



SA Health

CONSUMER, CARER AND COMMUNITY ENGAGEMENT

Strategic Framework
2021 - 2025



Government
of South Australia

SA Health

sahealth.sa.gov.au

CONTENTS

| | |
|---|-----------|
| Contribution of consumers, carers and community | 3 |
| Department for Health and Wellbeing | 3 |
| Message from the Minister | 4 |
| Overview | 5 |
| Introduction | 5 |
| Purpose | 5 |
| Operationalising Implementing the Framework | 6 |
| Diagram 1: The four domains of engagement | 6 |
| Monitoring and Evaluation | 7 |
| Measuring success | 7 |
| Legislation | 7 |
| Consumer and carer rights | 8 |
| Definitions | 9 |
| Principles of Engagement | 13 |
| Principles | 14 |
| Principle: Partnering | 14 |
| Principle: Transparent | 14 |
| Principle: Meaningful | 14 |
| Principle: Respectful | 14 |
| Principle: Empowering | 14 |
| Core Values | 15 |
| Value: Inclusive of diversity | 15 |
| Value: Accessible and informed opportunities to participate | 16 |
| Value: Partnering in co-design, planning and evaluation | 16 |
| Value: Systems, strategies and mechanisms for active engagement | 17 |
| Value: Consumer-centred best practice | 17 |
| Goals | 18 |
| Goal 1: Consumer-centred Comprehensive Care | 19 |
| Goal 2: Consumer, Carer and community-centred communication | 20 |
| Goal 3: Partnering in governance and shared decision making | 21 |
| Goal 4: Evaluating for safety and quality | 22 |
| Responsibilities | 23 |
| Department for Health and Wellbeing | 23 |
| Health services | 24 |
| Relevant legislation and standards | 25 |
| Relevant SA Health policies, procedures and guidelines | 25 |
| Other relevant resources | 25 |
| Reference List | 26 |
| End Notes | 27 |

CONTRIBUTION OF CONSUMERS, CARERS AND COMMUNITY

SA Health values the contribution consumers, carers and the community can make in improving health services, including service planning, designing care and service monitoring and evaluation.

SA Health is committed to robust consumer, carer and community engagement.

This Framework has been developed to ensure there are mechanisms in place to actively engage with consumers, carers and the community to meet their needs and develop appropriate services.

STATEMENT OF ACKNOWLEDGEMENT

SA Health recognises Aboriginal people as the Traditional Custodians of the lands in which we work and live and we celebrate their culture and heritage. We acknowledge the impact colonisation has had on the health and wellbeing of Aboriginal people and we are committed to strengthening partnerships between Aboriginal and non-Aboriginal individuals, families and communities of South Australia to improve health outcomes.

DEPARTMENT FOR HEALTH AND WELLBEING

Produced by Safety and Quality Unit

The Consumer, Carer and Community Engagement Strategic Framework is copyright of Department for Health and Wellbeing. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgment of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from Safety and Quality Unit, Department for Health and Wellbeing.

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.

Disclaimer: While every effort has been made to ensure the accuracy and reliability of the information in this document at the time of publication, it is the responsibility of users to check the currency of key documents referenced within.



MESSAGE FROM THE MINISTER

Consumers should be partners in decision-making about their own care through a collaborative, transparent, meaningful, respectful and empowering approach.

Our consumers are diverse and by working closely with them, our services can be co-designed and used to support patients, carers and families to be partners in their own care in line with best practice and the National Safety and Quality Health Services Standards.

One of the State Government's key priorities is to develop a contemporary and sustainable health and wellbeing model, providing South Australians with high quality services focused on patient-centred care.

The release of the Consumer, Carer and Community Engagement Strategic Framework 2021-2025 reinforces SA Health's commitment to partnering with consumers, carers and the community in their own care as well as in the planning, co-design, governance, measurement and evaluation of our health services.

This Framework will drive a more consistent and coordinated partnering approach and support health services and SA Ambulance Service to build closer working relationships with our consumers and carers and to better understand the needs of the local communities.

This Framework outlines SA Health's Principles and Core Values that are most important for the implementation of systems, strategies and mechanisms to actively engage with consumers, carers and the community across SA Health.

I would like to thank all the stakeholders who have contributed to this Framework and I want to especially acknowledge the important role that the consumers, carers and community played in the development of the Framework.

The Framework represents a step towards improving health care service quality, equity and management across the South Australian public health system.

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing



OVERVIEW

INTRODUCTION

SA Health is committed to engaging and partnering with consumers, carers and the community and values the positive contributions they make in improving health care service quality, equity and management.

Effective consumer engagement begins with health services working with consumers, carers and the community, as equal partners in their own care, to deliver better health outcomes. Partnering with consumers, carers and community and using their knowledge and experience guarantees a better consumer experience, a more cost effective co-designed service, and a service delivery which meets the needs of the community, resulting in improved population health. Consumer, carer and community engagement is essential for health service culture, quality and safety and consumer-centred care.

The Statewide Consumer, Carer and Community Engagement Strategic Framework (the Framework) provides direction for all SA Health agencies and Attached Offices including:

- > Department for Health and Wellbeing (DHW),
- > Local Health Networks (LHNs), including Statewide services aligned with those Networks, and
- > SA Ambulance Service (SAAS)

In this document, LHNs, Statewide services and SAAS are referred to collectively as “Health Services”.

The Framework ensures that we effectively and meaningfully partner with consumers, carers and the community to improve the quality of health care services and to better meet patient needs and preferences.

PURPOSE

This Framework outlines the responsibilities of SA Health to strengthen and improve the practice of consumer, carer and community engagement. It identifies SA Health’s principles, core values and goals around the importance of partnering with consumers, carers and the community. The Framework supports DHW and health services to meet our national, state and legislative responsibilities.



OPERATIONALISING IMPLEMENTING THE FRAMEWORK

LHN Governing Boards and health services are required, in accordance with the [Charter for Local Health Network Governing Boards](#) and the *Health Care Act 2008 (SA)* to develop and publish a Consumer, Carer and Community Engagement Strategy.

This Framework sets out the responsibilities for SA Health to strengthen, improve and promote partnerships with health consumers, carers and members of the community through the different levels of engagement. The four domains of engagement are:

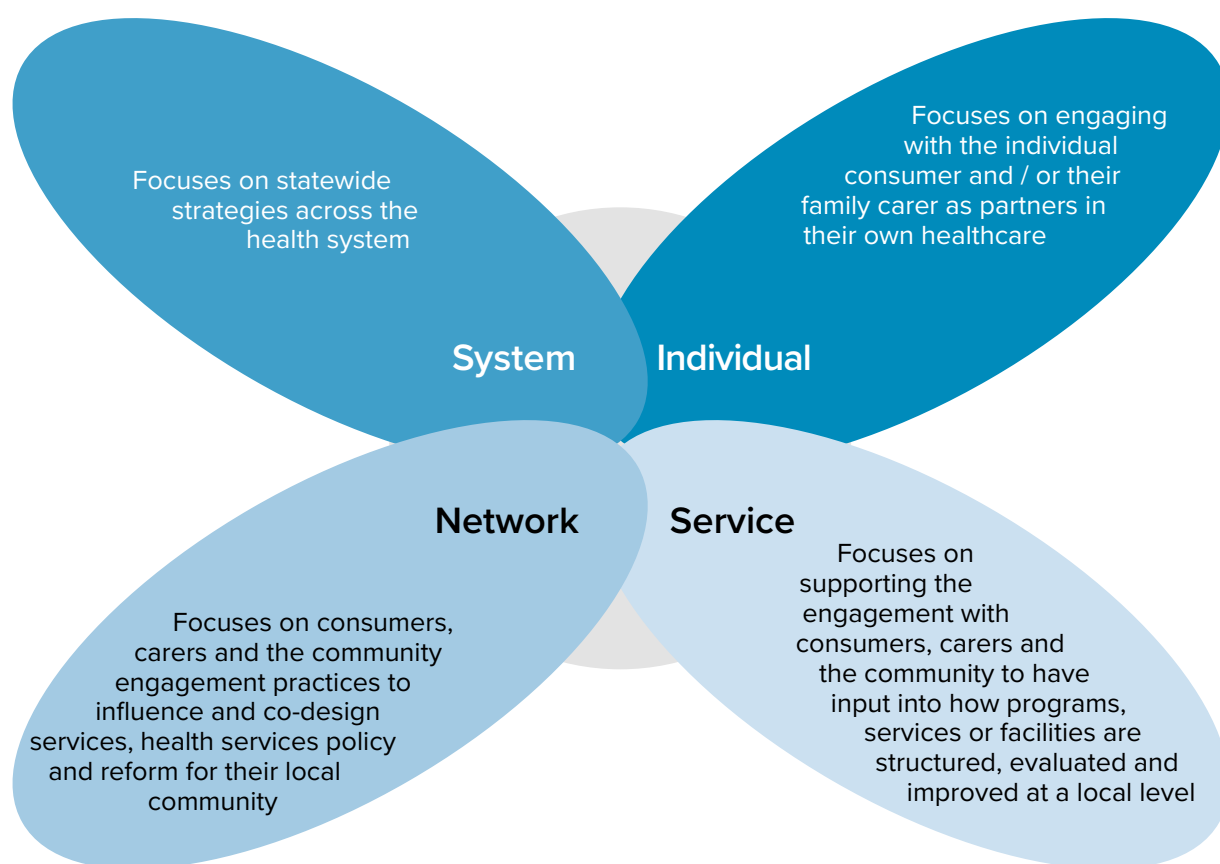


Diagram 1: The four domains of engagement

Health services are required to review their Consumer, Carer and Community engagement strategy every three years.

MONITORING AND EVALUATION

Consistent with obligations to oversee, monitor and promote partnering with consumers, carers and the community for safety and quality improvements in health care services; the Chief Executive will develop and issue a statewide strategic framework to apply to DHW and health services.

LHN Governing Boards, Chief Executive Officers and Senior Executives will measure their consumer partnership activities, evaluate the impact of these activities and consider how the activities could be improved to meet the strategic aims of their health service.¹

Monitoring and evaluation processes will be variable within each health service given the different local circumstances.

Health services to provide regular reporting of relevant information, performance concerns and risks as well as outcomes to DHW as evidence of compliance with the National Safety and Quality Health Service Standards through the annual SA Health Safety and Quality Account Report.

MEASURING SUCCESS

DHW and health services will measure partnering with consumers, carers and the community success outcomes in accordance with this Framework and the National Safety and Quality Health Service Standards. This Framework demonstrates compliance/excellence against (but not limited to) the following standards:

- > National Safety and Quality Health Service Standards (NSQHSS), in particular the Clinical Governance Standard, Partnering with Consumers Standard, and other consumer-centered items across the eight Standards.

NSQHS Standards Six Actions for Aboriginal Health

The NSQHS Standards require health service organisations to address six actions that are specific to Aboriginal and Torres Strait Islander people. The six actions in the NSQHS that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people are:

Clinical Governance Standard – Action 1.2, 1.4, 1.21 and 1.33

Partnering with Consumers Standard – Action 2.13

Comprehensive Care Standard – Action 5.8

- > Australian Safety and Quality Framework for Health Care, which specifies three core principles for safe and high quality care including 1: Consumer-centred; 2: Driven by information and 3: Organised for safety.

LEGISLATION

This Framework is consistent with the:

- > *Health Care Act 2008 (SA)*
- > *Health Care (Governance) Amendment Act 2018*
- > *Aged Care Act 1997 (Cth)*
- > *Mental Health Act 2009 (SA)*
- > *Consent to Medical Treatment and Palliative Care Act 1995 (SA)*
- > *Carers Recognition Act 2005 (SA)*
- > *Health and Community Services Complaints Act 2004 (SA)*

CONSUMER AND CARER RIGHTS

This Framework, in acknowledging and supporting the rights of consumers and carers, is underpinned by the South Australian Health and Community Services Complaints Commissioner (HCSCC) *Charter for Health and Community Services Rights (2011)* and the *Carers Recognition Act 2005*.

CONSUMER RIGHTS

When receiving a health or community service in South Australia, consumers have a right to:

- > Access – Right to access health and community services
- > Safety – Right to be safe from abuse
- > Quality – Right to high quality services
- > Respect – Right to be treated with respect
- > Information – Right to be informed
- > Participation – Right to actively participate
- > Privacy – Right to privacy and confidentiality
- > Comment – Right to comment and / or complain

CARER RIGHTS

This Framework supports the *Carers Recognition Act 2005*,² which outlines the seven principles in the South Australian Carers Charter:

1. Carers have choices within their caring role
2. Carers' health and well-being is critical to the community
3. Carers play a critical role in maintaining the fabric of society
4. Service providers work in partnership with carers
5. Carers in Aboriginal and Torres Strait Islander communities need specific consideration
6. All children and young people have the right to enjoy life and reach their potential
7. Resources are available to provide timely, appropriate and adequate assistance to Carers



DEFINITIONS

| | |
|------------------------------------|---|
| Carer | A carer refers to a person who provides care, support and assistance for a family member or friend or as part of a kinship system. This includes someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers include children caring for parents and guardians. |
| Co-design | Co-design is a focused service improvement approach of consumer-centred planning, decision making, production and design; where new services or service reviews are determined in partnership with consumers who use them and may be affected by them. |
| Community | Community refers to any collective group of people generally or that represents or brings a collective voice of the interests of health consumers or specific affected communities. ³ |
| Community Engagement | <p>Community engagement refers to the processes and connections between government, communities and consumers in the development and implementation of policies, programs, services and projects.</p> <p>It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience.</p> |
| Consumer | <p>Consumer is a person who has used, or may potentially use, health services, and includes family and carers. A healthcare consumers may also act as a consumer advocate or representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.</p> <p>In mental health, a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons.</p> <p>Consumers are commonly identified by health services as patients, clients, participants or service users at point of care.</p> |
| Consumer Advisory Committee | <p>Consumer and/or Community Advisory Committee (however named) is an advisory group established by a health care service which comprises consumers, community members and carers, including those from diverse and hard-to-reach groups who use the organisation's services.</p> <p>The Committee provides a structured partnership between consumers, carers and the health care service on safety and quality issues, patient experiences, consumer-centred care and other issues such as co-design of health and medical research, as identified in its terms of reference.</p> |
| Consumer Advocate | A Consumer Advocate is a person with lived experience who supports, promotes and defends the interests of consumers, carers and/or the community. They may support an individual or stand up for a just cause or a specific position. A consumer advocate is independent of the health service and is able to provide a unique perspective and experience of the needs, goals and expectations of the person or cause for which they advocate. Consumer Advocates should have access to training to support and underpin their capacity to both understand the role and the health system in which they participate as an advocate. |

