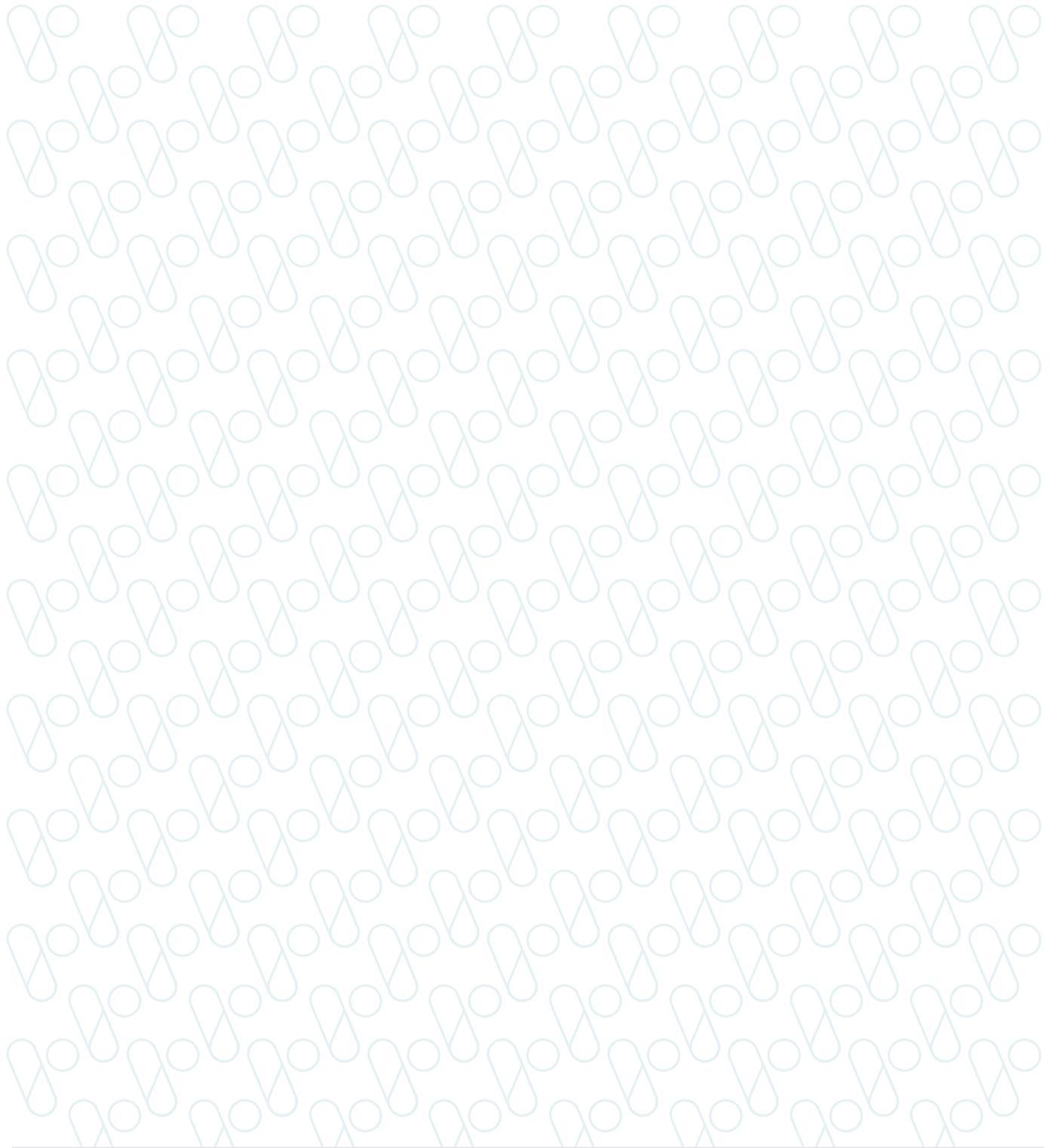




---

# Partnering in healthcare

**A framework for better care and outcomes**



To receive this publication in an accessible format phone 03 9096 1384, using the National Relay Service 13 36 77 if required, or email SCV [safercarevictoria@dhhs.vic.gov.au](mailto:safercarevictoria@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Safer Care Victoria, February 2019.

ISBN 978-1-76069-736-5 (Print)

ISBN 978-1-76069-737-2 (pdf/online/MS word)

Available at Safer Care Victoria [www.safercare.vic.gov.au](http://www.safercare.vic.gov.au)

Suggested citation: Horvat, L 2019.

Partnering in healthcare for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne.



---

# Contents

---

Foreword	2
Acknowledgements	3
Introduction	4
Navigating the framework	6
1. Personalised and holistic	10
2. Working together	14
3. Shared decision-making	18
4. Equity and inclusion	22
5. Effective communication	26
Implementation guide	30
Background	34
Glossary	37
References	41

---

---

# Foreword

**We know better health outcomes are achieved when health professionals and services work in partnership with consumers, patients, carers and communities. Of course, some health services already do this, and do it well. But the focus on person-centred care is not consistent across the state – leading to great variation in consumer participation, experience and outcomes.**



Consumers play a vital role in helping us to avoid making the same mistakes repeatedly. Hindsight shows that in nearly every instance of avoidable harm, consumer letters, emails and phone calls have attempted to warn us about system failures that

contributed to that harm.

This document outlines a new partnership and consumer participation approach to drive positive change in healthcare.

As part of our methodology, we asked people what was most important to them. The *Partnering in healthcare* framework is the result.

This new framework aims to:

- bring consistency to how Victorians can participate in their own healthcare
- help health services involve consumers to deliver care that is safe, effective, person- and family-centred, equitable and clinically effective
- clearly describe consumer priorities for health services, Safer Care Victoria (SCV) and the Department of Health and Human Services (the department).

Partnering with consumers is a key driver behind our mission of outstanding healthcare for all Victorians. We work with health services to improve opportunities for consumers and community representatives to participate in quality and safety improvement activities.

We have two key priorities that guide our work. The first is to ensure that consumer voices and choices are central to their own care, and that consumer-defined outcome measures and improvement goals are being delivered at a health service level and within SCV.

The second is to ensure that consumer voices and experiences drive health service and health system improvement and improve people's experiences and outcomes.

We are proud to have used a co-design approach to develop this framework. For the first time, we employed a consumer lead as part of our team, to ensure consumer voices were central in our work, and a sector lead to keep us connected with health services.

## Thank you

The *Partnering in healthcare* framework could not have been developed without the participation of many consumers, health professionals and community members.

We will continue to work with you as we support the implementation of this framework across all public hospitals in the first half of 2019. We want you to inform a meaningful and easy way to measure our collective impact on improving consumer partnerships. The first step in this process will be a *Partnering in healthcare* forum in April 2019.

**We look forward to you joining us.**

**Louise McKinlay**

Director Consumers as Partners

---

# Acknowledgements

**Safer Care Victoria would like to acknowledge the contribution of the following individuals and groups who provided input in developing the *Partnering in healthcare* framework:**

- Individual consumers and Voice at the Table for their valuable contribution, and making the priorities summit an inclusive consumer event.
- SCV Patient and Family Council members, Victorian health service staff, members of the Patient Experience Network, the Centre for Health Communication and Participation, the Centre for Culture Ethnicity and Health, and staff from the Department of Health and Human Services (the department), for providing feedback on the draft framework.
- BehaviourWorks Australia at Monash University, for their guidance and expertise in prioritisation methodology.
- SCV staff members – Louise McKinlay, Lidia Horvat, Belinda MacLeod-Smith, Kylie Foltin, Joanna Williams, Karen Hill, Gemma Cooper and Erin Pelly for their commitment and collaboration in implementing the engagement strategy, and the iterative development of the framework.

