



Government of **Western Australia**
WA Country Health Service



WA Country
Health Service
Consumer and
Community
Engagement
Strategy
2021–26

**A GLOBAL
LEADER IN RURAL
AND REMOTE
HEALTHCARE**



Acknowledgements

The WA Country Health Service acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term—Aboriginal

Within Western Australia (WA), the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Using the term—on country

For the purposes of this document, on country represents a term used by Aboriginal people referring to the land to which they belong and their place of Dreaming.

Using the term—older people

In this document, the definition of an older person is someone aged 65+ (for non-Aboriginal people) or 50+ (for Aboriginal people)¹.

Definition of cultural security

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. To be culturally secure, programs and services need to:

- identify and respond to the cultural needs of Aboriginal people
- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- recognise and reflect on how these factors affect health and wellbeing

Please note: Aboriginal people should be aware that this publication may contain images or names of deceased persons in photographs or printed material.

Photos have been used with written permission. For further information please contact WACHS Communications.

Contents

Message from the Board Chair	03
Understanding patient experience and consumer engagement	04
Snapshot: how we engage with consumers	06
Vision	07
Mission & Directions	08
Directions	
Direction 1: Develop systems and structures that support effective and inclusive consumer engagement	09
Direction 2: Build the capacity of the workforce to engage with consumers	11
Direction 3: Build the skills of consumers to be active participants in healthcare	12
Consumer engagement in action	15
Community engagement in action	16
Examples of feedback from Care Opinion	21
Next steps	22
Appendices	
Appendix 1: Glossary of terms	23
Appendix 2: Measures and milestones for success	25
Appendix 3: Guiding documents and alignment to Strategy	30
Appendix 4: Key strategies and plans	32
Appendix 5: References	33

South West District Health
Advisory council members with
WACHS South West staff.



“Being addressed the way I want to be addressed. Being asked, not told. Having people working with me. Respecting my choices, my decisions. And if I’m able to control my situation, being allowed to do that without being judged and being seen as difficult.”

Consumer describing a person-centred philosophy



Kimberley District Health Advisory Council members receiving certificates of appreciation from the WACHS Kimberley Regional Director.



At its core, the WA Country Health Service (WACHS) Consumer and Community Engagement Strategy 2021-26 reflects how our organisation is striving even further to place patients, their families and carers at the centre of everything we do.

Committed leadership, collaboration and dedicated support from all levels of WACHS will collectively connect us in bringing the Strategy to life, in alignment with our values of community, compassion, quality, integrity, equity and curiosity.

Consultation with WACHS staff and consumers in developing this Strategy aligns with the broader and long term cultural reforms that shape the *WA Sustainable Health Review* (SHR). The SHR highlights the need for courage, collaboration and system-thinking to change how health care is delivered in WA for a healthier, sustainable future.

The Strategy is intentionally focussed on these elements to achieve a service orientated and person-centred culture that improves the patient, family and carer experience.

We know that purposeful partnerships between consumers and clinicians are an effective and enduring catalyst for sustainable change in health care which underpin all areas of healthcare reform. This Strategy further advances the significant progress that WACHS has already achieved in progressing the National Safety and Quality in Healthcare Standard Two: *'Partnering with Consumers'*, which supports us in empowering people to be involved and engaged in decisions related to the planning, design, implementation and evaluation of their health service.

Message from the Board Chair

The Strategy also supports the strengthening of existing consumer and community engagement pathways and the expansion of new ways to engage consumers in our everyday actions, decisions and operations. Consumer and community engagement are recognised as human rights in health care provision and are inextricably linked to improved health outcomes, improvements in the effectiveness of services and increased staff morale.

By harnessing new and innovative technologies to engage consumers and communities, we can help to overcome the challenges of time and distance, accessibility and inclusivity that are so much a part of everyday life for people living in rural and remote WA. We cannot undertake this important and challenging work alone. In partnership with our consumers and communities, we will build upon our relationships with WACHS health service providers partners and stakeholders to ensure that country patients and their families and carers receive the very best care when and where they need it.

By embracing a service culture where our behaviours, decisions and everyday operations improve the patient experience, maximise patient safety and optimise the health outcomes of the people that we serve, we will achieve our goal of being a global leader in rural and remote care supporting healthier country communities.

DR NEALE FONG
BOARD CHAIR

WA COUNTRY
HEALTH SERVICE

Empowering consumers and using their feedback to shape and improve services is essential for truly person-centred care.

Understanding patient experience and consumer engagement

Globally, healthcare is focussed on creating a culture of partnership and collaboration with patients and their families and carers by involving them in decisions about their care.

The evidence is clear that when we listen to and learn from people who use our health services, we can improve the health outcomes for the people that we care for and the safety and quality of the health services we deliver in our communities.^{1,2}

Consumer and community engagement is about the way we interact with our patients, their families and carers in order to enable people to:

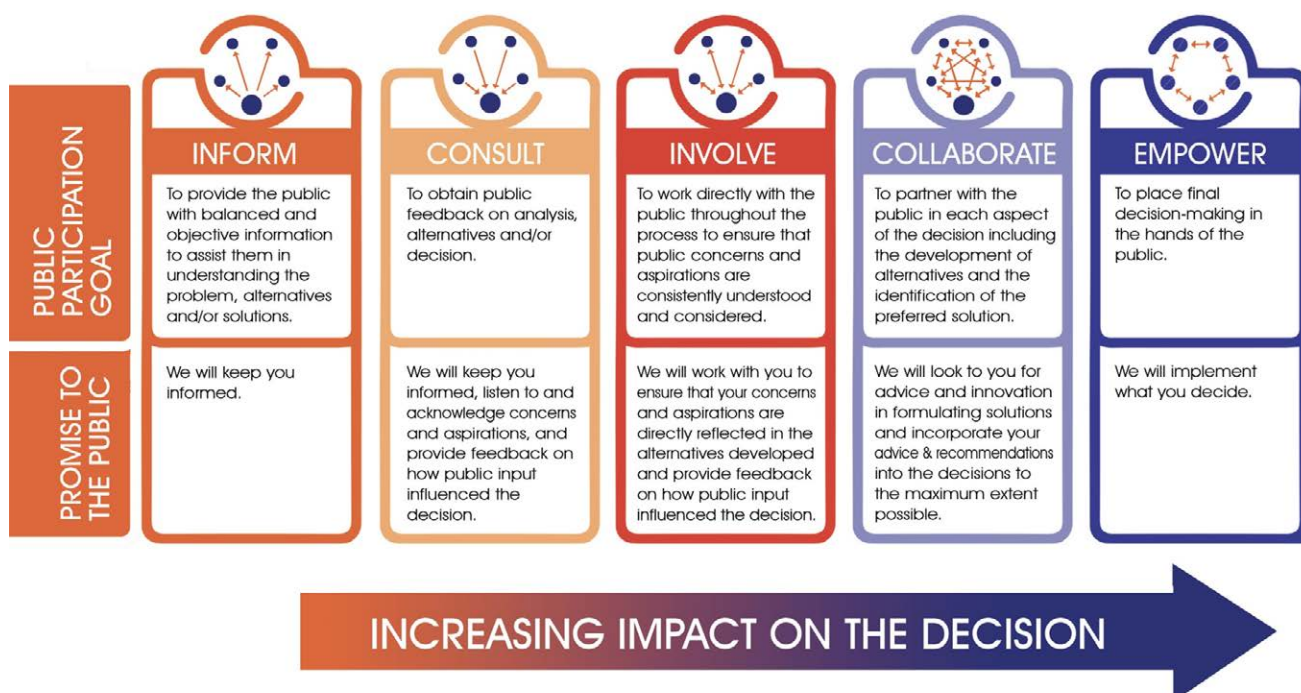
- be actively and genuinely involved in defining the issues of concern to them
- make informed decisions about their clinical care and the factors that affect their lives
- formulate and implement health service policies and guidelines

- participate in planning, developing and delivering services and in taking action to achieve change⁴
- provide feedback and dialogue about their health service and the patient experience.

