

# Guideline

## Guide for Engaging with Consumers and the Community

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**Summary** The *SA Health Guide for engaging with Consumers and the Community* (the Guide) is a practical tool to assist health care services to implement the Framework. The Guide is to be used by all SA Health staff to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are planning, managing or implementing consumer and community quality improvement projects, programs activities. The tools are based on current best practice consumer methodology toolkits and resource guides.

**Keywords** framework, guide, consumer, community, active partnership, partnering, partner, carer, stakeholder, participation, engagement, engaging, inform, consult, involve, collaborate, empower, health literacy, tool, toolkit, tool kit, Department for Health and Ageing, SA Health, policy, directive

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 Does this policy replace an existing policy? **YES**  
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- Consumer and Community Participation Policy (D0166)
- Consumer and Community Participation Guideline (G0078)

**Applies to** All SA Health Portfolio

**Staff impact** All Staff, Management, Admin, Students; Volunteers  
 All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology, Other

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# Guide for Engaging with Consumers and the Community 2013

A practical toolkit to assist  
health care services to implement  
A Framework for Active Partnership with  
Consumers and the Community





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# 1. Introduction

SA Health values the positive contributions consumers and the community are making to improve health service quality, equity and management. The importance of developing health systems and health services that are based on partnerships with patients, families, carers and consumers is reflected in national and international quality frameworks<sup>1</sup>.

The Guide for Engaging with Consumers and the Community (the Guide) was developed through collaboration between the Health Systems Development, Safety and Quality Unit and Health Promotion Branch. Consultation was undertaken with key stakeholders including the SA Safety and Quality in Health Care, Consumer and Community Advisory Committee (CACAC) (a sub-committee of the SA Council on Safety and Quality in Healthcare (SACSQHC), and external consumer organisations.

The Guide for Engaging with Consumers and the Community is to be used by all SA Health staff to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are planning, managing or implementing consumer and community quality improvement projects, programs or activities. The tools are based on current best practice consumer participation methodology toolkits and resource guides.

The Guide is underpinned by international, national and state frameworks:

## International:

- > International Association for Public Participation, IAP2 Spectrum, 2007

## National:

- > Australian Commission on Safety and Quality in Health Care
- > Australian Safety and Quality Framework for Health Care
- > Australian Safety and Quality Goals for Health Care
- > Patient Centred Care
- > National Safety and Quality Health Service Standards
  - > Safety and Quality Improvement Guides
  - > NS1 – Governance for Safety and Quality
  - > NS2 – Partnering with Consumers
  - > NS2 – Audit tools
    - Partnering with Consumers
    - Audit tools instructions
    - Facility audit tool
    - Ward / Unit audit tool
    - Measurement Plan

## Legislation:

- > South Australian Public Health Act 2011
- > Carers Recognition Act 2005
- > Mental Health Act 2009

## Links to:

- > Equal Opportunity Commission
- > Health & Community Complaints Commissioner
- > Office of the Ageing SA
- > Ombudsman SA
- > SA Office of the Public Advocate

## State:

- > SA Health Safety and Quality
- > A Framework for Active Partnership with Consumers and the Community
- > HCSCC Charter of Rights
- > Children and Young People's Rights in Healthcare Services Charter

## Policy Framework:

- > Stakeholder Engagement Guide, 2009 (G0094)
- > Charter of Health and Community Services Rights Policy Directive
- > Consumer Feedback and Complaints Management Policy Directive
- > Consumer Feedback and Complaints Management Guideline and Toolkit
- > Incident Management Policy
- > Incident Management Guideline incorporating Open Disclosure Response
- > Open Disclosure Policy
- > South Australian Consumer Experience Surveillance System (SACESS) Measuring Consumer Experience Report

1 National Safety and Quality Health Service Standards (September 2011), Australian Commission on Safety and Quality in Health Care

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## 2. Elements of consumer engagement

Effective partnerships with consumers and the community exist when they are treated with dignity and respect, as equal partners. Effective partnerships rely on shared information and when the consumers and communities are supported throughout the engagement and collaboration process. Delivering care that is based on partnerships provides many benefits for the health consumer, provider, organisation and system.

Elements of consumer engagement and partnering with consumers and the community comprise a set of principles, standards, scales, levels of engagement and health literacy. The principles and standards are outlined in [A Framework for Active Partnership with Consumers and the Community](#). The scales, levels of engagement and health literacy are outlined in the Guide below.

As a partner with health care service organisations and their healthcare providers, consumers and the community should be involved in making decisions for service planning, developing models of care, measuring service and evaluating systems of care.

### 2.1 Scales of engagement

Partnering with consumers and the community can occur at a different scale and level of engagement. The four **scales of engagement** are the:

- > individual
- > service
- > network
- > system.

Partnering with consumers and the community at the different scales of engagement (ie. individual, service, network and system) are described in detail on page 5.

### 2.2 Levels of engagement

The **levels of engagement** are based on the International Association for Public Participation, IAP2 Spectrum, 2007.

The five levels of engagement are to:

- > **inform** – to provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
- > **consult** – to obtain public feedback on analysis, alternatives and/or decisions.
- > **involve** – to work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
- > **collaborate** – to partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
- > **empower** – to place final decision-making in the hands of the public.

The Spectrum shows that differing levels of engagement are legitimate depending on the goals, time frames, resources and levels of concern in the decision to be made. Importantly it sets out the promise being made to the consumer and community at each engagement level and example techniques.

Partnering with consumers and the community on the levels of engagement are described on page 9.

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## 2.3 Health literacy

Health literacy is the extent to which consumers can obtain, process, and understand information about health care, services and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health care<sup>2</sup>. This includes, but is not limited to, consumers with limited English proficiency, those from an Aboriginal and Torres Strait Islander (ATSI) background, cultural and linguistically diverse (CALD) background, and children and young people. Health literacy requirements will be addressed in the following sections about scales and levels of consumer engagement.

The traditional view of health literacy has been focused on changing the skill level of the patient or consumer. However, recent research suggests that to effectively make improvements in health literacy we need to look at strategies that focus on activities that minimise the complexity of healthcare as well as those that focus on improving individual skills.

