive service improvement.

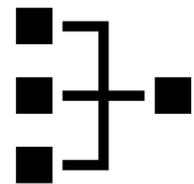


The MSH system facilitates person-centred care.



# Part 2: Better together through partnership in Redesign

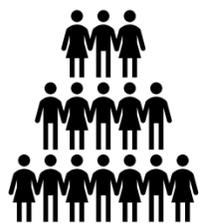
## *The Take Home messages*



Person-centred care needs person centred systems.



Closing the loop with consumers is imperative.



Embed consumers in all key aspects of project management to maximise benefits.



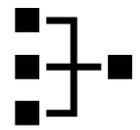
Meaningful consumer partnership requires effort, time and resourcing, but necessary.



Making our systems inclusive isn't rocket science, but it makes such an impact for consumers in our care.



# Part 3: Better Together through voices in strategy *Change Management*



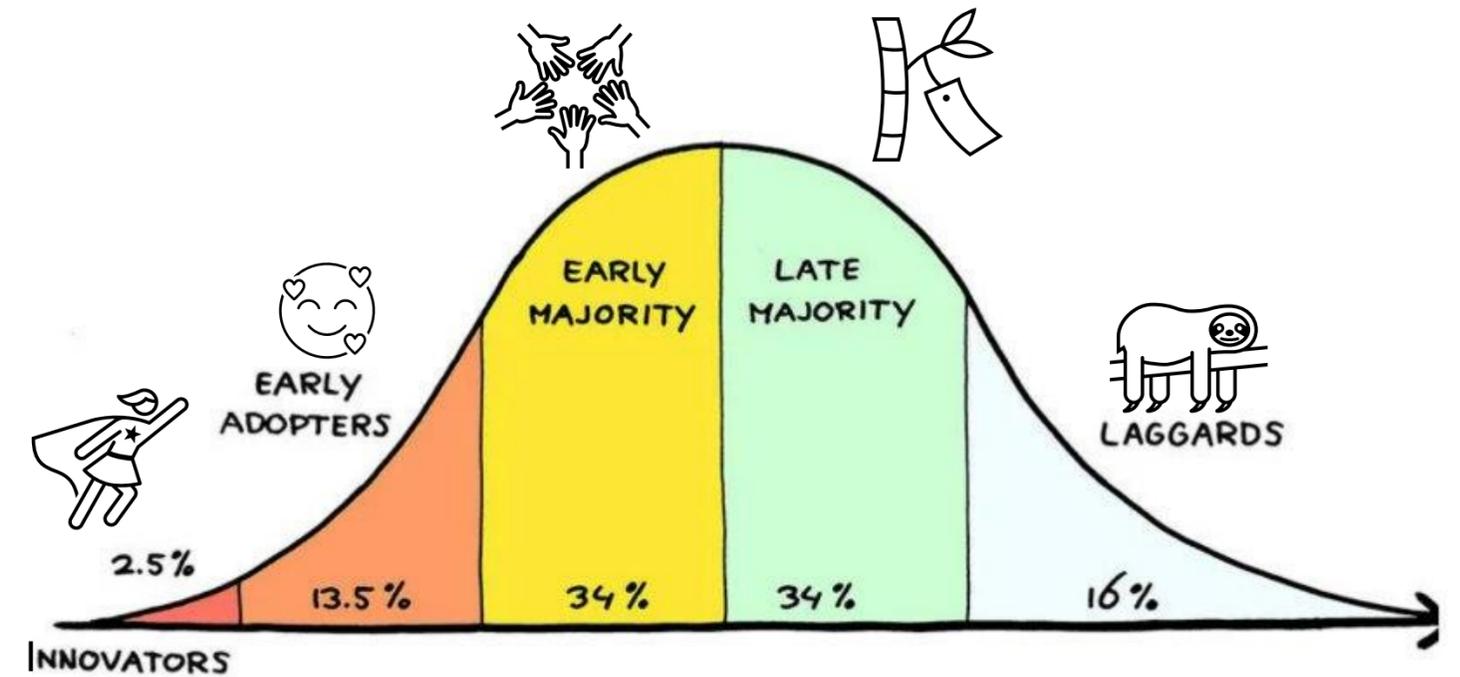
Systems approach to ensure Consumer's voice embedded in Strategic planning



Change not adopted by all staff at once



The evolution of quality consumer partnering/ engagement practise continues to evolve in Australian healthcare at large.



