

Partnering with Consumers

Standard 2: Partnering with Consumers



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<http://www.healthissuescentre.org.au/>

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Partnering with Consumers

Introduction

This education program relates to The National Safety and Quality Health Service (NSQHS) *Standard 2: Partnering with Consumers*.



Learning outcomes

On completion of this module, clinical staff will be able to:

1. Define key terms and concepts associated with partnering with consumers.
2. Discuss the principles and practice of partnering with consumers in the three main areas:
 - service planning
 - designing care
 - service measurement and evaluation
3. Discuss your role (as appropriate to your position) in some or all of the three main areas of partnering with consumers.

National Standards

The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed the 10 NSQHS Standards to reduce the risk of patient harm and improve the quality of health service provision in Australia. The Standards focus on governance, consumer involvement and clinically related areas and provide a nationally consistent statement of

the level of care consumers should be able to expect from health services.

Aim of Standard 2

The intention of *Standard 2: Partnering with Consumers* is to create a health service that is responsive to patient and carer input, needs and priorities. This Standard provides the framework for active partnership between consumers, clinicians and health service organisations.

The principles in *Standard 1: Governance for Safety and Quality in Health Service Organisations* and *Standard 2: Partnering with Consumers* are fundamental to all Standards and provide a framework for their implementation.

ACSQHC, 2012

Table 1: Criteria to meet Standard 2 (ACSQHC, 2012)

Criteria to Achieve Standard 2: What health services must do -

Consumer partnership in service planning

Governance structures are in place to form partnerships with consumers and/or carers.

Consumer partnership in designing care

Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.

Consumer partnership in service measurement and evaluation

Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

Background

Standard 2, Partnering with Consumers encourages consumer participation in individual care as well as in program design and planning, and organisational governance at your health service. The aim is to

provide safe, high quality care which is responsive to patient and carer input, needs and priorities.

Evidence is increasingly supporting the link between effective partnerships, improved consumer experience and high quality health care. For example, there is evidence that the existence of effective partnerships is associated with:

- improved clinical outcomes including associations with decreased re-admission rates
- decreased rates of healthcare acquired infections
- improved delivery of preventive care services
- improved adherence to treatment regimens
- improved functional status

ACSQHC, 2012

In Australia and Victoria, partnering with consumers is supported and driven by *Standard 2, Partnering with Consumers* and:

- The Australian Charter of Healthcare Rights in Victoria
- Victorian health policies:
 - *'Doing it with us, not for us'*
 - *Cultural Responsiveness Framework*
 - *Improving care for Aboriginal and Torres Strait Islander patients resource kit*
 - *Strengthening consumers participation in Victoria's public mental health services and Caring Together*
- Victorian Health Priorities Framework 2012-2022
- publication of patient experience and engagement data, for example the Victorian Healthcare Experience Survey at www.health.vic.gov.au/vhes .
- financial imperatives for cost savings, which are rapidly evolving. There is emerging evidence that consumer partnering is contributing to patient outcome effectiveness and efficiency including:
 - reduced length of stay
 - increased adherence to treatment regime
 - more informed patient personal history thereby reducing the risk of clinical mistakes

- enhanced discharge planning
- Australian Safety and Quality Framework for Healthcare

ACSQHS, 2011; Department of Health 2004, 2009, 2011, 2012, 2014

In 2010, Australian Health Ministers endorsed the *Australian Safety and Quality Framework for Health Care*. The framework identifies consumer-centred care as the first of three dimensions required for a safe and high-quality health system in Australia. Including this dimension in the framework reflects a growing recognition of the importance of placing patients and consumers at the centre of the healthcare system.

ACSQHC, 2011

Policies

There are policies and procedures within health care services to assist in partnering with consumers. It is important to connect with others already doing this type of activity within your organisation.

Person and family centred care

There is a strong link between developing effective partnerships with consumers and providing person and family centred care. These partnerships work best when consumers are treated with dignity and respect, when full information is shared with them and when they are encouraged to participate and collaborate in either their own health care and/or in improvement processes at their health service at the level they choose. These last two principles – participation and collaboration – form the core of partnering with consumers.

