

Questions & Answers

Q 1. What sort of resources are required to respond to stories?

SHORT ANSWER

The resources required to respond to stories varies according to:

- the number of stories received
- the number of staff responsible for responding to stories
- how critical the story is of the care experience
- the internal response approval process
- the quality of the response.

**See pages 2-3 to better understand what resources and commitments Care Opinion recommends health services invest to facilitate successful staff and consumer engagement with the platform. A full implementation plan will be provided to all health services signed up for the trial.*

EXPLANATION

In the early stages of implementing Care Opinion, it is typical to have only a few staff members with a management position responding to stories, such as an Executive Director or CEO. The time required to respond is naturally longer than it would be if this responsibility was devolved across the organisation.

For example, one CEO responding to every story will require more time than if the director of each department is responsible for responding to stories about their department. This often happens as the organisation becomes more confident with the platform.

Stories that are more comprehensive and critical of the service will typically take longer to respond to, particularly if the drafted response goes through several approval stages prior to being posted on the site. For example:

- a purely positive story may require one staff member to draft a simple but sincere response thanking the consumer for their feedback, conveying the message that the consumer voice is valued
- for a severely critical story, the service may want to speak to departmental staff close to the care interaction, draft a response and send it for internal approval prior to it being posted to the site.

Higher quality responses demonstrate the organisation genuinely cares; something that is important to consumers. These responses can take a little longer to formulate than a stock-standard, impersonal response which may only take a matter of minutes to draft and post.

In our experience, responding to stories becomes easier the more stories are told as:

- staff understand what makes a good quality response
- confidence in formulating responses increases
- staff begin to see care experiences through consumers' eyes.

Care Opinion provides comprehensive training and ongoing support in formulating high-quality responses to stories.

HEALTH SERVICE COMMITMENT

Engagement and support at the implementation site are essential. Previous learnings have revealed that assigning a Site Administrator, working within a Quality and Safety/Patient Experience role, to manage Care Opinion delivers the best results.

Site Administrators will have responsibility for:



**Co-ordinating
story
responses**

**Collaborating
with Care Opinion
to set up the
implementation
site on the
platform**



**Arranging
staff
training**

**Positively
promoting
Care Opinion
among
customers**



**Regularly
liaising with
CGH's Project
Officer and
Care Opinion
staff**



**Promoting
Care Opinion
among staff**

Support for the program at a leadership level is also extremely important. Staff look to these leaders for guidance and by showing their support for the platform, others will then take notice.

To ensure successful implementation, this staff member should have support across each level of the care service. When a care service as a whole understands the benefits the platform brings, the greater the likelihood of improved care, service, systems, processes and organisational culture.

Support for the program at a leadership level is also extremely important. Staff look to these leaders for guidance and by showing their support for the platform, others will then take notice. Being clear around the strategic intent for implementation allows people to know that thought has been put into the implementation of this new system and the management of risks considered, resulting in benefits to the health service and consumers.



CARE OPINION COMMITMENT

As the platform manager, the Care Opinion team is committed to supporting small rural health services in their journey with public online feedback.

Offering personalised support every step of the way, the Care Opinion team is also committed to:



Q 2. Are there issues with the volume of complaints/feedback? We don't get too many, does it take anything away if you have hardly any items on the app?

SHORT ANSWER

Having a low volume of stories told about a service does not cause any issues per se. It is simply that the more stories are told, the more opportunities there are for service improvement, staff learning, increased staff morale and thematic data analysis.

EXPLANATION

It is very common for consumers of small, rural health services to be reticent to give feedback as they:

- are worried about being identified by service staff which they perceive could lead to uncomfortable future care interactions.
- do not want to get a staff member, who they may know through other social settings, in trouble.

[Read about how the anonymity of the Care Opinion platform helped one small rural health service to overcome this hurdle.](#)

It is important to realise that the number of stories told can quickly add up. Let me explain.

Each story that is told contributes to a bank of written and visual qualitative and quantitative data that can be used to generate reports and provide thematic analyses of what is happening within a service.

1 story told per week becomes 4 stories per month. This accumulates to 48 opportunities each year to engage with consumers, inform service improvements, identify best practices and generate meaningful qualitative and quantitative data. Just think what 2 stories per week could do.

Finally, a quick clarification that Care Opinion Australia is actually a website and has not been developed as an app. Not yet anyway ... 😊

1 story per week



4 stories per month



48 opportunities every year
to give care services direct
insight into what's working
and what's not

Care Opinion provides guidance and strategies to help staff encourage consumers to tell their stories.

Q 3. How user friendly is it for the older population who are the biggest users of healthcare?

SHORT ANSWER

Care Opinion is a user-friendly platform that enables consumers of all ages and levels of computer literacy. While the 'tell your story' process is straightforward, if a person is uncomfortable going online, their loved ones, carers and even staff can submit a story on their behalf. We even have reply-paid leaflets for consumers who are simply not comfortable telling their stories online.

People, regardless of age, oftentimes feel more willing to share their experience if they believe the feedback is genuinely welcome. Most importantly they need to know how they can leave feedback and that there will be no negative consequences for doing so.

EXPLANATION

There are common barriers to elderly people telling their stories that are often not considered:

1. Many elderly people have come from a generation where criticising a person was often considered rude or inappropriate.
2. Medical professionals are held in great esteem and the patient may not feel comfortable questioning their treatment.
3. They are reluctant to get a staff member in trouble and/or that their future care interactions could be uncomfortable
4. They do not feel their feedback will be welcome or useful.

Communication is key to these barriers. This is why staff engagement is so important. If staff are visibly open to feedback and it is welcomed, elderly people, and their families, friends and carers, are typically much more willing to tell their story.

