

Go Green for wellbeing – consumers providing solutions

Amber Williamson, Senior Engagement Officer
Warren Stubbs, Consumer Representative

Breakout Room 2, 15/6 2.00pm – 2.30pm

GABRIELLE: Our next session is go green for well-being. The consumers providing solutions. Amber Williamson the Senior Engagement Officer and Warren Stubbs, the Consumer Representative. Thank you so much.

AMBER: Firstly, I'd like to acknowledge the traditional owners of the land in which we stand and meet and pay respect to elders past, present and future and emerging. Consumers paid a pivotal role in our healthier choices project at Metro South health from inception through to change management. Our wonderful consumer adviser Warren Stubbs and I will hopefully demonstrate how collaborative consumer partnership, strong consumer engagement and volunteer empowerment have actually ensured that the consumer voice is being heard for service change into the future and it's also empowered our consumers along the way to join us to effect change long-term throughout our Metro South health services.

We believe we developed a partnership based on trust, equality and mutual understanding to achieve a common goal, which was to improve the access of healthier food and drinks. Options for our consumers, visitors, volunteers and our staff. My presentation is not up. I've just realised. Sorry. I'll keep going.

Back in 2016, our board realised we need to engage with consumers and our staff the food that we were offering through our food outlets and services. We have five major hospitals that we have in Metro South and every single hospital has its own contract constraints, vending machine constraints, coffee cart constraints, food services. That's when our engagement plan really started.

We gained funding from the department, our prevention division and our healthier choices project team formed which was led by Annabel Stack. She project led this initiative through our health service. This stage of engagement was all about staff engagement. In our food outlet, staff are our number one consumer of our products. They actually generate the

most revenue in those shops because they're there 24 hours a day, serving the needs of our community.

So we have Metro South food governance committee who we have very astute consumer adviser in that committee. She couldn't be here today but she's done amazing work throughout the years in our food governance environment and she helped us develop the staff survey and she developed with us the staff objectives and reviewed our survey and provided feedback.

Because my part of the engagement activity was in the engagement team, I used the IAP to international participation engagement spectrum to shape a lot of our work. We chose to use our citizen space online platform, which is digitalised to communicate to the masses of how we could actually connect with our consumers. So it's basically an online consumer platform, where we can do surveys but it was the enablement that Warren will talk about a bit later on that made this project magic.

The staff survey results was completed by 864 staff across our services and we had a really wide catchment. When we recognised a gap in our service area, we went straight to our executives on the Board and we had an executive push and ensured that it was embedded in services about the fact that the survey was live. So we made sure that we had a good cross representation throughout all our stakeholders.

So any engagement plans is only as good as the communication's plan and we work closely with our communications team to develop a comprehensive marketing plan and communications plan. This was all developed in consultation with our consumer as well. We did marketing banner artwork. We had a consistent marketing message and we did website spotlight graphics and interactive emails. So we were trying to be innovative with how we were speaking with our staff.

The results of the survey showed us that 8.53% of all staff completed the survey. We know that we all have a lot to say in the community about what we're putting in our mouth every day and the reoccurring themes was really for us to consider the food diversity that's required for our general community. A lot of us have food tolerances, dietary restrictions and cultural preferences and these sort of food considerations needed to be met.

We also knew and learnt that we needed to have healthy snacks on the go. So time, we know time - if I could bottle time, I'd be a millionaire and so our doctor's survey in 2016 also alluded to this, that I need to have a healthy snack that I can grab and run. So therefore our vending machines needed to play a huge implementation part of this strategy. We also needed to improve access for healthier food and drink in general and especially for outside of hours. We all know as consumers of health care where we've been at a crisis moment and where we try and find food in a hospital system can be desperately hard. So we wanted to improve that.

Of course, reduce the fried and greasy fatty foods. I think this, a quote from our staff sums up, I suppose, the expression that was felt by our staff survey. "It's important to set a good example to patients and visitors. Sending that message that food can look good, it can taste good and be good for you. It makes no sense to have poor nutritional value foods taking up the majority of space in our food hospital outlets when poor food choices may have contributed to why people had to come to hospital in the first place".

