



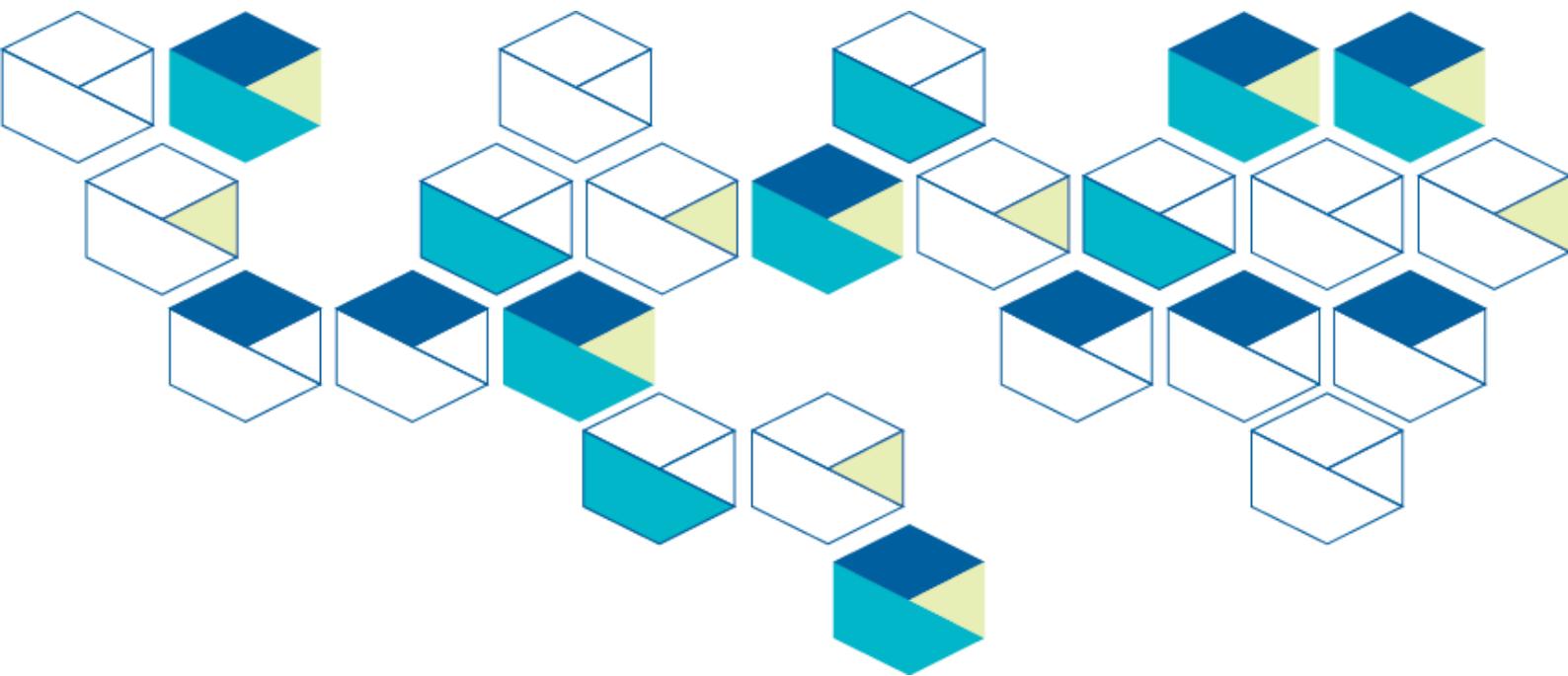
Government of **Western Australia**  
**South Metropolitan Health Service**  
**Fiona Stanley Fremantle Hospitals Group**

Fiona Stanley Fremantle Hospitals Group (FSFHG)