Diffusion of Innovation (DOI) Theory, developed by E.M. Rogers in 1962

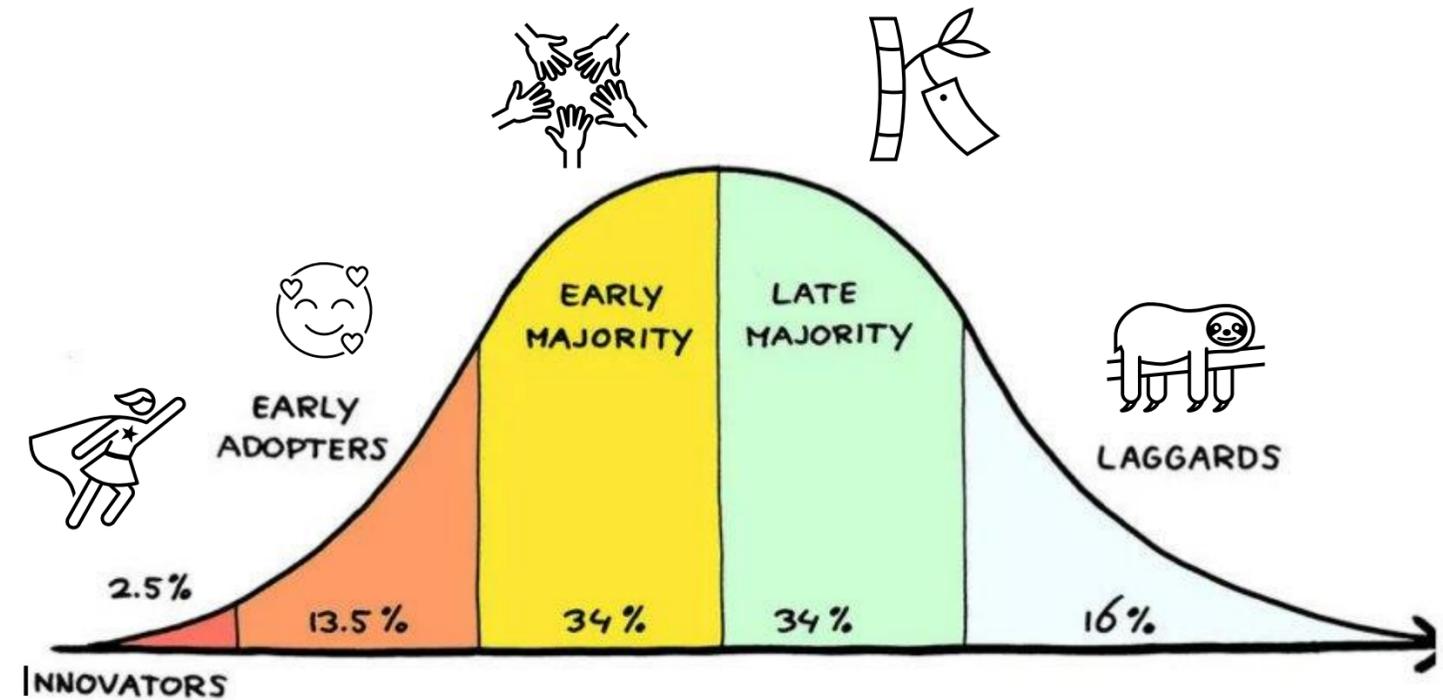


# Part 3: Better Together through voices in strategy

## Organisational Maturity

Staffs' belief & understanding in consumer engagement practise affects my contribution.

Systems approach to embedding Consumer voice in strategy development allows us to see the bigger picture (patient experience + clinical experience).

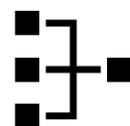


Diffusion of Innovation (DOI) Theory, developed by E.M. Rogers in 1962



# Part 3: Better Together through voices in strategy

## *Guiding Engagement Framework*



Developed structures and systems to embed voice of consumers in strategic development



MSH Consumer Partnering Engagement Framework guides staff to access existing consumer structures or create meaningful consumer engagement activities.

Planning Activity	Inform	Consult	Involve	Collaborate
<b>MSH Strategies and Plans</b> <ul style="list-style-type: none"> <li>Strategic Plan</li> <li>Patient Safety &amp; Quality Strategy</li> <li>Consumer and Community Engagement</li> <li>Digital Health Strategy</li> <li>First Nations Health Equity</li> </ul>	<ul style="list-style-type: none"> <li>Targeted briefings/presentations and communications with appropriate stakeholders to inform consultation approach, expectations, and outcomes</li> <li>Social media</li> <li>Newsletters</li> </ul>	Co-facilitated with project team and appropriate stakeholders: <ul style="list-style-type: none"> <li>Workshops/focus groups/surveys</li> <li>Targeted meetings               <ul style="list-style-type: none"> <li>Directorate Standard 1 &amp; 2 committees</li> </ul> </li> <li>Staff forums at each Directorate</li> <li>Community Stall at each Directorate</li> <li>Community consultation with Brisbane South PHN, Non-government organisations &amp; Universities.</li> <li>Yarning Circles co-facilitated with project team and Aboriginal and Torres Strait Islander Directorate</li> <li>MSH Consumer Partner Network</li> </ul>	<ul style="list-style-type: none"> <li>Town Hall Meeting with Board/ Executive, for all staff, consumers, and community</li> <li>Decision-making workshop with all stakeholders together (Board, Executive, Staff, Consumer Partners)</li> <li>All Staff Forum</li> <li>Targeted meetings:               <ul style="list-style-type: none"> <li>Executive Safety and Quality Committee</li> <li>MSH NSQHS Standard 2 Committee</li> <li>Directorate Standard 1 &amp; 2 Committees</li> <li>MSH First Nations Elders Consumer Advisory Committee</li> <li>MSH Multicultural Advisory Committee</li> <li>MSH Disability Inclusion and Safety Committee</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A minimum of two consumer partners are members of key Strategy and Plan Advisory/Governance groups, for example:               <ul style="list-style-type: none"> <li>Stakeholder Reference Group</li> <li>Advisory Panels</li> <li>Project Steering Committee</li> </ul> </li> <li>Participatory editing - Consumer Partners take part in editing documents that will be available to the public.</li> </ul>

**Reporting requirements**  
 All activities should be recorded in the [MSH National Safety and Quality Health Service \(NSQHS\) Standard 2, Partnering with Consumers Activity Register](#) every six months. The register provides short notice accreditation evidence and is tabled at the MSH NSQHS Standard 2 Partnering with Consumers Committee.

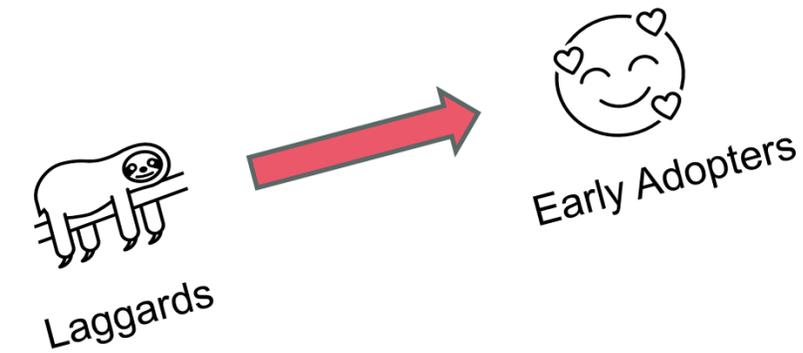
For more information, please use [Consumer Partnering contact list](#) to discuss your engagement.

