

*Driving culture change needs many hands on the wheel – the critical role of executives, consumers and dedicated staff in cultivating a culture of Caring Together, Caboolture and Kilcoy Hospitals and Woodford Corrections Health Service*

Our second presentation for the afternoon is from the Caboolture and Kilcoy Hospitals and Woodford Correction Health Service and our presenters are Suzanne Michaels manager, integration and engagement, Jurina Demaine, consumer representative and last but not least Lance Le Ray who's executive director and director of medical services Caboolture, Kilcoy and Woodford Correction centres. Thank you very much.

**APPLAUSE**

**SUZANNE MICHAELS:** My name is Suzanne and this is Jurina our consumer rep here and we've brought along a token executive today which is Lance, so here's here just to look pretty, but he will say a few things. As you can see, is it okay if I stand here, I tend to move when I'm talking. As you can see, our presentation today is on culture change and specifically looking at the role of individuals, but also individuals working as a collective and we've got this image here talking about driving cultural change needs multiple hands on the wheel. It is not up to Lance, it's not up to a consumer, it's not up to one person who has that portfolio to do that work. It has to be a collective and we have to be going in the same direction and work together to make it work. I'm going to take you on a journey today, because we're talking many hands on

the wheels, talking about a car journey. I'm taking you through the journey of our culture change. My background, I'm not a clinician, I'm also not a change person, I'm not a culture person, but and I know we use a lot of acronyms in health, but there was one that I really liked and it was ABC and it basically says as you can see attitude plus behaviour equals culture and I suppose that's what I've kept in mind as we've put these programs in place. It's not just about what we do, it's the way we go about things. It's what we believe, it's what we say in every single interaction. It's the way we operate that will have a cultural impact at the end of the day. Just going to take us back a few years and I'm going to share, I'm going to ask Jurina now just to share her experience of what it was like to be a consumer. She's been involved with our organisation as a patient 15 plus years and she is an active consumer in the Breast Cancer Network and so had been actively trying to get involved in Metro north and more specifically Caboolture Hospital. I'm going to let her share what that experience was like before we kick started thing.

**JURINA DEMAINE:** Actually, Suzanne it's closer to 20 years. My introduction to Queensland Health and Caboolture Hospital was in December 1997 when I was diagnosed with breast cancer, so I'm coming up to my 20th anniversary, so I'm a thrive, not a survivor, just to get that right. Things were very different back 20 years ago and I was very unhappy with the things that happened to me in my first experience of the hospital, but I had two caring and compassionate registrars and a thoughtful nurse who kept me on a level of sanity that was quite handy, because I was falling apart. Since that time and because of my experiences, I've been actively involved with supporting cancer patients and with advocating for change in our local hospitals, particularly when our little hospitals don't have the same standard of care that other hospitals in our health district do have. That just irritates me, but my efforts were generally ignored and it was like fighting uphill all the time. You were knocking on doors where nobody was home, but the lights were on. You were looking for windows of opportunity and there was blank walls of indifference so it was frustrating. I wrote countless letters and emails about various services that we needed and most of the letters were never answered. It was really frustrating. The thing that made it harder

and more frustrating was I wasn't acting alone. I was writing on behalf of my support group with over 400 members and I was supported by a lot of well known and important community groups. There was Business and Professional Women's Association, Dragons Abreast, some weight loss groups, the sports club and so why was I being ignored? This is not just my issues. This was community issues, so I just didn't understand and that was advocacy over the last lots of years. Thank you.

**SUZANNE MICHAELS:** Thank you Jurina, and Jurina will talk again throughout the presentation and share her journey, but I'm going to ask Lance to share a few words. Lance and I came a couple of years ago into the organisation so I'm going to get from the executive's point of view about what he thought about where we were at.

**DR LANCE LE RAY:** The standard of care was not uniform, that some parts of the organisation had it right and other parts did not. You could not say with confidence or conviction that the expectation was of person-centred care. There was a willingness to consider and to explore change, but by and large people were stuck about how to actually do that. None of us are particularly happy about the way it is now, how do we move it forward? So there was good intent, pockets of good practice, but it was an organisation that was stuck. So we had to shake it up.