Then we move to stage 2. Initially we thought this survey would be great for our community and staff. When we looked into it, we actually decided no. We wanted to make sure that the language that we used actually connected with our consumers in our community and we felt that we weren't delving into the emotional side that drives food behaviour. So therefore we went back to the drawing board and designed an appropriate survey for our consumers and community. We formed a smaller working group and in that working group we decided to take our person centred care champions throughout the hospital who were really passionate in ensuring our consumer voice was emulated through the whole project. This made a whole change in the uptake and change management throughout the whole series.

We co-designed with numerous consumers, consumer objectives. They were involved in online testing. They changed the language of our survey. They changed the structure of our survey. When something was confusing, they also did some online testing. Because a link timed out in our hospital trial. If we didn't have all this consumer input, we would have had troubles with our consumer survey. So it was good to solve the problems before we went out mainstream.

Once again we used our citizen space as our online platform. We consulted - we used an inform and consult level in this engagement activity because we actually captured those that wanted to be interested and be further involved in our activities and actually made contact with them later on, which we'll tell you about in a sec. Our engagement plan once again for our consumers got changed and the big thing here is that we shared the survey with our community interest group, which is about 5 20 strong community members. We then also communicated with our peak bodies to share with their local consumer groups but the most important part, which Warren will train with you, is we trained our volunteers on iPads. This was a fantastic initiative that has actually really changed the way we have empowered our volunteers.

These volunteers are in our service every day. They make such a difference to our patient's lives and true engagement happens with our consumers and this is how we got the data. Once again, the communications plan was comprehensive. We did promotional websites. We did a social media campaign. We did a volunteer and peer support worker information sheet and training briefing session. So we were making sure that we were pulling our staff, volunteers and consumer advisers who were helping with this initiative to be able to enable empowerment and move through with our community. To talk more about this facilitation, I'd love to hand you over to Warren

WARREN: Thanks, Amber. If you could imagine the majority of the volunteers have been working quietly for 20 years plus in certain parts of the hospital, in various hospitals. To teach them how to use the iPads and facilitate all of this, they were champions. They were absolute champions.

Now, as a volunteer you can't hide. Once you put this vest on and it's one of the vests - bear with me for a minute. It's a one size fits all. And that's what I've learnt to do. It does one other thing. You immediately, I know there's different vests in different hospitals and I recognise there are different volunteers, but this vest screams and shouts and celebrates trust, recognition, personal integrity about, that's a person that can help me if I need help, and a willingness to just do whatever the patient needs and, particularly, let me get to that.

So we train these volunteers and then ask them to go to their areas that they knew the people and the people knew them and find out what was needed at the various hospitals. We got the great, the good, the bad and

the uncensored, ugly. We got it more than just from a single person. We worked with the nuns. We worked with the consumers. We understood different areas needed different approaches and we gathered the information from family, carers, groups, because whilst there was only X number of responses, each of these community members and each of these volunteers went out into other volunteering areas and gathered conversations that they had and brought them back.

If we just move to the next slide. Because of that trust we got entire renal unit patients with collective feedback. We got them so the ones that wanted to use the iPads, great. The ones that didn't want to use the iPads, great. The ones that wanted to put it on a form, great. The ones that wanted to sit around a table and tell us all about it, great. We captured it and we genuinely listened. So it really allowed us to tap into the sceptics who never wanted to be part of a survey. The ones that said, nothing will ever happen from this survey, the suit slayers. The ones who actually filled out the survey because, all right, Warren, you asked me and Metro South health was given out free pens if you filled out the survey. Okay.

One of the key things about being in this vest is that when the survey is finished and, most importantly, I'm still there tomorrow and I'm there next week and if nothing happened, then I'm the one that they're going to come up and say, do you know that extensive 10 minutes that I took to fill out that survey, nothing's happened. There was numerous volunteers that first had to get the passion for that to occur because you can't hide passion. You can't fake it. It's either John, I saw the real in your comments. That's what invokes real responses.