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# Part 3: Better Together through voices in strategy

## *Engaging for the MSH Digital Health Strategy*



Digital Health Strategy Engagement Plan



Allocate budget (staffing, remuneration, catering, venue hire)



Digital Health team engaged in existing MSH consumer structures, consumer workshop, survey, community stalls.

**Metro South Health Consumer Partnering**

### WE asked, YOU said, WE did? Consumer Consultation

**MSH Digital Health Strategy 2023-2028**

**Background**

Digital reform in healthcare will be the story of the 21st century. Metro South Health needs a digital health strategy to guide this important digital transformation, whilst meeting the current and future needs of our patients and community.

Bringing our consumers together with staff to co-create a Metro South Health Digital Health Strategy is essential for aligning with our consumers and community needs.

**Summary**

In March 2023, Metro South Health hosted a number of consumer and community consultations to gain your input, explore the benefits and your concerns of using digital tools and discuss supports consumers and the community require to use digital healthcare. Consultations included:

- MSH Digital Health Strategy consumer workshop held on 29 March 2023, involving 24 consumers and 9 staff.
- Face to face and email consumer consultations, involving 2 consumers and 1 staff.
- Community engagement stalls, held at Princess Alexandra Hospital on 30 March 2023, generating 58 ideas & Logan Hospital on 31<sup>st</sup> March 2023, generating 66 ideas.

Thank you for participating and making your time available to Metro South Health. We are now providing you with a summary of your feedback about digital healthcare.

**Why did we seek your input?**

- To ensure the future digital healthcare suits the needs of consumers and the community.
- To bring together consumers and staff to co-create the Metro South Health's Digital Health Strategy.

**WE asked?**

A series of questions were asked across all consultations which explored:

- What healthcare activities do you find challenging to manage and what is the risk to patient safety and quality of care?
- What concerns do you have using digital tools to improve your healthcare?
- What benefits would digital healthcare bring to you?
- How can we improve consumer confidence when using digital healthcare?
- How should we support consumers and community to use digital healthcare?

**Did, Next Steps?**

- Digital Health and Informatics team are currently developing the draft MSH Digital Health Strategy, incorporating your valuable insights and feedback.
- In the next two weeks, you will receive a survey to provide your feedback on the draft MSH Digital Health Strategy.
- Following your survey feedback, we will present the draft strategy to the MSH NSQHS Standard 2 Committee.
- The final step of endorsement will be the MSH Executive Safety and Quality Committee to then be published.
- Future consumer partnership opportunities will exist as we implement digital solutions through MSH.

Thanks once again for your contributions.

**Contact**

Summary was prepared by: Anie Tucker of PAH, Metro South Health, Digital Health and Informatics.

For additional information please contact: Anie Tucker, Director Business Delivery, Digital Informatics, Ph: 07 3176 8886 or email [anie.tucker@health.qld.gov.au](mailto:anie.tucker@health.qld.gov.au)



# Part 3: Better Together through voices in strategy

## Consumer Partner experience



Welcome environment & set context



Address consumer barriers/ fears up front



Access to decision maker



Staff in Digital Health team are table facilitators



Close the loop – communicate outcome

MSH Digital Health Strategy was rewritten, to include the voice and ideas of the consumers. Our patient experience was heard!

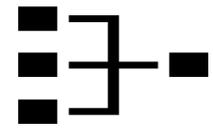


Metro South Health 2023-28 Digital Health Strategy						
Strategic Measures						
Our Focus Area	Digitally Empowering Consumers Families and Care Providers	Right Information at the Right Time	Freeing Care Delivery from Time and Place	Trusted and Secure	Streamlined Digital Health Adoption Innovation and Research	Enhancing Safe, Quality Patient Care
Alignment to MSH Strategic Plan	Provide Equitable Access to Excellent Care	Provide Equitable Access to Excellent Care Deliver Great Value Lead by Innovating and Collaborating	Deliver Great Value Provide Equitable Access to Excellent Care	Deliver Great Value Maintain and Develop an Exceptional Workforce	Lead by Innovating and Collaborating Deliver Great Value	Provide Equitable Access to Excellent Care
Our Strategies	Empower consumers to play a more active role in their healthcare through Digital Health. Actively engage with consumers to co-design optimal digital experiences. Use digital health capabilities to promote choice and better access to healthcare for all members of our community. Improve our digital presence to better connect with our patients, families and healthcare providers. Support the First Nations Equity Strategy to improve access to and experience of healthcare services leveraging digital health technologies.	Promote more informed decision making through the increased access to quality, timely and accurate data. Provide a more holistic view of the organisation through converged data. Promote greater effective, ethical and appropriate use of data through improved data governance. Ensure our workforce has the skills and awareness to consume and leverage data to perform their roles. Enhance the organisations ability to leverage data to deliver services through advanced analytic capability.	Promote and support integrated models across the care continuum supported by digital technologies that offer flexibility for consumers and clinicians (including primary care providers). Provide equitable access to a variety of models of care delivery leveraging digital technologies that is intuitive and efficient to use for both consumers and clinicians. Advocate for sustainable funding that will encourage uptake and innovation of digital technologies that will enhance models of care. Enhance the uptake and adoption of digital technologies within consumer cohorts that traditionally have reduced access to health care and poorer uptake of technology.	Reduce organisational information security risk by maturing our processes to leverage best practice standards and frameworks. Ensure our workforce has the skills and awareness to perform their roles in a cyber responsible manner. Improve the organisations level of preparedness for a cyber event. Enable the introduction and adoption of new technologies in a secure manner. Enhance the reliability, security, and quality of applications through matured application custodianship.	Demonstrate the value of digital health through evidence-based research. Leverage a mature governance process to ensure greater translation of innovation into value-based outcomes. Extend our ability to undertake research and innovation through growing industry and academic partnerships. Maximise the ability for digital health to be part of research through closer integration of research and academia. Mature our digital foundations to be more agile and responsive.	Facilitate access to consistent, trustworthy and real time patient safety data. Generate standardised care practices that can improve healthcare outcomes through consistent, trustworthy, and real time patient safety data. Enhance the organisation's digital health capability to effectively and safely use our systems. Explore contemporary technologies and invest in translational research to enhance quality and safety. Improve the integration and interconnectivity of digital health systems.
Our Measures	Increase in consumers and care providers leveraging digital health as part of their healthcare. Increase in the participation of consumers and care providers in the design of digital health initiatives. Increase the number of first nations people accessing health care using digital health technologies.	Increase in organisationally defined, standardised and agreed KPIs, metrics and definitions. Increase the availability of curated data sets to allow self service capabilities. Increase the organisation's assessed data governance maturity level. Increase the organisation's data literacy to promote greater understanding of data and promote data driven decision making. Increase the number of data science and advanced analytics projects and research.	Increase the number of synchronous and asynchronous models of care that allow multiple care providers, consumers and carers to engage and support patient centred care. Increase uptake and adoption of digital health technologies within consumer cohorts that have traditionally had reduced access to health care and poorer uptake of technology. Increase the number of interdisciplinary service models that leverage digital solutions in order to reduce barriers to improve care. Increase the number of digital technologies that support patients through their care journey.	Increase the percentage of critical and at-risk systems that have undergone an information security and third-party supply chain assessment. Improve the cyber security cultural awareness of MSH staff. Reduce the number of At-Risk Systems. Reduce the number vulnerabilities on critical or at-risk systems.	Increase research that is focused on digital health. Increase digital health partnerships with industry and academia. Increase in the number of initiatives assessed and prioritised through a value based digital health governance framework. Increase the number of available digital capabilities and platforms to support research and innovation.	Increase instances of automated information flow between systems to improve operational efficiencies and data quality. Creation of a consolidated quality and safety data set. Ensure any new digital health technology has a defined support model that can influence safe and effective use of the technology. Demonstrate examples of translating quality and safety data into practice, leading to improved patient and health outcomes.



