

TIP SHEET



Standard 2: Partnering with Consumers

Tip Sheet 4: What is the rationale and intent of the actions in Standard 2?

How to use this tip sheet

This tip sheet provides information about the rationale and intent for each of the actions in National Safety and Quality Health Service (NSQHS) Standard 2: Partnering with Consumers (Standard 2).

The Australian Commission on Safety and Quality in Health Care (the Commission) has received feedback that suggests that sometimes people have a different understanding of the purpose of the actions in Standard 2 to that intended by the Commission. This tip sheet has been prepared to address this issue. It contains details of the intent and rationale for each of the actions in Standard 2, together with some suggestions about strategies that could be used to meet the requirements of each action. These strategies are not exhaustive, and more information is available in the *Safety and Quality Improvement Guide for Standard 2*.

Principles of Standard 2

The overall intent of Standard 2 is to create a health service that is responsive to patient, carer and consumer input and need. There is no single approach to partnering with consumers and meeting the requirements of Standard 2. How you choose to establish and maintain partnerships with consumers needs to reflect your organisation's context, the purpose of the partnership, the desired outcome, and the environment in which the partnership is occurring.





The strategies and activities will vary according to the characteristics and circumstances of your health service. Issues that you should consider include:

- the type of health service, whether it is public or private, a small or large hospital, a day procedure service or a community-based service
- whether there is an identified community that is served
- any requirements or initiatives that may exist in your state or territory
- the availability of local consumer groups or individuals who are interested in being involved.

The range of different strategies that can be used means that it is important to keep focussed on the purpose of partnering with consumers. In essence, the purpose of these partnerships is to improve the health service, and experiences and outcomes for consumers and staff, by using the knowledge, skills and experience of people who are using, have used or may use the health service in the future.

Using strategies that meet more than one action

It is important to note that there are a number of actions within the NSQHS Standards which are similar. Consequently, there may be situations where you can use one strategy to address multiple actions.

When thinking about the types of activities you need to undertake to meet each of the actions in Standard 2, try and group them together. This will help you to identify strategies that are broad enough to help you address multiple actions. This tip sheet highlights the actions that could be grouped together in this way.

Action 2.1.1

Consumers and/or carers are involved in the governance of the health service organisation

What is the intent?

Consumers help to shape the overarching strategy, policy and decision-making of the health service.

Why is this important?

Consumers have a unique perspective that can help you to identify opportunities for improvement that might not otherwise be apparent.

An overarching governance and policy framework that sets out the requirements for involving consumers in governance is an important platform for the specific policies and procedures that are needed to establish and maintain partnerships in practice.

What needs to be in place?

There is no single 'best' approach to involve consumers in governance, and there is considerable variability in the way that consumer input can be obtained. Irrespective of the types of strategies used, what is important is that you ensure that the voices and views of consumers are heard and reflected in decision-making.

Strategies to bring in the voices and views of consumers might include one or more of the following:

- including consumers on the board or existing governance committees
- routinely presenting stories or feedback from consumers at board meetings
- creating a new, or using an existing consumer advisory committee
- developing mechanisms to involve consumers in less formal ways, such as focus groups or critical friends groups
- obtaining feedback from consumers through new technologies, such as online 'virtual' panels.

These strategies also apply to other actions in Standard 2.

Action 2.1.2

Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback

What is the intent?

The consumers that you partner with are as diverse as your community.

Why is this important?

Aboriginal and Torres Strait Islander people are known to have worse health outcomes than the rest of the population.

People in health services from a culturally and linguistically diverse background are more likely to experience an adverse event.

Because of these and other poorer health outcomes for people from diverse groups it is important that health services make an effort to bring voices and views from people in these groups into their thinking about how the health service should operate.

What needs to be in place?

A formal assessment or profile of the community is not necessary.

Strategies to involve specific diverse or hard-to-reach groups should be reflected in the overarching policy framework.

These strategies do not necessarily need to be applied across the whole health service; it may be that they are only relevant for specific clinical areas or specific sub-populations.

If your health service has a homogeneous population, or there is not a specific population that you serve (such as for some private health services), it would be sufficient to demonstrate that you have an understanding of the people who use your service. It may be that no further action is then required.

Action 2.2.1

The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation

What is the intent?

Consumers help shape the strategic and/or operational planning of the organisation.

Why is this important?

Consumers have a unique perspective that can help you to identify opportunities for improvement that might not otherwise be apparent.

