SA Health

ENGAGING WITH CONSUMERS, CARERS AND THE COMMUNITY

Guide and Resources

A practical guide and resources to assist health care services to implement the Consumer, Carer and Community Engagement Strategic Framework

Government
of South Australia
SA Health

sahealth.sa.gov.au

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INTRODUCTION

SA Health values the positive contribution consumers, carers and the community are making to improve health service quality, equity and management. The importance of developing health systems and health services that are based on partnerships with patients, families, carers, consumers and the community is reflected in national and international quality frameworks.

The Guide aligns to the Consumer, Carer and Community Engagement Strategic Framework, and is to be used by all SA Health staff to strengthen and improve the practice of consumer, carer and community engagement processes across SA Health. The accompanying resources will assist staff who are planning, managing or implementing consumer, carer and community quality improvement projects, programs or activities. The resources are based on current best practice consumer engagement and participation methodology toolkits and resource guides.

Health care services involve consumers, carers and the community in partnerships in the governance of, and to design, measure and evaluate health care.

The Guide is underpinned by international, national and state frameworks.

There is good evidence that working in partnership with consumers, carers and the community and fostering consumer-centred approaches to care can help improve the safety and quality of care.

Better patient and community experience

- improved patient satisfaction
- improved patient engagement
- improved community perceptions of healthcare organisations

Better workforce experience and improved wellbeing

- improved workforce satisfaction
- improved workforce engagement
- less workforce turnover
- reduced emotional stress

Better clinical outcomes, safety and quality

- lower mortality
- reduced readmissions
- reduced length of stay
- reduced healthcare acquired infections
- improved treatment adherence

Better value care through lower costs of care

- shorter length of stay
- lower costs per case
- better utilisation of low verses high cost workforce members
- Less workforce turnover

BETTER TOGETHER

The South Australian Government is committed to supporting a culture of high-quality and effective stakeholder and community engagement.

Good engagement helps create better decisions by bringing the voices of citizens and stakeholders into the issues that are relevant to them. The Government is committed to embedding good engagement practice as an integral part of the way it operates.

Better Together is centred on the following six engagement principles to provide a consistent approach across government and to guide best practice:

1. We know why we are engaging
2. We know the history
3. We know who to engage
4. We start together
5. We are genuine
6. We are relevant and engaging

ELEMENTS OF CONSUMER ENGAGEMENT

Effective partnerships with consumers, carers and the community exist when they are treated with dignity and respect, as equal partners.

Effective partnerships rely on shared information and when the consumers, carers and communities are supported throughout the engagement and collaboration process. Delivering care that is based on partnerships provides many benefits for the health consumer, carer, the community, provider, organisation and the system.

Elements of consumer engagement and partnering with consumers, carers and the community comprise a set of principles, core values standards, scales, levels of engagement and health literacy.

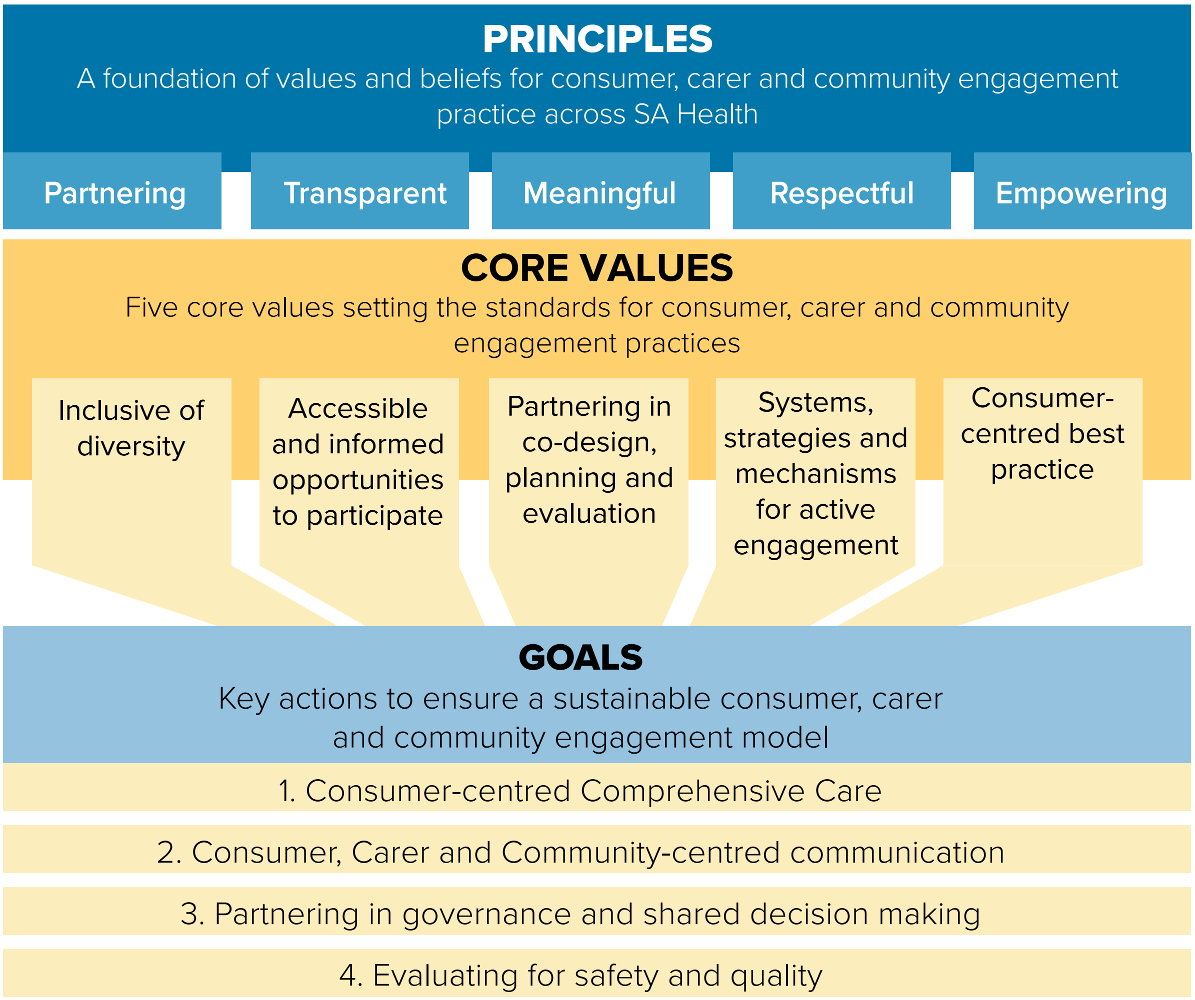
The principles and core values are outlined in the Consumer, Carer and Community Engagement Strategic Framework. The scales, level of engagement and health literacy are outlined in the Guide below.

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

A foundation of values and beliefs for consumer, carer and community engagement practice across SA Health

- Partnering
- Transparent
- Meaningful
- Respectful
- Empowering

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

GOALS

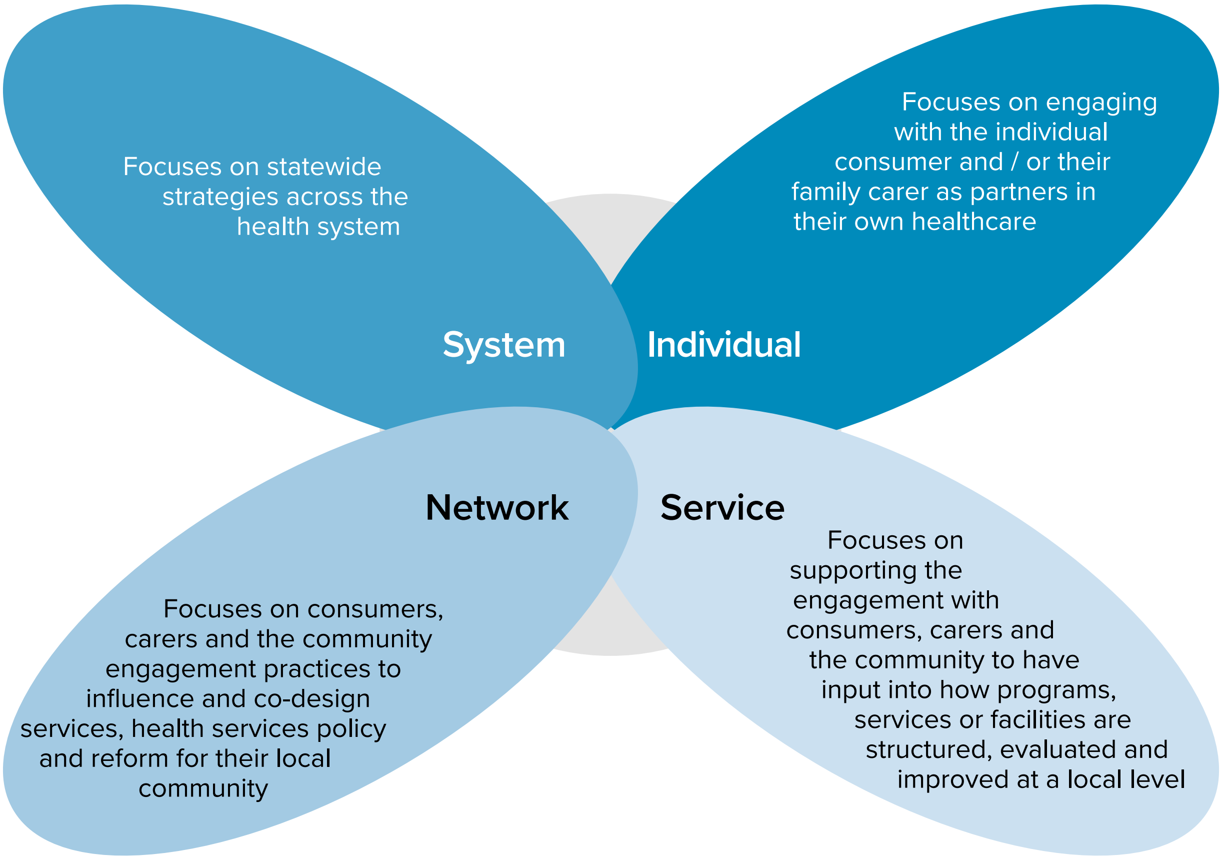
Key actions to ensure a sustainable consumer, carer and community engagement model

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

DOMAINS OF ENGAGEMENT

Partnering with consumers, carers and the community can occur at a different scale and level of engagement.