# Consumer Advisory Council (CAC)

## Annual Report 2023

April 2022 to March 2023



# Contents

|  |           |
|--|-----------|
| <b>From the Chair and Executive Sponsor</b>    | <b>4</b>  |
| A message from the CAC Chair                   | 4         |
| A message from the CAC Executive Sponsor       | 4         |
| <b>About the FSFHG CAC</b>                     | <b>5</b>  |
| Fiona Stanley Fremantle Hospitals Group        | 5         |
| The FSFHG CAC                                  | 5         |
| Members of the CAC                             | 6         |
| Consumer Advisory Groups (CAGs)                | 6         |
| Recruitment and induction of new members       | 6         |
| <b>Terms of Reference and Operational Plan</b> | <b>7</b>  |
| Terms of Reference                             | 7         |
| Operational Plan                               | 7         |
| <b>Committee participation</b>                 | <b>8</b>  |
| Committee participation                        | 8         |
| <b>Snapshot of the year</b>                    | <b>9</b>  |
| Additional activities                          | 10        |
| <b>Consumer-led and co-designed projects</b>   | <b>10</b> |
| <b>Member Profiles</b>                         | <b>12</b> |



**FSFHG CAC members, March 2023**

# From the Chair and Executive Sponsor

## A message from the CAC Chair



The past year has been a busy one for the Fiona Stanley Fremantle Hospitals Group Consumer Advisory Council (FSFHG CAC), and despite the impact of the COVID 19 pandemic we have continued to work effectively to achieve our goals of advocating for consumers and carers across the organisation. This annual report provides a snapshot of our achievements over the past twelve months against the priorities identified in the Operational Plan for 2021–2024.

During the year we said goodbye to several members who left the CAC to pursue other interests, and were delighted to welcome new members. We would like to thank former members for their hard work and commitment to the CAC over the years, and welcome the new members to the Council. Member profiles show the exceptional range of experience and interest that members bring to the work of the CAC. New members bring renewal by providing fresh ideas, different expertise and new perspectives, and when combined with the experience of long-standing members this represents a rich resource. The CAC is a highly motivated and engaged group of people, and my thanks go to all members for their active enthusiasm for exploring new opportunities to contribute to shaping our health services.

I also thank Angela Piscitelli, Sally Freight, Karen Thomson, Renae Drenthe, Lorraine Wassell and Michelle Moore of the Patient and Family Liaison Team for their essential administrative support for the CAC over the past year, and note my appreciation of the encouragement that the CAC has received from FSFHG Executive Director Neil Doverty.

Finally, CAC Executive Sponsor Nyrene Jackson's commitment to the work of the CAC has been fundamental to its success. Her enthusiasm for our work and her energetic support are truly valued.

**Jane Pearce**  
Chair, FSFHG Consumer Advisory Council

## A message from the CAC Executive Sponsor



I want to take this opportunity to thank the CAC for their unwavering commitment to improving the consumer experience at FSFHG. As Executive Sponsor, I am grateful for the hard work, dedication and invaluable input that the CAC has provided over the last year.

Once again I've had the pleasure of meeting a number of new members across the year that adds diversity and unique perspectives to the feedback we receive as an organisation. Excellent progress continues to be made against the CAC Operational Plan, and CAC led projects such as the Country Patient Journey project leading onto the 'Tree' tool continue to ensure person-centred care is at the front and centre in the minds of all FSFHG staff.

I am excited to continue working with the CAC to build on the progress made over the past year!

**Nyrene Jackson**  
Executive Sponsor, Partnering with Consumers, FSFHG

# About the FSFHG CAC

## Fiona Stanley Fremantle Hospitals Group

Fiona Stanley Hospital is Western Australia's flagship health facility.

As the major tertiary hospital in the South Metropolitan area, and with 783 beds, it offers a high standard of patient care to communities south of Perth and across the State.

A leader in clinical care, research and education, the hospital is supported by an innovative design that uses the latest scientific, technological and medical developments to help provide the best possible care for our patients.

Providing specialist hospital services, the 300-bed Fremantle Hospital plays a vital role in supporting the tertiary services of Fiona Stanley Hospital and in the ongoing delivery of services to patients within the South Metropolitan area.

The single streamlined governance structure of Fiona Stanley Fremantle Hospitals Group (FSFHG) helps to ensure integration between Fiona Stanley and Fremantle Hospitals with better access and flow for patients within and across specialty areas.

