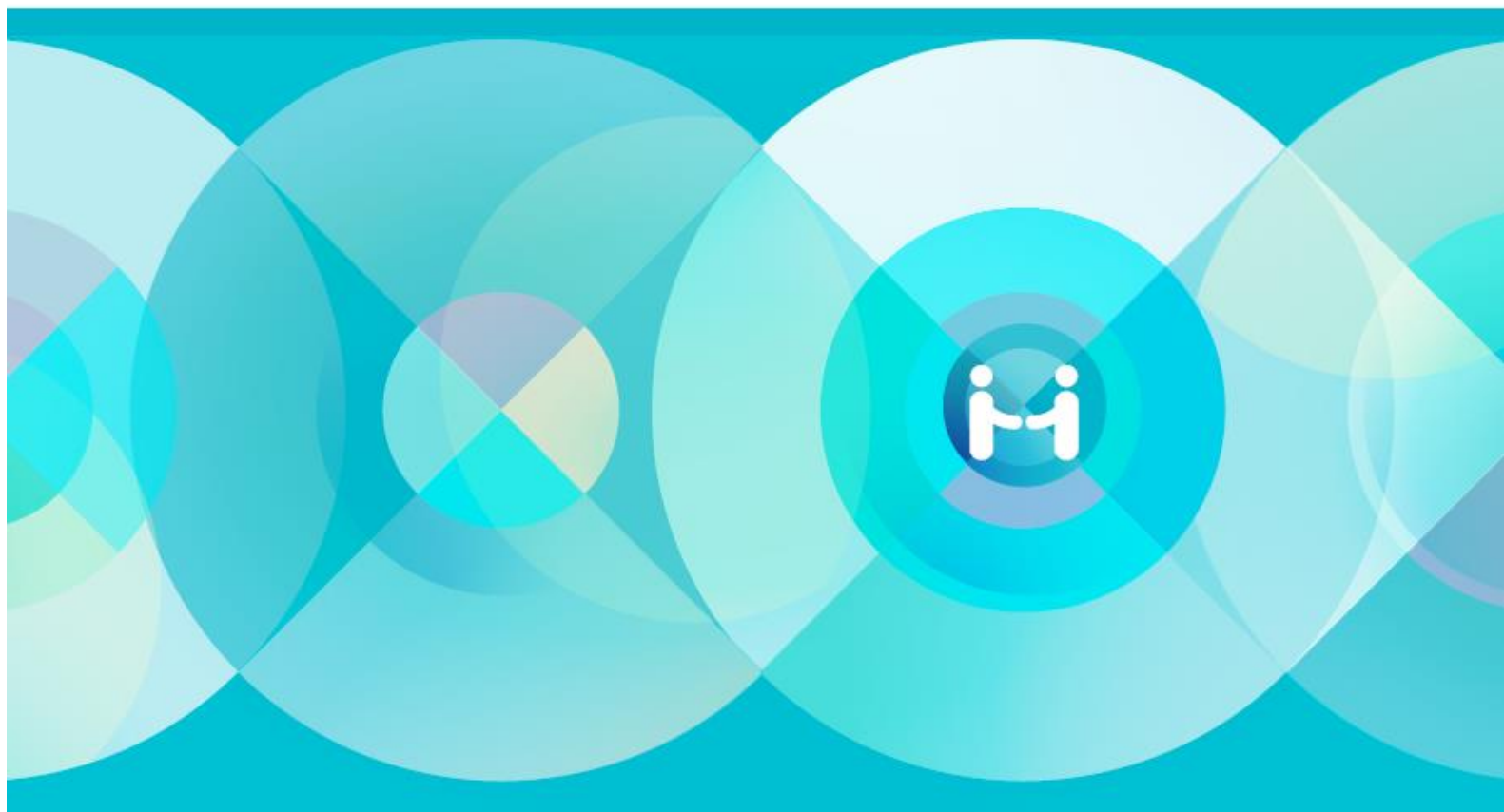


“The Patient Will See You Now”

