

# partnering with consumers

ACTION GUIDE



AUSTRALIAN SAFETY  
AND QUALITY GOALS  
FOR HEALTH CARE

# AUSTRALIAN SAFETY AND QUALITY GOALS FOR HEALTH CARE

## What are the goals?

The Australian Safety and Quality Goals for Health Care set out some important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. They are relevant across all parts of the health care system and aim to focus attention on a small number of key safety and quality challenges which:

- have a significant impact on the health and wellbeing of individuals, or on the healthcare system as a whole
- can be improved through implementation of evidence-based interventions and strategies
- are amenable to national action and collaboration.

### **GOAL 3 PARTNERING WITH CONSUMERS:**

**That there are effective partnerships between consumers and healthcare providers and organisations at all levels of healthcare provision, planning, and evaluation.**

## What is the problem that needs to be addressed?

Evidence is building about the link between consumer centred care and clinical outcomes. Consumer centred care and partnerships with consumers have been associated with decreased readmission rates, decreased healthcare acquired infection rates, reduced length of stay, and improved adherence to treatment regimens. These kinds of outcomes provide benefits across the healthcare system, including benefits for primary, acute, and aged care services.

In Australia, healthcare providers feel they understand the value of, and deliver, consumer centred care. However, feedback received through state-based patient experience surveys, complaints processes, and research studies indicate that there is still some work that can be done to strengthen partnerships between consumers and healthcare providers and organisations.

## Why should this issue be a national goal?

Consumer centred care is frequently cited as a dimension of high quality care in a range of international policies and programs, and is a strong focus for many

leading international and Australian safety and quality organisations. There is significant support in Australia for the concept of partnering with consumers as a national safety and quality goal.

The principles of consumer centred care and partnerships with consumers are embedded in health reform, and underpin the safety and quality of health care in Australia. Consequently, it is important to drive a coordinated national approach to partnerships with consumers by focusing on key areas where gains can be made; building the evidence and support for the application of these concepts across the healthcare system.

## What is the purpose of this document?

This action guide aims to provide detail on **Goal 3: Partnering with consumers**, including describing key outcomes that contribute towards meeting the Goal and possible actions that individuals and organisations across the health system could undertake to contribute to these changes. The actions described in this document are provided as guidance only; they are not exhaustive and are generally not mandatory. Where indicated, some actions relate to components of the National Safety and Quality Health Service Standards (NSQHSS). However, they should not be considered as an alternative to actions identified within the NSQHSS.

Key outcomes have been chosen based on the criteria above, as well as feedback and input from a range of stakeholders.

- **Outcome 3.0.1: Consumers are empowered to manage their own condition, as clinically appropriate and desired**

Self-management interventions have the potential to reduce the demand on the health system by providing effective care that consumers are satisfied with, at a low cost.

- **Outcome 3.0.2: Consumers and healthcare providers understand each other when communicating about care and treatment**

Communication issues are some of the most commonly cited complaints about health care. Patients who experience communication difficulties are often at a higher risk of preventable adverse events.

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- **Outcome 3.0.3: Healthcare organisations are health literate organisations**

Health literacy is widely acknowledged as a key contributor to communication issues within health care, as well as influencing medication and treatment compliance, rates of hospitalisation and poorer health status in general. Healthcare organisations can reduce health literacy barriers through careful design of information and the physical environment.

- **Outcome 3.0.4: Consumers are involved in a meaningful way in the governance of healthcare organisations**

To partner with consumers effectively, an organisation needs to embed the engagement and involvement of consumers into all aspects of its business, including governance and quality and safety processes.

### Who is this guide for?

This action guide can be used as a guide for consumers, healthcare providers, healthcare organisations and other individuals and organisations to make improvements and reduce harm. However, many other changes and actions can be implemented to contribute to these outcomes outside the ones suggested in this guide. Individuals and organisations should consider their current programs, policies, priorities, structure, and governance arrangements, as well as the characteristics, needs, and preferences of their populations when changing systems, processes, and practice.