## The FSFHG CAC

The Fiona Stanley Fremantle Hospitals Group CAC membership comprises up to 13 consumer and carer representatives, plus two quarantined positions: one for an Aboriginal representative and one for a Carer representative. There is also one representative of each FSFHG Consumer Advisory Group (CAG).

This combination of perspectives has proved invaluable in ensuring the CAC has maintained its momentum and commitment to advocacy for patients, families and carers, while incorporating new ideas and considering different points of view in its planning and decision making.

To help ensure that perspectives from both hospital sites are considered, the CAC meets alternately at Fiona Stanley Hospital (FSH) and Fremantle Hospital (FH), and a standing item on the agenda is dedicated to a report on developments at Fremantle Hospital.

## **Members of the CAC**

### **Consumer members of the FSFHG CAC from April 2022 to March 2023**

- Jane Pearce - Chair
- Jenny Bedford - FSH Mental Health CAG representative
- Robert Blakeman
- Pip Brennan – new member March 2023
- Bernd Bruggner – new member March 2023
- Annie Carswell – member until July 2022
- Anthea Crawford
- Gary Colley – member until July 2022
- Roland Domoraud
- David Earl
- Kerry Elder - FH Mental Health CAG representative
- Shani Faulkner – member until May 2022
- Jessica Frost – member until July 2022
- Tracy Hollington – member until December 2022
- Angi McCluskey – Carer representative until May 2022
- Justin O'Meara Smith – member until July 2022
- Deborah Purdy – new member March 2023
- Ruth Rodda – new member March 2023
- Shamim Samani
- Amelia Toffoli – FSH Emergency Department (ED) CAG representative
- Kathleen Vaughan – Deputy Chair

## **Consumer Advisory Groups (CAGs)**

Four Consumer Advisory Groups (CAGs) are currently active in FSFHG: the FSH Emergency Department CAG, the FSH Mental Health CAG, the FH Mental Health CAG, and the Maternity Advisory Group. Consumer advisory groups provide more focused, local consumer representation to support particular services within the organisation.

## **Recruitment and induction of new members**

To support newly recruited members, a CAC membership induction pack has been developed and there is an informal mentoring program in place.

FSFHG provides support for all newly recruited members of the CAC to undertake the Health Consumers' Council WA Consumer Representative training (introductory or advanced as appropriate).

FSFHG also facilitates up to three training sessions for CAC members per year. In 2022, a workshop held in December was an opportunity for members to explore aspects of health literacy and communication.

# Terms of Reference and Operational Plan

## Terms of Reference

The Terms of Reference for the FSFHG CAC were reviewed and endorsed in October 2022.

The purpose of the FSFHG CAC is to:

- Advocate for consumers and carers in relation to FSFHG services
- Facilitate communication between consumers and carers and FSFHG
- Advise FSFHG on consumer and carer issues and perspectives

To ensure there is a framework to formally demonstrate the effectiveness of the CAC in fulfilling its purpose, eight functions are listed in the Terms of Reference with a linked set of measures. Given the impact of COVID 19 in 2022 and significant changes in membership of the CAC in 2022-2023, it was decided not to evaluate activity against these measures for this annual report. Similarly, the usual CAC evaluation and CAC diversity surveys have been delayed until later in 2023.

## Operational Plan

The CAC Operational Plan for 2021-2024 provides a framework for all CAC activities. The plan was endorsed by the CAC in September 2021 and includes the following priorities:

1. To work with staff to improve communication with consumers, and provide education for health literacy for all FSFHG consumers
2. To enhance staff understanding of the patient experience, with particular reference to under-served and disadvantaged groups
3. To ensure that consumer and carer perspectives are considered in service/project planning, design and evaluation aimed at improving the patient experience

Every CAC activity is linked to Operational Plan Priority 3: Ensure that consumer and carer perspectives are considered in service planning, design and evaluation of projects aimed at improving the patient experience. The consumer-led and co-designed projects described later in this report also relate to Operational Plan Priorities 1 and 2.