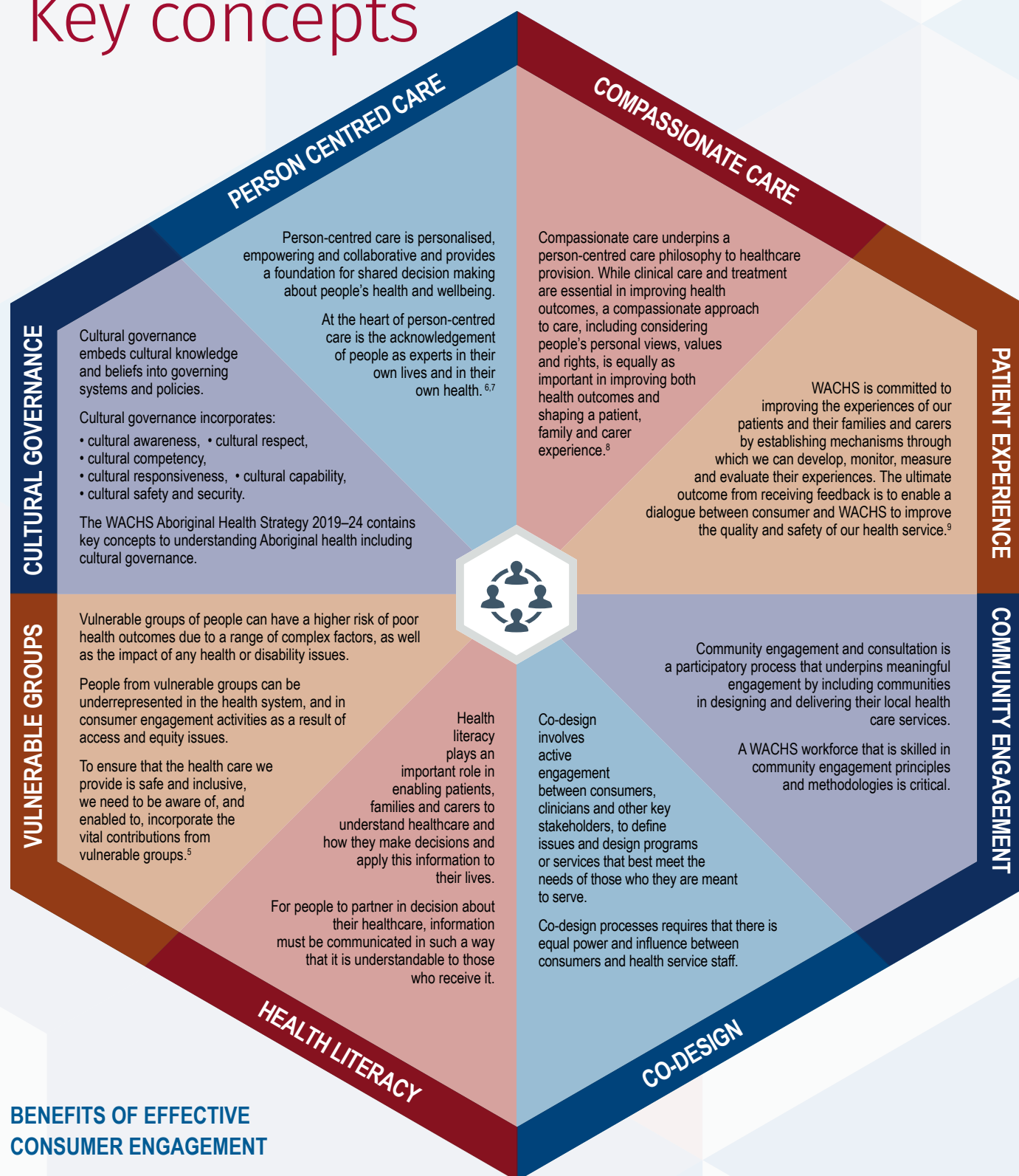


Feedback is a relationship. It is one way that people receiving a service can express their care, in return, for those who provide it, and for others who will use it. It is an expression of the values of equality and mutuality which lie at the heart of our health service.

Michael Greco, CEO of Care Opinion Australia



Key concepts



BENEFITS OF EFFECTIVE CONSUMER ENGAGEMENT



COST

- ✓ Reduced length of stay
- ✓ Greater workforce efficiency
- ✓ Reduced staff turnover



CONSUMER

- ✓ Improved patient experience
- ✓ Improved health outcomes
- ✓ Increased engagement with services



CLINICAL OUTCOMES

- ✓ Reduction in hospital readmissions
- ✓ Reduction in healthcare acquired infections
- ✓ Improved health outcomes
- ✓ Lower mortality



CARE PROVIDERS

- ✓ Improved morale
- ✓ Reduced staff turnover
- ✓ Improvement in attitudes and workforce satisfaction

Snapshot

HOW WE ENGAGE WITH CONSUMERS

WACHS CONSUMER REPRESENTATION:

- WACHS strategy development
- Patient Experience and Community Engagement Executive Sub Committee
- South West Regional Executive Committee
- Health Care Safety and Quality Executive Subcommittee
- Consumer and carer advisory committees
- Standard Two committees
- Peer workforce
- Staff recruitment panel members
- Mental Health steering committees
- Aboriginal Health planning forums and advisory councils
- Elders groups
- Disability access and inclusion committees
- Internal employee reference groups
- Regional Aboriginal Health planning forums

ENGAGEMENT

Consumer e-newsletters 1555 Subscribers



Consumer cafes

10x WACHS Facebook pages

26,564 Followers in 2020



8,835 Followers in 2020



Early Years Networks



Publication and policy reviews

A range of consumer surveys using SMS technology and paper-based approaches:

- MySay Healthcare Survey
- Your Experience of Service
- Experience service questionnaires
- Aboriginal Mental Health consumer surveys
- Patient Evaluation of Health Survey

2020 Consumer feedback

Complaints Compliments

1,070 2,436

EDUCATION AND TRAINING



In 2020 e-learning was undertaken by the following:

Person-centered Family centred

WACHS staff

3638

WACHS staff

911

WACHS CARE OPINION

(2015 – 2020)

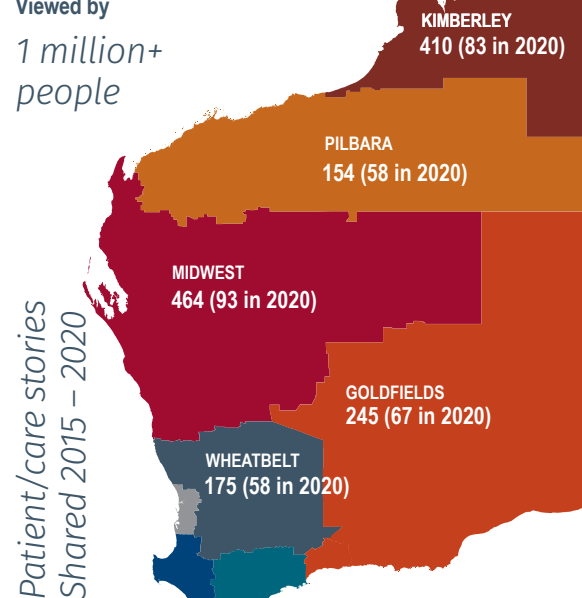
2500+

Stories shared

Viewed by
1 million+ people

Patient/care stories
Shared 2015 – 2020

SOUTH WEST 892 (268 in 2020) GREAT SOUTHERN 249 (87 in 2020)



DISTRICT HEALTH ADVISORY COUNCILS (DHACs)

21

DHACs state-wide

167



140

Meetings held in 2019-2020

Members

CONSUMER AND CARER ADVISORY GROUPS (CCAGs)

5 out of 7

WACHS regions

have a formalised Consumer and Carer Advisory Group.

Vision: A global leader in
rural and remote healthcare.



Participants at the Kellerberrin World No Tobacco Day block party.

Mission: Partnering with consumers to deliver and advance high quality and safe care for country WA communities.

DIRECTION 1

Develop systems and structures that support effective and inclusive consumer and community engagement.

DIRECTION 2

Build the capacity of the workforce to engage with consumers.

Directions

DIRECTION 3

Build the skills of consumers to be active participants in healthcare.



Direction | 1

DEVELOP SYSTEMS AND STRUCTURES THAT SUPPORT EFFECTIVE AND INCLUSIVE CONSUMER AND COMMUNITY ENGAGEMENT

Changing an organisational culture to one that embraces consumer and community engagement requires leadership from the top, including governance systems and policies that support consumer and community engagement practices and active consumer participation across all levels of WACHS.¹⁰

The WACHS Board and leadership teams will embrace and promote consumer engagement across all levels of WACHS.