## Examples of organisations and individuals who can make improvements in safety and quality

CATEGORY	EXAMPLES OF ORGANISATIONS AND INDIVIDUALS THAT MAY BE INCLUDED IN THIS CATEGORY
Consumers	Advocates, carers, consumers, families, friends, patients, and support people
Healthcare providers	Aboriginal health workers, allied health workers, ambulance officers, community health professionals, general practitioners, medical and nurse specialists, nurses, paramedics, pharmacists, and prescribers
Organisations that provide healthcare services or support services at a local level	Allied healthcare services, day surgeries, community healthcare services, community pharmacies, Local Hospital Networks, Medicare Locals, primary healthcare services, public and private hospitals
Government organisations, regulators and bodies that advise on or set health policy	Australian Health Practitioner Regulation Agency, Commonwealth government, Health Workforce Australia, Independent Hospital Pricing Authority, National Health Performance Authority, National Lead Clinicians Group, National Medicare Local Network, National Prescribing Service, State and Territory governments
Education and training organisations	Colleges, private training organisations, training and further education organisations, universities, and other registered training providers
Other organisations	Accreditation agencies, colleges, consumer organisations, non-government organisations, support groups, university, and other research groups

Note: These examples are not intended as a comprehensive list of all individuals and organisations within these categories.

## GOAL 3: PARTNERING WITH CONSUMERS

<b>OUTCOME 3.0.1</b>	Consumers are empowered to manage their own condition, as clinically appropriate and desired
<b>WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?</b>	<p>More consumers, particularly those with chronic conditions, are effectively self-managing their condition.</p> <p>More healthcare providers include consumers in the healthcare team and utilise their skills for self-management.</p>
<b>HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?</b>	<p>By monitoring changes in consumer experiences of self-management through patient experience surveys.</p> <p>There may also be scope for undertaking separate surveys of consumers with chronic conditions.</p>
<b>WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?</b>	
<b>POSSIBLE ACTIONS BY CONSUMERS</b>	<p>Discuss their care and treatment options with their healthcare provider, including the potential for self-management of their condition.</p> <p>Engage with peer support groups and organisations which provide support for self-management.</p> <p>Consider providing information about their experiences to healthcare providers and organisations.</p> <p>Consider becoming involved in the improvement of self-management systems and programs (NSQHSS 2.5).</p>
<b>POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS</b>	<p>Provide self-management information, education, and support for consumers with an interest in managing their own condition.</p> <p>Implement self-management programs tailored to individual consumer needs and preferences.</p> <p>Monitor and review the progress of consumers who are self-managing to enable early identification of issues or changes required.</p> <p>Support and encourage consumer access to personal medical information as a self-management tool.</p> <p>Support and encourage consumer access to peer and self-management support groups as a means of encouraging effective implementation of self-management strategies.</p>
<b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b>	<p>Establish policies and processes for supporting patients in the planning and delivery of their care, including self-management of their condition (NSQHSS 1.18).</p> <p>Develop and/or provide evidence-based self-management programs for consumers wishing to self-manage which include provision of education, support, monitoring, and review.</p> <p>Provide access to personal medical information to consumers.</p> <p>Support the provision of education and training for consumers to implement self-management strategies.</p> <p>Collect, review, and use information about consumer experiences of self-management in the healthcare organisation (NSQHSS 1.20).</p>

<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Develop policies and initiatives which support a focus on clinically appropriate self-management for consumers (NSQHSS 1.18).</p> <p>Develop guidance and/or standards for self-management programs.</p> <p>Support the development of self-management tools and information, such as interactive web-based self-management programs.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Develop and implement education and training for consumers to implement self-management strategies.</p> <p>Include self-management by consumers in undergraduate, postgraduate, and ongoing professional development education and training for healthcare providers.</p> <p>Produce graduates with the knowledge, skills, and behaviours to effectively support, monitor, and review the progress of consumers who are self-managing.</p> <p>Provide support for the development of interactive web-based self-management programs.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Investigate the most effective self-management support strategies and interventions for specific conditions and multiple conditions.</p> <p>Establish policies and implement processes to involve consumers in research and research translation.</p> <p>Provide support for the provision of information, education, and peer support for consumers interested in self-management.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Support the provision of information for consumers to strengthen their understanding of roles and responsibilities in self-management.</p> <p>Support the development of resources for consumers wishing to engage with healthcare organisations as partners in their own care.</p> <p>Support education and awareness-raising regarding the benefit of self-management for consumers, health providers and organisations.</p>