# Part 3: Better Together through voices in strategy

## *The Take Home messages*



Apply a systems approach to ensure Consumer's voice embedded in Strategic planning.



Gathering insight from the clinical and consumers perspective **early** in Strategic planning is a key ingredient.



Close the loop – communicate outcome, as consumers become your strategies' champion.



Having everyone together at the table, ensures we develop a Strategy that will be used.



Q&A: What do you want to know?

# Part 4: Better Together through learning programs

## *Partnership in research*

- **Ruth Cox – Director Occupational Therapy QEII Jubilee Hospital & past PhD Candidate, Griffith University**
- **Elizabeth Miller - Consumer Co-Researcher**

Working with:

- Bernadette Tanner - Consumer Co-Researcher
- Prof Matthew Molineux - Head of Occupational Therapy Discipline, Griffith University
- Assoc Prof Melissa Kendall - Senior Research Officer Acquired Brain Injury Outreach Service / Transitional Rehabilitation Program & Griffith University



# Part 4: Better Together through learning programs

## *Partnership in research*



# Part 4: Better Together through learning programs

## *Capability Framework*



**Scoping review**



**International eDelphi survey**



**Learning & development needs analysis**



# Part 4: Better Together through learning programs

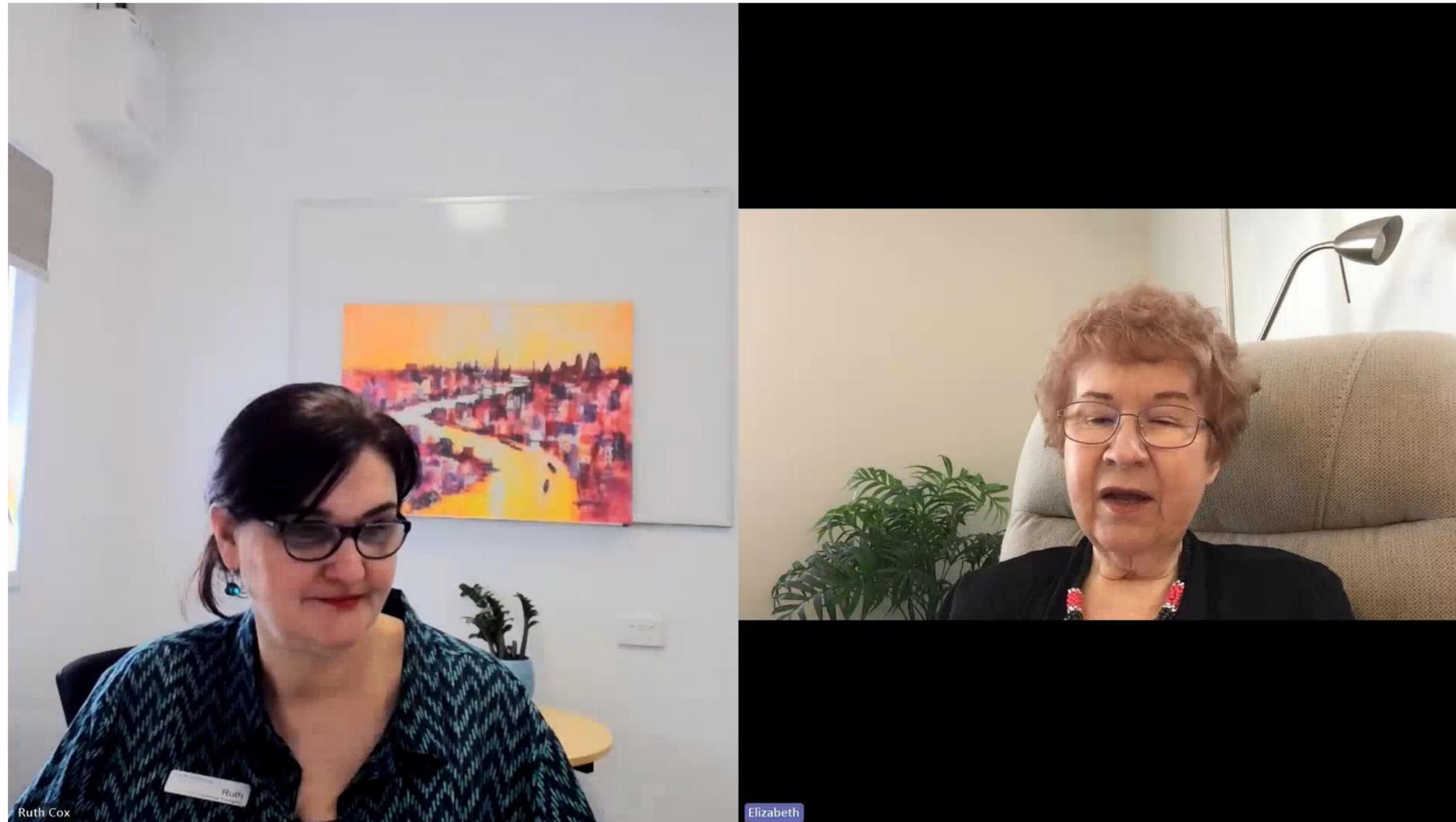