The four domains of engagement are:



Focuses on statewide strategies across the health system

System

Focuses on engaging with the individual consumer and / or their family carer as partners in their own healthcare

Individual

Network

Focuses on consumers, carers and the community engagement practices to influence and co-design services, health services policy and reform for their local community

Service

Focuses on supporting the engagement with consumers, carers and the community to have input into how programs, services or facilities are structured, evaluated and improved at a local level

LEVELS OF ENGAGEMENT

The levels of engagement are based on the International Association for Public Participation IAP2 Spectrum.

IAP2 Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	Inform	Consult	Involve	Collaborate	Empower
Public participation goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

DEVELOPING A MODEL OF CARE USING LEVELS OF ENGAGEMENT

Using the IAP2 levels of engagement, an example of developing a model of care is provided below:

The four domains of engagement are:

Inform	The health care service produces consumer information / fact sheet and media release to let the community know of a new service being offered to stroke patients.
Consult	The stroke unit has designed a new service to be delivered at a main hospital within the Local Health Network. A draft model of care is prepared and asks the hospital's Consumer, Carer and Community Advisory Committee / Group for feedback (including members who have not used the stroke services). Some of the consumer feedback is evident in the final model.
Involve	Recognising that there is a need for a new stroke service, staff convene a number of focus groups of consumers who have used stroke services to consider their concerns, preferences and obtain their feedback. The service incorporates this information and feedback in the development of the model. It then engages with the same consumers, more broadly, to ensure the model reflects the community needs.
Collaborate	The stroke unit convenes a steering committee of clinicians and stroke consumers to oversee the development of a new model of care. The steering committee is involved in all aspects of decision making, and engages with consumers more broadly throughout the process to ensure a wide range of views and needs are met.
Empower / Consumer led	Users of the stroke service suggest changes to the existing model of care via feedback provided to the hospital. Staff follow up on the feedback and ask the consumers who provided it to participate in a process to develop a consumer-centred model of care with support of staff. This is done through a process of collaborative, consumer-led activities and decision making.

Adapted from the Consumer and Community Engagement Framework for health organisation and consumers, Health Consumers Queensland at www.hcq.org.au

SCALES OF ENGAGEMENT

Consumer, carer and community partnerships can occur at four domains of engagement, with the importance of partnerships with patients, consumers, families, carers and the community reflected in all.

Individual

Engagement and partnership occurs with the individual receiving healthcare and focuses on engaging with the individual consumer and/or their family, or carer as partners in their own healthcare, support and treatment.

Shared decision making involves discussion and collaboration between a consumer and their healthcare provider. It's about bringing together the consumers' values, goals and preferences with the best available evidence about benefits, risk and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.

Focuses on engaging with the individual consumer and/or their family, carer as partners in their own healthcare.

Key considerations	Measures and outcomes	Mechanism
> Consumers and their carers (where appropriate) should be partners in shared decisions. > Communication should be open, respectful and culturally appropriate and in a language and format that the consumer can understand. > Medical condition that may impact consumers ability to communicate. > Feedback should be listened to, acknowledged and used to improve health services. > Individuals should be made aware of the HCSCC Charter of Rights.	For example: > Measuring consumer experience > Consumer feedback > Training of clinicians, managers and support staff to ensure focus on care delivery	> Consumer's involvement in their care is measured across the SA Consumer Experience Surveillance System (SACESS) > Consumer Experience Surveys > Safety Learning System Consumer Feedback module > SA Health Partnering with Consumers and Community eLearning module > Patient Incident Management and Open disclosure eLearning module

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Example

The health practitioner and consumer discuss the consumer's health condition. The health practitioner provides the consumer and the carer with all the information in an accessible format about the condition and treatment options including the risk and benefits of each option.

After further discussion, the consumer and the practitioner, with the carer reach an agreement on a preferred healthcare plan.

Service – department, ward, hospital, facility or program / service delivery

Engagement and partnership occurs at service and program delivery at a health care facility or hospital level.

Focuses on supporting the engagement with the consumers, carers and the community to have input into how programs, services or facilities are structured, evaluated and improved.

Key considerations	Measures and outcomes	Mechanism
Consumers, carers and the community should be supported to meaningfully participate and engage: > to create open and accessible and appropriate services > in the implementation of new services or changes to existing service e.g. care pathways or models of care > in the training of staff to improve communication and participation / engagement techniques > in the development of clinical guidelines and clinical research	For example > Policies or processes that articulate the role of consumers, carers and the community in strategic, operational and service planning > Committee terms of reference, membership, selection criteria, meeting papers, minutes that demonstrate consumer, carer and community engagement in strategic and operational planning > Consultation processes held with consumers, carers and the community and feedback documented. Input is incorporated into strategic and operational planning process	> Consumer, Carer and Community Advisory Committees / Work Groups

Example

The hospital engages with the local Consumer, Carer and Community Advisory Committee / Group. Membership comprises of consumers, carers and community representatives from different health populations and age groups across the service delivery areas of the hospital.

Feedback is collected from the group and is used to inform service planning for health service priorities, areas of service excellence and areas of service improvement which reflect the needs of the consumers, carers and the community.

Network – health service organisation: Local Health Network, Primary Health Network, non-government community services network, facility / hospital

Engagement and partnership occurs at Local Health Networks, Primary Health Network or non-government community services network.

Focuses on how health service organisations engage with consumers and the community at a regional / local health network level.

Key considerations	Measures and outcomes	Mechanism
Consumers, carers and the community should participate and engage: > on local Consumer, Carer and Community Advisory Committees / Groups > in relevant safety and quality programs > on peak LHN Consumer, Carer and Consumer Advisory Committees / Groups > in evaluation and review of consumer experience, feedback and complaints > in decision making regarding service planning > in advising organisations on relevant staff training and education relating to consumers, carers and the community participation	For example > Policies or processes that articulate the role of consumers, carers and the community in strategic, operational and service planning > Committee terms of reference, membership, selection criteria, meeting papers, minutes that demonstrate consumer, carer and community engagement in strategic and operational planning > Consultation processes held with consumers, carers and the community and feedback documented. Input is incorporated into strategic and operational planning process	> Consumer, Carer and Community Advisory Committees / Work Groups > Accreditation and National Safety and Quality Health Service Standards compliance

Example

Four hospitals across a local health network worked with their Consumer, Carer and Community Advisory Committee to hold a Consumer Forum. Posters were displayed in all hospitals inviting consumers, carers and community members to attend.

The Consumer, Carer and Community Forum was an opportunity for them to share their experience and provide feedback directly to the LHN on service delivery and designing care.

System – Department for Health and Wellbeing or whole-of-system level

Engagement and partnership occurs at local, state or commonwealth government level.

Focuses on how consumers, carers and communities engage to influence and input on health strategy, policy, reform and legislation at the system-wide level across local, state and commonwealth jurisdictions.

Key considerations	Measures and outcomes	Mechanism
Consumers, carers and the community should participate and engage in: > SA Health Strategic Plan > SA Health Framework for Consumer, Carer and Community Engagement Strategic Framework > SA Health Consumer Feedback and Complaints Management Strategic Framework > Statewide Clinical Networks > major projects via participation strategy > evaluation of system-wide information on safety and quality including consumer experience, feedback and complaints	For example > Consultation processes held with consumers, carers and community and feedback documented. Input is incorporated into strategic and operational planning process > Planning day or forum with consumers, carers and the community held with agenda, attendees feedback documented. Input is incorporated into strategic planning > Measuring consumer experience > Consumer feedback > Involve consumers, carers and the community in developing or reviewing statewide / whole-of-health frameworks and/or policies	> Department for Health and Wellbeing > Commission on Excellence and Innovation in Health (CEIH) > Wellbeing SA

Example

Department for Health and Wellbeing reviewed the Framework for Active Partnership with Consumers and the Community, which was developed in 2013.

The draft Statewide Consumer, Carer and Community Engagement Strategic Framework was developed. Consultation was undertaken with consumers, carers and community organisations to provide feedback on definitions, principles, responsibilities, and to participate in the review of the final draft Framework prior to publication.

All feedback was considered and incorporated in the Statewide Consumer, Carer and Community Engagement Strategic Framework.

PREPARING FOR CONSUMER, CARER AND COMMUNITY ENGAGEMENT

Preparing for consumer and community engagement comprises five steps. These include:

- prepare and plan
- design
- engage and report
- implement
- evaluate

Five steps to preparing and planning for consumer and community engagement

1. Prepare and plan	Identifies and understands the aims and objectives to be explored and how the stakeholders are affected. Identifies risks and benefits. Identifies internal and external stakeholders – consumers, carers, community, organisations and seek advice and feeback as appropriate. Identifies health literacy requirements and health literacy tools. Consider timeframe. Minimum of six weeks but could be longer depending on complexity of issue.
2. Design	Identifies communication strategies, agenda, issues, expectations, resources, tools and methods.
3. Engage and report	Identifies the level of engagement, forums, feedback mechanisms and action / task list to meet the objectives through the engagement plan with the stakeholders.
4. Implement	Identifies time, budget and milestones in accordance with engagement plan and identifies lessons learned.
5. Evaluate	Evaluate and assess against the outcomes for SA Health and stakeholders against the specific aims and objectives. Share the learning and integrate the outcomes into relevant practice.

