# Drivers for the evolution of engagement:

using policy, standards and guidance

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### **Overview**

- Who we are and what we do
- Supporting and encouraging partnerships with consumers:
  - National Safety and Quality Health Service Standards (second edition)
  - Australian Charter of Healthcare Rights
  - Attributes of person-centred organisations
  - Other tools and resources to support engagement
- Summary

# **Australian Commission on Safety and Quality in Health Care**

- Australian Government agency COAG funded
- Leads & coordinates national improvements in safety
   & quality based on best available evidence
- Works in partnership with Commonwealth, state & territory governments, private sector, patients, clinicians, managers, & health care organisations
- Aims to achieve a sustainable, safe & high-quality health system
- Work program decided 3 years in advance by agreement by Commonwealth and state and territory Health Ministers

#### STRATEGIC PLAN 2014-2019

Greater

#### SAFETY, QUALITY, EVERY PERSON, EVERYWHERE, EVERY TIME.



#### PATIENT SAFETY

A health system that is designed to ensure that patients and consumers are kept safe from preventable harm



2

#### PARTNERING WITH PATIENTS, CONSUMERS AND COMMUNITIES

A health system where patients, consumers and members of the community participate with health professionals as partners in all aspects of health care



Better outcomes and experiences for patients and consumers

SAFETY. QUALITY. EVERY PERSON. EVERYWHERE. EVERY TIME.

Greater

Safety and quality systems enable safe clinical practice



#### **QUALITY, COST AND VALUE**

A health system that provides the right care, minimises waste, and optimises value and productivity.



4

#### SUPPORTING HEALTH PROFESSIONALS TO PROVIDE SAFE AND HIGH-QUALITY CARE

A health system that supports safe clinical practice by having robust and sustainable improvement systems



The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care based on best available evidence. The Commission works in partnership with patients, consumers, clinicians, managers, policy makers and health care organisations to achieve a sustainable, safe and high-quality health system.

# The Commission's role in supporting partnering with consumers

- Raising awareness
- Fostering coordination of approach and agreement on key issues
- Developing national policy and guidance
- Developing and implementing National Safety and Quality Health Service Standards
- Providing tools and resources to support consumer engagement

# What do we mean by partnering with consumers?

#### How it looks?

 consumers are treated with dignity and respect, information is shared and consumers are encouraged to participate and collaborate in their own care to the extent that they choose

#### What it means for the consumer?

- the best possible quality of care and experience for consumers
- health care that is informed by consumer's clinical and personal needs and preferences and considers the impact of health issues on life and wellbeing

# The value of partnering with consumers

Through partnerships with consumers you can better understand what consumers need, want and understand about their care. Partnerships and a person-centred approach to care can contribute to:



# 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 attitudes
- ✓ Less workforce turnover
- Reduced emotional stress for the healthcare workforce
- ✓ Improved workforce wellbeing



#### 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

### **NSQHS Standards – second edition**



Clinical Governance



Partnering with Consumers



Preventing and Controlling
Healthcare-associated Infection



**Medication Safety** 



Comprehensive Care



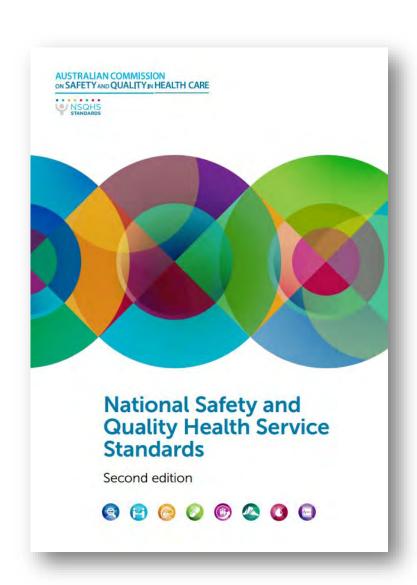
Communicating for Safety



**Blood Management** 



Recognising and Responding to Acute Deterioration



### **New concepts and topics**

- Leadership
- Understanding diversity of patients and consumers
- Electronic health records
- Safe clinical environment
- Care planning and shared decision making
- Health literacy
- Screening and assessment
- Nutrition and hydration
- Aboriginal and Torres Strait Islander people
- Cognitive impairment
- Mental health