## *Needs Analysis key findings*

- **199 respondents (35% response rate) = 174 staff, 25 consumers, 41 committees**
- **CP principles & practices + sharing power & leadership:**
  - Co-learning
  - Ongoing learning
- **Learning needs & preferences:**
  - Combination of approaches: face-to-face & videoconference
  - Learn through experience
  - Self reflection\*\*



# Part 4: Better Together through learning programs

## *Partnering with Consumers Learning program*



# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*

### **Vision: To support the workforce to apply NSQHS Standard 2 criteria**

- Co-created by 31 staff & 7 consumer partners: Multidisciplinary staff, continuum of care, instructional designers & diverse consumers
- Overall working group + 5 sub-groups
- 18 months

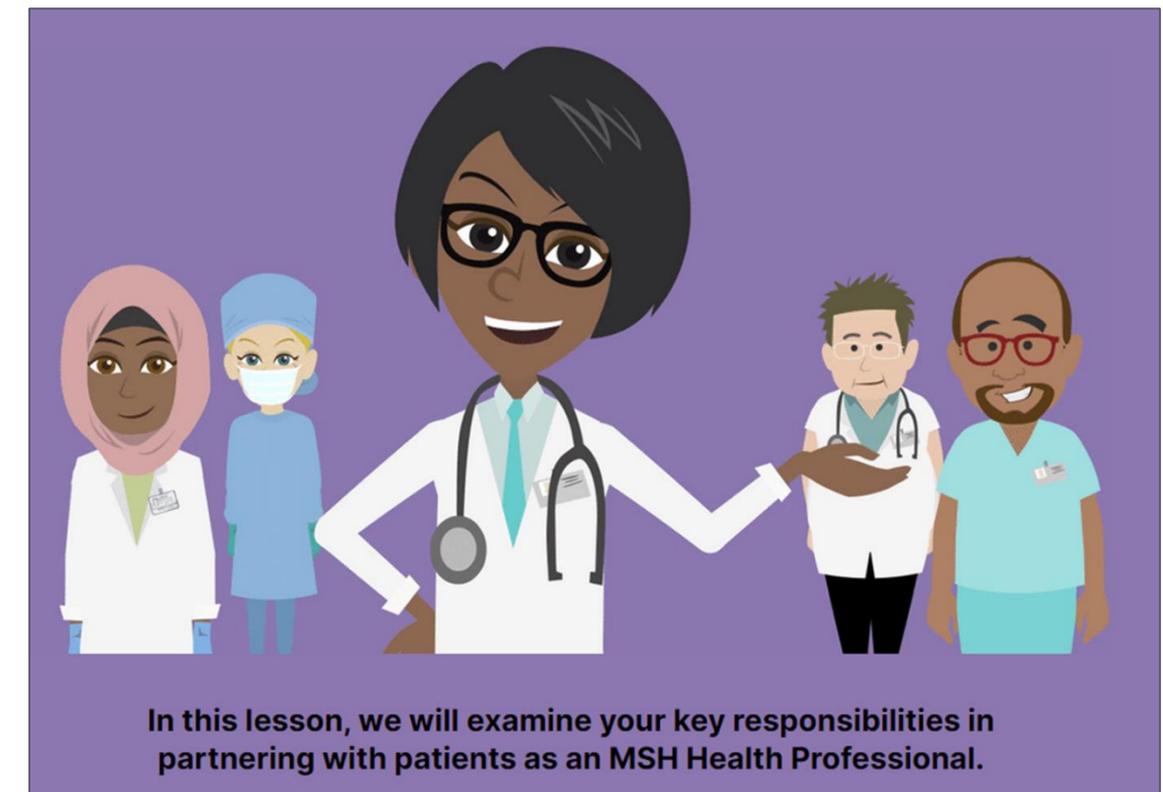


# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*

### Guiding principles:

- Reflection & critical thinking
- Adult learning principles
- Multimodalities, short, sharp
- Contextualised
- Representative of workforce & consumer partners
- Stories from staff & consumer partners