---

# Introduction

**We consulted far and wide to develop the *Partnering in healthcare* framework. As it is rolled out to all public health services in Victoria, we hope you feel encouraged and supported to open up meaningful opportunities for consumers to partner in their healthcare.**

## Helping you go the extra mile

As you know, health services are obliged to meet key requirements for partnering with consumers under the Australian Commission on Safety and Quality in Health Care (ACSQHC) Standards. Achieving accreditation is a baseline measure for *Partnering in healthcare*.

This framework is designed for those health services that want to go beyond what is required. It describes suggested priorities and actions health services can take, and what SCV and the department will do, to deliver outstanding healthcare for Victorians. You can use it to enable innovation and identify future areas of work and improvement.

This framework will help you respond to the needs and expectations of Victorian consumers. We know this because we asked hundreds of people what was most important to them, and this framework is the result. For more about how we developed this framework, go to page 35.

## Rolling out the framework

At a minimum, please identify **two domains** and the priorities you will choose to focus on in the next 12 months.

By **June 30 2019**, you need to:

- use the self-assessment tool
- complete the statement of intent outlining your two chosen domains and identified priorities.

## This is a living document and will be updated as we progress

To ask questions or provide feedback, please email: [partnering@safercare.vic.gov.au](mailto:partnering@safercare.vic.gov.au)

We developed resources to support you to implement this framework. These are available at [bettersafercare.vic.gov.au](http://bettersafercare.vic.gov.au).

We will also hold a forum on **29-30 April 2019** to:

- celebrate what you are currently doing to progress consumers partnering in their healthcare
- share good practice examples
- generate new thinking and ideas
- identify the most useful ways to measure and report on progress with *Partnering in healthcare*
- identify how can we measure improvements in participation.

## This framework applies to all Victorian public health services

This framework replaces *Doing it with us not for us: Strategic Direction 2010–2013* and the *Cultural Responsiveness Framework: guidelines for Victorian health services*. It states the expectations Victorians have about how to improve partnering with consumers to achieve better outcomes.

---

*Partnering in healthcare* has a clear and specific purpose:

To support practical strategies and partnerships, including people partnering in their own healthcare, in order to deliver higher quality care that is safe, person- and family-centred, equitable and clinically effective.

For more context, go to page 34.

### **Other services and sectors may learn from this**

While this framework is designed for public health services, it may be relevant for:

- private hospitals
- ambulance services
- funded health services (such as community health services, mental health community services, alcohol and drug services and public residential aged care services)
- regulated health services such as Aboriginal health organisations
- primary health networks.

### **How to read this document**

This document is structured around the five domains, to help you decide which are your immediate priorities for implementation. Each chapter clearly outlines:

- what consumers said
- what the domain means
- what matters in practice.

Comments from people who filled out our online survey are included throughout this document.



This icon shows you a template, tool or other resource available as a download, to help implement the framework at your health service.

### **A note on terminology**

We broadly use the term 'consumer' to refer to people, families, carers and communities who are current or potential users of health care services. This includes children, women and men, people living with a disability, people of diverse cultural, linguistic and religious experiences, socioeconomic status and social circumstances, sexual orientations, sexes, genders and gender identities, health and illness conditions.

The term also includes: people who choose to get involved in decision-making, health consumer representatives who provide advice on behalf of consumers, with the overall aim of improving healthcare, and carers who often have an important role in healthcare decision making and care giving.

Different health settings may use terms such as: patients, persons and families, carers, clients and residents. In this paper, 'consumer' includes these definitions.

See our glossary for more definitions. (page 37).

# Navigating the framework

## A summary of the *Partnering in healthcare* consultation

For *Partnering in healthcare*, we used a five-stage prioritisation process. Stages included desktop research, forming a project team that included consumer and sector leads, a statewide online survey that reached 180,000 Victorians, data analysis of more than 3,000 responses, and a face-to-face 'priorities summit' based on Cochrane Review prioritisation methodology. To elevate the consumer voice, the priorities summit deliberately included a 2:1 ratio of consumers to health sector representatives.

## How many people did we reach?

**180,000 people**

reach through social media and other online networks



**3,145 visits**

to consultation web page



**680 surveys**

**3,000+** responses

'We need to ask patients and the people who support them what they want.'



**2:1 ratio**

health consumers to health service reps at priorities summit



## Who did we hear from?

**74%** female

**10%** speak a language other than English

**26%** frequent hospital users

**39%** have children at home

**76%** employed

**58%** under 54 years old

**71%** have worked in healthcare

**32%** identify as a carer

**24%** live outside Melbourne

**74%** educated to Bachelor's degree or higher

The *Partnering in healthcare* framework consists of five domains. These represent collective focus areas, where work could improve consumer experience and outcomes.

**Focusing on five domains for healthcare improvement**

Each domain is underpinned by evidence and best practice and informed by extensive consultation with consumers and health services.

Using the domains as a reference point will help you identify where improvements may bring real benefits and impact, and therefore, where time and effort is best invested.

**Figure 1: Five domains of *Partnering in healthcare***



---

### **Identifying priorities and actions for health services**

We asked consumers and health professionals to identify issues important to them. These priority areas are where SCV, the Department and health services can make the most difference.

Under these priorities, we encourage health services to identify actions. The framework has been built to further strengthen and build on current initiatives and identify future areas of work and improvement. We recommend adapting and implementing these priorities in line with your existing initiatives, to best meet the needs of your consumers and organisation.

### **How consumers can participate**

There are many opportunities for consumers to be meaningfully involved at all three levels of healthcare: the direct care level, the service level and the system level. The figure opposite highlights how consumers can participate at each level.

**Figure 2: Partnering in healthcare framework overview**



# 1 Personalised and holistic



*'I am respected and receive personalised care that treats and supports me as a whole person.'*

**This domain includes what people can do for their own health and wellbeing, as well as what is done with and for people in a healthcare setting. This domain pivots on considering the whole person (or family). This means understanding their physical, cultural and social context, to identify what makes a difference to a person's health, wellbeing and safety. It also recognises that people have agency when they are at the 'centre' of care being provided to them by healthcare professionals.**

## WHAT CONSUMERS SAID

- Actively engage consumers in partnership opportunities across all aspects of the healthcare system.
- Implement a statewide consumer network.
- Promote and support person-centred co-design as a method for improvement.
- Build empowering relationships.

## Elements of this domain

Personalisation 'by' a person: how people shape their own lives, health and wellbeing.

Personalisation 'for' a person: practices in healthcare that treat an individual as a person and put people and families at the centre of – not fitting them into – services.

Individualised, connected and integrated care.

Compassion and respect.

Consumer-reported experience and outcome measures.

A broader perspective on illness, health and wellbeing.

Personalised health and wellness plans and networks.

Respecting people's lived experience and values.

The whole person in their physical, social, cultural and linguistic context.

Taking into account people's preferences and expressed needs.

Education and support for self-care.

Emotional support and empathy.

Involving family and friends.

---

*'It is good if staff introduce themselves by name, and have a short chat, before getting down to the medical side of things. Consumers are worried, may be in pain, and are unwell. However, staff don't seem to understand this, as it is normal for them to see people in this state. For most consumers, the hospital is abnormal, and outside their normal experience. It is a new world to be navigated. If the people they meet do not seem to care, and treat it as no-nonsense routine, it can be unbearable.'*

## WHAT MATTERS IN PRACTICE



### SCV

#### Priorities

Deliver practical ways to improve person-centred care.

Enhance the utility of existing patient-reported experience measures and ensure they are publicly reported.

Work with consumers, health professionals and the Victorian Agency for Health Information (VAHI) to establish an agreed approach to collating patient-reported outcome measures (PROMS) and revised patient-reported experience measures (PREMS).

Promote and support the use of person-centred co-design as a method for improvement.

#### Actions

Implement a statewide consumer participation strategy (this *Partnering in healthcare* framework).

Support health services to recruit, develop and support consumer leaders.

Develop the *Partnering in healthcare* governance structure through the SCV Patient and Family Council.



### Department

#### Priorities

Understand the evolving needs of patients, clients and victim survivors, by hearing their lived experiences and acknowledging their diverse needs when designing and delivering services to ensure people can access the support they need, when they need it.