Meaningful involvement

'Participation occurs when consumers, carers and community members are meaningfully involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and the community...'

Doing it with us not for us, Department of Health, Victoria 2011

Refer to the separate learning module within Standard 2 on 'Person and family centred care', which gives greater attention to consumer involvement in individual care.

What are the benefits of partnering with consumers?

FOR PATIENTS AND CARERS

- opportunity to provide feedback in a partnership environment where the person knows their feedback is going to be used to improve care for other patients
- being involved in setting the quality improvement agenda and the research to ensure that what matters most to consumers and carers is being addressed
- better health outcomes, reduced risks and safer patient care
- contributing to the tailoring of health care to meet the needs of patients and their families
- greater knowledge and understanding of the health service and what it can provide
- increased confidence and skills for self and in engaging with health care providers

FOR CLINICIANS

- potential to develop new, improved models of care
- tapping into consumer's real-time, relevant feedback to enhance quality of care
- transparent and accountable decision-making based on consumer input
- improved ability to provide tailored, effective person and family centred care
- greater staff satisfaction
- the opportunity to offer the type of engagement that you would want if you were a patient or carer

FOR HEALTH SERVICES

- increased patient and carer experience
- improved feedback
- greater responsiveness to patients and carers

- strengthened connection with community
- care that is more appropriate, effective, and equitable
- increased accountability to the community

Partnering with consumers across your organisation

Chances are that quality improvement work with patients and carers is already taking place at your organisation in a number of places and in a variety of modes. Although you may not be involved with the governance structures of your organisation, it is important to understand how and in what ways consumers are likely contributing to quality improvement across the organisation. You will want to identify and connect with the person who is the central contact for consumer participation, or a related position, within your organisation. In the same way that all staff have a role in improving patient safety and quality, all staff also have a role in partnering with consumers.

1. Consumer partnership in service planning

WHAT DO I NEED TO KNOW?

ORGANISATIONAL STRUCTURES ARE IN PLACE

Your organisation will have frameworks and processes for partnering with consumers. There will be policies to support this and various levels of resourcing. Leadership from the top – and at all levels of the health service – is a critical factor in developing respectful, dynamic partnerships with consumers and carers to improve safety and quality of care.

Since 2000, 'public health services' scheduled under the *Health Services Act 1988* (the Act) in Victoria have been required to establish a board Community Advisory Committee. Similarly, the Act requires Quality Committees to be established and on ethics committees there are 'lay people positions'. Public hospitals have board community members and most Victorian health services have developed Registries of Consumers, Consumer Committees, Patient Advisory Committees or Family Advisory Committees or groups.

These bodies have an important role in improving partnerships and may already exist in your organisation. The Standards now require health

services to have consumer partnerships in governance and in improving the quality and safety of health care provided. Board Community Advisory Committees and Quality Committee's with consumer representatives are good examples of these partnerships. Other examples, might include appointing consumers to the board, on other board advisory groups, or on important committees, for example, patient safety and ethics committees.

WHAT CAN I DO?

Consider areas for improvement in your local area. Then you might:

- listen to consumer feedback
- read organisational reports on consumer feedback
- conduct focus groups
- involve patients or carers in improving an area of quality and safety, such as bedside handover

If you are new to this, contact the consumer participation coordinator or quality manager to seek guidance.

TIPS

Don't go it alone. There will be resources and people in your health service who can help if you are new to involving consumers in a quality improvement project. Connect with other staff in the health service doing similar projects so you can learn from each other and share your experiences.

CONSUMERS IMPROVING PATIENT INFORMATION

Patients and carers are able to provide highly relevant, real-time feedback about the information they read and receive from your organisation. Use of this feedback to update, improve and make your materials more accessible is a fundamental (and often relatively straightforward) way of partnering with consumers. There may be policies about how this is done in your health service.

Better patient information design

In 2013, the Dousta Galla Community Health Service recruited about forty consumers to evaluate and improve a patient information brochure. Dousta Galla held a series of focus groups, each one representing a varied collection of community interests and priorities. The discussions in these groups provided fresh, constructive feedback about the pictorial brochure, highlighting issues which staff had not been able to identify, and thus making the brochure much more user-friendly and accessible.

