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# Implementing Partnering in healthcare: a framework for better care and outcomes

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## Presentation overview

1. Why, what and how?
2. Partnering in healthcare – five domains and three levels – and practical examples
3. What the future looks like



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## Partnering in healthcare

**A framework for better care and outcomes**

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## The term ‘consumer’ in our framework

- We use the term ‘consumer’ to refer to people, families, carers and communities who are current or potential users of health care services
- The term also includes people who choose to get involved in decision-making, health consumer representatives who provide advice on behalf of consumers
- Different health settings may use terms such as patients, persons and families, service users, carers, clients and residents



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## Why we needed a framework?

Victoria needed a comprehensive framework for consumer participation in healthcare:

- To improve equity in treatment and care options
- To reduce healthcare variation in consumer participation, experience and outcomes
- To be more holistic and systemic – or ‘joined-up’ – in how equity and other issues and outcomes are addressed
- To ensure that equity is worked on collaboratively

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## What is the framework?

- The framework consists of five focus areas, where work could improve consumer experience and outcomes
- The framework applies to **all** Victorian public health services
- It is also relevant for funded health services (such as community health services, mental health community services, alcohol and drug services and public residential aged care services)

Figure 1: Five domains of *Partnering in healthcare*

## The framework



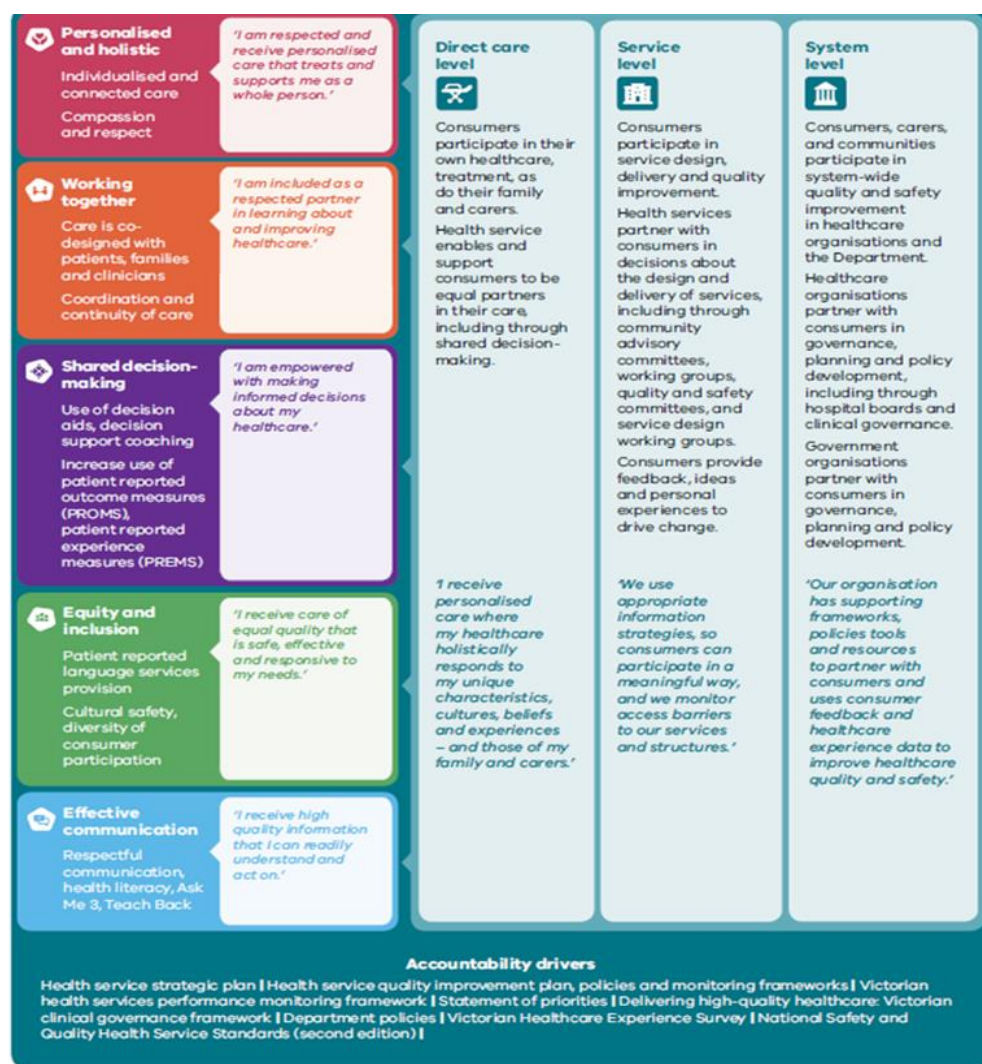
# The five domains at three levels

1. Direct care level

2. Service level

3. System level

To optimise the outcomes and impact





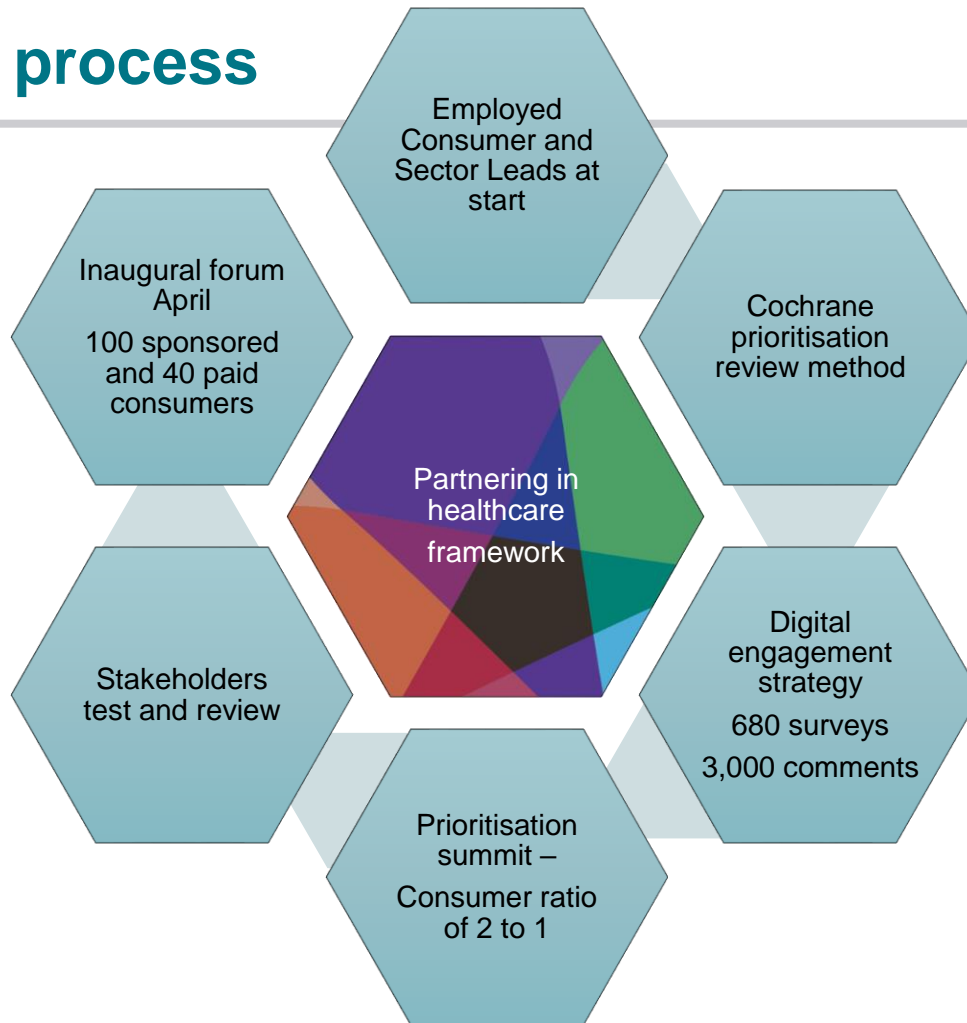
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## How was the framework developed?

- A **co-design** approach to develop the framework
- We asked hundreds of people what was most important to them and involved them in each phase of development
- **For the first time**, we employed a consumer lead as part of our work, to ensure consumer voices were central in our work, and a sector lead to keep us connected with health services
- This framework is the result – a **collective product**
- **Consumers as partners**

