There's really nothing to be afraid of! Engaging with consumers on the #hellomynameis initiative

Sarah Bailey, Allied Health Workforce Development Officer

Breakout Room 3: 15/06 13.30.14.00

Steve Russell: Good afternoon, everyone. We will just wait a couple of minutes to ensure we have all that intend to be here -- that they're here. Just an overview before I introduce our speakers, we have an hour and a half session, two speakers for half an hour each and then half an hour of questions. A little bit of homework for housekeeping -- we're having problems with the captioning. So if you have a need for the captions they are available on the screen up the back of the room. I know that's a little bit inconvenient. But technology. It always plays up in the afternoon, for some reason. Okay, we close our doors. I'm Steve Russell, I'm a member of the board of health consumers Queensland. I would like to welcome you here this afternoon. I'm hopeful that all of that wonderful food hasn't played too much on your me tablism and we will endeavour to keep you awake this afternoon. If I see you nodding off I will come over and tap you on the shoulder. Our first speaker today is Sarah Bailey. And she is with the allied health work force. And represents the PA Hospital. Her subject is, there is really nothing to be afraid of, engaging with consumers on the # hello my name is initiative. I understand we have a walking advertisement for the tag, Dr. David Evans, who is even wearing the tag.

David Evans: My name is ... (APPLAUSE).

Steve: He will show off that tag -- and he has other commitments.

David: Just so you know it exists.

Sarah Bailey: Not a philosophy or policy; it's in action.

Steve: Thank you, David. Exhibit A. I appreciate that.

Sarah: Thank you so much. I appreciate that from David because I have actually left mine at home of all days in a separate hand bag. My name is Sarah Bailey, but I work across the whole of met though south health. When I refer to PA, it's the Princess Alexandra hospital. Today I will talk through with you about the hello my name initiative and the involvement of consumers through that.

I will give you a bit of context about what the # hello my name is. A disclaimer, if you enter hello my name is into various internet sites instead of # hello my name is, it does go to quite a different site. So don't forget that! I will talk about the steps we took with the initiative and how it involved consumers every step of the way. And reflect on our guides principles, the lessons learnt and the success of the Health Department -- to be a beautiful and engaging one, despite my initial trepidation. And we have had consumers involved from the very designing phase through to the ... of resources. I will be showing consumers videos to highlight there are some consumers that have passed away, just to provide that warning. This is the laid why I that developed the initiative, Dr. Kate Granger. This is her on a holiday with her husband Chris on the California and coastline -- 29, young, free, happy. Two days after this photo was taken she was taken to hospital with acute abdominal pain. Here is Kate to tell us more about her story.

Kate Grainger: Hello, my name is Dr. Kate Grainger, I'm 33 years old, I live in Wakefield in west Yorkshire. I'm happy married to Chris. What makes me slightly unusual is I'm also quite ill, in fact terminally ill with a rare and aggressive sarcoma that was diagnosed when I was just 29 years old. So I have been through the mill a bit with health stuff over the last three years and it's been quite ... the # hello, my name is campaign came about when I was in hospital in August 2013. During that time I was a keen observer of health care and what was happening. One of the starkest observations I made about the interactions I was having with the people looking after me was that so many of them didn't start with instruction. The absence of introductions felt wrong to me. The

first thing you are taught in medical school, when you approach a patient you say your name, your role and what you are going to do. The missing link made me feel like I didn't really matter, that these people were not bothered who I was. I ended up at times feeling like I was just a diseased body in a hospital bed. Bryan introduced himself. He recognised I was in pain when I got onto the trolley and fetched me an extra pillow and blanket to make sure I was comfortable. He was doing the little things that I talk about as being so important in the delivery of compassionate care.

Sarah: Unfortunately Kate's story is not alone. On doing some research into this I found the story goes like this. He had been rushed the day before to our surgery emergency unit, an elderly man crying out in pain, looked haggard, gain and frightened as we wheeled him straight through to the CT scanner. Now stripped of his clothes and draped into agony stared at news trepidation ... stopped by the bedside. Without so much as an introduction, this experienced doctor broke the news to the patient of his terminal illness. By turning to the bedside earnt raj and muttererring perfectly audibly, get a palliative care nurse to come and see him. No-one had even told him he cancer.

