

# Effective communication

## 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 and achieve national accreditation, we've made sure our **Partnering in healthcare framework** aligns to each of the NSQHS Standards.

Use this resource to find:

- information on this specific Partnering in healthcare framework domain
- how this domain aligns with each of the eight NSQHS Standards
- a set of core actions from the NSQHS workbook that your health service can take to achieve accreditation
- examples of evidence to demonstrate the relationship between the standards and this domain.

For more information about the NSQHS Standards (second edition) visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

## About the domain

'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).

For more about the Partnering in healthcare framework, email us at [partnering@safecare.vic.gov.au](mailto:partnering@safecare.vic.gov.au)

1. CLINICAL GOVERNANCE STANDARD	ITEM	ACTION
Governance, leadership and culture	Governance, leadership and culture	1.1, <b>1.2*</b>
	Organisational Leadership	1.3, <b>1.4*</b> , 1.5
	Clinical Leadership	1.6
Patient safety and quality systems	Measurement and quality improvement	1.8, 1.9
	Risk Management	1.10
	Incident management systems and open disclosure	1.11, 1.12
	Feedback and complaints management	1.13, 1.14
	Diversity and high-risk groups	1.15
Clinical performance and effectiveness	Safety and quality training	1.19, <b>1.21*</b>
Safe environments for the delivery of care	Safe environment	<b>1.31*, 1.32*, 1.33*</b>

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

- communication with the workforce or consumers on the health service organisation's clinical governance framework for safety and quality performance
- memorandums of understanding, partnership agreements and service collaboration agreements with Aboriginal and Torres Strait Islander health service providers and community organisations
- communication strategy that describes processes for disseminating information on safety and quality performance to the community.

<b>2. PARTNERING WITH CONSUMERS STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
Clinical governance and quality improvement systems to support partnering with consumers	Integrating clinical governance	<b>2.1*</b>
	Applying quality improvement systems	<b>2.2*</b>
Partnering with patients in their own care	Healthcare rights and informed consent	2.3, 2.4, <b>2.5*</b>
	Sharing decisions and planning care	2.6, 2.7
Health literacy	Communication that supports effective partnerships	<b>2.8*</b> , 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, <b>2.13*</b> , 2.14

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

- training documents that include information on the value of consumer engagement, and the potential roles for consumer partners in clinical governance and strategic leadership
- consumer and carer information packages or resources about the health service organisation's processes for partnering with consumers
- reports on safety and quality performance that are published in annual reports, newsletters, newspaper articles, radio items, websites or other local media.

<b>3. PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTION STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
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Clinical governance and quality improvement to prevent and control healthcare associated infections, and support antimicrobial stewardship	Partnering with consumers	3.3
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**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- evidence of consumer engagement in the health service organisation's program for infection prevention and control, such as inclusion of consumers on organisational committees and evaluation of consumer feedback
- examples of resources to support patients' decision-making about infection prevention and control risks that have been developed with consumer partnership.

4. MEDICATION SAFETY STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support medication management	Partnering with consumers	4.3
Documentation of patient information	Medication reconciliation	4.6
Continuity of medication management	Medication review	<b>4.10*</b>
	Information for patients	4.11
	Provision of a medicines list	4.12

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

- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- examples of resources that can be provided to support discussion about patients' medicines needs and risks
- communication with the workforce that promotes the importance of discussing medicines needs and risks with patients.

5. COMPREHENSIVE CARE STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support comprehensive care Item	Partnering with consumers	5.3
	Designing systems to deliver comprehensive care	<b>5.4*</b>
Developing the comprehensive care plan	Planning for comprehensive care	<b>5.8*</b> , 5.9
	Screening of risk	5.10
	Developing the comprehensive care plan	5.13
Delivering comprehensive care	Using the comprehensive care plan	5.14
	Comprehensive care at the end of life	<b>5.17*</b> , <b>5.20*</b>
Minimising patient harm	Nutrition and hydration	<b>5.28*</b>
	Preventing delirium and managing cognitive impairment	<b>5.30*</b>
	Predicting, preventing and managing self-harm and suicide	<b>5.31*</b> , <b>5.32*</b>
	Predicting, preventing and managing aggression and violence	<b>5.34*</b>
	Minimising restrictive practices: restraint	<b>5.35*</b>
	Minimising restrictive practices: seclusion	<b>5.36*</b>

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

- results of consumer and carer experience surveys, and actions taken to deal with issues identified
- feedback from patients and carers regarding their involvement in care, the extent to which their needs were met and participation in shared decision making
- consumer and carer information packages or resources about advance care planning.

6. COMMUNICATING FOR SAFETY STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support effective communication	Partnering with consumers	6.3
	Organisational processes to support effective communication	<b>6.4*</b>
Communication at clinical handover	Clinical Handover	6.8
Communication of critical information	Communicating critical information	<b>6.9, 6.10</b>

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

- training documents about person-centred care, patient partnerships and communication strategies
- terms of reference and membership of the consumer advisory committees responsible for providing input and feedback on the organisation-wide communication strategy and associated processes, including internally developed patient information
- structured communication processes that include an opportunity for patient, carer and family engagement.

7. BLOOD MANAGEMENT STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support blood management	Partnering with consumers	7.3

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

- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- patient feedback or reports from consumer focus groups about the format and content of patient information
- patient and carer information packages or resources that are developed with feedback from consumers and are available in a variety of formats and languages for distribution by the workforce.

## 8. RECOGNISING AND RESPONDING TO ACUTE DETERIORATION STANDARD

### ITEM

### ACTION

Clinical governance and quality improvement to support recognition and response systems

Partnering with consumers

8.3

Detecting and recognising acute deterioration, and escalating care

Escalating care

8.7

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

- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- information resources for patients, carers and families about recognition and response systems
- consumer and carer resources that outline how they can directly escalate care.

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