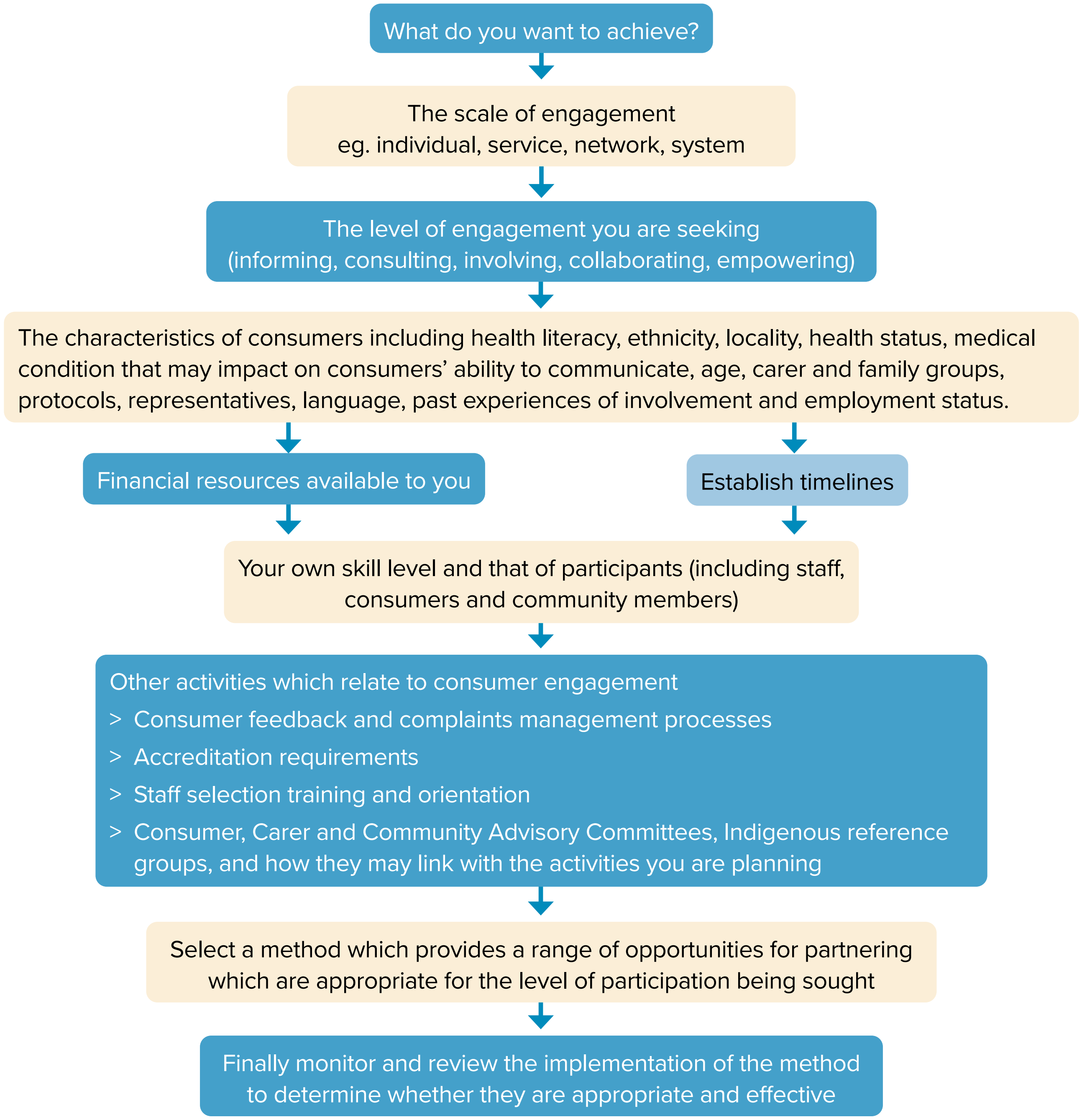
Adapted from the Queensland Health Consumer and Community Participation Toolkit 2002

A five step guide and checklist to assist staff when preparing and planning for consumer and community engagement has been developed. The resource tool can be used for service planning; designing care or measurement and evaluation.

METHODS SELECTION

The selection of methods and techniques will take into account a range of issues including the level of partnering sought, desired outcomes, resources available, views and the needs of consumers and the community, the locality and the skill levels of participants.

The flow chart below describes what you will need to consider in the process for consumer engagement. Be prepared to make changes if necessary.



What do you want to achieve?

The scale of engagement
eg. individual, service, network, system

The level of engagement you are seeking
(informing, consulting, involving, collaborating, empowering)

The characteristics of consumers including health literacy, ethnicity, locality, health status, medical condition that may impact on consumers' ability to communicate, age, carer and family groups, protocols, representatives, language, past experiences of involvement and employment status.

Financial resources available to you

Establish timelines

Your own skill level and that of participants (including staff, consumers and community members)

Other activities which relate to consumer engagement
- Consumer feedback and complaints management processes
- Accreditation requirements
- Staff selection training and orientation
- Consumer, Carer and Community Advisory Committees, Indigenous reference groups, and how they may link with the activities you are planning

Select a method which provides a range of opportunities for partnering which are appropriate for the level of participation being sought

Finally monitor and review the implementation of the method to determine whether they are appropriate and effective

METHODS SELECTOR TABLE

Table below describes some of the commonly used methods for consumer engagement, their strengths and limitations and tips for their use.

Methods	**Strengths**	**Limitations**
Survey – can be written, telephone, email, face to face	> email and mail out questionnaires are inexpensive > can cover a wide geographic area > useful for gathering quantifiable information	> questions need to be structured, straight forward and unambiguous > literacy may be an issue > often low response rates > limited opportunity to probe in telephone/ written surveys > consumers may not be able to afford or access internet facility
In-depth interviews	> useful to follow up specific issues > provides in-depth information from selected stakeholders	> requires skilled interviewer > time consuming > small numbers – requires careful selection of consumers
Focus groups	> quick and low cost > allows exploration of issues identified through surveys > useful for collecting information on a specific issue	> may not be representative of consumers > not suitable for information dissemination > not suitable for decision-making > requires skilled facilitator > language barriers
Public meetings and forums	> opportunity for anyone to attend > new networks created > a forum for debating issues > opportunity for information dissemination and sharing	> poor attendance > confidentiality issues > risk of domination by particular individuals or groups > not representative of population or views > may be difficult to stay focussed on issue > requires skilled facilitator > people with a disability may be disadvantaged (hearing, sight, language)
Consumer, carer and community representatives on committees	> medium to long term perspective > encourages debate > ensures accountability	> requires orientation and ongoing support > costs / reimbursements > requires organisational commitment to meaningful participation
Workshops	> can develop a shared approach to a specific issue > brings together selected people from diverse groups > structured session can produce a plan or recommendations	> small numbers – needs careful consideration of participants > requires skilled facilitator > participants may need particular skills, knowledge or experience

FIVE STEPS TO PREPARING AND PLANNING FOR CONSUMER, CARER AND COMMUNITY ENGAGEMENT

1. Prepare and plan

Task	Questions	Yes / No / Follow up
Aims / objectives / scope	Have consumers, carers and community representatives been involved in identifying needs and priorities? What is the purpose, is it to? > improve service delivery > evaluate a service? > design a service? > obtain broad consumer feedback? > assess needs? > improve health outcomes? What are the proposed changes to the type / level of service? Strategic considerations: > why now? > what has occurred previously? > what are the constraints? > who is involved now and who isn't? > what are the risk / benefits? – positive and negative impact / outcomes > timeframes for consultation (minimum of six weeks) Is it sustainable? How? Who will be responsible for sustainability? > linkages with other activities / processes? > is it measurable?	

Task	Questions	Yes / No / Follow up
Identify internal and external stakeholders	Which consumers? > seek feedback and advice > who are our consumers? > what are the health literacy requirements and health literacy tools > what are the cultural considerations? – Aboriginal and Torres Strait Islander requirements – refer to Aboriginal Health Impact Statement – cultural and linguistically diverse (CALD) requirements > which consumers / consumer groups should be involved? > do specific population groups need to be targeted? How? > what about carers? > are there legal / ethical issues to consider eg. privacy, consent? > what are the needs of consumers in order to participate? > should other agencies be involved? > is there a consumer advocate?	
Capacity	> What is the level of understanding of and commitment to consumer participation in the organisation? > Who are the champions? > What is the level of management support? > Who has the expertise to implement it? > What do you need to build commitment? ie executive, management, staff support. > What are the organisational priorities at this time? > How can you address the 'yes but' by staff?	
Focus – Scale and level of engagement	> Which part of the organisation (refer to Scale of engagement) > What level / levels of participation? (refer to IAP2 Spectrum) > What links between consumer, carer and community participation activities are needed? > How can the activity be linked with strategic planning for the organisation? > What governance structure will work best e.g. Consumer, Carer and Community Advisory Committee, Steering Committees, Working groups?	

2. Design

Task	Questions	Yes / No / Follow up
Communication strategies	> What is the marketing and communication plan? > Mechanisms – meeting, forum, emails, mail out, newsletters, website	
Expectations	> What are the stakeholders' expectations? > What are the organisation's expectations?	
Resources	> What human and financial resources do we need? > What accommodation and assets do we need? > Do we need expertise from outside the organisation? > Where can we access resources? > What are the time constraints?	
Tools and methods	> What strategies and methods are available? > Which strategies are appropriate for what we want to achieve? > Will consumers be involved in selecting and implementing strategies? > What skills do we have? > What training do we need? > What is appropriate given the time / resources available?	