So I've skipped. I'm a bit like Ian. I don't exactly follow the script but I hope you get what happened. We tapped into, most volunteers, most consumers, passionate about many things and they're out in the community. So you don't just get one community engagement. We get multiple community engagement by capturing those people and yes, the 92-year-olds learnt how to use the iPads and sitting down with the not so backward cancer or renal patients and their family and they really got told what needed to happen. I commend the hospital and the engagement team for having the courage to let us be part of it.

AMBER: Thank you, Warren. I think we should be thanking you. I think also about that iPad training part is we're about to go into project implementation mode, the next phase, and all of our volunteers can't

wait to help again throughout all of the five hospitals and this time one hospital that were too scared to try with iPads said, if they can do it, we can do it. So we've just done a training program with them. They're all trained up ready to go and can't wait. They've got a little target to beat and they're really - they're aiming for it. I think that's really been an empowerment and a shift in the ability of what these amazing people do every day in our service.

So in regards to the results, for us at Metro South health this was our biggest online survey that we'd ever actually completed because of this enablement. So we had over 1300 completions of this survey. We had over 45 5 consumers complete this survey and visitors. That was both in our - because of the volunteer platform and also we had a mental health platform, a device that we called an audit angel which was a parallel survey run at the same time.

In that area we used support workers once again going off the same strategy of having the real conversation to collect the information. Rather than it being a clinical conversation, it's become a real personal conversation to complete this sort of survey. 72% of everyone agreed and strongly agreed that this hospital should encourage healthy eating. That gave us confidence to move forward. We also explored cultural and religious beliefs affecting food. With 30% of our population being nonEnglish speaking, this was really important. What it showed is that we all need to be far more dietary diverse in our services. So that's something that we're working towards.

18% of consumers made decisions outside of hours. So once again this was crucial. Quote 3 up there, we've actually quote - the middle quote. Nothing's available in the evening, said one of our Wynnum and Redlands patients. Another top from a Beaudesert consumer said we needed extended hours so people won't snack on junk foods in the middle of the night. We all know our hospital is a captured audience, captured environment. In many cases you're there in crisis. You're not leaving your loved one's bedside so therefore whatever's in there, goes. It's the same for our staff as well.

We also looked at a preferred method for engaging people from a marketing point of view. This was really important. We thought that rather than going forward ahead in making changes, we wanted to listen to our community and see what they thought. 48% of our consumers decided the traffic light system was emulated throughout all of our

resource material. The following next part was about star rating choices and nutritional value information. This was one of the big points of difference in our survey, between our staff feedback and consumer feedback, which I'll go through later.

We also needed to provide more choice and what I loved also to hear was the community wanted to be involved more. They've told us that. So the third point says, you know, let's get the community involved like this. Involve us in more surveys. Now, that's really positive and encouraging and to be able to take that back through our executive, it's fantastic to have this data.

The next phase we moved into a focus group. I mentioned before, we captured information. Would you like to be contacted for future engagement activities? We then called back some of our consumers to come and help us to reform and redevelop our solutions. So we had a small focus group using the people that had already completed the survey. They were already engaged. They'd already had quite a bit to say and now we wanted to learn more about them. We wanted to know the emotional side of why they were making the choices they made and what decisions and what impacts would be on their decisions in our health service

WARREN: I knew that was happening for two reasons. One, I was walking down the corridor and people actually said, do you know I got a phone call. It was almost like shock because one of the questions is, would you like to be contacted. Someone actually did phone me. And I'm on their focus group. So yes, most people that talk about surveys and yes, would you like to be contacted, seldom get contacted. So walking the walk really made a difference in the corridor of the hospitals.

AMBER: So in that focus group our consumers looked at design artwork. They chose their favourite preference. They told us why they liked it. They changed things about the artwork. They changed things about the language. They connected to some of our food labelling ideas and they really connected with humorous language to guide the marketing. We actually used that for one of the table talks. We urge you after the presentation to take our resources back. We'd love to share them with you.

The resource kit that the consumers helped us design was the go green for well-being. That was the solution that we came up with. As a result of

this we had table waddlers. We had tent cards, fliers, stickers, all plastered throughout our five hospitals, at PA Hospital, Logan, QE2, Logan and Beaudesert. We went for a consistent approach.

