



# Hawke's Bay Health

## Consumer Council Meeting

Combining with the Hawke's Bay Clinical Council

**Date:** Wednesday, 6 December 2017

**Meeting:** 3.15 pm to 5.30 pm

**Venue:** Lantern Room, Havelock North Function Centre, Te Mata Road, Havelock North

**Council Members:**

Rachel Ritchie (Chair)	Jenny Peters
Rosemary Marriott	Olive Tanielu
Heather Robertson	Jim Henry
Terry Kingston	Malcolm Dixon
Tessa Robin	Sarah Hansen
Leona Karauria	Dallas Adams
Sami McIntosh	Kylarni Tamaiva-Eria
Deborah Grace	Dr Diane Mara

**Apology:** Debs Higgins

**In Attendance:**

Kate Coley, Executive Director People & Quality (EDP&Q)  
Ken Foote, Company Secretary (Co Sec)  
Tracy Fricker, Council Administrator / EA to EDP&Q  
Debs Higgins, Clinical Council Representative  
Linda Dubbeldam, Health Hawke's Bay Representative

**PUBLIC MEETING**

Item		Time (pm)
	<b>Section 1 – Routine</b>	
1.	Minutes of Previous Meeting	To be confirmed at Feb Meeting
2.	Matters Arising – Review Actions	
<b>COMBINED MEETING WITH THE HAWKE’S BAY CLINICAL COUNCIL</b> <i>(Tea and Coffee available on arrival)</i>		
	<b>Section 2 – Presentations / Discussion</b>	
3.	Clinical Services Plan Update – Ken Foote	3.15
4.	The Big Listen Presentation – results & next steps – Kate Coley	3.30
	<b>Section 3 – Workshop</b>	
5.	Person & Whanau Centred Care – update & next steps John Gommans and Rachel Ritchie	4.30
	Meeting closed followed by Christmas Function	5.30

**Next Meeting:**

Thursday, 15 February 2018, 4.00-6.00 pm  
 Te Waiora (Boardroom), HBDHB Corporate Administration Building



**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL  
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD  
CORPORATE OFFICE ON THURSDAY, 9 NOVEMBER 2017 AT 4.00 PM**

**PUBLIC**

- Present:** Rachel Ritchie (Chair)  
Rosemary Marriott  
Heather Robertson  
Terry Kingston  
Tessa Robin  
James Henry  
Sarah Hansen (until 6.00 pm)  
Sami McIntosh  
Deborah Grace  
Jenny Peters  
Dr Diane Mara  
Leona Karauria  
Olive Tanielu (4.15 pm)  
Dallas Adams  
Kelly Thompson
- In Attendance:** Ken Foote, Company Secretary  
Kevin Snee, Chief Executive Officer  
Jeanette Rendle, Consumer Engagement Manager  
Tracy Fricker, Council Administrator and EA to ED P&Q  
Linda Dubbeldam, Health Hawke's Bay
- Apologies:** Malcolm Dixon and Kylarni Tamaiva-Eria

**SECTION 1: ROUTINE**

**1. KARAKIA TIMATANGA (OPENING) / REFLECTION**

Rachel Ritchie (Chair) welcomed everyone to the meeting.

Tessa Robin provided a reflection on ACES (adverse childhood experiences) to open the meeting.

**2. APOLOGIES**

The apologies as above were noted.

Apologies were also received from attendee members Kate Coley and Debs Higgins. Kelly Thompson from the Youth Consumer Council attended on behalf of Kylarni Tamaiva-Eria.

**3. INTERESTS REGISTER**

No conflicts of interest noted for items on today's agenda.

**4. PREVIOUS MINUTES**

The minutes of the Hawke's Bay Health Consumer Council meeting held on 12 October 2017 were confirmed as a correct record of the meeting.

Moved by Tessa Robin and seconded by Jenny Peters. **Carried.**

## 5. MATTERS ARISING AND ACTIONS

### **Item 1: Timing for IS Workshop**

The Company Secretary advised that this item will be carried forward to the New Year as requested by Anne Speden.

### **Item 2: Workplan – Consumers on Projects**

The Consumer Engagement Manager advised that the Project Management Office are doing a stocktake and will provide this information. It is hoped this will be in December 2017.

### **Item 3: Youth Clinical Council**

Information from Youth Workshop held in November and minutes from the October Youth Consumer Council provided to members. Information on “Pursuit” will be sent via email. *Item can now be closed.*

### **Item 4: Establishing Health and Social Care Localities in HB**

Feedback provided by Clinical Council Members collated and sent to paper authors. *Item can now be closed.*

### **Item 5: Implementing Bowel Screening in HB**

Feedback provided by Clinical Council Members collated and sent to paper authors. *Item can now be closed.*

## 6. CONSUMER COUNCIL WORK PLAN

The work plan was provided in the meeting papers. The December meeting will be a combined meeting with the Clinical Council, starting at 2.30 pm.

## 7. CHAIR’S REPORT

The Chair advised she attended the Board meeting on 26 October. Items included:

- Faster Cancer Treatment, a presentation on this topic is on the agenda today.
- The Board are changing how they manage their agenda by processing some items through the Finance Risk & Audit Committee (FRAC). The Chair will receive the papers and minutes from the FRAC meeting.

## 8. CONSUMER ENGAGEMENT MANAGER’S REPORT

The Consumer Engagement Manager provided an update on activities:

- Quality Accounts – not all feedback from the last meeting was able to be incorporated into the accounts for this year, and it will be taken forward for future accounts. Changes that have been made were the inclusion of a contents page, the flow has been amended and a piece included on the value “Akina”, what it means and how it flows into the information included in the accounts.
- Recognising Consumer Participation Policy – the Executive Management Team (EMT) have agreed to have a policy in principle. A policy has been drafted and is going through the consultation process. Once feedback has been received it will go back to EMT and then to Consumer Council.

## 9. YOUTH CONSUMER COUNCIL REPORT

Dallas Adams, Chair of the Youth Consumer Council provided an update on activities undertaken by the Youth Consumer Council (YCC):

- Youth Workshop – constructive feedback received from youth on how to improve delivery of workshops. Need to focus on NEETs (not in employment, education or training). This will be a priority for 2018.
- Alcohol Harm Reduction Strategy Panel – there will be two YCC members on this panel.
- The YCC meeting in December will look at their direction for 2018. This year was about profiling who they are. Need to collaborate with other youth councils within Hawke's Bay

## SECTION 2: DISCUSSION

### 10. SURGICAL SERVICES EXPANSION PROJECT – INCREASING SURGICAL CAPACITY (BUSINESS CASE AND PRESENTATION)

A presentation was provided by Anna Harland, Perioperative Unit Manager, Rika Hentschel, Service Director – Surgical and the project team.

The business case outlines the options on how Surgical Services can respond to the gap in surgical capacity in a way which can be built upon once the outcomes from the Clinical Services Plan work are known. The preferred option is to change the model of care, build internal capability and continue to outsource, with the majority of the gap being provided for through increasing internal capability with an eighth theatre, and increasing the wrap-around services that support theatre to enable them to cope with increasing volume of work.

#### **Key points included:**

- Current production / limitations
- Predicting growth in surgical demand
- Surgical delivery in 2019/20
- Consultation process
- Implementation plan

General discussion took place including: reason for increased demand and type of surgeries; consumer involvement (workshop with patients who had surgery recently, feedback online via Facebook and paper surveys); unmet need, the clinical services plan will help inform for theatres 9 and 10; endoscopy build and the changes that will be made in the theatre block; access and clear signage while changes are underway.

The Consumer Council **noted** the report and **endorsed** recommendations 2 and 3.

### 11. FASTER CANCER TREATMENT

A presentation was provided by Rika Hentschel, Service Director – Surgical Service and Paula Jones, Service Director - Medical Service.

#### **Key points:**

- Context and background of the health target (patients receive first cancer treatment within 62 days) which came into force from 2015,
- Target relates to a small proportion of total cancer patients
- Target changed from 85% to 90% from 1 July this year. For the past two months 100% has been achieved (10 and 9 patients respectively)
- Types of cancer patients being actively managed include breast, lung and upper gastrointestinal / colorectal – need to increase numbers of patients being seen

- Initiatives introduced for each cancer stream and in a number of areas of the process to help improve services:
  - Weekly case management meeting with the cancer nurses, specialists and management across medical and surgical to identify any constraints and barriers for patients
  - E-referrals and clinical pathways, which will be in place early next year. They have used the Ministry of Health tumour standards to highlight the red flags for each type of cancer
  - Reviewed and refreshed some of the contracts with external providers
  - Investment in Radiology Service has improved waiting times for CT and MRI scans
  - One stop shops – having all appointments being made on one day for co-ordinated care
  - Standardising processes - front sheet of referral form for triaging to include the “red flags” and training/education for GPs

General discussion took place including: future electronic development for referrals; patients having surgery at tertiary centres i.e. Auckland and Wellington (will continue for certain types of cancers); and travel assistance for patients.

The Chair thanked the presenters for the presentation and the good work being done.

## SECTION 2: DISCUSSION

### 12. MATARIKI REGIONAL ECONOMIC DEVELOPMENT STRATEGY AND SOCIAL INCUSION STRATEGY

Shari Tidswell, Intersectoral Development Manager and Bill Murdock, Senior Advisor, Economic Policy & Evaluation, Hastings District Council provided a presentation on the two strategies developed and the actions to be delivered.

#### **Key points included:**

- Matariki Framework: partnership by co-design with outcomes and building on capability, equality and equity, optimising assets in a sustainable way and developing an enterprise mind set
- Regional Economic Development (RED) pillars and actions with HBDHB responsibilities (currently 45 actions, which are to be refreshed and reduced)
- Matariki Strategy / Social Inclusion: consultation messages (themes and actions); social inclusion (themes and actions); and outcome measures linked to health
- Where to from here:
  - Governance structure review current activity;
  - Endorsement by all agencies and local authorities and refresh of the REDs;
  - Merging the two strategies together;
  - Outcomes framework to be developed for the Governance Group and CEOs Group for monitoring across the sector;
  - Development of a communication strategy to support engagement and delivery;
  - Engagement with Central Government to ensure alignment with new government priorities and;
  - Quarterly reporting to the Executive Management Team on progress of implementation

General discussion took place regarding tendering for projects and the living wage; resourcing to support community groups to implement initiatives and the importance of Consumer Council reinforcing the health and wellbeing of our population in order to made the strategy work.