| | |
|---|--|
| Consumer-Centred Care | <p>Consumer-centred care is an approach to care delivery that values, recognises and respects the person using health and community services as an equal partner in planning, developing and monitoring their care to meet their individual needs. It requires care providers to actively position the person at the centre of shared decisions about their care and support needs.</p> <p>Internationally, different sectors, services and groups use the terms ‘patient-based’, ‘person-centred’, ‘relationship-based’, ‘patient-centred’ or patient and family-centred care</p> |
| Consumer Engagement | <p>Consumer engagement refers to health consumers, their family and carers, actively participating in:</p> <ul style="list-style-type: none"> > their own individual care > healthcare planning and decision making > evaluating policy governance and safety and quality processes > healthcare monitoring and evaluation. |
| Consumer or Community Representative | <p>A consumer or community representative is a person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities.</p> <p>Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.⁶</p> |
| Diversity | <p>In the context of this framework diversity means ensuring inclusion of the voices and experiences of the broadest range of individuals, groups and circumstances including but not limited to:</p> <ul style="list-style-type: none"> > Aboriginal and Torres Strait Islander peoples and communities and the diversity within Aboriginal cultures > People of Culturally and Linguistically Diverse backgrounds > People living in regional and rural remote communities > People living with disability (such as people with physical, sensory, intellectual and cognitive disability) > People who have lived or living experience of mental illness > LGBTQIA+ communities > Family structures and roles > Older Australians > Children and Young people > Health and illness conditions (such as people who may be long term users of the service, chronic health conditions) > People experiencing homelessness > People in prison > Trauma affected persons > Religious and spiritual groups and belief systems > Emerging communities (such as new migrant communities, refugees including those who have experienced torture, trauma, grief and loss). |

| | |
|---|---|
| Engagement | <p>Engagement within the health context refers to an active and sharing relationship between health services, consumers, carers and community groups, which can become a partnership.</p> <p>Effective and active partnerships exist when:</p> <ul style="list-style-type: none"> > people are treated with respect > information is shared and explored with them > participation and collaboration in healthcare processes are encouraged and supported to the extent consumers choose.⁷ |
| Governance | <p>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 objectives (clinical, 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.</p> |
| Health Literacy | <p>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. This means additional measures are needed to ensure equity in health literacy outcomes are enabled for consumers with limited English and proficiency (including reading skills) or capacity to access information, which may especially include those from an Aboriginal and Torres Strait Islander (ATSI) background, a person with a disability or a culturally or linguistically diverse (CALD) background (especially if older) or children and young people.</p> |
| Health Service | <p>Health service means a service associated with:</p> <ul style="list-style-type: none"> > the promotion of health and wellbeing > the prevention of disease, illness or injury > intervention to address or manage disease, illness or injury > the management of treatment of disease, illness or injury > rehabilitation or ongoing care for persons who have suffered a disease, illness or injury > a paramedical or ambulance service > a residential aged care service > a research, pathology or diagnostic service associated with veterinary science <p>and provided through a government public hospital or different parts of the health system. Services can be delivered in a local community through but not limited to, a hospital, community health centre, GP Plus clinic(s), SA Dental Service, mental health services, aged care facilities, emergency and ambulance service, drug and alcohol services and health promotion programs.</p> |
| Lived Experience | <p>Lived experience refers to the subjective perception of a person's experience of health or illness and is the representation of the experiences and choices of that person and the knowledge that they gain from these experiences and choices. People who have a lived or living experience of mental illness bring their knowledge and understanding gained (as individuals or in groups) from their direct experience living with mental illness and recovery.</p> |
| National Safety and Quality Health Service (NSQHS) Standards | <p>The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare.</p> |

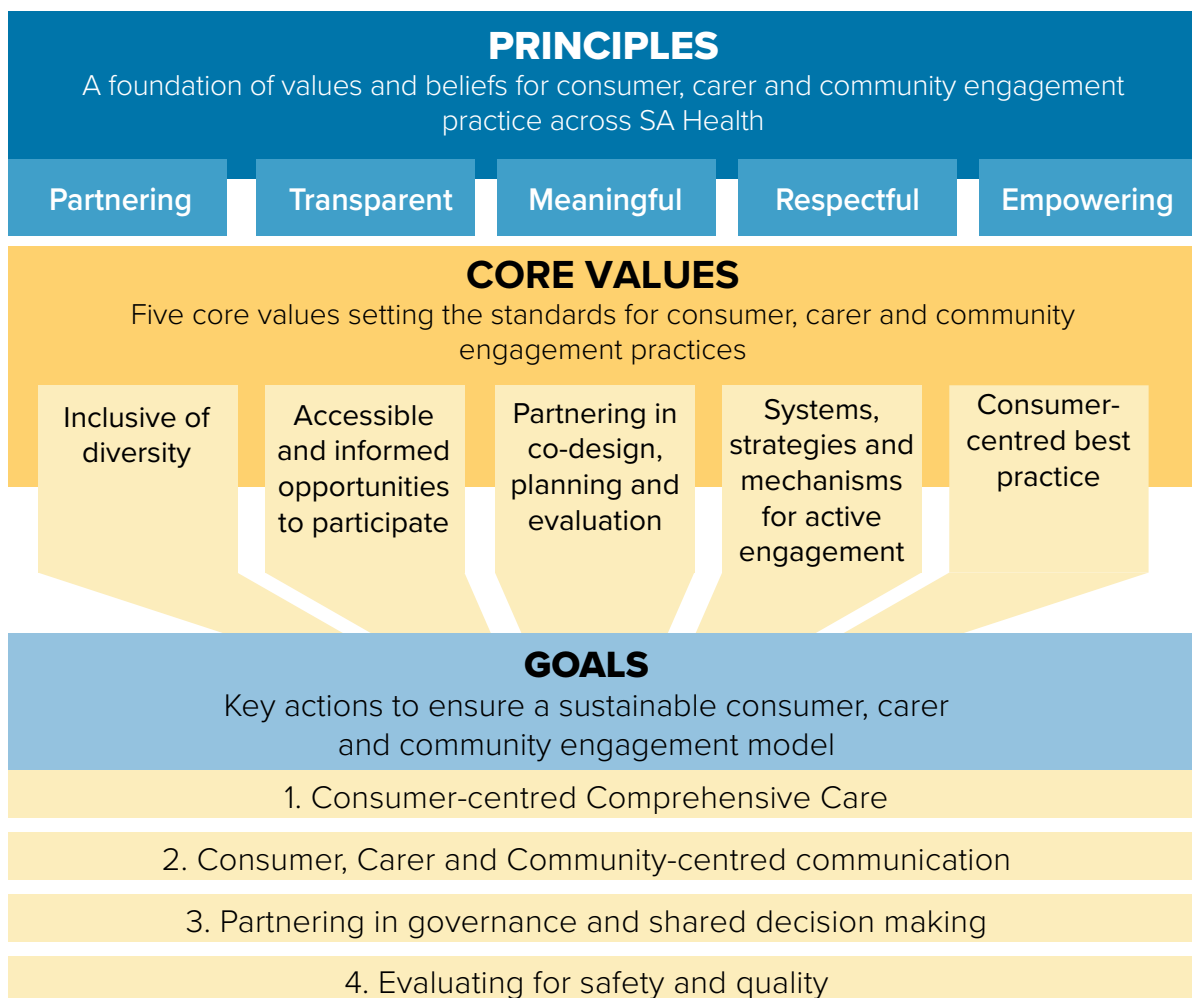
| | |
|---|---|
| NSQHS Standard Partnering with Consumers | <p>The Standard ‘Partnering with Consumers’⁸ aims to create health service organisations in which there are mutually beneficial outcomes by having:</p> <ul style="list-style-type: none"> > Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services > Patients as partners in their own care, to the extent that they choose <p>The Partnering with Consumers Standard recognises the importance of involving consumers in their own care and providing clear communication to patients. Together with the Clinical Governance Standard, this Standard underpins all the other standards. It outlines the core actions of:</p> <ul style="list-style-type: none"> > Clinical governance and quality improvement systems to support partnering with consumers > Partnering with consumers in their own care > Health literacy > Partnering with consumers in organisational design, measurement and evaluation |
| Partnership | <p>A partnership occurs when two or more individuals or groups work together collaboratively and inclusively sharing the responsibility of decisions and collectively owning outcomes.</p> |
| Patient Reported Experience Measures (PREMS) | <p>Patient Reported Experience Measures (PREMS) are standardised tools that enable consumers to provide feedback about their views and observations, on aspects of health services they have received, and their experience of the service at a point in time.</p> |
| Patient Reported Outcome Measures (PROMS) | <p>Patient Reported Outcomes Measures (PROMS) are questionnaires which consumers complete. PROMS gather feedback from consumers of how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity and other dimensions of health of which consumers have experience.</p> |
| Peer Support Staff | <p>Peer Support staff are employed by some health services who have life experiences may better relate and consequently may offer more authentic empathy and validation to consumers and families navigating mental health services. Peer Support staff include;</p> <p>Peer Support Workers /Peer Specialists who use their lived experience (of a specific health condition) to support other individuals or groups affected by that condition.</p> <p>Carer Consultants work individually with carers of consumers with a mental health diagnosis to provide support and educate them about mental health and the mental health system through written information and their own experience as a carer.⁹</p> |
| Safety and Quality Improvement | <p>Safety and quality improvement refer to the systematic, ongoing effort of health services and consumers to improve an organisation’s performance as measured against a set of standards or indicators and lead to better health outcomes, care, system and individual performance and shared learning and education to safeguard high standards of care. Increasing access to safety, quality and performance data supports clinicians, health managers and planners, with the right information they need to identify issues, inform strategies to address them and delivery better consumer outcomes.</p> |
| Shared decision making | <p>Shared decision making is a consultation process in which a clinician and a consumer jointly participate in making a health decision, having discussed the options, their benefits and any risk factors. Through this process the patient’s values, preferences and circumstances are considered.¹⁰</p> |

