ANNOUNCEMENT

Mid-Year Workshop – Australian and New Zealand Academy of Management (ANZAM) Health Management and Organization (HMO) SIG*

Theme: ***Consumer Involvement in Care Processes – Healthcare's Black Hole***

Venue: UTS, Sydney, 23rd August, 2011

Even though consumer involvement in healthcare, in particular in improving patient safety and quality of care, has been seen as integral to healthcare improvements and reform, it is alarming to find healthcare organisation being identified as laggards in this area. Even the 'Final report of the Commission of Inquiry: Acute Care Services in NSW Public Hospitals' (the 'Garling Report') makes limited mention of patient/staff experience and satisfaction (Garling, 2008). Throughout the report, the view expressed is that improvement and redesign of services should and will occur on the strength of formal data and information derived from incident reporting databases, epidemiological analyses and other bureaucratic reporting mechanisms. However, Garling missed an opportunity to call for a more patient-centred approach to health care improvement (Iedema, R., Merrick, E., Piper, D. and Walsh, J., 2008). Recent research suggests that addressing management issues such as wait times and patient flow are not necessarily sufficient to improve the patient experience. Patients' perception of staff courtesy and communication is the single most influencing factor in patient reports of overall quality of care (Piper D, Iedema R, Merrick E, Perrott B, 2010). Hence, there is clearly a need to optimise the patient experience.

There have been some attempts to improve patient experience by involving patients to assist with the redesign of acute hospital departments. For example, driven by the State Health Plan "Towards 2010" (NSW Health, 2007), NSW Health initiated the Co-design Program in 2007. The objective was to engage patients in the co-design of the Emergency Department by identifying their best and worst experiences, to co-produce solutions, and give them a voice in matters that go beyond the personal care trajectory and clinical decision-making (Iedema, R., Merrick, E., Piper, D. and Walsh, J., 2008).

Despite some attempts of greater consumer involvement, in 2010, Braithwaite *et al*. published a paper on their assessment of the Australian Council of Healthcare Standards' (ACHS) accreditation model called the Evaluation and Quality Improvement Program (EQIP) and noted that "…most participant organisations [19 in this case] had low levels of consumer participation, suggesting it is timely to review the way health services can involve consumers more effectively.." This was one of the key findings of the study. They argued that "…different approaches to consumer participation had to be trialled and evaluated." (pp.18-91). Organisations covered by the study were representative of the health sector and between them had "…3910 beds, 16, 448 staff, treating 321289 inpatients and 1, 971,087 ambulatory services", (p. 16). Evidence of this kind suggests there is a ***black hole*** in many health organisations and settings when it comes to consumer involvement.

For some the problem of patient engagement arises because of the structures within healthcare and the need to work on boundary spanning issues so that collaborative approaches can be developed to make patient centred care work. The development of patient compacts or agreements is one suggested way to change practice (Kerosuo, 2008). Others suggest that the term "consumer" should be replaced by the word "prosumer", which links the consumer (patient and citizen) to the notion of a producer, emphasizing the power of the consumer to define the product of healthcare through negotiating and bargaining (Iedema et al. 2008, p. 105). This is only the tip of the ice berg in terms of how the consumer is being redefined in healthcare and how the black hole might eventually disappear.

Program

This one day workshop seeks to showcase what is new in the field of consumer involvement in Australia and New Zealand. It seeks to bring insights from an array of healthcare settings so that we can begin to develop a research project around excellence and best practice in this area of healthcare. It will provide a networking opportunity for academic and practitioners to share and learn from each other. Presentations will involve short papers (no more than eight space and half pages) with 15 minutes for presenting. There will be limited papers (8) as the aim of the day will be to workshop ideas and themes. We will also have two keynote presenters who are leading the field in research and practice of consumer engagement. The number of participants will be limited to 25 in order to allow for maximum participation and interaction.

Abstracts

We invite 400 word abstracts to be sent to us by 23rd May, 2011. Email to: **Associate Professor Anneke Fitzgerald (a.fitzgerald@uws.edu.au)** and copied to **Professor Liz Fulop (l.fulop@griffith.edu.au).** If you have any further enquiries please do not hesitate to contact us.

- The Health Management and Organization SIG was established by ANZAM in 2010 through the initiatives of the Health Management Research Alliance (HMRA), which is co-hosted by Griffith University and University of New England through the Society for Health Administration Programs in Education (SHAPE), and the Learned Society for Studies in Organising Healthcare (SHOC) in the UK, which is affiliated with the Academy of Social Sciences. The Co-Leads of the ANZAM SIG are Associate Professor Anneke Fitzgerald and Professor Liz Fulop**.**

References:

Braithwaite, J. et al. (2010) "Health service accreditation as predictor of clinical and organisational performance: a blinded, random, stratified study," *Quality and Safety in Health Care*, 19 (14): 14-21.

Garling, P. (2008*) Final report of the Commission of Inquiry: Acute Care Services in NSW Public Hospitals.* Sydney: State of NSW.

Iedema, R., Merrick, E., Piper, D. and Walsh, J. (2008) *Emergency Department Co-Design Stage 1 Evaluation - Report to Health Services Performance Improvement Branch NSW Healt*h, Sydney: Centre for Health Communication, University of Technology: Sydney, NSW.

Iedema, R., Sorensen, R, Jorm, C. and Piper, D. (2008) "Co-producing care", in Sorensen, R. and Iedema, R. (Eds.), *Managing Clinical Process in Health Services*. Elsevier: Chatswood, NSW.

Kerosuo, H. (2008) "Putting the patient in the middle: managing chronic illness across organisational boundaries", in Sorensen, R. and Iedema, R. (Eds.), *Managing Clinical Process in Health Services*. Elsevier: Chatswood, NSW.

Piper D., Iedema R., Merrick E., Perrott, B. (2010) *Experience-based Co-Design Program 2 Stage 1 Evaluation Report" Final Report to Health Services Performance Improvement Branch, NSW Health*. Sydney: Centre for Health Communication, University of Technology: Sydney, NSW.