The Company Secretary commented that this is an intersectoral piece of work and was provided so that Consumer Council are aware of what is happening. It is a high level document looking at as a region how agencies work together to achieve the vision for Hawke’s Bay of being economically and socially sustainable.

After further discussion and request for more time to be made available to discuss this paper, the Chair advised that time would be made at the next meeting to do so.

The Consumer Council **noted** the contents of the report.

**Action:** *Further feedback to be provided to Council Administrator who will collate and send to document authors. Time also to be allocated on February 2018 agenda for further discussion if possible.*

### 13. CONSUMER COUNCIL DISABILITY STRATEGY

A “think tank” meeting was held on 19 October, the minutes from which were provided in the meeting papers.

**Key points noted:**

- 
- it needs a champion high up in the organisation
- it needs to link to existing plans e.g. Matariki etc
- it needs action plans, protocols and principles to underpin interaction or services for a person with a disability
- to include principles of the Treaty of Waitangi
- the importance to encourage and empower people with disabilities
- the strategy needs to be linked to the United Nations Convention on the Rights of Persons with Disabilities.

Following discussion decision made to pass a resolution for the CEO and Executive Management Team.

#### RESOLUTION

**By the Hawke’s Bay Health Consumer Council:**

That the HBDHB CEO be requested to establish a process and assign resources to the development of an empowering Hawkes Bay Health Sector Disability Strategy, and the implementation of an effective action plan, in accordance with the brief provided to this meeting.

**Carried.**

### SECTION 3: FOR INFORMATION (No Presenters)

#### 14. BEST START HEALTHY EATING & ACTIVITY PLAN – HEALTHY WEIGHT STRATEGY

The paper was included in the meeting papers for information. No issues discussed.

#### 15. TE ARA WHAKAWAIORA – SMOKEFREE (NATIONAL INDICATOR)

The paper was included in the meeting papers for information. No issues discussed.

#### 16. REGIONAL TOBACCO STRATEGY FOR HAWKE’S BAY (2015-2020)

The paper was included in the meeting papers for information. No issues discussed.

**SECTION 4:**

**17. RECOMMENDATION TO EXCLUDE THE PUBLIC**

The Chair moved that the public be excluded from the following parts of the meeting:

- 18. Minutes of Previous Meeting (public excluded)
- 19. Topics of interest – Member Issues / Updates

The meeting closed at 6.10 pm.

Confirmed: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

Unconfirmed



**HAWKE'S BAY HEALTH CONSUMER COUNCIL****Matters Arising  
Reviews of Actions**

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	10/8/17	<b>IS Workshop with Consumer Council</b> <ul style="list-style-type: none"> <li>Timing to be advised by IS (Anne Speden)</li> </ul>	Company Secretary	Feb / Mar 2018	TBC
2	12/09/17	<b>Workplan – Projects</b> <ul style="list-style-type: none"> <li>Confirm with Project Management Office which projects currently have consumer involvement</li> </ul>	CE Manager	Dec	TBC
3	9/11/17	<b>Matariki Regional Economic Development Strategy and Social Inclusion Strategy</b> <ul style="list-style-type: none"> <li>Members to provide additional feedback on paper (send to Council Administrator)</li> <li>Allot time in February meeting to discuss further.</li> </ul>	All Members  Chair	End Nov  Feb 18	Actioned – collated and sent to Chair
4	9/11/17	<b>Information Only Papers:</b> <ul style="list-style-type: none"> <li>Best Start Healthy Eating &amp; Activity Plan – Healthy Weight Strategy</li> <li>Te Ara Whakawaiora – Smokefree (national indicator)</li> <li>Regional Tobacco Strategy for HB</li> </ul> <p>Members to provide feedback on papers (send to Council Administrator)</p>	All Members	End Nov	Actioned - collated and sent to Chair





## CLINICAL SERVICES PLAN

### Update






## **THE BIG LISTEN**

### **Presentation** *(Results and Next Steps)*



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Person &amp; Whānau Centred Care</b></p>
	<p>For the attention of: <b>Clinical and Consumer Councils</b></p>
<p>Document Owner:</p>	<p>Ken Foote, Company Secretary</p>
<p>Reviewed by:</p>	<p>Kate Coley, John Gommans and Rachel Ritchie</p>
<p>Month as at</p>	<p>December, 2017</p>
<p>Consideration:</p>	<p>For Discussion / Decision</p>

**BACKGROUND**

**Council Annual Plans**

For some time now, both Clinical and Consumer Councils have had clear objectives around developing a 'Person Whānau Centred Care' approach and culture.

These are included within current plans as follows:

**Consumer Council**

- Within the context of the Purpose of:
  - "Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality"
- Specific objective:
  - "Facilitate and promote the development of a 'Person and Whānau Centred care' approach and culture to the delivery of health services, in partnership with the Clinical Council'."

**Clinical Council**

- Within the context of the Purpose of:
  - "Work in partnership with the HB Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people".
- Specific objective:
  - "Work in partnership with Consumer Council to develop an appropriate 'Person & Whānau Centred Care' approach and culture".

**What is Person & Whānau Centred Care?**

There is no one specific definition for Person and Whānau Centred Care (elsewhere called Patient and Family Centred Care). All definitions have common themes however. A number of useful (and relevant) website reference are attached. It is recommended that these websites be accessed and scanned for a more in depth understanding of the concepts, principles, values, tools etc that exist to support such an approach.

The attachments include:

- Institute for Patient & Family Centred Care [www.ipfec.org](http://www.ipfec.org)
- Hearts in Healthcare [www.heartsinhealthcare.com](http://www.heartsinhealthcare.com)
- NZ Health Quality and Safety Commission [www.hgsc.govt.nz](http://www.hgsc.govt.nz)
- The Kings Fund [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

- The Point of Care Foundation [www.pointofcarefoundation.org.uk](http://www.pointofcarefoundation.org.uk)
- South Central Foundation (NUKA) [www.southcentralfoundation.com](http://www.southcentralfoundation.com)

Given the closer relationship being developed between HBDHB and South Central Foundation, also attached is article from Katherine Gottliel CEO, that explains the 'NUKA Model of Care' in more detail.

## PREVIOUS DISCUSSIONS

'Person and Whānau Centred Care' as an approach was first discussed jointly by Clinical and Consumer Councils in early 2015. Notes from a combined sub-group of members from the two Councils are attached.

Later in 2015 (September) Consumer Council devoted some time discussing this, within the context of "Partners in Care." Copies of the introductory paper and the resultant Vision and Plan are also attached.

Last year, as Chair of the Consumer Council, Graeme Norton was asked to submit an article on his thoughts on this issue. A copy of this article is attached.

Whilst the terms for 'Person & Whānau Centred Care' or 'Patient Centeredness' are relatively new, strategies for meeting the general needs and expectations of consumer / patients are not. In early 2000 for example, a wide ranging survey of patients was undertaken, which identified what they wanted (expected) from those providing them with health care. The answers from this were reflected into a very simple "Draft Patient Charter", which unfortunately never got formally discussed nor adopted. A copy of this draft is also attached.

In summary, it would appear that discussions/actions on 'Person and Whānau Centred Care' as a total approach have stalled over the past couple of years, whilst the DHB has focussed on other areas within Transform and Sustain. Whilst this may be true for the "total concept", there has however been significant progress on many of the components/strands of such an approach, such as:

- quality improvement
- consumer engagement
- relationship centred practice
- system integration – health and social care localities
- clinical pathways
- health literacy
- clinical training developments

But is this enough?

## CURRENT HBDHB ENVIRONMENT

It would appear that the current environment now provides a real opportunity to make significant progress on this 'total approach', to embed the system and cultural changes required. HBDHB is currently involved in:

- The Big Listen Development of People Strategy with Culture at its core
- Clinical Services Plan Identify alternatives to meeting the current and future challenges of increasing demand and consumer expectations within resource constraints.
- Transform and Sustain Focus on organisation, service and professional integration including Health & Social Care Localities
- Enhancing relationships and mutual respect between communities / consumers / organisations / health providers / clinicians
- Commitments to co-design, clinical leadership and consumer engagement
- Development of closer strategic relationship with South Central Foundation (NUKA)



Each of these will need to be developed based on values, principles and strategies inherent in the 'Person & Whānau Centred Care' approach, to be effective. So the time appears right to promote a much more comprehensive and integrated focus on this approach, to ensure it becomes an underlying 'holistic' strategy in everything we do.

### **SO WHAT CAN CLINICAL AND CONSUMER COUNCIL DO?**

With the mandate held by the two Councils, we are ideally placed to:

- Provide direction and advice
- Require/request/facilitate action
- Lead and advocate on implementation (where appropriate)
- Monitor and measure success
- Hold organisations and individuals to account.

The 'power' of the combined Clinical and Consumer Council voice is significant and should not be underestimated.

### **HOW DO WE DO THIS**

Given a review and consideration of the contents of this paper and attachments, the presentations on 'Clinical Services Planning and Big Listen (to be provided earlier in the meeting), and the skills, experience and passion for this topic from members, it is proposed to Workshop and develop answers to the following questions. From this, the Chairs/Co Chairs will jointly prepare an appropriate report to HBDHB & HHB CEOs and the HBDHB Board. Depending on responses, further planning, workshops and discussions may follow:

#### **Questions / Issues:**

- Confirm our mutual understanding of what "Person & Whānau Centred Care" means and what it will look like as a 'total approach' when fully implemented?
- How well do we think we are doing on this currently?
- What is standing in our way from getting this approach fully implemented in Hawke's Bay?
- What can we do as combined Councils to get real progress/ actions on this?
- What messages do we want our Chair/Co-Chairs to send?