3. Engage and report

Task	Questions	Yes / No / Follow up
Level of participation	> What level / levels of participation? Refer to IAP2 Spectrum – inform – consult – involve – collaborate – empower	
Forums	> Clear agenda and objectives > Meeting times, venues, accessibility > Catering requirements (if necessary) > Re-imbursements – refer to SA Health Sitting Fees and Reimbursement for External Individuals Policy	
Feedback	> Feedback mechanisms – Q&A, Post It notes, survey tools, whiteboard, 'big picture mapping' > Collate and analyse consumer and community feedback > Mechanism to feedback and provide report back to consumers > Provide reasons why feedback was 'accepted' or 'rejected'	
Action plan	> Develop action plan (see 4. Implementation)	

4. Implement

Task	Questions	Yes / No / Follow up
Action plan / task list	> Establish action plan / task list > Identify responsibilities > Who needs to know, what contributions, when and where will it be implemented, how will you communicate and obtain relevant input? > Timeline / deadlines > Budget implications > Comments / progress notes > Status – incomplete / complete and reasons.	
Implementation progress	> Are we on time, within budget and in accordance with project plan? > Are milestones being reviewed and adjusted to achieve project objectives?	
Lessons learned from implementation	> Lessons learned	

5. Evaluate

Task	Questions	Yes / No / Follow up
Lessons learned from partnering with consumers	> Consumer feedback process > What lessons are being learned? > Evaluation survey on process > Feedback from consumers > Did we achieve our objectives?	
Evaluation processes	> How do we document what we have learned? > Who do we need to inform and how? > Who do we need to provide feedback to? > What could we have done differently? > What needs to be improved? > Suggestions / comments for future processes > Share the learnings	
Change management – work for sustained change	> What changes need to be made? > How will change be embedded in the system? > Who needs to be involved in the change? > Who will implement the change? > How will the change be managed? > How will the change be monitored, reviewed and evaluated?	

Adapted from the Queensland Health Consumer and Community Participation Toolkit 2002

CHECKLIST FOR ENGAGING WITH CONSUMERS, CARERS AND THE COMMUNITY

Name of project / issue / task:	Date of Consumer, Carer and Community Engagement:
Contact person / lead:	Team / Unit:

1. Prepare and plan
Describe the project / issue / task:
Identify the decision that needs to be made:
Aims / objectives / scope:
What are the risks / benefits (positive and negative)? Positive impact / outcomes:
Negative impact / outcomes:
Identify internal and external stakeholders: Identify consumers, carers, health literacy requirements, cultural considerations, other consumer groups, agencies
Capacity: Level of understanding, identify champion, level of management support, identify expertise to implement
Focus – Scale and level of engagement: Scale of engagement (individual, service, network, system)

Level of participation (see 3. Engage)	☐ Inform	☐ Consult	☐ Involve	☐ Collaborate	☐ Empower
Public participation goal	Provide balanced and objective information to assist in understanding the problem, alternatives, opportunities and/or solution	Obtain public feedback on analysis, alternatives and/or decisions	Work directly with the public throughout the process to ensure that concerns and aspirations are consistently understood and considered	Partner with the public in each aspect of the decision including development of alternatives and identification of the preferred solution	Final decision making in the hands of the consumer and the community

2. Design
Communication strategies: Marketing and communication plan. Mechanisms – meeting, forum, emails, mail out, newsletters, website
Expectations: stakeholder expectations
Organisation expectations
Resources: HR and financial resources, accommodation, assets. Expertise from outside organisation. Time constraints.
Tools and methods: Strategies and methods available. What do you want to achieve? Current skills and is training required?

3. Engage and report

Level of participation IAP2 Spectrum	☐ Inform	☐ Consult	☐ Involve	☐ Collaborate	☐ Empower
Public participation goal	Provide balanced and objective information to assist in understanding the problem, alternatives, opportunities and/or solution	Obtain public feedback on analysis, alternatives and/or decisions	Work directly with the public throughout the process to ensure that concerns and aspirations are consistently understood and considered	Partner with the public in each aspect of the decision including development of alternatives and identification of the preferred solution	Final decision making in the hands of the consumer and the community
Promise to the public	Promise to keep consumers informed	Promise to keep consumers informed, listen to and acknowledge concern and aspirations, and provide feedback on how consumer input influenced the decision	Promise to ensure that concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how consumers input influenced the decision	Promise to look to the consumers for advice and innovation in formulating solutions and incorporate this advice and recommendations into decisions to the maximum extent possible	Promise to implement what the consumers and the community decide
Example techniques	> Fact sheets > Website > Mail out	> Public comment Focus groups Surveys > Public meetings	> Workshops > Deliberative polling	> Advisory Committees > Consensus building > Participatory decision-making	> Citizen juries > Ballots > Delegated decision
Forums: Clear agenda, objectives, meeting time, venue, accessibility, catering requirements. Re-imbursement (sitting fees)					
Feedback mechanisms: Q&A, post-it notes, survey tools, whiteboard, ‘big picture mapping’. Collate and analysis consumer and community feedback. Mechanism to feedback and provide report back to consumers. Provide reasons why feedback was ‘accepted’ or ‘rejected’.					

4. Implement
Action plan / task list: Establish action items / task list, identify responsibilities, timelines / deadlines and budget implications. Comments and progress notes. Status complete / incomplete and reasons.
Progress: On time and/or within budget. Review milestones and adjust to achieve project objectives.
Lessons learned from implementation:

5. Evaluate
Lessons learned from partnering with consumers and the community: Consumer feedback process – lessons learned, evaluation survey on process. Objectives achieved?
Evaluation processes: Documentation on lessons learned, who to inform, how and who to provide feedback to?
How successful was the engagement?
What could we have done better? What could have been done differently, or needs to be improved. Suggestions / comments for future processes.
Share the learning: How will you share what you have learned?
Change management – work for sustained change: What changes need to be made, how to embed change in system? Who will be involved in change, and implement, and how will it be managed, monitored, reviewed and evaluated?

Project Officer: ☐ (name) ☐ (position) ☐ (area)

Executive / lead: ☐ (name) ☐ (position) ☐ (area)

Date: ☐

NSQHS STANDARD – PARTNERING WITH CONSUMERS WARD / UNIT AUDIT TOOL

Hospital and Health Service	Facility	Audit Date / period
Ward / Unit:		

Facility audit tool: collects facility level data and collates the ward / unit level responses:

- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review.
- Some questions and responses may not be applicable (e.g. at a ward / unit level) and can be adapted to suit individual requirements.
- The measurement plan details each audit question and the action / criteria it aligns to in the Standard.

Ward / Unit Questions		**Yes**	**No**
Patient Information Publications		Yes	No
1.0	Is there evidence that the ward / unit seeks feedback from consumers and / or carers on existing and new patient information publications (for distribution to patient)?	☐	☐
1.1	If ‘Yes’, is there evidence in the strategy: > the feedback was documented?	☐	☐
	> the feedback was incorporated into the revision of the publications?	☐	☐
1.2	Provide details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the ‘owner’ of the publication.		

Design – New service / Redesign – existing services		Yes	No
2.0	Have any new services been designed or existing services redesigned, or are any in the process of design / redesign at the ward / unit level?	☐	☐
2.1	If ‘Yes’, is there evidence of: > consultation strategies and reports that detail active participation and contribution of consumers / carers and the modifications made as a result?	☐	☐
	> project plans which include information on how consumers and carers have been involved in the development of the design or redesign of projects?	☐	☐
	> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	☐	☐
	> records of focus groups, proposals sent to consumers and carers for comment and other activities focusing on eliciting consumer perspectives?	☐	☐
2.2	Provide details of the services in support above		

Planning and implementation of quality improvements		Yes	No
3.0	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the ward / unit level?	☐	☐
3.1	If ‘Yes’, is there evidence of: > project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and / or carer involvement?	☐	☐
	> quality improvement plans that have involved the consumer and / or the carer?	☐	☐
	> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and / or carers in quality improvement activities?	☐	☐
	> consumer and carer feedback on their involvement in quality improvement activities?	☐	☐
	> outcome reports of quality improvement activities / project?	☐	☐
	> quality improvements that were implemented in response to patient feedback data?	☐	☐

Acknowledgement: Health Service and Clinical Innovation Division, Patient Safety, Queensland Health, V1.0, 13 August, 2012

NSQHS STANDARD – PARTNERING WITH CONSUMERS FACILITY / HEALTH SERVICE AUDIT TOOL

Hospital and Health Service	Facility	Audit Date / period

Facility audit tool: collects facility level data and collates the ward / unit level responses:

- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
- Some questions and responses may not be applicable (e.g. at a ward / unit level) and can be adapted to suit individual requirements
- The measurement plan details each audit question and the action / criteria it aligns to in the Standard.