People with inadequate health literacy have poorer levels of knowledge and understanding about their condition, are less likely to attend appointments, are less adherent to medication regimens and health behaviour advice, make more medication errors and perform worse at self-care activities. Studies have shown that approximately 60% of Australians have poor health literacy and are not able to effectively exercise their 'choice' or 'voice' when it comes to making health care decisions<sup>3</sup>.

Health literacy tools have been developed and are included as appendices in the Guide:

- > tips for communicating clearly
- > the teach back method
- > follow up with consumers
- > encourage questions
- > assessing readability
- > writing health information.

2 Standard 2 Partnering with Consumers, Safety and Quality Improvement Guide, Australian Commission on Safety and Quality in Health Care, October 2012

3 [www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/](http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/)

### 3. Scales of engagement

Consumer and community partnerships can occur at four scales of engagement with the importance of partnerships with patients, families, carers and consumers reflected in all.

#### 3.1 Individual

Engagement and partnership occurs with the individual receiving healthcare and focuses on engaging with the individual consumer and / or their family or carer as partners in their own healthcare, support and treatment.

Purpose	Key considerations	Measures and Outcomes	Mechanism
Focuses on engaging with the individual consumer and / or their family carer as partners in their own healthcare	<ul style="list-style-type: none"> <li>&gt; Consumers and their carers (where appropriate) should be partners in the care decisions.</li> <li>&gt; Communication should be open, respectful and culturally appropriate and in a language and format that the consumer can understand.</li> <li>&gt; Medical condition that may impact consumers ability to communicate.</li> <li>&gt; Feedback should be listened to, acknowledged and used to improve quality of health services.</li> <li>&gt; Individuals should be made aware of the HCSCC Charter.</li> </ul>	For example: <ul style="list-style-type: none"> <li>&gt; Measuring consumer experience</li> <li>&gt; Consumer feedback</li> <li>&gt; Training for clinicians, managers and support staff to ensure consumer focus on care delivery</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Consumer’s involvement in their care is measured across the SA Consumer Experience Surveillance Survey (SACCESS)</li> <li>&gt; Satisfaction Surveys</li> <li>&gt; Safety Learning System – Consumer feedback module</li> <li>&gt; Utilisation of training on Open Disclosure, Falls Prevention, Clinical Handover</li> </ul>

#### Example:

##### Service planning

The health practitioner and consumer discuss the consumer’s health condition. The health practitioner provides the consumer with all of the information in an accessible format or means about the condition and treatment options including the risk and benefits of each option. After further discussion, the consumer and the practitioner reach an agreement on a preferred healthcare plan.

##### Designing care

The health practitioner developing a health care plan provides consumers with a personalised information pack and explains the specific information appropriate to their need, about their diagnosed condition, medication and treatment plan.



### 3.2 Service – department, ward, hospital, facility or program / service delivery

Engagement and partnership occurs at service and program delivery at a facility or hospital level and focuses on engaging with the consumers and the community to have input into how programs, services or facilities are delivered, structured, evaluated and improved.

Purpose	Key considerations	Measures and Outcomes	Mechanism
Focuses on supporting the engagement with the consumers and the community to have input into how programs, services or facilities are structured, evaluated and improved	<p>Consumers, carers and the community should be supported to meaningfully participate:</p> <ul style="list-style-type: none"> <li>&gt; to create open and accessible and appropriate services</li> <li>&gt; in the implementation of new services or changes to existing service eg. care pathways</li> <li>&gt; in the training of staff to improve communication and participation techniques</li> <li>&gt; in the development of clinical guidelines and clinical research</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>&gt; Policies or processes that articulate role of consumers and community in strategic, operational and service planning</li> <li>&gt; Committee terms of reference, membership, selection criteria, papers, minutes that demonstrate consumer engagement in strategic and operational planning</li> <li>&gt; Consultation processes held with consumers and community and feedback documented. Input is incorporated into strategic and operational planning process</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Consumer Advisory Councils / Committees / Work Groups</li> <li>&gt; Health Consumers Alliance SA (HCASA)</li> </ul>

**Example:**

**Service planning**

The hospital establishes an advisory group comprising consumers and community representatives from different health populations and age groups across the service delivery areas of the hospital. Feedback is sought from the group and is used to inform service planning for health service priorities, areas of service excellence and areas for service improvement which reflect the needs of the consumers and the community.

**Designing care**

A Stroke Unit established a small working group of consumers who had experienced a stroke and their carers as representatives. The consumers were asked to review the admission and discharge criteria and patient flows process using pictures, photographs and an easy access written information to support their understanding and engagement. Consumer feedback provided to the Service Unit and areas for improvement were identified.

### 3.3 Network – health service organisation: LHN, Medicare Local, non-government community services network, facility / hospital

Engagement and partnership occurs at local health networks (LHNs), Medicare Local (MLs) or non-government community services network, and focuses on how these health services organisations engage with consumers and the community at the regional level.

Purpose	Key considerations	Measures and Outcomes	Mechanism
Focuses on how health service organisations such as LHNs, Medicare Locals, Non-government community services network or facilities / hospitals engage with consumers and the community at a regional / local health network level	<p>Consumers, carers and the community should participate:</p> <ul style="list-style-type: none"> <li>&gt; on Consumer and Community Advisory Councils and Committees</li> <li>&gt; in relevant safety and quality programs</li> <li>&gt; on lead peak Local Health Network Consumer and Community Councils / Committees</li> <li>&gt; In evaluation and review of consumer experience, feedback and complaints</li> <li>&gt; In decision making regarding service planning</li> <li>&gt; In advising organisations on relevant staff training and education in relation to consumer and community participation</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>&gt; Policies or processes that articulate role of consumers and community in strategic, operational and service planning</li> <li>&gt; Committee terms of reference, membership, selection criteria, papers, minutes that demonstrate consumer engagement in strategic and operational planning</li> <li>&gt; Consultation processes held with consumers and community and feedback documented. Input is incorporated into strategic and operational planning process</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Consumer Advisory Councils / Committees / Work Groups</li> <li>&gt; Health Advisory Councils</li> <li>&gt; Accreditation and National Safety and Quality in Health Service Standards compliance</li> <li>&gt; Health Consumers Alliance SA (HCASA)</li> </ul>

**Example:**

**Service planning**

The LHN works collaboratively with the Medicare Local on a joint engagement approach with key consumer and community organisations, as identified through the LHN consumer profile mapping process, to tap into existing engagement processes that community organisations have with consumers, particularly targetting consumers or communities who are under represented in engagement processes.

