

# **Consumer and Community Engagement Council (THS-N)**

## **Stakeholder submission *Our Healthcare Future* - immediate actions and consultation paper**

**Content from CCEC THS N:**

**Prepared by CCEC THS N Chair Peter O'Sullivan**



12<sup>th</sup> February 2021

## 1. Introduction

The preparation and research for input into this document has come from the collective knowledge and experience of members of the Consumer and Community Engagement Council THS-N (CCEC) and the diverse groups, families and carers they represent across the communities of North East Tasmania.

Our response is given from a consumer perspective and the strong and authoritative voice we provide on how our healthcare services are sustained and delivered to our patients/community members to improve their health experience and health outcomes.

This submission will only address the current status of consumer engagement within the THS and future directions and respond to the questions in **Reform Initiative 3c**

## 2. About Us

The CCEC (Council) was established by the THS N in 2014 by the previous CEO, John Kirwan. We were the forerunner to the formally established Councils operating in the South and North West.

The purpose of the 12 member CCEC is to be the single peak body for all THS N Hospitals / health services and to this end the CCEC are tasked with overall stewardship of 'Partnering with Consumers' NSQHS Standard, making certain that patients are placed at the centre of their own care and the health system more generally.

Positioning the CCEC as partners within the health system provides a strong consumer voice in the planning, design, delivery, measurement, and evaluation of health care. This will ensure the views, advice and involvement of consumers, carers and their families are heard; as is articulated in related THS policy, protocols and frameworks.

The Council enables the THS N to respond effectively to the needs of consumers in its facilities and to meet the accreditation requirements of the Australian Commission on Safety and Quality in Health Care – specifically 'Partnering with Consumers' and 'Governance' standard, as well as intersecting with

the other six standards and in doing so; supporting the THS to protect the public from harm and ensuring that expected standards of safety and quality are met.

Since commencement in 2014 the CCEC has continued to develop and mature as a consumer advocacy group and has become embedded within the administrative and operational structures of the LGH and district hospitals in the North.

It is accepted by clinicians as a trusted and independent resource to partner in co-design of services and redevelopment of the LGH along with evaluation of new health initiatives. The CCEC provides a general sounding board for health clinicians to acquire and understand the consumer perspective on health care.

The Council is represented on the THS-N NSQHS Standards Committees across the LGH, which describe the level of care consumers expect to receive from their health services as well as membership of other numerous committees and working groups. In addition, the Council Chair and Vice Chair are members of the LGH Masterplan, Healthcare Associated Infection Group, Health Executive North and Clinical Governance Committee, North.

### **3 Guidance and Governance of the Consumer Community Engagement Council**

The Council's activities are underpinned and governed by its Term of Reference (TOR) approved by the THS and the framework for Patient Centred Care (PCC) *"The Patient Will See You Now"*, (Attachment I).

This supports the THS-N to meet the needs of consumers and the accreditation requirements of the Australian Commission on Safety and Quality in Health Care (ACSQHC) Partnering with Consumers Standard ACSQHC (2017) which stipulates in the Partnering with Consumers<sup>1</sup> standard that:

*"Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers"*.

In addition to the TOR, the framework *"The Patient Will See You Now"*, related policy and protocol direction is also provided by the Ministerial Charter under the Tasmanian Health Act 2018 which sets out

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<sup>1</sup>Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standard. 2<sup>nd</sup> ed. Sydney: ACSQHC; 2017.

the Minister's broad policy expectations for the Secretary and the THS. These, combined with 'The Consumer and Community Engagement Principles' provide a broad guide for consumer engagement and a value system to be embraced and followed by staff within the DoH and THS.

The Secretary of the DoH under Tasmanian Health Act 2018 Section 13 established a forum - the Consumer Advisory Panel (CAP), to provide an opportunity for the Chairs of the Councils to work together with the DoH/THS to help foster a health service that listens to, respects, partners with and values health consumers. This forum is also governed by a TOR and meets with the Secretary quarterly.

#### **4 Existing frameworks, guidelines and legislation facilitating consumer engagement**

***Our Healthcare Future - Engaging Clinicians and Consumers consistently in our health system!*** - In this section of the paper, although acknowledging the existence of the consumer councils and the need to further strengthen the consumer voice, it is apparent that the awareness of the body of work and its effectiveness, currently being undertaken by the councils, is minimal and therefore undervalued.

The three Councils across the State are currently working at a high level to deliver a consumer voice through consumer engagement to fulfill the requests from the THS and support Standard 2, to ensure compliance with "Partnering with Consumers" and support the hospital accreditation process.