Any participation by CAC members in activities that relate to the Operational Plan, such as involvement in project working groups and committee representation, is reported to the CAC at its monthly meetings, and an update on the progress of the Operational Plan priorities is given every quarter.

A workshop held in October 2021 was an opportunity for the CAC to develop some detailed action plans for each priority. A further workshop in December 2022 focused on actions relating to Priority 1:

- The patient publication process and the role of SMHS Corporate Communications
- Introduction to the *Put it to the People* platform, looking at its capabilities and discussing possible CAC contribution
- Health literacy and communication.

# Committee participation

## Committee participation

Consumer participation in hospital committees is an important aspect of the CAC's work. Having consumer representatives on hospital committees ensures that consumer perspectives inform the decision making of each committee, and is an important mechanism to keep the CAC informed about the work of the organisation.

CAC members report monthly on the activities of their committee and can escalate any issues or concerns to the full CAC for possible action. Likewise, consumer representatives can request that issues of concern arising during CAC meetings be tabled for discussion at a committee they sit on. This two-way communication is important in ensuring that consumer and carer issues and perspectives are made known to the organisation.

### CAC members listed below are full members of the respective committee

|   |                     |
|---|---------------------|
| FSFHG Hospital Executive (HEC)                              | Chair (Jane Pearce) |
| FSFHG Clinical Governance                                   | Robert Blakeman     |
| FSFHG Clinical Outcomes Review                              | David Earl          |
| FSFHG Corporate Governance                                  | Roland Domoraud     |
| FSFHG Nursing and Midwifery Executive Council               | Robyn Wright*       |
| FSFHG Partnering with Consumers                             | Jane Pearce         |
| FSFHG Medication Safety                                     | Robyn Wright*       |
| FSFHG Communicating for Safety                              | Robyn Wright*       |
| FSFHG Comprehensive Care – Falls                            | Anthea Crawford     |
| FSFHG Service 1 Nursing SQR                                 | Jenny Bedford       |
| FSFHG Outpatient Management                                 | Robert Blakeman     |
| FSFHG Service 4 SQR   | David Earl          |
| FSFHG Education, Workforce and Culture                      | Jane Pearce         |
| FSFHG Service 6 SQR   | Tracy Hollington    |
| FSH Cancer Centre   | Kathleen Vaughan    |
| FH Mental Health Services Relocation                        | Anthea Crawford     |
| FH Site Management  | Kathleen Vaughan    |
| FH Additional Aged Care Beds Project                        | Kathleen Vaughan    |
| FSFHG Prevention and Management of Unpredictable Behaviours | Anthea Crawford     |

## Advisory Groups

|                              |                |
|------------------------------|----------------|
| FSH Emergency Department CAG | Amelia Toffoli |
| FSH Mental Health CAG        | Jenny Bedford  |
| FH Mental Health CAG         | Kerry Elder    |
| FSH Maternity Advisory Group | Robyn Wright*  |

## Other

|                 |                            |
|-----------------|----------------------------|
| FSH Food Audits | All, monthly by nomination |
|-----------------|----------------------------|

\* E-Network member

# Snapshot of the year

All activities included in the following snapshot are linked to Operational Plan Priority 3 - Ensure that consumer and carer perspectives are considered in service planning, design and evaluation of projects aimed at improving the patient experience.

- We held eleven CAC meetings and achieved a quorum at every meeting.
- We welcomed four new members to the FSFHG CAC.
- We continued our involvement as consumer representatives on 21 hospital committees.
- We helped with monthly meal audits and provided feedback on the new menu.
- We reviewed 22 complaint response letters.
- We continued our program of Ward Walks.
- We provided mentoring for new CAC members.

## Patient Publication Reviews

In 2022, the FSFHG CAC and the FSFHG Consumer E-Network were invited to review 30 patient publications. Collated feedback from CAC members is provided to the publication authors for consideration and amendments as appropriate. Evidence of consumer review is provided to the SMHS Communications team, who apply the *consumer reviewed* icon to the publication.