# Co-design process

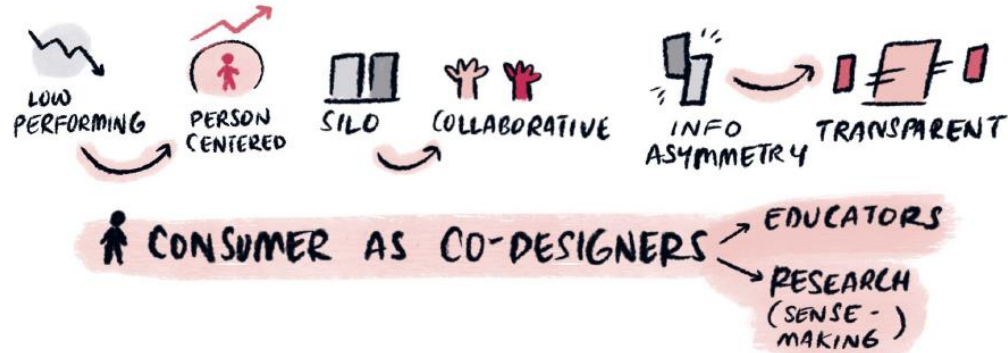
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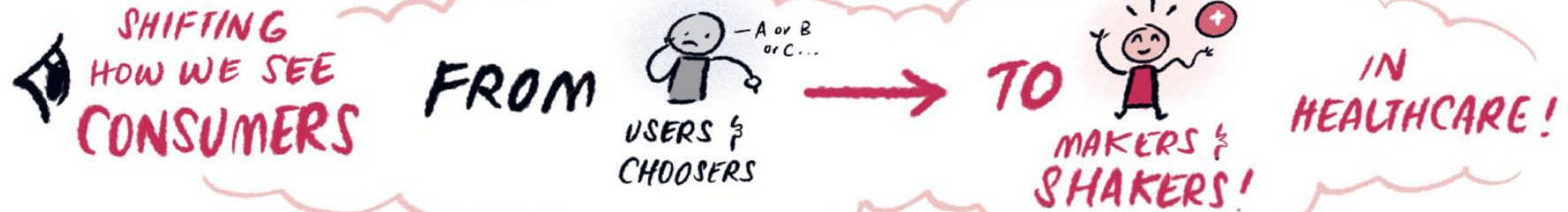
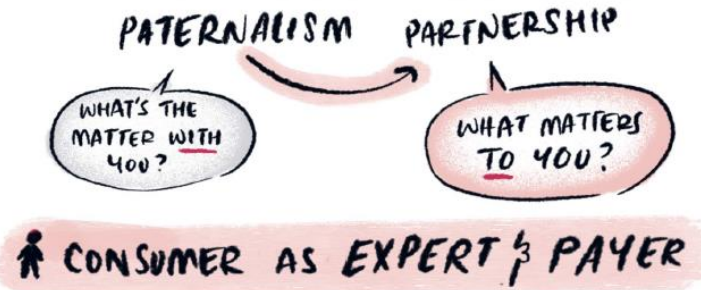
# CONSUMERS TRANSFORMING HEALTHCARE: SHIFTING GEARS FOR REAL CHANGE

LEANNE WELLS, CONSUMERS HEALTH FORUM OF AUSTRALIA

## ORGANISATIONAL SHIFTS



## POINT-OF CARE SHIFTS:



# Partnering in healthcare forum

100 sponsored consumer places

40 paid consumer roles





## Our useful publication

## In each chapter:

- What consumers said
- What matters in practice
- Suggested priorities for the Department, Safer Care Victoria and health services
- What we heard from the consultations





## Health service

### Suggested priorities

Ensure accredited interpreters are provided when needed.

Monitor consumer-reported accredited interpreter provision through the Victorian Healthcare Experience Survey (VHES).

Provide cultural safety and cultural responsiveness training for staff.

Provide advocates for those with limited or no personal supports.

Ensure diversity, culture and inclusion are organisational priorities.

Build diverse consumer representation at all levels.

Value consumers, including through remuneration.

Develop more inclusive community consultation strategies.

Ensure information is translated into various languages.

Promote consumer awareness of healthcare rights.

Ensure regional and rural consumers have access to VPTAS.

## 4 Equity and inclusion



'I receive care that is safe, effective and responsive to my needs.'

Responding to diverse needs is complex. People want to be engaged and empowered in their healthcare experience and journey. Some groups and communities are often under-represented in healthcare participation opportunities and structures and over-represented in clinical risk. Informed by a definition of equity provided by the World Health Organization, equity is the absence of avoidable or remediable differences among groups of people, whether they are defined socially, culturally, linguistically, economically, demographically or geographically (WHO Task Force, 2004). Equity in healthcare means that all people receive care of equal quality that is safe, effective and person-centred. An equitable approach does not mean that everyone receives the same care, but that all people have their healthcare needs equally well met, including through removing differences in the quality, safety and accessibility of opportunities, services and rights between groups of people.