So Kate would go home in the evening to her husband, Chris and talk about her communication needs being dismissed. Chris said to do something about it and she did. That's where the hello my name is # initiative was born. Within two years the campaign won the backing of over 400,000 doctors, nurses, allied health professionals, admin staff and Porters in England, the NHS, across # 0 organisations. -- 90 organisations. Kate managed to get politicians and celebrities on side. I'm not sure who is more important now. Nevertheless, it attracted attention. In 2014 the national health service in England launched the Kate Granger awards for compassionate care. In 2013 she was awarded an MBE for her services. So by 2016 it had become an international affair and sadly that's the year that Kate also passed away from cancer.

I first heard about the campaign in 2016. Not long after Kate had passed away. There was a conference at the MCG. The campaign tap need the heart of why I came into health care, because I cared and wanted to make a difference. I wasn't naive to realise that an introduction is not going to solve all of our health care issues but it does provide a link to something that is much deeper, much, much

deeper than just a discussion. It can link to a human connection and the start of a relationship.

So, I knew that through the research as well that effective communication leads to better health outcomes, greater satisfaction not only for patients but also staff, improved relationships and also the introduction has been shown -- that simple one thing has been shown to have therapeutic benefits in building relationships. So I came back to work at the PA -- the mother ship -- I shouldn't say that. Is anybody from Metro north in here? Sorry! It does look like a ship. That's what we joke about, it's not meant to be a statement about a mother ship. Any way ... but I came back to work and the next day after the conference in Melbourne, I joined an allied health show case and they had an innovation forum. Long story short -- everybody in the room presented an idea. I presented the hello my name as an issue. The room full of people, out of them this was the one initiative that won, an amazing different idea. So by the end of the day less than 24 hours after having first heard about it I had a grant. Still not really sure how that happened of the but I did. So, the things that I guess helped support this was it aligned with our -- ooh. Strategic Plan. We have an enabler around ensuring the needs of our stakeholders. We get patient satisfaction feedback through our BPA survey. We know the little things and communication is important. We know consumer engagement -- it's included in the standards too. Commonly referred to as standard 2. Metro south is also pursuing planetary recognition. Does anybody know what it is?

Audience Member: No.

Sarah: I will give you a two sentence explanation. Planetary is an organisation that is nonprofit and it believes in holistic and person centred care. They are a U.S. based organisation but their reach is worldwide. Essentially they have 10 standards or dimensions that if you meet those, you can achieve accreditation. So that's where PA and Metro south is pursuing recognition, to be a person centred care facility of excellence. It almost provides that framework.S not -- it's not about planetary but believing what we're doing. So I put in some funding for some additional money and that was

achieved. So I was able to roll out the initiative in 8 areas, not to say -- it was also for other areas but to provide a starting point.

But it was also around stories from patients and staff that really made this approach compelling for me. One staff member talked about how at 20 weeks pregnant she had acute appendicitis and she was rushed into the emergency -- into the theatre and at 20 weeks pregnant, it's not a great thing, so what do you think her main concern was? The safety baby. It was the anaesthetist that sat down beside her, held her hand, said my name is David, I'm your anaesthetist today, my job today is to make sure I do the very best job for you and your baby. No-one else existed in the room from that moment on. So here I was, I had an idea that from an existing campaign, I had money to spend and I had support and I had no idea what to do with it. Being an allied health work force development officer, this is outside the scope of my role. So what would I do? I realised I could not do this alone. With the support of the nursing excellence unit, we worked on putting together a focus group. Wanted to get staff involved and patients and consumers. Getting staff on board was easy. An email, newsletter, screen shot, it attracted attention but getting consumers involved was more of a challenge. This is 18 months to two years ago, things have changed but at that time we had our standard too, consumer engagement committee and there were some consumers that sat on it so we invited those. Our engagement team knew of some consumers so they were invited as well. When you receive an invitation or you hear about a focus group to talk about communication strategy, what comes to mind? What might you want to talk about?

Audience Member: Health.

Sarah: Sorry? Health, yes and what other things?

Audience Member: Participation.

Sarah: Yes, participation.

Audience Member: So what is my role? How do I interconnect?

Sarah: Great, yes.

Audience Member: Pack nets.

Sarah: There is a great range of diversity in what people intend in communication. For me it was actually a specific need. This is one of my greatest learnings as well, that to be clear and very honest about what it is you need and where people and consumers can maximise their input. Because this didn't interest every consumer. There were some who had stories and grievances around communication that they need to talk about but I needed to talk through that with them to help understand where the best forum to raise those was. So I rang every single consumer that RSVPed to talk through and say what your issues are and let's make sure they are aligned. That was another learning. It took time to care, to understand and listen but it was timed very -- time very well spent. So there was a thing about mutual respect.