A report on consumer feedback is completed annually, and available from the Patient and Family Liaison office and on the CAC hub page. The review process is voluntary and completed out of meeting time.

The CAC is sometimes asked to give feedback on other types of publications, including web content and policy documents. A recent example is feedback provided by the CAC on the *SMHS Consumer Feedback Management Framework*.

## Complaint response reviews

Each month, members of the FSFHG CAC are requested to review two complaint responses. The de-identified complaints and response letters are provided to the CAC members via email, and members provide feedback via MS Forms and make suggestions for improvement.

## Ward Walks

Ward walks are an important mechanism to ensure that the consumer voice is heard, acknowledged and valued by FSFHG. CAC members aim to conduct at least one ward walk per month at each hospital site, and talk to patients using a set of agreed questions designed to capture information on key aspects of patient experiences. Data is analysed every six months for reporting to the hospital.

### Ward walks

- provide an opportunity for patients to give feedback to another consumer
- provide CAC members with direct contact with patients and a broader insight to the patient experience
- provide the hospital a deeper understanding of the patient experience via direct patient perspectives.

Ward walks were suspended between January and November 2022 because of COVID restrictions to ward visits.

## **Additional activities**

- The CAC conducted a review of the ward Consumer Quality Boards and developed a set of Guiding Principles to inform the future design and content of the boards
- The CAC joined research teams through the *Consumer and Community Involvement Program*
- The CAC took part in consultation on the development of the SMHS online community engagement platform *Put It to the People*
- The CAC took part the SMHS Nursing and Midwifery Research Priorities Review Project and helped develop the SMHS 2023 Research Vision
- The CAC advocated for a trial of consumer participation in SAC1 reviews, which resulted in the routine involvement in SAC1 of a consumer from a cohort of six members representing the FSFHG CAC and three CAGs. Feedback from staff and consumers suggests that involving consumers in SAC1 reviews has led to a better understanding of consumer and carer perspectives by staff involved in the review process.

## **Consumer-led and co-designed projects**

The past year has seen members becoming closely involved in partnering with staff to plan and implement consumer-initiated and co-designed projects. These projects included ‘Teach Back’; the Intern education workshops on ‘Communicating for Person-Centred Care’; and the Country Patient Journey ‘Tree’ project. These projects are described below.

### **Intern workshops**

*Activity related to Operational Plan Priority 1 - Work with staff to improve communication with consumers, and provide education for health literacy for all FSFHG consumers.*

Consumer members were involved in developing and presenting workshops on ‘Communication for Person-Centred Care’ to the incoming FSFHG medical interns as part of their orientation program. The workshops were based on staff education modules developed by the Emergency Department Consumer Advisory Group as part of the Patients at Risk project. The workshops were an opportunity for the CAC to influence how junior doctors engage with patients, family members and carers by promoting person-centred care at the beginning of the Interns’ clinical practice. It has also set the scene for the Interns by providing a positive experience of engagement with consumers.

### **‘Teach back’ project**

*Activity related to Operational Plan Priority 1 Work with staff to improve communication with consumers, and provide education for health literacy for all FSFHG consumers.*

The ‘teach back’ project was initiated in response to consumer feedback revealing persistent problems with aspects of staff communication. Consumers expressed concern that staff failed to listen to their concerns, failed to explain why their needs could not be met, or did not discuss their experiences of harm or distress. CAC members worked with staff to create a series of five videos to demonstrate ‘teach back’, which is a communication technique designed to involve consumers in meaningful conversations about their health care. CAC members co-wrote scripts, presented the introductory video focusing on the value of teach back, and role-played patients and family members in the remaining four videos demonstrating ‘teach back’ in a range of clinical settings. The project was launched across Fiona Stanley and Fremantle Hospitals in May 2022.

The videos are relevant and easily available resources that can be incorporated into a variety of staff education programs to teach staff about how to engage consumers in conversations about their own care. There is evidence that teach back is gradually being adopted across the organisation to improve communication with consumers. The approach is recommended as a strategy to be used as part of the Patient Initiated Early Discharge (PIED) process, and is featured in the *Put it to the People* (PiP) online community engagement platform.