**Designing care**

Four hospitals across a local health network worked together with their Consumer Advisory Councils to hold a Consumer Forum. Posters were displayed in all hospitals inviting the community to attend.

The Consumer Forum was an opportunity for consumers and the community to share their experience and provide feedback to the LHN on service delivery and designing care.

### 3.4 System – Department for Health and Ageing or whole-of-system level

Engagement and partnership occurs at local, state or commonwealth government level and focuses on how consumers and communities engage to influence and input on health policy, reform and legislation at the system level across local, state and commonwealth jurisdictions.

Purpose	Key considerations	Measures and Outcomes	Mechanism
Focuses on consumers and the community engage to influence and input on health policy, reform and legislation at the system level across local, state and commonwealth jurisdictions	<p>Consumers and the community should be involved in:</p> <ul style="list-style-type: none"> <li>&gt; Statewide service planning and strategy via Clinical Networks and the divisions within the Department of Health</li> <li>&gt; Major projects via a participation strategy</li> <li>&gt; Evaluation of system-wide information on safety and quality including consumer experience, feedback and complaints</li> <li>&gt; Relevant policy development</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>&gt; Consultation processes held with consumers and community and feedback documented. Input is incorporated into strategic and operational planning process</li> <li>&gt; Planning day or forum with consumers and community held with agenda, attendees and feedback documented. Input is incorporated into strategic planning</li> <li>&gt; Measuring consumer experience</li> <li>&gt; Consumer feedback</li> <li>&gt; Policies or processes involve consumers and the community in developing state wide / whole-of-health policies</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Health Performance Council</li> <li>&gt; Health Consumers Alliance SA (HCA SA)</li> <li>&gt; Health and Community Services Complaints Commissioner (HCSCC)</li> </ul>

**Example:**

**Service planning**

The Department for Health and Ageing develops a Consumer and Community Engagement Framework and Guideline in consultation with the SA Safety & Quality in Healthcare Consumer and Community Advisory Council (SA SQHC CAC).

**Designing care**

The Minister for Health and Ageing and the SA Health leadership team establish 'HealthChat'. A telephone call between 5pm and 7pm to hear suggestions from the staff and members of the public to hear their suggestions for improving our state's health care system.

# 4. Levels of engagement

## 4.1 IAP2 Spectrum of Public Participation

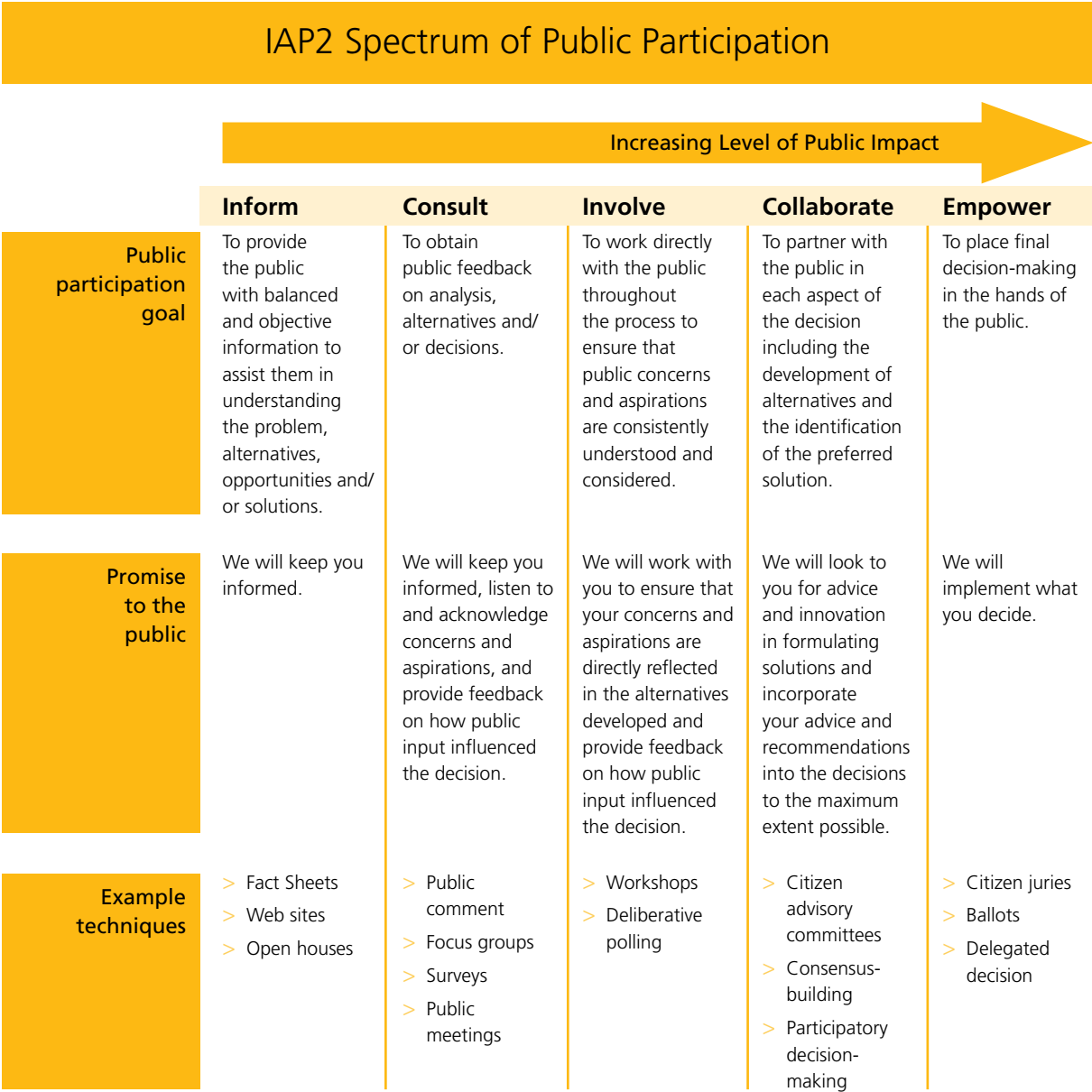
The International Association for Public Participation Australasia promotes the values and leading practices associated with involving the public in decisions that impact their lives.