Advance Aboriginal self-determination in health and human services by using Aboriginal-determined measures of success in health and wellbeing outcomes.

Improve use of patient- and client-reported experiences of care and treatment.

#### Actions

Improve integrated and coordinated care between health and community services, to support better outcomes for people with chronic and complex needs.

Implement the *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*.

Implement the *Disability action plan 2018–2020*.



## Health service

### Suggested priorities

Treat consumers as a whole person and provide more individualised care.

Provide hospital staff training on person-centred care.

Optimise the time with consumers to understand their needs.

Include family and carers in care planning.

Improve access to care coordinators, pastoral care, counsellors and social workers to support people.

Build a support network of consumers.

Foster, promote and implement compassionate care strategies.

Investigate the use of the Patient Activation Measure (PAM) to support consumers to engage in their healthcare.

Provide education for consumers and healthcare professionals about the implementation of the Australian Charter of Healthcare Rights in Victoria.

Support the unique characteristics and needs of the individual in the co-construction of the care process, from diagnosis to discharge.

### Actions

Identify at least two domains (and which priorities within them) you will focus on by **30 June 2019**.



Use the self-assessment tool to map your health service's current activities against the domains and priorities.



Complete the statement of intent and share with SCV.

Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.



The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

*'Reframe the conversation on the person, not the disease.'*



## Consultation

### Other suggestions for improvement from our consultation



Ask consumers about what is most important to them.

Understand a consumer's individual needs.

Build conversations with consumers.

Involve consumers' families and carers in discussions and decisions, particularly when the consumer is vulnerable, or has language or cognitive difficulties.

Respond to an individual's preferences for care.

Acknowledge and act on consumers' and families' knowledge and experience of their health and condition.



Include consumers' understanding of their own condition and care as an integral component of daily ward rounds.

Address the isolation and lack of social supports experienced by some consumers.



Design healthcare systems to work for people.

*'Listen respectfully to consumers. Acknowledge that consumers live in their own skin, and experience their health condition 24/7, not just for 20 minutes when they see a specialist. Be prepared to adjust treatments based on consumer experience.'*

# 2 Working together



*'I am included as a respected partner in my healthcare and 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.**

## WHAT CONSUMERS SAID

- Co-develop improvement and innovation activities.
- Co-develop PREMS and PROMS.
- Increase co-production opportunities.
- Include consumers in staff training.
- Build cultures of inclusion, trust and support.
- Provide capability assessment and support for boards and senior staff on consumer engagement.
- Provide flexible and diverse participation and feedback opportunities (variation in times and types of opportunities).
- Give adequate induction for consumers joining committees, and ongoing support to check how things are going.
- Fill consumer opportunities based on interests, preferences, experience, and suitability – 'It should not be a matter of just filling a vacancy'.
- Support adequate handover time between staff to continue work with consumers.

## Elements of this domain

High-quality relationships and interactions are at the core of people's health and wellbeing.

Collaboration and engagement among consumers, families and health professionals.

Teams and partnerships and how teams work to improve genuine person-centredness.

Team support for a more coordinated and effective healthcare delivery system, improving outcomes and reducing errors.

Making sure there is continuity between and within services.

Shared knowledge and experience.

Shared responsibility.

Knowledge transfer.

Shared learning.

Transparency of health information across systems.

---

*'Much of the physical design and care processes in hospitals are not designed for working together. There should be a focus on creating physical spaces for communication, through the care pathway.'*

## WHAT MATTERS IN PRACTICE



### SCV

#### Priorities

Support health services to involve consumers in improvement and innovation activities.

Support health service leaders to develop their skills through team-based learning.

Support consumer participation in clinical governance.

Further develop leadership networks.

#### Actions

Develop a network with consumers and health services to facilitate the systematic sharing of knowledge and good practice in *Partnering in healthcare* implementation.

Facilitate a community of practice to support co-design and engagement activities across SCV and the department.

Refresh community advisory committee guidelines.

Embed consumers in clinical networks.

Provide education for boards and senior staff on consumer engagement.



### Department

#### Priorities

Increase participation of service users, providers and staff in the design and delivery of services, policy and legislation.

Increase co-design and engagement with patients, clients, victim survivors of family violence, health professionals, practitioners and service providers.

#### Actions

Support the work of SCV.

Support rural and regional health partnerships.

Implement the mental health lived experience engagement framework.



## Health service

### Suggested priorities

Implement the *Delivering high-quality healthcare: Victorian clinical governance framework*.

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

Support practical tools and strategies to improve collaboration and engagement among consumers, families and health professionals.

Integrate medical records and improve transparency.

Improve discharge communication and processes for consumers.

Promote clinical and multi-disciplinary teamwork.

Include consumers in staff training.

Build cultures of inclusion, trust and support.

Support clinician, consumer and family team meetings.

Co-design care and services with consumers and families.

Use feedback from consumers for quality improvement.

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

### Actions

Identify at least two domains (and which priorities within them) you will focus on by **30 June 2019**.



Use the self-assessment tool to map your health service's current activities against the domains and priorities.



Complete the statement of intent and share with SCV.

Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.



The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

*'Better frameworks to support consumer engagement at all levels. For example, goal setting for consumers, consumer representation in service planning, and feedback at point-of-care.'*



## Consultation

### Other suggestions for improvement from our consultation



Ask consumers what matters to them and what they feel should be done differently, then act on what they say.



Improve collaboration and communication channels between different clinical teams and health professionals.

Build systems that work together – rather than being silos – within, across and outside health services.

Ensure continuity of care outside hospital, particularly in relation to discharge planning, follow-up and feedback to primary care providers.

Ensure continuity of care when people are transferred between metropolitan and rural or regional health services.



Develop strength-based planning that includes consumers.

Enhance opportunities for clinical team meetings with consumers.

Provide appropriate and accessible information and education for staff and consumers on consumers' rights and responsibilities.

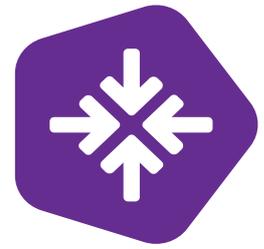
Co-design and co-produce improvement strategies with consumers.

Ensure there are enough family/carer meetings with health professionals prior to discharge.

Use consumer feedback to drive change.

*'Ensure comprehensive care planning. Discharge planning should be done by somebody outside the hospital, who is fully aware of available support services that can meet the needs of the consumer.'*

# 3 Shared decision-making



*'I am empowered with making informed decisions about my healthcare, and contributing to healthcare improvement.'*

**Shared decision-making includes the process by which health decisions are made by consumers and health professionals, using the best available evidence and discussion of consumers' preferences (Stacey et al., 2016). Key tools to support shared decision-making include decision aids and decision coaching.**

## WHAT CONSUMERS SAID

- Involve consumers at the service design, policy and governance levels.
- Use consumers' expertise in care.
- Include shared decision-making in performance management frameworks.
- Provide consumer education opportunities, so they can best prepare for interactions with health professionals.
- Make consumers primary decision-makers about healthcare and treatment that affects them.
- Involve consumers in decisions about how healthcare and the health system can be improved.
- Implement collaborative decision-making that considers the views and needs of all parties.

## Elements of this domain

Sharing power and responsibility in decision-making.

Acting on the principle of 'nothing about us without us'.

Involving affected individuals in decisions.

Methods for making health decisions involving consumers and health professionals.

Information outlining treatment options, outcomes and uncertainties.

Routine use of decision aids in clinical practice.

Decision support counselling or coaching to clarify options and preferences.

Recording, communicating and implementing consumers' preferences.

Community participation in healthcare governance and priority setting.

---

*'Health professionals should encourage consumers to ask questions, including regarding decisions they are unsure about. Some health professionals actively discourage effective feedback and questioning of their decisions. Power imbalance needs to be addressed in some way. Some consumers believe if they do ask questions, or question decisions, that the quality of care they receive will be negatively affected.'*

## WHAT MATTERS IN PRACTICE



### SCV

#### Priorities

Deliver advice and support to promote the uptake of shared decision-making approaches, including decision aids and coaching.