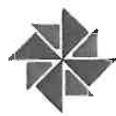
**HAWKE'S BAY HEALTH CONSUMER COUNCIL  
ANNUAL PLAN 2016/17**

Purpose	Provide a strong viable voice for the community and consumers on health service planning and delivery	Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality	Promote and support the enhancement of consumer engagement
<p><b>FUNCTIONS</b></p> <ul style="list-style-type: none"> <li>• Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whānau Centred Care' into the Hawkes Bay health system, including input into:                             <ul style="list-style-type: none"> <li>- Development of health service priorities</li> <li>- Strategic direction</li> <li>- The reduction of inequities</li> </ul> </li> <li>• Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery.</li> <li>• Seek to ensure that services are organised around the needs of all consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and advise on issues that will improve clinical quality, patient safety and health literacy.</li> <li>• Seek to enhance consumer experience and service integration across the sector.</li> <li>• Promote equity of access/treatment</li> <li>• Seek to ensure that services are responsive to individual and collective consumer needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate and support the development of an appropriate Consumer Engagement Strategy for the Hawkes bay health system</li> <li>• Ensure, coordinate and enable appropriate consumer engagement within the health system                             <ul style="list-style-type: none"> <li>- across Hawke's Bay</li> <li>- within the Central region</li> <li>- at National level</li> </ul> </li> <li>• Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities.</li> <li>• Ensure regular communication and networking with the community and relevant consumer groups.</li> <li>• Link with special interest groups as required for specific issues and problems solving.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer engagement in decision making.</li> <li>• Ensure good attendance and robust discussions at monthly Consumer Council meetings</li> <li>• Co-ordinate consumer representation on appropriate committees and project teams:                             <ul style="list-style-type: none"> <li>- Within Hawke's Bay</li> <li>- At Central Region and National levels</li> </ul> </li> </ul>
<p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>• Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system.</li> <li>• Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations.</li> <li>• Review and comment on all relevant reports, papers, initiatives to the Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Clinical Council to develop and maintain an environment that promotes and improves:                             <ul style="list-style-type: none"> <li>- Putting patients / consumers at the centre</li> <li>- Patient safety</li> <li>- Consumer experience</li> <li>- Clinical quality</li> <li>- Health literacy</li> <li>- Equity</li> </ul> </li> <li>• Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these</li> <li>• Consumer Council members to be allocated portfolio/areas of responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'.</li> <li>• Advocate / promote for Intersectoral action on key determinants of health.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with HQSC programmes around consumer engagement and 'partners in care'.</li> <li>• Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations.</li> <li>• Provide regular updates on both the HBDHB and Health Hawke's Bay websites</li> <li>• Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities</li> </ul>
<p><b>OBJECTIVES 2016/17</b></p> <ul style="list-style-type: none"> <li>• Actively promote and participate in 'co-design processes for:             <ul style="list-style-type: none"> <li>- Youth</li> <li>- Mental Health</li> <li>- Older Persons</li> </ul> </li> <li>• Participate in the development of Health and Social Care Networks</li> <li>• Provide consumer perspective into Customer focussed Booking</li> </ul>	<ul style="list-style-type: none"> <li>• Promote and assist initiatives that will improve the level of health literacy within the sector and community.</li> <li>• Facilitate and promote the development of a 'person and whānau centred care" approach and culture to the delivery of health services, in partnership with the Clinical Council.</li> <li>• Promote the provision of consumer feedback and 'consumer stories'.</li> <li>• Monitor all 'Patient Experience' performance measures/indicators as co-sponsor of the 'patient experience Committee' within the clinical governance structure.</li> <li>• Facilitate a focus on disability issues</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay</li> <li>• Establish a connection with Youth within the community</li> <li>• Influence the establishment and then participate in regional and national Consumer Advisory Networks.</li> </ul>	

HAWKE'S BAY CLINICAL COUNCIL - ANNUAL PLAN 2016/17

FUNCTIONS	ROLES	STRATEGIES	Provide clinical advice and assurance to the Hawke's Bay health system senior management and governance structures	Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.	Provide oversight of clinical quality and patient safety	Provide clinical leadership to Hawke's Bay health system workforce
<p><b>FUNCTIONS</b></p>	<p><b>ROLES</b></p> <p>Provide advice and/or assurance on:</p> <ul style="list-style-type: none"> <li>Clinical implications of proposed services changes.</li> <li>Prioritisation of health resources.</li> <li>Measures that will address health inequities.</li> <li>Integration of health care provision across the sector.</li> <li>The effective and efficient clinical use of resources.</li> </ul>	<p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Review and comment on all reports, papers, initiatives prior to completion and submission to the Board.</li> <li>Proactively develop, promote and recommend changes to improve health outcomes, patient experience and value from health resources.</li> <li>Develop, promote and advise on strategies and actions that could assist with the reduction in health inequities.</li> <li>Develop and promote initiatives and communications that will enhance clinical integration of services.</li> <li>Provide input through representation on EMT, Alliance Leadership Team and through attendance at HB Health Sector Leadership Forum.</li> </ul>	<p>Provide advice and/or assurance on:</p> <ul style="list-style-type: none"> <li>Clinical implications of proposed services changes.</li> <li>Prioritisation of health resources.</li> <li>Measures that will address health inequities.</li> <li>Integration of health care provision across the sector.</li> <li>The effective and efficient clinical use of resources.</li> </ul>	<p><b>Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.</b></p> <ul style="list-style-type: none"> <li>Develop and promote a "Person and Whanau Centred Care" approach to health care delivery.</li> <li>Facilitate service integrations across / within the sector.</li> <li>Ensure systems support the effective transition of consumers between/within services.</li> <li>Promote and facilitate effective consumer engagement and patient feedback at all levels.</li> <li>Ensure consumers are readily able to access and navigate through the health system.</li> </ul>	<p><b>Provide oversight of clinical quality and patient safety</b></p> <ul style="list-style-type: none"> <li>Focus strongly on reducing preventable errors or harm.</li> <li>Monitor effectiveness of current practice.</li> <li>Ensure effective clinical risk management processes are in place and systems are developed that minimise risk</li> <li>Provide information, analysis and advice to clinical, management and consumer groups as appropriate.</li> <li>Ensure everyone in the HB health sector are aware of their responsibility for quality improvement and patient safety.</li> </ul>	<p><b>Provide clinical leadership to Hawke's Bay health system workforce</b></p> <ul style="list-style-type: none"> <li>Communicate and engage with clinicians and other stakeholders within HB Health Sector, providing clinical leadership when/where appropriate.</li> <li>Oversee clinical education, training and research.</li> <li>Ensure clinical accountability is in place at all levels.</li> </ul>
<p><b>FUNCTIONS</b></p>	<p><b>ROLES</b></p>	<p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Work collaboratively with the Consumer Council to design and implement a Person and Whanau Centred Care approach.</li> <li>Understand what consumers need.</li> <li>Understand what constitutes effective consumer engagement.</li> <li>Promote clinical workforce education and training and role model desired culture.</li> <li>Promote and implement effective health literacy practice.</li> <li>Promote the development and implementation of appropriate systems and shared clinical records to facilitate a 'smooth patient experience' through the health system.</li> </ul>	<p>Work in partnership with the Consumer Council to develop an appropriate "Person &amp; Whanau Centred Care" approach and culture.</p> <ul style="list-style-type: none"> <li>Monitor "Quality Dashboard" and support performance improvement initiatives as appropriate.</li> <li>Promote and support ongoing enhancements to information systems relating to clinical process and consumer records.</li> <li>Support a review of the "Primary Health Care" model of care.</li> <li>Support and champion the development of a health literacy framework, policies, procedures, practices and action plan.</li> </ul>	<p><b>Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.</b></p> <ul style="list-style-type: none"> <li>Develop and promote a "Person and Whanau Centred Care" approach to health care delivery.</li> <li>Facilitate service integrations across / within the sector.</li> <li>Ensure systems support the effective transition of consumers between/within services.</li> <li>Promote and facilitate effective consumer engagement and patient feedback at all levels.</li> <li>Ensure consumers are readily able to access and navigate through the health system.</li> </ul>	<p><b>Provide oversight of clinical quality and patient safety</b></p> <ul style="list-style-type: none"> <li>Develop and maintain relevant and effective Clinical Indicator reporting and performance management processes.</li> <li>Establish and maintain effective clinical governance structures and reporting processes.</li> <li>Ensure safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilitys and properly trained and credentialed staff.</li> <li>Ensure the "quality and safety" message and culture is spread and applied in all areas of HB health sector.</li> <li>Promote "value-based decision-making" at all levels. This involves improving the processes by which decisions are made, so they take into consideration all three Triple Aim objectives:                         <ul style="list-style-type: none"> <li>Enhanced patient experience</li> <li>Improved health outcomes</li> <li>Better value for money</li> </ul> </li> <li>Ensure attendance at appropriate meetings/forums to provide appropriate assurance and confidence.</li> </ul>	<p><b>Provide clinical leadership to Hawke's Bay health system workforce</b></p> <ul style="list-style-type: none"> <li>Ensure all HB clinicians and other stakeholders are aware of the role, membership and activities of the Clinical Council.</li> <li>Oversee the development, maintenance and implementation of a HB Clinical Workforce Sustainability Plan.</li> <li>Promote clinical governance at all levels within the HB health system.</li> <li>Ensure appropriate attendance/input into National/Regional/ Local meetings/events to reflect HB clinical perspective.</li> <li>Promote ongoing clinical professional development including leadership and "business" training for clinical leaders.</li> <li>Facilitate co-ordination of clinical education, training and research.</li> <li>Role model and promote clinical accountability at all levels.</li> </ul>
<p><b>OBJECTIVES 2016/17</b></p>	<p><b>ROLES</b></p>	<p><b>STRATEGIES</b></p>	<p>Prioritise meeting time to focus on papers with significant clinical issues.</p> <ul style="list-style-type: none"> <li>Encourage proactive presentations / discussions on innovative issues / ideas.</li> <li>Ensure risk management processes provide for early Clinical Council visibility (and input) of all significant clinical issues.</li> <li>Align portfolio areas of responsibility to clinical governance structure memberships (once confirmed).</li> </ul>	<p><b>Work in partnership with the Consumer Council to develop an appropriate "Person &amp; Whanau Centred Care" approach and culture.</b></p> <ul style="list-style-type: none"> <li>Monitor "Quality Dashboard" and support performance improvement initiatives as appropriate.</li> <li>Promote and support ongoing enhancements to information systems relating to clinical process and consumer records.</li> <li>Support a review of the "Primary Health Care" model of care.</li> <li>Support and champion the development of a health literacy framework, policies, procedures, practices and action plan.</li> </ul>	<p><b>Implement and progressively develop the proposed new Clinical Governance Committee / Advisory Group structures.</b></p> <ul style="list-style-type: none"> <li>Monitor and report on the implementation of the action plan for "Governance for Quality."</li> <li>Oversee and monitor the achievement of objectives within the QIPS Annual Plan.</li> </ul>	<p><b>Enhance the profile and perceived value of Clinical Council within the sector, through improved effective two way communications.</b></p> <ul style="list-style-type: none"> <li>Facilitate the development of a HB Clinical Workforce Sustainability Plan</li> <li>Promote Strategies to enable the HB Clinical Workforce to adapt to meet the challenges of the future.</li> <li>Support and promote the ongoing implementation of clinical leadership training and developments.</li> </ul>



**INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE**

*Transforming health care through partnerships*

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▶ Patient- and Family-Centered Care

*Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.*

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient- and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.

