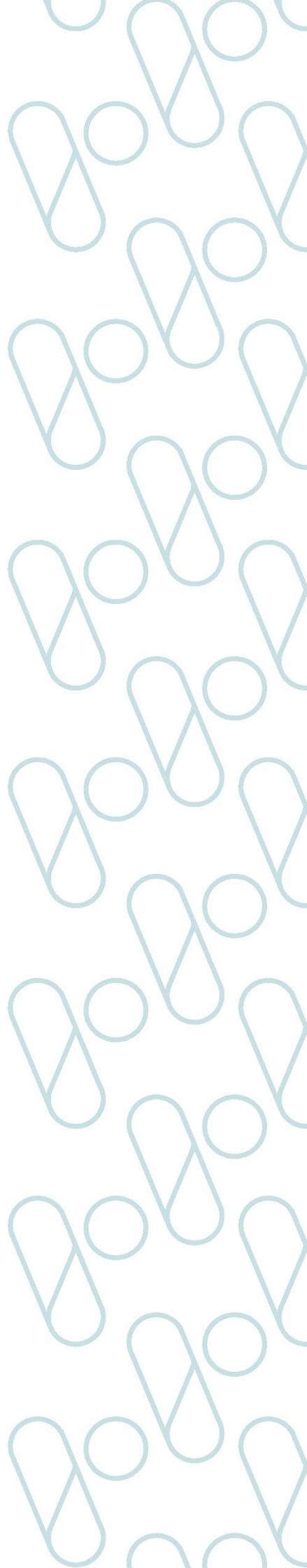
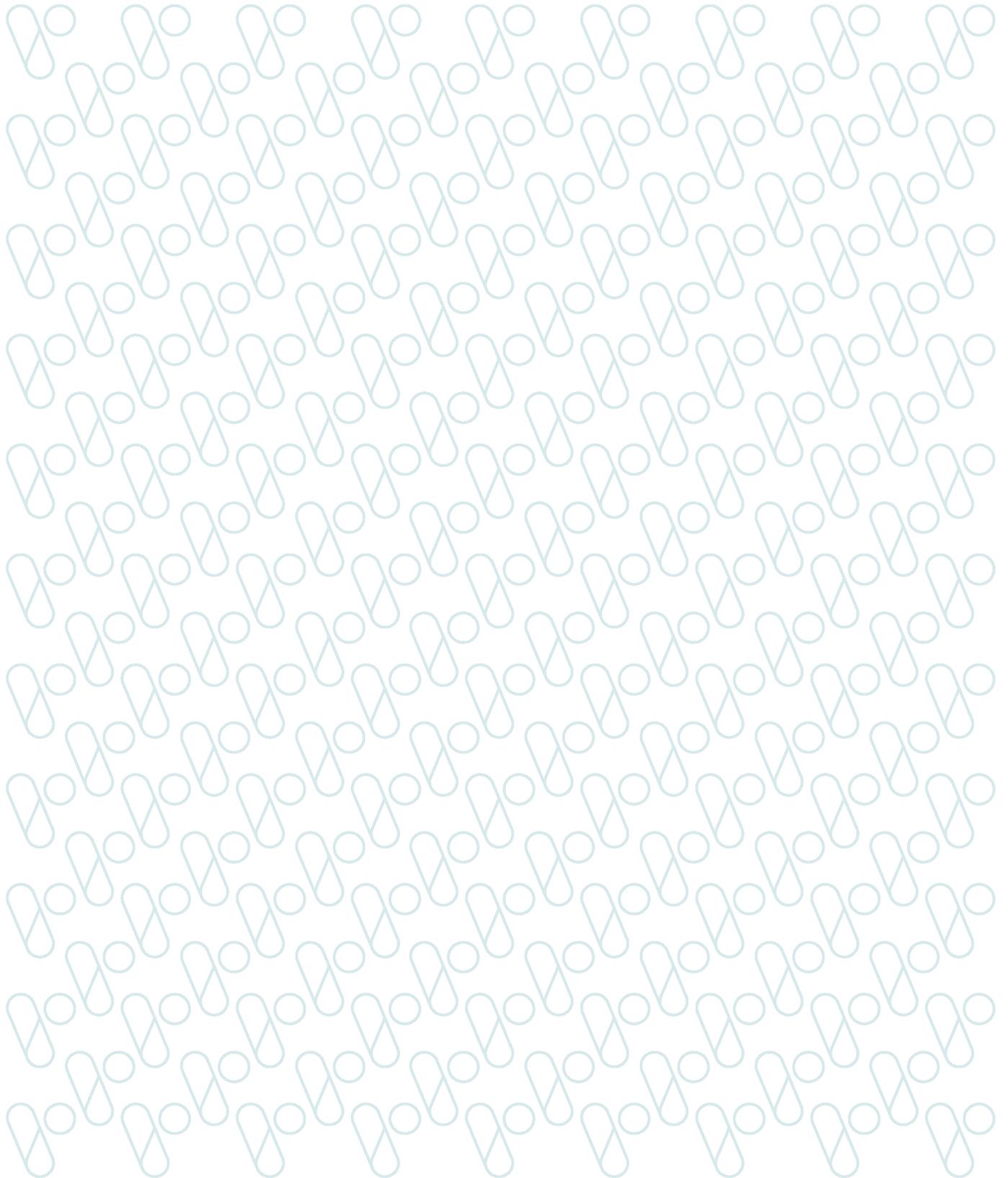