OUTCOMES

The consumer voice is embedded across all levels of the healthcare service

- Consumer and carer representatives are full members on key Executive committees.
- Key learnings and corresponding changes from consumer stories are regularly shared with the WACHS Board, and at WACHS meetings, forums and events.
- Consumers are consistently involved in WACHS values-based recruitment and interview processes.
- Consumers are involved in clinical, corporate and cultural governance processes.

- Mechanisms exist to support consumers to be involved, and where appropriate, actively participate in reviews or investigations in relation to adverse events.
- Consumers who provide feedback are encouraged to be involved in quality improvement planning, implementation and evaluation.
- Consumers support WACHS in embedding a service culture philosophy.

Consumer participation across WACHS is sustainably resourced

- Administrative support is provided to consumers through:
 - consumables (computers, printing, posting)
 - communications (access to newsletters, reports)
 - consumer participation meeting papers.
 - interpreting services to support Aboriginal and CaLD consumers.
 - support to claim remuneration.
 - training and development
- WACHS regions develop a dedicated committee to support patient experience and community engagement strategies.

STRUCTURES TO SUPPORT CONSUMER ENGAGEMENT



Direction | 1 (continued)

DEVELOP SYSTEMS AND STRUCTURES THAT SUPPORT EFFECTIVE AND INCLUSIVE CONSUMER AND COMMUNITY ENGAGEMENT

WACHS has supportive structures that build consumer engagement capacity

- Governance systems and policies exist to support consumer engagement across all levels of the organisation.
- WACHS consumer representative networks are well connected and strengthened.
- Aboriginal consumer engagement groups are developed across all WACHS regions to inform and guide clinical and corporate governance processes.
- Aboriginal consumer groups are linked or aligned with current WACHS consumer groups.
- WACHS regions develop a database that identifies current and potential consumer representatives.
- WACHS continues to develop and mature partnerships with key stakeholders to support consumer engagement.
- WACHS employs a diverse workforce that is representative of the communities we serve.
- WACHS builds partnerships with key advocacy agencies to enhance connections with, and provide support to, vulnerable groups.

Consumer feedback leads to service improvements

- Key learnings and changes that improve the patient experience are implemented as a result of consumer feedback and dialogue.
- Quality improvement processes are undertaken when consumers identify clinical risk factors that impact safe or high quality healthcare.
- Training programs and associated resources for consumers are evaluated and modified according to consumer feedback.
- There is a focus on using patient, family and carer stories to improve safety and quality.
- Information about changes made as a result of feedback is accessible, captured and reported.

Integrated people-centred health services put people and communities, not diseases, at the centre of health systems, and empower people to take charge of their own health rather than being passive recipients of services.

Evidence shows that health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.

WHO: Integrated people-centred health services



Some of the Bunbury birthing suites redesign team.

Direction | 2

BUILD THE CAPACITY OF THE WORKFORCE TO ENGAGE WITH CONSUMERS

Person-centred care is the gold standard in healthcare and switches a system that prioritises treatment and compliance, to one that partners with people in the co-design of health services that meet the needs of those people who receive them.

Delivering person-centred care requires the WACHS workforce to have inherent interpersonal skills, which can be expanded upon with consistent learning opportunities. The provision of person-centred care and consumer engagement is to be valued and regularly celebrated throughout WACHS, as a commitment to building and developing a service culture.^{10,11}

OUTCOMES

A workforce skilled in consumer and community engagement

- WACHS staff are skilled in responding to and acting on consumer feedback.
- WACHS regularly shares effective and innovative methods of engaging with consumers.
- There is a commitment to building cultural competency across the workforce.
- Regular staff communication channels involving consumers, consistently highlight patient experiences, key learnings and changes that are made as a result of feedback.
- WACHS undertakes a values-based recruitment process.
- Training sessions support staff in co-design models of care.
- WACHS staff prioritise health literacy when communicating and partnering with their patients, families and carers.

A workforce with the appropriate resources to undertake consumer engagement

- A suite of tools builds skills, knowledge and awareness for all staff regarding person-centred care principles and consumer engagement.

- WACHS project management tools include the capture of consumer engagement.
- The skills and expertise of the WACHS Aboriginal workforce supports the development of resources that identify culturally appropriate community engagement opportunities.
- Clinical supervision, mentoring or appropriate supports exist for people who are working in physically or psychologically stressful environments and for staff who are physically isolated from their peers.¹¹

Consumer and community engagement and person-centred care are valued and celebrated within the workforce

- Managers and leaders across all levels of WACHS acknowledge and showcase staff that demonstrate WACHS's values and deliver exceptional person-centred care.
- Mechanisms exist for WACHS employees to provide anonymous feedback on their workplace culture and environment.
- Structures and supports exist to hear from patients about their personal experiences of healthcare service delivery.⁹
- There are clear processes enabling WACHS staff to provide feedback.



Cultural competence for healthcare professionals is defined as 'the ability of healthcare providers to effectively deliver healthcare that meets the social, cultural and linguistic needs of their patients' and appears central in enhancing engagement of ethnic minority consumers.⁵

World Health Organisation (WHO), 2002

Direction | 3

BUILD THE SKILLS OF CONSUMERS TO BE ACTIVE PARTICIPANTS IN HEALTHCARE

Consumers need to be supported to gain the skills and knowledge required to fulfil roles within the health service including decision-making processes around their own clinical care.

Service improvement occurs when consumers, their carers, families, and staff work in partnership to create a service that meets the needs of those who will be using it. For these partnerships to be effective, consumers must be empowered and supported to participate.

OUTCOMES

WACHS uses a wide range of accessible opportunities for consumer participation and community engagement.

- All available options for providing feedback to the health service are well promoted to the community using a range of mediums.
- Information about health services and health issues are provided to consumers and the community using a variety of mediums, technologies, and formats that are accessible for all levels of health literacy.

- WACHS engages with other local services and key stakeholders in the community to expand the reach of health service information and connect with local knowledge.
- WACHS staff promote consumer feedback opportunities to create a culture of welcoming, valuing and acting on feedback.
- WACHS uses a wide range of accessible opportunities for consumer participation and engagement.

Consumers are well supported and have the confidence to provide feedback and participate

- Consumer representatives receive appropriate orientation, training and support from WACHS to fulfil the requirements of their role.
- Consumer representatives are supported by WACHS to attend relevant learning and development opportunities.
- WACHS communicates any actions taken as a result of consumer feedback.
- WACHS has a policy that provides guidance around payment for consumer participation and reimbursement of out-of-pocket expenses.
- Consumers and carers are directly involved in their care planning and decisions around their clinical care.



Our patients, their loved ones and their carers are at the centre of everything we do.

WACHS Strategic Plan 2019-24



Cooking healthy food at a Food Sensations Session delivered by the Wheatbelt Aboriginal Health Service

(continued) Direction | 3

BUILD THE SKILLS OF CONSUMERS TO BE ACTIVE PARTICIPANTS IN HEALTHCARE

Our consumer resources and community engagement opportunities are culturally safe and inclusive.

- The diversity of consumer representatives reflects community demographics.
- WACHS identifies culturally appropriate ways to engage through partnerships with local Aboriginal consumer groups, Aboriginal Health Planning Forums, Aboriginal Community Controlled Health Services (ACCHS), local CaLD groups and other existing organisations.
- WACHS builds on existing partnerships with key partners and stakeholders to facilitate community connections.
- Consumers are involved in the development of resources that inform them about their health or health services.
- Guidelines around inclusive language support the WACHS workforce to develop consumer resources.

- Patients, families and carers receive information in a way that meets their needs.
- All WACHS regions formalise Aboriginal consumer engagement groups



As a health professional you are an incredibly important person in the lives of a patient right now. You have a lot of power and influence. Your words will be clung to, misunderstood, questioned.

“Your words could change their life. A successful relationship requires the ability to share perceptions, feelings and fears. For good relationships to thrive, everybody needs to be cared for: the patient, -the parent/carer, the professional.

Rachel Callander, healthcare consumer

Below: WACHS Midwest community nurse at work.



Consumer and community engagement in action

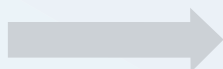


NAIDOC Week celebrations at Hedland Health Campus

Consumer engagement in action

PATIENT EXPERIENCES THAT RESULTED IN CHANGE AT WACHS

PATIENT EXPERIENCE



CHANGE IMPLEMENTED

Unsafe vehicle transfer

"I was transferred from a hospital in Perth back to Broome hospital via a commercial flight with my premature baby. I was met at the Broome airport by the hospital transport and was to be taken to the Paediatrics Ward. The vehicle which was provided I feel did not have a child seat that was fitted correctly and was not legal."