Tasmanian Health Service Consumer Engagement Model of Care: A Framework for Patient Centred Care



December 2019

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Abbreviations

ACSQHC – Australian Commission on Safety and Quality in Health Care

CCEC – Consumer and Community Engagement Council

NSQHS – National Safety and Quality Health Standards

PCC – Patient Centred Care

THS – Tasmanian Health Service

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Glossary^{1 2}

Australian Charter of Health Care Rights	Specifies the key rights of patients when seeking or receiving healthcare services. Endorsed 2019.
Carer	A person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail and aged. An individual is not a carer merely because they are a spouse, defacto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program.
Consumer / Consumer Representative	A person who has used, or may potentially use, health services or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.
Health Literacy	<p>The Australian Commission on Safety and Quality in Health Care (ACSQHC) separates health literacy into two components – individual health literacy and the health literacy environment.</p> <p>Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.</p> <p>The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumer’s access, understand, appraise and apply health-related information and services.</p>
Partnership	A situation that develops when patient and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in a health service organisation, including at the level of individual interactions; at the level of a service, department or program, and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the health service organisation is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnership will vary depending on the context of the health service organisation.
Patient	A person who is receiving care in a health service organisation.
Patient / Person / Consumer Centred Care	An approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients. Person Centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person – centred care include respected, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.

¹ Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

² Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

Executive Summary

Patient-Centred Care (PCC) is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. PCC is a central aim of health care organisations at State, National and International levels. Providing PCC is a core priority of Tasmanian Health Service (THS) as articulated in the [THS Consumer Rights and Engagement policy](#), [THS Consumer and Community Engagement Principles](#) and the [Ministerial Charter Tasmanian Health Service Act 2018](#). This is further supported by the [Australian Charter of Healthcare Rights](#), the [Australian Safety and Quality Framework for Health Care](#), the [National Safety and Quality Health Service Standards \(NSQHS\) 'Partnering with Consumers'](#), [Aged Care Quality Standards](#), the [National Standard for Disability Services](#) and other national policies.

The framework '*The Patient Will See You Now*', is informed by change and empowerment theories and is underpinned with the [THS Consumer and Community Engagement Principles](#). Applying the framework will address historical, singular approaches to PCC as it provides the basis upon which the THS creates the cultural context for PCC with regards to planning, policy, service development and improvement. This will ensure the views, advice, input and involvement of consumers, carers, families and the broader community are sought and integrated into the design, planning, delivery and evaluation of health services. Additionally, adoption of the framework enables consolidation of current and new PCC initiatives, it also provides clarity in describing agreed directions for the provision of PCC practices within the organisation.

Purpose of the Framework

The purpose of the '*Patient Will See You Now*' framework is to outline how THS will engage, develop and implement processes and practices consistent with contemporary PCC approaches.

The framework will;

- Streamline PCC toward a service that is built and driven with the person, underpinned by [THS Consumer and Community Engagement Principles](#).
- Guide and assist a cultural transformational journey within the THS, building on existing efforts and accelerating adoption of PCC practices.
- Create a common understanding and provide consistency in the approach to PCC in THS.
- Ensure compliance with [National Safety and Quality Health Care Service \(NSQHS\)](#), '[Partnering with Consumers](#)' standard, [Aged Care Quality Standards](#) and the [National Standards for Disability Services](#).
- Promote conversations with consumers (patient, families, carers) as well as clinicians and researchers about collaborative approaches to PCC.