#### Actions

Develop and implement a pilot to increase the use of consumer decision aids, decision coaching and question prompt lists in Victorian hospitals.



### Department

#### Priorities

Increase client and patient choice concerning the services and treatment they receive.

Increase consumer participation in the design and delivery of services, policy, planning, regulation and legislation.

#### Actions

Implement the *Public participation framework: Department of Health and Human Services*, and its resource toolkit, to facilitate engagement and co-design approaches.



## Health service

### Suggested priorities

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

Provide reliable, balanced, evidence-based information outlining treatment options, outcomes and uncertainties.

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

Record, communicate and implement consumers' preferences.

Involve consumers at the service design, policy and governance levels.

Utilise consumers' expertise in care.

Include shared decision-making in position descriptions and performance appraisals.

Ensure that shared decision-making interventions are customised to meet the needs of specific groups and populations.

### Actions

Identify at least two domains (and which priorities within them) you will focus on by **30 June 2019**.



Use the self-assessment tool to map your health service's current activities against the domains and priorities.



Complete the statement of intent and share with SCV.



Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.

The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

*'Have clear pathways and provide information to make shared decision-making – as opposed to making assumptions.'*



## Consultation

### Other suggestions for improvement from our consultation



Provide information to consumers, and ensure they have the opportunity to ask questions about their rights and care options.

Work through situations in which consumer priorities/preferences are different from those of health professionals.



Involve consumers in planning services.

Create an environment which is respectful, safe and positive for consumers. This includes being friendly, respecting consumers' decisions, and treating all people as equals.

Include shared decision-making in performance management frameworks.



Redress any power imbalance, so systems work better for consumers.

*'Consumers and loved ones need to be encouraged and empowered to ask questions and be part of decision-making. Allowing time to ask questions, and have staff answer them in an understandable way, will support this.'*

# 4 Equity and inclusion



*'I receive care that is safe, effective and responsive to my needs.'*

Responding to diverse needs is complex. People want to be engaged and empowered in their healthcare experience and journey. Some groups and communities are often under-represented in healthcare participation opportunities and structures and over-represented in clinical risk. Informed by a definition of equity provided by the World Health Organization, equity is the absence of avoidable or remediable differences among groups of people, whether they are defined socially, culturally, linguistically, economically, demographically or geographically (HPH Task Force, 2014). Equity in healthcare means that all people receive care of equal quality that is safe, effective and person-centred. An equitable approach does not mean that everyone receives the same care, but that all people have their healthcare needs equally well met, including through removing differences in the quality, safety and accessibility of opportunities, services and rights between groups of people.

## WHAT CONSUMERS SAID

- Provide accredited interpreters when needed.
- Engage diverse consumers in healthcare partnerships.
- Provide equitable access, care and treatment.
- Ensure participation in forums and consultations is available at a variety of times of day (for example during and after work hours).

## Elements of this domain

Fairness, dignity and respect.

Responding to everybody's common and unique needs.

Seeing, hearing, valuing, including and engaging others.

Understanding how social determinants of health impact people's healthcare access, outcomes and experiences.

Pursuing shared, equitable and socially just outcomes.

Cultural safety, and culturally responsive and inclusive care.

Accredited interpreters are provided when needed.

Addressing avoidable or remediable differences among groups of people whether they are defined socially, culturally, linguistically, economically, demographically or geographically.

All people have their healthcare needs equally well met.

Diverse groups and communities are involved in participatory structures.

---

*'Interpreters are provided to people who require them along their care journey.'*

## WHAT MATTERS IN PRACTICE



### SCV

#### Priorities

Develop and promote consumer engagement guidelines, with an emphasis on engaging diverse consumers from a broader demographic of the population.

#### Actions

Work with partner organisations to develop resources which foster and enable diverse consumer engagement, and more inclusive consultation strategies.



### Department

#### Priorities

Increase participation in universal and early-intervention services – especially by Aboriginal Victorians.

Reduce unexplained variation in the care people receive – especially disadvantaged groups.

Increase consumer participation in design and delivery of services.

#### Actions

Implement a review of the Improving care for Aboriginal and Torres Straits Islander Patients (ICAP) program.

Implement the *Delivering for diversity: Cultural diversity plan 2016–2019*.

Reform the department's language services policy and guidelines, to strengthen quality and accessibility of language services.

Improve equity of access to high-quality and safe healthcare for regional and rural Victorians.

Monitor and review regional and rural consumers' access to the Victorian Patient Transport Assistance Scheme (VPTAS).

Investigate ways to benchmark equity, diversity and responsiveness.



## Health service

### Suggested priorities

Ensure accredited interpreters are provided when needed.

Monitor consumer-reported accredited interpreter provision through the Victorian Healthcare Experience Survey (VHES).

Provide cultural safety and cultural responsiveness training for staff.

Provide advocates for those with limited or no personal supports.

Ensure diversity, culture and inclusion are organisational priorities.

Build diverse consumer representation at all levels.

Value consumers, including through remuneration.

Develop more inclusive community consultation strategies.

Ensure information is translated into various languages.

Promote consumer awareness of healthcare rights.

Ensure regional and rural consumers have access to VPTAS.

### Actions

Identify at least two domains (and which priorities within them) you will focus on by **30 June 2019**.



Use the self-assessment tool to map your health service's current activities against the domains and priorities.



Complete the statement of intent and share with SCV.

Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.



The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

*'Shifting care processes from a 'one size fits all' to 'one size fits one'.*



## Consultation

### Other suggestions for improvement from our consultation



Ensure people who need accredited interpreters have access to them.

Provide critical health information in relevant languages and formats.



Respond effectively to diversity and difference.

Increase awareness of (and services/facilities for) a person's cultural, religious and social needs.

Ensure greater access to accredited interpreters for consumers with limited English proficiency, including information in their preferred language.

Create environments that are respectful and safe for all.



Ensure adequate training in specific areas such as cultural responsiveness, mental health, providing and using accredited interpreters, and checking for understanding.

Address barriers for particularly at-risk communities or population groups.

Ensure data is collected – and acted upon – regarding who is accessing services, and their experiences and outcomes.

Ensure participation across diverse groups and communities, which reflect the demographics of the communities served.

*'Different systems are required for people in different stages of life and health. People with a disability, people who are older, and people who are disenfranchised in the hospital system, need to be supported. Not all people are able to articulate their health issues, nor do all people have carers who can advocate for them.'*

# 5 Effective communication



*'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).**

## WHAT CONSUMERS SAID

- Always use clear, jargon-free and accessible language.
- Co-develop information about healthcare conditions, processes and pathways that are easy to understand and act upon.
- Ensure communication is consistent across all points of a patient's journey.
- Provide quality health information and in relevant languages.
- Promote the use of 'Teach back' by health professionals.

## Elements of this domain

Quality of communication in all healthcare relationships.

Open disclosure.

Healthcare experience feedback mechanisms for consumers.

Active listening.

Health literacy.

Developing and providing health information.

Opportunities to use health information and services.

Online interactions.

Communication skills and capabilities of health professionals.

*'Place value on better communication skills and kindness. Change KPIs so these skills matter.'*

---

## WHAT MATTERS IN PRACTICE



### SCV

#### Priorities

Develop and promote tools to improve health literacy.

Support open disclosure between consumers and health services when things go wrong.

Provide alternative pathways for consumers to escalate their concerns when they are worried.

Provide different ways for consumers to provide feedback about their experiences in healthcare.

Support training for consumers to participate in serious event investigations.

Support training for health professionals to enhance communication.

#### Actions

Disseminate best practice health literacy guidance to health services (in partnership with the Centre for Health Communication and Participation).

Implement and review a pilot of the Patient Opinion feedback tool.

Implement a consumer-initiated escalation of care program.