"I was looking forward to letting you know that I knew about this particular incident and we have already made a change. The car seats / restraints have already been replaced and our Aboriginal Liaison Staff have been trained in the fitting of these devices."

Regional PATS Coordinator, Kimberley

A teleconference

"All the waiting times were annoying but I could've almost managed with a few more comforts."

To have to sit on an ergonomically unfit chair is very painful and I recommend more suitable chairs or even a bed be made available including a small writing desk for the patient to take notes.

Some cold water in a cup would be good, as well as more information regarding who the patient is to confer with. I thought I was just speaking to the anaesthetist, and not three more

professionals. And perhaps the technician could check the sound on the video, not loud enough and not very clear. Trust all concerned will read this and maybe make some improvements."

"Please find attached a photo showing some of the changes that we have made in this room following your post."

There are signs on the wall informing the patient the number to call if they have any queries, the sign directs the person to the telephone on the wall behind the chairs, cups near the sink to access water and more comfortable chairs and a table to write on.

Another change we have made is the patients are given a coloured laminated card that asks them to return this to the front desk when they are finished, as we have identified from receiving your post, that we are not always aware if telehealth patients are still in the rooms or not.

I would like to invite you to come and visit and see if these improvements will work for you or if you have other suggestions. If you would like to come in then please call me on 9753 6376 to arrange a time that is suitable for you."

Operations Manager, Busselton Hospital

Hospital stay

"I had the unfortunate pleasure of spending 3 days, 2 nights at Margaret River Hospital. From the moment I staggered to the Emergency Department, I was rushed straight to a bed and given immediate treatment for my condition. All staff, from the nurses to the orderlies and the kitchen staff, treated me with the utmost respect and dignity which made my recovery and time spent there bearable. The Dr was also very attentive and caring."

My only disappointment was the noisy clock in the room, I had to ask the nursing staff to remove it as it made it hard to sleep."

"I am pleased to hear that our staff took extra steps to ensure your experience was respectful and caring. I will take great pleasure in sharing your words with our team. I do hope that you are doing well and on the road to recovery back to good health."

We have recently purchased new clocks which are quiet. Thank you for drawing our attention to this as we strive to provide the very best care."

Acting District Manager, Margaret River Hospital

Community engagement in action

As WA country communities are unique and diverse, so are the ways in which we can engage with the people who live and work in them. By being flexible in our engagement methods, we can listen, learn and create inclusive environments that reflect the rich cultural diversity of our patients, their families and carers.

By being open to our engagement methods, we can hear opinions and ideas that reflect the expertise and knowledge that consumers have in their own lives and their own health, resulting in cultural competence, greater innovation and improved decision making.

IMPROVING WACHS SCHOOL-AGED HEALTH SERVICES

WACHS and the Child and Adolescent Health Service (CAHS) recently reviewed school health services across the state. The review looked at current research on school health services in WA, other states and overseas.

Importantly, feedback was collected from a number of groups to find out where services could be improved. This included parents and carers of children and young people, community health staff, school principals and community agencies.

Focus groups were run, with 129 parents and students from all WACHS regions sharing thoughts and ideas about school health services.

Health Promotion Officers organised and facilitated these groups in regional schools, supported by Community Health Nurses. The Department of Education gave permission to deliver the groups on school sites, and parents gave written consent for students to join in.

Conducting focus groups provides opportunities for consumers to give feedback on issues that are important to them and problem solve solutions in more detail. It ensures that communities are directly involved in decision making about health services and have their suggestions included in health service improvement plans.

The feedback from consumers adds to the review findings and contributes to developing strategies that aim to improve WACHS school health services.

Improving WACHS School-aged Health Services

129 people from all regions of WACHS joined focus groups to share their thoughts on the statewide School-aged Health Service Review recommendations.

Parents/carers involved	Students involved
<ul style="list-style-type: none"> 22 parents/carers from primary schools 19 parents/carers from secondary schools 	<ul style="list-style-type: none"> 43 Year 6 students from primary schools 45 students from secondary schools

What you told us

- We can use technology better.
- Students will use face-to-face, online, virtual and phone services.
- Students may need help to choose trustworthy online information.
- A personal relationship with the School Health Nurse is important to parents and students.
- Mental health and wellbeing is a priority.
- Transition times in schooling are stressful. Students and parents said there could be more student support at these times.
- We can improve our communication with families.
- We can invite parents to engage in School Health Services, such as attending your child's School Entry Health Assessment.
- Our services need to be flexible to meet your needs and the local context.
- You might need an after-hours appointment, a home visit or an email.
- You want connected health services for your child - from when they start school through to when they graduate secondary school.

Thank you for having a say. We are now working to put your suggestions into action in your local schools.

Below: School catch-up immunisation program.



Community engagement in action

BROOME RECOVERY COLLEGE

The Broome Recovery College was established by a group of people with lived experience together with workers from Kimberley Mental Health and Drug Service, Boab Health, Headspace Broome, Men's Outreach Service Aboriginal Corporation, Kimberley Personnel, Helping Minds and Australian Red Cross.

Operating since 2016, courses are designed and delivered by collaborative co-production teams that include people experiencing mental health difficulties, and/or issues with alcohol and other drugs, interested community members, and health workers.

Key guiding principles related to the Recovery College context include:

- Self-directed learning: students make their own choices about courses taken.
- A focus on education: courses are designed to enable students to learn new skills, and share existing skills and knowledge with others.
- Equal partnerships: all experiences and opinions are valued. Individual strengths and resources are welcome.
- Access for all: courses are free of charge and transport can be provided.

Learning needs and issues of cultural significance are considered in the design and delivery of all courses. Topics cover a range of areas, many of which are unique to the Broome locality and the people who live there.

Courses enable students to work towards realising their strengths and reaching personal goals and aspirations by:

- having a greater sense of hope for their future, despite ongoing challenges
- making the most of opportunities to follow their dreams and to be inspired by others
- having a greater sense of control in making changes and living their life in ways that are meaningful to them.

The co-production approach has created a horizontal power structure in all aspects of the College's operations. Each person's expertise is valued and respected irrespective of the person's background, culture, age, occupational status or state of health.

When a diverse group of people come together to participate in Recovery College activities, opportunities open up for individuals to gain an appreciation of alternative perspectives and to experience relationships based on mutuality.



“Co-production has to be the way forward. It needs to guide the progress of mental health services as it creates opportunities for very different relationships. Each person's contribution and strengths can be acknowledged. This can be powerful for people who have not been acknowledged in this way in the past.”

Clinical educator

A co-production meeting at Broome Recovery College.



Community engagement in action

CONSUMER CAFE: RE-DESIGN OF BUNBURY BIRTHING SUITES

Consumer cafes include people in open discussions in a casual setting. In November 2018, WACHS South West hosted an afternoon tea for women who had recently given birth or who were pregnant. The women were asked to share ideas they had around the re-design of the Bunbury birthing suites. The brainstorming session was facilitated by the Clinical Midwifery Manager.

WACHS staff were also surveyed for their ideas, suggestions and input on the redesign of the Bunbury birthing suites. These ideas were shared with the women, who were asked to prioritise the suggestions and changes requested. One of the women had already posted a comment on a local Facebook group and brought in a number of ideas from the community as well.

The Clinical Midwifery Manager compiled all of the comments and suggestions, assessed them from a logistics perspective (considering Occupational Health and Safety and Infection Control), costed the ideas and presented the suggestions to the WACHS South West Executive, who supported the renovation including painting, new curtains, wall murals, downlight and positive affirmations. Funding was also provided to purchase additional birthing equipment.

There is a growing amount of evidence that demonstrates improvements in patient outcomes and staff morale when the environment positively reflects a calming influence. This is clearly evident in the impact that the revitalisation of the Bunbury birthing suites has had on those who use them.



“The end product has been a huge success. The whole energy of the rooms are so relaxing and calming. All the women and families have commented on how great the rooms look and feel.”

Clinical Midwifery Manager WACHS South West

A family in the renovated Bunbury birthing suites.



NGAMARI FREE PROGRAM

The Wheatbelt Tackling Indigenous Smoking (TIS) team created the slogan 'Ngamari Free' in consultation with community, elders and a Noongar linguist.