PRINCIPLES OF ENGAGEMENT

Consumer engagement and partnering with consumers, carers and the community are underpinned by a set of principles. The SA Health principles provide a foundation for health services to partner with consumers, carers and the community that is transparent, meaningful, respectful and empowering. These principles lead into a set of core values and suggested goals and activities for SA Health to set and meet the principles of engagement.

As a partner with health care service organisations and their healthcare providers, consumers, carers and the community should be involved in making decisions for their own care, service planning, developing models of care, measuring service and evaluating systems of care.

SA Health principles, core values and goals are detailed below.



PRINCIPLES

PRINCIPLE: PARTNERING

- > Effective partnerships can exist when consumers are treated with dignity and respect, when information is shared with them and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose.¹¹ Robust partnerships are integral to consumer and community engagement.¹²
- > Consumers have the right to participate in decisions about their own health, wellbeing and welfare, as well as the governance and provision of health services. This includes planning, design, delivery, monitoring and evaluation at a system level.¹³
- > Consumers, carers and community groups engage as equal partners with health services in shared decision making to improve the way care is delivered to better meet consumers' needs and to improve the health and wellbeing of individuals and the community.

PRINCIPLE: TRANSPARENT

- > Transparent consumer, carer and community engagement requires an ardent commitment to open and inclusive decision making at all levels.
- > Leaders and managers facilitate appropriate decision making that is transparent, particularly in relation to performance and quality indicators and ensure accountability to the community and health services.
- > Leaders, managers and staff are transparent and openly disclose with consumers about their care and with the community about the nature of health services.¹⁴
- > Transparency in service planning and the delivery of care is critical to ensure safety, quality and consumer-centred care.

PRINCIPLE: MEANINGFUL

- > Achieving meaningful and effective consumer-centred care, engagement (with consumers, carers and the community) requires an organisation-wide culture of continuous improvement focused on measuring consumer outcomes and experiences. High performing health organisations measure what matters to get the outcomes that consumers expect.¹⁵

- > Opportunities for meaningful participation in co-design and decision making at all levels ensure the perspectives and needs of consumers, carers and communities are expressed, considered and met. This demonstrates transparency, honesty and a commitment to partnering with consumers, carers and the community.
- > Meaningful consumer and carer engagement can exist when authentic, timely and mutually beneficial relationships are forged between consumers, their family, carers, health professionals and the health services they work with.

PRINCIPLE: RESPECTFUL

- > Consumers, carers and the community have the right to be treated with respect and can expect that staff engage with them in a way that values their contribution towards quality improvement and better care initiatives to meet their health needs.
- > Partnering with consumers, carers and the community shows respect and values their insights and perspectives. It acknowledges and values their skills, knowledge, experience, time and investment in engagement and partnership activities.
- > Consumer, carer and community engagement recognises and respects that each person is an expert in their own health through lived experience. In this respect, engagement actively elicits and responds to the person's preferences, values, beliefs and expectations in the provision of healthcare.

PRINCIPLE: EMPOWERING

- > Consumers who are engaged in their own treatment and in decision making are far more responsive to treatment with their treatment being more effective, resulting in a positive effect on health resources.¹⁶
- > Consumers, carers and the community as equal partners can influence decision making and share their experiences and perspectives to improve health systems, resources and the safety and quality of health care.
- > Empowering consumers, carers and communities includes providing opportunities for skill development, support and resources to ensure that consumers can engage and participate effectively.

CORE VALUES

Five core values setting the standards for consumer, carer and community engagement practices

INCLUSIVE OF DIVERSITY

ACCESSIBLE AND INFORMED
OPPORTUNITIES TO PARTICIPATE

PARTNERING IN CO-DESIGN, PLANNING
AND EVALUATION

SYSTEMS, STRATEGIES AND MECHANISMS
FOR ACTIVE ENGAGEMENT

CONSUMER-CENTRED BEST PRACTICE

This section sets out SA Health's core values for consumer, carer and community engagement. These core values are fundamental in guiding DHW and health services to successfully plan, manage and implement engagement activities and are important underpinnings in the way we provide care, in how we organise and deliver our services and in organisational culture.

The values of consumer, carer and community engagement practices are outlined as follows.

VALUE: INCLUSIVE OF DIVERSITY

Strengthening health system participation and partnership with diverse communities and engaging effectively with these diverse groups.

