

Day 1

Q&A: Drivers for the evolution of engagement: the revised National Standards, health literacy and the Charter of Healthcare Rights

Naomi Poole, Director, Partnering with Consumers, The Australian Commission on Safety and Quality in Healthcare

Audience member: My name is Natasha, I'm a consumer representative. I'd just like to know, the assessors that obviously assess the standards, at what point in time should we expect consumers to be doing those assessments, particularly around standard 2?

Naomi Poole: So the health service will actually, is responsible for organising when the assessment takes place, so it depends on what cycle your service is on at the moment. In theory, if your next assessment is due after January 2019 then that one will be against the new edition of the standards. But it just depends what stage of the cycle you're at.

Audience member: I meant more so consumers actually doing the assessment.

Naomi: Oh, sorry.

Audience member: That's okay. Particularly for standard 2, who's got a better lens than a consumer?

Naomi: What I didn't mention is we've actually been working with a lot of stakeholders to try and identify some ways that we can improve the accreditation scheme itself and one of the things that we have been talking about is how we support greater involvement of consumers in the assessment process and so we filtered it into all of our guidance particularly with standard 2, that a lot of the information that assessors can use in order to identify whether or not the action is met is by talking to consumers, interviewing consumers. So there's that kind of

aspect of it, but we're also looking very closely at how we might support the involvement of consumers in the actual surveying process as surveyors, as well.

Audience member: I'm interested in what you said about technology as an attribute and I'm particularly interested from the point of view of health literacy and the embedded nature of information giving which largely often relies on mechanisms which are wordy, require a level of understanding that is a barrier sometimes in itself. I'm very keen to hear what you've got to say on what's in the fact sheets about low-cost forms of technology which actually both speak to the new ERA of information giving and engagement that the average person really is now far along the way of experiencing and particularly as it applies to the standards, the assessments, the gamut of things you've described?

Naomi: Technology is an interesting one, because it can be both a facilitator and a barrier to health literacy and to person-centred care, so I think that... and we've done a lot around technology- sorry, not technology, health literacy- where it can provide opportunities to make things easier to understand, but it needs to be used in the right way and for the right purpose and have the right checks and balances to make sure that what is being developed is actually fit for purpose and meets consumer needs and so a lot of that is taking it back to the consumer and doing that verification. Interestingly, technology with the attributes was also, there was an interesting discussion about how technology within the health care system and the introduction of new technology is driven by the system and health care services and clinicians and it's not always necessarily assessed to identify whether or not the introduction of this technology will actually improve the patient's experience or improve the outcome for the patient or what impact it will have on them. So there was a lot of talk around making sure that things that might necessarily just be introduced because it's a new shiny thing and it will make it easier for clinicians should be balanced and should be considered in the context of what it means for patients and what impact it has on patients.

Naomi: There's three more questions, Mark, do we have time for three?

Mark: Just two more.

Audience member: Naomi thanks for the presentation. I'm a new consumer, having been a Health Department bureaucrat for 20 years I've now shifted from one camp to the other and what I see is an enormous amount of work has been done in generating these documents and they're fantastic. I mean, it's really important to have those guidelines available, but if I'm a consumer, I want to know how to use them. And if I don't know the jargon and the lingo and the terms and the phrases and the meanings they're basically just something you put on the shelf. What I think you need to do- sorry, my suggestion would be, you had a whole lot of guides up there on one of those slides, a guide for the hospitals and the smaller hospitals. Why not have a user guide written by lay people to explain how the guidelines actually work on a day-to-day basis and how you can be involved in that process in a way that explains in plain terms- and I think having Q&A sheets is like a secondary version, it feels like a subsection, almost an afterthought. I want there to be a consumer guide written by lay people that's held up there as equal and equivalent to the guides for the hospitals. We're just as important as they are.

Naomi: I think that's a completely fair point and I think it's a great idea, so I'm just going to write that down and take that away. (APPLAUSE)

Mark: One last question.

Audience member: Hi, Naomi, Sandy Darling Downs, Hospital and Health Service. My question is in relation to the charter of health care rights and forgive me if I'm playing devil's advocate here. With the review of the charter, is there any plans to incorporate consumer responsibilities as well as rights? I guess I'm saying that in relation to the escalated level of violence towards health care workers.

Naomi: Yes. We're open to any suggestions at this point and I know that when the charter was first developed there was a lot of discussion about the balance of whether or not you include rights and responsibilities or just rights and there was a lot of discussion around that. I think we're taking on any suggestions about how it might be improved and for better use. Absolutely that's going to be part of the conversation.

Mark: Thank you very much, Naomi.