***Standard 2: Partnering with Consumers***

**Tip Sheet 7: Ideas for day procedure services on engaging with consumers**

Day procedure services are often small organisations which provide a specialised range of health services or procedures. They often have a small number of regular staff, are usually private organisations with more streamlined governance structures, and do not always have ongoing contact with people who use their services.

This means that the strategies used by hospitals to partner with their consumers may not always work in the same way for day procedure services.

This tip sheet describes different types of strategies that could be used by day procedure services to meet the actions in National Safety and Quality Health Service Standard 2 (NSQHS Standard 2).

### One size does not fit all

The strategies that you choose to use to meet NSQHS Standard 2 need to be adapted to the local context of your day procedure service. How you engage consumers in partnerships needs to be meaningful, useful and achievable for your day procedure service and the consumers involved.

For example, a small day procedure service may not be able to establish a formal consumer advisory group to meet Action 2.1.1. It may be more appropriate and achievable to hold an annual planning session involving consumers, or to establish an ongoing relationship with a local community organisation and engage them in discussion and decision-making processes for service planning, or to invite a consumer to be part of decision-making bodies such as a Board or governing committee.

The strategy your day procedure service uses needs to balance the meaningful engagement of consumers in your organisational processes with the contextual framework within which your day procedure service works.

There is no one approach that will work for all day procedure services, you need to find the approach that best suits your organisation - this is called flexible standardisation.

### Things to think about when starting

When thinking about how your day procedure service can partner with consumers you should think strategically about:

* **Your current situation**: including how your day procedure service currently engages with consumers; the structures and processes that are already in place; where the gaps are in terms of meeting the requirements of Standard 2.
* **The opportunities that exist**: including how similar types of day procedure services that you work with engage with consumers; the relationships you currently have with local community organisations, consumers and consumer groups; whether there are champions within your organisation who can drive this work.
* **How to maximise the effort you invest**: including how you could group activities together to address multiple Actions, whether you can modify existing structures or processes to meet the requirements of Standard 2; and whether you can collaborate with other day procedure services for this purpose.

### Is your day procedure service part of a larger group of health services?

If you are part of a larger group of health services, you should find out how your parent organisation partners with consumers. You could contact your parent organisation and find out whether there is a centralised policy or approach to engaging with consumers, as this could provide a basis for any local policy you develop and may provide opportunities for you to collaborate on engagement activities. If there is not a centralised approach, it may be worth contacting other day procedure services within your broader organisation or area to find out whether there is opportunity to either:

* learn about approaches that others have taken (e.g. a day procedure service may have prepared a survey for consumers to review patient information publications and may be able to share the template or the lessons they have learnt)
* work out whether it is possible to engage with consumers collaboratively (e.g. there may be a day procedure service that you could work with to co-host a focus group to gain feedback on information, services or design preferences).

### Ways that you can engage with consumers

After you have identified the purpose of the engagement activity (eg. Quality improvement project, feedback on patient information, engagement in service planning etc) and what your day procedure service needs to achieve through this engagement, you should start thinking about how you can engage consumers for this purpose. There are a variety of strategies for engaging with consumers which can be used and/or adapted to help you meet the requirements of NSQHS Standard 2. Depending on the complexity of the task, you may wish to use some of the following strategies either by themselves or in combination.

### Documenting how you engaging with your consumers

It is important to remember to document the actions your organisation is taking to engage with consumers.

Even if the action you have tried is unsuccessful you should record what you have done and the outcomes you have achieved. This will help you refine your approaches and determine the strategies that will work best for your day procedure service.

## *Face-to-face conversations*

Face-to-face conversations can be helpful for getting feedback on patient information publications, identifying issues with the design and planning of services or other quality improvement issues. This could be in the form of a formal interview (using consistent structured questions) or a more casual conversation.

These interviews or conversations can be incorporated into existing processes. For example, you could seek consumer feedback as part of the discharge process, or while patients are waiting for a procedure. You might speak with a relative or carer while a patient is in surgery.