[IAP2's Spectrum of Public Participation \(2007\)](#) is designed to assist with the selection of the level of participation that defines the public's role in any community engagement program. The Spectrum is widely used and is quoted in most community engagement manuals.

The Spectrum shows that differing levels of participation are legitimate depending on the goals, time frames, resources and levels of concern in the decision to be made. However, and most importantly, the Spectrum sets out the promise being made to the public at each participation level and example techniques).

Diagram 1 – IAP2 Spectrum of Public Participation summaries the key features of consumer engagement.

Diagram 1 – IAP2 Spectrum of Public Participation.



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## 5. Preparing for consumer and community engagement

Preparing for consumer and community engagement comprises five steps. These include:

- > prepare and plan
- > design
- > engage and report
- > implement
- > evaluate.

### 5.1 Five steps to preparing and planning for consumer and community engagement

Five steps on preparing for consumer and community engagement (diagram 2) illustrates the steps required in preparing for consumer and community engagement. It summarises the key features of these including preparing, planning, engaging, implementing and evaluating.

Diagram 2 – Five steps to preparing and planning for consumer and community engagement

1. Prepare and plan	Identifies and understands the aims and objectives to be explored and how the stakeholders are affected. Identify risks and benefits. Identify internal and external stakeholders – consumers, carers, community, organisations and seek advice and feedback as appropriate.  Identify health literacy requirements (refer to page 4) and health literacy tools  Consider timeframe. Minimum of six weeks but could be longer depending on complexity of issue.
2. Design	Identifies communication strategies, agenda, issues, expectations, resources, tools and methods.
3. Engage and report	Identifies the level of engagement, forums, feedback mechanisms and action / task list to meet the objectives through the engagement plan with the stakeholders.
4. Implement	Identifies time, budget and milestones in accordance with engagement plan and identifies lessons learnt.
5. Evaluate	Evaluate and assess against the outcomes for SA Health and stakeholders against the specific aims and objectives.  Share the learning and integrate the outcomes into relevant practice.

*Adapted from the Queensland Health Consumer and Community Participation Toolkit 2002*

A [five step guide](#) and [checklist](#) to assist staff when preparing and planning for consumer and community engagement has been developed. The resource tool can be used for service planning; designing care or measurement and evaluation (Refer to appendix section Tools 1 and 2, page 13).

## 6. Methods selection

The selection of methods and techniques will take into account a range of issues including the level of partnering sought, desired outcomes, resources available, views and the needs of consumers and the community, the locality and the skill levels of participants.

The flow chart<sup>4</sup> below describes what you will need to consider in the process for consumer engagement.

Be prepared to make changes if necessary.

Flowchart 1



4 Consumer and Community Participation Toolkit, Queensland Health, 2002

## 6.1 Methods selector table

Table 6.1 describes some of the commonly used methods for consumer engagement, their strengths and limitations and tips for their use.

Methods	Strengths	Limitations
Survey – can be written, telephone, email, face to face	<ul style="list-style-type: none"> <li>&gt; email and mail out questionnaires are inexpensive</li> <li>&gt; can cover a wide geographic area</li> <li>&gt; useful for gathering quantifiable information</li> </ul>	<ul style="list-style-type: none"> <li>&gt; questions need to be structured, straight forward and unambiguous</li> <li>&gt; literacy may be an issue</li> <li>&gt; often low response rates</li> <li>&gt; limited opportunity to probe in telephone/written surveys</li> <li>&gt; consumers may not be able to afford or access internet facility.</li> </ul>
In-depth interviews	<ul style="list-style-type: none"> <li>&gt; useful to follow up specific issues</li> <li>&gt; provides in-depth information from selected stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>&gt; requires skilled interviewer</li> <li>&gt; time consuming</li> <li>&gt; small numbers – requires careful selection of consumers</li> </ul>
Focus groups	<ul style="list-style-type: none"> <li>&gt; quick and low cost</li> <li>&gt; allows exploration of issues identified through surveys</li> <li>&gt; useful for collecting information on a specific issue</li> </ul>	<ul style="list-style-type: none"> <li>&gt; may not be representative of consumers</li> <li>&gt; not suitable for information dissemination</li> <li>&gt; not suitable for decision-making</li> <li>&gt; requires skilled facilitator</li> <li>&gt; language barriers</li> </ul>
Public meetings and forums	<ul style="list-style-type: none"> <li>&gt; opportunity for anyone to attend</li> <li>&gt; new networks created</li> <li>&gt; a forum for debating issues</li> <li>&gt; opportunity for information dissemination and sharing</li> </ul>	<ul style="list-style-type: none"> <li>&gt; poor attendance</li> <li>&gt; confidentiality issues</li> <li>&gt; risk of domination by particular individuals or groups</li> <li>&gt; not representative of population or views</li> <li>&gt; may be difficult to stay focussed on issue</li> <li>&gt; requires skilled facilitator</li> <li>&gt; people with a disability may be disadvantaged (hearing, sight, language)</li> </ul>
Consumer representatives on committees	<ul style="list-style-type: none"> <li>&gt; medium to long term perspective</li> <li>&gt; encourages debate</li> <li>&gt; ensures accountability</li> </ul>	<ul style="list-style-type: none"> <li>&gt; requires orientation and ongoing support</li> <li>&gt; costs / reimbursements</li> <li>&gt; requires organisational commitment to meaningful participation</li> </ul>
Workshops	<ul style="list-style-type: none"> <li>&gt; can develop a shared approach to a specific issue</li> <li>&gt; brings together selected people from diverse groups</li> <li>&gt; structured session can produce a plan or recommendations</li> </ul>	<ul style="list-style-type: none"> <li>&gt; small numbers – needs careful consideration of participants</li> <li>&gt; requires skilled facilitator</li> <li>&gt; participants may need particular skills, knowledge or experience</li> </ul>

Reference: *Consumer and Community Participation Toolkit, Queensland Health, 2002*

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## 7. Appendix

### Tool 1

[Five step guide for preparing and planning for consumer and community engagement](#)

### Tool 2

[Checklist for engaging with Consumers and the Community](#)

### Tool 3

[Tips for communicating clearly](#)

### Tool 4

[The Teach-Back method](#)

### Tool 5

[Follow-up with Consumers](#)

### Tool 6

[Encourage questions](#)