	Facility Questions	Yes	No
1.0	Is there evidence that the facility has a Consumer and Community Engagement Strategy?	☐	☐
1.1	If ‘Yes’, is there evidence that the strategy: > engages consumer and community representatives on relevant health service committee / key groups e.g. clinical council, safety and quality committee, governance group?	☐	☐
	> includes mechanisms to review how consumers and the community found the process of being engaged by the service, program or facility and how to improve the strategic plan based on this feedback?	☐	☐
	> details the mechanisms to ensure Terms of Reference for any governance structure / committee includes the engagement of consumer and community representatives?	☐	☐
	> details the financial and physical resources that are available to support consumer participation and input at the governance level?	☐	☐
	> analyses and reviews the demographic characteristics of consumers to provide people from diverse backgrounds and relevant minority groups opportunities to be engaged?	☐	☐
1.2	If ‘Yes’ to question 1: Outline where the strategy is kept, when it is reviewed and the ‘owner’		

Policies and procedures		Yes	No
2.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols related to engaging consumers and carers in the governance of the facility?	☐	☐
2.1	If 'Yes', is there evidence that: > they describe how consumers and / or carers are involved in the governance of the facility?	☐	☐
	> they describe how consumers and / or carers are involved in the strategic and operational planning of the facility?	☐	☐
	> they specify how feedback gained from consumers through the facility's consultation strategies are directly linked to the governance of the facility?	☐	☐
	> they define mechanisms for engaging consumers from diverse backgrounds and relevant minority groups?	☐	☐
	> they define the audit process to be undertaken to assess against the policies?	☐	☐
	> they reference the consultation processes or collaborative group/s involved in their development?	☐	☐
	> they detail the date they became effective?	☐	☐
	> they detail the date of the next revision?	☐	☐
	> they reference the source documents (if applicable) particularly where they are represented as best practice?	☐	☐
	> the workforce know the documents exist, can access them and know and use the contents?	☐	☐
2.2	If 'Yes' to question 2: Outline details of the documents, where kept, review date/s and 'owner'		

	Consumer, Carer and Community Advisory Group	Yes	No
3.0	Is there evidence that the facility has a consumer advisory group(s) which reflect the key consumer, carer and community groups within the service population?	☐	☐
4.0	Is there evidence that the facility has governance structures / mechanisms that have health consumers and the community actively participating e.g. safety and quality committee, workforce planning committee, clinical governance committee?	☐	☐
4.1	If 'Yes': For each governance structure / mechanism with health consumers and the community actively participating: (NB: there is room below for 3 structures) STRUCTURE 1 (if applicable) > outline the type of governance structure / mechanism		
	> is there evidence of Terms of Reference?	☐	☐
	> is there evidence of (e.g. terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that consumers provide input into strategic and operational planning?	☐	☐
4.2	STRUCTURE 2 (if applicable) > outline the type of governance structure / mechanism		
	> is there evidence of Terms of Reference?	☐	☐
	> is there evidence of (e.g. terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that consumers provide input into strategic and operational planning?	☐	☐

4.3	STRUCTURE 3 (if applicable) > outline the type of governance structure / mechanism		
	> is there evidence of Terms of Reference?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	☐	☐
	> is there evidence (e.g. terms of reference, minutes) that consumers provide input into strategic and operational planning?	☐	☐

Safety and Quality		**Yes**	**No**
5.0	If there is a committee that oversees safety and quality. Is there evidence that: > the terms of reference include the involvement of consumers and / or carers in decision making about safety and quality?	☐	☐
	> consumers have a role in the process for investigating and analysing complaints and incidents, which is documented?	☐	☐
	> consumer input in the complaints / incidents investigation and analysis process is incorporated into reporting and subsequent quality improvement planning?	☐	☐
	> consumers review the analysis of facility safety and quality performance data?	☐	☐
	> consumers participate in the evaluation of patient feedback data?	☐	☐
	If 'Yes' to above: What type of data is evaluated? ☐ Complaints and compliments ☐ Suggestions ☐ Patient experience survey data ☐ Other (specify)		
	> consumers participate in discussions about implementation of quality activities based on patient feedback data?	☐	☐
5.1	Provide details in support of any of the above		

Decision making about safety and quality		Yes	No
6.0	Is there evidence that the facility (or at service level) has policies and procedures and / or protocols related to involvement of patients, carers and consumers in facility decision making about safety and quality?	☐	☐
6.1	If 'Yes', is there evidence that: > they describe the level of consumer engagement in safety and quality decision making?	☐	☐
	> they describe the consumers role in the process for investigating and analysing complaints and incidents?	☐	☐
	> they describe the consumers role in the analysis of facility safety and quality performance data?	☐	☐
	> they describe the consumers role in the planning and implementation of quality improvement projects?	☐	☐
	> they describe the consumers role in the evaluation of patient feedback data?	☐	☐
	> they define the audit process to be undertaken to assess against the policies?	☐	☐
	> they reference the consultation processes or collaborative group/s involved in their development?	☐	☐
	> they detail the date they became effective?	☐	☐
	> they detail the date of the next revision?	☐	☐
	> they reference the source documents (if applicable) particularly when they are represented as best practice?	☐	☐
	> the workforce know the documents exist, can access them and know and use the contents?	☐	☐
6.2	Outline details of the documents, where kept, review date/s and 'owner'		

Orientation and training		Yes	No
7.0	Is there evidence that the facility (or at service level) has policies and procedures and / or protocols which describe the orientation and ongoing training provided to consumers and / or carers to enable them to fulfil their partnership role?	☐	☐
7.1	If 'Yes', is there evidence that: > they define the audit process to be undertaken to assess against the policies?	☐	☐
	> they reference the consultation process or collaborative group/s involved in their development?	☐	☐
	> they detail the date they became effective?	☐	☐
	> they detail the date of the next revision?	☐	☐
	> they reference the source documents (if applicable) particularly where they are represented as best practice?	☐	☐
	> the workforce know the documents exist, can access them and know and use the contents?	☐	☐
7.2	Outline details of the documents, where kept, review date/s and 'owner'		
8.0	Is there evidence that the facility has an information brochure for consumer representatives outlining roles and responsibilities and key policies?	☐	☐
9.0	Is there evidence that the facility has a consumer representative training and orientation program?	☐	☐
9.1	If 'Yes': > is attendance at the training sessions recorded?	☐	☐
	> are consumer feedback reports of sessions evaluated and incorporated into the next revision?	☐	☐
	> what percentage of eligible currently active consumer/carer representatives have completed orientation training?		
	> what percentage of the training program is provided via an external training provider(s)?		
9.2	Provide comments on the training sessions and resources that are provided and when		

Patient information publications		Yes	No
10.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols which describe how consumers and / or carers are involved in providing feedback on patient information publications?	☐	☐
10.1	If 'Yes', is there evidence that: > they specify how consumer feedback about patient information publications is incorporated into the revision of publications?	☐	☐
	> they specify an evaluation schedule for the facility's existing patient information publications?	☐	☐
	> they specify evaluation of externally sourced patient information publications prior to use by the facility?	☐	☐
	> they define the audit process to be undertaken to assess against the policies?	☐	☐
	> they reference the consultation processes or collaborative group/s involved in their development?	☐	☐
	> they detail the date they became effective?	☐	☐
	> they detail the date of the next revision?	☐	☐
	> they reference the source documents (if applicable) particularly where they are represented as best practice?	☐	☐
	> the workforce know the documents exist, can access them and know and use the contents?	☐	☐
10.2	Outline details of the documents, where kept, review date/s and 'owner'		
11.0	Is there evidence that the facility (or at service level) seeks feedback from consumers and / or carers on existing and new patient information publications (for distribution to patients)?	☐	☐
11.1	If 'Yes', is there evidence that: > the feedback was documented?	☐	☐
	> the feedback was incorporated into the revision of the publications?	☐	☐
11.2	Provide details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owner'		

	Design – New service / Redesign – existing services	Yes	No
12.0	Have any new services been designed or existing services redesigned, or are any in the process of design / redesign at the facility (or at service level)?	☐	☐
12.1	If ‘Yes’, is there evidence of: > consultation strategies and reports that detail active participation and contribution of consumers / carers and the modifications made as a result?	☐	☐
	> project plans which include information on how consumers and carers have been involved in the development of the design or redesign of projects?	☐	☐
	> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	☐	☐
	> records of focus groups, proposals sent to consumers and carers for comment and other activities focusing on eliciting consumer perspectives?	☐	☐
12.2	Provide details of the services in support above		

	Education / Training – Workforce	**Yes**	**No**
13.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols related to ongoing training resources for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	☐	☐
13.1	If 'Yes', is there evidence that: > they specify the types of training and resources to be provided?	☐	☐
	> they specify the key content areas that the training and resources are to cover?	☐	☐
	> they specify a training schedule for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	☐	☐
	> they specify how consumers and / or carers are involved in training the clinical workforce?	☐	☐
	> they specify how consumers and / or carers are involved in the development of training content and material	☐	☐
	> they define the audit process to be undertaken to assess against the policies?	☐	☐
	> they reference the consultation processes or collaborative group/s involved in their development?	☐	☐
	> they detail the date they became effective?	☐	☐
	> they detail the date of the next revision?	☐	☐
	> they reference the source documents (if applic) particularly where they are represented as best practice	☐	☐
	> the workforce know the documents exist, can access them and know and use the contents?	☐	☐
13.2	Outline details of the documents, where kept, review date/s and the 'owner'		

14.0	Is there evidence that the facility (or at service level) provides ongoing training for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	☐	☐
	If ‘Yes’, is there evidence that: > the training curricula, resources or materials include sections on consumer-centred care, partnerships and consumer perspectives?	☐	☐
	> consumers and / or carers were involved in the development of training content and material?	☐	☐
	> consumers and / or carers were involved in training the clinical workforce?	☐	☐
	> staff participation in the training is recorded?	☐	☐
	> staff feedback about the quality of the training / resources is sought?	☐	☐
	> the training program / resources are regularly reviewed and improved, incorporating staff feedback?	☐	☐
14.2	Outline details of the training courses and other resources provided, review date/s and the ‘owner’		

Community awareness of safety and quality performance		**Yes**	**No**
15.0	Is there evidence that the facility (or at service level) informs the community and consumers about the facility's safety and quality performance?	☐	☐
15.1	If 'Yes', is there evidence: > of the mechanisms by which this is done (e.g. annual report, newsletter, newspaper articles, radio items, website, other local media community consultation and feedback sessions etc)?	☐	☐
	> that the facility seeks feedback from the community and consumers about the facility's safety and quality performance?	☐	☐
	> that the facility seeks feedback from consumers, carers and community about information, presentation and dissemination?	☐	☐
	If 'Yes': > specify the mechanisms by which this is done (e.g. surveys, complaints information, feedback box, consumers on committees)	☐	☐
	If 'Yes': > is the presentation and dissemination of information regularly reviewed and improved, incorporating feedback from consumers, carers and community?	☐	☐
Planning and implementation of quality improvements		Yes	No
16.0	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the facility level?	☐	☐
16.1	If 'Yes', is there evidence of: > project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and/or carer involvement?	☐	☐
	> quality improvement plans that have involved the consumer and/or the carer?	☐	☐
	> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and/or carers in quality improvement activities?	☐	☐
	> consumer and carer feedback on their involvement in quality improvement activities?	☐	☐
16.2	Provide details of the quality improvement projects that have been implemented and where: > for any of the quality improvement projects above, were any implemented in response to patient feedback data? If so, provide details.		