This is after our focus group. You will notice there are quite a lot of staff and a few consumers. We will talk about that as we go through. The aim of the focus group was to establish the priorities for the initiative going forward.

Going to this focus group, I entered it with some trepidation. I had worked with consumers before, worked with staff before, run focus groups but not together in terms of a mutual collaborative approach. That was quite different and I did not know what to expect. What I found, though, was that consumer's voices are so powerful. We made sure there were at last -- there was at least one consumer in each small group. Down the bottom is my manager, Kathy, and she is the executive director. Now, she has a very busy schedule but she stopped and dropped everything for this. That was the other thing, having that support from all aspects.

She is working with a fellow who is in a wheelchair. So it was also catering for the needs of those people. Unfortunately in particular given the topic the person who wrote his name tag spelt his name incorrectly. So that was a really significant thing that we realised we needed to be very careful about.

Since this particular group took places we now have a consumer consultative committee. They are a group of people who are dedicated and meet on a regular basis to look at activities within the hospital and learn. Initially that group metaphor one hour every two months and that clearly wasn't enough. Not only to share information but to gain their input. Now the group meets two hours every month and it still isn't enough. I will run through each priority that we identify. The first is around highlighting the importance of introducing ourselves to every person we meet, not only patients but staff alike. I can't tell you how many times I have gone to another meeting and there are 15 people. But in terms of trying to remember that afterwards, no. So what do we know? Introducing ourselves is not regard. It was around the cultural awareness. We had some resources from the hello my name is initiative but it's also about cultural awareness locally and knowing how vital the voice of the consumer was. So a staff awareness session was put together. I will show you some snippets from that eisweins session in particular the consumers. So the first one I will show you does actually have a couple of staff in it. But speaking from their consumer perspective. I think that's one of the things they have done. We have asked patients, consumers to open up and it's enabled staff to do the same.

Video shown: Somebody introduced themselves straight up. It made me feel they were there for me and made me feel they were genuinely looking after my needs and addressing me as an individual. ... knowing them by their name made a hell of a difference I think. You actually feel you actually know the person. It's not just an individual that turns up, looks at you, says do this, do that, to another group of other individuals and walks away ... I have been a patient but I'm also a colleague, friend, partner and a parent. I know how important it is to provide a strong welcome to people who are going through a difficult time

Audience Member: I have been a patient. I have seen what happened when someone does introduce themselves to me as my clinician and what happens when they don't. And the quality of care is so much better when someone starts with an introduction and connects with me with their name.

Sarah: So the next aspect or next priority is around the visible name badges. And you may be familiar with the security badges or passes we wear usually on our hip and flipped around and people can't see them. So this was about a visual identity badge that David showed us before.

We asked for feedback from patients about what their preferences were. Overwhelmingly parents said they wanted a first name on the badge and wanted to know the staff member's preferred name as they would introduce themselves. So instead of Catherine, Kathy or Jacqui, Jaqueline. They wanted to know the staff member's role but simply as well. We can get caught up in the title. Clinical nurse contall assistant and so on. So still have the security passes if needed for the verification, but it didn't take away from that. The other one was around the logo. This is an interesting one where staff and parents differed. So for patients they reported the hello my name logo is something they can look at and relate to, it makes sense. However staff tend to identify with logos that represent their workplace. So ... a magnet logo, it might not mean anything, it didn't to me to start with. For emergency deposits they on the whatted their logo. This is where we had to reach some compromises. At the end of the day for staff to wear the badges they had to be happy and proud to do that. It's really up to them. If they are going to wear it and make a difference then that's important. Here is one of our consumers just talking about the name badges.

Video shown: Sometimes it's hard to just remember a name. If there were more than one person on the team attending to you, then half an hour or half a day later you really think gosh, what is that person's name again?

Sarah: The next priority was around patient centred communication boards. We really wanted to extend the hello my name is initiative to -- to be inclusive for patients to provide information about themselves and become more integrated in their own care. We wanted to do that visually. This patient centred communication was -- these are often the types of boards you might see near a bedside. Obviously very clinically oriented. And duplicate a lot of the information in the medical record.

But we wanted to make these a catalyst for a conversation, not to replace a conversation but to provide the stimulus for people to talk and represent information. So, this is where our consumer consultative committee came in. As you see, the ratio of consumers versus staff is quite different here. Because we have the group to work with the whole way through, which was an absolutely imperative part of this initiative. Didn't need to rewrite the book every time.