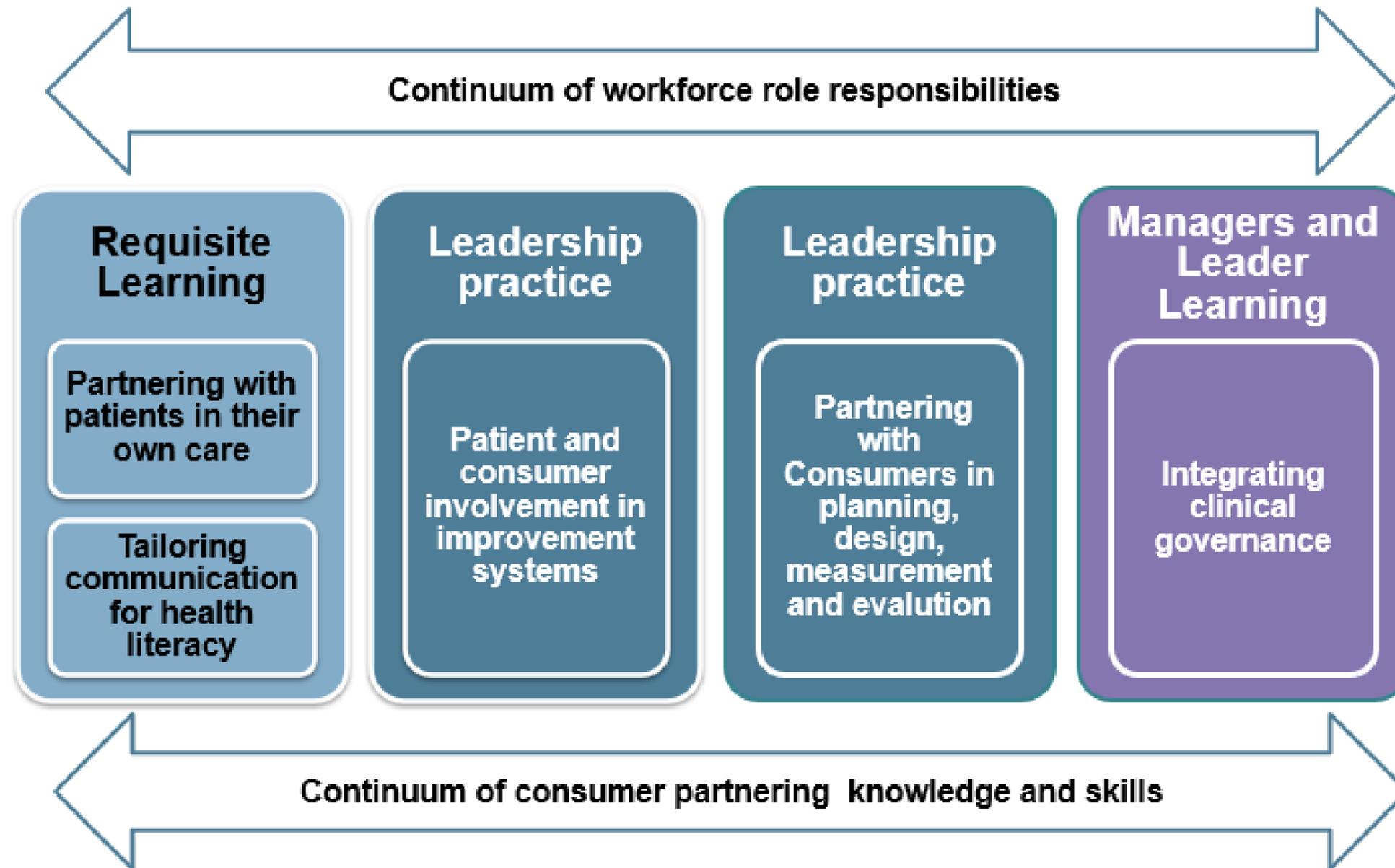


**Practice scenarios, quizzes, videos, flip cards, links**



# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*



# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*

### Leadership learning

#### Patients and consumers involvement in improvement systems (~15 min)



**How to monitor and improve consumer partnering outcomes**

#### Who is this training for?

- Staff with patient safety and quality improvement portfolios.

#### What will I learn?

- Identify how consumer experience data supports evaluation and quality improvement.
- Understand three good practice tips to apply consumer experience data and consumer partnering to strengthen evaluation and quality improvement activities.



# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*



# Part 4: Better Together through learning programs

## *Partnering with Consumers learning program*

### Implementation:

- F2F or videoconference group sessions
- Marketing ++
  - Staff fora, newsletters, research symposia, pop-up stalls
- Operational plans

### Evaluation:

- Consumer partner survey
- Consumer partner & staff focus group
- Australian Clinical Trials Allianz (ACTA) Consumer Involvement Engagement Kit



**MSH Partnering with Consumers Learning Program (Our people)**

*Supporting our workforce to partner with consumers and improve lives through better health.*

*Better together*

MSH Consumer Partnering Team & MSHR Organisational Development<sub>Met</sub>  
Email: [MSHConsumerPartnering@health.qld.gov.au](mailto:MSHConsumerPartnering@health.qld.gov.au)



# Part 4: Better Together through learning programs

## *The Take Home messages*



Translating research into consumer partnering practice essential



Short, sharp, contextualised learning recommended with self-reflection



Learning & development for consumer partnering a priority



Implementation & evaluation must be built in



[Ruth.cox@health.qld.gov.au](mailto:Ruth.cox@health.qld.gov.au)



# Part 5: Better Together through evaluation

- **External and Internal Drivers**
  - NSQHS and Partnering with Consumers Standard<sup>1</sup>
  - MSH Strategic Plan
- **Complex intervention with lots of uncertainty**
  - Uncertain effects of consumer partnering<sup>2</sup>
- **Evaluation design/selection**
  - Tailor your evaluation to meet contextual needs.<sup>3-7</sup>
  - Uncertainty in metric selection/tool transferability.<sup>3-7</sup>