The aim of the program is to deliver a culturally safe approach to reduce smoking among Wheatbelt Aboriginal people.

The logo incorporates elements from a design competition, and includes four lung-shaped icons which represent the four districts of the Wheatbelt region.

The logo also incorporates Noongar language and translates to Smoke Free, which encompasses the broad range of population health approaches the team use.



Community engagement in action

YARNING GOOD WAYS

Aboriginal women and mums gathered in Narrogin for a Ngamari Free (Smoke Free) forum of yarning, lunching and learning about the dangers of smoking in Narrogin. Part of an initiative of the Wheatbelt Aboriginal Health Service, Yarning Good Ways was held at the Southern Wheatbelt Primary Health Service to support local Aboriginal women to be healthier mothers.



“It was educational and easy to follow. If we could have more programs like this running for mothers and bubs that would be great.”

Yarning Good Ways attendee

Goldfields South East District Health Advisory
Council Chair Meredith Waters



DISTRICT HEALTH ADVISORY COUNCILS

District Health Advisory Councils (DHACs) were established by the WA Country Health Service (WACHS) to learn from and improve the health care experiences of our communities. DHACs are made up of local health consumers, carers, and community members, as well as health service representatives, who work together with WACHS to improve and inform health service planning, access, safety and quality in their area. These Advisory Councils aim to represent a cross-section of community health interests, with a particular focus on accessing and understanding the needs of those experiencing poorer health outcomes and access.

CONSUMER AND CARER ADVISORY GROUPS – MENTAL HEALTH

All members of Consumer and Carer Advisory Groups (CCAGs) have a lived experience of mental health, either as a consumer or as a carer. Regional CCAGs and Mental Health Services work together to promote consumer rights and ensure that the lived experience perspective is central in service design, planning, delivery, monitoring and evaluation of mental health services.

CCAGs serve to uphold consumer rights and to provide a positive, safe, quality and recovery focussed experience within Mental Health Services. CCAGs exemplify what recovery is and challenge mental health stigma both within the health service, and also with the wider local community.

COMMAND CENTRE

The WACHS Command Centre is the latest innovation in country health care, bringing together new and existing services in a 24/7 ‘virtual’ clinical hub.

By harnessing new and innovative technologies to engage consumers we can help to overcome the challenges of time and distance, accessibility and inclusivity which are so much a part of everyday life for people living in rural and remote WA.

The Command Centre delivers a digitally enabled, flexible and dedicated specialist clinical workforce, available to WACHS hospitals and nursing posts in real time, supporting country doctors and nurses, improving health outcomes for patients and keeping care closer to home.

Community engagement in action

COUNTRY HEALTH CONNECTION

The WACHS Country Health Connection (CHC) service has been in operation for around 40 years, providing liaison, support and transport services to Aboriginal people from remote and rural WA, who are visiting Perth for specialist medical and hospital appointments.

The service works in partnership with the Patient Assistant Travel Scheme (PATS), Aboriginal hostels and other health services to plan and coordinate transport to and from airports, trains and bus terminals, to hostels and other accommodation, as well as to hospitals and medical centres. The Country Health Connection service liaises with relevant community health staff in the regions to provide culturally appropriate continuum of care for country Aboriginal people.

Below: WACHS Board members and Aboriginal Strategy team members with Country Health Connection staff.



CARE OPINION AUSTRALIA

Care Opinion (previously Patient Opinion) is a national feedback platform used by WACHS to seek a greater understanding of key drivers contributing to positive patient experience and to develop sound solutions to common patient experience issues.

WACHS implemented the platform as a pilot in December 2015 across three WACHS regions; the Kimberley, the Midwest and the Great Southern. This was then expanded to the remaining regions in February 2017, based on the success of the pilot.

Care Opinion provides a contemporary, real-time avenue for consumers to share their stories with a view to improving safety and quality.

The transparency and engagement enabled by Care Opinion has created honest, empathetic and improved focused dialogue between WACHS staff and country consumers that had previously been lacking in alternative complaint mechanisms.

Since the implementation of Care Opinion, WACHS has received over 2000 stories that have been viewed by the broader community over half a million times.

Care Opinion is promoted via:

- pull up banners
- print media such as posters, flyers and business cards
- social media via the WACHS-wide and regional Facebook pages
- consumer newsletters
- WACHS staff via internal newsletters
- the WACHS internet and intranet pages.





Examples of feedback from Care Opinion

The sharing of both positive and negative patient, family and community experiences is an important learning and quality improvement opportunity. Hearing positive stories enables us to learn what we are doing well, contributes to a positive organisational culture and an increase in staff morale.⁹

The capturing and analysing of negative experiences enables us to review existing systems and processes¹² to facilitate change, improvement and reform.



Midwest: *I can't praise the team highly enough for the care and attention given to my husband who passed away. The entire time the nurses were calling on him, but in particular in his final days, the service was exactly what was needed to keep my husband comfortable."*



*I can't express the gratitude I feel for the staff of the **Kununoppin Hospital and Medical Practice** for their support, kindness and commitment to my father. Thank-you does not seem enough."*



*We were blown away by how the whole paediatric team showed genuine kindness, empathy and compassion toward our family. We are very lucky to have such incredibly skilled and caring healthcare professionals taking care of our children in the **South West**."*



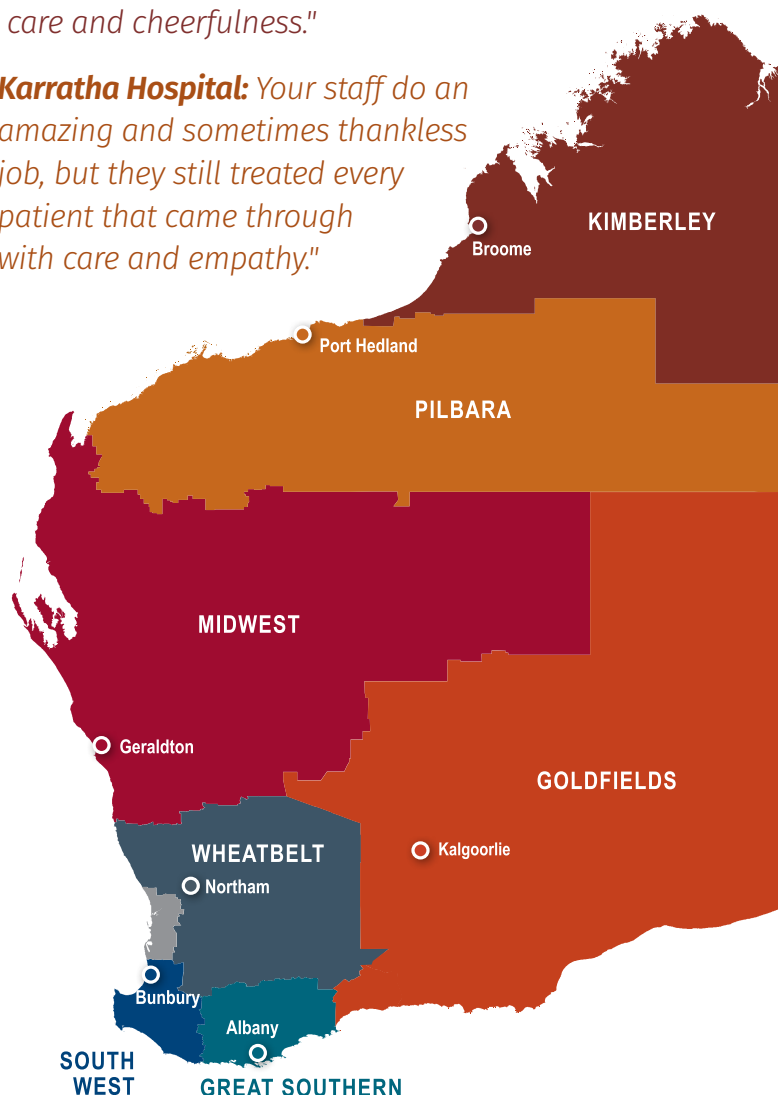
Great Southern: *We were very touched and grateful. It was by far the best (and most humane) event the hospital offered in the several months my relative has been in the hospital waiting for a spot in a nursing home."*



Broome Health Campus: *All staff contributed magnificently in aiding my recovery through their diligent care and cheerfulness."*



Karratha Hospital: *Your staff do an amazing and sometimes thankless job, but they still treated every patient that came through with care and empathy."*



Goldfields: *Our child left the clinic feeling like they were in control of their medical care and was given a refreshing feeling of confidence about their maturity."*

Next steps

Successfully implementing the *WACHS Consumer and Community Engagement Strategy 2020–25* will rely on collaborative efforts, active involvement and partnerships within and external to WACHS.