### WHAT CONSUMERS SAID

- Provide accredited interpreters when needed.
- Engage diverse consumers in healthcare partnerships
- Provide equitable access, care and treatment
- Ensure participation in forums and consultations is available at a variety of times of day (for example during and after work hours)

### Elements of this domain

Fairness, dignity and respect.

Responding to everybody's common and unique needs.

Seeing, hearing, valuing, including and engaging others.

Understanding how social determinants of health impact people's healthcare access, outcomes and experiences.

Pursuing shared, equitable and socially just outcomes.

Cultural safety, and culturally responsive and inclusive care.

Accredited interpreters are provided when needed.

Addressing avoidable or remediable differences among groups of people whether they are defined socially, culturally, linguistically, economically, demographically or geographically.

All people have their healthcare needs equally well met.

Diverse groups and communities are involved in participatory structures.

'Interpreters are provided to people who require them along their care journey.'

### WHAT MATTERS IN PRACTICE



#### SCV

##### Priorities

Develop and promote consumer engagement guidelines, with an emphasis on engaging diverse consumers from a broader demographic of the population.

##### Actions

Work with partner organizations to develop resources which foster and enable diverse consumer engagement, and more inclusive consultation strategies.



#### Department

##### Priorities

Increase participation in universal and early intervention services – especially by Aboriginal Victorians.

Reduce unexplained variation in the care people receive – especially disadvantaged groups.

Increase consumer participation in design and delivery of services

##### Actions

Implement a review of the improving care for Aboriginal and Torres Strait Islander Patients (ICAP) program.

Implement the *Delivering for diversity: Cultural diversity plan 2016-2019*.

Reform the department's language services policy and guidelines, to strengthen quality and accessibility of language services

Improve equity of access to high-quality and safe healthcare for regional and rural Victorians.

Monitor and review regional and rural consumers' access to the Victorian Patient Transport Assistance Scheme (VPTAS).

Investigate ways to benchmark equity, diversity and responsiveness.



#### Consultation

Other suggestions for improvement from our consultation



Ensure people who need accredited interpreters have access to them.

Provide critical health information in relevant languages and formats.



Respond effectively to diversity and difference.

Increase awareness of (and services/ facilities for) a person's cultural, religious and social needs.

Ensure greater access to accredited interpreters for consumers with limited English proficiency, including information in their preferred language.

Create environments that are respectful and safe for all.



Ensure adequate training in specific areas such as cultural responsiveness, mental health, providing and using accredited interpreters, and checking for understanding.

Address barriers for particularly at-risk communities or population groups.

Ensure data is collected – and acted upon – regarding who is accessing services, and their experiences and outcomes.

Ensure participation across diverse groups and communities, which reflect the demographics of the communities served.



# 1. Personalised and holistic

## Five practical examples

- Promote and support the use of person-centred co-design as a method for improvement
- Support health services to recruit, develop and support consumer leaders
- Provide hospital staff training on person-centred care
- Improve integrated and coordinated care between health and community services, to support better outcomes for people with chronic and complex needs
- Investigate the use of the Patient Activation Measure (PAM) to support consumers to engage in their healthcare



## 2. Working together

### Five practical examples

- Support health service leaders to develop their skills through team-based learning
- Support clinician, consumer and family team meetings
- Increase participation of service users, providers and staff in the design and delivery of services, policy and legislation
- Support practical tools and strategies to improve collaboration and engagement among consumers, families and health professionals
- Ensure there are enough family/carer meetings with health professionals prior to discharge





## 3. Shared decision-making

### Five practical examples

- Develop and implement a pilot to increase the use of consumer decision aids, decision coaching and question prompt lists in Victorian hospitals
- Increase consumer participation in the design and delivery of services, policy, planning, regulation and legislation
- Develop shared decision-making as a priority goal for consumers and health professionals
- Ensure that shared decision-making interventions are customised to meet the needs of specific groups and populations
- Include shared decision-making in position descriptions and performance appraisals

# Ottawa Personal Decision Guide

For People Making Health or Social Decisions



## 1 Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

- ☐ Not thought about it  
☐ Thinking about it

- ☐ Close to choosing  
☐ Made a choice

## 2 Explore your decision.



### Knowledge

List the options and benefits and risks you know.



### Values

Rate each benefit and risk using stars (★) to show how much each one matters to you.