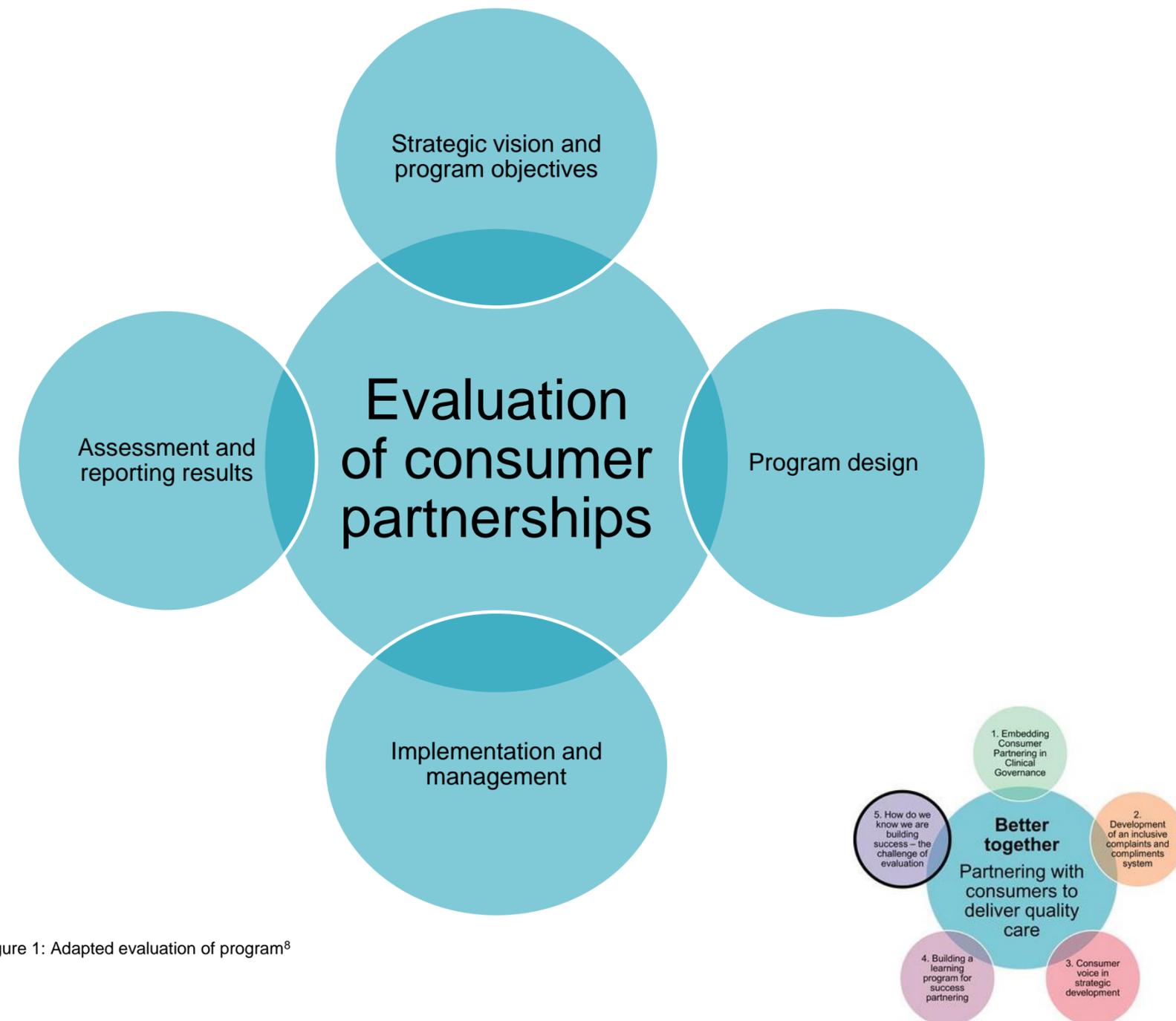
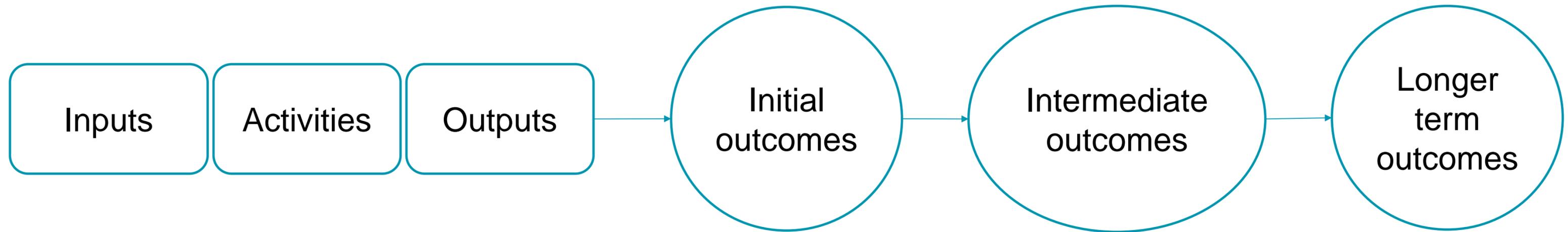


Figure 1: Adapted evaluation of program<sup>8</sup>

# Part 5: Better Together through evaluation

## *Comprehensive planning*

Comprehensive evaluation is planned, collaborative, incremental and iterative.



