



The Royal Victorian Eye and Ear Hospital Community Participation Plan 2009 - 2011

This Community Participation Plan (CPP) 2009-11, was developed by the Royal Victorian Eye and Ear Hospital ("Hospital") Community Advisory Committee (CAC). The CAC is a Board sub-Committee which provides strategic advice to the Board on effective consumer and community participation in service development and delivery. The CPP has been endorsed by the Board and Executive Management Committee and is a key way that the CAC can provide this advice to the Board.

The aim of the Community Participation Plan is to increase opportunities for consumers, carers and the community to provide advice for the Hospital, subject to the operational and financial constraints of the Hospital. This plan will also guide staff and management in achieving high levels of consumer engagement and community participation.

The Hospital acknowledges the importance and advantages of involving consumers in improving the service, quality, safety and other outcomes for patients. The Hospital believes that community participation will enable us to ensure that current and future services are responsive to the needs of the community.

1. CAC vision

In February 2008, the Hospital held a CAC Strategic Planning Workshop. This Workshop was attended by CAC members and Hospital staff (Appendix 1). During the Workshop members were asked to visualise the Hospital and the CAC in 2010. The resultant vision developed from this Workshop is below:

The future Hospital will provide a welcome environment for all patients, carers and families. It will be hearing and vision friendly, which will be visually attractive and have appropriate signage and audio-visual equipment. There will be fluidity from one department to another and refreshments will be available in patient areas.

The future Hospital will have staff that understand and include patients. There will be volunteers coming and sitting next to patients to help them through the process. There will be patients and carers who understand the Hospital, its process and their own illness and disease.

The future CAC will have a diverse membership. It will have strengthened decision making input and will work well within the Hospital. The CAC will face challenges and form project teams to work towards a Community Participation Plan that reflects our community.

2. **Action statement**

In considering the guiding principles and identified themes from the CAC Strategic Planning Workshop, the Hospital and CAC through this Community Participation Plan will:

- Create a welcome environment
- Engage the community
- Encourage patients to be involved in their own health care
- Advocate community needs in Hospital redevelopment

3. **Definition of terms**

For the purpose of this report:

Consumers are individuals who are past, current or potential users of the Hospital.

Carers are families or friends who provide unpaid care to consumers (Department of Human Services 2001).

Community refers to Victorian residents who we service.

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the well-being of themselves and the community. (Department of Human Services 2006).

The following definitions were agreed upon at a CAC Away-day in 2005:

- *Consumer Engagement* relates to the patient's experience of having a health condition and accessing hospital to manage the condition.
- *Community Participation* informs the community, inviting feedback and responding to that feedback.

4. **Patient profile**

The Royal Victorian Eye and Ear Hospital is a state-wide service provider for eye, ear, nose and throat (ENT) conditions. In 2007 there were 58,925 patients who attended the Hospital (Lane and Michel 2008). The greatest proportion of eye patients were aged between 60-79 years and ENT patients between 40-59 years. Just over half of the patients were male and few patients identified as Indigenous. Almost half of our eye patients and over one third of our ENT patients were born overseas.

5. **Development of the Community Participation Plan**

This plan was developed by the CAC and the Hospital. In particular:

- A nominated Working Group of CAC members was established, which included the following members:

Mr Mike Zafiropoulos	Ms Jenny Taing
Ms Margaret Burdeu	Mr Reg Thorpe
Mr Twanny Farrugia	Ms Kellie Michel
Mr David Baber	

- Discussions in full at CAC meetings
- Results from the CAC Strategic Planning Workshop held on February 18 2008 were included. Along with the findings from the CAC self-assessment survey undertaken in 2007
- The Hospital Board and Executive also assisted with the development.

6. *Links to the Hospital's strategic goals*

The CPP which outlines the Hospital role in increasing consumer engagement and community participation is in line with the Hospital's strategic goals. The strategic goals are:

- Goal 1. Lead best practice care based on consumer needs and supported by evidence.
- Goal 2. Lead research, education and training to underpin clinical services and contribute to the prevention of sensory impairment.
- Goal 3. Provide a high quality workforce for the future.
- Goal 4. Plan and develop safe, efficient and effective services and facilities to meet the needs of stakeholders.