This perspective is based on the recognition that patients and families are essential allies for quality and safety—not only in direct care interactions, but also in quality improvement, safety initiatives, education of health professionals, research, facility design, and policy development.

Patient- and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

**Core Concepts of Patient- and Family-Centered Care**

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.

**Adapted from:** Johnson, B. H. & Abraham, M. R. (2012). *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities.* Bethesda, MD: Institute for Patient- and Family-Centered Care.



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{ *The Movement for Human-centred Healthcare* }



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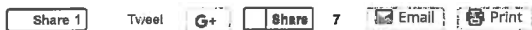
“Healthcare’s focus on physical disease and bio-medicine is unbalanced. We need to pay much more attention to emotional, psychological and spiritual wellbeing and the huge importance of healing relationships.”

DR ROBIN YOUNGSON [“Time to Care”](#)

{ *together we can re-learn a new way of being* }

This site is a hub where you can find [articles](#), [inspiration](#), [resources](#) and [revolutions](#), all designed to help you be part of this movement for change, motivating others to join in and supporting each other as together we work towards our goal.

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## Partners in Care

# The King's Fund patient- and family-centred care toolkit

30 Jun 2014 | [Partners in Care](#)

The King's Fund has released a patient and family-centred Care (PFCC) toolkit for health care professionals, to understand what a care experience is like, what needs to change, and which small improvements can make a big difference to patients, families and health care workers. The toolkit is a simple, step-by-step method for recording and understanding patient and family experiences.

The toolkit includes:

- a step-by-step guide to using the toolkit
- an overview of PFCC
- patient stories
- driver diagrams
- model for Improvement
- and more.

View the toolkit on The King's Fund website by clicking the link below.

### Related links

#### Patient- and family-centred care toolkit

([http://www.kingsfund.org.uk/projects/pfcc/?utm\\_source=charityemail&utm\\_medium=email&utm\\_campaign=june-2014&pubid=healthfoundation&description=june-2014&dm\\_i=4Y2,2KRV8,9DBSO9,9EPTA,1](http://www.kingsfund.org.uk/projects/pfcc/?utm_source=charityemail&utm_medium=email&utm_campaign=june-2014&pubid=healthfoundation&description=june-2014&dm_i=4Y2,2KRV8,9DBSO9,9EPTA,1))

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# The King's Fund

## Patient and Family-Centred Care toolkit

The Patient and Family-Centred Care (PFCC) toolkit (<https://www.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/>) is now available from The Point of Care Foundation.



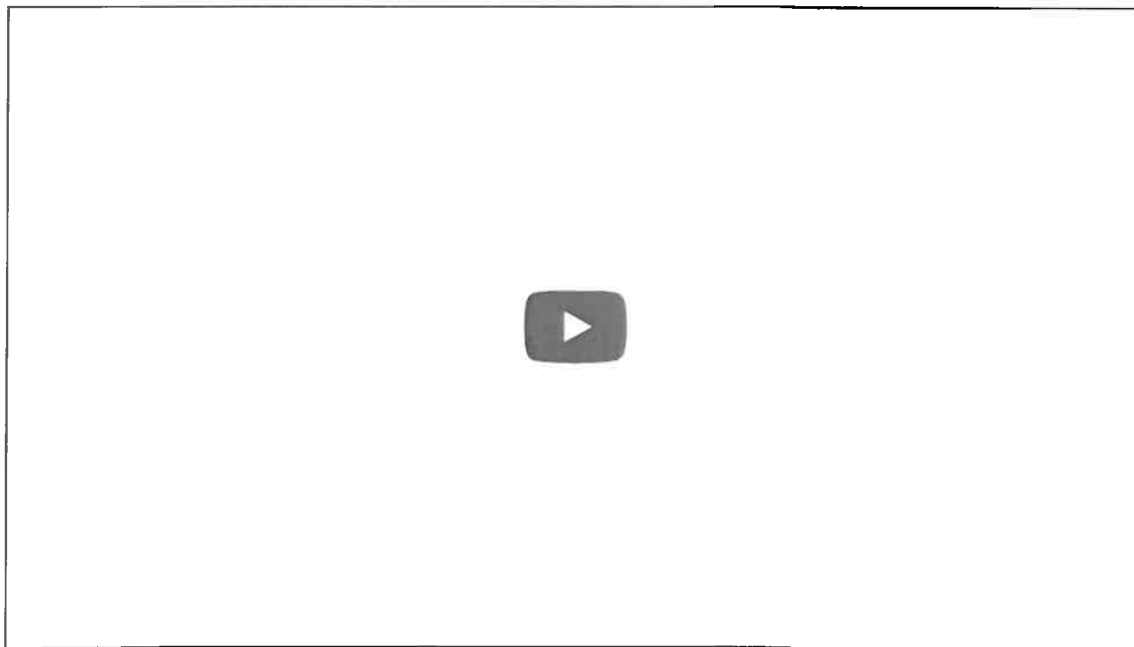


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## What is PFCC and why is it needed?

There is a high degree of commitment among organisations to improve patients' experience, but it can be difficult to know where to start. Patient and Family-Centred Care (PFCC) is a method of improving health care quality that changes the perspective of staff delivering care, and helps them reconnect with their values and motivation for working in health care.



### What is it?

PFCC is a simple, low-technology health care quality improvement approach designed to tackle two parallel aspects of health care: processes of care and staff-patient interactions. Together, these have a profound effect on how patients and staff experience health care.

PFCC helps tackle issues in:

- the organisation of care (care 'transactions' – how care is delivered)
- 'relational' aspects of care (the human interactions that take place between patients and families, and their professional carers).

Examples of the sorts of improvements that teams have achieved include improvements in assessment processes for patients, the management of pain, and communication with patients.

The approach achieves this by focusing the attention of staff on the lived experience of care for patients and their families. Using this approach puts staff closely in touch with what it is like to be a patient, and helps build empathy into the service.

PFCC has been used to:

- improve all dimensions of quality, including clinical effectiveness
- improve patients' and families' experience of care in hospital
- support staff to provide the sort of care they would like for themselves and their families
- improve staff experience of delivering care in hospital
- build capacity to deliver patient-centred care.

The method was pioneered by Tony DiGioia at the Innovation Center at the University of Pittsburgh Medical Center (UPMC). This toolkit draws on the experience of the Patient and Family-Centred Care programme, which was run in partnership by The King's Fund and the Health Foundation. Many of the resources come from the Innovation Center at UPMC and we gratefully acknowledge their generosity in making them available.

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## Why is PFCC needed?

There has never been a greater focus on patients' experience as a key component of quality, nor greater acknowledgement of the value to staff of delivering excellent care. The response to the Francis Inquiry highlighted the importance of the patient experience, and the Department of Health Operating Framework 2012/13 restated the spirit of the NHS Constitution, with a key theme of 'putting patients at the centre of decision-making'. There is much to be proud of within our health care system. But we are still a long way from reliably providing an excellent patient experience.

Health care staff work in highly pressurised environments, carrying out work that is often complex, intense and emotionally challenging. Evidence shows that this has an impact on staff wellbeing, which in turn affects their ability to care for patients with compassion (see PFCC further reading).

## What is different about this approach?

PFCC tackles the challenge of providing high-quality patient-centred care in a new way. Rather than blaming staff when things go wrong, it seeks to understand where care systems and processes prevent them from providing the kind of care they would wish for themselves or their families. This understanding helps staff to see where improvements are possible, and enables them to reconnect with their motivation for working in health care, promoting a new workforce culture.

When it comes to health services, improvement initiatives tend to focus either on clinical processes or on patient experience. But both are essential for high-quality health care. PFCC focuses both on processes of care (transactions) and on relational aspects of care, producing benefits for patients and staff alike. It is compatible with other service improvement initiatives, such as those in place to improve access, safety or the efficiency of care.

The approach is enacted by a multidisciplinary team, rather than individuals acting alone. It cuts across boundaries to look at care experiences from the patient's – rather than the organisation's – point of view. It also forges links between the board and frontline staff, developing commitment at executive and clinical levels.

Importantly, PFCC acknowledges the link between positive patient experience and positive staff experience – you cannot have one without the other (see [PFCC further reading](#)).

PFCC has been successful because it combines leadership support, a framework for improvement, a clear focus on a care experience, clear aims and measures, a multidisciplinary team and a focus on care seen through patients' eyes.