July 2019

Event report

Partnering in healthcare: Together
is better forum April 2019





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Forum insights

On 29-30 April 2019 more than 300 consumers, clinicians, safety and quality managers and policy makers from around Victoria came together to celebrate, learn, share ideas and discuss a future shaped by a new partnership and consumer participation approach.

ABOUT THE FORUM

As the official launch of Partnering in healthcare: a framework for better care and outcomes, the two-day Partnering in healthcare: Together is better forum focused on practical ways to place consumers at the centre of the health system and achieve better care and outcomes through partnership with consumers, patients, carers and communities.

As outlined in the Partnering in healthcare framework document, we promised this event would:

- celebrate what you are currently doing (theme 1)
- share good practice examples (theme 2)
- generate new thinking and ideas (theme 3)
- identify the most useful ways to measure and report on progress and identify how can we measure improvements in participation (theme 4).

We believe the forum delivered on what was promised, with 95 per cent of attendees rating the event as 'excellent' or 'very good'.

Other forum outcomes of note include:

- Attendees generated more than 245 improvement measurement suggestions, which we'll use to inform our evaluation strategy.
- We showcased consumer contributions and the work health services are doing to progress consumers partnering in healthcare.
- Through 29 carefully curated sessions, we were able to think about how we can best deliver care that is safe, person centred, equitable and clinically effective.

Support to implement the framework

Please get in touch with the Consumer Partnerships team if you have questions about implementing the Partnering in healthcare framework:

- Email partnering@safercare.vic.gov.au
- Call Lidia Horvat on (03) 9096 9008
- Invite us to a meeting where we can present or host a discussion with health service staff

This document is the first step to delivering on our commitment to share event outcomes with all participants and to work with health services to develop ways to systematically share knowledge and good practice in implementing Partnering in healthcare.

We've structured this document to cover the four defining themes of the event and the sessions that supported them, and to capture the feedback and knowledge generated by attendees over the two days.

We look forward to seeing you at the 2020 Outcomes Summit as we work together to make Partnering in healthcare everybody's business.

THEME 1: CELEBRATING WHAT YOU'RE CURRENTLY DOING

We recognise that many health services are already doing fantastic work when it comes to working with consumers.

What can be missing is the opportunity to share and reflect on this good work and hear from others doing similarly well.

The topics and speakers in the eight sessions for this theme was a great opportunity for us to cheer on the excellent work already underway throughout Victoria.

What was on the program

- Why together is better for partnering in healthcare – Minister for Health Jenny Mikakos MP and Prof Euan Wallace
- From bedside to boardroom, how partnering in healthcare happens – Panel featuring Ben Cryan, Russell Harrison, Lyn Swinburne, Melissa Yang, Janet Chapman and Louise McKinlay
- 'No filters' – consumers as partners in educating clinicians – Bev McLaine and Colleen Petrie
- Consumer engagement: a regional approach to quality and safety – Alicia Cunningham and Janet Wood
- Partnering through story telling – Kate Barnes and Louise Sampson
- From text size to target audience and beyond! Exploring the new health information guidelines – Assoc Prof Sophie Hill and Louisa Walsh
- Your skills matter – Prof Peter Martin
- Building relationships for change - the Collaborative Pairs Australia demonstration trial – Louisa Walsh

Session spotlight: effective communication

Alicia Cunningham and Janet Wood AM spoke of the Loddon Mallee Regional Clinical Council's (LMRCC) efforts to build rural and regional capacity for collaborative consumer engagement.

They spoke of their journey to date and the impact their efforts have had on acceptance, trust and respect for consumer partners in the region.

They emphasised the importance the group has had on responding to statewide and regional consumer engagement initiatives to learn from what's working, what's emerging and to shape LMRCC initiatives.

What people said:

"There were so many consumer representatives present, so we were more willing to speak up and be heard."

THEME 2: SHARING GOOD PRACTICE EXAMPLES

We often ask ourselves 'what does good look like?' and the combination of breakout sessions and keynotes for this theme provided attendees with a broad range of practical tools and real-world examples.

