

CONSUMER PARTICIPATION

LESSONS FROM THE FIELD

VICTORIAN HEALTHCARE QUALITY ASSOCIATION

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Top 5 Standards not met -NM (January 2013- November 2014)

Standard	Relates to	Number of Core actions Not Met over 270 surveys * over 178 surveys	% of all core actions in this standard
6	Clinical Handover	44*	3%
3	Preventing and Controlling Healthcare Associated Infections	189	2%
4	Medication Safety	115*	2%
9	Recognising and Responding to Clinical Deterioration in Acute Health Care	55*	2%
2	Partnering with Consumers	17	2%

Standard 2 Top 3 Core actions not met

Action	Number of NM (over 270 organisations surveyed)	Relates to
2.6.1	8	Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care
2.7.1	4	The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance
2.4.2	3	Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients



But don't get complacent.....

- The REAL problem organisations' face are with the DEVELOPMENTAL Actions
- 11 of the 15 Actions in NS2 are developmental
- At some point this will change and these Actions will become CORE
- Like all good scouts it pays to "be prepared"

2.1.1	2.6.2
2.1.2	2.8.1
2.2.1	2.8.2
2.2.2	2.9.1
2.3.1	2.9.2
2.5.1	



Evidence of Achievement

- Evidence should be consistent with the size and scope of your organisation
- Look for Opportunities to engage with consumers everyday, across all services
- Consistency across the organisation is important – one weak link can let you down
- Surveyors will be looking for evidence that supports the outcomes of consumer partnerships not just the process – ask the question “how have consumers / carers made a difference to what we do, how we do it, where we do it etc.



NS 1 and 2 are Overarching Standards

- All Standards are bookended by Governance and Consumer engagement / participation / partnerships
- If you address these aspects in NS 3 through 10 you go a long way towards achieving the intent of NS 1 and 2
- Make sure all your working parties for the National Standards are aware of this
- Understanding and determining how NS2 integrates with the other NSQHS Standards is crucial



2.1.1 and 2.1.2

Governance and Policy Framework

- Consumers and/or carers are involved on the governance of the health service organisation
- Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people that do not usually provide feedback
- Is NS2 aligned with your Governance Structure and Policy Development



2.1.1 and 2.1.2

What are Surveyors looking for

- Do you have policies that describe the role consumers / carers play in the governance of your organisation
- What are the key committees that would benefit from consumer representation
- If you have a consumer advisory committee (or similar), do they receive reports / provide feedback and advice on governance related matters
- How do you know that what you are doing related to Consumer engagement is working – have changes been made and what is the process for communicating these back?



Information

2.4.1 and 2.4.2

- Feedback from consumers about patient information publications is included in final publications. Processes for this – flowcharts etc.

2.7.1

- Information about safety and quality performance is provided to consumers and to the wider community. Information boards, websites, annual reports, newsletters, open forums etc.



Training

2.3.1

- Training for consumers partnering with the organisation. External and / or internal, look at what is available regarding health literacy.

2.6.1

- Training for the workforce. Patient centred care and working with consumers. Patient journeys, using patient experience to inform decision making

2.6.2

- Consumers involved in training the workforce



Partnering with Consumers for Improvement

2.2.1

- Partnering in strategic and operational planning.

2.2.2

- Partnerships in decision making about safety and quality

2.5.1

- Partnerships in the design and redesign of health services

2.8.1 and 2.8.2

- Partnerships in the review of organisational safety and quality performance and the development of improvements

2.9.1 and 2.9.2

- Partnerships in the review of patient feedback data and the development of improvements



Keys / Considerations to Success

- Use every opportunity to engage with consumers – everyday and everywhere
- Demonstrate their involvement in planning and designing improvement initiatives
- Involve them in the accreditation process / presentations / discussion to demonstrate engagement and ensure they are heard
- A consistent approach to patient centred care that comes from the patient / carers understanding of what it means – use patient experience to teach this
- Consider how quality and safety data is shared with consumers AND how they are involved in its analysis
- Consider available strategies for getting consumer feedback AND what is done with the information and how it is fed back to consumers



Some Intangibles that make a Difference

- Leadership commitment
- Knowing your community / consumers
- Culture key
- Mature strategic planning processes
- Building on existing strengths / relationships
- There is no single right way to engage
- Getting the right mix of consumers



Some things to consider

- Mechanisms that actively engage consumers in decisions about their own care – escalation / advance care planning etc.
- Community forums, focus groups and consumer workshops
- Patient centred walk-arounds
- Complaints management and advocacy processes
- Staff specifically to support consumer engagement – changing the language and traditional ways of working
- Consumer registers for specific issues (ability for all to opt-in)



Consumer Advisory Committees

- Are not generally representative
- Can be used to consult more broadly
- Governance, policy, strategy and advocacy
- Workplans – where do they go? Need to be able to demonstrate the outcomes / tangible improvements achieved



Supporting / Educating Consumers

- Mentorship programs
- Recognition programs for consumers
- Recognition of staff who actively engage consumers
- Training and education – realising it doesn't always come naturally



Communication

- Social media
- Have mechanisms that capture consumer engagement activities – you probably do more than you realise
- If you have a consumer engagement plan or framework publish it widely to get to the broader community
- Formal feedback mechanisms for consumers about services, their design, quality, outcomes and how they perceive you engage



Consumer Feedback

- Active as well as passive / Specific as well as broad
- Consumer involvement in reviewing themes and trends related to feedback and complaints
- Take a risk approach – dig deeper when there is a real problem



Quality and Safety

- Consumer representatives on key governance committees
- Involve consumers in quality improvement activities
- Consumers don't just need reports they need to monitor and they need to ask questions



Planning

- Consult with consumers on upgrades and new development
- Get them involved in new product / new intervention reviews
- Make sure they have appropriate input into the things you have to do anyway – Cultural Awareness / Disability / Consumer Engagement plans etc.



Diversity

- Identify key groups and ask them how they want to be involved
- Use of interpreters / devices / patient information etc.
- Try to get diversity in a consumer representative register
- Look to other advocacy groups if you are having difficulty – indigenous / DVA / Specific Disease Groups / Refugees etc.



Informed Decision Making

- Specific audits of satisfaction – i.e. consent / ACP / Hand Hygiene / Clinical Handover / Identification
- Rights and Responsibilities – it's not enough to give it out or hang it on the wall.....
- How do you know people understand it – where is the evidence you have asked the question?
- Patient Information on the Internet – get them involved in its design and review



Some Things to Consider

- Volunteers can be but are not necessarily consumer representatives and need to be used judiciously as they may have a vested interest in the organisation
- If you want to avoid Tokenism watch the video clip produced by the Health Issues centre – “STOP THIS MEETING I WANT TO GET OFF”
www.healthissuescentre.org.au
- Involve consumers in some key everyday decisions – staff interviews / reviewing position descriptions / designing new menus / complaint responses / incident investigations etc.
- Don't just ask consumers to be engaged, ask them how they want to be