- > A greater understanding of how consumers from diverse and lived experience communities experience the health system is important to eliminating health inequality and inequity. Health services are flexible, safe, inclusive, responsive and accessible to the varying needs and perspectives of the diverse range of people they serve. Inclusion recognises that all people have the right to be part of decisions that affect their lives as individuals and within the groups they belong to. Engaging with different community experience groups requires diverse approaches and considerations:
 - Engaging with people and communities of cultural and linguistically diverse backgrounds provides insight and understanding into their unique and specific health needs. To enable SA Health to work efficiently in cross-cultural situations, each health service must be culturally competent, safe and ensure a set of behaviours, attitudes and policies that are inclusive of the needs of this diverse group. Bringing together health services and diverse communities can improve health care and gives an opportunity to gather the broadest perspectives, ideas and experiences into discussions that inform decision making.
 - The health of Aboriginal people should be seen within the historical context of and consideration given to the impacts of colonisation, marginalisation, loss of land, language and culture, to ensure consumer, carer and community engagement processes are culturally appropriate. Aboriginal people experience more life risk factors, poorer health and inequitable outcomes in a range of life areas when compared to other South Australians. As a result, Aboriginal people are among the most disadvantaged population groups in the community.¹⁷ Engagement with Aboriginal and Torres Strait Islander peoples should be consistent with the *SA Health Guide for Engaging with Aboriginal People* (2013) to support engagement and improved outcomes for Aboriginal and Torres Strait Islander people.
 - Young people face significant barriers to accessing health services ranging from geographical location and transport issues, a lack of knowledge of health issues and health literacy to simply not being able

to afford health services when weighed against the other basics in life.¹⁸ With the knowledge that early experiences of poor mental and physical health act as a significant precursor to a negative experience of health later in life, it is imperative that young people are engaged in informing service development, access and evaluation.

- Older people encounter ageism when accessing health services, due to the prevalence of ageist attitudes and age-based stereotypes. Effective engagement with older people includes valuing diversity and lived experience, listening to them as unique individuals, responding to their concerns and including them in decision-making and the design of health services. Including older people in the decisions that affect them results in better decisions and health outcomes for older people. Engagement with older people should be consistent with *Better Together: A Practical Guide to Effective Engagement with Older People* (2017).

VALUE: ACCESSIBLE AND INFORMED OPPORTUNITIES TO PARTICIPATE

Promoting engagement opportunities and inviting the broadest range of consumers, carers and community groups encourages meaningful collaboration.

- > Active participation from consumers, carers and community groups help to improve the quality of health care and the experiences of the people who use them.
 - Engaged individuals gain a sense of control over their health and health care decision making, through development of personal skills, self-confidence and coping mechanisms and through increased health literacy, the skills and confidence in self-care and positive health behaviours.
 - Engagement encourages and empowers individuals and groups to fully participate at all levels of health service decision making.
 - Consumers and carers can recognise consumer safety risks and incidents, which may not be identified by existing monitoring systems, enabling organisations to detect systemic problems in care and identify priorities for safety and quality improvements.¹⁹

- > A framework for health services to determine and develop the level of participation which defines the involvement of a consumer, carer or community member role is based on the *International Association for Public Participation (IAP2 Spectrum of Public Participation)*.²⁰ The level of participation depends on the goals, time frames, resources and the level of decision to be made. The Spectrum most importantly, sets out the promise being made by the health service to consumers, carers and community members at each participation level.

VALUE: PARTNERING IN CO-DESIGN, PLANNING AND EVALUATION

Partnering with consumers, carers and the community in planning, implementation and evaluation of its service.

- > Consumers and carers are the constant across all health services as they directly experience the impact of health care, both positive and negative. Consumers and carers have insights into the processes of care through direct experience and can articulate their experiences, needs and any barriers unique to them and their community.
- > Consumers, carers and the community interacting with health services have a right to have a say in the health service's consumer, carer and community engagement processes.²¹ There is good evidence to show that effective partnerships between health service organisations, patients, carers and consumers in decision making are essential for providing a quality service and for sustainable ongoing consumer engagement.
- > 'Partnering in co-design' is a continuous process acknowledging consumers, carers and the community as equal and expert partners in co-design, planning and evaluation of health services, as they are highly invested in their own health and wellbeing and in achieving optimal health outcomes. Co-design involves the people who are likely to be impacted by, or will benefit from the process/outcome, either directly or indirectly.
- > Measurement and evaluation of these partnerships should occur within a wider framework for improvement and to show evidence of the benefits of consumer, carer and community engagement, including benefits to services, costs, workforce and organisational culture.

- > Educating and training health service staff on consumer, carer and community engagement is an important and positive process for supporting engagement and facilitating effective participation.

VALUE: SYSTEMS, STRATEGIES AND MECHANISMS FOR ACTIVE ENGAGEMENT

Ensuring systems, strategies and mechanisms to actively engage with consumers, carers and the community.

- > Partnering with Consumers Standard requires leaders of health service organisations to develop, implement and maintain systems for partnering with consumers and carers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care.²²
- > To be meaningful and effective, health services should provide the necessary means to enable consumer, carer and community engagement to improve safety and quality and develop shared goals with staff. This engagement requires systems in place to:
 - bring the consumer and carer experience into organisational planning, priorities and improvement initiatives.
 - support consumers and carers in identifying and reporting safety risks.
 - monitor and evaluate the results of engagement.
 - cultivate a learning environment that connects consumers, carers and the community with services and staff for collaborative learning. This includes involving and supporting clinicians and hospital staff in consumer engagement and staff education initiatives.
- > Health care services will implement mechanisms and tools to measure Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS).
- > At the point of care, consumer and carer engagement can help consumers and clinicians interact more effectively. Conversely, at an organisation and system level, consumer, carer and community engagement is stronger and more sustainable when it is in formal structures, allowing consumers and carers to help shape broader strategies.

Consumers, carers and community members should be involved in:

- Governance and decision making e.g. having consumers, carers and community representatives on boards, steering committees, safety and quality committees, consumer advisory councils and project working groups.
- Co-designing formal processes to incorporate consumer and carer experience in decisions, such as reporting and learning structures that include consumer feedback, compliments, suggestions, complaints and reported incidents.
- Initiatives to enhance consumer and carer health literacy to understand the important role they play in achieving safe care outcomes by learning, asking questions and advocating for self and others.²³

VALUE: CONSUMER-CENTRED BEST PRACTICE

Ensuring consumer, carer and community engagement practices meet national standards and are informed by best practice.

- > Consumer-centred care is recognised as a foundation for achieving safe, high-quality, value-based health care, contributing to better outcomes and experiences for consumers, carers and families.
- > The concept of consumer-centred care is underpinned by partnerships with consumers, carers and the community.
- > Consumer-centred care also offers important potential to improve the value delivered by health services, by achieving better outcomes at lower overall cost to health systems and the community.

The Australian Commission on Safety and Quality in Health Care *Review of key attributes of high-performing person-centred healthcare organisations*²⁴ report shows increasing evidence that the implementation of consumer-centred initiatives and practices can lead to:

- improvements in consumer satisfaction
- improved perceptions of healthcare organisations from the community, improvements in workforce attitudes, job satisfaction, emotional stress and overall workforce wellbeing
- improved efficiency and reduced costs of health care
- shorter lengths of stay
- lower costs per case
- better utilisation of low versus high cost workforce members.

GOALS

Key actions to ensure a sustainable consumer, carer and community engagement model.

1. CONSUMER-CENTRED COMPREHENSIVE CARE

2. CONSUMER, CARER AND COMMUNITY-CENTRED COMMUNICATION

3. PARTNERING IN GOVERNANCE AND SHARED DECISION MAKING

4. EVALUATING FOR SAFETY AND QUALITY

The Goals within the Framework provide DHW and health services with key actions to implement an effective local sustainable consumer, carer and community engagement model. A health service is required to have practices in place that encourage and support staff to engage with consumers, carers and the community. This ensures safe consumer-centred care, shared decision making and evaluating safety and quality for health system and service delivery excellence.