The development of an overarching, centralised implementation plan in line with the outcomes from the Strategy will guide the Patient Experience and Community Engagement Executive Sub Committee to drive and monitor the delivery of WACHS-wide actions and reform.

The development of regional service or action plans will guide the local implementation of the Strategy within the regional context and available resources and in alignment with other key strategic documents such as the *WACHS Aboriginal Health Strategy 2019–24*.

Below: WACHS Midwest staff.



Appendix | 1

GLOSSARY OF TERMS

Term	Definition
Australian Charter of Healthcare Rights	The Charter describes the rights that consumers, or someone they care for, can expect when receiving health care.
Boodjari Yorga	The Boodjari Yorga Program (Noongar for 'pregnant women') aims to provide culturally appropriate antenatal and postnatal care, and sexual and reproductive health education to Aboriginal women and their families in the Wheatbelt region of Western Australia.
Carer	A carer is someone who provides unpaid care and support to family members and friends who are living with a disability, mental health challenge, long term health condition (including a chronic condition or terminal illness), an alcohol or other drug dependency, or who is frail aged. ¹³
Co-design	Co-design involves active engagement between consumers, clinicians and other key stakeholders, to define issues and design programs or services that best meet the needs of those who they are meant to serve. Consumers have expertise and knowledge in their lives and their health. Co-design processes re-quire that there is equal power and influence between consumers and health service staff. Activities can only be considered to be co-designed if consumers agree that it is.
Co-production	Based on the same principles of co-design, co-production places consumers, carers, and professionals in an equal and reciprocal relationship to plan, deliver, and evaluate health services. These equal relationships require a sharing of power and responsibilities to achieve the desired outcomes.
Consumer	Consumers are people who access the health system. A consumer might be a patient, their family member, a carer, friend or simply someone who lives in the community that the health system services.
Consumer engagement in healthcare	Consumer engagement is the process of involving consumers in the planning, implementation and evaluation of health systems, services and care.
Community engagement	Community engagement is the dynamic involvement, participation and exchange between an organisation and a community for a range of social and organisational outcomes.
District Health Advisory Committee (DHAC)	A District Health Advisory Council (DHAC) is a group of people, appointed by the WA Country Health Service (WACHS) CEO on behalf of the Minister for Health, who actively work together with the WACHS to improve and inform health service planning, access, safety and quality. The Advisory Councils are made up of community members and health service / agency representatives and aim to reflect a cross-section of community health interests.
Health literacy	Health literacy refers to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. ²
National Safety and Quality Healthcare Standards	The National Safety and Quality Health Service (NSQHS) Standards are a mandatory accreditation scheme for health services. The Standards were developed to provide consistency around expectations of health service provision across Australia, with the ultimate aim of improving the safety and quality of care for consumers through consumer engagement and participation.
Patient Experience	The patient experience of the healthcare system is the perception of how a person was treated, that extends beyond clinical care and encompasses interpersonal relations, the physical environment and a person's understanding of their care.
Patient Experience and Community Engagement (PEaCE) team.	The PEaCE team leads systemic health care improvements and drives a person-centred approach in health service delivery. The PEaCE team aligns with the broad government reform objectives outlined in the 2019 <i>Sustainable Health Review</i> report and <i>WA Country Health Service Strategic Plan 2019–24</i> .

Appendix | 1

GLOSSARY OF TERMS

Term	Definition
Review of Safety and Quality in the WA Health System	The Hugo Mascie-Taylor Review was commissioned by the Director General of WA Health in 2017 to identify recommendations for improvements in health service safety and quality.
Sustainable Health Review	The <i>Sustainable Health Review</i> was commissioned in order to provide clear recommendations around prioritising patient centred care, and building a sustainable healthcare system.
Vulnerable groups	<p>Vulnerable groups have a higher risk of poor health status as a result of social, economic, political, and/or environmental barriers that they experience, as well as the impact of their health or disability issues. People from vulnerable groups can be overrepresented in our health care system due to their poor health, or underrepresented as a result of access and equity issues. To ensure that the health care we provide is safe and inclusive, we need to be aware of, and enabled to incorporate the vital contributions from vulnerable groups.⁵ Vulnerable groups can include:</p> <ul style="list-style-type: none"> • Aboriginal people and their families • culturally and linguistically diverse groups • people living in rural and remote communities • people with disabilities • people with a mental illness • people experiencing homelessness • people living with family and domestic violence • refugees • people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning or asexual (LGBTIQ+) • carers • children and young people • those with a forensic history • people without access to computers or the internet • people from low socio-economic backgrounds. <p>As living rurally and remotely is in itself a risk factor, our communities are at higher risk of many chronic diseases and poorer health outcomes. However, risk factors on their own do not necessarily mean that people are vulnerable. It is important to consider these factors in the context of a person centred care philosophy when working with people to establish their own healthcare goals, needs, actions and decisions.</p>
WACHS Aboriginal Health Strategy 2019–2024	The <i>WA Country Health Service Aboriginal Health Strategy 2019–24</i> outlines the organisation's approach to improve health outcomes for country Aboriginal people in WA by making Aboriginal health everybody's business.
WACHS Strategic Plan 2019–24	The <i>WA Country Health Service Strategic Plan 2019–24</i> sets the direction of the WA Country Health Service (WACHS) for the next five years.
Wellness	A “wellness” approach to healthy ageing emphasises the ability to identify needs, aspirations and goals. It acknowledges and builds on strengths and has a focus on integrating support services as a path to greater independency and quality of life.

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Supporting Indicator (SI), Milestone (M)

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
1. Develop systems and structures that support effective and inclusive consumer and community engagement	The consumer voice is embedded across all levels of the healthcare service			
	• Project management tools incorporate consumer engagement.	• Key project management tools have consumer engagement fields incorporated. i.e. - Project Plan - Evaluation resources.	2021	M
	• All key governance committees include a consumer representative in the membership.	• 80% of consumer representative positions on key governance committees are filled and there is evidence (e.g. via Minutes) of active consumer participation in decision making processes.	2024–25	M
	• Person-centred care principles are considered and included in the development of WACHS policies, procedures and guidelines.	• A guideline is developed to support the inclusion of person centred care principles in the development of WACHS policies, procedures and guidelines.	2021	M
	• Consumer engagement is built into the current and emerging suite of WACHS strategies.	• 100% of WACHS strategies that relate to service provision incorporate consumer engagement.	2021	M
	Consumer participation across WACHS is sustainably resourced			
	• Accountable and dedicated FTE to manage consumer engagement activity.	• All regions to allocate a consumer engagement resource.	2024	M
	• A physical space is designated within health services for consumer representatives to access and utilise in order to ensure active participation.	• Annual Operations Manager audits show 100% of sites have a dedicated consumer representative space.	2021	M
	WACHS has supportive structures that build consumer engagement capacity			
	• Formalised Aboriginal community/ consumer engagement groups are established across all WACHS regions.	• All regions have formalised Aboriginal consumer engagement groups.	2022	M
	• A consumer representative participates in recruitment panels for all management or leadership positions categorised as Tier 4 or higher.	• 80% of Tier 4 positions have a consumer representative on the panel.	2021	M
	• The existing Advisory Council Payment Policy is revised and broadened to include a range of consumer participation opportunities.	• WACHS has and endorsed consumer participation payment policy published on Healthpoint Policies.	2021	M

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Supporting Indicator (SI), Milestone (M)