Collation of ward/unit data (This section is only needed if the data was collected at the ward / unit level. Enables whole of facility reporting).		**Count of no. of wards who meet criteria**	**Total count of wards audited**	**Calculate %**
As per measurement plan		Numerator (N)	Denominator (D)	(N/D*100)
17.0	What is the number of wards / units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients) (CON_Ward Q1.0)			
17.1	What is the number of wards / units where the feedback was documented? (CON_Ward_Q1.1)			
17.2	What is the number of wards/units where feedback was incorporated into the revision of the publications?			
17.3	Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners' (CONS_Ward_Q1.2)			
18.0	What is the number of wards / units that have new services designed or existing services redesigned, or are in the process of design / redesign at the ward / unit level? (CON_Ward_Q2.0)			
18.1	What is the number of wards / units that have consultation strategies and reports that detail active participation and contribution of consumers/ carers and the modifications made as a result? (CON_Ward_Q2.1)			
18.2	What is the number of wards / units that have project plans which include information on how consumers and carers have been involved in the development of the design of redesign projects? (CON_Ward_Q2.1)			
18.3	What is the number of wards / units that have reports from designers and architects outlining how they have responded to consumer suggestions for improvement? (if applicable) (CON_Ward_Q2.1)			
18.4	What is the number of wards / units that have records of focus groups, proposals sent to consumers and carers for comment and other activities focusing on eliciting consumer perspectives?			
18.5	Collate information on the details of the health services in support of above (CON_Ward_Q2.2)			

Collation of ward/unit data (This section is only needed if the data was collected at the ward / unit level. Enables whole of facility reporting).		Count of no. of wards who meet criteria	Total count of wards audited	Calculate %
As per measurement plan		Numerator (N)	Denominator (D)	(N/D*100)
19.0	What is the number of wards / units where consumers are actively involved in the planning and implementation of quality improvements at the ward / unit level? (CON_Ward_Q3.0)			
19.1	What is the number of wards / units that have project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and / or carer involvement (CON_Ward_Q3.1)			
19.2	What is the number of wards / units that have quality improvement plans that have involved the consumer and / or carer? (CON_Ward_Q3.1)			
19.3	What is the number of wards / units that have agenda items, minutes and other records of meetings that demonstrate involvement of consumers and / or carers in quality improvement activities? (CON_Ward_Q3.1)			
19.4	What is the number of wards / units that have consumer and / or carer feedback on their involvement in quality improvement activities? (CON_Ward_Q3.1)			
19.5	Collate information on the details of the quality improvement projects that have been implemented and where. In addition state whether any were implemented in response to patient feedback data? (CON_Ward_Q3.2)			

Acknowledgement: Health Service and Clinical Innovation Division, Patient Safety, Queensland Health, V1.0, 13 August, 2012

HEALTH LITERACY

Health literacy is the extent to which consumers can obtain, process, and understand information about health care, services and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health care. This includes, but is not limited to, consumers with limited English proficiency, those from an Aboriginal and Torres Strait Islander background, cultural and linguistically diverse (CALD) background, and children and young people. Health literacy requirements will be addressed in the following sections about scales and levels of consumer engagement.

The traditional view of health literacy has been focused on changing the skill level of the patient or consumer. However, recent research suggests that to effectively make improvements in health literacy we need to look at strategies that focus on activities that minimise the complexity of healthcare as well as those that focus on improving individual skills.

People with inadequate health literacy have poorer levels of knowledge and understanding about their condition, are less likely to attend appointments, are less adherent to medication regimens and health behaviour advice, make more medication errors and perform worse at self-care activities. Studies have shown that approximately 60% of Australians have poor health literacy and are not able to effectively exercise their 'choice' or 'voice' when it comes to making health care decisions.

Health literacy tools:

- tips for communicating clearly
- the Teac-Back method
- follow up with consumers
- encourage questions
- assessing readability
- writing health information
- writing health information for consumers factsheet, ACSQHC

Health literacy plays an important role in enabling effective partnerships. For partnerships to work, everyone involved needs to be able to give and receive, interpret and act on information such as treatment options and plans.

Two aspects of health literacy

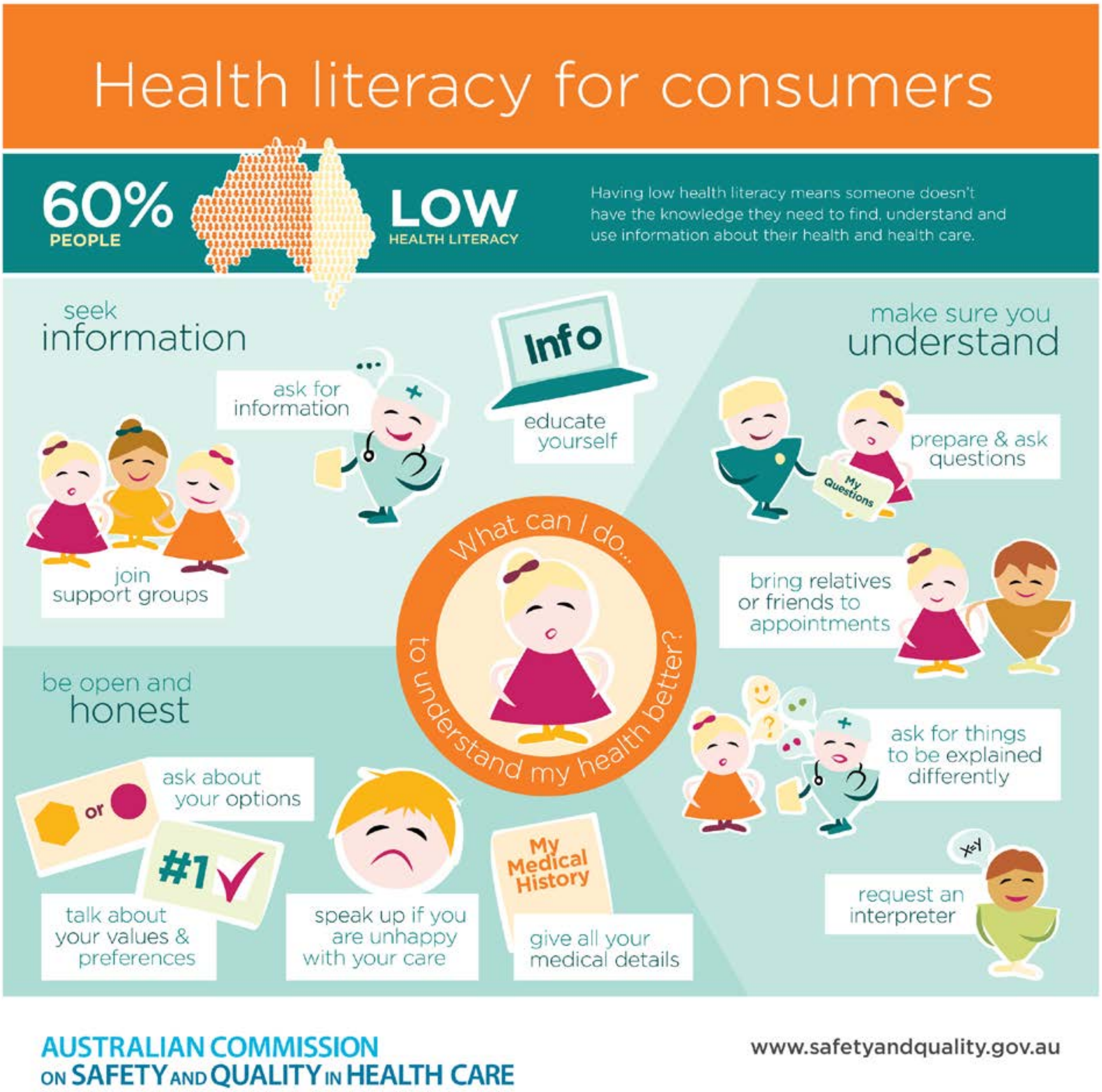
The Australian Commission on Safety and Quality in Health Care separates health literacy into two parts:

- Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.
- Health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

Information on health literacy, how it affects safety and quality of care and where action can be taken can be found in:

- Taking action to improve safety and quality
- National Statement on Health Literacy – Taking action to improve safety and quality

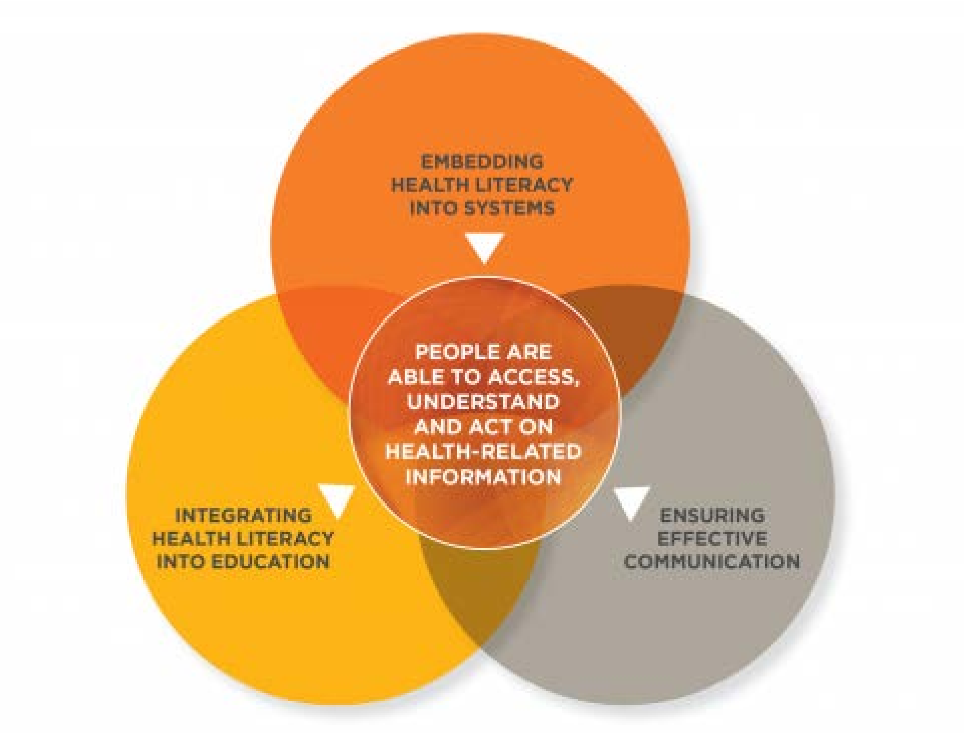
In the national statement, the Commission proposes a coordinated approach to health literacy based on:



Question Builder is a free online tool to help consumers and carers think about the questions they might like to ask their doctor, and to prepare for questions they may ask you when you go to an appointment.