So what change did we see? So in terms of the insight, the strongest consumer insight that we saw was about increasing the variety of healthier choices. However, maintaining choice. Our consumers didn't want to have their choices stripped away. So this data was really important and this was the part that was different between the staff and the consumers. So our staff, they said that they wanted everything to be labelled. Everything to be really strongly nutritionally qualified but our consumers said, don't take away our choice and some consumers said, don't change anything because we want to make that choice.

What we did hear is it was really about variety. So what we have done is had a look at this and understand the why because the data's the data but it's the why that's important and if we think about food and drink, it's part of our cultural fabric. We celebrate culturally with food and drink. We celebrate for certain celebrations in society. We also commiserate with food. We comfort ourselves with food. So that point was really important and so that's the reason why we went for an 80/20 rule. 80% healthy and 20% red across the health service.

WARREN: And for those who were really keen, I got told where the new vending machines were, what had changed. For those who were sceptics, I highlighted and took them and showed them in a couple of hospitals and volunteers within those hospital groups did the same thing and for others, who were not satisfied with what had changed, we provided them a feedback form and encouraged them to continue on with that feedback because things had actually happened, therefore this was simply a process that we had yet to finish.

AMBER: Our next insight was improving access to healthy foods out of hours. We knew that we had to do this. We looked at implementing something that was offered 24 hours a day. We've actually now implemented the real foods machines at the PA Hospital, QE2 hospital at Redlands and they're going great guns. The consumer feedback has been amazing and at all our launch sites we've had samples available for the community to try. We've actually got the go to zones water machine now implemented at the Logan Hospital and QE2 hospital which provides free purified water and an option for purchasing a free purified water system but it's great that once again that's free.

Also throughout every single health service they've done their own change management program where at Logan our socioeconomic climate is different to the rest of the hospitals, they've developed healthy snacks that are delicious. They said, I can't wait till Friday. I have my egg and lettuce and it's bloody beautiful. Priced at \$4.50. Cheap. Suiting the community's needs. The shop upstairs might be more expensive but now there's more choice

WARREN: At Redlands they've increased the cafeteria to radical, Saturday. Now we've had a cafeteria change. So real change.

AMBER: The other two insights that really stood out was obviously affordable healthy options, which we touched on. I think some of our consumer quotes up there talk about there, this was a great solution. Our consumers provided these solutions and that's why we changed the survey initially. Small meal packages, affordable meal deals, snacks and a cheese platter to be shared with the patient. Spoiled with the hospital food. What a novice idea but a great idea.

As you can see, we've demonstrated our interactive table. We actually did this throughout every single hospital when we launched healthier choices and we educated the public. Communicated with the public and really show cased what we are trying to do. It was so well received. We had our dieticians on standby but we also had a massive cart and a cup designer to talk about how much sugar is in each drink that you actually drink and that was being shared with social media. Everyone was getting out their phones, I'm giving this to my husband, my aunt, that type of engagement is truly inspirational.

WARREN: In summary, it's not what's happened, it's what will happen in the future. Is the quote up? Okay. If you read that quote, it's from a person that's gone from being a complainant to a participant to an individual who's engaged and is sitting with us today who then provided me further feedback to get myself, on my bicycle and do a little bit more and will continue to be a participant because of the success we've had in the one project. We've opened up the corridor for other projects, just like the Hand Hygiene Project has done.

AMBER: In summary, consumer engagement, our volunteers, has demonstrated a fantastic result but I'd like to take this opportunity to thank wholeheartedly Warren and Leveina and Marilyn who can't be

here today who have really driven this change program and all of our 45 5 consumers that have driven this program. Thank you so much.

GABRIELLE: Thanks so much to Warren and for the entire presentation team this afternoon. My actual take away from that, and just as another comment to Warren, you really have walked the talk and there's been - you've put skin in the game. That is a very valuable thing for change management within a system and so I'd just like to recognise that, and particularly as well, listening to the very authentic conversation from John-Michael. It is people on the ground will to be vulnerable and willing to be honest and willing to follow through.