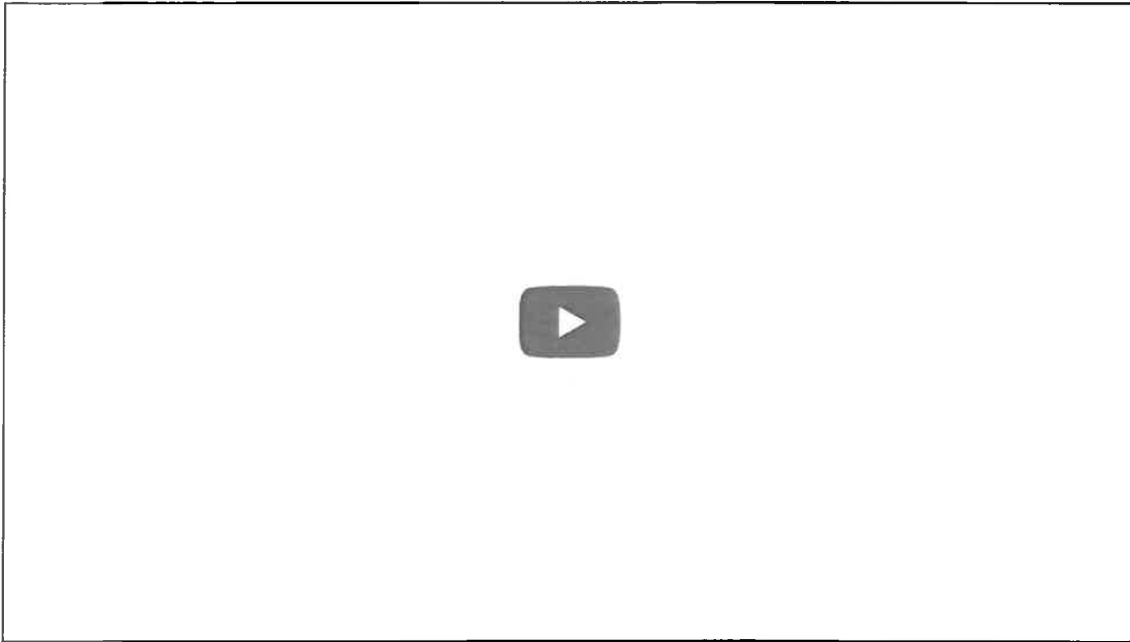
The clarity and simplicity of the PFCC method, with its structure and milestones, have given boards that have used it confidence that investment in the programme will yield demonstrable benefits and organisational learning that can be built on and diffused across the organisation.

## What does it involve?

The resources required for PFCC consist principally of staff time to participate in the guiding council and working groups, and hands-on work on improvement projects to bring about the changes. How much time, and from which staff, will very much depend on the breadth of the care experience you work on, how much you involve frontline staff in improvement projects and how intensively you plan to deliver your goals. Widely inclusive teams build greater commitment and spread the load.

*“The structured approach to reporting the benefits to be achieved and the focus on measurement meant that the board had a clear view of the programme delivery at key milestones in the programme.”*

Lynne Wigens, PFCC Executive Sponsor, Ipswich Hospital Trust



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## Benefits of PFCC

Patients benefit by:

- feeling confident that the care that they receive will be of consistently high quality
- feeling that their care has been designed in a way that acknowledges its place within their broader lives.

Staff benefit by:

- becoming more engaged in their work
- developing an understanding of the current experiences from patients' point of view
- developing the skills and confidence to improve the care experience
- gaining experience in trialling practical improvements, measuring impact and spreading change
- having more time to provide individualised care, thanks to smoother and more standardised processes where appropriate.

Organisations benefit by:

- making a reality of policy commitments to improve patient-centred care
- understanding what drives patients' experiences of their services

- improving patients' experiences of care (depending on the goals chosen, PFCC may be used to improve safety, clinical effectiveness, patient-centredness, timeliness and efficiency)
- improving staff engagement, resilience and focus on patients' experience
- building capacity, so that lessons can be sustained and shared across the organisation
- building their reputation for high-quality, compassionate care.

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## PFCC: Patient and Family-Centred Care toolkit

### Introduction

More about this toolkit	>
What is PFCC and why is it needed?	>
How to use this toolkit	>
Gaining support	>
Top tips for success	>

### Step-by-step guide

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Step 3: Evaluate the current situation and develop a sense of urgency	>
Step 4: Develop working groups to carry out the improvement work	>
Step 5: Develop a shared vision for the ideal patient experience	>
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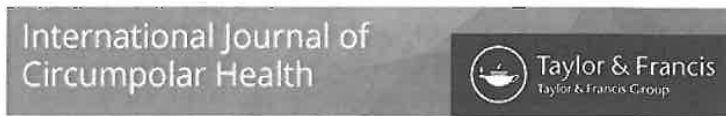
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 Published online 2013 Aug 5. doi: [10.3402/ijch.v72i0.21118](https://doi.org/10.3402/ijch.v72i0.21118)

PMCID: PMC3752290

## The Nuka System of Care: improving health through ownership and relationships

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### Abstract

Go to:

Southcentral Foundation’s Nuka System of Care, based in Anchorage, Alaska, is a result of a customer-driven overhaul of what was previously a bureaucratic system centrally controlled by the Indian Health Service. Alaska Native people are in control as the “customer-owners” of this health care system. The vision and mission focus on physical, mental, emotional, and spiritual wellness and working together as a Native Community. Coupled with operational principles based on relationships, core concepts and key points, this framework has fostered an environment for creativity, innovation and continuous quality improvement. Alaska Native people have received national and international recognition for their work and have set high standards for performance excellence, community engagement, and overall impact on population health. In this article, the health care transformation led by Alaska Native people is described and the benefits and results of customer ownership and the relationship-based Nuka System of Care are discussed.

**Keywords:** Alaska Native, wellness, self-determination, relationships, outreach, public health, quality improvement

Southcentral Foundation is a non-profit health care organization serving more than 60,000 Alaska Native and American Indian people in Southcentral Alaska. It was established in 1982 under the tribal authority of Cook Inlet Region Inc. (CIRI), one of the Alaska Native regional corporations created by Congress in 1971 under the terms of the Alaska Native Claims Settlement Act. CIRI established Southcentral Foundation to improve the health and social conditions of Alaska Native people, enhance culture and empower individuals and families to take charge of their lives. Southcentral Foundation’s “Nuka System of Care” is a term that describes the entire health care system created, managed and owned by Alaska Native people to achieve physical, mental, emotional and spiritual wellness. It is inclusive of all parts of the organization – including behavioral, dental, medical and traditional services – and all the systems, processes and departments supporting the service delivery.

### History

Go to:

Over the last 3 decades, Southcentral Foundation’s workforce has grown from fewer than 25 to more than 1,500 employees and the operating budget from \$3 million to \$210 million. This growth can be attributed in large part to a change in ownership of the Alaska Native health care system – from government control to “customer ownership.”

For 50 years, Alaska Native people in Southcentral Alaska received their health care as “beneficiaries” of the Indian Health Service's Native hospital. Employees were not able to be creative or innovative because it was a large, bureaucratic system centrally controlled from Washington, DC, 5,000 miles away. Patients waited weeks to get an appointment or accessed the system through the emergency room, and saw different providers each time. There was a disconnect between care for the mind and care for the body. Departments and programs acted independently. Patients were not happy and employees were not happy. Health statistics were bleak. Many patients left the Alaska Native system altogether to find better care (1). Then, in response to Alaska Native and American Indian people advocating for a voice in program planning and service delivery, Congress passed a federal law in favor of self-determination (2,3). This legislation opened the door for tribes to choose ownership over the entities delivering the services. The Alaska Native leadership of Southcentral Foundation also saw this as an opportunity for innovation – to completely redesign the tribal health care system in Southcentral Alaska based on Alaska Native values and needs. The administration and Southcentral Foundation partnered to survey the Native Community and find out what was desired.

By 1999, Alaska Native people were no longer “beneficiaries” of a government-run system, but, rather, chose to become self-determined “customers” and also “owners” of their tribally managed health care. This meant that Alaska Native people were no longer mere recipients of services, but, rather, in control of decision-making and administration. Along with this new customer-owner status came responsibilities to make informed choices on priorities for the health care system and to work to sustain it for future generations; what followed was a customer-driven overhaul of health care delivery, philosophy and values. As a result, Southcentral Foundation has today what is known as its Nuka System of Care. It addresses the challenges that health care systems around the world face – how to improve health care outcomes and customer satisfaction without skyrocketing costs.

### Shared vision and mission

Go to:

Southcentral Foundation's vision is “A Native Community that enjoys physical, mental, emotional and spiritual wellness.” The organization is committed to doing more than just providing treatment and health education. Southcentral Foundation's barometer for success is whether the population served is able to truly experience multidimensional wellness, and if improvements in wellness are experienced from one generation to the next.

The mission statement emphasizes getting there by working with (not doing “to” or “for”) the Native Community. The aim is a Native Community that is renowned for being healthy. Southcentral Foundation measures its progress through a robust data collection effort, benchmarking with other high-performing health care organizations around the country and tracking health disparity data at the local, state and national levels.

Southcentral Foundation is intentional in the way it communicates its mission and vision to the community, workforce and customer-owners. The vision and mission provide guidance and consistency; there is a clear message and path to follow. All corporate, division, work unit, and individual goals and objectives flow out of the vision and mission's 3 “key points”: shared responsibility, commitment to quality and family wellness. This framework, established by the Alaska Native board of directors, keeps Southcentral Foundation's performance evaluation and improvement efforts focused on achievement of the vision and mission. The governing board, which is composed entirely of customer-owners, sets the direction and the president/CEO creates an environment that ensures the entire workforce can both stay the course and measure progress along the way. As a result, Southcentral Foundation's data analysis and tracking ties directly back into fulfillment of the vision and mission, and achievements are shared with stakeholders in a meaningful way. For example, under the corporate goal of “shared responsibility” there are 3 corporate objectives – one of which is “achieve excellence in customer-owner satisfaction.” Knowing that appointment access is a key driver of customer-owner satisfaction, departments created work plans and measurement targets around improving the availability of appointments. The data collection approach included tracking average appointment availability at 8:00 am daily, the “third next available appointment” less than 5 days out, as well as the medians and other subreports. These operational measures are available on a centralized



“data mall” and are segmented to the appropriate level to support improvement of day-to-day work processes.

#### **Vision Statement**

A Native Community that enjoys physical, mental, emotional and spiritual wellness.

#### **Mission Statement**

Working together with the Native Community to achieve wellness through health and related services.

#### **Key Points**

##### ***Shared Responsibility***

We value working together with the individual, the family, and the community. We strive to honor the dignity of every individual. We see the journey to wellness being traveled in shared responsibility and partnership with those for whom we provide services.

##### ***Commitment to Quality***

We strive to provide the best services for the Native Community. We employ fully qualified staff in all positions and we commit ourselves to recruiting and training Native staff to meet this need. We structure our organization to optimize the skills and contributions of our staff.