Roll out communication skills training for healthcare professionals, including clinical communication skills, and effective communication for person-centred care.

Identify and deliver training that builds compassionate workplaces.



### Department

#### Priorities

Increase consumer participation in design and delivery of services.

#### Actions

Implement a range of reforms to the department's language services policy and guidelines to strengthen the quality and accessibility of language services.



## Health service

### Suggested priorities

Listen to consumers to ensure mutual understanding.

Promote friendly, supportive interactions.

Facilitate open and timely communication with consumers.

Develop clear written communication.

Provide training for staff on respectful communication.

Improve hospital environments to facilitate effective communication.

Support strategies to improve health literacy.

Provide training for staff on health literacy (for example Teach-back, Ask Me 3 and Asking the Right Questions Matter).

Enable consumers to provide feedback.

Use technology to communicate with consumers when that method is right for them.

Provide information for consumers (in multiple formats) before, during and after consultations.

Improve communication, so it is responsive to cultural, linguistic, cognitive and other needs.

### Actions

Identify at least two domains (and which priorities within them) you will focus on by **30 June 2019**.



Use the self-assessment tool to map your health service's current activities against the domains and priorities.



Complete the statement of intent and share with SCV.

Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.



The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

*'Nurses often provide a large amount of consumer education. However, they must find resources to implement and reinforce the concepts discussed. Finding credible and appropriately succinct information can often take more time than the actual education itself.'*



## Consultation

### Other suggestions for improvement from our consultation



Listen to and act on consumers' needs.

Avoid complex technical jargon and provide information in a clear and accessible way.

Provide clear explanations of conditions and treatment options.



Ensure information and educational resources are readily available for consumers.

Improve communication between hospital and non-hospital health professionals, including primary healthcare providers.

Use a variety of materials that include visual, spoken and written approaches.



Implement policy and service reforms for language services provision.

*'Introduce tools that enable people to communicate their needs and preferences (for example, a bedside whiteboard). Support people to record these. These needs and preferences should be clearly documented in the health record, and clearly linked to their healthcare, treatment, rehabilitation and discharge plan.'*

# Implementation guide

**Health services should identify at least two domains to focus on by 30 June 2019. Your statement of intent should be endorsed by your health service board.**

**Partnering in healthcare is an ongoing process. It involves all stakeholders in assessing issues and co-developing potential solutions.**

Implementing the framework involves five steps:

## 1. Review the domains and suggested priorities for health services in this framework

*Partnering in healthcare* domains and priorities align with many initiatives currently underway within health services. This framework is designed to build on current initiatives, identify future areas of work and improvement and enable innovation.

## 2. Use the *Partnering in healthcare* self-assessment tool



Use the *Partnering in healthcare* self-assessment tool to assess current strengths and challenges against each domain.

## 3. Identify areas in need of improvement

This will help identify where improvements may bring real benefits and impact, and therefore, where time and effort is best invested.

## 4. Identify at least two domains and the priorities you will choose to focus on in the next 12 months

Make a decision about which two domains and priorities to focus on in line with your existing initiatives, to best meet the needs of your consumers and organisation.

## 5. Complete the Partnering in healthcare statement of intent and share with SCV by 30 June 2019



Complete the statement of intent outlining your two chosen domains and identified priorities. This should be endorsed by your health service board. Email to: [partnering@safercare.vic.gov.au](mailto:partnering@safercare.vic.gov.au).

The statement of intent can help to monitor implementation, progress and achievements.

*'Our organisation fosters mutual learning, and embeds co-design in healthcare governance, planning, implementation, monitoring and evaluation.'*

---

Health services will be able to monitor and track their progress through a mix of existing internal and external mechanisms. These include:

- health service strategic plans
- health service quality improvement plans
- health service organisational policies, plans, improvement goals and monitoring frameworks
- statement of priorities
- departmental policy and funding requirements
- *Victorian health services performance monitoring framework*
- *Delivering high-quality healthcare: Victorian clinical governance framework*
- NSQHS Standards (second edition)
- VHES data analysis.

### ***Partnering in healthcare is everybody's business***

This includes:

- SCV
- the department
- consumers
- health service boards
- chief executive officers
- executive and managers
- clinical leaders
- consumer experience and engagement professionals
- quality and safety professionals.

### **Partnering in healthcare forum**

In advancing and supporting this framework, we will host a *Partnering in healthcare* forum on **29-30 April 2019**. It will bring consumers and health services together to:

- celebrate what you are currently doing to progress consumers partnering in their healthcare
- share good practice examples
- generate new thinking and ideas
- identify the most useful ways to measure and report on progress with *Partnering in healthcare*
- identify how can we measure improvements in participation.

The knowledge and lessons from this event will be documented and shared with all Victorian health services.

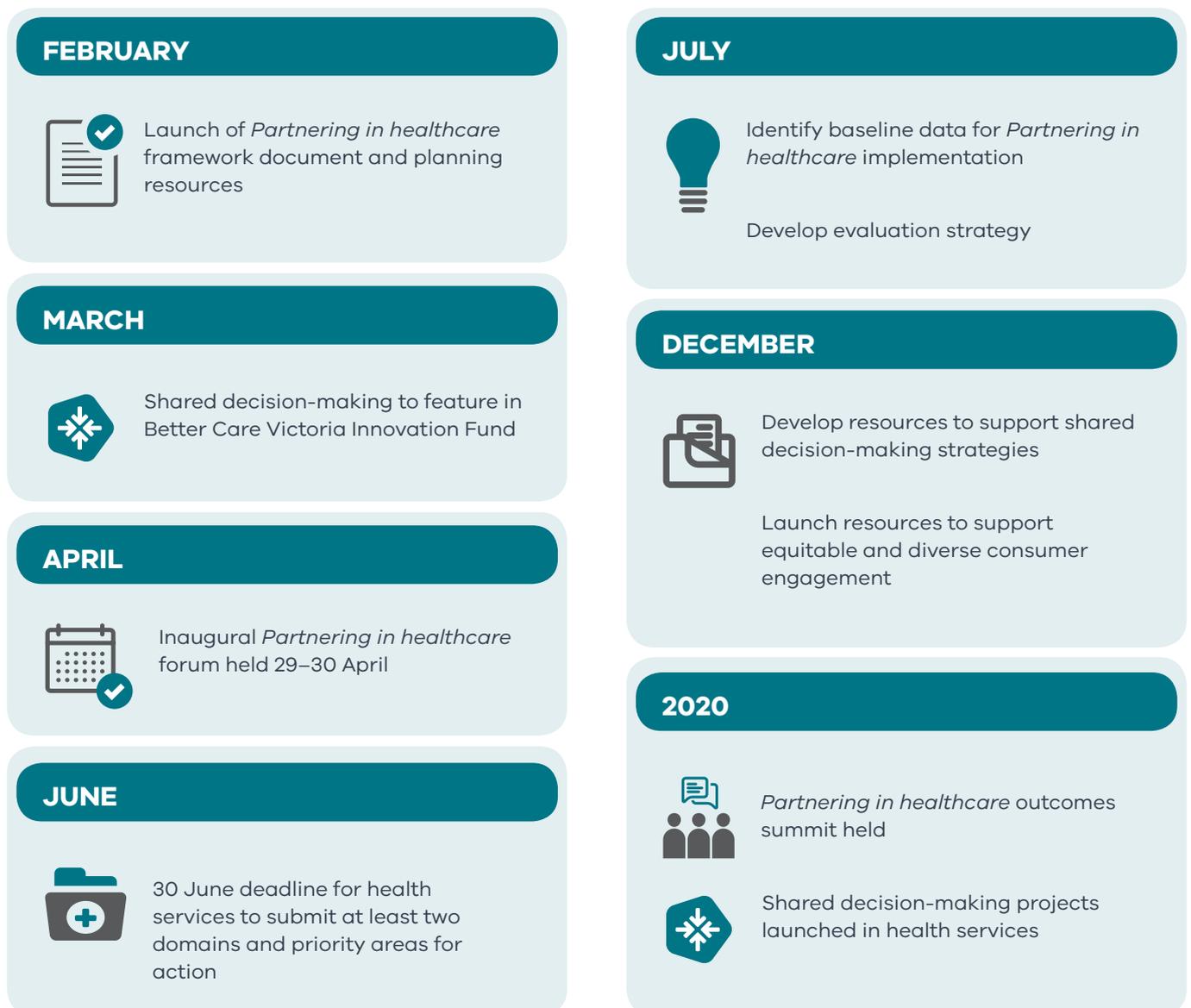
Further stages will include working with health services to develop ways to systematically share knowledge and good practice in implementing *Partnering in healthcare*.