### Certainty

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

**Reasons to Choose  
this Option**  
Benefits / Advantages / Pros

How much it  
matters to you:  
0 ★ not at all  
5 ★ a great deal

**Reasons to Avoid  
this Option**  
Risks / Disadvantages / Cons

How much it  
matters to you:  
0 ★ not at all  
5 ★ a great deal

Option #1



## 4. Equity and inclusion

### Five practical examples

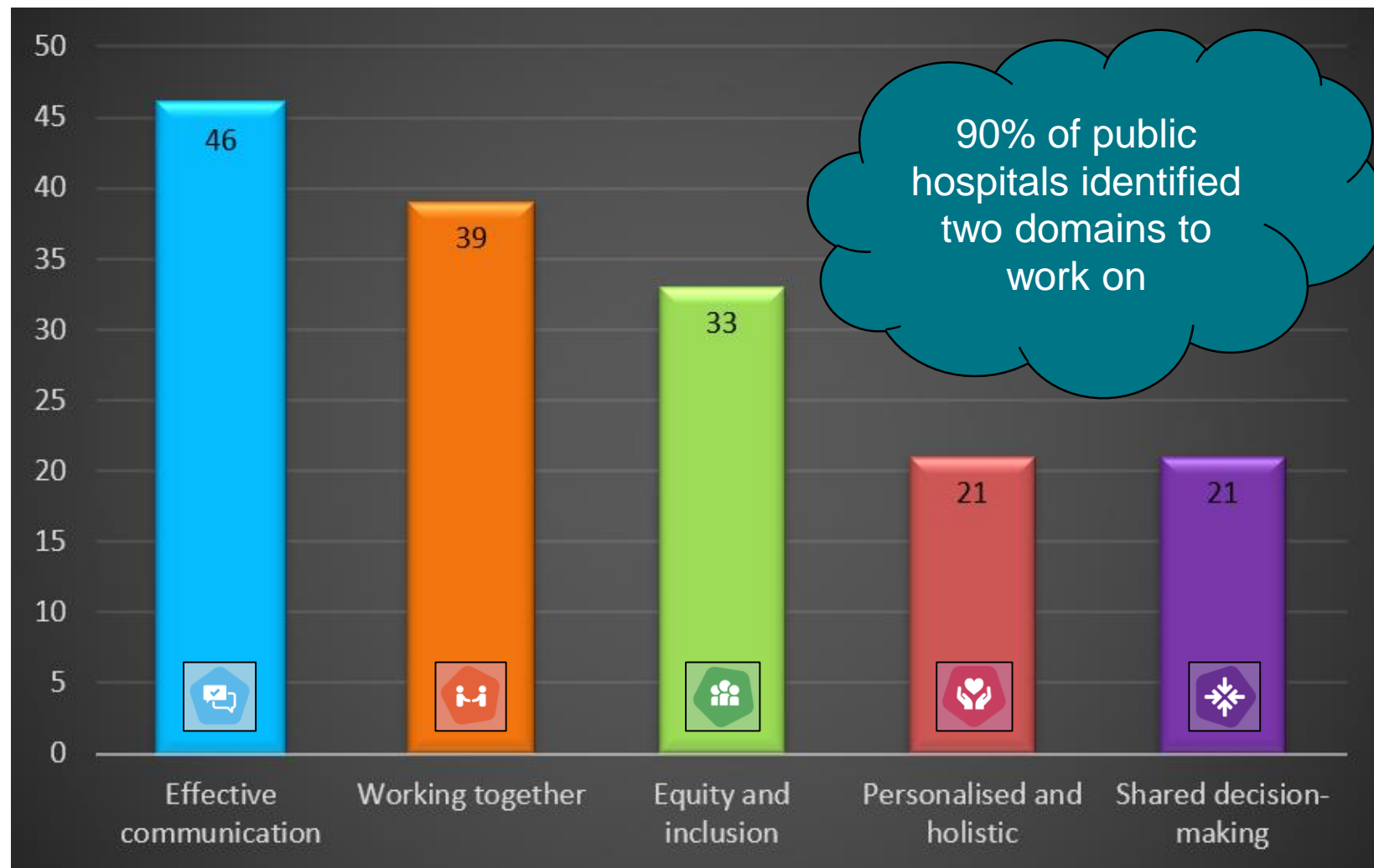
- Ensure accredited interpreters are provided when needed
- Provide cultural safety and cultural responsiveness training for staff
- Build diverse consumer representation at all levels, and value consumers, including through remuneration
- Investigate ways to benchmark equity, diversity and responsiveness
- Understand how social determinants of health impact people's healthcare access, outcomes and experiences