### Tool 7

[Assessing readability](#)

### Tool 8

[Writing health information](#)

### Audit tools

[How to use the audit tools](#)

[Ward / Unit audit tool](#)

[Facility Audit tool](#)

[Measurement Plan](#)



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- > Council on the Ageing (South Australia) COTASA [www.cotasa.org.au](http://www.cotasa.org.au)
- > Carers SA <http://carers-sa.asn.au>
- > SA Government Better Together: Principles of Engagement, Department of Premier and Cabinet and Institute for Public Administration [www.saplan.org.au](http://www.saplan.org.au)
- > Developing a consumer and community engagement strategy: a toolkit for Hospital and Health Services, Health Consumers Queensland, 2012



## For more information

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[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)

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# Five steps to preparing and planning for consumer and community engagement

## Tool 1

1. Prepare and plan	<p>Identifies and understands the aims and objectives to be explored and how the stakeholders are affected. Identify risks and benefits. Identify internal and external stakeholders – consumers, carers, community, organisations, and seek advice and feedback as appropriate.</p> <p>Identify health literacy requirements. (refer to page 4 of Guide) and health literacy tools</p> <p>Consider timeframe. Minimum of six weeks but could be longer depending on complexity of issue.</p>
2. Design	<p>Identifies communication strategies, agenda, issues, expectations, resources, tools and methods.</p>
3. Engage and report	<p>Identifies the level of engagement, forums, feedback mechanisms and action / task list to meet the objectives through the engagement plan with the stakeholders.</p>
4. Implement	<p>Identifies time, budget and milestones in accordance with engagement plan and identifies lessons learnt.</p>
5. Evaluate	<p>Evaluate and assess against the outcomes for SA Health and stakeholders against the specific aims and objectives.</p>

*Adapted from the Queensland Health Consumer and Community Participation Toolkit 2002*



## Five steps to preparing and planning for consumer and community engagement

### 1. Prepare and plan

Task	Questions	Yes / No / Follow up
<b>Aims / objectives / scope</b>	<p>Have consumers been involved in identifying needs and priorities?</p> <p>What is the purpose, is it to?</p> <ul style="list-style-type: none"> <li>&gt; improve service delivery</li> <li>&gt; evaluate a service?</li> <li>&gt; design a service?</li> <li>&gt; obtain broad consumer feedback?</li> <li>&gt; assess needs?</li> <li>&gt; improve health outcomes?</li> </ul> <p>What are the proposed changes to the type / level of service?</p> <p>Strategic considerations:</p> <ul style="list-style-type: none"> <li>&gt; why now?</li> <li>&gt; what has occurred previously?</li> <li>&gt; what are the constraints?</li> <li>&gt; who is involved now and who isn't?</li> <li>&gt; what are the risk / benefits? – positive and negative impact / outcomes</li> <li>&gt; timeframes for consultation (minimum of six weeks)</li> </ul> <p>Is it sustainable? How?</p> <p>Who will be responsible for sustainability?</p> <ul style="list-style-type: none"> <li>&gt; linkages with other activities / processes?</li> <li>&gt; is it measurable?</li> </ul>	
<b>Identify internal and external stakeholders</b>	<p>Which consumers?</p> <ul style="list-style-type: none"> <li>&gt; seek feedback and advice</li> <li>&gt; who are our consumers?</li> <li>&gt; what are the health literacy requirements (refer to page 4 of Guide) and health literacy tools</li> <li>&gt; what are the cultural considerations? <ul style="list-style-type: none"> <li>– Aboriginal and Torres Strait Islander requirements (ATSI) – refer to <a href="#">Preparing an Aboriginal Health Impact Statement 2007</a> and the Iga Warta principles</li> <li>– cultural and linguistically diverse (CALD) requirements</li> </ul> </li> <li>&gt; which consumers / consumer groups should be involved?</li> <li>&gt; do specific population groups need to be targeted? How?</li> <li>&gt; what about carers?</li> <li>&gt; are there legal / ethical issues to consider eg. privacy, consent?</li> <li>&gt; what are the needs of consumers in order to participate?</li> <li>&gt; should other agencies be involved?</li> <li>&gt; is there a consumer advocate?</li> </ul>	

## Five steps to preparing and planning for consumer and community engagement

1. Prepare and plan (continued)		
Task	Questions	Yes / No / Follow up
Capacity	<ul style="list-style-type: none"> <li>&gt; What is the level of understanding of and commitment to consumer participation in the organisation?</li> <li>&gt; Who are the champions?</li> <li>&gt; What is the level of management support?</li> <li>&gt; Who has the expertise to implement it?</li> <li>&gt; What do you need to build commitment? ie executive, management, staff support.</li> <li>&gt; What are the organisational priorities at this time?</li> <li>&gt; How can you address the 'yes, but .....'s by staff?</li> </ul>	
Focus – Scale and level of engagement	<ul style="list-style-type: none"> <li>&gt; Which part of the organisation (refer to Scale of engagement)</li> <li>&gt; What level / levels of participation? (refer to IAP2 Spectrum)</li> <li>&gt; What links between consumer and community participation activities are needed?</li> <li>&gt; How can the activity be linked with strategic planning for the organisation?</li> <li>&gt; What governance structure will work best eg. Consumer and Community Advisory Committee, Steering Committees, Working groups?</li> </ul>	

Five steps to preparing and planning  
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## 2. Design

Task	Questions	Yes / No / Follow up
Communication strategies	<ul style="list-style-type: none"> <li>&gt; What is the marketing and communication plan?</li> <li>&gt; Mechanisms – meeting, forum, emails, mail out, newsletters, website</li> </ul>	
Expectations	<ul style="list-style-type: none"> <li>&gt; What are the stakeholders' expectations?</li> <li>&gt; What are the organisation's expectations?</li> </ul>	
Resources	<ul style="list-style-type: none"> <li>&gt; What human and financial resources do we need?</li> <li>&gt; What accommodation and assets do we need?</li> <li>&gt; Do we need expertise from outside the organisation?</li> <li>&gt; Where can we access resources?</li> <li>&gt; What are the time constraints?</li> </ul>	
Tools and methods	<ul style="list-style-type: none"> <li>&gt; What strategies and methods are available?</li> <li>&gt; Which strategies are appropriate for what we want to achieve?</li> <li>&gt; Will consumers be involved in selecting and implementing strategies?</li> <li>&gt; What skills do we have?</li> <li>&gt; What training do we need?</li> <li>&gt; What is appropriate given the time / resources available?</li> </ul>	