*'We partner in each aspect of decision-making with the people who use or deliver our services. We provide training and support for people to be involved in their care.'*

*'I have hope that the health system will improve, that consumers are being heard and their contributions valued. Consumer involvement is integral to creating a responsive health system.'*

**Figure 3: Implementation timeline**

## What we will deliver in 2019–20



---

*'Involving people in all aspects of care is a priority for our organisation. Managers take a leadership role, encouraging staff to involve people as much as they would like.'*

## EVALUATION AND REVIEW

**In supporting the healthcare improvement process, we want to know what has improved, or what has changed. Tracking and documenting improvement processes as they evolve allows us to learn what works and build the evidence base.**

To help measure and monitor progress, SCV will develop an evaluation strategy with consumers and health services which considers:

- 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*?

SCV will support the evaluation and review of *Partnering in healthcare* through the SCV Patient and Family Council. The council aims to involve consumers in a meaningful and effective partnership. It is one of the key mechanisms to ensure consumers and community needs and perspectives are represented in health service:

- development plans
- improvement goals
- program implementation and evaluation.

This approach provides a governance and reporting structure that will help to:

- review achievements in the five domains through the identified priorities and actions
- develop an evaluation strategy to capture and analyse learnings from the improvement effort.

### Annual outcomes summit

We propose to hold an annual outcomes summit to support consumers and health services to share *Partnering in healthcare* achievements, learnings and good practice strategies. This will be documented and shared with participants.

*Partnering in healthcare* is an ongoing improvement strategy. SCV will continue to develop and improve *Partnering in healthcare* priorities, actions and resources. This will be done in partnership with consumers and health services, the department, as well as other healthcare, education and peak organisations.

*'Our board starts each meeting with a consumer story.'*

---

# Background

**The role of the healthcare consumer is changing. Consumer participation in their own treatment is now a key indicator of healthcare performance and quality (Conway et al., 2006). This places different expectations on our healthcare system and requires health services to develop new ways to ensure consumers are equal and active partners.**

## Reducing variation in consumer participation and experience

All Victorians should be able to:

- access high-quality, safe and effective healthcare, and have their healthcare needs equally well met
- meaningfully participate in decision-making about their health and wellbeing
- meaningfully participate in planning, delivering and evaluating healthcare at both a service and system level.

There have been significant advances in the quality and safety of healthcare. However, finding the best ways to respond to people's unique needs, and to address healthcare inequities, remains a challenge. As a result, not all Victorians participate in their health in an equal way, or have their healthcare needs equally well met.

Our research and data tell us that there is variation in:

- how health services promote and engage with consumers to partner in their own care
- the quality of consumer experience
- people's access to an accredited interpreter and information in their own language
- experiences of person-centredness, participation, respect and quality of care
- capacity of health services to partner with consumers in policy development and governance
- capacity of health services to address diversity and equity in participation mechanisms.

## The changing healthcare environment

Our priorities shift with significant changes in healthcare, such as:

- growing preference for more personalised services and treatment, more choice, greater co-design, and shared decision-making
- individuals becoming partners in their own care, which ultimately translates to better outcomes and more effective services
- ensuring that services and products are tailored to people's needs
- better ways to organise services to break down artificial barriers within and between health services
- making it easier for people to access and navigate services
- supporting health professionals and consumers to access better data which informs conversations and practice
- integrating health and social care
- strengthening devolved governance (where decision-making happens at all levels of the system, not just 'the top')
- understanding the social determinants of ill health and its context

- understanding and responding to the diversity of consumers, nurturing cultural safety, and ensuring freedom from bias and discrimination (real or perceived)
- progressing Aboriginal self-determination in the design and delivery of services
- use of digital media and technology
- being at the frontier of genomics, digital health, telehealth and big data.

## DEVELOPING THE FRAMEWORK

In 2017, SCV set about creating a new framework for consumer participation in healthcare. This built on the previous work undertaken by the department.

The framework comprised five key areas, drawn from the best evidence, practice and research, through which work could make a real difference. To test this framework, SCV consulted widely about how best to improve healthcare in Victorian hospitals. The main activities included:

- hosting an online consultation and survey, receiving 680 responses from Victorian consumers, and those who work in our healthcare system. Through this process, SCV learnt about individuals' experience of health services, and their suggestions for improvement
- hosting a priorities summit workshop with 31 people (consumer-health professional ratio of two to one). It was a special opportunity to explore, learn and document what people thought was most important in improving healthcare when in hospital, and what could be done differently.

Over the past year, we have consulted with more than 750 consumers and health professionals on our draft framework, and on developing priorities for improving quality and safety of healthcare in Victoria.

## Why we developed this framework

Victoria needed to develop a framework for consumer participation in healthcare, to improve equity in treatment and care options, and reduce healthcare variation across Victoria.

This framework supports the strategic priorities of both SCV and the department. It was also informed by recommendations in:

- *Consumer participation in the health system* (Victorian Auditor-General's Office, 2012)
- KPMG recommendations regarding the summative evaluation of policy frameworks:
  - *Doing it with us not for us: Strategic direction 2010–2013* (2009)
  - *Cultural responsiveness framework* (2009)
- *Targeting zero: Report of the Review of Hospital Safety and Quality Assurance in Victoria* (Department of Health and Human Services, 2016), which recommended that SCV adopt consumer engagement and consumer experience as a priority improvement goal for the hospital system.

## **Partnering in healthcare is connected**

This framework supports the numerous policies of the department, as well as work already underway in Victorian health services.

It supports the department's Public participation framework (2018a) and Stakeholder engagement toolkit (2018b), which outline the department's overarching stakeholder engagement, and public participation vision and processes.

## **This framework complements accountability and performance reporting**

Health services currently have multiple accountability and reporting mechanisms that drive participation, quality and safety in healthcare. In addition, health services are required to report on many quality and safety performance measures at a local, statewide and national level.

### **Clinical governance framework**

*Partnering in healthcare* outlines expectations for implementing the consumer partnerships domain described in *Delivering high-quality healthcare: Victorian clinical governance framework*. That is, the consumer is at the centre of care, and is viewed as a critical partner in healthcare design and delivery.

## **NSQHS Standards**

From 1 January 2019, health services are implementing the NSQHS Standards (second edition). In this new edition, there is an increased focus on partnering with consumers.

The Partnering with Consumers Standard remains an overarching standard, but introduces new and specific core actions, with the expectation that health services will provide evidence of continuous improvement in:

- actively involving consumers in their own care.
- meeting consumers' information needs.
- shared decision-making.

A shift in direction now requires health services to show how healthcare initiatives and continuous improvement programs influence the quality and safety of person-centred care. Including consumers is key to the evaluation process, in order to learn from consumer feedback and experience.

Evidence for NSQHS Standards is a baseline measure for *Partnering in healthcare*.



The *Partnering in healthcare* and NSQHS Standards resource highlights how the framework connects to the standards.

### **Victorian health experience survey**

The *Partnering in healthcare* domains and priorities align with the VHES questions. You can use your VHES results to track and monitor progress in the domains and priorities.