What was on the program

- Who am I and what am I doing here? Patient partnership roles and opportunities – David Gilbert
- Are you really listening? How to become a social listening organisation – Zoe Austin-Crowe
- Schwartz rounds: the Monash experience – Anne-Marie Hadley
- Co-production of an organisational model of health literacy – Jenny Barr
- Walking the walk, a reflection on co-production in practice – Fiona Browning
- VHES - a new era – Dr Lance Emerson
- Using data to improve outcomes – patient reported experience and outcome measures – Prof Mei Krishnasamy and Sue Evans
- Carers as safety contributors in hospitals – from the periphery to partnership – Dr Bronwyn Merner and Assoc Prof Sophie Hill

Session spotlight: shared decision making

Prof Lyndal Trevena ran a workshop on shared decision-making and decision aids in evidence-based practice and person-centred care.

She spoke of the benefits decision-making tools have for improving patients' confidence, involvement and expectations of risk as well as having a positive effect on patient-clinician communication.

What people said:

"Thank you to you and your team for a wonderful event on Monday/Tuesday. It was so well run and full of amazing 'stuff'. I know it was a huge job. I felt exhausted from attending, so I can only imagine how you must have felt at the end of it. I do hope that the knowledge that what you are all doing is so very much appreciated and worthwhile will assist in the recovery."

THEME 3: GENERATING NEW THINKING AND IDEAS

It's no accident that this theme featured the highest number of keynotes and breakout sessions. We wanted to inspire, challenge and disrupt with these topics and speakers; to get people thinking about things in ways that they wouldn't normally.

What was on the program

- Consumer partnerships for real – David Gilbert
- Co-production – a global collaboration – Jane Evans
- Teach-back and the communication gap – Dr Alison Beauchamp
- Shared decision-making, what it is and what it is not – Prof Lyndal Trevena
- How interpreters can help improve services in hospitals – Emiliano Zucchi
- Providing high quality and safe healthcare to Aboriginal and Torres Strait Islanders – Ben Gorrie
- Equity and inclusion in healthcare, if cultural safety is the answer, then what is the question? – Dr Ruth De Souza
- Partnering in healthcare is everybody's business – Louise McKinlay
- Consumers transforming healthcare, shifting gears for real change – Leanne Wells
- Walking the tightrope of patient partnership – David Gilbert
- How do I 'do' cultural safety? – Dr Ruth De Souza

How behaviour change can help to optimise healthcare – Assoc Prof Peter Bragge

Session spotlight: keynote Leanne Wells

Leanne spoke about the shifts needed to deliver a person-centred health system.

She also outlined eight key roles for consumers including as change agents, policy influencers, research collaborators, co-designers, community mobilisers and educators, and of the need to see consumers as makers and shapers of health services.

Session spotlight: keynote David Gilbert

David Gilbert spoke of the emotional work done by patient partners and the need for recognition that bringing all of yourself into the relationship is key to good leadership.

David spoke of the work of a patient partner as being healing, and centred his workshop on how to prevent further harm.

Session spotlight: keynote Ruth De Souza

Ruth centred her plenary and workshop on cultural safety in health.

She asserted the need for health services and systems to explicitly engage with history and politics to transform these inequalities through cultural safety. Cultural safety enables safe services to be defined by those who receive the service.

She also stated that representation in the workforce doesn't mean people have a voice in the corridors of power.

THEME 4: MEASURING AND REPORTING ON PROGRESS AND IMPROVEMENT

On day two of the forum, we asked all 300 attendees to participate in an energetic and challenging workshop led by independent facilitator Jacinta Cubis.

We asked attendees to help us identify what success looks like and how improvements in each of the five domains could be measured.

Participants were allocated tables with an assigned domain to focus on. Each table was:

- given an example of a SMART measure to kickstart the conversation
- asked to identify three priorities and work through how to count or measure those priorities.

Participants worked diligently for an hour and had fruitful conversations. To finish, each table shared a 'gem' from their discussion.

We heard about the most useful ways to measure and report on progress in Partnering in healthcare, with participants selecting priorities under each domain and creating SMART goals for measuring future achievements in Partnering in healthcare.

What was on the program

How do we measure success in partnering in healthcare? – Jacinta Cubis and 300 willing attendees

Session spotlight: what we heard

Key overarching comments included:

- getting the relationship right
- active listening
- consumer and carer participation in governance
- demystifying jargon
- mutual understanding between consumers and health professionals
- consistency of information across the healthcare system and pathways
- the simple but profound, 'see me, hear me, know me'.

Most importantly, we learnt from this workshop that developing measures is tricky, and that doing this thoroughly will take more time and collaboration than a 90-minute session gave us.

This is challenging and important work and we were thrilled with the participation, conversations and ideas that were generated.

See Appendix A at the end of this document for more than 245 identified measures generated from this session.

WHAT WE WILL DO NEXT

To help measure and monitor progress, we will develop an evaluation strategy with consumers and health services that considers the following questions:

- How will we track and analyse the improvement process as it evolves?
- Which information, data and evidence need to be collected, by whom, how, and when?
- What insights about healthcare improvement are being produced through Partnering in healthcare?

We also plan to host an outcomes summit in May 2020 to provide a platform for health services to share knowledge and celebrate successes.