### **The Country Patient Journey ‘Tree’ Project**

*Activity linked to Operational Plan Priority 2 Enhance staff understanding of the patient experience, with particular reference to under-served and disadvantaged groups.*

This project was developed to address consumer feedback, collected informally and during Ward Walks, that highlighted the uniquely difficult experience of country patients at FSH. The Country Patient Journey project was developed to gain a better understanding of the needs of country patients in Fiona Stanley Hospital and identify any systems issues which the hospital could consider to ensure the best possible outcomes for these patients.

CAC members interviewed twenty-five patients and three staff members, and reviewed several relevant policies. The most important finding was that country patients have significantly different experiences of the hospital compared to patients who live in the Perth metropolitan area, mainly due to the social and emotional support that families could provide if they did not live so far away.

Based on data collected, a new project – the ‘Tree’ project – was initiated in collaboration with the FSFHG Volunteer Coordinator and nursing staff from the Complex Care Coordination Team.

The project is an intervention aimed at improving the care of patients from rural, regional and remote parts of WA, recognising that they face greater challenges with their hospital stay due to being isolated from family, friends and practical supports. The intervention is designed in part to provide patients with opportunities to hear about the support available to them as patients, and to request any advocacy, emotional or practical supports they may need.

# Member Profiles

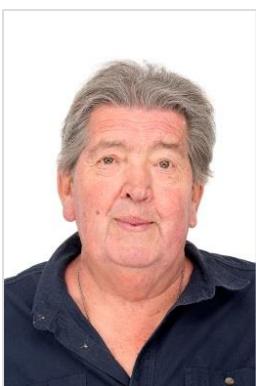
March 2023

## Jenny Bedford (Mental Health CAG representative)



I am a fulltime carer to my young adult daughter who has both intellectual and psychosocial disabilities. I have over 20 years lived experience in mental health, disability, allied health advocacy and early intervention. I have also had over 30 years' experience in the hospitality, corporate, sales and retail sectors. I currently sit on a number of committees that allow me to advocate and have a voice on behalf of carers and consumers. My passion in all aspects of health care allows me to focus on the importance of person-centred care and the safety and quality of hospital services. I hope to continue to be involved in making positive changes representing carers, consumers and the broader community. I feel very privileged and supported in my role as a member of the CAC.

## Robert Blakeman



I reside in Bunbury, and am a member of the Bunbury District Health Advisory Council. I also, more broadly, represent consumers further through my involvement with WACHS (South-West), and the three Metropolitan Health Services. While I am particularly focused on regional and country patients' journeys, I do focus generally on consumer, family and carer interaction with health care in regard to Forensic Mental Health, Outpatient Reform, Respiratory Health, Telehealth, Sustainable Health Review and Emergency Medicine. It is satisfying to experience an acceptance of consumers and family feedback and comment surrounding the health system in recent times. This is certainly true of the developing, constructive involvement of the FSFHG CAC.

## Pip Brennan



Since 1998 I have had many different roles working in and around health advocacy. I have been a volunteer, a consumer representative, a paid Advocate, a conciliation officer in a statutory complaints office, and most recently a seven-year stint as the Executive Director of the Health Consumers' Council WA. I have been involved in every type of project from a service re-design through to state reforms (Panel Member Sustainable Health Review for example) and national committees and inquiries. I am a deeply committed lived experience systemic advocate. In 2022 I was one of a team of carers for a friend with terminal cancer and minimal family support. She died at Fiona Stanley Hospital several weeks after an emergency admission and this has sparked interest in joining the CAC. As an active local resident, I am also interested in what could be done to

leverage relationships at local government and grassroots levels to drive consumer involvement in our health services.

