# Working together

## 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**

## About the domain

'I am included as a respected partner in my healthcare and in learning about and improving healthcare.'

Personalised and holistic care is possible when people work together in strong teams, partnerships and share knowledge. Knowledge transfer is a two-way street. Teams of health professionals should be connected and well informed about diagnostic techniques, the causes of disease, prognosis and health strategies.

The consumer knows about his or her experience of the illness, social circumstances, values and culture. Without exchanging this information, the knowledge of each party may be limited, and the resulting care may be compromised.

For more about the Partnering in healthcare framework, email us at **partnering@safercare.vic.gov.au**

| 1. CLINICAL GOVERNANCE STANDARD | ITEM | ACTION |
|---|---|---|
| Governance, leadership and culture | Governance, leadership and culture | 1.1, **1.2*** |
| | Organisational leadership | 1.3, **1.4*,** 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, **1.21*** |
| Safe environments for the delivery of care | Safe environment | **1.30*, 1.31*, 1.32*, 1.33*** |

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

- memorandums of understanding, partnership agreements and service collaboration agreements with Aboriginal and Torres Strait Islander health service providers and community organisations
- committee and meeting records that show that the health service organisation is represented at local Aboriginal and Torres Strait Islander health network meetings
- feedback from consumers about their involvement in the review of safety and quality performance data.

| 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:**

- policy documents that describe the health service organisation's processes for partnering with consumers, including:
  - mechanisms available to engage with consumers
  - financial and physical resources available to support consumer participation and input at the governance level
- organisation-wide quality improvement system that includes performance measures for partnering with consumers
- committee and meeting records that show that the health service organisation is represented at local network meetings that reflect the local diversity of the patient population
- feedback from patients and carers about whether communication processes meet their needs
- communication with consumers who provided input into the development or review of resources about the types of changes made in response to their feedback.

| 3. PREVENTING AND CONTROLLING HEALTHCARE–ASSOCIATED INFECTION STANDARD | ITEM | ACTION |
|---|---|---|
| Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship | Partnering with consumers | 3.3 |

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

- policy documents about partnering with consumers on infection prevention and control
- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- results of evaluation of consumer resources used in the health service organisation.

| 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 | 4.5, 4.6 |
| Continuity of medication management | Medication review | **4.10\*** |
| | 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
- results of patient experience surveys about medication management
- documented examples of actions taken as a result of medication review

| 5. COMPREHENSIVE CARE STANDARD | ITEM | ACTION |
|---|---|---|
| **Clinical governance and quality improvement to support comprehensive care** | Partnering with consumers | 5.3 |
| | Designing systems to deliver comprehensive care | **5.4*** |
| **Developing the comprehensive care plan** | Planning for comprehensive care | 5.7, **5.8***, 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 | **5.17*, 5.20*** |
| **Minimising patient harm** | Preventing and managing pressure injuries | 5.23 |
| | Preventing falls and harm from falls | 5.25, 5.26 |
| | Nutrition and hydration | **5.28*** |
| | Preventing delirium and managing cognitive impairment | **5.30*** |
| | Predicting, preventing and managing self-harm and suicide | **5.31*** |
| | Predicting, preventing and managing aggression and violence | **5.33*** |

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

- data from patient and carer experience surveys about collaboration and teamwork among clinicians
- feedback from patients and carers regarding their involvement in care, the extent to which their needs were met and participation in shared decision making
- feedback from consumers about how clinicians worked together to deliver care.

| 6. COMMUNICATING FOR SAFETY STANARD | ITEM | ACTION |
|---|---|---|
| Clinical governance and quality improvement to support effective communication | Partnering with consumers | 6.3 |
| | Organisational processes to support effective communication | **6.4*** |
| Communication at clinical handover | Clinical handover | 6.8 |
| Communication of critical information | Communicating critical Information | **6.9*, 6.10*** |

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

- examples of information provided to patients, carers and families about processes for communicating concerns to the clinicians responsible for care
- results of a patient experience survey or patient, carer and family feedback about their communication with clinicians and, where necessary, how these results have informed improvement strategies
- 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:**

- policy documents about informed consent and communicating with patients
- policy documents to support patients who refuse blood and blood products
- 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:**

- policy documents about gaining patient consent or consulting with substitute decision-makers for treatment in response to acute deterioration
- information resources for patients, carers and families about recognition and response systems
- consumer and carer resources that outline how they can directly escalate care.