So, I got the consumers to work on an activity and presented them with a number of different designs for the patient centred communication board and got them to simply tick what they liked and cross what they didn't. That hands on approach was handy, very focused and interactive. These are a couple of the examples of the types of templates we have available now. So very different from what we started with.

Part of the evaluation, one of the staff also reflected -- these boards, it shows nursing staff care about the smaller details that are important to the patient and allows us to deliver holistic care. In a way that one of the ways a consumer consultative committee provided feedback on the boards. So this was the initial statement I had up the top of the board. It was patient communication board, this board is for communication between patients, their family, carers and communication team. I thought all right. Okay. From one very amazing consumer who I am very grateful for for her input was that "not welcoming, not friendly and not inviting". So this is how it was rewritten: Welcome, being admitted to hospital can be a difficult time but we would like to make your stay a little easier by knowing what is important to you. Please tell us more about yourself." Very different. So that's one of the direct impacts of consumer engagement. This is Brad our ICU nurse unit manager using one of the boards. It does look small there because of that photograph. But the idea that the board can be seen by patients and used. Here is a little video again about the board. Actually opened by Ryan. I thought it was a nice way of introducing this.

Video shown: The carers and families really do like the patient centred boards. I think they feel that when they are not there it's a way that they can -- through written form, can continue their advocacy of their loved one ... an information board would give the facility fuero two-way conversation and give the opportunity for your

family to ask a question to the doctors if they couldn't see them ... it actually creates conversation. Because they will say Oh, what's that? There is that up there. That was all the stuff. That wasn't -- staff. Not just the medical staff. ... it would give a visual of names, the staff, my preferred name."

The research shows the name we go by is ... a third of -- sorry, let so many statistics in my head. About 50 per cent of people go by their by the name. So that was important to get across too. So how are we going with this? With the evaluation ... I wanted to make sure that we had a comparison. Now, one of our -- a few people on the working group, a few staff members, came up with the evaluation questions and took this -- we took it to the consumer consultative committee. At that stage we think, yes, they are ready to go, the questions look pretty good. What the feedback came back is they weren't clear. The questions weren't letting them easily know what information we wanted. So form -- we reshaped those questions based on that feedback. Now we have much better and targeted questions. Just as an aside, the volunteers in our volunteer unit actually go out to the wards and departments, take an iPad and work with the patient and family Kayers and actually input the data into an online survey immediately. Then he goes on to consume yesers themselves. -- consumers themselves. I have a few statistics up here to show you generally how it's going. I don't want to harp on this but this is the feedback from parents, family and carers. Different areas are at different stages. We don't have all of the data. So in terms of how many staff introduce themselveses by name 64 per cent reported all or most of staff -- of staff did that. I kind of that I needs to be higher. But one thing it made me realise is we can't rely on badges. We still need to show the importance of introducing ourselves. When we looked at how important it was, 86 per cent reported that it was extremely or very important. So there is good impetus for change.

In terms of how many staff wore a physical name badge ... this is families, patients, Kayers reporting this, 86 per cent of staff wore them. In terms of how helpful it was, the for staff or patients to be named, 83 per cent reported it was extremely or very important. 77 per cent reported it was extremely or very important to see the job or title. Good rationale to continue. In terms of the patient centred

communication boards, this was a little bit different. 46 per cent reported that these were extremely or very important to helping and assisting communicating with staff. I was a bit disappointed with that. But when we combine the extremely, very and moderately it takes it up to 75 per cent. That shows we still have a bit of work to do. In terms of the overall initiative -- I think this is where I encouraged ... 86 per cent report that they strongly agree or agree that overall these are -- the anybody has enhanced their communication with staff and 69 per cent say it's enhanced the quality of care that they receive.

These are some of the verbatim comments from families, patient, Kayers, saying their name at reception ... makes it easy for me to know who they are and their role. ... a great thing to do, confirms what I need to know, prevents confusion. This is one of the feedbacks from staff. They were asked to reflect on their own thoughts but also what feedback they had received. I think it helps open up the communication between staff and patients. Family have commented that it's very helpful. They appreciate the badge, you are a stranger approaching a patient and they like the introduction and trust in nurses. Family and patient are able to talk to me and call me by name which makes the interaction more personal which is very important especially within the rehab environment where we have long stay patients. I talked about some of the guides principles and lessons learned -- but just to summarise, the things that made this suck systemful with consumer involvement was that through partnership we had input from the very beginning. And we went on a journey together. It was respect and dignity both ways. There were times when I had to just stop and listen. And that was of the utmost importance. But conversely there were times when consumers were providing me with feedback and I didn't always agree but I had to take that on board as well. Inclusiveness -- we have a very diverse cultural variety of consumers in Metro south. And the person centred communication boards were a means to assist people to be involved in their health care. And improvement -- there was mutual goals, we were all working towards the same goals, improving and really focusing on the things that all of us could do to improve the health care.