## ➤ GOAL 3: PARTNERING WITH CONSUMERS

<p><b>OUTCOME 3.0.2</b></p>	<p>Consumers and healthcare providers understand each other when communicating about care and treatment</p>
<p><b>WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?</b></p>	<p>Consumers and healthcare providers experience better communication within the healthcare setting, and are able to work together as a team.</p> <p>Consumers have an accurate understanding of the risks and likely benefits of diagnostic and treatment options.</p>
<p><b>HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?</b></p>	<p>By monitoring changes in consumer experiences of communication with healthcare providers through patient experience surveys.</p> <p>By measuring the extent to which relevant health professionals have the skills to effectively communicate risk information.</p> <p>There may be scope to explore improvement through qualitative analysis of complaints data, separate surveys, or review of incident data.</p>
<p><b>WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?</b></p>	
<p><b>POSSIBLE ACTIONS BY CONSUMERS</b></p>	<p>Ask their healthcare provider to explain things more clearly, if the information provided is not understandable.</p> <p>Ask for a translator or for information in their language if they are having difficulty understanding the information provided.</p> <p>Bring someone they trust to their healthcare appointments if they are having difficulty understanding the information provided.</p> <p>Ask for further information they can take home and review.</p> <p>Ask for a follow up appointment if they have questions or do not understand the information given.</p> <p>Consider becoming involved in the development and review of consumer information and resources.</p>
<p><b>POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS</b></p>	<p>Assume that most consumers will have difficulty understanding health information.</p> <p>Recognise the needs and preferences of individual consumers and tailor their style to the consumer's situation.</p> <p>Use a range of interpersonal communication strategies to confirm consumer understanding of information provided.</p> <p>Use known effective ways of communicating risk information about treatment options to consumers.</p> <p>Use consumer centred consultation styles and interpersonal communication strategies when interacting with consumers, and encourage colleagues to do the same.</p> <p>Encourage consumers to speak up if they have difficulty understanding the information provided.</p>

“Consumers and healthcare providers understand each other when communicating about care and treatment.”

<p><b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b></p>	<p>Embed consumer centred principles and approaches into the core business of the organisation.</p> <p>Implement policies, strategies, and programs that focus on partnerships with consumers, with interpersonal communication as a core component.</p> <p>Provide, and support access to, interpersonal communication education and skills training for healthcare providers, including training in effective methods of communicating risk.</p> <p>Assess effectiveness of risk information provision in written information for consumers.</p> <p>Ensure there are clear policies and strategies in place for communicating with consumers at risk of communication difficulties, such as those from culturally and linguistically diverse backgrounds, and those with vision, hearing, and decision-making impairments (NSQHSS 1.18).</p> <p>Collect, review, and use information about consumer experiences of the healthcare organisation (NSQHSS 1.20).</p>
<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Embed consumer centred principles and approaches into health policies, initiatives, standards and frameworks.</p> <p>Support the development of evidence for, and data collection on, the impact of consumer centred practices (such as consumer centred communication) on health systems and outcomes.</p> <p>Embed interpersonal communication, including effective risk communication, as an essential skill for all healthcare providers.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include interpersonal communication skills and consumer centred consultation strategies in undergraduate, postgraduate, and ongoing professional education and training for healthcare providers.</p> <p>Include training in effective methods of communicating risk and likely benefit of treatment throughout the continuum of health professional education.</p> <p>Produce graduates with the knowledge, skills, and behaviours to effectively communicate with consumers.</p> <p>Involve consumers in the design and delivery of education and training on clinical communication skills.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Investigate the most effective interpersonal communication strategies for different vulnerable population groups.</p> <p>Establish policies and implement processes to involve consumers in research and research translation.</p> <p>Support research into methods of improving communication, including risk communication.</p> <p>Support the provision of peer support, information and education and links to communication services (e.g. translation and information service) for consumers.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Collate and disseminate information on tools and strategies for consumer centred practices such as identifying and addressing interpersonal communication barriers.</p> <p>Promote a focus on interpersonal communication and consumer centred care as a means of improving safety and quality of health care.</p> <p>Identify gaps in training and practice relating to effective and efficient communication of risk and likely benefit in health professionals and work with educators to improve training and resources.</p> <p>Support the provision of resources and materials for healthcare providers and consumers on communication and partnerships within healthcare.</p> <p>Encourage consumers to be active participants and consider themselves equal partners in their health care.</p>

