

SECTION 12

Evaluation and Planning

There is increasing focus on developing a consumer driven health care system (The ACCH Advocate, 1994). With the emergence of this concept of consumerism, patients have gained greater knowledge of their rights (Association for the Welfare of Child Health, 1992). Although the individual patient is the most direct consumer of health care services, when a child is in hospital, close family members are also less direct consumers of these services. Parents often become monitors of, and advocates for, quality of care.

To address the social determinants of health, government bodies and health officials have started to acknowledge and promote the need for involvement by individuals and community groups in decision-making about health care policies. Since the mid-1980s, a number of organisations and publications have emerged, which address various areas of health care and the consumer (Consumers' Health Forum of Australia, 1990), including the development of quality assurance systems.

Institutional policies, processes and procedures can be set up to balance and mediate the various rights and interests of consumers, and to provide an opportunity for consumers to be heard (The ACCH advocate, 1994). Many hospitals are working towards this ideal by listening to the views of patients and their families (Tait, 1995).

Individual hospitals can directly facilitate a process of collaboration (Popper, 1990). Family members, as well as patients, should be invited to provide consumer feedback and to serve on planning and quality assurance committees.

Promoting communication and information exchange may lead to greater cooperation and enhanced understanding between parents and care providers. Such collaboration can increase the standard of health care and patient satisfaction, and also lead to greater professional and personal satisfaction for health care providers (Association for the Welfare of Child Health, 1992)).

Families are important consumers in the health care system, and monitoring their level of satisfaction with hospital facilities is fundamental to maintaining and improving services.

Survey results

To obtain parent input, 13.2% of surveyed hospitals have a Parent Committee or similar mechanism. A Paediatric Patient Committee comprised of children who make suggestions to improve patient care was found in 1.6% of hospitals surveyed (n=2) and a comprehensive paediatric patient satisfaction questionnaire, providing direct evaluation of hospital services, in 27%.

Section 12 Recommendations

- Hospitals providing paediatric services must involve patients and their families in evaluation and planning of those services
- All hospitals should have structures that enable children, young people and their families to participate actively in health care



Young People's Panel at 2005 AWCH Conference *Healthy Solutions for Children and Young People*.

Participation is part of the organisation's culture

- Your organisation needs to believe in the importance of giving children and young people a say in decisions
- Make including children and young people part of your vision and document it
- Support participation in your everyday work
- Establish structures to assist participation
- Recruit committed and skilled staff and make participation part of their official duties
- Give staff the time, resources and training they need to help kids participate
- Have children and young people help choose staff
- Ensure senior staff support participation
- Challenge arguments for not involving children and young people.

Participation: Sharing the Stage

A practical guide to helping children and young people take part in decision making

NSW Commission for Children and Young People

<http://www.kids.nsw.gov.au/files/sharingthestage2.pdf>