## 5. Effective communication

### Five practical examples

- Support Provide training for staff on health literacy (for example, Teach-back, Ask Me 3 and Asking the Right Questions Matter)
- Use a variety of materials that include visual, spoken and written approaches
- Roll out communication skills training for healthcare professionals, including clinical communication skills, and communication for person-centred care
- Use technology to communicate with consumers when that method is right
- Provide alternative pathways for consumers to escalate their concerns when they are worried



Objective		2019–20 activities	Target	
Consumer voices and choices are central to own care	Consumer-defined outcome measures and improvement goals being delivered at a health service level and within SCV	INCREASE consumer engagement by embedding <i>Partnering in healthcare framework</i> , including in public residential aged care [DHHS KR32]	100% services report progress against their identified priorities	June 2020
		SUPPORT consumer representatives who work with health services [DHHS KR32]	Refresh and publish community advisory committee guidelines	April 2020
		PROMOTE more diverse consumer representation [DHHS KR32]	Release guidance for health services and consumers	April 2020

Consumer voices and experiences improve health services and the health system	Demonstrable improvement in patient experience	TRIAL <b>HEAR Me</b> , a new 24/7 phone service for patients and families to escalate care concerns [DHHS KR1]	Started in 17 health services	June 2020
		IDENTIFY patient complaint themes by analysing data from 32 health services [DHHS KR32]	Benchmark complaint rates across health services	May 2020
		COMPLETE the Patient Opinion online feedback trial in 7 health services [DHHS KR32]	Publish evaluation report on value of online feedback	Apr 2020
		HELP clinicians improve communication skills by testing <b>Your thoughts matter</b> in 2 health services [DHHS KR39]	Implement pilot with plan for spread	June 2020

# Self- assessment tool

Use the Partnering in healthcare self-assessment tool to:

- identify your service's current strengths and challenges against each domain and identify areas in need of improvement
- identify at least two domains and the priorities you will choose to focus on in the next 12 months

Complete the Partnering in healthcare statement of intent and send to us by 30 June 2019.

## Effective communication

"I receive high-quality information that I can readily understand and act upon."



Health communication refers to interactions that occur during the process of improving health and healthcare. Effective health communication is essential for public health strategy and practices. Poor quality communication, and the mistakes associated with it, are a major cause of error in diagnosis and treatment. Health literacy is an enabler of communication and participation in healthcare. It is also the product of good communication between health professionals and consumers, and of health systems that are responsive to consumer needs (Phillips, 2016).

### WHAT CONSUMERS SAID

- Always use clear, jargon free and accessible language.
- Co-develop information about healthcare conditions, processes and pathways that are easy to understand and act upon.
- Ensure communication is consistent across all points of a patient's journey.
- Provide high quality health information and in relevant languages.
- Promote the use of 'Teach Back' by health professionals.

Levels of consumer involvement	Current strengths	Current challenges	Opportunities for improvement
 Direct level			
 Service level			
 System level			
Additional notes about this domain:			





# Equity and inclusion

## HOW TO USE THIS RESOURCE

This fact sheet has been developed to help health services meet their requirements under the National Safety and Quality Health Service (NSQHS) Standards.

The second edition of the Standards features a greater focus on partnering with consumers.

To help you meet these updated requirements

## About the domain

'I receive care that is safe, effective and responsive to my needs.'

Responding to diverse needs is complex. People want to be engaged and empowered in the healthcare experience and journey. Some groups and communities are often under-

### 2. PARTNERING WITH CONSUMERS STANDARD

#### ITEM

#### ACTION

Clinical governance and quality improvement systems to support partnering with consumers

Integrating clinical governance

**2.1\***

Applying quality improvement systems

**2.2\***

Partnering with patients in their own care

Healthcare rights and informed consent

2.3, 2.4, **2.5\***

Sharing decisions and planning care

2.6, 2.7

Health literacy

Communication that supports effective partnerships

**2.8\***, 2.9, 2.10,

Partnering with consumers in organisational design and governance

Partnerships in healthcare governance planning, design, measurement and evaluation

2.11, 2.12, **2.13\***, 2.14

#### Examples of evidence from the NSQHS workbook, aligning each standard to the domain:

- patient information packages or resources about advocacy, power of attorney and legal guardianship that are available for consumers in different formats and languages, consistent with the patient profile
- feedback from patients and consumers about awareness of the charter of rights
- examples of programs that have been implemented to deal with the healthcare needs of Aboriginal and Torres Strait Islander people.



# Let's connect

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Our website and publication at:

<https://www.bettersafercare.vic.gov.au/resources/tools/partnering-in-healthcare>