##### ***Family Wellness***

We value the family as the heart of the Native Community. We work to promote wellness that goes beyond absence of illness and prevention of disease. We encourage physical, mental, social, spiritual & economic wellness in the individual, the family, the community and the world in which we live.

#### **Service delivery**

Go to:

To achieve its vision, Southcentral Foundation provides a wide range of behavioral, dental, medical and community services. These services include primary care, both in outpatient and home settings; dentistry; outpatient behavioral health; residential behavioral health; traditional healing; complementary medicine; health education and more. In addition, Southcentral Foundation has administrative programs that support direct service delivery, including human resources, information technology, compliance, grants, public relations, finance, facilities and quality assurance.

In general, Southcentral Foundation's services are provided “prepaid,” based on legislative agreements and funding requirements, to members of 227 federally recognized Alaska Native tribes who live in Anchorage, the Matanuska-Susitna Valley and 55 rural Anchorage Service Unit villages. This 108,000-square-mile service area stretches about 2,000 miles from west to east, in a state that is nearly 3 times the size of Texas.

As significant numbers of Alaska Native people continue to migrate out of Alaska's rural areas to the urban centers (4), most customer-owners live in or near Anchorage, home of the Alaska Native Medical Center's 150-bed hospital and the Anchorage Native Primary Care Center, and other Southcentral Foundation owned and co-owned facilities and services. Care delivery mechanisms include ambulatory office visits, home visits, email and telephone visits, health information and education via classes and mixed media, inpatient hospital services, day and residential treatment, as well as consultation with and referral to higher levels of care. Southcentral Foundation also jointly owns and manages the Anchorage-based Alaska Native Medical Center with the Alaska Native Tribal Health Consortium (ANTHC). When advanced and complex care is required, Southcentral Foundation engages a seamless continuum of care by working in partnership with the tertiary and specialty Medical Services Division of ANTHC.

Southcentral Foundation also has experience in distance delivery of health care. Southcentral Foundation's clinical teams regularly travel to villages off the road system – accessible only by air or boat – to deliver family medicine, behavioral health, dental and optometry services. Where village clinics are in place, Southcentral Foundation clinicians also make use of electronic communication, including state-of-the-art telemedicine technology, to consult on assessment and treatment. In some cases, appropriate treatment requires Southcentral Foundation to bring customer-owners from the rural communities to Anchorage.

## Relationships

Go to:

Southcentral Foundation's Nuka System of Care is based on what customer-owners really want – a primary focus on building and maintaining relationships.

Research findings have shown that relationship-based partnerships, over time, have the power to influence health outcomes (5–10). In the Nuka System of Care, one of the chief responsibilities of each provider is to work with customer-owners to establish trusting, accountable and long-term relationships. Relationships provide a better understanding of the context in which a customer lives. As a result, providers are in a better position to understand symptoms, answer questions, have meaningful conversations about risks and benefits, and work with each customer to make better health decisions. These basic principles are consistently put into practice by Southcentral Foundation's medical, behavioral, dental and traditional service providers.

However, the focus is not only on building relationships between providers and customer-owners. Southcentral Foundation's operational principles, which spell out “R-E-L-A-T-I-O-N-S-H-I-P-S,” influence everything from the strategic planning process to employee hiring practices, facility design, job progressions, information support, quality improvement, financing structures, work flow across boundaries and more.

Strong and effective relationships are necessary across the organization to accomplish goals, objectives and work plans. Building a culture of trust, based on relationships, encourages shared decision-making and supports innovation and creativity.

The organization's executive leaders role model relationship-building behaviors for the rest of the workforce, including sharing personal stories, inviting inquiry and questions, admitting mistakes and celebrating successes. A 3-day mandatory Core Concepts training, led by the president/CEO, helps employees understand how their relational styles impact others, how their experiences affect how they approach and build relationships, and how to articulate and respond to story in everyday work and life.

Southcentral Foundation also depends on relationships with national, regional and local partners. The focus is more on collaboration than competition. As a result, service gaps are identified and new collaborations emerge each year.

Over a decade of performance measurement data has shown that the relationship-based Nuka System of Care has effectively broken down barriers – including barriers of space, attitude, language and time – that previously stood in the way of better health and wellness.

### Operational Principles

Relationships between the customer-owner, the family, and provider must be fostered and supported

Emphasis on wellness of the whole person, family, and community including physical, mental, emotional, and spiritual wellness

Locations that are convenient for the customer-owner and create minimal stops for the customer-owner

Access is optimized and waiting times are limited

Together with the customer-owner as an active partner

Intentional whole system design to maximize coordination and minimize duplication

Outcome and process measures to continuously evaluate and improve

Not complicated but simple and easy to use

Services are financially sustainable and viable

Hub of the system is the family

Interests of the customer-owner drive the system to determine what we do and how we do it

Population-based systems and services

Services and systems build on the strengths of Alaska Native cultures

**Core Concepts**

Work together in relationship to learn and grow

Encourage understanding

Listen with an open mind

Laugh and enjoy humor throughout the day

Notice the dignity and value of ourselves and others

Engage others with compassion

Share our stories and our hearts

Strive to honor and respect ourselves and others

**Customer ownership** Go to:

The shift to customer ownership, including the involvement of Alaska Native people in the design, implementation and control of their own programs, has produced dramatic changes in the delivery of health care services, in Alaska Native people's sense of self-efficacy, and ultimately, in health outcomes.

With customer-owners originating from more than 200 tribes in Alaska alone, Southcentral Foundation works in partnership with many different cultural groups. To ensure the organization is capturing feedback from this diverse customer base, it offers a range of options for customer-owners to be heard and responded to – some examples include personal interaction with staff, comment cards, special events, surveys, a 24-h telephone hotline and online form, focus groups and advisory committees.

Southcentral Foundation's board of directors and advisory boards are comprised solely of Alaska Native customer-owners, representing a number of different tribes. Customer-owners have also established careers at Southcentral Foundation in an increasing number of both clinical and non-clinical roles. The majority of the workforce is, in fact, Alaska Native and American Indian, including the long-time president/chief executive officer, 2 vice presidents, and over 60% of the organization's managers. Internship programs, succession planning and other workforce development initiatives are continuously grooming the next generation to take over paraprofessional, professional and leadership roles within the organization.

Alaska Native and American Indian employees also have an active role as members of Southcentral Foundation's 4 functional committees – process improvement, quality improvement, quality assurance and operations. The committees were created to be responsive to customer-owner feedback and move improvement initiatives and work plans forward without having to take ideas to the executive leadership team. The relationship-based operational principles are used to measure the alignment of any specific improvement idea. Any idea from an employee or customer-owner using the system can be put forward, and, if there is good alignment with the principles, an effort will be made to support testing that idea.

Before the Nuka System of Care, far too many Alaska Native people believed that they had no control or opportunity for input. This belief was conditioned over many decades of well-intended government-run health care that promoted the message “we will take care of you.” To reverse this took a concentrated effort and empowerment on many different levels. While the system is not perfect, there have been measurable improvements. For example, a recent yearlong survey asking customer-owners about their experiences in Southcentral Foundation's clinics showed that 98.5% of the respondents agreed with the following statement: “I was given the chance to provide input into decisions about my health care.” Another example – lower scores in the “Wait time to be seen by my provider” survey question initiated improvement efforts to make same-day access a priority.

The Nuka System of Care is a departure from “beneficiaries” or “patients” serving as mere recipients of tests, diagnoses, and pills. Instead, customer-owners actively share responsibility for the success of the health care system and for their family's health and wellness.

## Results

Go to:

The keys to Southcentral Foundation's improvement journey and resulting success can be distilled down to: (a) customer ownership and (b) relationships. Health care leaders from around the world attend Southcentral Foundation's annual Nuka System of Care Conference to learn more about these approaches, including how they lead to the implementation of best practices such as organization-wide “advanced access,” utilization of data and measurement, integrated care teams and integration of behavioral health and traditional healing into primary care.

The relationship-based, customer-owned Nuka System of Care has helped Southcentral Foundation outperform many known health care systems. It works because Southcentral Foundation redesigned the entire health care system based on the wants and wishes of its customer-owners, and, in doing so, empowered those receiving the services to share responsibility.

The results include the following:

- Prior to 1996, there was no direct primary care access. In 1996, only 35% of the local Alaska Native population had a designated primary care provider. Of those, 43% did not know who that provider was. Now, more than 95% are empanelled to an integrated primary care team. Providers know their customers’ names, as well as their histories, preferences and family dynamics.
- Before Nuka, the average delay to schedule a routine appointment was 4 weeks. Now, Southcentral Foundation offers same-day access, in person or by phone or email (customer's choice).
- By implementing same-day access, Southcentral Foundation reduced the number of individuals on its behavioral health wait list (backlog) from about 1,300 to nearly zero in a year.
- Phone wait times, before Nuka, were in excess of 2 min, and are now limited to less than 30 s.
- A 36% reduction in hospital days, 42% reduction in ER and urgent care usage, and 58% reduction in specialty clinic visits have been sustained for 10 and above years.
- In 75% of the HEDIS measures (national standards), Southcentral Foundation is in the 75th percentile or better, and for many, like diabetes care, in the 95th percentile.
- Staff turnover is one-fourth of the level it was 5 years earlier.
- 25% increase in childhood immunizations.
- Customer satisfaction with respect for their cultures and traditions at 94%.

Southcentral Foundation has distinguished itself as a role model health care organization. It was Alaska's first health care organization, and 15th health care organization in the nation, to receive the Malcolm Baldrige National Quality Award. The US Congress created this award program in 1987 to identify and recognize the country's most innovative organizations, and then disseminate and share best-practice performance strategies. Southcentral Foundation also achieved the highest level of Patient Centered Medical Home™ recognition from the National Committee for Quality Assurance in 2009. The Patient Centered Medical Home standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement. Southcentral Foundation believes these standards could be improved by focusing on: the individual (in Southcentral

Foundation's case, the "customer-owner") and his/her family driving the system rather than the professionals; services that are woven into customers' lives built around them, rather than the medical office; and an approach that addresses the whole person and family in a well-coordinated and personal way. A better term for the Patient Centered Medical Home designation might be "customer-driven whole person care" or "customer- and family-driven integrated care provided on their terms."