Health services were required to submit a statement of intent by 30 June 2019 identifying two framework domains and their focus priorities for improvement activities in 2019. To date 90 per cent of health services have done so.

During 2019–20 we will support implementation of the Partnering in healthcare framework with key improvement initiatives.

FOCUS DOMAINS FOR 2019–20

These initiatives will focus on three of the domains:

- effective communication
- shared decision making
- equity and inclusion.

This will include pilot projects and identification of best practice and evidence in support of improvement initiatives against these domains.

WHAT WE WILL DELIVER IN 2019–20

July

- Identify baseline data for Partnering in healthcare implementation
- Develop evaluation strategy

December

- Develop resources to support shared decision-making strategies
- Launch resources to support equitable and diverse consumer engagement

2020

- Partnering in healthcare outcomes summit to take place
- Shared decision-making projects launching in health services.

What people said:

“One of the things I do love is the opportunity to meet with other consumer reps/partners in person. I organise a catch-up outside of the formal CAC meeting time with some other EH CAC members and we have found that invaluable. I know logistically it is hard but if there was some way of having a gathering a few times in the next year rather than waiting for the outcomes forum next year, that would be great. It doesn't have to be formal with an agenda, just the creation of opportunity for networking.”

Event numbers and feedback

The Partnering in healthcare forum sold out in two weeks and was attended by more than 50 sponsored consumers and featured the largest representation of consumers for any of our events (more than 100 consumer representatives in total).

We also removed barriers for rural and regional attendees by prioritising and quarantining places, and we created sponsored registrations and accommodation for rural and regional consumers.

Around 40 consumers also had meaningful roles in the forum as keynote speakers, session hosts, peer supports and social media ambassadors.

ATTENDEE FEEDBACK

We value all feedback received from attendees. For this event, 95 per cent of attendees gave it a rating of 'excellent' or 'good'.

We also heard that we need to work a bit harder to make sure our events are accessible to all attendees, and sincerely thank those who took the time to let us know how we can do that better in the future.

What people said:

"The quality of the workshops was excellent."

"There was a lot of detail which contributed to the overall success. I keep remembering words and ideas and programs as they swirl through my immediate memory. It will days (weeks probably!) to really absorb it all – a process I look forward to with pleasure."

What people said:

"A brilliant two days with a great load of like-minded people. Learnt a lot and shared some great discussions. I look forward to getting your regular newsletter and the next meeting."

"I have increased confidence to share what value consumers can add in many areas of healthcare. It's important to encourage patients/consumers to grow from storytelling to power with increasing confidence."

WHAT'S BEING WRITTEN ABOUT THE FRAMEWORK AND FORUM?

We've enjoyed seeing the conversations sparked by both the framework and the forum. We invite you to read the following articles:

- **"Nothing about us without us": New framework elevates consumers' voice in healthcare**

Bang the Table's Sally Hussey has written an article that positions the Partnering in healthcare framework as having a 'trailblazing impact in healthcare'.

(<https://www.bangthetable.com/blog/new-framework-elevates-consumers-voice-in-healthcare/>)

- **Cultural safety: On healing the health system through partnership**

Keynote speaker Ruth De Souza followed up her appearance at the forum with a unique piece focusing on healing the health system through partnership.

(<http://www.ruthdesouza.com/2019/05/20/cultural-safety-on-healing-the-health-system-in-partnership/>)

- **Partnering in healthcare: A framework for better care and outcomes**

Consumers Health Forum covered the forum in their May edition of 'Consumers Shaping Health Vol 13 Issue 4 May 2019'.

(https://chf.org.au/sites/default/files/csh_may_2019.pdf)

- **Avoid harm – listen to consumers**

Louise McKinlay's article featured the Partnering in Healthcare framework as she discussed safety, quality and health literacy as the three vital strands of consumer-centred health care in Health Voices, a journal of the Consumers Health Forum of Australia.

(<https://healthvoices.org.au/issues/health-literacy-may-2019/avoid-harm-listen-to-consumers/>)

#withconsumers tick

Did you know that both the Partnering in healthcare framework document and the forum were awarded the #withconsumers tick by the Consumers Health Forum of Australia?



Achieving accreditation recognises our commitment to integrating consumer experiences and insights across all levels of our work.

What people said:

"Congratulations to your team and thank you for a great program and for creating so many meaningful ways for consumers to learn and participate in the event."

Digital news

- The SCV events app has had close to 400 users since launch.
- The event and all its content remain available on the Safer Care Victoria events app. Click the following link and use event password SaferCare19:
<https://event.crowdcompass.com/partnerinhealth>
- 847 tweets mentioned the forum with a potential reach of 2.6 million people.
- #withconsumers had 439 mentions.

APPENDIX A:

Measurement workshop raw data capture

DOMAIN: WORKING TOGETHER

SMART goal example we gave the tables for this domain:

“Paradise Health Service’s People Matter survey results for 2020 show a 5 per cent increase in the number of staff who would recommend this health service to their family and friends.”