# Partnering with Consumers Standard

- Combines actions for patients partnering in their own care from across multiple standards in the first edition into one standard
- Includes additional requirements to support patients partner in their own care
- New content includes communication to support effective partnerships
- Partnering with consumers in organisational design and governance remains and has been refined, with an overall reduction in the number of actions

# Strategic approach

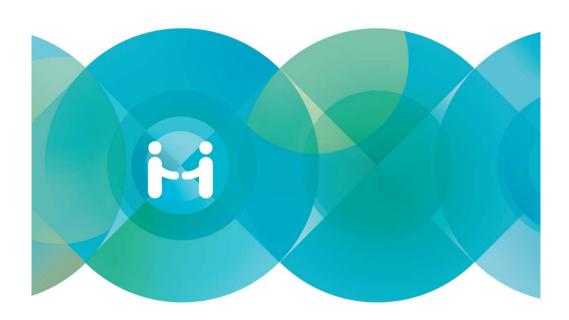
- Standard describes what needs to be achieved, not how to get there
- No best practice approach many different strategies and approaches for effective partnerships
- Think about the purpose why are you doing this and what do you want to achieve
- Think about how to embed partnerships into the way the organisation works:
  - governance, leadership, strategy
  - policies and procedures
  - day to day clinical practice

# Criterion 1: Clinical governance and quality improvement systems

- Integrating clinical governance
- Applying quality improvement systems
- Issues:
  - Integrating consumer partnerships into organisational governance systems
    - strategic decision making
    - policies and procedures
    - risk management
    - identifying training requirements
  - New requirement to take a quality improvement approach
    - monitor performance
    - take action to improve performance
    - report on outcomes

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





National Safety and Quality Health Service Standards

User Guide for Measuring and Evaluating Partnering with Consumers

- What processes do you have in place?
- What impact should these processes have
- What outcomes do you want to achieve?
- How could you measure this?

# Criterion 2: Partnering with consumers at their own care

- Healthcare rights and informed consent
- Sharing decisions and planning care
- Issues:
  - Use Australian Charter of Healthcare Rights, or equivalent
  - Actions are about processes that the health service has in place, but also need to consider impact on patients
    - patients understand their treatment, including risks and benefits
    - patients or substitute decision makers are involved in planning etc, leading to positive experiences and best possible outcomes
  - Links between these actions and actions in Comprehensive Care Standard and Communicating for Safety Standard
  - Supporting the workforce to form partnerships does not just have to be about training

# **Criterion 3: Health literacy**

- Communication that supports effective partnerships
- Issues:
  - Need to have an understanding of your patient population and your local community
    - one size does not necessarily fit all
    - communicating with hard to reach, vulnerable groups
    - application across the whole organisation / specific focus areas
  - Action about involving consumers in review of patient information material based on 2.4.1 and 2.4.2 in first edition
  - How to support clinicians to communicate effectively at the point of care
    - need to have appropriate information available
    - also need to encourage / build capacity / provide opportunities for clinicians to use information and communicate appropriately

# Criterion 4: Organisational design and governance

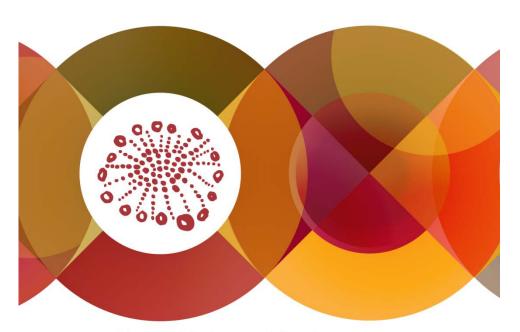
 Partnerships in healthcare governance, planning, design, measurement and evaluation