---

# Glossary

## Accredited interpreter

It is Victorian Government policy that wherever possible, organisations should engage interpreters and translators accredited at the professional level by the National Accreditation Authority for Translators and Interpreters (NAATI). NAATI accreditation is the only qualification officially accepted for the profession of translation and interpreting in Australia. Accredited interpreters and translators act in accordance with the Australian Institute of Interpreters and Translators (AUSIT) Code of Conduct and Code of Ethics. NAATI also provides an online directory of accredited interpreters and translators. Multilingual language skills can also be verified through a NAATI language aide or interpreter test.

## Agency

In order to bring about improvements in health and healthcare, people's agency may include:

- the ability of an individual or group to act independently and make their own choices
- how they shape their own health and healthcare in partnership with health professionals
- the emotional resources and support to do so in the face of difficulty or uncertainty.

## Co-design

Is a method of human-centred design, where new approaches to services are created with the people who use or deliver those services. They are typically participatory processes that collaboratively explore consumer and staff experiences and ideas, consider how these relate to the care journey, develop and implement improvements, and review what difference these make.

## Decision aids

Consumer decision aids are tools that help people become involved in decision-making. They explicitly identify the decision that needs to be made, provide information about the options and possible outcomes, and clarify personal values. They are designed to complement, rather than replace, counselling from a health professional.

## Equal partners

This term describes consumers being partners in their own care, to the extent that they choose to be.

## Equity

Informed by a definition of equity provided by the World Health Organisation, equity is the absence of avoidable or remediable differences among groups of people, whether they are defined socially, culturally, linguistically, economically, demographically or geographically (HPH Task Force, 2014).

---

### **Equity in healthcare**

Equity in healthcare means that all people receive care of equal quality that is safe, effective and is responsive to their individual needs, culture, language, ability, experience and preferences. This does not mean that everyone receives the same care, but rather that all persons have their healthcare needs equally well met, including through removing differences in the quality, safety and accessibility of opportunities, services and rights between groups of people.

### **Consumer**

Consumers include people, families, carers and communities who are current or potential users of health services. This includes children, women and men, people living with a disability, patients, carers, clients, people of diverse cultural, linguistic and religious experiences, socioeconomic status and social circumstances, sexual orientations, sexes, genders and gender identities, health and illness conditions. The term also includes: people who choose to get involved in decision-making; health consumer representatives who provide advice on behalf of consumers, with the overall aim of improving healthcare; and carers who often have an important role in health care decision making and care giving. Different health settings use terms such as: patients, people/persons, families, carers, clients and residents.

### **Health consumer representative**

A health consumer representative is a health consumer who has taken up a specific role to provide advice on behalf of consumers, with the overall aim of improving healthcare. A consumer representative is often a consumer member of a committee, project or event, who voices consumer perspectives and takes part in decision-making on behalf of consumers. A health consumer representative may be nominated by, and accountable to, a consumer organisation. Usually the person works with a health service or consumer organisation, but they may also operate independently in some activities.

### **NSQHS Standards (second edition)**

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm, and improve the quality of healthcare. They describe the level of care that should be provided by health service organisations, and the systems that are needed to deliver such care. The second edition of the NSQHS Standards was released in November 2017. Health service organisations will be assessed against the standards in the second edition from January 2019.

---

### **Partnering with consumers**

Partnering with consumers is about healthcare organisations, healthcare providers and policy-makers actively working with people who use the healthcare system to ensure that health information and services meet people's needs. Essentially, partnerships with consumers exist when consumers are treated with dignity and respect, information is shared with them, and their participation and collaboration is supported.

### **Patient Activation Measure**

Patient (consumer) activation is a behavioural concept. It captures several core components of consumer involvement, each of which is important for active engagement and participation. It is defined as an individual's knowledge, skill, and confidence in managing their health and healthcare. Consumers with high levels of activation understand their role in the care process and feel capable of fulfilling it. Individuals with long-term conditions who are more highly activated are more likely to engage in positive health behaviours, and to manage their health conditions more effectively.

### **Patient Opinion**

Patient Opinion was founded in the UK in 2005. Since then it has grown to be the UK's leading independent non-profit feedback platform for health services. Patient Opinion Australia (POA) was established in 2012 and, like its UK counterpart, is registered as an independent not-for-profit charitable institution. Patient Opinion is about honest and meaningful conversations between consumers and health services.

### **Patient-reported experience measures (PREMs)**

PREMs are questionnaires used to obtain consumers' views and observations on aspects of health services they have received. This includes their views on the accessibility and physical environment of services (for example, waiting times and the cleanliness of consultation rooms and waiting spaces) and aspects of consumer-clinician interactions (such as whether the clinician explained procedures clearly, or responded to questions in a way the consumer could understand).

---

### **Patient-reported outcome measures (PROMs)**

PROMs are questionnaires which consumers complete. They ask for the consumers' assessments of how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity, and other dimensions of health which only consumers can truly know. PROMs promise to fill a vital gap in knowledge about outcomes, and about whether healthcare interventions make a difference to people's lives.

### **Social determinants of health**

The social determinants of health are the conditions in which people are born, grow, live, work and age that can and do influence their health. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

### **Victorian Agency for Health Information (VAHI)**

VAHI was created as part of Victorian Government reforms to overhaul quality and safety across Victoria's public health system. VAHI produce regular reports for health services to monitor safety and performance through data (such as rates of potentially preventable infections and readmissions). Health services can see their performance against relevant targets and compare this to the performance of similar health services. VAHI also collect and report on consumers' experiences of Victoria's public health services, and work with other stakeholders to produce reports on selected topics of public interest.

### **Victorian Healthcare Experience Survey (VHES)**

The Victorian Healthcare Experience Survey (VHES) collects data from a range of users of Victorian public health services. The survey is conducted on behalf of the department by Ipsos (an independent contractor). The survey is completed by a random sample of eligible adults aged 16 or over who have used public health services. Results cover key factors that contribute to consumers' experience with a health service, such as waiting time, how clean the bathrooms were, and the information they were given when discharged.

---

# References

## References

- Baker, GR, Judd, M, Fancott, C & Maika, C 2016, *Creating 'Engagement-Capable Environments' in Healthcare*, Longwoods Publishing, Toronto.
- Bombard, Y, Baker, GR, Orlando, E, Fancott, C, Bhatia, P, Casalino, S, Onate, K, Denis, JL & Pomey, MP 2018, 'Engaging patients to improve quality of care: a systematic review', *Implementation Science*, vol. 13, no. 98.
- Cancer Australia & Cancer Voices Australia 2011, *National Framework for Consumer Involvement in Cancer Control*, Cancer Australia, Canberra.
- Conway, J, Johnson, B, Edgman-Levitan, S, Schlucte, J, Ford, D, Sodomka, P & Simmons, L 2006, *Partnering with patients and families to design a patient and family-centered health care delivery system: A roadmap for the future*, Institute for Patient and Family-Centred Care and Institute for Healthcare Improvement, Massachusetts.
- Coulter, A 2011, *Engaging Patients in Healthcare*, Open University Press, United Kingdom.
- Delbanco, T, Berwick, D, Boufford, J, Edgman-Levitan, S, Ollenschläger, G, Plamping, D & Rockefeller, RG 2001, 'Healthcare in a land called PeoplePower: Nothing about me without me', *Health Expect*, vol. 4, pp. 144–150.
- Duckett, S, Cuddihy, M & Newnham, H 2018, *Targeting Zero: Report of the review of hospital safety and quality assurance in Victoria*, State Government of Victoria, Melbourne.
- Dumez, V, Karazivan, P, Flora, L, Pomey, M, Del Grande, C, Ghadiri, DP, Fernandez, N, Jouet, E, Las Vergnas, O & Lebel, P 2015, 'The Patient-as-Partner Approach in Health Care: A Conceptual Framework for a Necessary Transition', *Academic Medicine*, vol. 90, no. 4.
- Federman, A, Sono, M, Wolf, M, Siu, A & Halm, E 2009, 'Health literacy and cognitive performance in older adults', *Journal of The American Geriatrics Society*, vol. 57, n. 8, pp. 1475–80.
- Hill, S & Sofra, T 2017, 'How could health information be improved? Recommended actions from the Victorian Consultation on Health Literacy', *Australian Health Review*, vol. 42, no. 2, pp. 134–139.
- Hill, S 2014, *Report of the Victorian 2014 Consultation on Health Literacy*, La Trobe University: Centre for Health Communication and Participation, Melbourne.
- Horvat, L, Horey, D, Romios, P & Kis-Rigo, J 2014, 'Cultural competence education for health professionals', *Cochrane Database of Systematic Reviews*, Issue 5, viewed 14 November 2018, <<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009405.pub2/full#CD009405-abs-0001>>.