Evaluating committee partnership processes and experiences

Evaluation of committee partnership outcomes



Figure 3: Adapted evaluation of process and program continuum<sup>8</sup>

# Part 5: Better Together through evaluation

## *Combined approach*

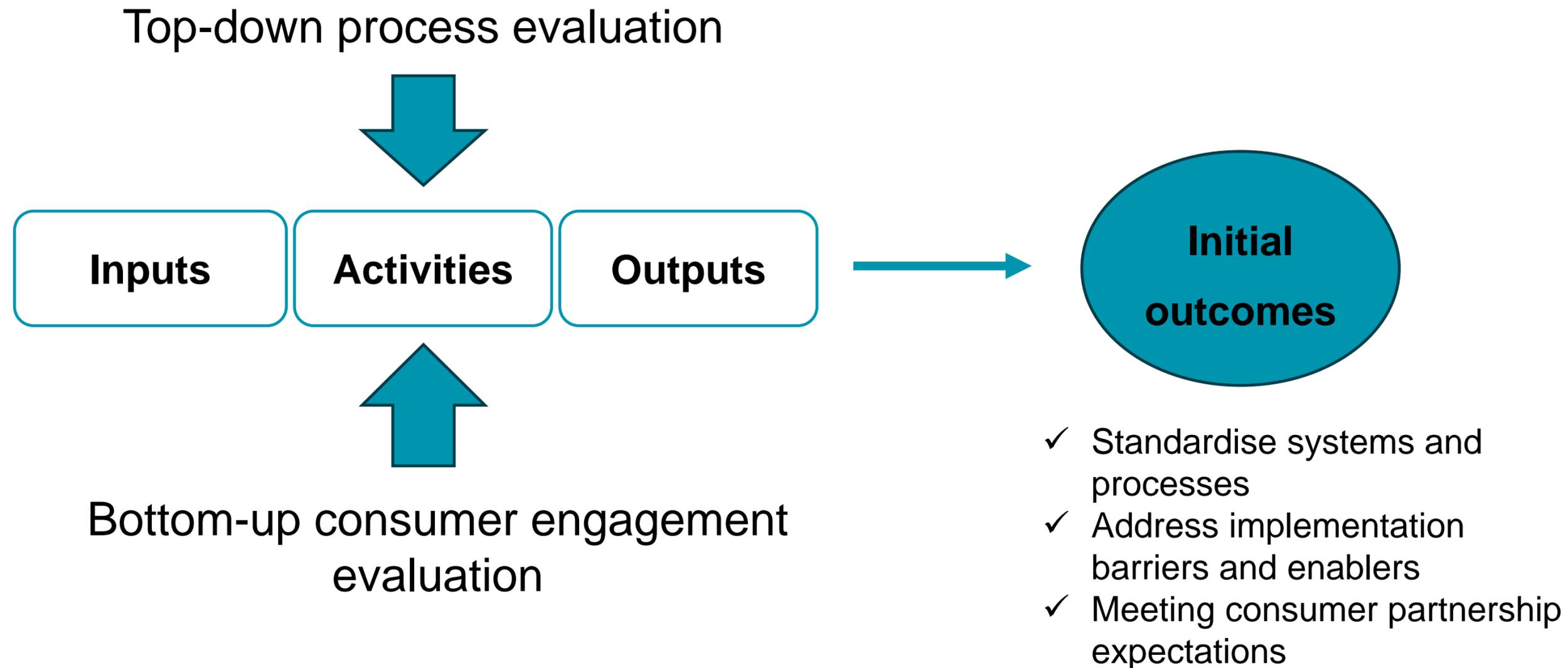
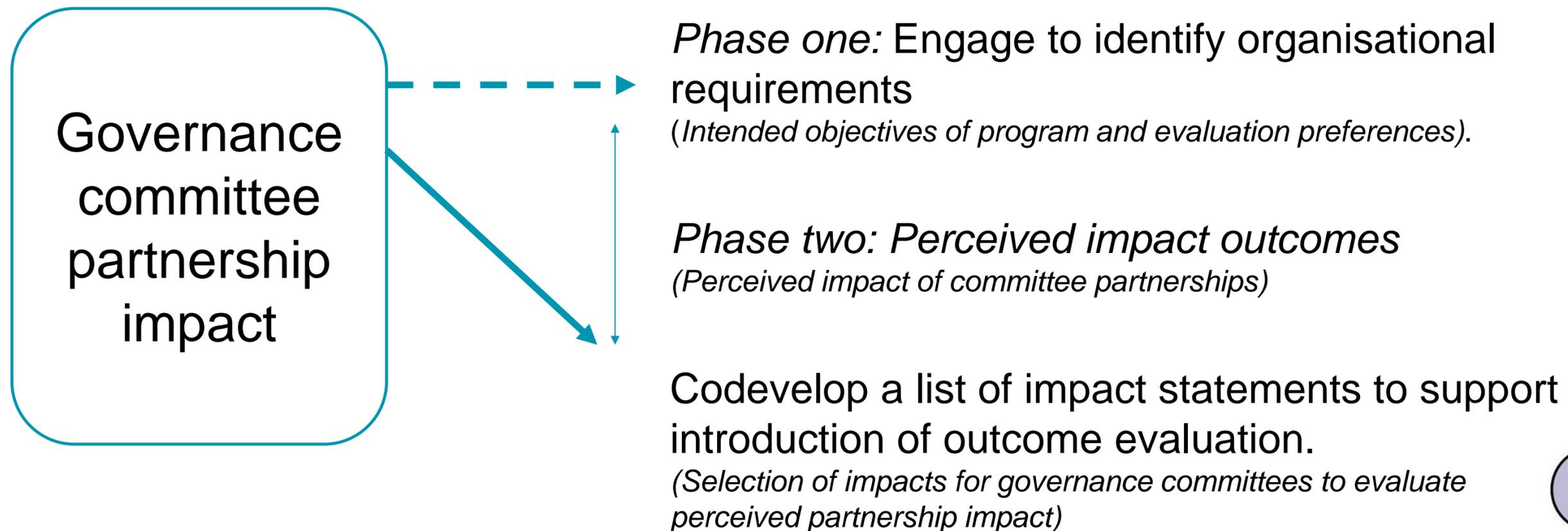


Figure 2. Adapted process theory evaluation<sup>8</sup>

# Part 5: Better Together through evaluation

## *Partnering example – Committee partnership*

Co-produced mixed methods study evaluating the perceived impact of committee partnership and the development of an evaluation tool (HREC/ 2024/QMS/103293)



# Part 5: Better Together through evaluation

## *The Take Home messages*

### Message #1

Evaluation focus must answer what is most important to the organisation and stakeholders.

**Clear program objectives**

**Clear evaluation questions**

**Design evaluation to be fit for purpose by adapting / combining available resources**

### Message #2

Consumer partnership is a dynamic interplay of desired behaviours; knowledge, values, skills and power distribution.

**Focus is partnership impact**

**Consumer Partner**

**Staff**

*Working together to achieve impact outcomes.*

### Message #3

Engagement in research

Responsive  
Pragmatic  
Formative

**Collaborative approach<sup>(11)</sup>**

**Acceptance  
Feasibility  
Relevance  
Low burden  
Adoption**



Q&A: What do you want to know?

# Bringing it all together:

1. Embedding Consumer Partnering in Clinical Governance

5. How do we know we are building success? The challenge of evaluation

2. Development of an inclusive complaints and compliments system

## Better together

### Partnering with consumers to deliver quality care

4. Building a learning program for successful partnering

3. Consumer voices in strategic development



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