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Build cultures of inclusion, trust and support	<ul style="list-style-type: none"> Identify questions within VHES that already measure inclusion, trust and support Triangulate current data – consumer feedback (trends), VHES, staff matters survey data to determine baseline and identify areas of improvement – communicate to exec/leadership groups Exit interviews People matters survey / caregiver survey
Support clinician, consumer and family team meetings	<ul style="list-style-type: none"> Within unit, family, team, service – define ‘team meeting’ – what works in your area – 90% identified by July 2020 Measure time spent at bedside against consumer outcome measures to provide supportive evidence to clinicians How are they delivered (telehealth)/use of technology? Consumers satisfaction with the frequency and outcomes of the team meetings Set clear objectives at start of team meeting and measure if these are met
Use feedback from consumers for quality improvement	<ul style="list-style-type: none"> Identify themes from feedback – measure and evaluate out quality improvements from trending feedback A plan developed for quality improvement initiatives from identified trends Commitment to improve based on feedback (purposeful) Mechanism to close the loop on feedback – transparent process Increased usage of patient experience surveys Improved patient experience Consumers involved in codesigning solutions for quality improvement
Improve discharge communication and processes for consumers	<ul style="list-style-type: none"> Has all equipment been supplied before discharge and did you know how to use it? Had follow up processes been explained and reinforced (written instructions) Increase number of designated discharge coordinators/ward clerks

Count this (Partnering in healthcare framework priorities)

How to count it (attendee suggestions)

- Number of phone calls after discharge
- Specific – create discharge tool fit for purpose and reviewed with consumers by December 2019
- Specific – all discharge plans are completed in conjunction consumers. Measurable – How many discharge plans are completed. Assignable/Achievable – Focus groups x2 engage normal quality cycle. Relevant – clinical tools need to be safe effective and codesigned. Time-based – end 2019
- Real-time patient experience survey post discharge
- Follow up DNAs to see if it was related to poor communication or lack of information
- Discharge planning – counting how many patients have received their discharge summaries
- Counting the number of opportunities patients/consumers have to be involved in their discharge planning – how many including the family at least several days before discharge
- Is there evidence of the consumer being involved in the discharge summary?
- If consumers get their discharge summaries – add a service for the patient to contact an interpreter?
- Simplify the discharge form. Simple language
- Increase by x% the VHES score for discharge by 2022

Support practical tools and strategies to improve collaboration and engagement among consumers and families

- Use of technology to engage family members
- Use of key worker to communicate with family at designated point during care (e.g. after team meeting)
- Training of clinicians, patient facing staff and consumers
- Designated spaces for family meetings
- Questions about privacy and confidentiality taken in
- Tools, policy, strategy established
- Sharing information including medical record

Include consumers in staff training

- Specific goal – Engage consumers to ask how they want to be involved in staff training. Measurable – how many consumers are involved in training (collect feedback from 3 focus groups). Achievable – Number will complete after hours (unpaid). Relevant – Quality standards require consumer engagement. Time – January 2020
- Consumer expert register to run training
- Using external agencies – Guide Dogs/Cancer Council
- Training support around presenting
- All Victorian health services have increased their consumer partnership in staff education across all disciplines by x% by 2020

Measure and report on quality, safety, consumer experience and outcomes data

- x% of Victorian health services have 'transparent' and 'accessible' reporting of results to staff and consumers by 2020

Co-production (end-to-end process: design, delivery, evaluation)

- Co-design activity
- Equal number of consumers and clinicians – with relevant interest and experience
- Refresh consumers

Count this (Partnering in healthcare framework priorities)

How to count it (attendee suggestions)

- Co-design projects are identified by consumers
- Decision making framework
- Evaluate views/input from consumers – evaluation process is co-produced

Ensure better coordination, integration and continuity of care through clear mechanisms

- Everyone completes a discharge summary and referral
- Clinical/medical reports sent automatically by health care service to GP for transparency
- Clear appearance process that's accessible and shared
- One joint management system that ensures continuity of care
- Better use of telehealth to reduce travel time for consumers
- Patient journey boards – are these publicly available and visible?
- Information from consumers to consumers
- Having a pathway on paper A–B. The patient knows where they are going
- Having a means that is clear. Asking the questions: has the consumer had consistent care?

Co-design care and services with consumers and families

- Consumers and families involved in health service plan and care involvement
- Consumers and families involved in new service delivery from 'greenfield' to implementation and evaluation
- Have a good ratio of clinicians and consumers involved – diversity in codesign
- Improved education among clinicians and consumers
- Decrease in patient's readmission and complaints and queries from consumers
- Peer support network/patient liaison increasingly utilised for support
- Increased use of telehealth in codesign
- Increased staff motivation and engagement
- Show evidence of how this happened, how it was done, the outcomes, plan and evaluation
- Demonstrate that consumers/family were involved from the beginning
- Number of staff who have attended training
- How many people (consumers) have registered and trained to do codesign

DOMAIN: SHARED DECISION MAKING

SMART goal example we gave the tables for this domain:

“Paradise Health Service will implement a six-month trial of the use of decision coaching aids in clinic X following a campaign through its organisational learning management system to increase awareness and access to a suite of resources and shared decision-making.”