## **Bernd Bruggner**



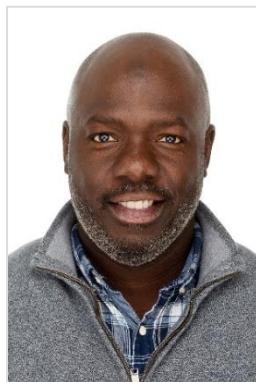
As an outpatient in cardiology, urology and ophthalmology at Townsville Hospital, Lyell McEwan and the Royal in Adelaide, and Fiona Stanley and Fremantle Hospitals in Perth, I gathered useful experience as a consumer which I am keen to utilise as a CAC member working towards a quality health system. I have been involved in technical, analytical and radiology departments at various hospitals in South Africa and as a trained nurse in the German army, and have experienced the love for and the challenges of health care. I am also a full-time carer for my wife, and continue to run my (casual) business calibrating and selling optical and electronic instruments.

## **Anthea Crawford**



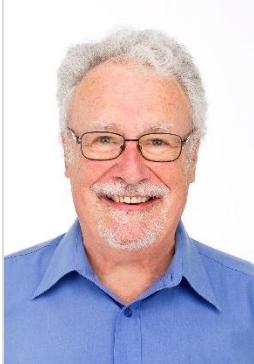
I am a semi-retired Registered Nurse who has spent 50 years in the nursing workforce, working in several countries in numerous areas of health care from war zones through to the pandemic. I have Diplomas in Midwifery, Intensive Care nursing, Management, a Certificate in Aged Care, and a Master of Nursing degree from Notre Dame University. My primary interest in later years has been nursing in Aged Care, recognising the need to lift the profile of nurses in the discipline, enhancing the quality of care that patients receive and improving the environments they inhabit. I joined the CAC to continue contributing to the health industry and to assist in ensuring standards of care are met and consumers are heard. It is interesting observing health care from the consumer's perspective and working with people equally committed to improving the health experience.

## **Roland Domoraud**



I am a professional engineer (Member of the Institution of Engineers Australia), currently working for Chandler McLeod as Project Electrical Engineer. While living in Tasmania I cared for someone with a disability, we developed a strong bond and continued communicating when I moved back to Africa. I feel privileged to be part of the Consumer Advisory Council of Fiona Stanley Fremantle Hospitals Group. I am contributing to scan the environment to offer the best advice and feedback to the FSFHG CAC, and to give accurate facts of consumers and carers concerns. I have enjoyed our monthly meetings.

## **David Earl**



I have a background and experience in university administration at both Edith Cowan University and Curtin University. After retiring, I joined the Fremantle Hospital volunteer program in December 2013, transferring to Fiona Stanley Hospital's Volunteer Service in January 2015 when the group for which I volunteered ceased at Fremantle Hospital. I am a member of several FSFHG committees: the FSH Emergency Department Consumer Advisory Group, the Emergency Department's Safety and Quality Committee (Clinical Governance), and the Service 4 Safety, Quality and Risk Committee. I also volunteer as a simulated patient for medical school students at several WA universities. I have experience as a patient and consumer of health services, in both WA medical practices, and WA and overseas hospitals, and bring this wide consumer experience to my work as a volunteer and a consumer member on committees.

I contribute to the work of the CAC in its meeting the objectives of NSQHS Standard 2 and improving the health services to FSFHG patients, their families and carers.

## **Kerry Elder**



I have been volunteering as a consumer with lived experience for over 8 years now in one way or another. I am very passionate about consumer input into all services but most importantly in health. My experience in this area is a direct consequence of having lived as a consumer and carer in various fields of health. My main passion is in mental health as at times it is very hard for those of us who experience various mental health issues to speak out and say what they want or what isn't working or can be improved. I am also passionate about not wasting resources on things that are not working or could be done better. The consumer's voice is the only way for professionally educated people working in these areas to learn what works and what doesn't work. Working together developing strategies and adopting new approaches to improve health services is a very positive step moving forward into the future.

## **Jane Pearce (Chair)**



I came to Perth with my family 28 years ago and taught in the School of Education at Murdoch University for 20 years. When I retired I joined the volunteer team at Fiona Stanley Hospital. I became a member of the FSH Emergency Department Consumer Advisory Group in 2016 and was elected Chair of that group in 2017. I joined the CAC the same year, and became Chair of the newly formed Fiona Stanley Fremantle Hospitals Group CAC in 2021. As a consumer representative I enjoy feeling part of the hospital community and feel very privileged to be able to make a positive contribution to the caring work of FSFHG. A key part of my role is to advocate for person-centred healthcare and co-design in service planning and designing care. I am extremely proud of the achievements of the FSFHG CAC and am immensely grateful to all members for their commitment and enthusiasm.