The framework sets out a strategic approach that draws together and aligns with the;

- [Ministerial Charter Tasmanian Health Service Act 2018](#)
- [THS Patient Safety and Clinical Quality Policy](#)
- [THS Consumer Rights and Engagement Policy](#)
- [THS Consumer and Community Engagement Principles](#)
- [THS Consumer Communication and Health Literacy Protocol](#)
- [Our Multicultural Island: Tasmania's Multicultural Policy and Action Plan 2019- 2022](#)
- [Australian Charter of Health Care Rights 2019](#)

- [NSQHS – User Guide for Aboriginal and Torres Strait Islander Health](#)
- [Aboriginal Cultural Respect in Tasmania’s Health Services, Community Consultation Report 2018](#)
- [ACSQHC. NSQHS. 2nd ed. Standard 2; 2017. Fact Sheets Summary](#)
- [ACSQHC. Review of key attributes of high – performing person-centred health care organisations.](#)
- [Aged Care Quality Standards](#)
- [National Standards for Disability Services](#)

Evidence

It is strongly asserted that engagement and partnerships with consumers, health care providers and health care organisations is an essential element in shaping strategic direction, operational planning and organisational processes to deliver safe, high quality patient centred care^{3 4 5}. Studies show that when providers of health services work in partnership with the patient, their family and / or carer, applying consumer and community engagement principles the quality and safety of health care improves⁶. There is evidence of decreased re-admission rates and health care acquired infections along with reduced length of stay and adherence to treatment regimes⁷, for the THS, this will bring financial benefits⁸.

Consumers provide a ‘reality check’, assisting organisations to make meaningful improvement changes. In essence; an organisation cannot deliver care that is based on partnerships and addresses the needs and preferences of consumers and carers without seeking out, listening to, understanding and responding to consumer and carer experiences of health care.

Consumer and Community Engagement Principles – A Framework for Patient Centred Care

A variety of national service-level initiatives, strategies and policies set out a patient-centred approach to health care. Applying the [THS Consumer and Community Engagement Principles](#), developed by the THS Consumer Community Engagement Council (CCEC) members and described below; are paramount to the delivery of safe quality health care. The principles provide an opportunity for consumers and clinicians to collaborate across specialities and regions to design, promote, develop, progress and embed successful health care innovations in the pursuit of excellence in PCC.

³ Bhui K, Crawford M, Fulop N, Manley C, Rutter D, Tyrer P. Systematic review of involving patients in the planning and development of health care. *British Medical Journal*. 2002;325(7375):1263-6.

⁴ Mockford C, Staniszewska S, Griffiths F, Herron-Marx S. The impact of patient and public involvement on UK NHS health care: a systematic review. *International Journal for Quality in Health Care*. 2011;24(1):28-39.

⁵ Victorian Auditor-General. Consumer Participation in the Health System. Victorian Auditor General’s Report. Melbourne: Auditor-General’s Department, 2012.

⁶ International Alliance of Patients Organisation. What is Patient – Centred Health Care? A review of definition and principles. Second ed. London: IAPO, 2007: 1-34.

⁷ ACSQHC Partnering with patients in their own care. Downloaded October 25th 2019

⁸ Phillips, N; Street, M & Haesler, E. (2014). The JBI Database of Systematic Reviews and Implementation Reports. 12.1011124/jbisrir-2014-1380

Participation – Consumers have the right to participate in, and about their own health, wellbeing and welfare in a meaningful way. Consumers and community are involved in the design and shaping of policies and decisions relating to the Tasmanian Health system.

People-Centred – Meaningful engagement processes embrace the values and the needs of consumers, their families, carers and the community.

Mutual Respect – Engagement undertaken with mutual respect and valuing each other’s experiences and contribution.

Accessible and Inclusive – Consumers and their families are a diverse group. Given this diversity, consumer participation opportunities need to be accessible and inclusive, with flexibility and a range of options for consumer participation. The needs of consumers and community experiencing barrier to service access and engagement are considered.

Partnership- Working relationships between engagement partners are built on transparent and accountable processes which are which are publicly provided to consumers.

Diversity – The engagement process value and supports all consumers, carers and community

Support – Community Advisory and Engagement Councils to take a formal leadership role in ensuring consumers, carers and community are provided with the support they need to engage meaningfully with the health and community services systems.