The most tried and true strategy to engage the elderly with the platform is for staff to encourage them to tell their story. Care Opinion has promotional cards that can be kept close by and distributed at the right time, such as when a patient thanks a nurse for looking after them, or perhaps their relative comments on the food quality.

All hard copy promotional materials have our phone number as we can take stories over the phone as well. Consumers can also write their story on our reply-paid, self-sealing leaflets and mail them back to us. When we receive the story, we enter it on the site on behalf of the storyteller.

We are always here to help – both with helping to develop strategies to engage older generations, and to work with services wanting their staff to engage with public, online feedback.

Q 4. Is it promoted more for stories than for complaints? Does negative feedback dominate responses?

SHORT ANSWER

Promoted more for stories than complaints ✓ Negative feedback dominate responses ✗

If there is one thing that Care Opinion is not, it's a complaints platform. We urge service providers to recognise that feedback is not a synonym for complaints. In fact, over 50 per cent of stories published on the Care Opinion website are purely positive.

We receive so many stories commending staff that we now have a tag that we assign to stories where a member(s) of staff has been named positively in a story. We call them Care Opinion (CO) Heroes. To date, the CO Hero tag has been added to **939 stories**.

EXPLANATION

Even in negative stories, there are often comments about aspects of care that were good and vice versa. Never forget that staff names are always moderated out of negative comments, and in positive comments, we only publish their first names.

Typically, the easier it is for consumers to share their stories and the more they are encouraged to do so, the more likely they are to tell positive stories. This is because so many consumers want to say thank you. The below speech bubbles are from real stories told on the platform.

"Thank you to all the staff at the Parkinson's Clinic, from the always dapper Dr Andrew to the smiling ladies at the front reception desk. Parkinson's is much easier to bear because of your efforts."

- Grateful Duncraig

"I want you to know you are appreciated, you made an impact in our lives at a time that was hard. Your smile made me smile, your kindness touched my heart, your care was amazing!"

- Bananabomb

As the adage goes, a picture is worth a thousand words. The Tag Bubble report is one of several visualisations that can be produced on the platform. It represents the number of tags added to a story. They are split according to whether the story says the aspect of care was **good (green)** or whether it could be **improved (pink)**. The larger the bubble and proportion of colour, the more stories the tag was applied to.

The below Tag Bubble Report represents all stories told about Central Gippsland Health. As you can see, there are far more positive tags than negative; together they paint an excellent picture of how consumers perceive their care with the health service.



Q 5. Is it possible for Care Opinion to reflect a patient journey as many episodes of care for SRHS involve an admission to a regional health service as well? Patients then are expected or asked to provide feedback on several health services?

SHORT ANSWER

Absolutely. Consumers can tell their stories about different services (e.g. hospital and district nursing), different departments (emergency department and day surgery) and those crossing different service providers (e.g. a small rural health service and a regional hospital).

**See page 7 for a wonderful example of this*

EXPLANATION

When consumers tell their story, they are asked to say what service provider(s) the story is about. They can enter as many services as they wish. If Care Opinion moderators require clarification about which service(s) were used, they will either reach out to the consumer (via the email address provided during the storytelling process) or the service, depending on what course of action is most appropriate.

When services sign up to the platform, their staff are added to the system. Profiles are created for each staff member, including how and when they wish to be alerted to stories. The alerts are fully customisable, meaning that staff can receive alerts about their service, department, role and/or specific aspects of care (e.g. palliative care). For example, a CEO can receive alerts to every story told about the health services, while a midwife only receives stories about the Maternity Department. Alternatively, staff can choose to receive a weekly digest summarising the stories told over that week.

TODDLER BURNT IN CAMPFIRE

Hedland Health Campus / Emergency Department * Hedland Health Campus / Outpatients * Patient Assisted Travel Scheme - WACHS Pilbara * Perth Children's Hospital / Burns Day Treatment & OP - Clinic J * Telehealth Service - WACHS Pilbara

“ My toddler daughter was in a camp fire accident last year in Port Hedland. **We went to Hedland Health Campus emergency department and we were then RFDS flown to Perth and admitted to the burns unit at PCH.**

*My daughter received third degree burns and spent almost 3 weeks in PCH burns unit and have since have been back to the hospital for short stay admissions and day procedures. At one stage we were visiting the burns team daily for dressing changes. **A year on, we do monthly Telehealth appointments with PCH burns team, physiotherapy at Hedland Health Campus and fly to Perth every 6 weeks for further treatment. All with the help of the Patient Assisted Travel Team (PATS).***

*We as a family could truly not have come this far and managed to still live in Port Hedland and kept it all together **if it weren't for each and every person that helps us in each service.** Together they make this journey less stressful and more supported.*

The care at Hedland health campus was fantastic, they advocated for us and organised everything to get us to Perth. I felt the PCH staff were amazing, I was also 7 months pregnant at the time and they always made sure I was ok and looked after while also caring for my daughter around the clock. In my opinion, the burns team nurses and surgeons are nothing short of amazing. I truly don't know how they do the job they do but I know we wouldn't have got through any of this without them guiding us every step of the way.

*The PATS girls in the Pilbara office are so incredibly helpful and it seems nothing is too much for them. I believe everyone working in Clinic J at PCH do everything to work around our travel and work to make sure my husband can be at appointments. In our experience, the communication between the two hospitals has always been fantastic, and whether we are in Perth or Port Hedland we always have a team at both hospitals checking up on our progress. **I could never put into words how thankful I am for each and every person that has picked up our file and, I believe, helped us in every way they could.***

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