Five steps to preparing and planning  
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3. Engage and report		
Task	Questions	Yes / No / Follow up
Level of participation	<ul style="list-style-type: none"> <li>&gt; What level / levels of participation? <a href="#">Refer to IAP2 Spectrum</a> <ul style="list-style-type: none"> <li>– inform</li> <li>– consult</li> <li>– involve</li> <li>– collaborate</li> <li>– empower</li> </ul> </li> <li>&gt; <a href="#">IAP2 Public Participation Toolkit</a></li> </ul>	
Forums	<ul style="list-style-type: none"> <li>&gt; Clear agenda and objectives</li> <li>&gt; Meeting times, venues, accessibility</li> <li>&gt; Catering requirements (if necessary)</li> <li>&gt; Re-imbursements – refer to <a href="#">SAH Directive Sitting Fees / Reimbursement Policy</a></li> </ul>	
Feedback	<ul style="list-style-type: none"> <li>&gt; Feedback mechanisms – Q&amp;A, Post It notes, survey tools, whiteboard, ‘big picture mapping’</li> <li>&gt; Collate and analyse consumer and community feedback</li> <li>&gt; Mechanism to feedback and provide report back to consumers</li> <li>&gt; Provide reasons why feedback was ‘accepted’ or ‘rejected’</li> </ul>	
Action plan	<ul style="list-style-type: none"> <li>&gt; Develop action plan (see 4. Implementation)</li> </ul>	



Five steps to preparing and planning  
for consumer and community engagement

## 4. Implement

Task	Questions	Yes / No / Follow up
Action plan / task list	<ul style="list-style-type: none"> <li>&gt; Establish action plan / task list</li> <li>&gt; Identify responsibilities</li> <li>&gt; Who needs to know, what contributions, when and where will it be implemented, how will you communicate and obtain relevant input?</li> <li>&gt; Timeline / deadlines</li> <li>&gt; Budget implications</li> <li>&gt; Comments / progress notes</li> <li>&gt; Status – incomplete / complete and reasons.</li> </ul>	
Implementation progress	<ul style="list-style-type: none"> <li>&gt; Are we on time, within budget and in accordance with project plan?</li> <li>&gt; Are milestones being reviewed and adjusted to achieve project objectives?</li> </ul>	
Lessons learnt from implementation	<ul style="list-style-type: none"> <li>&gt; Lessons learnt</li> </ul>	

## Five steps to preparing and planning for consumer and community engagement

5. Evaluate		
Task	Questions	Yes / No / Follow up
Lessons learnt from partnering with consumers	Consumer feedback process > What lessons are being learnt? > Evaluation survey on process > Feedback from consumers > Did we achieve our objectives?	
Evaluation processes	> How do we document what we have learnt? > Who do we need to inform and how? > Who do we need to provide feedback to? > What could we have done differently? > What needs to be improved? > Suggestions / comments for future processes > Share the learnings	
Change management – work for sustained change	> What changes need to be made? > How will change be embedded in the system? > Who needs to be involved in the change? > Who will implement the change? > How will the change be managed? > How will the change be monitored, reviewed and evaluated?	

*Adapted from the Queensland Health Consumer and Community Participation Toolkit 2002*



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# Checklist for engaging with Consumers and the Community

## - Tool 2

Name of project / issue / task:	Date of Consumer and Community Engagement:
Contact person / lead:	Team / Unit:

### 1. Prepare and plan

Describe the project / issue / task:					
Identify the decision that needs to be made:					
Aims / objectives / scope:					
What are the risks / benefits (positive and negative)?					
Positive impact / outcomes:					
Negative impact / outcomes:					
Identify internal and external stakeholders: Identify consumers, carers, health literacy requirements, cultural considerations, other consumer groups, agencies					
Capacity: Level of understanding, identify champion, level of management support, identify expertise to implement					
Focus – Scale and level of engagement: Scale of engagement (individual, service, network, system)					
Level of participation (see 3. Engage)	Inform <input type="checkbox"/>	Consult <input type="checkbox"/>	Involve <input type="checkbox"/>	Collaborate <input type="checkbox"/>	Empower <input type="checkbox"/>
Public participation goal	Provide balanced and objective information to assist in understanding the problem, alternatives, opportunities and/ or solution	Obtain public feedback on analysis, alternatives and/or decisions	Work directly with the public throughout the process to ensure that concerns and aspirations are consistently understood and considered	Partner with the public in each aspect of the decision including development of alternatives and identification of the preferred solution	Final decision making in the hands of the consumer and the community

## 2. Design

**Communication strategies:** Marketing and communication plan. Mechanisms – meeting, forum, emails, mail out, newsletters, website

**Expectations:** Stakeholders expectations

Organisation expectations

**Resources:** HR and financial resources, accommodation, assets. Expertise from outside organisation. Time constraints.

**Tools and methods:** Strategies and methods available. What do you want to achieve. Current skills and is training required?

### 3. Engage and report

Level of participation IAP2 Spectrum	Inform <input type="checkbox"/>	Consult <input type="checkbox"/>	Involve <input type="checkbox"/>	Collaborate <input type="checkbox"/>	Empower <input type="checkbox"/>
<b>Public participation goal</b>	Provide balanced and objective information to assist in understanding the problem, alternatives, opportunities and/or solution	Obtain public feedback on analysis, alternatives and/or decisions	Work directly with the public throughout the process to ensure that concerns and aspirations are consistently understood and considered	Partner with the public in each aspect of the decision including development of alternatives and identification of the preferred solution	Final decision making in the hands of the consumer and the community
<b>Promise to the public</b>	Promise to keep consumers informed	Promise to keep consumer informed, list to and acknowledge concern and aspirations, and provide feedback on how consumer input influenced the decision	Promise to ensure that concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how consumers input influenced the decision	Promise to look to the consumers for advice and innovation in formulating solutions and incorporate this advice and recommendations into decisions to the maximum extent possible	Promise to implement what the consumers and the community decide
<b>Example techniques</b>	<ul style="list-style-type: none"> <li>&gt; Fact sheets</li> <li>&gt; Website</li> <li>&gt; Mail out</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Public comment</li> <li>&gt; Focus groups</li> <li>&gt; Surveys</li> <li>&gt; Public meetings</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Workshops</li> <li>&gt; Deliberative polling</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Advisory Committees</li> <li>&gt; Consensus building</li> <li>&gt; Participatory decision-making</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Citizen juries</li> <li>&gt; Ballots</li> <li>&gt; Delegated decision</li> </ul>

**Forums:** Clear agenda, objectives, meeting time, venue, accessibility, catering requirements. Re-imbursment (sitting fees)

**Feedback mechanisms:** Q&A, post-it notes, survey tools, whiteboard, 'big picture mapping'. Collate and analysis consumer and community feedback. Mechanism to feedback and provide report back to consumers. Provide reasons why feedback was 'accepted' or 'rejected'.

