

## Being safe and feeling safe when receiving healthcare

11-15 May 2020

Between 11 May and 15 May we spoke with 51 consumers in three separate Consumer Conversations. Two conversations focused on hospital and health service settings and the third conversation focused on primary care settings. We asked **“Do you feel safe receiving healthcare right now?”** We also spoke with engagement advisors from Hospital and Health Services.

**A picture emerged of mixed messaging, inconsistent application of protective and safety measures, and varying levels of confidence in the health system’s ability to keep patients safe from potential infection. In many cases, consumers do not *feel* safe when receiving healthcare.**

### Some people feel frightened, vulnerable and forgotten

- Many consumers have health conditions or illnesses which have required them to take the lockdown measures very seriously. They do not feel confident going out in public, let alone going to hospitals.

*“I don’t think people understand the fear that we are experiencing, the precautions we are taking and that our fear is going to last a lot longer than the general population.”*

### Satisfactory experiences for many people... but improvements can be made

- Generally the consumer experiences when in a health facility have been positive.
- Some consumers expect to see hospital and health staff to at least be wearing masks. When Masks are not worn, doubts are raised in their mind about the safety of the facility.
- Consumers expect to see physical distancing and hand hygiene practices being supported. When there are no hand sanitisers available in public spaces -- particularly in hospital entrances -- it causes concern, signalling a potentially low standard of infection control throughout the facility.
- Calling patients beforehand to prepare them for the new protective measures in place for their visit would improve some consumer experiences. This may include:
  - asking if the patient requires extra hospital support in order to reach the place of care (assistance to get from the door where their family may be required to leave them) through to the right clinic.
  - Support might also be in the form of connecting a carer into the consultation by phone/video if they would normally be at the appointment to listen, learn and ask clarifying questions.
- Acknowledge the difficulties for families or carers who are not allowed to accompany patients to appointments and the variations in interpretation of the rules around this.

### Trust

- As infection control cannot be judged by sight, consumers need a high level of trust in the system to feel assured that this is being conducted to a safe standard.
- Some consumers are making mindful decisions about minimising or not accessing care at this time.
- Some are being highly vigilant about their own protective and hygiene measures.

- Consumers report variation in hospital experiences, even between departments in the one hospital. Practices such as physical distancing and cleaning seem to be inconsistent. Consequently, consumer feelings of safety vary significantly between visits.

*“I must have seen 40-50 people working on the ward – registrars, staff, cleaners etc but I don’t think I saw a mask at all. The ward I was in had older persons in and two of them had ongoing cancer issues but I didn’t see any particular precautions being taken. I didn’t feel unsafe but your mind does dwell on ‘what if’ and how readily some spread could happen in some of these busy wards.”*

*“It seems there is a lot of variation in the approach to COVID-19 and what has been put in place to enable patients to access care that makes them feel safe between hospital services. While we know these types of inequities are common, shouldn’t there be more consistent approaches across centres in relation to COVID-19.?”*

### People with a chronic disease

- People with chronic disease are concerned they are being forgotten by the system and the general public. This group feels they must remain in lockdown, creating a mental burden as the rest of the country enjoys the easing of restrictions.
- There are concerns of discrimination for people with chronic disease whose regular symptoms are similar to those of COVID-19. Many of these people report anxiety and reluctance to return to mixing in the community.

### Access to care/ confidence to get care

- Some consumers had accessed health care since restrictions came into place, others have not or still do not feel confident to go into a hospital or health facility.
- Confusion about current restrictions or lack of physical distancing in the public increases people’s unease about whether social distancing and other protective measures are actually in place in health facilities.
- Some of consumers have continued to receive health care or have required urgent care throughout the pandemic, either in hospital settings or remotely via telehealth. Others have made informed decisions about deferring care even if they require regular monitoring and check-ups. Some have had no contact from hospital departments to address overdue appointments and make alternative arrangements.

### Informed decision-making and risk management is left to patients

- In the absence of clear or tailored information or contact from clinicians, some patients and carers have been assessing risk themselves and making informed decisions about whether to continue with health care during the pandemic.
- Decision-making about whether to access health care is being made by families assessing information from multiple sources. There is no support from hospitals to come up with alternative arrangements for monitoring and appointments.

*“I have needed to see a couple of specialists – cardiac, endocrinologist, thoracic as well as oncologist during these last couple of months but haven’t seen any. It’s too hard to see the GP for a physical and*

*feel safe and have your needs met.”*

*“You’ve got to measure up what is happening with the risk you run. You run the risk in some pharmacies or supermarkets. Hospitals are higher.”*

*“We’re taking information from multiple sources: state and federal governments, parents and clinical groups. We don’t make decisions until the day before or morning of because things are changing all the time. When you are being monitored for cancer it is pretty important to get regular monitoring. Some of that is our decision but the hospital hasn’t offered any telehealth or rung to say you’re overdue, do you want to come in?”*

## Quality and clarity of public messaging

- Unclear state messaging and an overload of COVID-19 coverage exacerbates uncertainty, confusion and reticence. Consumers stated a clear preference for short sharp daily briefings from Queensland Health at a given time to enable people to regularly get the information they need to guide their decision-making about accessing care and moving about in the community. A variety of channels were suggested for these briefings, to ensure widest accessibility: social media, radio, online newspapers, television.

## Wearing masks – confusion

- Consumers are confused about mask wearing. Images of everyday people wearing masks overseas contrast with the recommendations in Australia. Many consumers feel less safe without a mask.
- Where consumers would prefer to wear a mask, guidelines on how to do so safely are unclear. Research showing that dirty masks pose a risk leaves consumers without clarity on safe usage.

## Wearing masks – healthcare providers

- Many consumers expect to see health care workers wearing masks.
- Staff wearing a mask need be mindful of communicating clearly while having their mouth covered. Extra measures to ensure consumers understand what they are saying are essential.
- For clarity and managing expectations, consumers would like locally-produced information about the protective practices in place at each HHS or facility, specifically why PPE is being used, when it is being used, and when not being used.
- Consumers would like healthcare staff to communicate with them clearly about what infection control measures they have taken. Due to the power imbalance in the healthcare environment, most consumers are reluctant to ask.
- Consumers would like staff to offer to wear PPE if it would make them feel safer, rather than the consumer needing to ask them to.