#### Issues:

- Streamlines many of the actions from Standard 2 in the first edition
- Many of these actions were developmental in the first edition
- Now also need to look at them with a quality improvement lens
- Approach to embedding partnerships in organisational design and governance will vary considerably depending on context
- New action about working in partnership with Aboriginal and Torres Strait Islander communities
  - need for understanding of local context and environment
  - importance of external partnerships
  - importance of cultural safety

#### AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE





National Safety and Quality Health Service Standards

#### User Guide for Aboriginal and Torres Strait Islander Health















- Addresses six specific actions to meet the needs of Aboriginal and Torres Strait Islander people
- What does this mean for health service organisations?
- What are the benefits of taking action
- Key tasks
- Examples of supporting evidence
- Additional resources
- Examples of good practice

#### Links to other standards

- Each of the six clinical standards includes the action:
  - Clinicians use organisational processes from the Partnering with Consumers Standard when [...] to:
    - a. Actively involve patients in their own care
    - b. Meet the patient's information needs
    - c. Share decision-making
- Particularly strong links with Comprehensive Care and Communicating for Safety Standards

# **Comprehensive Care Standard**

Aims to ensure that consumers receive care that is:

- aligned with their expressed preferences and healthcare needs
- considers the impact of their health issues on their life and wellbeing
- clinically appropriate for their circumstances
- minimises harm from specific risks

#### Includes:

- screening and assessment
- involving consumers and their support people in care planning and delivery
- end-of-life care planning and delivery
- shared decision making

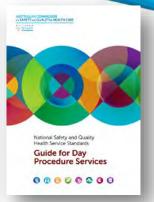


# **NSQHS Standards resources**

### **Guides**

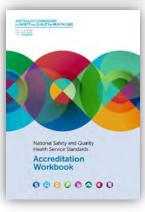












### **NSQHS Standards resources**

- Guides for Hospitals, Day procedure services, Multi-purpose services and small rural hospitals and Community health services
- Accreditation workbook
- Factsheets tables from previous workbook listing actions that require policies, audits, training
- National Model Clinical Governance Framework
- Electronic monitoring tool for health services
- Fact sheets for consumers

# **NSQHS Standards user guides**

- Aboriginal and Torres Strait Islander health
- Health service organisations providing care to children
- Measuring and evaluating partnering with consumers

#### Coming soon user guides for...

- Governing bodies
- Mental health services
- Healthcare variation
- Migrant and refugee health Chemotherapy services
- End-of-life care
- Cognitive impairment

# Online resource portal



#### Start by selecting your role:







Clinicians



Healthcare Consumers



Managers



Members of Governing Body



Safety & Quality Managers

### **Assessor training**

- Orientation to the NSQHS Standards
  - Online
  - Covers all standards and changes to accreditation
  - Mandatory for assessors
  - Available to health service organisations
  - Some content now available, more being added
- Aboriginal and Torres Strait Island Cultural Awareness Training
  - Mandatory reading
  - Online training
  - External provider

#### **Timelines**

- November 2017
  - NSQHS Standards and first round of resources launched
  - Gradual release of resources as they are finalised and approved
- April 2018
  - Launch of online training modules for assessors
- June 2018
  - Launch of interactive online resource portal
- July 2018
  - Transition to assessment to the second edition starts
- January 2019
  - Assessment to the second edition

# **Australian Charter of Healthcare Rights**

# AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

#### **Guiding Principles**

These three principles describe how this Charter applies in the Australian health system.

Teveryone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit www.safetyandquality.gov.au

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A SAN TRANSPORTER	verter in the rain
MY RIGHTS	WHAT THIS MEANS
Access	
have a right to health care.	I can access services to address me healthcare needs.
Safety	
I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect	
I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication	
I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation	
have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy	
have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment	
I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and

# **Australian Charter of Healthcare Rights**

- Describes the rights of consumers accessing healthcare.
- Is used by consumers, health care professionals, health service organisations to ensure everyone has a shared understanding of consumer rights when receiving healthcare.
- Integrated into the Standards (in a number of ways)
- Now ten years old....