HEALTH LITERACY TOOLS

1. Tips for communicating clearly
2. The Teach-Back Method
3. Follow up with consumers, carers and the community
4. Encourage questions
5. Assessing Readability
6. Writing health information
7. Writing health information for consumers factsheet, ACSQHC



TIPS FOR COMMUNICATING CLEARLY

Clear oral communication strategies help consumers feel more involved in their health care and increase their likelihood of accepting treatment recommendations. There should be an expectation that the consumer be an active participant in the communication process.

Consider areas / barriers of communication ie. non-English speaking background, hearing impairment.

Key communication strategies:

- **Warm greeting:** Greet consumers with a smile and a welcoming attitude.
- **Eye contact:** Make appropriate eye contact throughout the interaction.
- **Setting:** Ensure you are sitting at the same level without barriers (e.g. no desk) between you and the consumer.
- **Encourage a support person to be present whenever possible:** This will enable the consumer to be more relaxed and will assist in greater uptake of information by the consumer and support person. Ensure you talk to the consumer, not just the support person.
- **Use plain, non-medical language:** Use common words when speaking to consumers. Take note of what words they use to describe their illness and use them in your conversation. Another strategy to use in addition to listening to language that consumers commonly use is to refer to this website which has been developed by the Centres for Disease Control and Prevention (U.S. Department of Health & Human Services). This resource is a plain language thesaurus for health communication and can give health professionals insight into layman's terms. https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html
- **Slow down:** Speak clearly and at a moderate pace.
- **Limit content:** Prioritise what needs to be discussed and limit information to 3-5 key points.
- **Repeat key points:** Be specific and concrete in your conversation and repeat key points.
- **Communication is a two-way process, encourage questions and consumer participation:** Encourage consumers to ask questions and be involved in the conversation during consultations and to be proactive in their health care.
- Appeal to different learning styles: Consumers have different learning styles and it is important to appeal to these different styles to enhance effect of communication and learning.

  1. auditory learners
  2. visual learners
  3. kinesthetic learners or tactile learners.
- **Utilise graphics, demonstrations, or audiovisuals to appeal to visual and tactile learners:**
  Draw pictures, use illustrations, demonstrate with 3-D models, demonstrate how to do a procedure, or show a DVD.
- **Teach-back:** Confirm consumers understand what they need to know and do by asking them to teach-back directions. (Refer to resource: The Teach-Back Method).
- **Document:** It is important to document in the medical records/notes the key points discussed with the consumer and what the consumer understands.

Respect culture and language requirements:

To work effectively with consumers from diverse backgrounds, you need some understanding of their cultural and language requirements.

Respect age and use people's titles as a matter of course.

Confirm with each consumer how he or she wishes to be addressed.

Insist on same-gender interpreters where possible.

Do not use colloquialisms or jokes – they do not translate, and are hard for non-english speaking consumer to understand. Humour is culture based.

Explain the reason for your questions and procedures.

If there is a language barrier use an accredited interpreter (face-to-face or phone).

Brief the interpreter before the consultation.

Introduce yourself and the interpreter to the consumer.

Explain what the appointment / interview is about.

Explain to the consumer the interpreter's role.

Inform the consumer that the interpreter service is free.

Assure the consumer of the interpreter's professionalism and that confidentiality is respected.

Talk directly to the consumer, not the interpreter. Explain why certain questions are being asked.

Speak in the first person (I, you) not third (he, she).

Keep questions and sentences short, to allow adequate time for interpretation

Use plain English and avoid jargon. Not all words or phrases can be easily translated into other languages.

Rather than asking "Didn't you get your medicine?" ask "Did you get your medicine?" using simple, positive language.

If an interpreter is not available:

In the short term you can utilise Cue Cards to assist in basic communication. There are Cue Cards for different community languages/dialects on the website of Eastern Health, Victoria: https://www.easternhealth.org.au/site/item/481-cue-cards-in-community-languages

THE TEACH-BACK METHOD

One of the easiest ways to close the communication gap between health professional and consumer is to use the Teach-Back method. Asking what consumers recall and restate what they have been told is one of the top consumer safety practices.

Teach-Back is a way to confirm what the consumer understands, using their own words. It is a method that creates an opportunity for communication in which the health professional gives information, and then asks the consumer to respond and confirm their understanding before adding any new information. The health professional can then re-phrase if a consumer is not able to repeat the information accurately. The health professional can then ask the consumer to teach-back the information again, using their own words, until they are comfortable the consumer really understands it. If the consumer still does not understand, the health professional needs to consider other strategies.

It is helpful to use written/visual material (including pamphlets, diagrams, models) to reinforce the teaching points as a way to improve consumer understanding and appeal to different learning styles (auditory, visual and tactile learners).

Examples of suggested approaches for health professionals to use for Teach-Back are:

"I want to be sure I explained everything clearly. Can you tell me how you are going to take this medicine?"

"We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let's review what we discussed. What are three things that will help you control your diabetes?"

"What are you going to do when you get home?"

It is recommended that the health professional document, in the medical records/notes, briefly what they have discussed with the consumer and what the consumer understands.

FOLLOW-UP WITH CONSUMERS

Follow-up is the act of making contact with a consumer or caregiver at a later stage (usually 48-72 hours) after discharge or a consultation.

Follow-up contact can be used for the following reasons:

- Confirming medication instructions are clear.
- Clarifying complex information.
- Scheduling appointments.
- Verifying follow-through on referrals.
- Reporting laboratory results.
- Reinforcing knowledge.
- Monitoring health status.

There is a range of methods that can be used for follow-up and these need to be agreed upon with the consumer or caregiver beforehand so that contact details can be confirmed and documented in the consumer's medical records/notes. Also the person making the contact needs to be identified to the consumer or caregiver beforehand (e.g. medical officer, nurse, and administrative staff).

Follow-up can be made by:

- Visit to a consumer's home
- Phone call
- Follow-up forms/technology – consumer or caregiver records information at home and brings that record to their next appointment
- Email
- Post

ENCOURAGE QUESTIONS

An essential part of achieving improved health outcomes is to help consumers to understand the importance of their role in their own health care and encourage two-way communication. Some consumers are reluctant to ask questions.

However, creating an environment that encourages consumers to ask questions gives them the confidence to take a more active role in their health care. When a consumer asks questions of the health professional/worker, it changes the dynamic of the consumer/health professional interaction. There are several strategies designed to change the dynamic of the consumer/health professional interaction. These strategies, when used over time, are aimed at teaching consumers to become more involved. Health professionals/workers can use questions to structure their communication with consumers.

Open-Ended Questions

Health professionals/workers can use open-ended questions to encourage/solicit questions from consumers. For example:

- What questions do you still have?
- That was a lot of information. What do I need to go over again with you?

Avoid asking closed-ended questions such as 'Do you have any questions?' as this often leads to a quick 'no' even if they do have questions.

Besides verbally encouraging questions, it is important to invite questions using body language. For example:

- Sit at the same level as the consumer.
- Look at the consumer when talking and listening, as opposed to looking at the computer or notes.
- Be conscious about presenting yourself as having time and wanting to listen to their questions.

Ask Me 3

Ask Me 3 is a program designed by the National Consumer Safety Foundation. It encourages consumers to ask at least three questions during their interaction with a health professional/worker:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Consumers should be encouraged to ask their health professional/worker these three simple, but essential, questions in every health care interaction. Likewise, health professionals/workers should always encourage consumers to understand the answers to these three questions.

Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may be able to better manage a chronic health condition.

These three questions can be included in patient information about your service, or separate written information can be prepared which spells out the questions that consumers can ask of their health professional/worker. Some health professionals/workers ask these questions of consumers at the end of consultations to structure Teach-Back method questions e.g. ‘Now just to be sure I have explained everything to you clearly, can you tell me what your main problem is, what you need to do and why it is important for you to do this?’

Questions are the Answer

This on-line tool can assist consumers to build their own question list. Health professionals/workers can refer consumers to the Agency for Healthcare Research and Quality website www.ahrq.gov/patient-safety/question-builder/online.html or utilise these principles in any written/on-line information prepared for consumers.

An excerpt from the ‘Questions are the Answer’ section of the website for the Agency for Healthcare Research and Quality is:

Step 1: Choose the kind of appointment you need.

Why are you going to see your doctor? Select one of these options:

- To talk about a health issue or matter
- To get or change a medicine
- To get medical tests
- To talk about surgery

Step 2: To talk about a health problem.

If you have a health problem, you may have a lot of questions. Select the questions you want to remember to ask.

- What is my diagnosis?
- Will I need any more tests?
- What are my treatment options?
- How soon do I need to make a decision about treatment?
- How much does this treatment cost?
- Are there any side effects?
- What happens if I choose to not have treatment?
- What is the outlook for my future (prognosis)?
- Will I need special help at home?

