Family and Carer Engagement (FACE)
Together, we will listen deeply

Justice Health and Forensic Mental Health Network

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Case For Change

The Family and Carer Engagement Redesign team's case for change mirrors our local, state and federal strategic intent. Our patients live in a community within custody. Community expectations of keeping informed of loved one's care while in custody demands priority. Improving systems that enable staff, families and carers, and patients to better partner will have better outcomes for patients in our care. Our diagnostics have shown that there are multiple pain points for families and carers, and staff in the current processes of communicating health information for the purpose of shared goal setting for better health outcomes. Several coronial recommendations support these changes as evidenced by adverse outcomes. The system is complex and our case for change is a case for cultural change enabling staff, families and carers, and patients to better partner in achieving better outcomes for patients in custodial care.

Family and Carer Experience of their journey

- Every time I call JH NSW, I get an answering machine. Sometimes it can take days for people to get back to me
- I was his carer before he went to prison and was involved in his health care. Now no one tells me anything
- I had tried to call the Jail many times. I had called them six times in one day. they said they couldn't talk to me. They weren't rude, but **they just wouldn't talk to me**
- I don't like to complain but it's the only way I can get a response

Goal

To facilitate collaboration and enable meaningful partnership between JHNSW and the families and carers of adult patients in custodial care

Objectives

1. Increase family and carers self-reported experience with the service as 'good' from 0 to 10% by March 2024.
2. Increase staff self-reported experience of the new FACE processes as 'good' from 0 to 10% by March 2024.
3. Decrease complaints from family and carers related to dissatisfaction with information sharing and receiving from 20% to 15% by March 2024.

Method

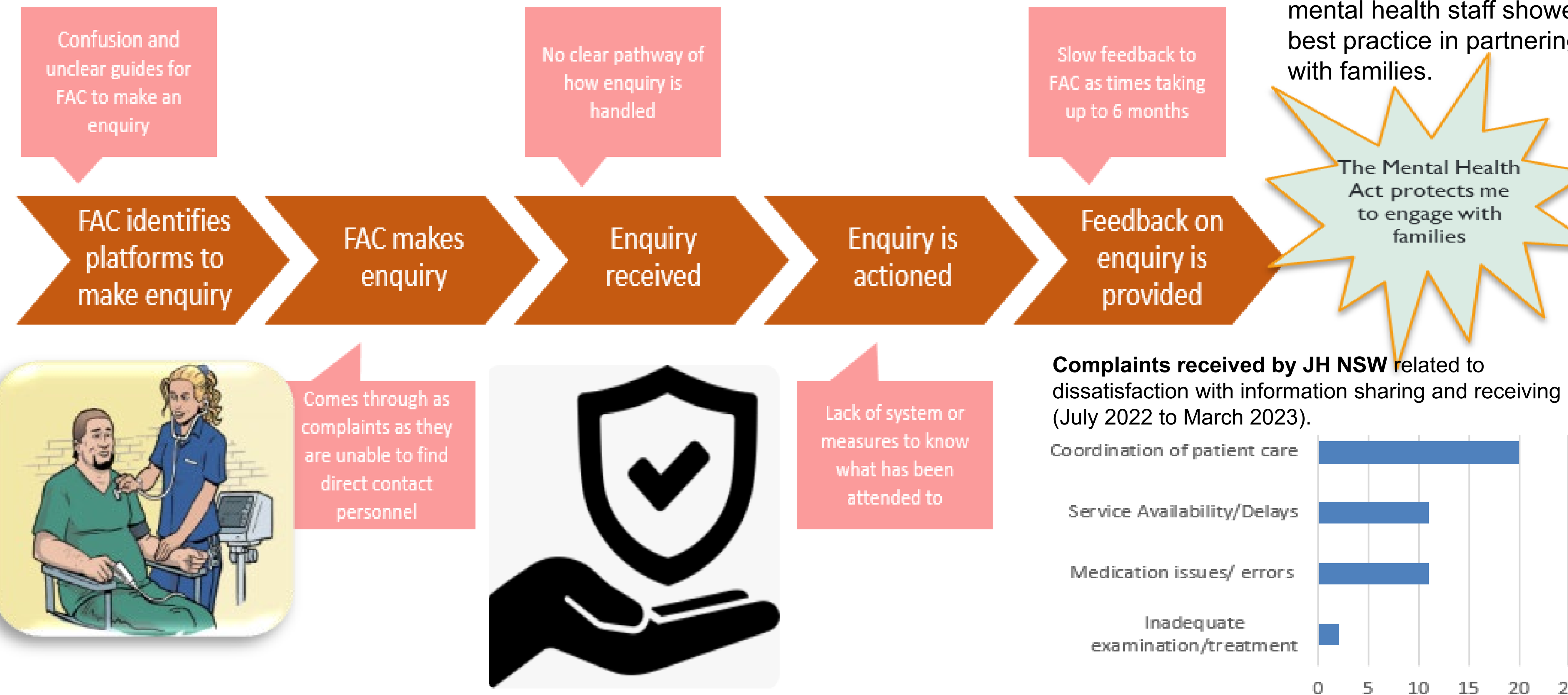
Diagnostic activities

- Review of IMS+ incidents and complaints
- Review of existing policy and procedures
- Patient consultation sessions
- Staff consultation sessions
- Tag along
- Literature review
- Process mapping
- Subject matter expert interviews
- Root cause analysis
- Issues prioritisation