**SUZANNE MICHAELS:** Absolutely, thanks Lance. I know Lance just said about pockets. We had brilliant projects happening at the time. One of those you can see outside at one of the learning pods with ematernity site. We didn't have a uniform approach or an overarching commitment. We found out... I suppose we knew it was coming. Ca-boolture is a burgeoning area. We're about to grow the population by about 40 per cent in the next 510 years. That's an extra 6080,000 people accessing our services and we have a very low socioeconomic area with a lot of psychosocial issues. High poverty and twice as many young mothers under 20 than the national average so there's a lot going on and we knew we weren't quite hitting the mark as far as patient-centred care and we knew if we were going to grow to be the hospital that the community needed in the future that we really needed to work with and understand what they wanted from us. So that's where we had a jump start, that's what kicked us off. Said right we've got something we need to do now, so that started the journey

back in 2014, 2015. So start we, we went we need to start talking with the community. We've spoken with individuals, we need to know what the community says. We held a workshop and invited people from the local community to come and talk to us about what we had, basically their experience of service and what they envisioned us being in the future. Interestingly, the people invited to that workshop is people who had made complaints against the hospital. We invited them in, we had strong supports in place. We had the staff trained up, we had social workers, psychologists, people there to allow people to share their experience, for them to do that in a safe space, but then to have facilitators who worked with us and then to guide a conversation so they walked out thinking that what they had said had made a difference and it would make a difference in the future. We did a lot of dreaming and discovery planning about where do we want to go, give us the idea of what you want to see. So around that time, we had these workshops with them. We did staff workshops as well and got lots of awesome ideas from them and around that time there was these words that were being thrown around. We were talking about, how are we going to do this? I think it was one of our consumers who said this is not about us telling you what to do and it's not about you telling us what to do it's just about us doing it together and this idea of caring together was born. So this is actually the second iteration of our caring together initiative or program. When we first started it was mostly around family and patient centred care and we would say that caring together is our commitment to partner with you so you feel heard, valued, supported and respected always and that's the values we had in the way we approached our patient and family centred care and initiative engagement. This has moved beyond in the last year or so, moved beyond being a program to just business as usual. Caboolture Hospital is improving the health of our community by caring together. After all those staff workshops, community workshops we went okay, we know what we want. We want to go from where we are now, we want to be the most patient and family centred hospitals in the country. We also realised in talking with our staff that to do that we had to be an employer of choice. We had to take care of our staff so well that they were so happy that they then took care of our patients. We knew that and

heard that from consumers as well. Take care of your staff and then they'll take care of us. Okay, so we knew the destination. We knew where we wanted to be and we went "How do we get there?" We've had a conversation with the Australian Institute of Patient and Family Centred Care so we went to them and said do you guys have a framework or a structure we can use, because we want to do this, how do we get there? They said we don't have anything to detail a step by step process of how to get there. We said okay, can we develop one with you? Sure. We'll do all the work, they said sure. Over the last couple of years that's been a project that we've had ongoing on the side. I shouldn't say on the side, this has been what's driving a lot of our work. We had our caring together framework and you can see on the diagram on the left, we have the caring together values around the outside and then we've identified six key areas that need to be influenced in order to deliver patient and family centred care. Learning, leadership, service delivery, engagement, service improvement and the environment, and we kind of had that as a broad idea and then we actually have not done a lot of work. Literature reviews and took feedback from consumers and you'll see on the left, your right, we've actually developed that into a framework. Now when we say we need strong leadership to deliver patient and family centred care. What does that mean? We have a list of things that means that's what we're aiming for there and we're slowly finalising that and getting that ready to share with people. At the end of the day this is just a piece of paper and the idea is that we'll get to a point where we can share that with other people. We wanted to make this real and see if it was something we could actually do. Over the last couple of years we've been doing a lot of work about embedding this framework, testing it, seeing if this would actually work and what we've done, the process that we've taken is that we have a caring together governance committee, a committee within the hospital that has everyone from executive down we've got doctors, nurses, operation staff, admin people, anyone care to be involved and Jurina sits on that committee. We have a consumer network. I know a lot of people have consumer networks. We went about ours a little bit differently. We set up the consumer