Successes -- partnerships that I talked about. And also the consumer voice was so powerful, one of our staff commented -- in the video, it's opened by the executive director, who said it's

important that we know he is on board but at the end of the day patients and consumers, they could listen to all day. They were utilising that voice.

The other one was around the role that consumers have continued -- continue to play in Metro south. It has become part of our approach in establishing initiatives. We do involvement -- it opens up the request eto say have you involved a consumer, what is the consumer's role, why haven't you? And even in our earn willing management system there is a prompt. Have you had consumer input into this learning material. Some of the lessons learnt for myself -- this is how I feel in my head much of the time, very busy. But this is what I need to do, stop. Because the consumers were providing me with their time and they were very generous with that. I tried to be very respectful and ... with our time. And to get good feedback meant that we needed to allow the time -- for feedback to be well considered, thought out and consumers provided a depth of meaning and thought and kind of feedback I had not even imagined possible.

The second lesson flows from the first -- I had to recognises the importance of clear communication. So, when I was getting feedback about the evaluation questions, I put a big list of questions up on the screen and thought what do you think? So it was too much. Hard to know where to start. We spent 30 minutes talking about what the evaluation was and then another 30 talking about the first question. So it really highlighted the importance of being very clear and making sure of your goals. So the interactive hands on sessions were much better. I guess just that awareness that we do see things from different perspectives. So it's seeing things in a new light. They needed to be open to that. Just a short -- I know Steve is itching to get me off.

Steve: No. You have a minute or so.

Sarah: This is a quote from one of the consumers and the consumer ... do you want me to read that out or are you happy to read that?

Audience Member: Read it out.

Sarah: Being involved in the hello my name initiative as a consumer was a very rewarding because our consultative group felt really valued, respected and listened to ... for example the style, size of the new ID badges for staff as well as the wording and placement of the communication boards to be used by maybes and familiars. Having experience episodes of poor communication during a recent hospitalisation it was exciting to participate in a project that was aimed at positively improving personal introductions and clear communication at the PAH. I am grateful for the consumers for their input. It did make a huge difference. That's just a quote to finish off. I would like to thank you, all of the consumers that were involved.

APPLAUSE

Bob: Lauren, thank you very much. We have 40 minutes for questions. Who has questions?

Audience Member: I have one for, sorry, I can't remember your name, the first lady. You said that you have only rolled out the hello my name is project in specific areas,.

Sarah: Yes.

Audience Member: What areas are they and is it intended eventually, like if you get funding and it's approved at executive level that all levels of staff would have that?

Sarah: Good question. With the funding, it supported the ... in eight areas so we focused on those 8 to get the methodology right. Develop the resources. Those saying areas are four in-patient and four ambulatory services. So 56789B. Neurology. -- 5B. 2E, oncology. IEU, the intensive care unit and the brain injury rehab unit. So emergency department, which I was actually stoked to get ED on board. Not always a current in this space. But I think one of the things that really helped is I sat down with them at a -- in the very early stages because one of their ED newer has put up her hand and said I think this would be really good.

Essentially, they talked about they had tried these things before with the boards and this and that but again it was the time to unpack what that looked like. It could be quite different and how it could help them. Any way, that was a long winded answer to ED. Emergency department, outpatients, ... renal and hemifacial dialysis and oncology day care pish as. So we we focused on those eight areas and they were evaluated. However all of the resources were on our intranet sites and I presented to multiple forums and plugged communication. Not only at PA but the whole of Metro south. I guess PA to start with, but the idea is it would roll out further afield.

So. To do that one of the things I'm very conscious of, to have a sustainable model, was the badges. The cost of producing one of those through the company we were using, you -- it could be $8 or $9.

Audience Member: Is the symbol copyrighted.