## 4. Implement

**Action plan / task list:**

Establish action items / task list, identify responsibilities, timelines / deadlines and budget implications. Comments and progress notes.  
Status complete / incomplete and reasons.

**Progress:**

On time and/or within budget. Review milestones and adjusted to achieve project objectives.

**Lessons learnt from implementation:**

Lessons learnt

## 5. Evaluate

### Lessons learnt from partnering with consumers and the community:

Consumer feedback process – lessons learnt, evaluation survey on process. Objectives achieved?

**Evaluation processes:** Documentation on lessons learnt, who to inform, how and who to provide feedback to?

How successful was the engagement?

### What could we have done better?

What could have been done differently, or needs to be improved. Suggestions / comments for future processes.

**Share the learning:** How will you share what you have learnt?

### Change management – work for sustained change:

What changes need to be made, how to embed change in system? Who will be involved in change, and implement, and how will it be managed, monitored, reviewed and evaluated?

Project Officer: .....(name).....(position).....(area)

Executive / lead: .....(name).....(position).....(area)

Date:.....

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## Tips for communicating clearly

Clear oral communication strategies help consumers feel more involved in their health care and increase their likelihood of accepting treatment recommendations. There should be an expectation that the consumer be an active participant in the communication process.

Consider areas / barriers of communication ie. non english speaking background, hearing impairment.

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### Key communication strategies:

- > **Warm greeting:** Greet consumers with a smile and a welcoming attitude.
- > **Eye contact:** Make appropriate eye contact throughout the interaction.
- > **Setting:** Ensure you are sitting at the same level without barriers (e.g. no desk) between you and the consumer.
- > **Encourage a support person to be present whenever possible:** This will enable the consumer to be more relaxed and will assist in greater uptake of information by the consumer and support person. Ensure you talk to the consumer, not just the support person.
- > **Use plain, non-medical language:** Use common words when speaking to consumers. Take note of what words they use to describe their illness and use them in your conversation. Another strategy to use in addition to listening to language that consumers commonly use is to refer to this website which has been developed by the USA Centres for Disease Control and Prevention. This resource is a plain language thesaurus for health communication and can give health professionals insight into lay terms.  
[http://depts.washington.edu/respcare/public/info/Plain\\_Language\\_Thesaurus\\_for\\_Health\\_Communications.pdf](http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf)
- > **Slow down:** Speak clearly and at a moderate pace.
- > **Limit content:** Prioritise what needs to be discussed and limit information to 3-5 key points.
- > **Repeat key points:** Be specific and concrete in your conversation and repeat key points.
- > **Communication is a two-way process, encourage questions and consumer participation:** Encourage consumers to ask questions and be involved in the conversation during consultations and to be proactive in their health care.
- > **Appeal to different learning styles:** Consumers have different learning styles and it is important to appeal to these different styles to enhance effect of communication and learning.
  1. auditory learners
  2. visual learners
  3. kinesthetic learners or tactile learners.
- > **Utilise graphics, demonstrations, or audiovisuals to appeal to visual and tactile learners:** Draw pictures, use illustrations, demonstrate with 3-D models, demonstrate how to do a procedure, or show a DVD.
- > **Teach-back:** Confirm consumers understand what they need to know and do by asking them to teach-back directions. (Refer to Tool 4: The Teach-Back Method).
- > **Document:** It is important to document in the medical records/notes the key points discussed with the consumer and what the consumer understands.



## Tool 3: Tips for communicating clearly

### Respect culture and language requirements:

To work effectively with consumers from diverse backgrounds, you need some understanding of their cultural and language requirements.

Respect age and use people's titles as a matter of course.

Confirm with each patient how he or she wishes to be addressed.

Insist on same-gender interpreters where possible

Do not use colloquialisms or jokes – they do not translate, and are hard for non-native speakers to understand. Humour is culture based.

Explain the reason for your questions and procedures.

If there is a language barrier use an accredited interpreter (face-to-face or phone):

Brief the interpreter before the consultation.

Introduce yourself and the interpreter to the consumer.

Explain what the appointment / interview is about.

Explain to the client the interpreter's role.

Inform the client that the interpreter service is free.

Assure the client of the interpreter's professionalism and that confidentiality is respected.

Talk directly to the client, not the interpreter. Explain why certain questions are being asked.

Speak in the first person (I, you) not third (he, she).

Keep questions and sentences short, to allow adequate time for interpretation

Use plain English and avoid jargon. Not all words or phrases can be easily translated into other languages.

Rather than asking "Didn't you get your medicine?" ask "Did you get your medicine?" using simple, positive language.

### If an interpreter is not available:

In the short term you can utilise Cue Cards to assist in basic communication. There are Cue Cards for 66 different languages/dialects on the website of Eastern Health, Victoria:

<http://www.easternhealth.org.au/services/cuecards/cards.aspx>

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# The Teach-Back Method

One of the easiest ways to close the communication gap between health professional and consumer is to use the teach-back method. Asking what consumers recall and restate what they have been told is one of the top consumer safety practices.

Teach-back is a way to confirm what the consumer understands, using their own words. It is a method that creates an opportunity for communication in which the health professional gives information, and then asks the consumer to respond and confirm their understanding before adding any new information. The health professional can then re-phrase if a consumer is not able to repeat the information accurately. The health professional can then ask the consumer to teach-back the information again, using their own words, until they are comfortable the consumer really understands it. If the consumer still does not understand, the health professional needs to consider other strategies.