network so that when consumers are recruited or found or brought into the organisation they are brought into the network and the network meets once a month as a group and the idea is that they get to network, learn from each other. Remember, there are about a dozen people who are on that and they are kind of integral. They come into the network and based on their interest and experience, we link them up with a committee or a working group or another project where they say "Hey, I'm interested in that", but we also say, what's your interest, what's your experience, what would you like to get involved with? Then we find projects that align with those desires. We have made sure that the network has a clear up influence. We make sure what they're doing is not tokenistic. A big part of what we do within the network is educating the consumers as well, and I will say that one of the most valuable parts of this is constantly having that executive support. We've had executives come and talk to the network. We have people from across the organisation come in and talk to them. I just want to highlight, I've highlighted there it is about a partnership. We treat the way we approach it is consumers are the experts in their lived experience and we try and make it very much 2way. Of course we'll have things we ask of them, but we say what do you want from us, how can we support you? We get involved in lots of activities, so basically I'll touch on the way we do it is at each network meeting we have the first half where we have a guest speaker who comes and educates the consumers on a particular topic and we spend the second half doing a workshop on a project that's happening within the hospital. We do have consumers who now sit across all of our major committees and working groups. We are a fairly small hospital, but we've managed to integrate people into most and now most people will say hey, we're starting this group, we've got a working group, can you get us a consumer for this group. If we don't have one within the network, we'll reach out and find others. This is valuable for consumers and also staff, simply having someone sit at the table, be that body so we're talking about budgets and infrastructure, the next person in line is the consumer, what are we doing, how is this going to impact our patients? One wonderful thing that happened last year, we had our deputy director of medical services who sits around Lance and he said from now on we want a consumer

on every interview panel for every senior appointment within the hospital. We've managed to achieve that over the last 12 months and it's been a phenomenal experience. Not only for consumers who they think, a lot of them felt very fish out of water. Who am I to sit on the interview panel for a senior staff surgeon? We said to them, you're in there not to look at their experience, but purely to think, would you want this person to be your doctor? Would you want them to be your nurse?

DR LANCE LE RAY: My observation is that clinical staff can be beguiled by the CV, you can have an impressive CV from an eminent person, but the consumer person on the panel is more likely to out the dickhead, the one you don't want.

## **APPLAUSE**

**SUZANNE MICHAELS:** Absolutely, and that has happened on more than one occasion. We've had panels of senior leaders who will say, "What about this person?" And they'll turn to the consumer and say, "What do you think?" And they'll say well, they didn't really answer that question, or I felt really uncomfortable with the way they were talking about their patient and then the staff will say "Oh, I didn't get that, oh, you're absolutely right" and it's been integral for them coming up with their list of... what do you call it? The short listing of who's going to be recruited and it has been a phenomenal experience, because now we're getting the right people. That's what driving the culture, getting the right attitude and behaviour is about getting the right people and that's one way we've been doing it that we've found works really well. For us, building partnerships is really about integrating, getting people out and into every opportunity that we have. Our consumers are building relationships with people. We have people aligned to ED, or people aligned to outpatients. People who are our spokespeople within the community within Caboolture health care alliance. She is little, she's this big, gorgeous, Lenny does around every Thursday and does patient surveys. She likes talking to people and she is loved by our staff now. When they see her coming, they welcome her into the ward. We love to hear what people have said at the end of the day and she is now one of our most desired people around the hospital. One of our big projects we did was the Ward 3B. For anyone here last year Christine Bryant shared her experience of being a consumer on that and that was