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Provide reliable, balanced, evidence-based information outlining treatment options, outcomes and uncertainties	<ul style="list-style-type: none"> PREMS – assess number of patients provided with post-discharge information Audits post discharge to review consumers experience of the provision of evidence-based information Patients will be surveyed about their experience related to the information they received – reliable, balanced, outlining options and uncertainties Empower consumers with the information to make informed decisions and then an opportunity to feed back to health service. For example: survey (measure), target (100%), response (50%)
Involve consumers at the service design, policy and governance level	<ul style="list-style-type: none"> Consumer advisory committee (CAC) – raising profile, increase participation to separate from volunteers Standard committees increase consumer participation, review governance structures, increase CAC involvement Consumer to be on the board for each health service Each health service to run at least one project a quarter that involves CAC Evidence to support consumer involvement at service design, policy and government level Consumer engagement policy, guideline and register Consumer advisors have specific training related to their involvement within 3 months of commencement Health services to review 100% of the organisations formal committees and ensure there is opportunity to involve consumers in shared decision making within 12 months Opportunity for consumers to provide feedback on variety of projects within health service. Measure: paid/unpaid consumer participation, you said/we did, consumer participation strategy for every project
Include shared decision-making in position descriptions and performance appraisals	<ul style="list-style-type: none"> Include shared decision making in every position description and be utilised in performance management frameworks – 100% compliance on audit All position descriptions will have shared decision making as a key result area by December 2020 100% of new position descriptions (new recruits) include shared decision making as a key capability requirement, part of key selection criteria for clinical staff / other staff All performance appraisals include shared decision making as a key area discussed and performance and goals are documented Health services to implement inclusion of the concept of shared decision making in 100% of staff position descriptions within 12 months
Ensure that shared decision-making interventions are customised to meet the needs of specific groups of populations	<ul style="list-style-type: none"> Increase in performance on VHES in areas relating to shared decision making (e.g. communication, involvement in care, listened to)

Count this (Partnering in healthcare framework priorities)

How to count it (attendee suggestions)

Increase the routine use of decision aids and decision coaching in clinical practice to clarify options and preferences

- 75% of staff (clinical) have completed decision coaching training aimed at increasing patients' involvement in decision making/shared decision making in 2 years

Develop shared decision making as a priority goal for consumers and health professionals

- Shared decision making is included in 75% of position descriptions for both consumers and health professionals by June 2021
- Health professionals will also have shared decision making as part of their performance appraisals by December 2022
- Implement consumer engagement training for staff developed by safer care Victoria for 50% of staff by December 2022
- Health service will develop an organisation-wide policy which outlines a commitment to shared decision-making (at a system, service and direct care level) within 12 months
- 50-70% of identified clinical staff to complete shared decision-making training in 3 years
- Conduct before and after consumer feedback/surveys to compare results of shared decision-making training
- Feedback from before and after given back to staff who completed training so they can see impact
- Survey staff if they feel their practice has changed

Utilise consumer's expertise in care

- Need near real time feedback. Organisations to implement near real time patient feedback measurement systems (ie PET) and utilise system to collect data regularly (at organisation's discretion), data to be reviewed monthly and actioned accordingly. Share data with consumers and staff
- Using stories to train/improve system
- Patient/consumer stories

Record, communicate and implement consumer's preferences

- Every patient record includes consumer's preferences represented throughout the episode of care

DOMAIN: EQUITY AND INCLUSION

SMART goal example we gave the tables for this domain:

"Paradise Health Services will increase consumer-reported accredited interpreter provision 10 per cent in VHES inpatient survey Q49 data by monitoring occasions of interpreter provision by June 2020."

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Diversity, culture and inclusion are organisational priorities	<ul style="list-style-type: none">• Incorporation in strategic plan• Leadership championing• Policies must be in place• Measurement of policy inclusion, uptake, staff training on the policy, is it part of organisational values, embedded in position descriptions and included in yearly performance plan reviews for all staff (demonstrate understanding/working by policy), annual reports, email tags• Pre/post testing of training/understanding by staff
Build diverse consumer representation at all levels	<ul style="list-style-type: none">• Develop a consumer registry which includes interests, experience, skills etc matrix• % of diverse consumers on registry• Access the diversity of local community• Ensure representation within the organisation• Results to be shown 6 months from commencement• Compare demographics of community versus diversity of consumer participants
Engagement	<ul style="list-style-type: none">• Number of opportunities for consumer engagement at the organisation• Diversity of those represented (based on patient cohort)• Establish improvement KPIs for the organisation• Efforts to engage diverse groups to be recorded
Accredited interpreters provided when needed	<ul style="list-style-type: none">• Number of accredited interpreter requests being met• Number of accredited interpreter requests not being met• Increasing number of accredited interpreters vs use of family members• Benchmarking against the demographics of the region• Benchmarking English proficiency of the visiting population/are the right questions being asked at first visit to capture data• Measuring patient experience of the service utilisation
Information translated into various languages	<ul style="list-style-type: none">• Assessing what languages are likely to be required (population / service user level)• Audio and written• Determine what comms are needed• Digital resources into other languages to reduce printing