WHAT CAN I DO?

Before developing consumer information, check to see what information already exists in your health service or on Internet-approved sites within your health service. If not, involve some patients and carers in your working group right from the start so that the information covers areas that matter to them. Some health services have a panel, register or steering committee of consumers who are very interested to partner in developing health information.

TIPS

- start small. Although you may distribute many materials to patients and carers, begin by seeking input on just one or two
- be open to change; consumers may suggest a completely different approach

WORKING WITH DIVERSITY

Partnering with consumers from a diverse range of backgrounds and health needs including cultural, disabilities, gender and socio-economic disadvantage is an important expectation of Standard 2. Ensuring that health services are relevant and sensitive to the diversity in the community is work that will usually be coordinated at senior program levels of your health service. This will include work with community organisations to gain feedback about the health service and its accessibility, appropriateness and equity.

Improved models of care

At Western Regional Health Centre (now Cohealth) there is ongoing partnership with a range of communities from diverse backgrounds and health needs, including refugees and asylum seekers, people who use drugs, Aboriginal and Torres Strait Islanders, specific ethnic communities and people experiencing mental illness.

Lyn Morgain, Chief Executive Officer of Cohealth stated, *“The practice of involving consumers in the design of programs has led to the evolution of strong models of care that are effective because they place the experience and interest of those requiring them at the centre. They actively seek and respond to the feedback of those for whom they are designed.”*

Health Issues Journal, Summer 2014

WHAT CAN I DO?

If you are working on quality improvement with a representative of a specific community, you need to have an understanding of the links between the two. Questions that may be asked include:

- How well-connected is the consumer to their community?
- How (and how often) will feedback and consultation occur?
- Is the representative being supported by the organisation to consult with communities on an ongoing basis?

Centre for Cultural Ethnicity and Health, 2005

TIPS

The key to making certain that the work you do with consumers is led and influenced by them is: ‘ask’, ‘ask’, ‘ask’. Let them decide how they will be involved by offering a range of opportunities for partnerships.

2. Designing care

WHAT DO I NEED TO KNOW?

PARTICIPATING IN DESIGN AND REDESIGN PROJECTS

Partnering with consumers to ensure that care is designed to best meet patient needs and preferences is a key element of Standard 2. This covers both health services and the built environment of the organisation, and provides excellent opportunities for consumers to advise, influence and improve the patient experience.

WHAT CAN I DO?

Consider possible projects to improve aspects of your service. If you have never asked your patients and carers what they think about this, find a simple way to ask them. It could be focus groups, patient forums, one-on-one interviews, a suggestion box or a survey. If you want to be sure that change is an improvement, plan to ask them both before and after the project for their advice and feedback.

Engaging consumers in design

Consumer engagement is an essential element in Eastern Health’s design and re-design processes to ensure that the organisation meets patient needs and preferences. In late 2012 the organisation started conducting Rapid Improvement Events and it is mandatory for consumers to be involved in all of these events. One example is the Rapid Improvement Event conducted for Specialist Clinics. This planning event was informed by a wide-range of patient and carer data gathered from complaints, focus groups, mystery shoppers and Patient Experience Trackers. This data was presented at the beginning of the day followed by consumers talking about their experience. Along with this, there were four consumers working in partnership with senior staff for the entire planning session, resulting in an outcome that was truly person and family centred.

TIPS

- involve consumers at the earliest possible time in service improvement projects
- as much as possible, include consumers across all aspects of projects for service design and redesign, including determining project scope

'It keeps you honest. Having patients involved from the beginning—not paying lip-service—but getting consumers involved right at the development of ideas....'

Clinician, Cancer Australia 2012

CONSUMERS EDUCATING CLINICIANS

From topics like patient experience, shared decision-making, consumer participation and person and family centred care to communication with adolescents and feedback on open disclosure, consumers can play a valuable role in clinician training programs. For many staff, this insight into the experience of the patient and carer—seen through their eyes—can provide a unique perspective that clinicians can apply to their ongoing practice.