a codesign project, building a ward with a secure unit for people with dementia and delirium. She had brilliant ideas to share within that design phase and things that changed the design of the ward. One of the key things she wanted was contrasting colours within the toilet and when she saw it she actually was teary. This new ward that you've got is worldleading and it's encouraging for us and for the patients and the families we have coming in now, knowing it was designed for them in mind, because we had a consumer involved. One of our big areas of focus around driving culture change is education and I know it's a big deal for a lot of people. We always talk about get consumers involved in education. We've taken a different approach. Of course we talk about consumer engagement, patient centred care at orientation, but within the framework that we've developed we use the words immersing staff in consumer perspectives so instead of having one course on consumer engagement patient-centred care, we look at the yearlong program for education and we identify which of those educations that's happening can we get consumers in, get that voice into the ones that are already planned. You can see, obviously new doctor orientation we did one hour talk about lived experience around handover. For example, I'll just show you one of the ones we did was this one down the bottom here. One that I saw on the calendar, there was already a doctor prepared to talk to interns about treating people with depression and anxiety. We have a couple of consumers who've got lived experience, can they come along? We ended up talking with the doctor ahead of time and it was brilliant. It went from her sitting there telling them what to do and what they should look for to having an open conversation between the consumers and the new interns about their experience. This is what I'd want from a doctor and what I hope you'd look for and it was hugely valuable. And now we have, building that value as the consumer network and getting those people involved, we have people coming to us now saying hey we've got this coming up, who have you got, who can we get involved? Rather than pushing people on to our staff we've got them coming and saying, "Hey, how can we get them involved?" I will touch on very quickly, part of this whole program has been about getting our staff engaged as well and getting them involved in patient family centre care and making it relevant for



them and finding the value in it. There's a couple of projects we did last year, the Tribal Challenge and Kindness in July and that was helping people to think about how do they connect with their patients, what else could they do in their local areas? We've had awesome projects come out of that, including the one down here, we've designed a whole new handover document from ED to the wards and that's been with patient involvement, because they identified that. How are you doing patient and family centred care, where are your gaps? Let's do a project around that, and they've been able to do that. I might just hand over to Jurina now. I've talked from our point of view, being the person on the ground, the staff member doing this day to day. I'm going to hand over to Jurina just to share her experience of what it's been like to go through that change process with us.

**JURINA DEMAINE:** Well, I must say, along came Suzanne and so this little powerhouse of enthusiasm and determination just swept us all along in our wake. It was really easy, we didn't have to worry about anything, she sorted everything, but her focus initially seemed to be entirely on creating meaningful partnerships between staff at all levels and the consumers and we all felt that and we all felt she needed us to be real partners and not just tick a box and that was really important for a lot of us who'd been battling to get into the system for a long time. Things have changed and the difference at Caboolture Hospital is palpable. The hospital is now in just over one year I might say, she's done all of this in a year, in just over a year, the hospital is now a truly friendly place. A place where you feel welcome, so she stole my thunder, I was going to tell you some of the things we do. The whole face of the hospital changed, because we redid some forms, documents, signage, posters and the hospital just looks different with all these new posters and nicer colours and neater arrangements and things like that. You didn't get that one! But we suggest changes in building design and policies and also review some education stuff, staff surveys. We've had people speaking at staff forums, as well. So new ideas and new projects just keep on emerging, so we're not losing any interest, we're actually getting quite excited. We're also reviewing consumer complaints and learning about what sort of complaints come in and how they're handled and what the hospital does and once you know what kind

of complaints they're dealing with and the numbers you have a whole new respect for how all these things are managed. At this stage, we all feel free to express our opinions, make suggestions, ask questions, report issues and join in discussions. Now we really feel that we are respected team members and that our opinions really are valued.

**SUZANNE MICHAELS:** Wonderful, thank you, Jurina.

#### **APPLAUSE**

I know we're running out of time. I'm going to end on this last one here. We're going to take a minute or two to talk about the things that if we were to turn around tomorrow and say as the dedicated person, as the consumer, as the senior leader what can we suggest? These are the things we're still trying to do, but what could others do? I might hand over to Lance just to share his thoughts.