- 
- HPH Task Force on Migrant-Friendly and Culturally Competent Health Care 2014, *Standards for equity in health care for migrants and other vulnerable groups: Self-Assessment Tool for Pilot Implementation*, HPH Task Force on Migrant-Friendly and Culturally Competent Health Care, Reggio Emilia, Italy.
- Institute for Healthcare Improvement 2018, *To Prevent Patient Harm, Practice Respect and Deliver Dignity*, Institute for Healthcare Improvement, Massachusetts.
- Kessels, RP 2003, 'Patients' memory for health information', *Journal of the Royal Society of Medicine*, vol. 96, no. 5, pp. 219–222.
- KPMG International 2014, *What works: Creating new value with patients, carers and communities*, KPMG International, UK.
- KPMG 2014, *Doing it with us not for us evaluation: Discussion paper*, Department of Health Victoria, Melbourne.
- Lewin, SA, Skea, ZC, Entwistle, V, Zwarenstein, M, & Dick, J 2001, 'Interventions for providers to promote a patient-centred approach in clinical consultations', *Cochrane Database Systematic Review*, vol. 4, no. 10.
- Mitchell, P, Wynia, M, Golden, R, McNellis, B, Okun, S, Webb, CE, Rohrbach, V & Von Kohorn, I 2012, *Core Principles & Values of Effective Team-Based Health Care*, Institute of Medicine, Washington, DC.
- National Patient Safety Foundation 2014, *Safety Is Personal: Partnering with Patients and Families for the Safest Care*, The National Patient Safety Foundation's Lucian Leape Institute Report of the Roundtable on Consumer Engagement in Patient Safety, Boston.
- Ocloo, J & Matthews, R 2016, 'From tokenism to empowerment: progressing patient and public involvement in healthcare improvement', *BMJ Quality and Safety Online First*, viewed 18 March 2016, <<https://qualitysafety.bmj.com/content/early/2016/03/18/bmjqs-2015-004839>>.
- Phillips, C 2016, 'Improving health outcomes for linguistically diverse patients', *The Medical Journal of Australia*, vol. 204, no. 6, pp 209–210.
- Phillips, NM, Street, M & Haesler, E 2016, 'A systematic review of reliable and valid tools for the measurement of patient participation in healthcare', *BMJ Quality & Safety*, vol. 25, pp. 110–117.
- Picker Institute 2018, *Picker Principles of Patient-centred Care*, Oxford, viewed 2 November 2018, <<https://www.picker.org/about-us/picker-principles-of-person-centred-care/>>.
- Quick, K & Feldman, M 2011, 'Distinguishing Participation and Inclusion', *Journal of Planning Education and Research*, vol. 31, no. 3, pp. 272–290.
- Reeves, S, Pelone, F, Harrison, R, Goldman, J & Zwarenstein, M 2017, 'Interprofessional collaboration to improve professional practice and healthcare outcomes', *Cochrane Database of Systematic Reviews*, Issue 6.
- Simon, C & Mosavel, M 2008, 'Key ethical and conceptual issues in the forging of 'culturally competent' community health initiatives: A South African example', *Cambridge Quarterly of Healthcare Ethics*, vol. 17, no. 2.

---

Sørensen, K, Van den Broucke, S, Fullam, J, Doyle, G, Pelikan, J & Slonska, Z 2012, 'Health Literacy and Public Health: A systematic review and integration of definitions and models', *BMC Public Health*, vol. 12, no. 80.

Stacey, D, Hill, S, McCaffery, K, Boland, L, Lewis, KB & Horvat, L 2016, 'Shared Decision Making Interventions: Theoretical and Empirical Evidence with Implications for Health Literacy', *IOS Press*, vol. 240, pp. 263–283.

Stacey, D, Légaré, F, Lewis, K, Barry, MJ, Bennett, CL, Eden, KB, Holmes-Rovner, M, Llewellyn-Thomas, H, Lyddiatt, A, Thomson, R & Trevena, L 2017, 'Decision aids for people facing health treatment or screening decisions', *Cochrane Database of Systematic Reviews*, Issue 4.

Weinick, RM, Flaherty, K & Bristol, SJ 2008, *Creating Equity Reports: A Guide for Hospitals*, The Disparities Solutions Center, Massachusetts General Hospital, <<http://www.massgeneral.org/disparitiessolutions/resources.html>>.

Williams, R 2008, *Cultural safety – What does it mean for our work practice?*, Tasmanian Aboriginal Health Summit: University of Tasmania, Launceston.

Wolf, JA 2018, 'Consumer Perspective on Patient Experience', The Beryl Institute, Southlake, viewed April 2018, <<https://www.theberylinstitute.org/page/WEBPXconsumer2018>>.

Zwarenstein, M, Goldman, J & Reeves, S 2009, 'Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes', *Cochrane Database of Systematic Reviews*, vol. 3.

## **SCV**

Safer Care Victoria 2017a, *Safer Care Victoria Strategic Plan 2017-2020*, State Government of Victoria, Melbourne.

Safer Care Victoria 2017b, *Delivering high-quality healthcare: Victorian clinical governance framework*, State Government of Victoria, Melbourne.

---

## Departmental policies and documents

Department of Health and Human Service 2016, *Delivering for diversity - Cultural diversity plan 2016-2019*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2016, *Health 2040: Advancing health, access and care*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2017, *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2018, *The Australian Charter of Healthcare Rights in Victoria*, State of Victoria, Melbourne, viewed 11 October 2018, <<https://www2.health.vic.gov.au/about/participation-and-communication/australian-charter-healthcare-rights/about-the-charter>>.

Department of Health and Human Services 2018, *Disability Action Plan 2018 – 2020*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2018a, *Department of Health and Human Services strategic plan*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2018b, *Public participation framework*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2018c, *Stakeholder engagement toolkit*, State Government of Victoria, Melbourne.

Department of Premier and Cabinet 2017, *Victorian. And proud of it: Victoria's multicultural policy statement 2017*, State Government of Victoria, Melbourne.

## Useful resources

Agency for Clinical Innovation 2018, NSW Government, Sydney, view 4 December 2018, <<https://www.aci.health.nsw.gov.au/resources/chronic-care/consumer-enablement/guide>>.

Australian Commission on Safety and Quality in Health Care 2011, *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*, ACSQHC, Darlinghurst.

Australian Commission on Safety and Quality in Health Care 2014, *National Statement on Health Literacy: Taking action to improve safety and quality*, Australian Commission on Safety and Quality in Health Care, Sydney.

Australian Commission on Safety and Quality in Healthcare 2017, *National Safety and Quality Health Service Standards (second edition)*, ACSQHC, Sydney.

Australian Commission on Safety and Quality in Health Care 2018, *Consumer engagement policy and process: When and how to engage with consumers*, Australian Commission on Safety and Quality in Health Care, Sydney.

Australian Commission on Safety and Quality in Health Care 2018, *National Safety and Quality Health Service Standards User Guide for Measuring and Evaluating Partnering with Consumers*, Australian Commission on Safety and Quality in Health Care, Sydney.

Australian Commission on Safety and Quality in Health Care 2018, *Review of key attributes of high-performing person-centred healthcare organisations*, Australian Commission on Safety and Quality in Health Care, Sydney.

Consumers Health Forum of Australia 2018, *Shifting Gears – Consumers Transforming Health A White Paper*, Consumers Health Forum of Australia, Canberra.