GOAL 1: CONSUMER-CENTRED COMPREHENSIVE CARE

Consumer-centred care contributes to a positive experience and provides better outcomes for consumers, their family and carers, health services and the workforce. Improved health outcomes, more responsive health services, improved safety and quality and workforce attitudes and satisfaction are also noted.

| Key Areas | Consumer Outcomes |
|--|---|
| Individualised, comprehensive care is respectful and responsive to and aligned with the consumer's expressed goals, needs, values and preferences | <ul style="list-style-type: none"> > Consumers identify their own health care goals to establish their individualised care plan > Consumers identify their own family, carers and/or other support persons and specify how they will be involved in their care and decision making > Consumers feel safe to express their spiritual, cultural, personal or individual beliefs and for these to be integrated into care planning and decision making |
| The consumer is a partner in decision making about their care ²⁵ and the person's care is coordinated and aligned to their expressed healthcare goals and needs | <ul style="list-style-type: none"> > Consumers identify their carer(s) as part of their care partnership (consumer, carer and clinician) > Consumers (and their identified carers) actively participate in decisions about their own care. They take responsibility and provide information as accurate as possible to their healthcare team, ask questions to understand health care information and help develop and follow their care plan > Consumers are recognised and actively supported by clinicians to be a partner in their own care and decision making > Consumer healthcare goals, needs, preferences and values drive their care planning |
| Care is clinically appropriate to the person's health issues and how they impact on the person's life and wellbeing ²⁶ | <ul style="list-style-type: none"> > Consumers receive the most appropriate clinical care to meet their health care requirements and expressed goals and needs > Consumers are supported to work in partnership with clinicians in planning and decision making about their care > Consumers receive comprehensive care consistent with best practice > Consumers feel confident and comfortable asking questions and speaking up about their goals, needs and preferences for care including when their goals, needs and preferences are not being met > Consumers are aware of and understand each episode of treatment and understand its function and purpose in their overall care |
| Care is coordinated across multiple teams and referral pathways for seamless transition, guided by consumers' goals and choices ²⁷ | <ul style="list-style-type: none"> > Consumer care is seamless across multiple health care teams and services > Consumer referral pathways effectively meet their goals and choices in a way that is accessible to them > Consumers identify their own priorities for care and transition between services and home and these are incorporated in care and transition planning |

GOAL 2: CONSUMER, CARER AND COMMUNITY-CENTRED COMMUNICATION

Communication is integral to all aspects of health care and can be as complex as clinical care.²⁸ Consumer, carer and community-centred communication strategies ensure easy access to appropriate, targeted information, to access, plan, understand and make decisions about their health care.

| Key Areas | Consumer Outcomes |
|--|---|
| Comprehensive care is based on consumer-centred values applied in every interaction with consumers, their families and carers. Effective communication drives consumer-centred care | <ul style="list-style-type: none"> > Consumers receive comprehensive care reflective of their values, preferences, goals and needs > Consumers experience open, respectful and responsive communication with clinicians in all aspects of their care and decision making |
| Health information and communication with consumers is tailored to meet the diverse needs of the community | <ul style="list-style-type: none"> > Consumers receive targeted information that is relevant and tailored to their needs in a format that is clear and accessible to them > Information resources reviewed by consumers, carers and community groups target identified populations in a format that is clear and accessible to them |
| Clear, accessible information is provided to consumers, carers and the community to encourage and support their decision making and to facilitate discussion and feedback about their care | <ul style="list-style-type: none"> > Consumers and carers receive and understand information resources about all options and treatment plans consistent with their expressed goals and needs to assist them in making decisions about their care > Consumers and carers easily access information resources in clear language relevant to their preferences, needs and capabilities. This enables them to understand their: <ul style="list-style-type: none"> – treatment and care processes – health behaviour and self-care – risk and safety issues – right to consent to risk > Consumers and carers receive information when they leave or are discharged from a health care service about: <ul style="list-style-type: none"> – the purpose and outcome of their visit – the care they received – a clear ongoing plan of action and follow-up of referrals – self-care to manage their health |
| Clinicians use effective, person-focused communication strategies to support consumers and carers to openly voice any concerns they have | <ul style="list-style-type: none"> > Consumers and carers are given the time to process information, identify issues for clarification and make decisions with their clinician about their care > Consumers are listened to and are confident to raise questions and clarify information about their care²⁹ |

GOAL 3: PARTNERING IN GOVERNANCE AND SHARED DECISION MAKING

Health care services are committed to robust consumer, carer and community engagement practice. The contribution consumers, carers and the community can make in improving health, including in service planning, designing care and service measuring and evaluation, is valued.

| Key Areas | Consumer Outcomes |
|---|--|
| Health care services visibly demonstrate a commitment to consumer, carer and community engagement | <ul style="list-style-type: none"> > Consumers, carers and the community influence, experience and directly benefit from consumer-centred healthcare policy and procedures that are targeted to their individual needs > Consumers, carers and the community are aware of and experience the values and benefits of participating in decision making about health services > Consumers, carers and the community have access to resources and can participate in health service consumer and community engagement strategies and actions > Consumers, carers and the community are recognised for their contribution, time, effort, experience, value and benefit of their participation |
| An organisation's culture supports a sound understanding of, and respect for, consumer engagement and values the benefits of partnering with consumers to enhance shared decision making | <ul style="list-style-type: none"> > Consumers, carers and the community are aware of and experience a broad range of opportunities to participate in providing feedback, ideas and suggestions to inform health care service improvement > Consumers, carers and the community are supported to engage with health services at a level they feel able and are comfortable to participate > Consumers, carers and the community provide regular feedback to health services on their engagement and participation experience to contribute to the evidence of values and benefits of consumer, carer and community engagement |
| Inclusive mechanisms and systems for consumers to participate at all levels of health service governance, through partnering with consumers, carers and the community in shared decision making | <ul style="list-style-type: none"> > Consumers and carers, reflective of their diversity within the community, are represented on committees and in other decision making processes throughout the health care service > Consumers, carers and the community have access to a quality process of recruitment, training to develop and maintain their knowledge, preparation and utilisation to effectively participate in health service co-design and decision making > Consumers, carers and the community are represented in systems for appraisal and performance feedback of staff and services > Consumers, carers and the community hold meaningful roles to share their perspectives, ideas and experience in shared decision making at all levels |

GOAL 4: EVALUATING FOR SAFETY AND QUALITY

Consumer, carer and community engagement is recognised as critical to improving the safety and quality of care provided by health care services.²⁹ Consumer feedback provides a valuable source of insight into safety and quality gaps and potential problems within healthcare organisations.