Using patient stories

A small rural hospital invited a consumer to present on patient centred care from the family perspective. Clinical, allied health and administration staff attended; this was some of their feedback:

'The personal stories made the content easy to understand and emphasised the importance of patient centred care – it personalised the information rather than it being purely theoretical.'

'Made me aware of other ways to approach the patient more easily about issues they have and how we can amend them to make it an enjoyable experience for everyone.'

Using consumer and carer experiences:

South West Health Care, a medium sized health service, worked with a group of its mental health consumers and carers to develop training for its emergency department (ED) staff to improve how staff worked with mental health consumers and their families.

Mental health consumers and carers and staff worked together to develop the training, provide the training and then evaluate the impact of the training on staff. The training was highly influential and the group provided it to a statewide ED forum and a number of local businesses.

Using patient stories:

A large Melbourne metropolitan hospital invites a consumer to tell a piece of their story at the monthly nursing orientation program. This has been well-received by nurses:

'So nice to hear from someone with experience of...hospitalisation'

'Great to hear the experience and views from a family member and not a health professional'

'Extremely beneficial to be able to see another perspective.'

'Amazing, fantastic presentation from a parent's view.'

WHAT CAN I DO?

Approach your consumer engagement officer regarding the idea of making a video of brief patient stories and vignettes. They may have the equipment and expertise to organise/coordinate this. A video is a great tool for teaching and training staff. Don't worry that it is too much to ask patients and carers to 'tell their story' on video or in person. This is rarely the case. Many are grateful

and happy to give back or have concerns about their care and would be glad to see services improved through their input.

100 Sunshine:

After coming together at an Allied Health Forum the patients, carers, staff and volunteers at Sunshine Hospital and Western Health decided they needed a way of telling their untold experiences.

This is how www.100sunshine.com.au was born. Western Health's Chief Executive Officer, Associate Professor Alex Cockram said:

"The 100 Sunshine project is one of the greatest tributes we could pay to our patients and their families, to our staff and our volunteers".

TIPS

- be clear about what you hope to achieve through the use of consumer stories
- make certain that the patient or carer also understands the purpose and has a focused message
- you'll have more success if you include a mixture of positive and negative feedback

3. Service measurement and evaluation

WHAT DO I NEED TO KNOW?

COMMUNICATING WITH CONSUMERS ABOUT YOUR QUALITY AND SAFETY RECORD

Informing consumers and the community about your organisation's safety and quality performance in a format that is relevant and can be understood by them is a vital piece of Standard 2. Staff in your organisation with responsibility for your annual reporting should be aware of this expectation.

Strengthening Quality of Care Reports

Monash Health's Quality of Care Report includes a comparison of the current year's data to the previous year in order to give context to the information. All of their relevant quality and safety data is presented bi-monthly to the Community Advisory Committee who are provided with the opportunity to discuss, review and ask questions of Executive Directors on areas of concern or for clarification.

WHAT CAN I DO?

Understanding your organisation's quality and safety performance is a first step towards being able to have an informed and open discussion with consumers. Your patients and carers can be a tremendous ally and source of good ideas if well-informed.

You may be able to get indicators for your area, for example, on patient experience, waiting times, infections rates, etc. These could go up on posters to inform and encourage staff, patients and carers to improve safety and quality.

TIPS

- work with consumers to find useful and innovative approaches to presenting what may otherwise be dry material
- provide copies of your health service's quality of care reporting for consumers and carers to read

WORKING TOGETHER TO REVIEW YOUR QUALITY AND SAFETY, AND PLAN FOR THE FUTURE

Across Victoria, patients and carers are members of key quality committees at health services, including Quality and Safety and Patient Safety committees. Their role is to provide a broad consumer perspective that represents the voice of patients and carers. Health services, informed by current federal and state policy, are recognising the value of consumer partnering. One of the results of this is a rapidly increasing number of consumers on health service committees, such as strategic planning, discharge and hand hygiene.

Increasing consumer representation on committees

At the Royal Children's Hospital (RCH), Melbourne in 2013 the number of consumers on hospital committees increased substantially. At the start of the year they had forty patients and carers actively participating on eight committees; a year later those figures had grown to 76 on 20 committees. The patients and carers have been involved in areas as different as medication safety, ward rounds and social media. Since 2010, the RCH has had two consumers as members of its Clinical Quality and Safety team and in 2013 appointed a consumer to the Patient Safety Committee.

