**This guide can be used by the consumer (patient or carer) or by a Grampians Health (GH) employee to aid the collection of a consumer story.**

Grampians Health employees must refer to the ‘Consumer Story Guidelines’ when collecting consumer stories. The guideline covers important information about consent, confidentiality, planning, and telling the story from the consumer point of view.

Introduction

Grampians Health is always working to improve the experience of consumers, their carers and our community. To do this, it is very important that we understand how our systems work from the consumer point of view. When we hear your experience, we can improve our systems and services to make the experience of people like you, better in the future.

Contact

The Consumer Liaison Office on Feedback@bhs.org.au or

Phone - 5320 4014

Information for the story teller

We are very grateful you have agreed to share your health care experience. The following questions will help you prepare to tell your story.

**You can choose to tell your story:**

* in person (face to face at a meeting);
* through a video recording or audio file (we will help you do this), or;
* you can have someone present it on your behalf. This can be a friend, family member or Grampians Health staff member.

We will tell you about the group who will hear your story and how they will benefit from hearing your story.

You might like to write some notes from the prompts below to help you if you choose to present face to face at a meeting. When sharing your story, you can choose the main points that you would like emphasised. The ‘Picker list’ helps to identify these main points. This helps to tell your story in approximately 10 minutes.

We will meet with you or talk over the phone before the meeting so you can ask any questions. This also helps us to make sure you are as prepared and supported as possible.

The group who hears your story might like to ask you some clarifying questions. This also helps us to find any improvements we might be able to make or areas we need to look into further.

After the meeting we will also meet with you or talk over the phone to let you know any outcomes or feedback from the telling of your story. This will be an opportunity for you to ask any questions and to give us feedback about how the process was for you.

If you have any questions at all at any time, please contact

The Consumer Liaison Office on Feedback@bhs.org.au or

Phone - 5320 4014

Background Information

**When did you have this experience?**

Approximate date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where was your healthcare experience?**

[ ]  Ballarat Base Hospital

 [ ]  Emergency Department

 [ ]  Inpatient: Ward/Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Outpatient clinic: Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other area (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Queen Elizabeth Centre

 [ ]  Inpatient: Ward/Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Outpatient clinic: Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other area (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Residential Services

 [ ]  Bill Crawford Lodge [ ]  Hailey House

 [ ]  Eureka Village [ ]  Jack Lonsdale Lodge

 [ ]  Geoffrey Cutter Centre [ ]  James Thomas Court

 [ ]  PS Hobson [ ]  Talbot Place

 [ ]  WB Messer Hostel / Queen Elizabeth Hostel

[ ]  Mental Health Services

Area / Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Community Program

1. **Please describe your health care experience from beginning to end. What happened? Is there a particular part of the experience that you wish to highlight?**

Prompts:

What triggered the need for health care?

What were the steps along the way?

What did you see, hear, feel?

1. **What were the best or most positive aspects of your health care experience?**

Prompts:

Was there any part of your experience that was particularly reassuring for your or your carer?
How did the situation affect you emotionally and physically?

**Where do your positive experiences “fit”?**

|  |
| --- |
|[ ]  Communication |
|[ ]  Access to care |
|[ ]  Respect for patient values, preferences, and expressed needs |
|[ ]  Coordination and integration |
|[ ]  Information and education |
|[ ]  Transition and continuity |
|[ ]  Physical comfort |
|[ ]  Emotional support and alleviation of fear and anxiety |
|[ ]  Involvement of family and friends |
|[ ]  My experience was not positive |

1. **What did not work so well for you during your health care experience? What suggestions can you offer us so we can do things differently in the future?**

Prompts:
Was there anything you expected that did not happen?
What were you most concerned about?
How did the situation affect you emotionally and physically?
What would you have preferred?
How could the situation be changed?
What could make a difference?
Did you feel that there was an appropriate amount of communication in your care?

**Where do your negative experiences “fit”?**

|  |
| --- |
|[ ]  Communication |
|[ ]  Access to care |
|[ ]  Respect for patient values, preferences, and expressed needs |
|[ ]  Coordination and integration |
|[ ]  Information and education |
|[ ]  Transition and continuity |
|[ ]  Physical comfort |
|[ ]  Emotional support and alleviation of fear and anxiety |
|[ ]  Involvement of family and friends |
|[ ]  Nothing negative about the experience |

**Thank you for sharing your story with us**

Your story will be stored securely and your confidentiality will be maintained.

The people who have heard your story (and have met or seen you through the telling of your story) will not identify you with your story.

We will check with you first if we have any requests to hear your story again.

You can decide if we are able to share your story again and the way in which this is done (face to face, video, audio or a representative to tell your story in your words). You can also tell us if you don’t want your story to be shared again.

You will not be treated any differently by Grampians Health because you have shared your story.

We welcome your feedback, and we will use your experience to improve our services and systems. We will also celebrate the things that you tell us that we are doing well.

**If you have any questions at all at any time, please contact**

The Consumer Liaison Office on Feedback@bhs.org.au or

Phone - 5320 4014