Influence – Consumer, carers and community engagement influence policy, planning and system reform.

Continuous Improvement – Consumer, carer and community engagement is regularly reviewed and evaluated to drive continuous improvement.⁹

Process for Engagement

Accessible and Inclusive

THS is committed to working with consumers that may find services ‘less accessible’, for reasons such as culture, language, age and mobility. This means responsive, inclusive and sensitive services and includes but is not limited to Aboriginal and Torres Strait Islander Communities, Culturally and Linguistically Diverse Communities, people whose sexual orientation is lesbian, gay, bisexual, transgender, queer, intersex and people with a disability, a disadvantage or who may be marginalised¹⁰.

- **Aboriginal and Torres Strait Islander Communities**

Cultural awareness and, understanding and appreciation of the need for strong engagement skills to develop policy and programs that not only address cultural needs but address the social disadvantage that is vital to closing the gap in health outcomes. This will be guided by the [NSQHS, ‘User Guide for Aboriginal and Torres Strait Islander Health’](#), [Aboriginal Cultural Respect in Tasmania’s Health Services, Community Consultation Report 2017](#) and [Tasmanian State Service Aboriginal Employment Strategy to 2022, 2019](#).

⁹ Adapted from Children’s Health Queensland Hospital and Health Services Principles of Engagement (2012) Developed by THS CCEC with support from the Governing Council Partnerships Subcommittee & Strategy and Planning Unit. Endorsed by Governing Council and THS Executive May 2018

¹⁰ Joyner, s. (2015) Consumer and Community Engagement Model: An outcome of the WentWest – Health Consumers NSW Joint Consumer Engagement Project. Sydney:WentWest – HCNSW.

- **Culturally and Linguistically Diverse Communities**

Consumer / community engagement needs to be responsive to the different cultural needs of Australia as the population become more diverse. With the landscape of communities continually changing health services need to forward plan to provide culturally sensitive services. The work of the THS will be guided by the Tasmanian Government '[Our Multicultural Island: Tasmania's Multicultural Action Plan](#)', 2019 – 2022.

- **Enabling those with Disabilities to Participate in Consultation**

THS is committed to maximise the involvement of people with a disability as outlined by the [National Disability Strategy 2010 – 2020](#).

Engagement Methods for Partnerships

The concept of engagement, while represented by different terminology such as shared decision making, consumer and community participation, or patient participation has a common thread of being along a continuum or a spectrum. The levels along this continuum or spectrum are not mutually exclusive, engagement is necessary across all levels to ensure that health services are responsive to the consumer, enabling involvement in decision making about their direct care¹¹. The three-level description of partnerships, as articulated by ACSQHC has been adopted as the overarching method to describe how the THS will engage, partner and apply these principles in practice with our consumers¹².

1. At the level of the individual

Partnerships relate to the interaction between clinicians and patients when care is provided. This involves providing care that is respectful; sharing information in an ongoing way; working with patients, carers and families to make decisions and plan care; and supporting and encouraging patients in their own care and self-management.

2. At the level of a service, department or program of care

Partnerships relate to the organisation and delivery of care within specific areas. Patients, carers, families and consumers participate in the overall design of the service, department or program. They could be full members of quality improvement and redesign teams, including participating in planning, implementing and evaluating change.

3. At the level of the health service organisation

Partnerships relate to the involvement of consumers in overall governance, policy and planning. This level overlaps with the previous level, in that a health service is made up of various services, departments and programs. Consumers and consumer representatives are full members of key organisational governance committees in areas such as patient safety, facility design, quality improvement, patient or family education, ethics and research. This level can also involve partnerships with local community organisations and members of local communities.

¹¹ Johnson, A Consumer and Community Engagement in Health Services: A Literature Review to Support the Development of an Evidence Based Consumer and Community Engagement Strategy for the Women's and Children's Health Network, South Australia, 2015.