The governance for consumer engagement developed in conjunction with the Councils is extensive and provided by:-

- CCEC TOR
- NSQHS Standard 2 Partnering with Consumers
- PCC framework - "*The Patient Will See you Now*"
- The Ministerial Charter
- The Consumer and Community Engagement Principles
- The Secretary's Consumer Advisory Panel TOR

**CCEC TOR** state the purpose of the Council is to:-

- Partner with the THS to implement, monitor, improve and evaluate the services provided by the THS for our consumers and community; and to
- Ensure documentation and evidence to support application of the NSQHS Standards is in accordance with accreditation requirements.

## **Partnering with Consumers standard**

This standard focuses on supporting consumers, carers and/or their families to be actively involved in planning their healthcare. It supports them to be involved in the supervision and administrative decision making of their health service organisation.

This is supported by evidence that effective partnerships help promote a positive consumer experience, as well as high quality healthcare and improved safety.

**Consumer Advisory Panel TOR** states the purpose of Panel is to:-

- Create a forum for the Secretary and the Councils to meet and discuss issues about the health service issues that matter to consumers and the community.
- Provide a mechanism for the Secretary to seek advice on what can be done to help and support consumers and the community be active partners in their own care
- Provide a direct channel for the THS consumer Councils to raise matters with the Secretary

The TOR Background states, “this is an opportunity to establish a forum for the Secretary and the THS Councils to work together with the DoH/THS to help foster a health service that listens to, respects, partners with and values health consumers.

## **5 To improve and strengthen consumer engagement**

As can be seen from the literature presented in this submission the governance, protocols and guidelines for consumer engagement are extensive. A great deal of support and development has occurred to establish the three Councils across the State to provide an adequate consumer voice to assist the THS in the delivery of health services.

Although initially the operation and output from the three Councils was inconsistent and levels of output varied, the professionalism and level of expertise has improved through initiatives such as annual forums, consumer advocacy training, more consistent and stable administrative support (through the Quality and Patient Safety Service), provision of active Executive Sponsors and the establishment of the Secretary’s Consumer Advisory Panel.

The CCEC is the single peak consumer body for THS hospitals/health services and are tasked with overall stewardship of “Partnering with Consumers” Standard, making certain that patients are placed at the centre of their own care and the health system generally.

It is noted that the paper *Our Healthcare Future* makes only slight reference to the existing role of the CCECs and appears to be unaware of the work currently undertaken by these bodies in conjunction with clinicians and healthcare workers and the governance and protocols in place to facilitate and control processes.

The DoH needs to provide greater awareness and support for the CCECs and actively promote their activities across our healthcare system and embed the culture of consumer engagement for example, within human resource management - employment applications, position descriptions and performance management and all structures across our health system.

Governance and processes are in place, with the CCECs adequately resourced, the DoH needs to take the process of codesign seriously and make planning and development of our health system consumer inclusive.

The benefits of consumer and community engagement in health planning and service delivery are self evident.

## **Response to questions in Our Healthcare Future**

### **Reform Initiative 3c – Consultation questions:**

*Q1 How could a Statewide Clinical Senate assist in providing advice to guide health planning in Tasmania?*

A statewide clinical senate would be of value if it consisted of consumers. This representation needs to include consumers from the three regional areas within Tasmania and led by a person with a theoretical and working knowledge of the levels of consumer engagement in health care and contemporary knowledge in health service planning. It should not replicate other existing consumer bodies nor include members of these bodies. Tasmania needs fresh eyes.

*2 How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery, and quality improvement?*

CCECs are currently well established and operating effectively across the health system as the peak consumer body providing overall stewardship for 'Partnering with Consumers'. There are numerous papers attesting to the value of consumers, these papers contain examples of engagement methods. If we apply the four-criterion outlined in the National Safety and Quality Health Service Standards second edition, 2017 then meaningful and effective engagement can and will occur. This document supported by THS Framework, policy and protocols should be our number one driver for effective consumer engagement.

*3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:*

a. Personal: participation and engagement in a person's own care

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.

b. Local: participation and engagement in service improvement at a local level

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.

c. Policy and service system: participation and engagement in planning, developing, viewing, evaluating and reforming services at a system level?

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.