| Key Areas | Consumer Outcomes |
|---|--|
| Safety and quality improvement is driven by the transparent use, analysis, evaluation and dissemination of health service data it collects and reports | <ul style="list-style-type: none"> > Consumers, carers and the community participate in and inform safety and quality improvements and values-based health care > Consumers, carers and the community have access to information about how their feedback contributes to safety and quality feedback > Consumers, carers and the community have access to data on health service safety and quality performance in a format that is clear and accessible to understand |
| Inclusive mechanisms and systems for consumers to participate in safety and quality processes, including monitoring and analysis of adverse events | <ul style="list-style-type: none"> > Consumers, carers and the community are represented on safety and quality committees and invited to be part of review and analysis of adverse events and processes for consumer, carer and community engagement |
| Health services utilise consumer feedback (consumer reported complaints, outcomes and experience) to assist in identifying gaps and inefficiencies in health services that may not be as readily identified or observed by health service providers | <ul style="list-style-type: none"> > Consumers, carers and the community are aware of and able to access: <ul style="list-style-type: none"> – feedback and complaints mechanisms – the process for managing and resolving complaints > Consumers, carers and the community feel safe and supported to raise difficult issues and questions without negative reactions, responses or barriers |
| Health services contribute to health system improvement through research and innovation in consumer-centred care and development of best practice | <ul style="list-style-type: none"> > Consumers, carers and the community participate in the co-design, implementation and evaluation of research and innovation to improve health care safety and quality |
| Health Services establish mechanisms and systems for shared knowledge and learning as a commitment to consumer, carer and community engagement | <ul style="list-style-type: none"> > Consumers, carers, the community and staff actively share stories, experiences and learning from consumer reported experience and outcomes to improve decision making and health system improvement |
| Health Services regularly monitor and evaluate local consumer engagement practices, policies and processes | <ul style="list-style-type: none"> > Health care services report consumer engagement activities to appropriate oversight Committees for review and monitoring for quality improvement > Mechanisms are in place to review, monitor and amend local engagement strategies for the effectiveness of consumer, carer and community engagement > Mechanisms are in place to measure consumer, carer and community engagement in line with National Safety and Quality Health Service Standards > Health care services measure consumer outcomes and experiences to evaluate their partnering with consumer and carers performance > Health care services report regularly to DHW of relevant information, performance and outcomes on local consumer, carer and community engagement strategies to monitor and evaluate practices across SA Health |

RESPONSIBILITIES

All responsibilities are in accordance with the Framework.

DEPARTMENT FOR HEALTH AND WELLBEING

The Chief Executive, Department for Health and Wellbeing will:

- > Ensure consumer, carer and community engagement occurs across SA Health in the development of statewide strategies.
- > Implement the Framework across DHW and health services and ensure mechanisms are in place to monitor and evaluate practices across SA Health.

The Deputy Chief Executive, Commissioning and Performance, Department for Health and Wellbeing, will:

- > Monitor at a statewide level the performance of LHNs, SAAS and health care services consumer, carer and community engagement and associated processes.
- > Receive evaluation reports on local consumer engagement activity and other data relevant to consumer, carer and community engagement strategies consistent with the National Safety and Quality Health Service Standards.



HEALTH SERVICES

LHN Governing Boards will:

- > Ensure mechanisms are in place to effectively implement a consumer, carer and community engagement framework strategy to promote consultation with health consumers, carers and members of the community about the provision of health services by the LHN, SAAS and health care services.

LHN Chief Executive Officers will:

Facilitate a Consumer, Carer and Community Engagement Strategy

- > Complement, promote and reflect this Framework within the local consumer, carer and community engagement strategies developed by health services.
- > Ensure systems are in place to effectively implement a consumer, carer and community engagement strategy that embeds consumer participation in health service planning, development and decision making at all levels.

Build Workforce Capacity

- > Support workforce capabilities (knowledge, awareness of, skills and training) to proactively engage with consumers, carers and the community in accordance with the Framework.
- > Allocate appropriate resources and support to implement effective and sustainable consumer, carer and community engagement systems and practices.

Partner with consumers

- > Support and facilitate the role of the local Consumer, Carer and Community Committee including appropriate recruitment, training, and orientation of members.
- > Ensure a broad range of mechanisms and platforms are in place to encourage, support and facilitate consumers, carers and the community to provide feedback (compliments, ideas, suggestions and complaints) and sharing their stories/experiences of health services.
- > Recognise and represent the unique needs of consumers, carers and communities across all levels of engagement and participation to ensure they influence service planning, design and delivery that directly impact them.

Monitor and evaluate

- > Ensure consumer, carer and community participation in engagement strategies, safety and quality processes, service planning and design, complaints management processes and service outcomes evaluation.
- > Establish mechanisms to ensure that feedback obtained during the engagement process is appropriately recorded in Consumer Feedback Safety Learning System (SLS) module to inform safety and quality improvement.
- > Ensure all reporting of consumer, carer and community feedback and complaints are in accordance with the Statewide Consumer, Carer and Community Feedback and Complaints Strategic Framework 2021 - 2024.
- > Ensure mechanisms are in place to regularly report to DHW of relevant information, performance concerns and risks as well as outcomes on local consumer, carer and community engagement strategies for effective quality improvement.

RELEVANT LEGISLATION AND STANDARDS

The Minister for Health and Wellbeing, the Chief Executive, Department for Health and Wellbeing and Local Health Network Governing Boards has obligations under the following Acts and Standards.

[*Health and Community Services Complaints Act 2004 \(SA\)*](#)

[*Health Care Act 2008 \(SA\)*](#)

[*Mental Health Act 2009 \(SA\)*](#)

[*Consent to Medical Treatment and Palliative Care Act 1995 \(SA\)*](#)

[*Carers Recognition Act 2005 \(SA\)*](#)

[*Aged Care Act 1997 \(Cth\)*](#)

[*National Safety and Quality Health Service Standards \(NSQHS\)*](#)

RELEVANT SA HEALTH POLICIES, PROCEDURES AND GUIDELINES

- > Aboriginal Cultural Learning Framework
- > Aboriginal Health Impact Statement Policy Directive
- > Aboriginal Workforce Framework 2017-2022
- > Guide for Engaging with Aboriginal People
- > Charter of Health and Community Rights Policy
- > Statewide Consumer, Carer and Community Feedback and Complaints Management Framework 2021 - 2025
- > Statewide Consumer, Carer and Community Engagement Framework 2021 - 2025
- > Guide for Engaging with Consumers, Carers and the Community
- > Sitting fees and reimbursement for external individuals Policy
- > Consumer and/or Community Advisory Committee Policy and Toolkit
- > Partnering with Carers Policy
- > Patient Incident Management and Open Disclosure Policy

OTHER RELEVANT RESOURCES

- > ACSQHC Australian Safety and Quality Framework for Health Care
- > ACSQHC National Safety and Quality Health Service Standards (2nd Edition)
- > ACSQHC National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health
- > ACSQHC National Statement on Health Literacy: Taking Action to Improve Safety and Quality
- > Aged Care Quality Standards 2019
- > Age Friendly Customer Services Guidelines. South Australian Government (2019)
- > Australian Commission on Safety and Quality in Health Care (ACSQHC) Australian Charter of Health Care Rights (2019)
- > Better Together: A Practical Guide to Effective Engagement with Older People. South Australian Government (2017)
- > Better Together: A Practical Guide to Effective Engagement with Young People. South Australian Government (2017)
- > Charter of Rights and Freedoms of Older People, Strategy to Safeguard the Rights of Older South Australians 2014-2021. SA Health
- > Department of Social Services, National Disability Strategy 2010-2020
- > Fifth National Mental Health and Suicide Prevention Plan 2017-2022
- > Health and Community Services Complaints Commission's Charter of Rights (2011)
- > Knowing Your Rights – A Guide to the Rights of Older South Australians. SA Health
- > Mental Health Services Plan 2020-2025
- > National Aboriginal Cultural Respect Framework 2016-2026 developed by the National Aboriginal and Torres Strait Islander Standing Committee for the Australian Health Minister's Advisory Council.
- > *National Disability Insurance Scheme Act 2013*
- > SA Health Partnering with Carers Strategic Action Plan
- > South Australian Aboriginal Languages Interpreters and Translators Guide. South Australian Government.
- > South Australian Health and Wellbeing Strategy 2020-2025