¹² Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

Research, Training and Education in Patient Centred Care

This will be undertaken across the THS in partnership with the THS CCEC and internal and external health care providers for the workforce. This will be planned, coordinated and tailored to the learning needs of the workforce within the organisation with clear links to THS policy, procedures and guidelines.

District Hospitals and Community Services

The provision of services to District Hospitals, which may include aged care and community services, differs from the provision of services at the major facilities, recognising these differences are important. Health services in these sites are characteristically provided by a combination of rural medical generalists, a range of nurse and midwives, allied health staff, local government and often, visiting specialist health professionals. Collaborative service delivery with providers from the private sector, for example the community pharmacist and the General Practitioner is the normality rather than the exception, these partnerships are important to the consumer and consideration of the capabilities that applies to these other providers needs to be respected.

Responsibilities of THS Staff

Overall responsibility for the implementation of this framework rests with THS Executive and NSQHS standards committees however all THS staff are required to comply with relevant THS policy, protocol and guidelines. Governments mandate minimum safety and quality standards under legislation. Regulations and legislative standards applicable to the proposed framework have been considered, it is assumed that the THS will comply with the applicable legislation, regulations and legislative standards (Attachment 1).

Policy

[THS Consumer Rights and Engagement Policy 2019](#)

[THS Patient Safety and Clinical Quality Policy August 2018](#)

Protocol

[Consumer Communication and Health Literacy 2019](#)

Monitoring, Target Outcomes and Evaluation

To measure improvement of PCC and achievement of target outcomes, the organisation will

- engage with consumers in all aspects of their care to the level they desire
- demonstrate a strong focus on learning and improvement
- show through the evaluation, applying elements of ACSQHC key attributes¹³ of high-performing person-centred healthcare organisations, that the organisation is driven by patient centred care.
- accreditation requirements will be met and maintained as a continuous quality improvement cycle.

¹³ Australian Commission on Safety and Quality in Health Care. Review of the key attributes of high-performing person-centred health care organisations. Sydney ACSQHC; 2018.

Implementation and embedding of the framework will be evaluated, where applicable, at ward, unit and facility level against the ACSQHC seven key attributes, outlined below, of high-performing person-centred healthcare organisations. This will be facilitated and supported by Quality Patient Safety Service Staff.



The ACSQHC key attributes are supported with strategies (Attachment 2) and are drawn from an extensive grey and published literature review as well as consultative processes nationally and internationally. The attributes are interrelated, the ultimate focus being the delivery of the ideal patient experience.

Conclusion

Patient-centred care requires a change in the way policy makers and regulators think about the quality of health care. The traditional approach to health care focused on clinical, therapeutic and diagnostic effectiveness and cost-effectiveness as measures of health outcomes. In contrast, patient-centred care takes a broader view and looks at patient safety, clinical effectiveness and patients' experience.

The outlined approach has drawn together the Ministerial Charter Tasmanian Health Service Act 2018, Australian Charter of Health Care rights, THS PCC policies and protocols, and Quality Standards for Hospitals, Disability Services, Aboriginal and Torres Strait Islander Health and Aged Care. THS CCEC members have contributed significantly to the development of this framework.

PCC is an integral dimension of quality health care in Australia. In order to successfully implement patient-centred care, THS requires leadership commitment, that is putting patients first as its core business. Therefore, a systematic approach to integrating the principals of patient-centre care needs to be adopted across THS and into every day processes and standards. Applying the state-wide framework will facilitate the organisation to embrace PCC, it will improve staff understanding of their role in PCC, moving the organisation a step closer to meeting the patient's needs.

Related Documents

[Health Literacy Action Plan - Tasmania 2019 - 2024](#)

Attachments

1. Related Legislation, Regulations and Legislative Standards



Legislation
Acts.docx

2. ACSQHC Key attributes of high performing organisation



Elements of key
attributes framewor