## GOAL 3: PARTNERING WITH CONSUMERS

OUTCOME 3.0.3	Healthcare organisations are health literate organisations
<p><b>WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?</b></p>	<p>Healthcare organisations are designed in a way that makes it easier for consumers to navigate, understand, and use their information and services.</p> <p>Healthcare organisations are undertaking improvement projects based on partnerships with consumers.</p> <p>There is an improvement in the design of the physical environment and information produced by healthcare organisations to address barriers to health literacy.</p>
<p><b>HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?</b></p>	<p>By monitoring:</p> <ul style="list-style-type: none"> <li>• changes in consumer experiences of health literacy barriers through patient experience surveys</li> </ul> <p>There may also be scope to undertake some new data collection and research such as assessment using a health literacy audit tool.</p>
WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?	
<p><b>POSSIBLE ACTIONS BY CONSUMERS</b></p>	<p>Consider being involved in the development and review of consumer information and resources.</p> <p>Consider being involved in the planning, design, and delivery of policies, strategies, and projects to reduce barriers to health literacy within their healthcare organisation.</p> <p>Provide feedback to their healthcare organisation on the accessibility of the organisation's physical environment or information.</p>
<p><b>POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS</b></p>	<p>Provide feedback to the healthcare organisation on their experience of barriers to health literacy within the healthcare organisation.</p> <p>Participate in improvement projects aimed at reducing barriers to health literacy within the healthcare organisation's physical environment and information.</p> <p>Use health literacy strategies to improve healthcare safety and quality and encourage colleagues to do the same.</p>



“Healthcare organisations are health literate organisations.”

<p><b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b></p>	<p>Develop and implement health literacy policies and processes that aim to reduce complexity of information materials, the physical environment and local care pathways (NSQHSS 1.18).</p> <p>Establish consumer engagement strategies within the organisation (NSQHSS 2.1 and 2.2).</p> <p>Undertake an audit of the organisation’s materials and environment to identify and eliminate barriers to health literacy (NSQHSS 1.18).</p> <p>Partner with consumers using a variety of techniques when designing information and services (NSQHSS 2.4).</p> <p>Use health literacy design principles when designing information and services (NSQHSS 1.18).</p> <p>Develop targeted health information materials and resources for local population groups with identified health literacy barriers and involve consumers in this process.</p> <p>Embed health literacy considerations into all planning, implementation, evaluation and safety and quality improvement processes.</p>
<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Establish health literacy and consumer engagement strategies within the organisation.</p> <p>Embed health literacy principles into all policies.</p> <p>Explore options for including implementation of strategies to address health literacy as a core requirement of healthcare service design and delivery.</p> <p>Support the design and delivery of policies, pathways and processes that reduce the complexity involved in navigating the health system including across sectors and settings.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include health literacy strategies in undergraduate, postgraduate and ongoing professional development education and training for healthcare providers.</p> <p>Produce healthcare providers who understand the health literacy barriers for their patients and have the skills to employ strategies to address those barriers.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Investigate the most effective environmental health literacy strategies relevant to the Australian healthcare system.</p> <p>Develop and disseminate clear summaries of health literacy research for consumers.</p> <p>Establish policies and implement processes to involve consumers in research and research translation.</p> <p>Non-government organisations support the provision of peer support, information and education materials to strengthen consumer understanding of their health care and the health system.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Support the development of a national network aimed at sharing information on health literacy initiatives including environmental and organisation based health literacy strategies.</p> <p>Support the development of tools and resources identifying health literacy strategies and processes which can be implemented at a healthcare organisation level.</p> <p>Support the development and dissemination of measurement and audit tools and resources identifying health literacy barriers.</p>

## GOAL 3: PARTNERING WITH CONSUMERS

<b>OUTCOME 3.0.4</b>	Consumers are involved in a meaningful way in the governance of healthcare organisations
<b>WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?</b>	Consumer experiences and views are embedded within, and represented on, the board, committees or other governance bodies of all healthcare organisations.
<b>HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?</b>	<p>By monitoring:</p> <ul style="list-style-type: none"> <li>accreditation against the National Safety and Quality Health Service Standards (Standard 2: Partnering with consumers).</li> </ul> <p>There may also be scope for identifying improvement through the development of new research on the integration of consumers into governance arrangements including through surveys, focus groups or other processes.</p>
<b>WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?</b>	
<b>POSSIBLE ACTIONS BY CONSUMERS</b>	<p>Consider becoming involved in the governance arrangements of their healthcare organisation.</p> <p>Tell their healthcare provider or organisation about both good and bad healthcare experiences they have had.</p> <p>Speak up and become involved when they see safety risks and/or quality opportunities.</p> <p>Seek education and support when becoming involved in governance structures of healthcare organisations.</p>
<b>POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS</b>	<p>Ask consumers to tell them about opportunities to improve their healthcare experience.</p> <p>Use information about patient experiences to improve the safety, quality, efficiency and effectiveness of the health care they deliver.</p> <p>Encourage the provision of feedback through a range of mechanisms.</p> <p>Champion the involvement of consumers in governance processes and structures and encourage colleagues to do so.</p>
<b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b>	<p>Develop and implement policies and processes to support partnerships with consumers at a strategic level for quality and safety improvement and for risk management (NSQHSS 2.2).</p> <p>Adapt or establish governance structures to facilitate partnerships with consumers (NSQHSS 2.1). These should take into account the needs and preferences of consumers wishing to be involved in the governance of the organisation.</p> <p>Establish consumer engagement policies and processes within the organisation and implement strategies to support meaningful engagement.</p>

“Consumers are involved in a meaningful way in the governance of healthcare organisations.”