If your consumers wish to give feedback but are short of time or reluctant to participate in a one-on-one discussion, you could suggest that they complete a survey or participate in a focus group. Others may prefer to provide feedback via telephone at a later time.

## *How one day procedure service seeks feedback from consumers*

A day procedure service kept a folder of their patient information publications in the office waiting room. If it appeared that there was a delay for people waiting for surgery a staff member would approach a patient and ask if they would be interested in providing some feedback on a publication while they were waiting.

If the patient agreed the staff member would take the person to a quiet room. The staff member would explain the process, the type of information they were seeking and how the patient’s feedback would be used to improve the publication. The patient would then be asked to read the publication.

Once the publication was read the staff member would ask a series of questions to gauge how easily the information was read, understood and whether the person felt they were equipped to act on the information. The questions would be adapted depending on the responses of the patient and issues identified would be explored in depth. The patient would be asked whether they felt there was any information missing or any changes they would make to the document.

The staff member would then explain how they would make changes to the document. They would thank the patient and ask whether they would be interested in working with the day procedure service in future on any quality improvement projects.

## *Advantages and disadvantages*

This type of approach to getting feedback from consumers can often yield valuable information. You are provided with the opportunity to ask more open-ended and probing questions, which can help you to better understand the root cause of any misunderstanding the patient may have about the issue. This can have an advantage over undertaking surveys, where issues may be identified but there is less opportunity to identify underlying causes or possible solutions. The disadvantages of this approach may be that it can take longer to undertake and consequently you may get feedback from fewer patients.

## *Telephone interviews*

Telephone interviews are similar to face-to-face discussions but held over the phone. Staff can organise to conduct a telephone interview with consumers before they leave the facility. This means that interviews can be scheduled at a time that suits both staff and consumers.

Providing the consumer with an outline of the topic, the type of information that is being sought and how the information from the interview will be used before they leave the service gives them time to consider their views and prepare their responses before you telephone.

## *Surveys and questionnaires*

A survey can be a useful way of getting structured feedback on a range of issues such as patient information publications, safety issues, quality improvement activities, service design, layout and other consumer concerns.

Surveys can be delivered through face-to-face interviews, written and electronic forms, and telephone calls. There are advantages and disadvantages to each method and you should consider these within the context of your service.

Consumers will often have to wait for a short period of time in your waiting rooms. When consumers arrive you could provide them with a survey, explain the purpose of the survey and how their information will be used. Completed surveys could be provided anonymously to a feedback box, then collated regularly and used to inform different improvement activities.

Alternatively, a short survey could be prepared and included in either the pre-admission letter, or a follow-up letter sent to consumers after their procedure. Surveys could also be included on your web site, and links could be sent to people who have used your services.

If your day procedure service has relationships with local community organisations you could provide surveys to these organisations to distribute to their members to help inform your service planning and design.

Surveys could focus on a particular issue (such as layout of the service, accessibility of the web site, content of a patient information publication or sufficiency of the information provided preceding the procedure) or could take a broader view of consumer experience of service delivery.

Once a reasonable amount of feedback was received on a survey, a summary of the findings could be provided to the governance group and action could be taken to respond to any issues identified.

## *Focus groups and workshops*

Focus group or workshops with consumers can often get a more in-depth understanding or exploration of options for a particular issue.

A focus group is a semi-structured interview with a group of consumers. It allows key issues of concern to be explored in detail with participants. A focus group generally involves up to twelve participants and is no longer than two hours. A facilitator leads the group through the structured interview questions and uses the information gathered to identify key themes, options and opportunities.

A workshop is generally longer than a focus group and can involve more people. Rather than an interview format, there is a structured agenda which poses a series of problems to be solved. Workshops often involve small group activities where groups discuss specific issues and try and come up with workable solutions for identified issues. A facilitator leads the workshop and uses the information gathered to identify themes, issues and possible solutions.