Solution Generation Activities

- Brainstorm
- Blitz with subject matter experts
- Power of three with frontline nursing staff and management
- Literature review
- Best practice review
- Analysis and prioritisation of solutions
- Feasibility testing of prioritised solutions

Diagnostics



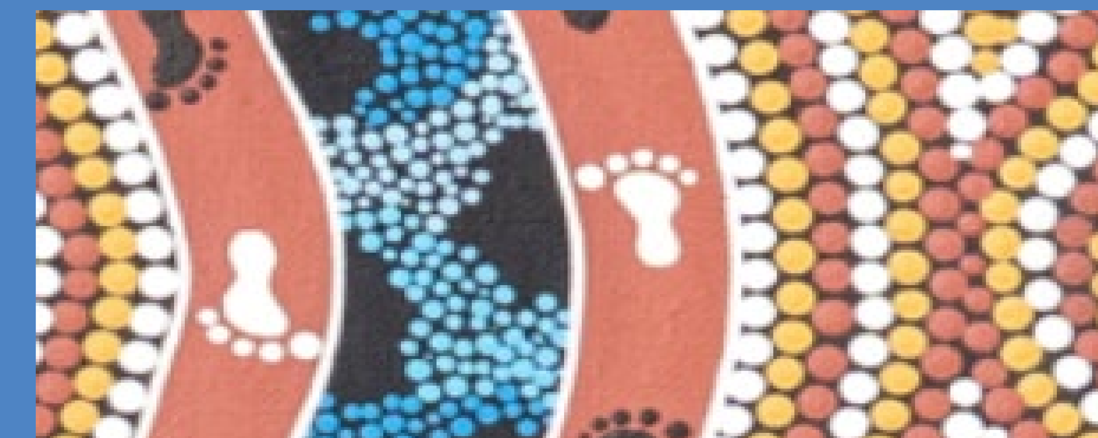
Exemplary Data
Interviews with custodial mental health staff showed best practice in partnering with families.

Planning and Implementing Solutions

Solution 1: Develop a standardised process that supports staff engagement with families and carers in consultation with Corrective Services NSW.
Our problem: There is limited family and carer involvement in decision-making because there are no consistent processes from health centre to health centre in involving families and carers.

Solution 2: Develop a dedicated families and carers health inquiry line.
Our problem: Families and carers cannot easily contact treating health teams. Contact details on JH NSW website are difficult to find. Families don't know the difference between JH NSW and CS NSW.

Solution 3: Develop a training package to build Justice Health NSW staff capability to support family and carers.
Our problem: Staff in custodial environments do not actively engage with families of patients as there is a perception that it is the responsibility of CSNSW. At present, there is no formal education delivered to clinicians to support engaging with families and carers.



Acknowledgements

Rose Lougheed – General Manager Primary Care

Margaret Man – Clinical Improvement Unit Project Manager

ACI Redesign Team

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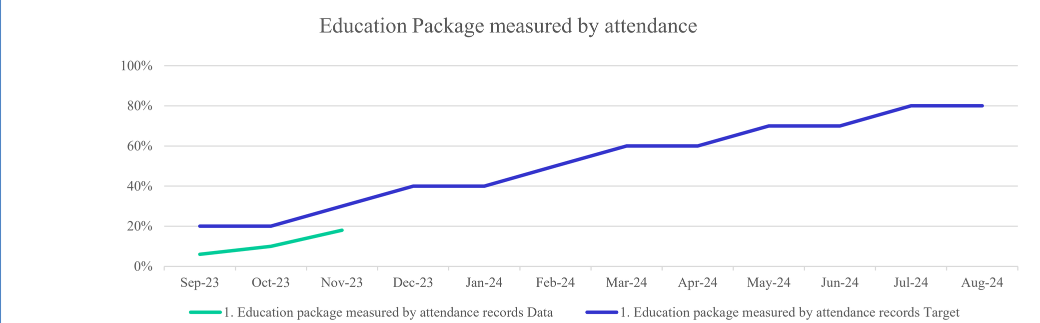
Results

Training has begun to build capacity to better engage with families and carers. "You don't need consent to listen". Currently on track.



Resources that guide staff in engaging families and carers are in development and are undergoing final consultation with stakeholders.

Central to the successful implementation of this project is the creation of a virtual hub of staff to provide point of call assurance that the enquirer is being listened to and that their query will be answered swiftly. Due to resource implications, work is progressing however not yet implemented.

Sustaining change

Solution owners have been identified and agreed on the solutions. The reporting structure enforces accountability for each stakeholder. Therefore, there is no black hole in the reporting structure between FACE project team, solution owners and sponsors. Stakeholder map identifying the desired and current roles (champion, agent, sponsor and target) is in place. The map will be reviewed regularly to ensure that each stakeholders remain in their desired roles. A detailed action plans for both solutions have been created and will guide the solution implementation team.

Conclusion

Our key learnings have included:

- importance of regular meetings with project sponsors
- understanding the frame of reference of your targets is invaluable
- listen to families and carers as they offer such rich information
- engage with staff across your organisation to understand the full extent of the issues
- always compliment your data with in-depth analysis of procedures, practices and voices of staff and patients.