REFERENCE LIST

- > *Carers Recognition Act 2005* 'Schedule 1 South Australian Carers Charter' pages 3-5
- > Health Consumers New South Wales 'Who is a health consumer' online: <https://www.hcnsw.org.au/for-patients-carers-families/>
- > Wolf, Jason A (2018) 'Consumers perspective on patient experience' pages 16-21
- > *Carers Recognition Act 2010* 'Meaning of Carer' Part 1 Section 5 pages 3-4
- > Australian Commission on Safety and Quality in Health Care (2018) 'Review of the key attributes of high-performing person-centred healthcare organisations' pages 4-5, 12, 21
- > Central Adelaide Local Health Network (2019) 'Draft Reimagining CALHN: A Strategy for Effective Consumer and Community Partnerships 2019-2022'
- > Australian Commission on Safety and Quality in Health Care (2012) 'Standard 2 Partnering with Consumers' pages 3-5, 14
- > Health Consumers Alliance of South Australia (2019) 'Working with Health Consumer Advocates and Representatives' page 1
- > The Canadian Institutes of Health Research (2014) 'Strategy for Patient-Oriented Research' page 5
- > Health Consumers Queensland (2012) 'Developing a Consumer and Community Engagement Strategy: A toolkit for Hospital and Health Services' pages 35, 45
- > Health Consumers Queensland (2018) 'A Guide for Health Staff: Partnering with Consumers' page 31
- > Australian Commission on Safety and Quality in Health Care (2014) 'Health Literacy: Taking action to improve safety and quality' pages 2, 74
- > Government of Canada (2000) 'The Health Canada Policy Toolkit for Public Involvement in Decision Making' pages 13-15
- > Health Consumers Alliance of South Australia (2019) 'Consumer-Centred Health Care in South Australia' page 1
- > Health Consumers Alliance of South Australia (2019) 'Consumer and Community Engagement in Health Care' page 1
- > International Association for Public Participation International Federation (2014) 'IAP2's Public Participation Spectrum'
- > International Association for Public Participation Website. <https://www.iap2.org.au/about-us/about-iap2-australasia/>
- > Australian Commission on Safety and Quality in Health Care (2017) 'Standard 8 Recognising and Responding to Acute Deterioration Standard' page 75
- > Institute for Patient and Family-Centred Care (2016) 'Advancing the Practice of Patient – and Family-Centred Care in Primary Care and Other Ambulatory Settings' page 2
- > Health Consumers Council Western Australia (2016) 'Principles and Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drugs Sector in Western Australia' page 13
- > World Health Organization (2012) 'Empowering Patients' online: <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/diabetes/news/news/2012/4/empowering-patients>
- > Canadian Patient Safety Institute, Atlantic Collaborative Health Quality and Patient Safety, Ontario Health Quality and Patients for Patient Safety Canada (2018) 'Engaging Patients in Patient Safety A Canadian Guide' page 47
- > Australian Commission on Safety and Quality in Health Care (2018) 'User Guide for Measuring and Evaluating Partnering with Consumers' pages 1-3
- > Australian Commission on Safety and Quality in Health Care (2017) 'Standard 5 Comprehensive Care' pages 3, 6
- > The Victorian Quality Council (2007) 'Communicating with Consumers and Carers' page 5
- > Australian Commission on Safety and Quality in Health Care (2015) 'Health Literacy: A Summary for Clinicians' pages 1-2, 6
- > Pomey M-P, Hihat H, Khalifa M, Lebel P, Neron A, Dumez V, (2015) 'Patient partnerships in quality improvement of healthcare services: Patients' inputs and challenges faced' Patient Experience Journal Vol 2 Issue 1 pages 29-42
- > Reader TW, Gillespie A, Roberts J (2014) 'Patient complaints in healthcare systems: a systematic review and coding taxonomy Department of Social Psychology' London School of Economics Open Access
- > Women's and Children's Health Network (2019) 'Consumer, Carer and Community Engagement Framework 2019-2024' page 23

END NOTES

1. National Safety and Quality Health Service Standards, 2019, User Guide for Measuring and Evaluating Partnering with Consumers, page 2-3
2. *Carers Recognition Act, 2005*, Schedule 1, pages 3-5
3. Canadian Institutes of Health Research, 2014, 'Strategy for patient-oriented Research' page 5
4. Health Consumers New South Wales, 'Who is a health consumer', May 2019, www.hcnsw.org.au/consumers-toolkit/who-is-a-health-consumer-and-other-definitions/
5. ACSQHC definition, 2017, page 5
6. HCASA Position Statement Working with Health Consumer Advocates and Representatives, 2019, page 1
7. HCASA Position Statement Person-Centred Health Care in SA, 2019, page 1
8. ACSQHC National Safety and Quality Health Service Standards second edition, 2017, page 14
9. The Lived Experience Workforce in South Australian Mental Health Services 2014 Central Adelaide Local Health Network www.mhcsa.org.au/wp-content/uploads/2018/12/The-Lived-Experience-Workforce-in-SA-Public-Mental-Health-Services.pdf
10. ACSQHC National Safety and Quality Health Service Standards second edition, 2017, page 4
11. Institute for Patient- and Family-Centered Care (US), 2008, page 2
12. ACSQHC Review of key attributes of high performing person-centred healthcare organisations, 2018, page 12
13. Health Consumers Council WA, 2016, page 13
14. ACSQHC Review of key attributes of high performing person-centred healthcare organisations, 2018, page 21
15. ACSQHC Review of key attributes of high performing person-centred healthcare organisations, 2018, page 5
16. World Health Organization (WHO) Empowering Patients, 2012
17. SA Health Aboriginal Health, viewed online, May 2019, www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/aboriginal+health
18. Youth Affairs Council of South Australia, Select Committee on Poverty in South Australia, viewed online, 26 March 2019, www.yacsa.com.au/documents/item/
19. Canadian Patient Safety Institute et al, 2017
20. IAP2 Spectrum of Public Participation Spectrum
21. National Safety and Quality Health Service Standard User Guide for Measuring and Evaluating Partnering with Consumers, 201, page 1
22. ACSQHC National Safety and Quality Health Service Standards second edition, 2018, page 3
23. Engaging Patients in Patient Safety A Canadian Guide Patient Engagement Action Team 2017, page 19
24. ACSQHC, Review of key attributes of high performing person-centred healthcare organisations, 2018, page 12
25. ACSQHC National Safety and Quality Health Service Standards second edition, 2018
26. ACSQHC National Safety and Quality Health Service Standards second edition, 2018, page
27. ACSQHC Review of key attributes of high performing person-centred healthcare organisations, 2018, page 4
28. Victorian Quality Council Safety and Quality in Health, 2007, page 5
29. ACSQHC, Health Literacy – a summary for clinicians, 2001, page 1
30. Pomey M-P et al, 2015, pages 29-42

For more information

Safety and Quality Unit
SA Health

Telephone: 8226 2567



<https://creativecommons.org/licenses>