**DR LANCE LE RAY:** First, invest emotionally. This has got to matter to your executive group. You've got to invest intellectually, how are we going to do this? Culture doesn't just happen. You have to seek to influence, what are you going to do that's going to change the way people think now and in five years' time? You've got to invest in people, you've got to hire the right people, you've got to be prepared to say to clinical staff, no, I'm not going to put that money into a nursing position, I'm going to put this into this other position, because it will ultimately be greater value.

**SUZANNE MICHAELS:** No pressure!

**DR LANCE LE RAY:** I guess the other thing is you've got to be in it for the long game. Two and a half years I think we've been going now and we're sort of somewhat along the pathway. I don't think you can buy in a solution, I don't really believe that personally. You have to come up with a bespoke solution for the organisation you're in. I don't think you can buy a product off the shelf that will transform your organisation, because the transformation has to come from the bottom up.

**SUZANNE MICHAELS:** Thanks, Lance. Jurina, do you want to share your last thoughts on what people can do?

**JURINA DEMAINE:** If we're looking at what we need now from health professionals, that's where I'm aiming. A staff member once said to me 'cause I was trying to get change, we are the professionals and so I thought well, hello, I actually had quite a good professional background myself in my past life. Noone ever checked up to see what I ever did. What I would like all health professionals to recognise is that every patient they see is, in fact, or was a professional in their own chosen field and once that can be appreciated by the professionals in the medical field, they just have this vast unlimited source of information, intelligence and experience that they can actually draw on and learn from which would be great. One other message for all our health professionals is, you must realise that one day, you will be the patient.

**APPLAUSE**

So what do you want your health service to look like when that time comes, because it will come, and what kind of treatment do you want? Because if you start now working towards that vision of your ideal treatment, by the time you need it, you will have the best ever treatment in the best health facility in the world. Thank you.

**APPLAUSE**

**SUZANNE MICHAELS:** Thank you, and just to finish, I was just going to say one thing. I've got this thing up here that says yes, if you're a Queensland Health worker and someone says to you hey we want to get a consumer involved? Just say yes, work with it. If you're a consumer and you're wondering about doing it and someone says "Hey, would you like to get involved?" And you think it's scary and big, just say yes. Jump in and do it. A lot of it is just learning along the way. That brings me to the end. Thank you. Is there any questions?

**NEW SPEAKER:** Just before we go to questions, I think that was a most powerful presentation and right on message in terms of power and passion and cultural change. This is the direction we really want to go and we had the power presenter, we had the thriver and the "tell it as it is doctor".

**APPLAUSE**

Thank you very much, and it's certainly a facility that I wouldn't mind seeking treatment in. There's a question at the back.

**NEW SPEAKER:** Did you do any training and did you have consumers attend?

**SUZANNE MICHAELS:** We put the entire workforce through CAPS, so communication and patient safety. It's a program that's come out of Metro south. If you have a chance to do it 100 per cent you should do it. It's an 8hour program. We put almost 1200 staff through it I think and it's just around fundamentals of communication and things, but we noticed for the first time ever that after several months of staff having done CAPS that we actually for a couple of months communication wasn't one of our top complaint within the hospital, but it was phenomenal. Have you done it?

**NEW SPEAKER:** Yeah, I did it as a trial 18 years ago.

**SUZANNE MICHAELS:** I think the timing was just off for that, so we've worked through CAPS, so CAPS was brilliant, but it's a 1day program and we worked with the developers of CAPS and we've developed CRASH and that's a 4hour program that's part of orientation and our consumers will absolutely be doing that. So yeah, thank you. It is about educating our consumers so they're hearing the same thing that our staff are hearing.

**NEW SPEAKER:** We've got time for one question.

**NEW SPEAKER:** Actually, it's not a question, it's advocacy. As a frontline worker, we are trying as well to improve the hospital health system. We are a board also and as a consumer, I am a witness to that, thank you, so your voice has been heard.

**SUZANNE MICHAELS:** Thank you.

**APPLAUSE**

**NEW SPEAKER:** Perhaps just a further sign of appreciation for a very, very positive presentation. Thank you again.

**APPLAUSE**