Sarah: It's freely available. On the internet site they have images you can download. That's what I provided to Peter. What we have done since at PA is purchased a badge making machine and actually there were some people -- they are a little bit different but they are great. They suit really well. And that has reduced the cost down to $3.50 per badge. As time goes on we will be able to reduce that more. We are doing it on cost recovery with the machine. But that has -- sorry, this is a long winded answer to a short question. I have 40 minutes! But it has been such an enormous collaborative to get this better. It sounds simple. But what it involved is some of the admin support in our executive area receive the badge orders. People can go to the intranet site, download the badge form, spreadsheet and it goes up to exec. They look at it, make sure it complies with the style guide, we try to limit the titles, things like that.

And then it gets sent down to our operations department. They generate the labels. Then it goes to our uniform shop. And they make the badges. And then it goes back and then it goes into a massive spreadsheet and the executive admin do do the journaling. For something quite simple there has been a lot of work

behind the scenes. It's freely available for all ... that's the short answer.

Audience Member: Back to you again. Where I come from, Townsville, they don't have the badges or anything like that. But you can tell some of the doctors especially mental health and ED et cetera, you can tell they must have heard of it, but they will do a quick yes, hi, my name is blah and then turn away and have a bedside handover. So I don't know how to, even if it does come on board or is it okay if I push them and say Oh, and what is it that your role is? Because it's going to become token like hi, my name is blah. And so what, they have done it. Should I start to go, "And what is your role, what are you about to do to me? Because they will start sticking them with the needle. So they do a swipe like this and that's it. So is it up to consumers ourselves to start pushing, asking more questions?

Sarah: Yes. Absolutely. I whole heartedly support that. I think what one of the parts of the I have yes we tried to support -- and in the promotion presentations, it's not just about the name of the role but the meaning of the role. It's like David the anaesthetist, "I'm here to save your baby today". That's the true contribution of the person centred approach. It is a cultural change. I complete I will get that. We have had people there have a -- that have embraced this and others that say that doesn't apply to me. One of the things we have -- we need to be very conscious of is the voluntary thing. One thing we have found is it's been by osmosis as well. The feedback that the return they should be getting from patients and the reaction and their observations that it's opening up conversation, that people know who they are so they can target their questions. So you are the dietician. Let me ... I think it's a time factor as well. I don't think there is any easy answer to that.

Audience Member: Can we bring a speaker to Townsville to point out the good things about that? Because especially in a mental health perspective you don't get anybody's name. Nobody wants to give you a name because then you will call them a name and talk to them. It doesn't matter how frustrated you get from a consumer, they might also need to hear how it's worked here.

Sarah: Yes. Those resources, they are all available on the intranet site for all to access.so where you find that is if you go to -- even if you search on QE II PP, hello, my name is Metro South it should come up there. If you have any problems under PA home page or any of the Metro south sites there's a flame tree link and through that it's under the ^ planetary site. I think one of the most powerful things we found is that the voice of the consumer. If you can find local consumers and do local stories. The patients who have been through our hospital, that's the most powerful voice.

Speaker: A question here.

Audience Member: Hello, Sarah. I'm from north-west, Mount Isa. I have two things to say. So basically you have answered it. We can all tap into what you have done, take it back to our hospitals and make it ours, you have done the hard work for us.

Sarah: If that happens I would be absolutely delighted.

Audience Member: That's great. Now, a little story to tell you, it's very quick. But just so show you this name saying hi and this is personal, I cut my eye ball and I went to Townsville and I was in theatre. My junior registrar is saying to -- everyone is there waiting to operate on my eye ball. The anaesthetist is there and all of the nurses are around me. The registrar said Oh, yes, doc is down in the car park. I had not seen the doctor at this stage. They said we will just put you to sleep. I said no, no-one is touching me till I see my doctor. These people were not used to having someone a little bit forceful of the they are saying it's okay the doctor is in the car park, he will be here. I said no, get away, you're not going to touch me until the doctor is here. Those people had no right to do what they were doing to me. This is exactly the same thing. Say hello, say who you are. Yes, it shouldn't happen and it did.

Sarah: Completely agree. Having had a -- an ulcerated cornea I can appreciate how painful that would have been at the time. The

other thing that I think -- the advocate I described, she described a story where she was in a cubical and she was nearby but one of the doctors walked in, pulled up the top of her person and started prodding on her abdomen. She went in and said hello, my name is ... poor -- call her Jane. And you are? And this is? So I completely agree with that. Another thing I would point out, thinking about Townsville, is another person that we did have come and speak was Chris pointon, who is Kate's husband. He toured Australia at the end of last year -- time fries -- and he is continuing her work and advocating and taking on a consumer role and that was very powerful too.