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
1. Develop systems and structures that support effective and inclusive consumer and consumer engagement (continued)	WACHS has supportive structures that build consumer engagement capacity (continued)			
	• Digital platforms and innovative technology to support consumer participation across WACHS regions.	• 100% of regions implement relevant digital and innovative platforms to establish and maintain consumer participation.	2020	M
		• Survey tools/mechanisms demonstrate increases in satisfaction from baseline data established in 2020–21.	2021–25	M
	Plans exist to establish and sustain partnerships between the health service and: • Aboriginal Community Controlled Health Services (ACCHSs) • WA Primary Health Alliance (WAPHA) • Health Consumers' Council • All WA Health Service Providers.	• Partnership agreements exist between WACHS and ACCHSs. • WAPHA MoU is reviewed and updated. • Ongoing involvement in consumer engagement initiatives e.g. DHAC forum. • WACHS PEaCE team engages with other HSPs via networking meetings.	2021	M
	Consumer feedback leads to service improvements			
	• Criticality 4 and 5 Care Opinion stories are entered into Datix Consumer Feedback Module (CFM).	• Annual increase to 100%.	2022	M
	• Increase in service improvements as a result of consumer feedback.	• Care Opinion reports and Datix CFM indicate improvements in service provision. • 100% stories that indicate a level of dissatisfaction with the health service have a follow up response posted on Care Opinion within six weeks of the initial story being posted.	2020–25	SI
2. Build the capacity of the workforce to engage with consumers	Our workforce is skilled in consumer and community engagement			
	• An e-learning package will be developed and available for all WACHS staff to undertake on the principles of community engagement.	• Staff consumer Engagement e-Learning package is developed and uploaded on Learning Management System (LMS) Capability. • 95% of staff in each region undertake e-Learning.	2022	M

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Supporting Indicator (SI), Milestone (M)

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
2. Build the capacity of the workforce to engage with consumers (continued)	Our workforce is skilled in consumer and community engagement (continued)			
	• Workforce education and training programs exist to support the workforce to build skills and knowledge around culturally competent consumer engagement practices.	• Implement a culturally competent consumer engagement training package.	2021–25	M
	• Staff promote consumer feedback mechanisms.	• Increase in consumer feedback.	2022	M
	Our workforce has the appropriate resources to undertake consumer and community engagement			
	• A complaints management procedure is developed.	• A complaints management procedure is published on Healthpoint policies.	2020	M
	• The WACHS Consumer Engagement intranet page is updated with a suite of resources to support: - understanding the health literacy of the consumer - recruiting consumer representatives - engaging consumers in workforce training - partnering with consumers in their clinical care.	• Resources published on the Consumer Engagement intranet page.	2021	M
	• The WACHS Partnering with Consumers guideline is reviewed, updated and links to: - guidelines to support clinicians to identify the capacity of patients to make decisions about their own care - culturally competent consumer engagement practices.	• The revised Partnering with Consumers guideline is published on Healthpoint policies.	2021	M
	• Consideration is given to budgeting for consumer participation in relevant projects in the planning stage.	• Budgeting has been considered in project management planning documentation/business case templates.	2022	M

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Supporting Indicator (SI), Milestone (M)

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
2. Build the capacity of the workforce to engage with consumers	Consumer engagement and person-centred care is valued and celebrated within the workforce			
	• There is an increase in the WACHS workforce who feels valued.	• There is an improvement in the “Your voice in health” survey Q7 “I feel valued and recognised for the work that I do.”	2021–25	SI
(continued)	• An anonymous platform is developed for WACHS staff to provide feedback.	• An anonymous feedback platform is developed.	2024	M
3. Build the skills of consumers to be active participants in healthcare	WACHS uses a wide range of accessible opportunities for consumer participation and engagement			
	• Opportunities for consumer participation and feedback are advertised using a variety of mediums.	• Increase in consumer participation. • Increase in feedback. • Evaluation of consumer participation illustrates where the opportunity was advertised.	2020–25	M & SI
	• DHAC meetings are held in a variety of non-hospital/clinic based community locations.	• Baseline. • Increase in number of meetings held in a variety of non-hospital/clinic based community locations.	2020 2021–25	M
	• An engagement evaluation template is developed to capture feedback on engagement activities and apply suggested changes.	• An evaluation template is developed, which includes a reflection of feedback from vulnerable groups.	2021	M
	• Engagement events extend to and target a diverse audience and are inclusive of vulnerable groups.	• Increased opportunities for engagement with vulnerable groups.	2020–25	M
	• WACHS regions develop a Standard Two: Partnering with Consumers committee to support consumer engagement at the regional level.	• All regions have a Standard Two Partnering with Consumers committee, which includes consumer representation.	2022	M
	Consumers are well supported and have confidence to provide feedback and participate			
	• A co-designed consumer orientation package is developed and implemented.	• A consumer orientation package is developed and available on the WACHS consumer engagement intranet page.	2020	M
		• 100% of regions receive the package.	2021	SI
		• 100% of consumers received sufficient orientation and support to actively participate in their designated role.	2022	SI

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Supporting Indicator (SI), Milestone (M)

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
3. Build the skills of consumers to be active participants in healthcare (continued)	Consumers are well supported and have confidence to provide feedback and participate (continued)			
	• Annual increases of consumer representatives (captured at the regional level).	• Baseline. • 5% annual increase.	2020–25	SI
	• WACHS consumer representatives and DHAC members have contributed to improved patient outcomes.	• Baseline • Increase in confidence that consumer contributions have resulted in improved patient outcomes and experiences.	2020–25	SI
	• Increased confidence in consumers to provide feedback.	• Datix CFM.	2020–25	SI
	• Promotion of the Australian Charter of Healthcare Rights to WACHS consumers and staff.	• Audit of distribution of the Charter. • Audit/survey about the knowledge of the Charter to WACHS consumers and staff.	2021	M
	• Establish culturally appropriate mechanisms to allow consumers to provide feedback.	• Increase in feedback from consumers who identify as Aboriginal or from CALD backgrounds captured in the Datix Consumer Feedback Module.	2022	M
	• Consumers who identify as Aboriginal or CaLD are supported by the WACHS workforce to provide feedback.			
	Our consumer resources and engagement opportunities are culturally safe and inclusive			
	• Consumers are involved in the development of culturally safe resources that meet and reflect the needs of consumers and communities.	• Data collection tool. • Increase in resources displaying the Country Health Consumer logo	2020–25	M
	• The PEaCE team works collaboratively with Regional Aboriginal Health Consultants (RAHCs) to support governance processes relating to engagement activities for Aboriginal people.	• RAHSs contribute to the development and implementation of governance processes relating to engagement activities for Aboriginal people.	2021	M

Appendix | 3

GUIDING DOCUMENTS AND ALIGNMENT TO STRATEGY

NATIONAL SAFETY AND QUALITY HEALTHCARE STANDARDS (SECOND EDITION)

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Charter describes the rights that consumers, or someone they care for, can expect when receiving health care. These rights apply to all people in all places where health care is provided in Australia.

SUSTAINABLE HEALTH REVIEW

The Strategy aligns with the broader and long term cultural reforms that shape the WA Sustainable Health Review. The Strategy is intentionally focussed on these elements to achieve a service orientated and person-centred culture that improves the patient, family and carer experience.

WA COUNTRY HEALTH SERVICE STRATEGIC PLAN 2019-24

The *WACHS Strategic Plan 2019-2024* articulates our over-arching mission to deliver and advance high quality care for country WA communities.

Warren District Health Advisory Council members keeping the community informed.



Appendix | 3

GUIDING DOCUMENTS AND ALIGNMENT TO STRATEGY

The chart below identifies how the key guiding documents referred to in the development of this Strategy align with national standards, the SHR and WACHS strategic priorities.

	Aligns with	D1: Develop supportive systems and structures for effective and inclusive community engagement	D2: Build the capacity of the workforce to engage with consumers	D3: Build the skills of consumers to be active participants in healthcare
National Safety and Quality Healthcare Standards	1: Clinical Governance Standard	✓	✓	✓
	2: Partnering with Consumers	✓	✓	✓
	3: Preventing and Controlling Healthcare Associated Infection Standard		✓	
	4: Medication Safety Standard	✓	✓	
	5: Comprehensive Care Standard	✓	✓	✓
	6: Communicating for Safety Standard	✓	✓	✓
	7: Blood Management Standard		✓	
	8: Recognising and Responding to Acute Deterioration Standard	✓	✓	✓
Aus-tralian Charter of Healthcare Rights	Access	✓	✓	✓
	Safety	✓	✓	✓
	Respect	✓	✓	✓
	Partnership	✓	✓	✓
	Information	✓	✓	✓
	Privacy	✓	✓	✓
	Give Feedback	✓	✓	✓
Sustainable Health Review	Strategy 1 - Commit and collaborate to address major public health issues.*			✓
	Strategy 2 - Improve mental health outcomes.			✓
	Strategy 3 - Great beginnings and a dignified end of life.	✓		
	Strategy 4 - Person-centred, equitable, seamless access.	✓	✓	✓
	Strategy 5 - Drive safety, quality and value through transparency, funding and planning.	✓	✓	
	Strategy 6 - Invest in digital healthcare and use data wisely.			✓
	Strategy 7 - Culture and workforce to support new models of care.	✓	✓	
	Strategy 8 - Innovate for sustainability.	✓	✓	✓
WACHS Strategic Priorities 2019–24	1 - Caring for our patients	✓	✓	✓
	2 - Addressing disadvantage and inequity			✓
	3 - Building healthy, thriving communities	✓	✓	✓
	4 - Enabling our staff	✓	✓	
	5 - Collaborating with our partners			✓
	6 - Leading innovation and technology.	✓		
	7 - Delivering value and sustainability	✓	✓	