# DO YOU KNOW YOUR HEALTHCARE RIGHTS?

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.



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For more information on the Charter ask for a flier on the Australian

Charter of Healthcare Rights, or visit www.safetyandquality.gov.au

#### **Review of the Charter**

Currently reviewing the Charter to:

- ensure it meets needs and addresses key issues what we have learnt over the past ten years, and new and emerging issues for health care 2018-2028
- inform improved implementation and awareness how to embed it within health services culture and practice
- Survey currently open: <a href="https://www.surveymonkey.com/r/JYLML9N">https://www.surveymonkey.com/r/JYLML9N</a>
- Consultations and focus groups to follow....

# Attributes of person-centred organisations

 How do we support organisations to be great at person-centred care?

Review of key attributes of organisations that excel in

person-centred care (including literature review and site visits in eight services)

 Identified 7 common attributes amongst these organisations



# Attributes of person-centred organisations



### **Attributes**

#### Comprehensive care delivery

- Patients are engaged as partners in their care
- goals of care guide clinical decisions and the patient journey
- diversity and equity are respected and supported
- transparency is a core element of safety and quality care.

#### Clear purpose, strategy and leadership

- A commitment to exceptional personcentred care is clearly stated in the organisations purpose and strategy
- great leadership drives exceptional person-centred care, with the support of champions across the organisation
- a person-centred strategy is articulated to the workforce and the community and implemented across the organisation.

#### People, capability and a personcentred culture

- An organisational culture for personcentred care is built and maintained through long-term systematic approach
- the capabilities of all members of the workforce are continually developed through formal and informal learning
- the organisation regularly monitors and is dedicated to support workforce satisfaction and wellbeing.

#### Person-centred governance systems

- Consumers and the community are involved in governance at all levels
- consumers are trained and supported to meaningfully contribute
- organisational structures and models of care are designed around the person
- there are clear accountabilities at all levels from the board to the clinician
- financial, strategic and operational decisions and processes are person-centred.

#### Strong external partnerships

- Healthcare organisations have a comprehensive network of service partner and relationships
- there is a focus on seamless transitions and co ordination of care
- healthcare organisations operate as leaders in the system improvement
- community volunteers are recognised and supported as critical partners in enhancing the patient experience.

#### Person-centred technology and built environment

- Person-centred design principles are applied to the built environment
- healthcare organisations are pragmatic and innovative where resources are limited
- technology must enhance patient experiences and outcomes, but also not be relied upon alone.

#### Measurement for improvement

- There is culture of learning and continuous improvment
- measurement can be acted on to improve outcomes and reflects what patients and communities value.

# Attributes of person-centred organisations

- Report describing the review and the seven attributes identified
- Case studies from 8 healthcare organisations that are highperforming in person-centred care
- Fact sheets for organisations describing the attributes including a self-assessment tool and related NSQHS actions
- Available by end of June....

### **Attributes and the NSQHS Standards**

- Excelling in the attributes will help organisations meet some of the actions in the NSQHS Standards
- Person-centred care including integration of principles into culture, systems, governance and supporting the delivery of comprehensive care is embedded throughout the NSQHS Standards
- Doing well, or excelling, against the attributes will enable health service organisations to meet some of the NSQHS Standard actions that relate to partnerships with consumers, comprehensive care and the delivery of person-centred care.

# Some of the Commission's other tools and resources to support engagement



Standard 2: Partnering with Consumers



# **Summary**

- NSQHS Standard has a stronger focus both in Standard 2 and across others – on partnerships with consumers
- NSQHS Standards implementation from January 2019 with a suite of resources to explain and support
- Charter is a well known, and useful, lever for promoting understanding of roles and rights of consumers in health care
- Seven attributes of high-performing person-centred organisations identified that provide an organisational guide to fostering partnerships with consumers
- Growing range of resources to support partnerships

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