Audience Member: Hi, my name is Carroll. I want to bring any guess a different perspective but one I think is equally important. I appreciate how big Metro south is. I appreciate how big the PA is and appreciate absolutely when you are rolling out new initiatives you have to trial them in some places before you take them to other places to see how they work out. The reason I brought that up is because one of the things I wonder about is the myths created across the whole facility when you are rolling out some of these things in small pilot sites. The reason I say that is quite coincidentally I was talking with a staff member at the PA and I didn't realise that hello my name is was being rolled out only in specific areas and assumed it's across the whole PA at that time. This person was very skeptical about hello my name is. The more I explored with the person, it was quite an innocent conversation about something incredibly different and what the conversation turned out to be -- was an absolute fear of people who are aggressive and are seen as aggressive and fearful that by introducing themselves that they were going to be put at risk. Reasonably I can sit there and go okay that's not going to happen. You have proof of that in the emergency department. My challenge and my comment is how do you get that information about how important it is to your more skeptical staff, not consumers who accept it, not high-level managers who go, yes, we endorse this, but you can get some entrenched skepticism in front line physicians sometimes. Having said that, I appreciate front line clinicians are really important and are genuinely there to care. So I won't bag them about that.

Sarah: There definitely have been skeptics. I think I was a skeptic to start with. ... I think in terms of how to address that skepticism, I think a lot of people I talked to who were skeptical that were part of the trial have started wearing it and they have seen the reactivity by patients. And people have openly said to me I wasn't sure about this to start with but now I love it. I can see it now I'm actually doing it. I think -- we have not addressed that skepticism directly -- so part of doing the foundation is to be able to feed back to staff and say it's important to patients. And the message of being around -- it's only a simple thing, absolutely it's simple things, small things can make a difference.

Audience Member: Thank you. I appreciate that feedback.

Audience Member: Hi. You mentioned Chris Pointon last year. I'm assuming there are other centres and services adopting this in the country? Are you like a network? Do you connect to other people doing similar work to you?

Sarah: When I first embarked on this I heard about the Mildura base hospital. And Steve, one of the Aboriginal workers. He was very open to talking -- he did a conference call with our working group. Metro north also had Chris Pointon come and present. But there hasn't been a network as such, no.

Speaker: I think there is a question here?

Audience Member: Hi, my name is Hallie. I'm just wondering is this being rolled out in the mental health unit in the PAH?

Sarah: No, not specifically. We have done a lot of promotion to say these resources are here. But it's really up to each area to adopt and champion. Because it doesn't have -- if it doesn't have the support there is nothing I can do to make it happen. That's where in terms of the eight areas they were voluntary areas that said, yes, we want to be part of this to start with.

But the executive have said, I want this to be a trial, not a pilot. This is what we should be doing. So, it's also then those units having the funding to pay for it out of their budget.

I will just point out we have a board as well patient centred care, the communication board, they are double perspex boards, A3. It means you can slot a piece of paper in between the two sheets of perspex and write on the front with a whiteboard marker. So if you change your design or if -- the needs of ICU are very different to ED, so you can change that template. It's designed that way.

Audience Member: Sarah, I'm from the Sunshine Coast, I would like to thank you. Because we have tried to bring it in up there. And we didn't have the support. But now you have done it, you have given us more ammunition. Thank you.

Sarah: Our Executive Director, Michael, really supportive. I sat down with him very early on in the piece. And presented it to him. He wore it to Metro north for a meeting. There was somebody at the table who said that badge, I like that. And so then I got the inquiry through. So I'm very happy to share those results. Very proud. Thank you.

Steve: Thanks. Any other questions? We're running early. I know afternoon tea is out there. Could I just say that both presentations, Lauren and Sarah, really put the onus on us as consumers to lead the way in terms of asking the right questions. And in an assertive, not aggressive way. But there has never been a rule that says you can't ask a doctor or tell your doctor how you feel and what your symptoms are. You know what is going on. If we could encourage that willingness to speak up, I think we will probably make great inroads in terms of consumers' role.

Audience Member: I'm sorry. Some doctors think they are God and do what they want to do.

I didn't want to be critical but that's what was implied, having been a lifelong health consumer from birth, I learnt very early that my bullshit monitor was developed very early in the piece. And I

became reasonably assertive and been pretty much self-directing my.