Count this (Partnering in healthcare framework priorities)

How to count it (attendee suggestions)

	<ul style="list-style-type: none"> • Pre and post – testing of consumer uptake (appropriateness)
Counting proportion of access to language services and the comprehension and understanding of the patient	<ul style="list-style-type: none"> • Health Service will count, on a quarterly basis, the proportion of consumers at admission, who were identified as needing language services compared to the proportion of consumers who actually received language services on discharge
Cultural safety and cultural responsiveness training for staff	<ul style="list-style-type: none"> • Health service will offer cultural safety and cultural awareness to all staff resulting in x% of staff receiving training by x date • Counting the proportion of clinicians, staff and consumers who received cultural safety and diversity training • All new staff and consumer partners to be trained on 'employment' (within probation) • All current staff (and consumer partners) to be trained by 1st December 2019 • At all times minimum 85% staff (and consumer partners) are fully trained • Consumer and staff feedback on success and identify how training has met and improved practice
Value consumers through remuneration	<ul style="list-style-type: none"> • Can be defined locally through policy • Survey and ask how they would feel valued • Implement/action plan developed based on identified suggestions from survey • Focus on value through a variety of means including training, reward and recognition
Build inclusive community consultation strategies	<ul style="list-style-type: none"> • Identify groups to be engaged and encourage participation • Develop strategies in consultation with community groups • Consult with at least 6 community groups / individuals annually • Identify information gathered in changes made to organisation
Promote consumer awareness of health care rights	<ul style="list-style-type: none"> • VHES – a KPI developed for all health services for communication (goal) • VHIMS data – complaints are reported by healthcare rights themes • Audit – every patient/client audit will include a question that demonstrates understanding of health care rights • Record diverse ways that patient rights and responsibilities policies are distributed
Ensure diversity, culture and inclusion are organisational priorities	<ul style="list-style-type: none"> • SOPs – every organisation statement of priorities has a targeted priority for a specific group (disadvantaged) as outlined in their local population
Ensure people who live in regional and rural Victoria have equal access to services	<ul style="list-style-type: none"> • FTA rates due to distance – specialist clinics • Telehealth services access • Population health status – chronic diseases

DOMAIN: EFFECTIVE COMMUNICATION

SMART goal example we gave the tables for this domain:

“Paradise Health Services will offer Teach-back training opportunities to all staff resulting in 75% of staff completing Teach-back 101 by 31 December 2020.”

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Facilitate open and timely communication with consumers	<ul style="list-style-type: none"> • Patient experience survey (multiple forms on communicating round) • Understanding meaning/purpose of round
Provide training for staff on respectful communication	<ul style="list-style-type: none"> • 80% of multidisciplinary clinical staff have attended teach-back (or other) training by 31/12/2020 • Staff barriers/success factors survey – all trained staff offered survey (balancing measure) • Feedback from consumers
Improve communication so it is responsive to cultural, linguistic and cognitive	<ul style="list-style-type: none"> • 80% of patients (from cultural, linguistic and cognitive needs) with an interpreter/aid/family present at encounter
Promote caring, friendly, supportive rapport relationships – kindness bundle	<ul style="list-style-type: none"> • Inviting feedback – genuine, concerned, in a position to help • Responding to feedback
Provide training to staff on health literacy	<ul style="list-style-type: none"> • Observe changes in practices, communication style • Measure satisfaction • Praise via word of mouth • Provide training on orientation (and specific education) on consumers experience of accessing services • Eg: how long and what it takes for me to get to hospital, what information is provided and what helps • How to ask about access needs and communication needs • 75% of staff are trained in health literacy by 2020/21 • 100% of new staff are trained in health literacy and cultural awareness by 2021
Support strategies to improve health literacy	<ul style="list-style-type: none"> • Feedback from staff • SCV will coproduce a statewide effective communication training package by June 202, for rollout to health services • 100% of health info is reviewed by consumers and 80% meets health literacy standards by 2021
Understanding and meeting individual needs of a patient as well as clinical needs and personal needs	<ul style="list-style-type: none"> • Patient experience surveys • Nurse/doctor rounding: audit the rounding