Southcentral Foundation's customer-owners recognize that future generations of their families will continue to own, manage and benefit from these services. With this ownership, comes a sense of shared responsibility for the health care system's success. The people of the region are working to continuously improve the services and ensure that the decisions made are in alignment with their needs and values. Consistent with the body of knowledge on community readiness (11), by being involved, Alaska Native people are now more aware of health promotion and disease prevention options and are more interested and willing to make changes.

The value put on relationships in this Alaska Native-owned system of care provides a dramatically different care experience than what was encountered when the health system was under government control. Better relationships have meant not only healthier customer-owners, but also healthier employees and a healthier organization. These outcomes continue to attract health care professionals and government leaders from all over the world who travel far north to Alaska to learn more.

#### Conflict of interest and funding

Go to:

The author has not received any funding or benefits from industry or elsewhere to conduct this study.

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## **Person & Whānau Centered Care – What do we mean?**

**Notes below from a combined sub-group of members from the Hawke’s Bay Clinical and Consumer Councils – February 2015**

### Themes

#### The person

- Take time to care – being human, little courtesies like introducing yourself, creating some trust, creating an environment for partnership...
- Listen
- Respect what people are telling you
- Find out what matters; many have no or little in the way of support networks, are isolated by poverty
- Health sits in the context of broader issues/challenges for that person
- The person is often more vulnerable than in normal situations and needs more understanding of that.
- Be sensitive - reading the body language as well for indications of uncomfortableness or embarrassment which many/most people won't verbalise.

#### The whānau/family/caregiver/support person

- Be inclusive sooner rather than later
- Multidisciplinary includes family
- The person needs support and the “family” is a powerful aid to care

#### Observations

- Recap and check for real understanding – in writing please
- Health literacy is about speaking in the language of patients
- There is a lack of clear and written care planning, especially for those with long term conditions
- Use teachable moments; don't run to a timetable
- Employ people who are interested in the care of the person – this is highly variable now
- Don't be task oriented and miss the opportunity
- Speaking to the “right” person makes a world of difference
- There are no KPIs re the above – we don't value these things!

**Best Practice for Effective Engagement**

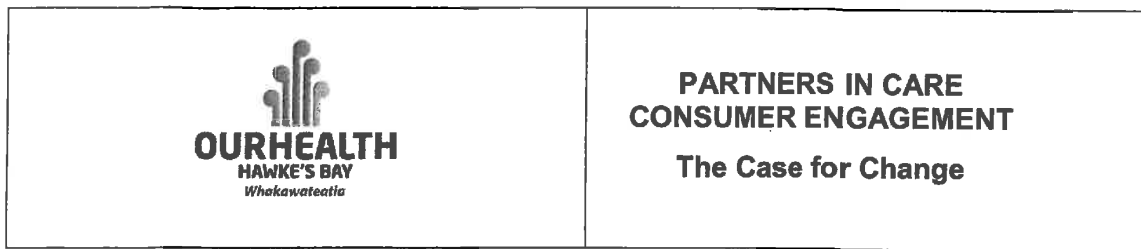
**(developed by different group in a workshop on Engaging Effectively with Maori – February 2015)**

- Ask questions
- Treat people uniquely
- Show respect
- Find out what matters to them
- Be open minded
- Give, not only receive
- Don't assume
- Don't be judgemental
- Use the language of patients (health literacy)
- Check for understanding
- Listen to learn and not just to respond
- Make authentic effort

**Two Observations**

The workshop could have easily been called “Engaging Effectively with Everyone”

The workshop could also have been called “Enabling Person & Whānau Centered Care”



**Consumer engagement is an essential component of quality and safety in the design and delivery of health services.**

Engaging consumers and providing person-centred care has huge benefits in treatment outcomes, prognosis, morbidity and cost savings for organisations.

Improving consumer engagement in health care is a global movement. The World Innovation Summit for Health in 2013 focused on the critical role consumer engagement plays in shaping future health services.

***'The solutions to the health challenges of today and tomorrow won't come from doing business as usual; they will come from building effective partnerships and harnessing the untapped global power of ordinary people who care about improving their health. There are powerful benefits from partnering with patients, families, communities, and health care workers at all levels.'***

Consumers can be engaged as individuals, or collectively, with increasing power to influence quality and safety. This ranges from being given greater choice and the opportunity to provide feedback about their own health care experiences to having a meaningful voice in partnership with providers to influence the design and delivery of services.

Consumers bring unique and valuable perspectives from outside the health system 'looking in'. The health system is there for all of us as consumers; however, in the search for efficiency the consumer's experience and viewpoint can sometimes be lost. Systems naturally focus on what is being measured. If time, efficiency and clinical outcomes are being measured, that is what clinicians will focus on. Engaging consumers helps to ensure providers understand how to deliver services based on the needs of consumers.


The consumer engagement needs of people will vary from person to person. Not all consumers will want to be involved at all times. For a person who has been given a new and frightening diagnosis, being informed about different treatment options, checking that they understand their choices (assessing their health literacy) and actively involving their family may be enough for them. While all people should have an opportunity to provide feedback about their care, some may not want to take up this offer immediately. Others may want to get more involved. They may want to improve the experience of care for others by being a representative involved in service delivery, strategy and design. Or, with encouragement, motivation and skill, they may even want to represent other consumers in a governance role in an organisation.

Consumer engagement is more than just a set of activities. It involves a cultural shift in organisations to welcome partnerships with consumers at all levels, from the waiting room to the board room. At the direct care level, this means working towards shared decision-making. At the service planning level, it means ensuring the results of patient experience surveys directly influence quality improvement initiatives, and that consumers are represented in expert advisory groups. At the policy and governance level, it means skilled, well-networked consumer councils will be working in parity with those in clinical governance and reporting to boards. When organisations engage with consumers as partners in care at all levels, this is true partnership.

The benefits of consumer engagement include better health outcomes, safer care, less waste, lower costs and better consumer and health provider satisfaction and staff retention. Engaged consumers have improved health literacy, are more likely to comply with treatment and medication, and are better able to self-manage long-term conditions. Equity of access to health care is also improved when consumers and communities are engaged in their own care.

Improving consumer engagement also brings enormous benefits for staff. When staff engage in compassionate, person-centred care with consumers, it has a powerful psychological influence on their wellbeing, as well as that of consumers.



	<p style="text-align: center;"><b>PARTNERS IN CARE CONSUMER ENGAGEMENT</b></p> <p style="text-align: center;"><b>Definitions</b></p>
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**CONSUMER**

Refers to patients and their families / whānau / caregivers / personal support persons, who have had personal experiences in the health and disability system.

The term also includes all those who might use health and disability services in the future and members of the public generally, given they are the targeted recipients of health promotion and public health messaging and services

**CONSUMER ENGAGEMENT**

Is a process where consumers of health and disability services are encouraged and empowered to actively participate in decisions about the treatment, services and care they need and receive. It is most successful when consumers and clinicians demonstrate mutual respect, active listening and have confidence to participate in full and frank conversation. Systems that support consumer engagement actively seek input from consumers and staff at all levels of an organisation.

**PERSON AND WHANAU CENTRED CARE**

Includes other terms such at:

- Patient centred care
- Patient and family/whānau centred care
- Person centred care

Person and whanau centred care at the individual level is a partnership between the clinician and the person receiving care. It involves shared decision-making, discussion treatment options and medication options, and asking questions to include the person's goals of treatment and the wishes of their family/whānau. When done well, person and whānau centred care results in people being more engaged, more health literate and better able to self-manage their own care, with whānau support as appropriate. When this extends to an organisation, person and whānau centred care involves integrated, coordinated care systems that seamlessly follow the consumer's journey through the system.

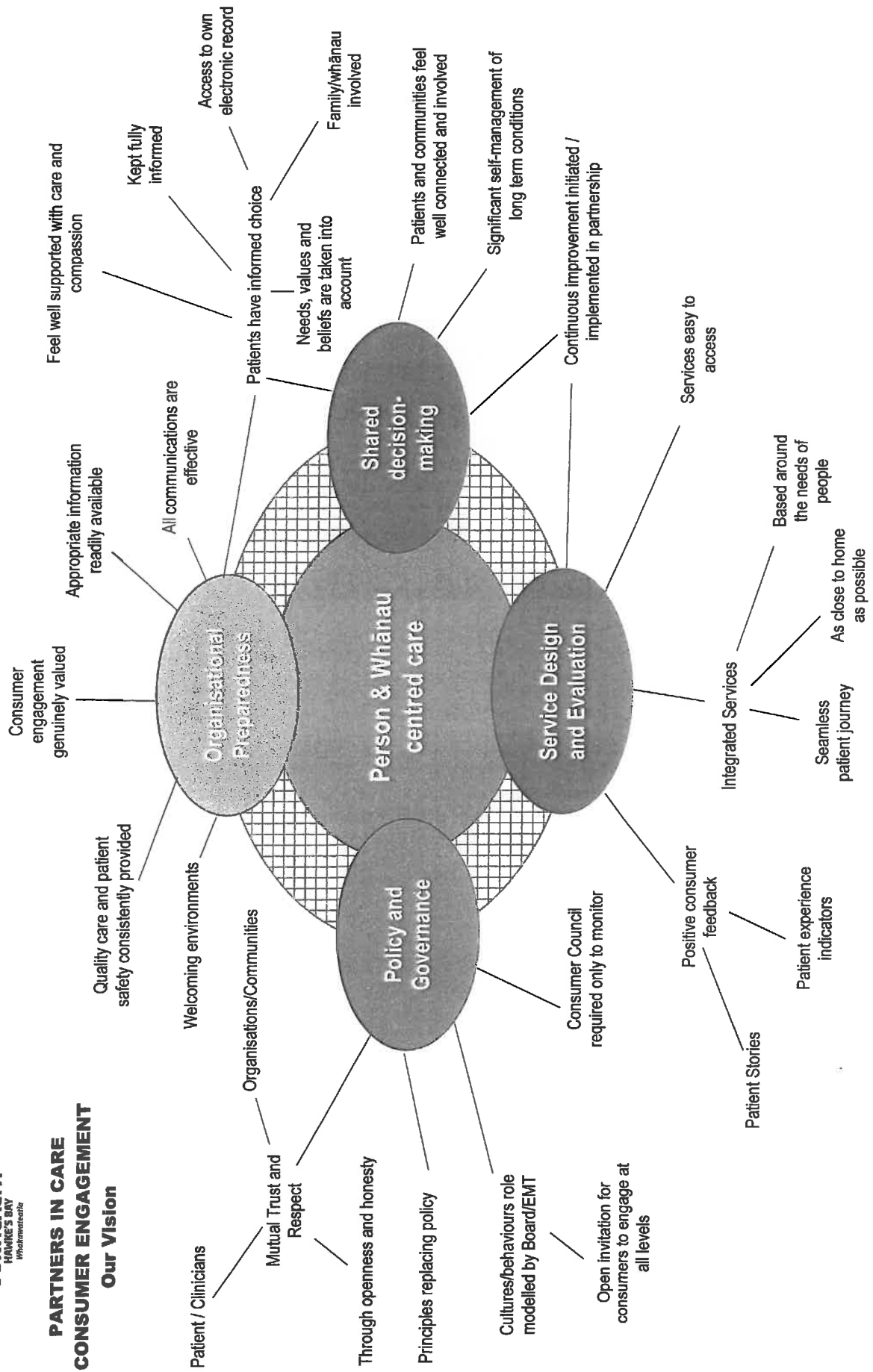
**HEALTH LITERACY**

Is a foundation stone of consumer engagement.