*4 Are there particular models of consumer engagement and participation that we should consider?*

“The Patient Will See You Now” Tasmanian Health Service Consumer Engagement Model of care: A framework for patient centred Care (Available on SDMS)

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

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

*5 How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?*

Continuous Patient Experience surveying on discharge (this however would need to be adequately resourced)

Each patient to receive a consumer feedback ‘compliment suggestion or complaint form

Involvement in RCA

*6 How do we strengthen education and training for health professionals and health policy makers and planners in relation to the importance of consumer engagement and participation across all levels of healthcare?*

The current policy discourse favors consumer effectiveness as impact only. This negates the true value of consumers, resulting in consumer drift, a process whereby we set out to engage consumers, yet along the way a process in which consumer engagement becomes token is paved.

Ensure statements relating to consumers are included in SoDs. Interview questions can be tailored to the importance and value of consumer participation.

This can be strengthened by harnessing the impact the current CCEC have within the system. Visibility of Health Executive staff 'buying into' and connecting with 'consumers' is essential.

How to engage with consumers must be seen as a core component of ongoing education .

*7 What format would be best to engage our future health leaders?*

Multiple methods, forums, focus groups, surveys with feedback on findings.

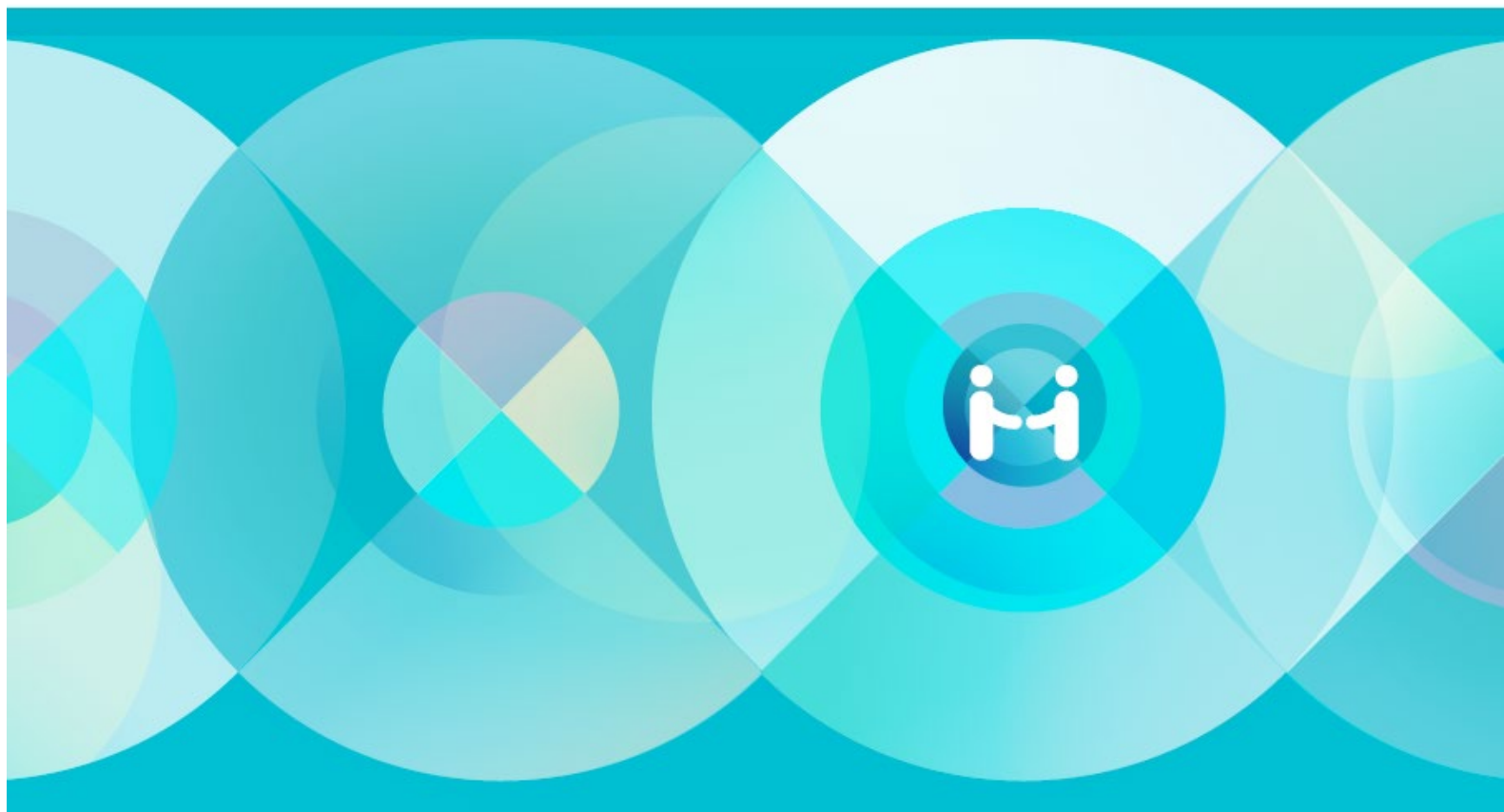
## Attachment

The patient will see  
you now framework



## **“The Patient Will See You Now”**

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



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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