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Identify the people who matter to the patient	<ul style="list-style-type: none"> • Audit of comprehensive care plans (medical treatment decision maker and other supporting personnel) • Patient experience survey
Patients understand the plan of care and expected/unexpected outcomes	<ul style="list-style-type: none"> • Patient shadowing • Audit care plan • Patient experience survey • Rounding – checking with the patient at the end of the shift
Effective communication skills training for staff and consumers (e.g. teach-back and Askme3)	<ul style="list-style-type: none"> • Audit number of participants at training and set targets for completion (e.g. 30% of clinicians have completed x training in 1 year or we will deliver 5 sessions per year – pre and post surveys) • Observational audits of teach-back/askme3 etc in practice • Look for decrease in complaints relating to communication breakdown or an increase in positive feedback comments re communication • Monitor safe questions in VHES relating to communication • 50% increase in staff satisfaction related to consumer engagement / interactions by 2021 (teach-back competency)
Explore, expand and enhance information delivery mechanisms and resources. E.g. question prompt sheets, videos, YouTube, social media, whiteboards	<ul style="list-style-type: none"> • Decrease in clinical incidents/complaints • Increase in number of patients asking questions • Decrease in readmissions (unexpected/unplanned) • More patients seeking treatment / accessing health services • PREMS/PROMS – target quotas • Use of information resources • Reduce number of claims relating to misdiagnosis • Reduce number of claims relating to lack of informed consent
Strengthening consumer and carer participation in escalation of concerns about care and reviewing critical incidents	<ul style="list-style-type: none"> • Number of consumers in RCAs by 2020 100% of RCAs involve consumer • Reduced complaints about failure to respond/act on escalation • Number of calls to patient escalation systems • 100% of patient and family calls are followed up and responded to
Listen to consumers to ensure mutual understanding	<ul style="list-style-type: none"> • Attendance rates – did not attend rates – why? Is it mutual understanding, poor communication, survey those that did not attend – why, communication and access issues • Pre-admission clinic measures • Conversations with consumers to book appointments – listen (e.g. – morning appointments might not suit, travel time to get read – make a process)
Provide information to consumers (in multiple formats) before during and after	<ul style="list-style-type: none"> • Ensuring that all information is given – patient experience surveys • Communicate in every way possible, some don't use internet/text messages • Asking consumers – how can we best communicate with you? Who do we communicate with – you/carer/family? – what do you need? What are your specific needs? What are your health records – patient, mental health, My Aged Care, NDIS?

DOMAIN: PERSONALISED AND HOLISTIC

SMART goal example we gave the tables for this domain:

"By June 2020, complaints in relation to poor communication will be reduced by 5 per cent at Paradise Health."

Count this (Partnering in healthcare framework priorities)	How to count it (attendee suggestions)
Provide hospital staff training on person-centred care	<ul style="list-style-type: none"> • Attendance rate • Build in an assessment - % pass rate • Review patient feedback • Improvement in patient experience • Tailored training
Provide education for consumers and healthcare professionals about the implementation of the Australian Charter of Healthcare Rights in Victoria	<ul style="list-style-type: none"> • Annual survey of patients (consumers for feedback) • E & E specific – language lines have information on healthcare rights – number of 'hit counts' • Monitor feedback themes
Include family and carers in care planning	<ul style="list-style-type: none"> • Check box on the care planning tool • Survey data
Treat consumers as a whole person and provide more individualised care	<ul style="list-style-type: none"> • Patient experience surveys at point of care – diversity of mode i.e. narrative, written, oral • Feedback loop – changes implemented to fulfil this priority • KPIs for collecting individualised data and completing individualised medical history by medical team including discharge summaries – hoping EMR facilitate this measure • Patient experience measures in VHES – key questions related to individualised care, care planning, input with family/carer etc • Complete a statistically significant number of 'journey reviews' (experience of whole journey) • Audit of admission and discharge care plans
Support the unique characteristics and needs of the individual in the co-construction of the care process, from diagnosis to discharge	<ul style="list-style-type: none"> • Asking and documenting what matters to patient first • Review if this has been actioned • Completion of priorities (traffic light system) for others who review file/patient (no repeat questions) – recording of this • Connected EMR between health systems – ensure all information – personal plan attached between health organisations • Checking back with consumers and carers involved – "Are we on track?", "Was your healthcare led by your needs?"
Optimise the time with consumers to understand their needs	<ul style="list-style-type: none"> • Measured by time spent with patients on booking system • Hospital concierge service (measure the time spent with client) – liaise with medical team • Number of days clients must attend the hospital • Range of options for timely feedback from consumers – face to face, surveys, exit interviews, phone follow up, health services app

Build a support network of consumers	<ul style="list-style-type: none"> • Identify key cohorts of patients • Link to impact on the patient experience/journey
Individualised care - See me, Hear me, Know me	<ul style="list-style-type: none"> • Patient experience measures – real time • Options – short survey phone call 24 hours better • Complaints / compliments
Timely and improved access to care coordinators, spiritual care, counsellors and social workers to support people and resourcing	<ul style="list-style-type: none"> • Range of options for timely feedback from consumers face to face, surveys, exit interviews, telephone follow up, health services app • Collect data to identify where the needs are • Collect data when need is met • Collect data when service is delayed/incidents i.e. self-discharge