- Individual Health Literacy
  - is the skills, knowledge motivation and capacity of a person to access, understand appraise and apply information to make effective decisions about health and health care and take appropriate action.
- Health Literacy Environment
  - is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

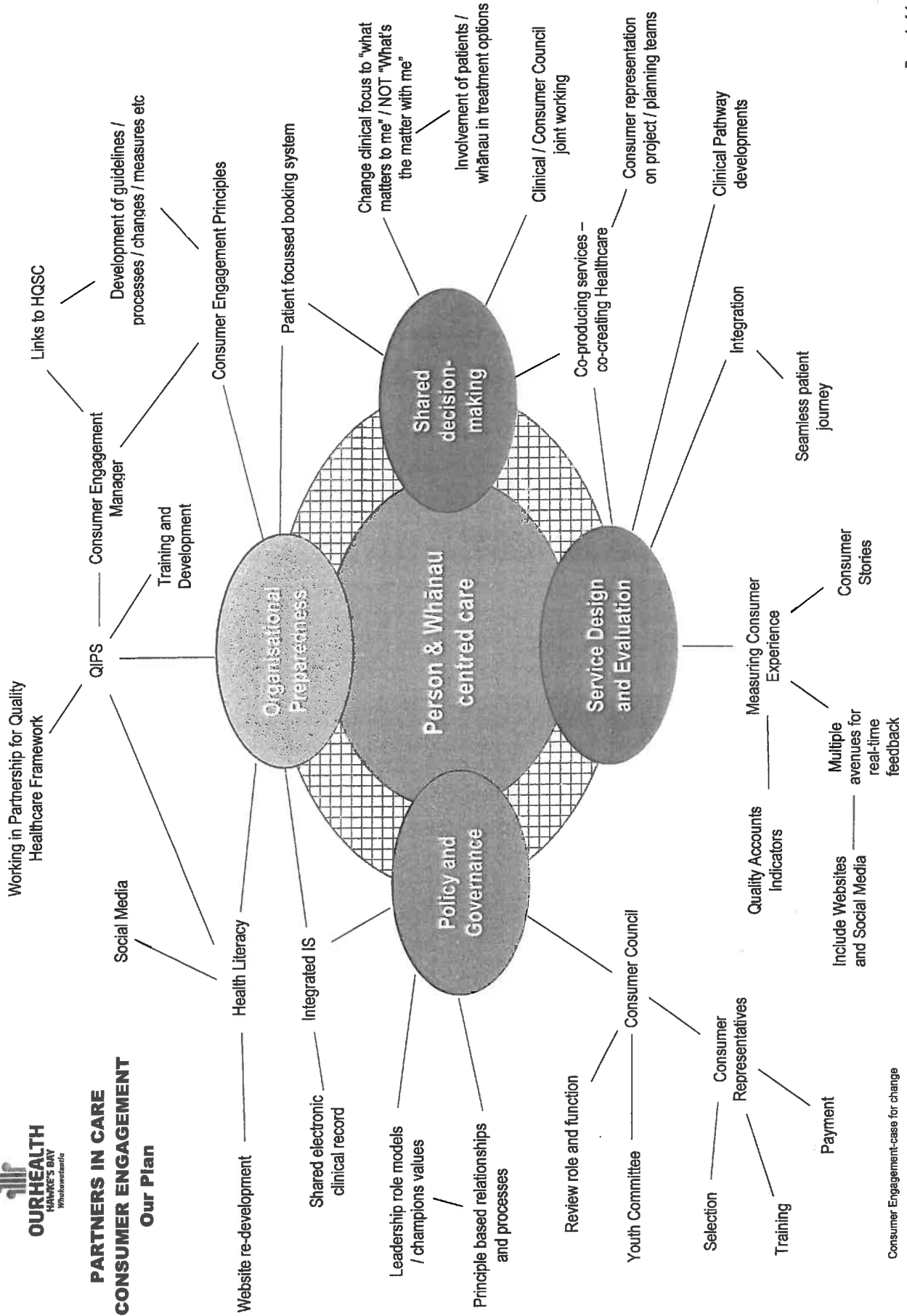


**PARTNERS IN CARE  
CONSUMER ENGAGEMENT  
Our Vision**





**PARTNERS IN CARE  
CONSUMER ENGAGEMENT  
Our Plan**





# The Health Care You Should Expect

BY GRAME NEWTON



## What is the relationship with your health professional like? Is it person and whanau centred? What does that mean and why does it matter anyway?

Back in 2014 the DEB board was challenged with the view that services being delivered were not patient-centred and action was needed to address this. The DEB Consumer Council – consisting of 15 people who are a cross section of our population, each with strong links into our communities – was asked to take this issue up.

All of us around the Consumer Council table held no doubt that being supported and empowered to look after ourselves as much as possible was a whole lot better than just being told what to do or treated with indifference.

We also agreed that good care was beyond just the individual person. For the most part, we live in families or are connected in various ways, and believe a chance for better health is linked to that involvement.

But what did others think and could we

come up with a set of values or behaviours that described what good care is?

So we set around the table with our sister Clinical Council, the body of senior health sector clinicians responsible for providing a clinical view to the board. Within an hour we had come up with a set of agreed values that together added up to person and whanau centred care.

We also agreed that the living of these values within the health sector was highly variable, each of us was able to give our stories of the outstanding and the awful.

When we did some subsequent research, we found that our community had been talking on pretty much the same things for at least a generation, so really there is nowhere to hide.

What are these values and behaviours that people are asking for? Here's a list

### Health literacy:

is more about speaking in the language of patients than expecting them to learn medical language. Otherwise you are talking about me, without me.

### Partnerships:

Allow people to participate in decision-making on their care.

### Empathy:

People are often more vulnerable than in normal situations and clinicians need more understanding of that. Be sensitive –reading the body language as well for indications of racism, taboos or embarrassment, which many/most people won't verbalise.

### It's about whanau:

The whanau/family/caregiver/support person should be part of the team. Be inclusive sooner rather than later. The person often needs support and the family is a powerful aid to care.

### Information:

Communicate successfully by giving clear information and check for understanding. Follow it up in writing. The chances are we are unwell, anxious or off our game. We won't be taking it all in. That is, in part, why a family/support person is so critical.

### Informed choice:

Enable us to make informed choices based on provided information.

### Seamlessness:

Care is comprehensive, integrated and continuous. This is a topic in itself. Most of us are staggered at how not-joined-up the health sector is. We waste heaps of time

## All of us around the Consumer Council table held in doubt that being supported and empowered to look after ourselves as much as possible was a whole lot better than just being told what to do or treated with indifference.

repeating the same thing to different people when they should be able to – but can't – see the information we have already provided.

The way that we receive other services has revolutionised in recent years; healthcare is so 'last century' on this subject.

There are 4,760 hours in a year (ok, 4,784 this time because it's leap year). Unless you have some big health event that lays you up in hospital for a long period, the chances are you have contact with a health professional for only a very small number of those hours each year. So you are not entirely on your own but, frankly, you have more influence over how well you get on than they do. So it makes sense that you should be as well-equipped to manage your situation as you can be.

The consultant who gives you a couple of website links to better understand the diagnosis he has just given you is providing a chance for you to understand what is going on. The consultant who delivers the news in Latin and Greek may be impressing himself but is wasting your time.

I guess a lot of this comes down to being human. When I reflect on the many encounters I've had with health professionals for my own 'issues' in the last ten years as a high health user, there are standouts at both ends of the care spectrum.

You just know when you meet someone who is, in the moment, focused on you, able to impart their care, understanding and knowledge and empowers you to take control. They support your wellbeing at least as far as you can be well. They are like gold dust.

At the other end of the spectrum, you meet some who leave you wondering why they are in a caring profession. Maybe they did care once; it's time for them to change or exit.

The Consumer and Clinical Councils are working collaboratively to enable a culture of person and whanau-centred care to become the norm across the health sector. We figure that if we can visibly demonstrate partnership it helps this positive 'infectious' to spread. #

The Cleveland Clinic in the U.S. has some quality videos on the subject of empathy. Here are two that are only a few minutes each and well worth a watch.

Respectful. The Human Connection to Patient Care [bit.ly/1pWYtZ](https://bit.ly/1pWYtZ)

Empathy: Patients afraid and vulnerable [bit.ly/1EETRYV](https://bit.ly/1EETRYV)

Greene is a co-founder, shareholder and director of SR Group, an award-winning business with main offices in Hastings and operating nationally. Greame Newton chairs the Hawke's Bay Health Consumer Council, tasked with bringing consumer voices to all levels of health sector decision-making.

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**DRAFT**

**HBDHB PATIENT CHARTER**

**Care for me**

**Keep me safe**

**Consult with me**

**Keep me informed**

**Respect me and my whanau**

- **Derived from patient surveys early 2000 when asked the Question:  
'What do you want (expect) from those providing you health care?'**
- **Never formally discussed or adopted**