ASSESSING READABILITY

Consumers are often asked to read information related to their health issue and to read and fill in forms.

Health professionals need to be conscientious about using written information that is easy to read for consumers of different literacy levels. There are different ways to assess readability. Two common ways that can be used together are (1) consumer feedback and (2) a readability formula. It is important not to just rely on using a readability formula to assess readability. Asking consumers is the most reliable way to know that consumers can understand the information. This is an important step in quality control and improving health literacy.

Consumer Feedback

- Ask consumers of diverse backgrounds to evaluate forms or other written information (including written information that you did not develop). Consider the following questions:
- Are there any words or sections that are hard to read or understand?
- Is there anything you find offensive?
- What information do you find helpful?
- What information isn't helpful?
- Is there anything missing, that you would like included?

Readability Formula

Readability formula assesses written information for complexity, grade level, and multi-syllable words. There are many different readability formulas. Reading age is dependent on many different factors, and needs to be relevant to the consumer group for whom the information is being written. The standard is usually grade 8 reading level.

The most accessible formula is available on Microsoft Word. This is the Flesch Kinkaid Reading Formula.

The SMOG Grading tool is a readability formula that does not require a computer to calculate the reading age. There are four steps in the process.

- Step 1: count 10 consecutive sentences near the beginning, middle and end of the material (total of 30 sentences). A sentence is any list of words ending in a full stop, question mark or exclamation mark.
- Step 2: count every word of three or more syllables in the 30 sentences. Count repetitions of words.
- Step 3: Obtain the nearest square root of the number of three or more syllable words.
- Step 4: Add three to the square root. This gives you the SMOG Grade

For example:

- Step 1: 10 sentences beginning, middle and end (= 30 sentences)
- Step 2:
  21 words with three or more syllables.
  28 words with three or more syllables.
  23 words with three or more syllables

  Total 72
- Step 3: Square root of 64 (nearest square root to 72) = 8
- Step 4: 8 + 3 = 11th grade

WRITING HEALTH INFORMATION

The most common flaw in the process of health professionals writing health information is where they write the health information themselves and then ask consumers to comment on the design and content of the existing draft.

The most effective approach to developing written health information is where consumers and health professionals work together to write health information or evaluate existing information. The following checklist can assist health professionals and health consumers develop or evaluate health information.

Planning

- What is the purpose?
- Who is the information being written for?
- What is the information that needs to be covered?
- Have you reviewed existing material on the subject?
- Have you discussed the project with your department head/manager and secured support?
- Who else needs to be involved?
- Which consumers will be part of the writing group?
- What format best suits the information?

Production

- In the writing style have you
  - kept sentences short and to the point?
  - expressed only one idea in each sentence?
  - used simple grammatical structures?
  - written in the active versus the passive voice?
  - used the second person YOU instead of the third person such as ‘the consumer’ or ‘individuals’
  - limited the number of words containing three or more syllables?
  - tried to keep the eye span to no more that 60-70 characters?
  - used adequate spacing to provide the eyes with a rest?
  - used numbers (e.g. 2) instead of word numbers (e.g. two)?
  - used font size of suitable size (11 or 12) and Times New Roman or other easy to read font.
  - not used all CAPITAL LETTERS?
- Has the following been taken into account when writing?
  - Does the information address the message you want to convey as well as what the consumers want to know?
  - Is the information consistent with current evidence and standards/policies?
  - Is the content organised so that the “must know” information comes before the “nice to know” information?
  - Is the content organised so it flows well?
  - Where appropriate have you used illustrations to convey the message more clearly?
  - Is the content free from jargon and abbreviations?
  - Have you used consistent terminology?
- Is the content clearly communicated through the use of:
  - Question and answer format?
  - Headings?
  - Point form where appropriate?
- ‘Remember’ boxes, which contain the most important points/action steps?
  - Do you have directions to quality websites for further information?
  - Have you included questions that the consumer could ask the health professional for further information?
  - Have you remained gender neutral, or is it a gender specific topic?
  - Is the information respectful towards the target group?
  - Have you identified your department and organisation and provided contact details?
  - Is the publication dated?
- Has the draft been analysed to ensure clarity, accuracy and appropriate reading age?
- Reading age appropriate to consumers going to be using the information. Standard is usually grade 8 reading level.
- Objective feedback from someone with good writing skills.
- Final copy edited for printing errors.

Evaluation

- How will you evaluate the information and continuously improve it? E.g.
  - Check the information with a number of different consumers for readability?
  - Monitor use over time and take note of feedback from consumers and colleagues and use this information to continuously improve the content?

WRITING HEALTH INFORMATION FOR CONSUMERS FACTSHEET

The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed the writing health information for consumers fact sheet.

It describes how you can review and improve the content and format of your health care services written information.

Making your written information easier to understand will improve your health literacy environment and also help you meet some of the requirements of the National Safety and Quality Health (NSQHS) Standards.

Writing health information for consumers factsheet

RESOURCES

Australian Commission on Safety and Quality in Health Care (ACSQHC) Partnering with Consumers

ACSQHC Consumer Fact Sheet on Partnering with Consumers

ACSQHC Health Literacy

Consumer and Community Participation Toolkit, Queensland Health

Consumer Focus Collaboration. Education and training for consumer participation in health care: Resource guide. Canberra. CFC

Consumer participation and culturally and linguistically diverse communities (Centre for Culture Ethnicity and Health, Victoria

Frampton S, Guastello S, Brady C, Hale M, Horowitz S, Bennett Smith S, et al. The Patient-Centered Care Improvement Guide. Derby, USA. The Planetree Association and The Picker Institute

Health Consumers Queensland. Consumer and community engagement and patient involvement and participation in health service planning, delivery and evaluation. Brisbane. Queensland Health

Institute for Patient- and Family-Centered Care. Partnering with patients and families to enhance safety and quality: A mini toolkit. Bethesda. IPFCC

National Health and Medical Research Council. How to present the evidence for consumers: Preparation of consumer publications. Handbook series on preparing clinical practice guidelines. Canberra. NHMRC

Online training module: Guidelines for consumer representatives. Consumers' Health Forum of Australia

Partnership self-assessment tool. Centre for the Advancement of Collaborative Strategies in Health,

Victorian Department of Health. Communicating with consumers series. Volume 1: Well-written health information guide Melbourne

Experience-based design toolkit. The King's Fund, www.kingsfund.org.uk

Planetree www.planetree.org

INTERNATIONAL, NATIONAL AND STATE FRAMEWORKS

International:

> International Association for Public Participation IAP2 Spectrum

National:

> Australian Commission on Safety and Quality in Health Care

> Australian Commission on Safety and Quality in Health Care (ACSQHC) Australian Safety and Quality Framework for Health Care

> National Safety and Quality Health Service Standards (second edition)

> ACSQHC National Standard – Partnering with Consumers

> Person-centred care, Australian Commission on Safety and Quality in Health Care

> NSQHS Standards User Guide for measuring and evaluating partnering with consumers

> ACSQHC National Statement on Health Literacy: Taking Action to Improve Safety and Quality

> 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.

> ACSQHC National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health

> South Australian Aboriginal Languages Interpreters and Translators Guide. South Australian Government

> Aged Care Visitor Access Code

> Australian Government Guidelines on the Recognition of Sex and Gender

> Australian/New Zealand Standard – Guidelines for complaints management in organisations

> Premier and Cabinet Circular PC039 Complaint Management in the South Australian Public Sector

National consumer engagement websites:

Patient Experience and Consumer Engagement, Agency for Clinical Innovation, NSW

Consumer and Community Engagement, Queensland Health

Consumer participation, Victoria Health

Consumer, carer, community and clinician engagement, WA Health

Consumer engagement, Tasmanian Health Service

Stakeholder engagement and consumer participation, Northern Territory Health

State:

- Better Together
- Consumer, Carer and Community Engagement Strategic Framework
- Guide and resources for engaging with consumers, carers and the community
- Consumer and Community Advisory Committee Toolkit
- Sitting fees and reimbursement policy for external individuals
- Consumer Feedback and Complaints Management Strategic Framework
- Consumer Feedback and Complaints Management Guideline and Resources
- Equity of Access to Health Care Policy Directive
- Charter of Health and Community Rights Policy
- Partnering with Carers Policy
- Aboriginal Community and Consumer Engagement Strategy, Country Health SA LHN
- Patient Incident Management and Open Disclosure Policy
- Aboriginal Cultural Learning Framework
- Aboriginal Workforce Framework 2017-2022
- Aboriginal Health Impact Statement Policy

Legislation:

The Guideline is consistent with the:

- *Health Care Act 2008 (SA)*
- *Health and Community Services Complaints Act 2004 (SA)*
- *Carers Recognition Act 2005 (SA)*
- *Carer Recognition Act (2010)*
- Children and Young People (Safety) Act (2017)
- *Mental Health Act 2009 (SA)*
- *Racial Discrimination Act (1975)*
- *Disability Discrimination Act 1992*
- *Privacy Act 1988*
- Australian Privacy Principles

Charters/Policies

- Charter of Health and Community Services Rights Health and Community Services Complaints Commissioner
- Australian Charter of Healthcare Rights Australian Commission on Safety and Quality in Health Care second edition (2019)
- Charter on the Rights of Children and Young People in Healthcare Services in Australia
- Charter of Aged Care Rights Aged Care Quality and Safety Commission (2019)
- SA Carers Charter
- The Multicultural Access and Equity (2018) Policy Department of Home Affairs
- Commission on Excellence and Innovation in Health

Links

- Equal Opportunity Commission
- Health and Community Services Complaints Commissioner (HCSCC)
- Office of Ageing Well
- Ombudsman SA
- SA Office of the Public Advocate
- Wellbeing SA

For more information

Safety and Quality Unit
SA Health

Telephone: 8226 2567

Public-I4-A2

Interpreter

Government
of South Australia

SA Health