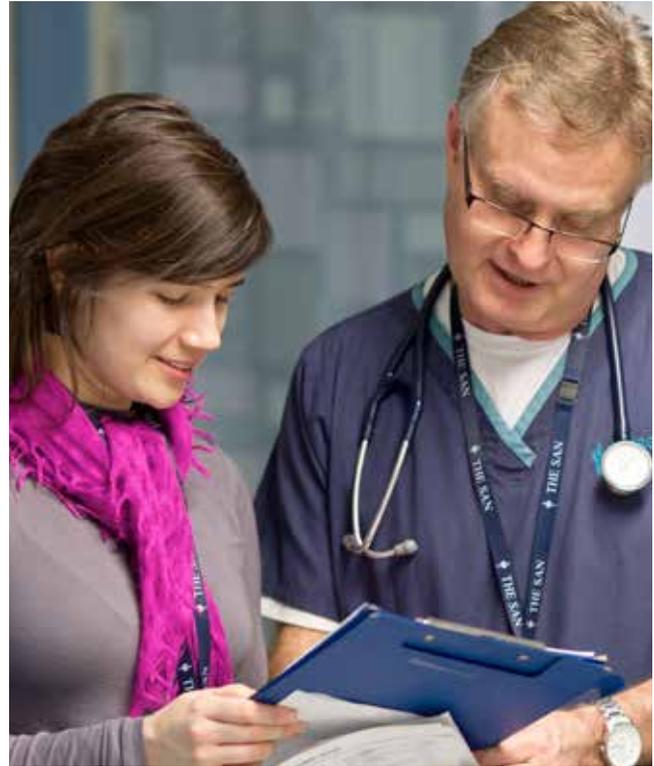
Health services are complex organisations with a range of functions. You need to take a systematic approach to ensure that partnerships with consumers are embedded in the way that your health service does business.

What needs to be in place?

This action links to Actions 2.2.2, 2.5.1, 2.8.1, 2.8.2, 2.9.1 and 2.9.2, and the same strategies can be used for all of them. Rather than developing new procedures for each of these actions, it is important that you look at how partnerships can be streamlined and facilitated across the organisation. The strategies to address this action should also be linked back to the overarching governance framework required under Action 2.1.1.

Strategies that can be used include one or more of the following:

- including consumers on relevant committees
- establishing one or more consumer advisory committees
- establishing less formal mechanisms such as critical friends groups
- holding planning days, workshops and forums with consumers



- conducting structured consultation processes
- holding focus groups with small groups of consumers or discussions with individuals in wards or waiting rooms
- holding meetings with local consumer and community groups.

In addition, information about the views of consumers is available from data held by the health service, such as patient experience surveys, reviews of complaints and real time feedback forms. These processes provide useful sources of information about the views of consumers, but should not comprise the only strategies used to build partnerships.

Irrespective of the strategies used to bring the views and voices of consumers into strategic and operational planning, you need to ensure that their voices and views are reflected in the outcomes of planning and decision-making.

Action 2.2.2

Consumers and/or carers are actively involved in decision making about safety and quality

What is the intent?

Consumers help shape decision-making about safety and quality.

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

Action 2.3.1

Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role

What is the intent?

To help consumers who are participating in formal partnerships (such as being members of committees) to develop the skills and knowledge they need to be able to contribute effectively.

Why is this important?

There is a power imbalance between consumers and health professionals. This means that consumers may feel daunted or ill-equipped to speak up when participating in committees or other formal processes.

Consumers will not be able to contribute as effective partners if they do not have the necessary skills and knowledge to do so. This can lead to frustration for all parties.

What needs to be in place?

This action does not require comprehensive formal training. Rather, the focus is on ensuring that there are systems and processes in place to ensure that consumers have the confidence and information that they need to participate in partnerships to the best of their ability.

Training and support could include written material, training and education at orientation and the provision of some form of ongoing support.

Options for the delivery of education and training programs include:

- facilitating access to external training programs, such as those delivered by consumer organisations
- adapting existing consumer education programs to the requirements of the organisation
- adapting orientation resources for consumers.

For consumers involved in informal partnerships, such as waiting room discussions, it is not intended that they would need to receive formal orientation and training. However, it is important that their needs are considered and that they:

- are aware that the information they provide is separate to the process of providing or receiving care and will not affect their treatment
- have an understanding of the process in which they are participating, and how the information they provide will be used
- have an opportunity to provide further comment at a later time if they wish
- have an opportunity to raise concerns about the process if they wish.

Action 2.4.1

Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)

What is the intent?

Information that you produce for consumers is easy to understand and act on.

Publications may include information about health service procedures (such as appointments or admissions), information about certain conditions or symptoms, or information about what should be done after discharge (such as what medications to take).

Why is this important?

Approximately 60% of the Australian population have low levels of health literacy that will impact on their ability to understand and use health information to make effective health-related decisions.

In addition, the health system is complex and information is often written at levels that are above the average reading age.

If consumers are to be partners in health care the information provided by the health service needs to be appropriate for the target audience.