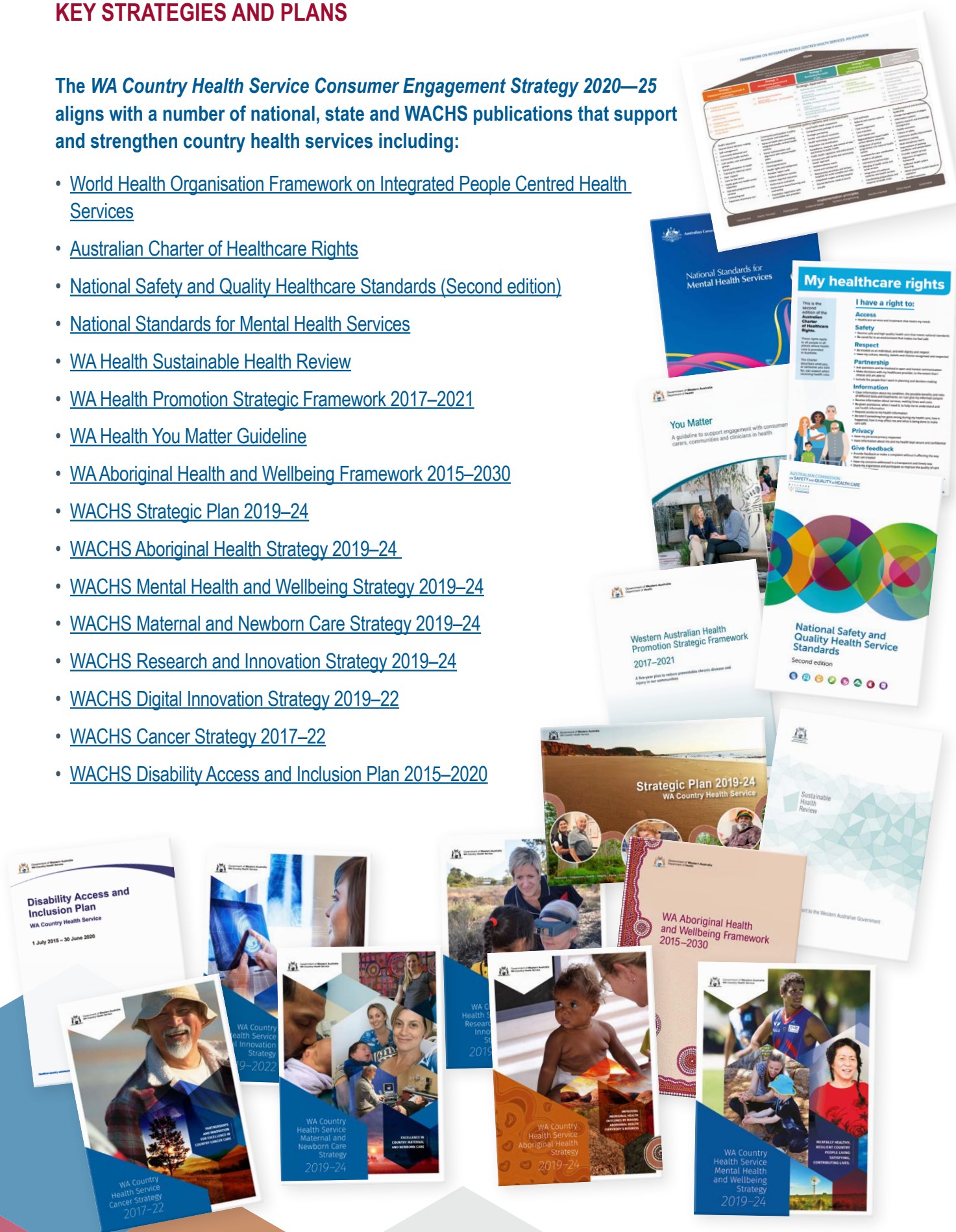
*Recommendation

Appendix | 4

KEY STRATEGIES AND PLANS

The *WA Country Health Service Consumer Engagement Strategy 2020—25* aligns with a number of national, state and WACHS publications that support and strengthen country health services including:

- [World Health Organisation Framework on Integrated People Centred Health Services](#)
- [Australian Charter of Healthcare Rights](#)
- [National Safety and Quality Healthcare Standards \(Second edition\)](#)
- [National Standards for Mental Health Services](#)
- [WA Health Sustainable Health Review](#)
- [WA Health Promotion Strategic Framework 2017–2021](#)
- [WA Health You Matter Guideline](#)
- [WA Aboriginal Health and Wellbeing Framework 2015–2030](#)
- [WACHS Strategic Plan 2019–24](#)
- [WACHS Aboriginal Health Strategy 2019–24](#)
- [WACHS Mental Health and Wellbeing Strategy 2019–24](#)
- [WACHS Maternal and Newborn Care Strategy 2019–24](#)
- [WACHS Research and Innovation Strategy 2019–24](#)
- [WACHS Digital Innovation Strategy 2019–22](#)
- [WACHS Cancer Strategy 2017–22](#)
- [WACHS Disability Access and Inclusion Plan 2015–2020](#)



Appendix | 5

REFERENCES

1. Australian Commission on Safety and Quality in Health Care (2011). Patient centred care: Improving quality and safety through partnerships with patients and consumers. ACSQHC, Sydney
2. Australian Commission on Safety and Quality in Health Care. National statement on health literacy. Sydney: ACSQHC; 2014. Australian Institute of Health and Welfare 2018. Australia's health 2018. Cat. no. AUS 221. Canberra: AIHW.
3. Australian Commission on Safety and Quality in Health Care. Review of the key attributes of high-performing person-centred healthcare organisations. Sydney: ACSQHC; 2018
4. WA Country Health Service, 2017. WACHS Consumer and Carer Engagement Policy
5. Victorian Government, (2009). Cultural responsiveness framework: guidelines for Victorian health services. Victorian Government: Victoria; 2009.
6. Campling, P. (2015). Reforming the culture of healthcare: The case for intelligent kindness. BJ Psych Bulletin, 39(1), 1-5. doi:10.1192/pb.bp.114.047449
7. Jo Delaney, Lori. Patient-centred care as an approach to improving health care in Australia. Collegian 25.1 (2018): 119-23. Web
8. Cochrane, Bonnie S., Debbie Ritchie, Daniela Lockhard, Gino Picciano, John A. King, and Brian Nelson. (2019). A culture of compassion: How timeless principles of kindness and empathy become powerful tools for confronting today's most pressing healthcare challenges. Healthcare Management Forum 32.3 (2019): 120-27. Web.
9. Larson, Elysia, Jigyasa Sharma, Meghan A Bohren, and Özge Tunçalp. When the patient is the expert: measuring patient experience and satisfaction with care. Bulletin of the World Health Organization 97.8 (2019): 563-69. Web
10. World Health Organisation (WHO), (2002). Community participation in local health and sustainable development: Approaches and techniques. Geneva: WHO
11. Tomlinson J. (2015). Using clinical supervision to improve the quality and safety of patient care: a response to Berwick and Francis. BMC medical education, 15, 103. <https://doi.org/10.1186/s12909-015-0324-3>
12. Department of Health, (2017). Review of Safety and Quality in the WA health system. A strategy for continuous improvement
13. Carers WA (2020). Retrieved 1 October 2020, from <https://www.carerswa.asn.au/resources/who-are-carers/>

This document is available in
alternative formats on request.



Government of Western Australia
WA Country Health Service

WA Country Health Service

189 Wellington Street
Perth, Western Australia 6000
Telephone: 08 9223 8500
Facsimile: 08 9223 8599

www.wacountry.health.wa.gov.au