## **Deborah Purdy**



I have been extremely fortunate to have received three separate kidney transplants in the three cities in which I have lived (Los Angeles US, Auckland NZ, and for the last 13 years, Perth). My most recent kidney transplant was at Fiona Stanley Hospital in 2017. I was first diagnosed with Glomerulonephritis (GN) in 1980 and though I have lived with this condition for over four decades, it has not defined me. I have had a rewarding and fulfilling professional life in real estate management and consultancy in all these cities. However, during my extensive period of lived experience with kidney disease, dialysis and organ transplantation, I have gained a broad insight into the complexities of health care systems. I have been the recipient of skills and knowledge of a network of dedicated health care professionals, both medical and allied. My experience has also shown me the importance of being a health-literate consumer and the necessity for effective consumer advocacy. So, it is a privilege to share my positive consumer health knowledge and perspective alongside the dedicated and qualified team at FSFHG CAC, while advocating for enhanced consumer care where and when it is required.

## **Ruth Rodda**



I have recently joined the CAC and am looking forward to being a member. I worked for several years in the community with the elderly and disabled before becoming my husband's full-time carer in 2015. From 2010 to 2017 I worked in the community in Melville and surrounding areas as a carer, doing domestic and personal care for the aged and others. In 2017 my mother took ill, and my sister and I took over my mother's full-time care also. My husband's condition began to worsen, which meant that I became very busy driving him and Mum to their various medical appointments. We lost Mum in 2022. I am one of four girls, but there are just three of us left in our family now. We are still in the healing stage and getting used to the idea that we are now smaller in numbers, but we still have a great sense of family. We are continuing to know ourselves better.

## **Shamim Samani**



I am an academic teaching Sociology, Anthropology and Sustainability at Curtin University. I have Masters and PhD degrees in Sustainability and have also worked in the government and community sectors in various roles. My interest in the health sector stems from the support I provide to an elderly aunt and uncle. My aunt is often hospitalised at the Fiona Stanley Hospital due to various medical conditions and my uncle accompanies her as her carer. Their experiences as persons of CaLD background have been positive and this I believe is because of how the management takes on board feedback from consumers and implements them in various initiatives. I joined the CAC in June 2021 and have enjoyed the insight into the operations of the hospitals. I appreciate the collegiality of the CAC team and have participated in many of the initiatives including the Ward Walks. I was part of the team that delivered the workshops on person-centred care at the Intern Orientations in January 2022 and January 2023, and enjoyed the interaction with the Interns. Currently, I am a part of the consumer involvement in the Transform project and find the engagement productive.

## **Amelia Toffoli**



I am a professional ‘nonna’, an active grandmother of five, retired after 42 years in education, most of the latter service in various leadership roles. During this time, I became interested in quality research informing decision making, which led to my own research in policy analysis across an education system and a doctorate. I continue to value the role of research and analyses of trustworthy data for continuous improvement in health service and care. Currently, I am a member of EDCAG, MSSM and FSFHG CAC, with particular interest in the Emergency Department and hospitality. I have been a patient and/or carer in several emergency departments, in Western Australia and in Darwin, so have firsthand experiences. Twenty years after life-saving emergency intervention, I have an artificial aorta. As a result, I have a deep appreciation for the medical skills and care of health professionals. Having received excellent but fragmented health care, I am also now a strong advocate for the voices of patients, carers and families to be heard, during the journey in, through and out of hospital, for what I consider a more effective whole-of-person approach.

## **Kathleen Vaughan (Deputy Chair)**



I have a background in nursing, disability services, social work and child protection. I have had personal experiences at FSH as an outpatient for myself and family members.

This document can be made available in alternative formats on request.

**Fiona Stanley Hospital**

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