This CPP also assists in meeting the Australian Council on Healthcare Standards (ACHS), particularly criteria 1.6 – The governing body is committed to consumer participation.

7. *Promotion, monitoring and evaluation*

In line with the results from the CAC self assessment survey, the Hospital and CAC will ensure that that the CAC and the CPP are promoted both internally and externally. The CPP will be published on the Hospital's internet and intranet site.

The CAC will monitor the progress of the CPP at CAC meetings. An annual review of the action plan will be conducted to monitor the implementation of the plan. Progress of the CPP will be reported through the Quality of Care Report and other Department of Human Services reporting systems.

This will remain a live document in which new issues can be added. Results from the projects will be added to the action plan as necessary.

8. *Action Plan*

The CAC have identified projects to be undertaken in 2009-11. The Hospital will continue to inform the CAC of new initiatives at the Hospital and the role of the CAC within these.

The CPP projects identified below in the action plan will be guided by the SMART principles: Specific, Measurable, Achievable, Realistic and Time based.

Project	Action	Tasks	Responsible	Indicators
Project A: Is our Hospital consumer focused?	To create an environment that is welcome and friendly to all consumers, with consideration to the needs of the sensory impaired	A Project Working Group will visit the main patient waiting areas and note the areas of improvement to enhance the consumers and carers experience at the Hospital. The list of recommendations will be compared with Hospital complaints and then prioritised. Data from the Community Mapping Project will also be reviewed and considered. Selected items will form actions in the CPP 2009-11.	<ul style="list-style-type: none"> - CAC - Community Development Officer - OHS Manager - Executive - Department Managers 	<ul style="list-style-type: none"> - Improvements made - Patient satisfaction
Project B: Review actions from the Consumer Engagement and Community Participation Audit (2006)	To review the actions and recommendations from the Consumer Engagement and Community Participation Audit undertaken in 2006	Review the actions of the Consumer Engagement and Community Participation Audit undertaken in 2006 and confirm the top three areas for improvement by consulting Hospital Department Managers and staff.	<ul style="list-style-type: none"> - CAC - Community Development Officer - OHS Manager - Risk and Quality Manager - Improvement and Innovations Manager 	<ul style="list-style-type: none"> - Improvements made
Project C: How are patients involved in their own health care at the Hospital?	Identify the ways that patients are involved in their own health care at the Hospital	Review current practice in addressing the Australian Charter of Healthcare Rights (in particular the <i>Communication, Participation, Comment</i> rights) and identify strategies to enhance the way we ensure that the rights of our patients are met.	<ul style="list-style-type: none"> - CAC - Community Development Officer - Risk and Quality Manager - Patient Representative 	<ul style="list-style-type: none"> - Improvements made - Patient satisfaction

9. Appendix 1: Participants at the Strategic Planning Workshop, held 18 February 2008

In total, 15 people participated on the day and the following existing members of the Hospital's CAC attended:

- Mr Mike Zafiropoulos (Chair) (Board Director)
- Ms Katerina Angelopoulos (Board Director)
- Mr Ian Pollerd (Board Director)
- Ms Emer Diviney
- Ms Sue Healy
- Ms Ann Polis
- Mr Reg Shelley
- Ms Elaine Jackson

The following new CAC members attended:

- Mr Jonathan Mortimer
- Mr David Baber
- Mr Twanny Farrugia

The following Hospital staff attended the Workshop:

- Chief Executive Officer - Mr Graeme Houghton
- Director of Strategy and Redevelopment – Mr Trevor Poole
- Corporate Secretary/Manager Corporate Services – Mr John Ferraro
- Community Development Officer – Ms Kellie Michel

10. References

- Lane C, Michel K. Community Mapping Project Report. Royal Victorian Eye and Ear Hospital. Melbourne 2008