<p><b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b></p>	<p>Ensure that the methods and strategies for partnering with consumers in governance reflect the demographic profile, needs and requirements of the local population and include consumers from diverse backgrounds (NSQHSS 2.1).</p> <p>Provide education, training and ongoing support for consumers who chose to participate in governance processes and structures (NSQHSS 2.3).</p> <p>Provide education and training for healthcare providers on the value of partnering with consumers (NSQHSS 2.6).</p> <p>Collect, review and use information, stories and feedback from consumers on their healthcare experiences. (NSQHSS 1.20)</p> <p>Embed the use of consumer stories and feedback into the core business of boards, safety and quality committees, consumer advisory committees or councils, planning groups, focus groups or in research committees.</p> <p>Establish systems and processes to provide feedback to consumers on the impact and outcomes of consumer participation within the healthcare organisation.</p>
<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Establish consumer engagement policies and processes and implement strategies to support meaningful engagement.</p> <p>Embed consumer centred principles into health policies, initiatives, standards and frameworks.</p> <p>Embed the requirement for meaningful consumer engagement in governance arrangements as part of performance contracts with regional health bodies.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include partnerships with consumers in undergraduate, postgraduate and ongoing professional development education and training for healthcare providers.</p> <p>Produce graduates with the knowledge, skills and behaviour to effectively partner with consumers in managing their health care.</p> <p>Involve consumers in the development and delivery of education and training on partnerships with consumers.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Evaluate the impact of consumer involvement on the effectiveness of governance processes including analysis of impact on safety and quality of healthcare and cost-benefit analysis.</p> <p>Establish policies and implement processes to involve consumers in research and research translation.</p> <p>Support the provision of education, training, information and support for consumers wishing to become involved in the governance of healthcare organisations.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Support the development of tools and resources to guide healthcare organisations (across different settings and sectors) in involving consumers in governance processes and structures to improve the safety and quality of health care.</p> <p>Support the development of resources identifying strategies and characteristics of organisations which meaningfully engage with consumers and are responsive to their feedback.</p>

# APPENDIX: DEFINITIONS

## PARTNERING WITH CONSUMERS

### **Consumers:**

When referring to consumers the Commission is referring to patients, consumers, families, carers, and other support people.

### **Consumer centred care:**

Also called patient-centred care, it is the delivery of health care that is responsive to the needs and preferences of consumers. Consumer centred care is a dimension of safety and quality.

### **Governance:**

The set of relationships and responsibilities established by a health service organisation between its executive, workforce, and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws, and conventions affecting the way an organisation is directed, administered, or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set, and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.

Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests, and actions of different participants in the organisation in order to achieve the organisation's objectives. The Commission's definition of governance includes both corporate and clinical governance.

### **Health literacy:**

Health literacy is the extent to which consumers can obtain, process, and understand information about health care, services, and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health care.


### **Health literate organisation:**

A health literate organisation is one which consciously considers the literacy demands on the consumer and attempts to minimise those demands by providing an environment based on simplified messages. This can include simplifying signs, information materials, and medication instructions. Complex referral pathways and processes can also be re-designed to reduce health literacy barriers.

There are many examples of strategies to reduce environmental and organisational complexity, some of which include using simple English for written material, using graphics and pictographs in brochures, re-organising where information and resources are provided within a healthcare centre, establishing clear way-finding guides, and reviewing the layout and design of physical facilities to minimise confusion.

### **Self-management:**

Self-management involves consumers working in partnership with their healthcare provider to prevent, treat, and/or monitor their condition. This can include managing symptoms and therapeutic regimens, undertaking preventive health strategies, monitoring progress against a treatment plan, and developing the knowledge, skills and ability to manage the physical, social, and emotional impact of the condition.



**“ Consumer centered care and partnerships with consumers have been associated with decreased readmission ratios, decreased healthcare acquired infection rates, reduced length of stay, and improved adherence to treatment regimens.”**





**AUSTRALIAN COMMISSION ON SAFETY  
AND QUALITY IN HEALTH CARE**

Level 7, 1 Oxford St. Darlinghurst NSW 2010  
Telephone: **02 9126 3600**  
Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)



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