To find participants for a focus group or workshop you might have brochures, flyers or a sign-up sheet in the waiting area. You could also speak to patients and family members at the time of discharge, work with local community organisations to source participants or advertise on your web site. You might also contact individuals who have previously provided feedback (privacy and confidentiality permitting) or ask other staff to nominate suitable patients or family members.

***A consumer advisory group***

Most health services already have a board or governing committee in place that provides advice and guidance about the design, planning, delivery and evaluation of health services. A simple way of engaging consumers in the governance of your day procedure service would be to invite a consumer to be part of this formal group. If you were to take this approach it is reasonable that the consumer is asked to sign an agreement to ensure that any financial or other sensitive information that they might have access to remains confidential. If it is not possible to engage a consumer on your board or governing committee establishing a consumer advisory group to provide advice and input to the formal governance group may be an option. Consumer advisory groups tend to be small groups of people who meet face to face a few times a year, as well as communicating via email and phone.

A consumer advisory group provides a formal structure for seeking consumer views on organisational issues. As it is a more formal approach to consumer engagement, it does require planning and ongoing support. A formal recruitment process may be needed to select consumers who represent your target audience, and members of the group would need to be supported to participate and attend meetings.

A consumer advisory group offers an ongoing mechanism for gathering feedback and, like a focus group, can be a means for obtaining feedback from consumers about other aspects of care.

***A consumer virtual panel***

An alternative to a formal consumer advisory group could be to convene a virtual advisory panel of consumers. A virtual advisory panel can involve a larger number of consumers than a conventional advisory group, as there is no requirement to meet face to face and the majority of communication is undertaken via email and electronic surveys.

An invitation could be extended to every consumer who used your services to participate in a virtual advisory panel. A register of interest could be established detailing participants contact details and any particular areas of interest

When feedback, input or consumer views are needed on a particular issue or topic either the entire panel or members who have indicated an interests in the issue could be emailed with a request. Requests for input could be informal free form feedback, or a survey could be prepared seeking specific feedback.

Members who had an interest and capacity could respond to the request. Feedback would then be summarised and report provided back to the panel outlining the findings of the request and the action that would be taken.

### What do you do with the feedback you get?

Once you have received feedback from consumers about your publications (or any other part of your day procedure service) then you should integrate that feedback into your ongoing quality improvement process.

You should record the information provided, analyse the comments, identify where changes can be made and make those changes. Once you have made the changes you should let your consumers know what you have done in response to their feedback.

Getting feedback from consumers on your publications or any other aspect of your service is a quality improvement project. Consequently, your actions should mimic the stages of a quality improvement cycle, just on a smaller scale.

Figure 1: Plan, do, check, act quality improvement cycle

### What hat is the consumer wearing?

Any consumer who works in partnership with your organisation needs to participate in that role principally as a consumer. The consumer should not be conflicted by other roles. For example, one of your clinicians (such as a GP or a visiting medical officer) may also be a consumer of your organisation’s services however; as that is their principle role they cannot also be considered a consumer representative.

### Further information

***Toolkits with information about methods and techniques for engaging consumers***

Cancer Australia - Consumer involvement toolkit: <http://consumerinvolvement.canceraustralia.gov.au/>

Department of Health and Human Services Tasmania - Your care, your say: Consumer, carer and community engagement. A guide to engagement techniques: <https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0008/76283/Toolkit_December_2010_finalised.pdf>

QLD Health - Engaging Queenslanders: A guide to community engagement methods and techniques: <http://www.qld.gov.au/web/community-engagement/guides-factsheets/documents/engagingqueenslanders-methods-and-techniques.pdf>

The Scottish Health Council – Participation toolkit: <http://www.scottishhealthcouncil.org/patient__public_participation/participation_toolkit/the_participation_toolkit.aspx#.VO0bbflTbzY>

Victorian Department of Health - Effective engagement: Building relationships with community and other stakeholders. Book 3 The engagement toolkit: <http://www.dse.vic.gov.au/__data/assets/pdf_file/0003/105825/Book_3_-_The_Engagement_Toolkit.pdf>