## Acknowledgements

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THS South, North West and North Consumer Community Engagement Councils

THS and DHS staff who provided feedback during the consultation period

Prepared by Gretchen Long Senior Advisor Quality Patient Safety Service THS N December 2019  
(reviewed February 2021)

## Glossary<sup>1 2</sup>

<b>Australian Charter of Health Care Rights</b>	Specifies the key rights of patients when seeking or receiving healthcare services. Endorsed 2019.
<b>Carer</b>	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.
<b>Consumer / Consumer Representative</b>	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.
<b>Health Literacy</b>	<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>
<b>Partnership</b>	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.
<b>Patient</b>	A person who is receiving care in a health service organisation.
<b>Patient / Person / Consumer Centred Care</b>	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.

## Executive Summary

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

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

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](#)
- [First Nation Health Needs Protocol THS N](#)
- [Partnering with Consumers for QI activities through surveys, focus groups and interviews](#)
- [Process for recruiting from and or establishing consumer registers in THS](#)
- [ACSQHC. NSQHS. 2<sup>nd</sup> 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<sup>3 4 5</sup>. 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 improves<sup>6</sup>. There is evidence of decreased re-admission rates and health care acquired infections along with reduced length of stay and adherence to treatment regimes<sup>7</sup>, for the THS, this will bring financial benefits<sup>8</sup>.

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Victorian Auditor-General. *Consumer Participation in the Health System*. Victorian Auditor General's Report. Melbourne: Auditor-General's Department, 2012.

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

<sup>7</sup> ACSQHC *Partnering with patients in their own care*. Downloaded October 25<sup>th</sup> 2019

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

collaborate across specialities and regions to design, promote, develop, progress and embed successful health care innovations in the pursuit of excellence in PCC.

**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 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.<sup>9</sup>

## 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, the elderly and frail aged in the community, people whose sexual orientation is lesbian, gay, bisexual, transgender, queer, intersex and people with a disability, a disadvantage or who may be marginalised<sup>10</sup>.

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<sup>9</sup> 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

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

- **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](#), [Tasmanian State Service Aboriginal Employment Strategy to 2022, 2019 and First Nation Health Needs Protocol THS N](#).

- **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 care<sup>11</sup>. 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 consumers<sup>12</sup>.

### **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.

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<sup>11</sup> 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.

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



### 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.

At each of the levels, there should be increasing consumer involvement with low level engagement identified as consultation, where information is principally unidirectional such as patient information pamphlets, surveys, feedback or complaints. The second level of involvement has two-way information sharing and, at the highest level, consumers are involved as partners, co-designers, sharing in leadership and decision-making<sup>13</sup>.

To operationalise the framework the CCEC members will function across all three engagement levels providing a strong voice in the planning, design, delivery, measurement and evaluation of health care. This will ensure the views, advice and involvement of consumers, carers and their families are heard; as is articulated in related THS policy, protocols and framework.

The CCEC are the single peak consumer body for all THS hospitals / health services and are tasked with overall stewardship of “Partnering with Consumers” standard<sup>14</sup>, making certain that patients are placed at the centre of their own care and the health system more generally. Substantial input is also provided to the Governance standard through membership with regional clinical governance committees as well as involvement across other NSQHS standards.

The involvement of the CCEC, across all of the NSQHS standards supports the THS to protect the public from harm and ensures that expected standards of safety and quality are met.



<sup>13</sup> Ref: *Patient and family Engagement: A Framework for understanding the elements and developing intervention and policies*. Carman, K., Dardess, P., Maurer, M., Dofaer, S., Adams, K., Bechtel, C., Sweeney. 2, 2013, Health Affairs, Vol. 32, pp. 223-231.

<sup>14</sup> *ibid*



## 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 Clinical Governance Framework 2020](#)

[THS Consumer Feedback Policy 2021](#)

### Protocol

[Consumer Communication and Health Literacy 2019](#)

## Monitoring, Target Outcomes and Evaluation

To monitor / 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 attributes<sup>15</sup> of high-performing person-centred healthcare organisations, that the organisation is driven by patient centred care
- meet and maintain accreditation requirements as a continuous quality improvement cycle.

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.

<sup>15</sup> 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.

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