Since I was about 10 years old. I'm now 65. I hate to be too personal here but it really is up to the individual to outline how they feel and where they are going. Even suggesting the appropriate response. Because at my age you really know what needs to be done. Bob speaking out the way he did and seeking out alternatives, that's the way to go. You don't settle for one suggestion of what is wrong or how things should happen.

Audience Member: Can I add to that –

Audience Member: I'm always getting personal. Your turn.

Audience Member: I just wanted to share -- because it's coming to the end now, it's something I wanted to share. I actually have become -- I'm a nurse at Prince Charles. I'm coordinator of consumer engagement. I have been talking to my consumers about the power of consumers speaking up. I heard the lady behind me. I was actually -- perhaps going to ED a couple of months ago. I was on the other side. I can tell you, it was a completely different experience from being the nurse on the nursing. I really -- I fully understand where the consumers feel very hesitant in speaking up. Because I was actually given sutures on my foot. The suture was standing on an unsterile field. He was igg shaking and he left them 5cm long because he was conscious of the fact that that's what he was told in training. I just sat there. I just sat there. I did hesitate. I did say I think you are dangling that a bit too close. I didn't say, I didn't speak up. From that, I got an infection and now have keloid and I'm having problems. I can't even run at the moment. So please, if you don't get anything from this, please speak up. Even for us as nursing staff and even working in the health authority, don't be frightened to speak up. Because we have to. We have to.

Audience Member: Talking about the feeling have you got -- I found if you speak up you earn some respect. There is no excuse or reason for them to talk down to you. Or for any superiority. I can

remember being on the table having surgery and they are talking about fast cars and things like that. I'm thinking hang on.

Sarah: Just going to say going back to the doctor thing -- that's probably where the greatest scepticism has come from for the hello my name is initiative. One of the doctors who commented that this doesn't apply to to us, one of his concerns was using first names because he didn't -- you know, that's doctor such and such thank you. And that's where the style guide for the badges is a style guide. If you want to be called Dr. Smith, so be it. That's okay. But it's important that people identify who you are regardless. Interestingly enough in ED they did not want surnames on anything. They just wanted first names. So it did vary widely.

Audience Member: Horses for courses.

Steve: Anymore questions?

Audience Member: Just a comment, it's that old management adage if you buy a Mercedes car you are looking at 50,000 minimum and our bodies are much more precious than a Mercedes. You don't just go and buy it, you ask hundreds of questions and then go look at car dealers. It's okay to shop around. And ask hundreds of questions because our bodies are so much more important than a Mercedes.

Sarah: You can spread that message? We need to share those messages. Again, that's what the session is about. Did you wish to say anything else?

Audience Member: No, I wish to thank everyone.

Steve: We do have some spare time.

Audience Member: Can I make a comment? I'm working on a different area altogether. But it intersects with this, there are national policies put out about the rights and responsibilities of

carers. And ... and one of the things that I'm on about is trying to push the idea which is in these policies of greater working and collaboration between -- between mental health users, clinicians of all descriptions and carer oars significant others or whatever you like to call them, families or whatever. Because it's a really constant in the area that everywhere I have been the carers or significant others feel left out in the area of mental health. I don't know if it's the same in cancer treatment or anything elsewhere carers are left out then they are not allowed -- you know, somebody who is actually sick being told, well sorry, I can't tell you anything, I can answer "yes" or "no" to your question because of privacy and confidentiality. That relates back to what you were talking about here and this whole respect thing, that there needs to be more pushing to change the whole culture of the clinicians -- and I work in mental health, you work with psychiatrists, my God ... that's really, there are so many psychiatrists who are just the pits in terms of communication.

Steve: We're not recorded this.

Audience Member: No, I tell them, I have to say ... I think it behooves everybody and particularly us as consumers and carers to push this idea of the collaborative working. It starts with -- there are so many things. It's just there and last night I had a huge discussion with two psychiatrists in forensic health who were saying no, consumer engagement -- I have just had a whole day of consumer engagement. They just didn't accept it. Tiny niche prison population. You are engagement with the prison population is fruit with issues so again it's another thing. It all boils down again to the respect for the fact they are doing something to you. And who knows you better than you and in mental health area, who is better equipped to help the mental health person. I always go back to saying why do we have so many suicides? We have such a rate of suicides. It is because this system preserves the right of the suicide preserve, mental yikes ll person to heal themselves -- without a community. I just do not get it why when I try to talk to clinicians or try to talk to people about this in the field they immediately clam up because you are talking about privacy and confidentiality instead of collaboration and partnership ... so it relates to what you were saying.