What needs to be in place?

Strategies to involve consumers in the development and review of patient information publications could include:

- asking consumers involved in existing committees to review draft publications
- conducting electronic, mail or telephone surveys of people who have received patient information publications
- holding focus groups, workshops or discussions with consumers in waiting rooms to obtain feedback about new or modified publications
- attending community meetings to discuss the information needs of consumers.

Action 2.4.2

Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients

What is the intent?

See Action 2.4.1

Why is this important?

See Action 2.4.1

What needs to be in place?

See Action 2.4.1

Action 2.5.1

Consumers and/or carers participate in the design and redesign of health services

What is the intent?

Consumers are included in processes to design and redesign care.

Consumers are included in the governance processes that oversee these design and redesign processes (such as being members of steering committees).

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

Design and redesign activities can vary in scope from designing new facilities, to making changes to patient flow processes, to reviewing issues associated with patients not attending their appointments.

There are many well established design and redesign methodologies that can be used however it is not the focus of this action. The focus should be on the involvement of consumers in the process.

Action 2.6.1

Clinical leaders, senior managers and the workforce access training on patient centred care and the engagement of individuals in their care

What is the intent?

The workforce understands why it is important to partner with consumers and receives training about partnering with consumers that is relevant for their roles.

Why is this important?

There is evidence that one of the most effective ways of improving the experience of consumers is to provide training and education for healthcare providers about patient-centred care.

What needs to be in place?

See *Tip Sheet 3: Training for Partnerships with Consumers* on the Commission's web site for more information about strategies that can be used for this action.

For clinicians, training will be related to partnerships at that point of care; the term patient-centred care is often used to describe these kinds of partnerships.

Action 2.6.2

Consumers and/or carers are involved in training the clinical workforce

What is the intent?

The voice of consumers is reflected in the training received by the workforce about patient-centred care.

Why is this important?

Consumers can provide a valuable contribution to training for the clinical workforce. Training influences the practice of the clinical workforce. Incorporating consumer perspectives into training has the potential to alter clinical practice and to promote patient-centred approaches to care.

What needs to be in place?

See *Tip Sheet 3: Training for Partnerships with Consumers* on the Commission's web site for more information about strategies that can be used for this action.

Involving consumers in training means drawing on the experience and knowledge of consumers as users of the health service, not as cases to be studied clinically.

It is not intended that consumers would be involved in delivering technical or clinical training.

Action 2.7.1

The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance

What is the intent?

Consumers and the community have access to information about the safety and quality performance of the organisation in a way that they can understand.

Why is this important?

There is an increasing focus in the health system on public reporting of information as a way of providing a comprehensive picture of safety and quality, monitoring trends and driving system change. While the focus of these kinds of activities is often at a system level, health services can use equivalent strategies to provide information that will support the development of partnerships with consumers and the local community.

What needs to be in place?

When developing and disseminating this type of information it is important to consider the health

literacy of the population and how information needs to be presented so that it can be understood by consumers (see Action 2.4.1).

Strategies that might be used include:

- contributing to existing reporting processes, such as the MyHospitals website
- providing information targeted at consumers on the health service website
- making posters on safety and quality performance (such as hand hygiene compliance rates) and displaying them in waiting areas or other parts of the health service
- developing information sheets on safety and quality performance and making them available to consumers
- being interviewed about safety and quality performance for community radio, television and newspapers
- authoring items in local community, school and business newsletters
- developing relationships with local community groups.



Action 2.8.1

Consumers and/or carers participate in the analysis of organisational safety and quality performance

What is the intent?

Consumers are involved in reviewing and interpreting information about safety and quality performance.

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

It is not intended that consumers would participate in the technical processes of analysing safety and quality performance data.

Action 2.9.1

Consumers and/or carers participate in the evaluation of patient feedback data

What is the intent?

Consumers are involved in reviewing and interpreting information about patient feedback.

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

It is not intended that consumers would participate in the technical processes of analysing patient experience data.

Action 2.8.2

Consumers and/or carers participate in the planning and implementation of quality improvements

What is the intent?

Consumers are involved in the planning and implementation of quality improvements developed in response to organisational safety and quality performance information.

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

Action 2.9.2

Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data

What is the intent?

Consumers are involved in the planning and implementation of quality activities developed in response to patient feedback data.

Why is this important?

See Action 2.2.1

What needs to be in place?

See Action 2.2.1

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Further Information

Where to find more information on partnering with consumers

Safety and Quality Improvement Guide
Standard 2: Partnering with Consumers: http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf

Safety and Quality Tip Sheets for Standard 2 Partnering with Consumers: <http://www.safetyandquality.gov.au/publications/nsqhs-standard-2-partnering-with-consumers-tip-sheets/>

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