When you're not being paid for it, I know we're all collectively minded but when you consider the time that people like John-Michael and Warren have given, enabling this type of research, that's valuable time and cost from a budget that's used to research a system. I want to honour that and say thank you very much.

Now we have a great opportunity to have questions and answers and then we'll head out to afternoon tea. I have a roving mic if anyone would like to start off.

SPEAKER: Thank you to the PA team. I remember back when we first started through princess Alexandra and I can remember coming out of emergency at many a night of whatever ungodly hours it was and the only thing I could find out of a snack machine was a packet of chips and a bar of chocolate and the amount of times I've sat and you've had nothing choice wise to meet or you can go down to a cafeteria and pay an arm and a leg to get something crappy and unhealthy too. It's great to hear that this change has been made. I'm seeing it around the different hospitals too. Thank you for the work you've done on that.

SPEAKER: I remember getting my first banana out of a machine. It was so exciting.

SPEAKER: Hi. Do they have hard boiled eggs or cheese sticks and celery and carrot sticks?

AMBER: In many of our vending machines we actually have cheese snacks. I think I mentioned we have an egg and lettuce delicious sandwich changed daily at Logan Hospital. There are some snacks on the go. There's real food vending machines. There are tuna packs.

SPEAKER: Celery and carrot?

AMBER: We have a whole salad -

SPEAKER: There's hummus and dip.

AMBER: Some of the real foods and vending machines. Every site is slightly different. I'd love to say every single hospital will be universally the same but it's not quite like that. We are really trying to improve and change things. For example, at QE2 hospital, our auxiliary run all of the food service outlets. The change management program has been very different there. They're ordering in some of the options. They get sushi, snacks in, snacks on the go. We're just trying to have a look at the population and what's needed in that health service and developing a strategy in accordance.

WARREN: And we're not finished yet because one, when they look at changes to the layout or building, consumers are involved and we've already given them a heads up that that gives us more space for better food choices. Two, we then - the auxiliary runs the kiosk at Redlands and so you join the \$5 to join the auxiliary and you get on those committee meetings and you start talking about, it's time they had a better food choice. It's incremental change but it's started. Sometimes you just have to get the mechanism started and then it will happen.

SPEAKER: What for me is really fantastic is that I know there are 400 volunteers at the Canberra hospital, in terms of what we do in terms of consumer engagement, yeah, there are 400 people there who have been patients or carers themselves, it's that partnership stuff. You've got to look, someone said today, finding partnerships internally, have a look at what's happening in health care environments. Encouraging people. Every community has the answers right there. You just have to tap into that community. I feel inspired to go back and think more about the volunteers in Canberra.

WARREN: Can I just address, I know that's not a question. Very quickly, I recovered from cancer. So I've been a patient at the PA. I know that side. I'm in remission. Great. But I allegedly rearranged my garage 16 times and then made a mistake of suggesting what to do in the Butler's pantry and I got told to go and occupy myself productively but I spoke to Brian, you saw his picture up a couple of times, anyway the head of

Redlands hospital. I said, if you want me to be involved in the consumer, it has to be real. I'm not interested in token components. If not, I'll walk my 10,000 steps being a volunteer. If it's not real, then find somebody else.

The good part about it is, thanks to these people here, it's been real because it is genuine. It didn't used to be but if it is, then your consumers and volunteers will step up. If it's real, they'll step up. There was no way Caroline would stay if it wasn't real. I saw it yesterday. In the sense of it's either real or get somebody else. Is that a fair comment?

SPEAKER: One idea is that back in - 10 years ago, the Gold Coast University - well, not the university hospital, the one before that, put an ad on the bulletin board for any consumer that would like to apply come on to the CAG, which was the start of their CAG. That's one way of getting consumers involved. When you're waiting at a hospital, you do tend to look around and look at the things on the board when there's a lot of time to kill. So this was a notice and you just wrote in and applied and it went to the next step, where they asked for information on what you could offer. So that's one way of doing it. That was very successful.