"It's been wonderful having a consumer representative on the Patient Safety Committee. She has added a new dimension to the committee with her very perceptive and insightful questions and comments."

Dr Peter McDougall, RCH

WHAT CAN I DO?

One of the challenges of partnering with consumers is identifying those who may have the skills, experience and willingness to join a health service committee, working group or design team. As clinicians, you have the most contact with and knowledge of consumers and are generally well-placed to 'tap them on the shoulder'.

TIPS

Don't assume that particular patients and carers will not be interested or open to involvement in quality improvement. Many are grateful for the opportunity to give back to their health service and improve care for all.

Hear Me: Bringing patient safety to life

In 2013, the Australian Institute for Patient and Family Centred Care, in partnership with the playwright Alan Hopgood, brought a live 30-minute play on patient safety to many hospitals and health services across Australia. 'Hear Me' tells the story of a health experience gone wrong and the tricky open disclosure that followed. The play highlights the difficulties of a hierarchical medical culture and the role of patients and families in quality improvement following a serious clinical incident.

See the education and further resources section below for more information.

UNDERSTANDING AND USING FEEDBACK – WITH A LITTLE HELP FROM CONSUMERS

Health services are regularly gathering feedback from consumers via surveys, online tools, patient experience trackers and focus groups. However, for many clinicians and organisations, knowing what to do with that feedback and how to convert it into meaningful change and positive improvement remains a significant challenge. Working with consumers to interpret feedback and design action plans that respond to it is rapidly gaining momentum among health services.

Executives understanding patient experience

Executive Conversation Rounds within Peninsula Health involve executive directors and clinical leaders undertaking a series of in-depth bedside conversations with inpatients to better understand their health care experience.

A consumer consultant role assists with coordination and facilitation of the process. The rounds allow for immediate feedback and response to both positive and negative issues raised, including ongoing follow up where this is requested or appropriate. Consumer feedback regarding the Executive Rounds process has been positive with 88% reported conversations as 'worthwhile' or 'very worthwhile' and 86% of executives themselves found the process positive.

Executive Conversation Rounds add a depth to the health services understanding of the patient experience and provide the opportunity for a true partnership approach to improving this experience.

WHAT CAN I DO?

Is there an opportunity within your area for the executive or senior staff to come and speak with your patients? This is something you might facilitate.

If you are planning to gather information from consumers about your services, consider including a question giving them the chance to review the feedback and suggest ways to integrate it.

TIPS

- patient *experience* is more useful to measure than satisfaction
- often a few well-chosen interviews can tell much about what you want to know
- consumers who make complaints can often give you the best insights into areas for improvement

Your role in partnering with consumers

As a clinician, you may interact with patients and carers on a daily basis. There are a number of practical ways in which you may partner with them:

1. Using shared decision-making to involve patients and carers in their individual care. This includes respecting their preferences, providing complete and accessible information and both inviting and enabling them to participate at the level they choose.
2. Identifying patients and carers who might have the skills and desire to contribute to quality improvement at your health service.
3. Involving patients and carers in your own quality projects.

KEY QUESTIONS TO ASK

- What am I hoping to change in my service?
- What do I want to know from my consumers?
- What are the best ways to find that information?

TIPS FOR YOUR WORK AT THE LOCAL LEVEL

- aim to involve consumers right at the very start of your project or committee
- include more than one consumer wherever possible
- find a way to cover their costs, for example, transport and respite care; and provide the support they need to help you
- steer clear of jargon, acronyms and other inaccessible language or discussions
- consider consumers as part of the solution—part of your team for improving care in your area

Education and further resources

There are considerable education and training resources available to assist clinicians and patients in partnering with consumers.

These are available from the following sites:

- Australian Commission for Safety and Quality in Health Care:
www.safetyandquality.gov.au

- *'Hear Me' play*. Australian Institute for Patient and Family Centred Care: www.aipfcc.org.au
- *'Stop this meeting, I want to get off' video*: www.youtube.com/watch?v=Ofs39XnkU88&feature=youtube_gdata_player
- Health Issues Centre: www.healthissuescentre.org.au
- Victorian Department of Health at: www.health.vic.gov.au/consumer
- Cancer Australia, Consumer Involvement Toolkit: www.consumerinvolvement.canceraustralia.gov.au
- Centre for Cultural Ethnicity and Health. 2005. A Practical Guide to CALD Consumer Participation. Centre for Cultural Ethnicity and Health. Victoria. www.ceh.org.au
- Cochrane Consumers and Communication Review Group: www.cccrg.cochrane.org
- The Putting Patients First Field Guide: Global lessons in designing and implementing patient-centered care. Frampton, S, Charmel, P, Guastello, S. Jossey-Bass, 2013.
- Institute for patient and family centred care: www.ipfcc.org
- Consumer Participation in the Health System, Victorian Auditor General's Report 2012-2013:6 www.audit.vic.gov.au/publications/20121010-Consumer-Health/20121010-Consumer-Health.pdf
- Clinical Excellence Commission at: www.cec.health.nsw.gov.au
- Health Services Commissioner at: www.health.vic.gov.au/hsc
- Mental Health Complaints Commission at: www.health.vic.gov.au/mentalhealth/mhactreform/mhcc.htm

Summary

The principles in Standard 1: Governance for Safety and Quality in Health Service Organisations and Standard 2: Partnering with Consumers are fundamental to all Standards and provide a framework for their implementation.

The key messages are:

1. There is a strong link between partnering with consumers and person and family centred care and improving the quality and safety of care that your health service provides.
2. Partnering with consumers provides benefits to patients and carers, clinicians and the health service, including access to relevant feedback and new ideas and greater accountability and community connection.
3. *Standard 2 Partnering with Consumers* focuses on three main areas:
 - i. Service planning
 - ii. Designing care
 - iii. Service measurement and evaluation
4. Partnering with consumers will be occurring across your organisation. While some elements of this will be outside of the scope of your position, all staff have a role to play in partnering with consumers. A valuable element in partnering can include consumer involvement in education and training.
5. There are many resources and tools available online to help you get started and give you ideas and you can check out the links in the reference section of this module.

Test Yourself

1. List one benefit of partnering with consumers for patients and carers _____.
2. Name two of the key policies or initiatives which are driving the push toward partnering with consumers: _____ and _____.
3. One benefit for clinicians in partnering with consumers is the ability to tap into relevant, real-time _____.
4. Consumer partnership in service planning involves (tick all that apply):
 - a. ___ getting feedback from patients about the appropriateness of the information you distribute
 - b. ___ consumers booking their own outpatient appointments
 - c. ___ considering how to partner with consumers from differing cultural, social and religious backgrounds
 - d. ___ setting up a patient advisory group
 - e. ___ cutting waiting times at the hospital pharmacy
5. Partnering with consumers in design and redesign relates to both the health services offered and _____.
6. Consumers who sit on health service committees, like quality and safety, are there to provide a broad consumer perspective that represents the _____.
7. One of the most fundamental ways that clinicians can partner with their consumers on a daily basis is by involving patients and carers in their _____ and working with them in a way that respects their needs and _____.
8. A first question to ask yourself when considering involving a consumer is: What am I hoping to _____ in my service and what do I want to _____ from my consumers?
9. Aim to involve consumers at the _____ of any quality project where you hope to involve them.

Answers

1. Better health outcomes, improved self-management, greater knowledge and understanding of the health service, empowerment, positive experience of collaboration, new skill development and increased confidence, opportunity to give something back
2. The Australian Charter of Healthcare Rights in Victoria, Australian Safety and Quality Framework for Healthcare, Victorian health policies, such as 'Doing it with us, not for us', a range of jurisdictional and private sector initiatives, financial imperatives which are rapidly evolving and the increasing expectation of publication of patient experience and engagement data.
3. Consumer feedback
4. a, c and d
5. The built environment
6. Voice of patients and carers
7. Own care, priorities
8. Change, know/learn
9. Start

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