It is helpful to use written/visual material (including pamphlets, diagrams, models) to reinforce the teaching points as a way to improve consumer understanding and appeal to different learning styles (auditory, visual and tactile learners).

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## Examples of suggested approaches for health professionals to use for teach-back are:

“I want to be sure I explained everything clearly. Can you tell me how you are going to take this medicine?”

“We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let’s review what we discussed. What are three things that will help you control your diabetes?”

“What are you going to do when you get home?”

It is recommended that the health professional document, in the medical records/notes, briefly what they have discussed with the consumer and what the consumer understands.

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# Follow-up with Consumers

Follow-up is the act of making contact with a consumer or caregiver at a later stage (usually 48-72 hours) after discharge or a consultation. Follow-up contact can be used for the following reasons:

- > Confirming medication instructions are clear.
- > Clarifying complex information.
- > Scheduling appointments.
- > Verifying follow-through on referrals.
- > Reporting laboratory results.
- > Reinforcing knowledge.
- > Monitoring health status.

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There is a range of methods that can be used for follow-up and these need to be agreed upon with the consumer or caregiver beforehand so that contact details can be confirmed and documented in the consumer's medical records/notes. Also the person making the contact needs to be identified to the consumer or caregiver beforehand (e.g. medical officer, nurse, and administrative staff).

Follow-up can be made by:

- > Visit to a consumer's home
- > Phone call
- > Follow-up forms/technology – consumer or caregiver records information at home and brings that record to their next appointment
- > Email
- > Post

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# Encourage Questions

An essential part of achieving improved health outcomes is to help consumers to understand the importance of their role in their own health care and encourage two-way communication. Some consumers are reluctant to ask questions. However, creating an environment that encourages consumers to ask questions gives them the confidence to take a more active role in their health care. When a consumer asks questions of the health professional/worker, it changes the dynamic of the consumer/health professional interaction. There are several strategies designed to change the dynamic of the consumer/health professional interaction. These strategies, when used over time, are aimed at teaching consumers to become more involved. Health professionals/workers can use questions to structure their communication with consumers.

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## Open-Ended Questions

Health professionals/workers can use open-ended questions to encourage/solicit questions from consumers. For example

- > What questions do you still have?
- > That was a lot of information. What do I need to go over again with you?

Avoid asking closed-ended questions such as 'Do you have any questions?' as this often leads to a quick 'no' even if they do have questions.

Besides verbally encouraging questions, it is important to invite questions using body language. For example

- > Sit at the same level as the consumer.
- > Look at the consumer when talking and listening, as opposed to looking at the computer or notes.
- > Be conscious about presenting yourself as having time and wanting to listen to their questions.

## Ask Me 3

Ask Me 3 is a program designed by the National Consumer Safety Foundation. It encourages consumers to ask at least three questions during their interaction with a health professional/worker:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Consumers should be encouraged to ask their health professional/worker these three simple, but essential, questions in every health care interaction. Likewise, health professionals/workers should always encourage consumers to understand the answers to these three questions.

Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may be able to better manage a chronic health condition.

These three questions can be included in patient information about your service, or separate written information can be prepared which spells out the questions that consumers can ask of their health professional/worker. Some health professionals/workers ask these questions of consumers at the end of consultations to structure Teach-Back method questions e.g. 'Now just to be sure I have explained everything to you clearly, can you tell me what your main problem is, what you need to do and why it is important for you to do this?'



## Tool 6: Encourage Questions

### Questions are the Answer

This on-line tool can assist consumers to build their own question list. Health professionals/workers can refer consumers to the Agency for Healthcare Research and Quality website <http://www.ahrq.gov/questions/qb/> or utilise these principles in any written/on-line information prepared for consumers.

An excerpt from the 'Questions are the Answer' section of the website for the Agency for Healthcare Research and Quality is:

#### Step 1: Choose the kind of appointment you need.

Why are you going to see your doctor? Select one of these options:

- > To talk about a health issue or matter
- > To get or change a medicine
- > To get medical tests
- > To talk about surgery

#### Step 2: To talk about a health problem.

If you have a health problem, you may have a lot of questions. Select the questions you want to remember to ask.

- > What is my diagnosis?
- > Will I need any more tests?
- > What are my treatment options?
- > How soon do I need to make a decision about treatment?
- > How much does this treatment cost?
- > Are there any side effects?
- > What happens if I choose to not have treatment?
- > What is the outlook for my future (prognosis)?
- > Will I need special help at home?

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# Assessing Readability

Consumers are often asked to read information related to their health issue and to read and fill in forms. Health professionals need to be conscientious about using written information that is easy to read for consumers of different literacy levels. There are different ways to assess readability. Two common ways that can be used together are (1) consumer feedback and (2) a readability formula. It is important not to just rely on using a readability formula to assess readability. Asking consumers is the most reliable way to know that consumers can understand the information. This is an important step in quality control and improving health literacy.

## Consumer Feedback

Ask consumers of diverse backgrounds to evaluate forms or other written information (including written information that you did not develop). Consider the following questions:

- > Are there any words or sections that are hard to read or understand?
- > Is there anything you find offensive?
- > What information do you find helpful?
- > What information isn't helpful?
- > Is there anything missing, that you would like included?

## Readability Formula

Readability formula assesses written information for complexity, grade level, and multi-syllable words. There are many different readability formulas. Reading age is dependent on many different factors, and needs to be relevant to the consumer group for whom the information is being written. The standard is usually grade 8 reading level.

The most accessible formula is available on Microsoft Word. This is the Flesch Kinkaid Reading Formula.

The SMOG Grading tool is a readability formula that does not require a computer to calculate the reading age. There are four steps in the process.

- > Step 1: count 10 consecutive sentences near the beginning, middle and end of the material (total of 30 sentences). A sentence is any list of words ending in a full stop, question mark or exclamation mark.
- > Step 2: count every word of three or more syllables in the 30 sentences. Count repetitions of words.
- > Step 3: Obtain the nearest square root of the number of three or more syllable words.
- > Step 4: Add three to the square root. This gives you the SMOG Grade

For example:

- > Step 1: 10 sentences beginning, middle and end (= 30 sentences)
  - > Step 2: 21 words with three or more syllables.  
28 words with three or more syllables.  
23 words with three or more syllables
- 
- Total 72
- > Step 3: Square root of 64 (nearest square root to 72) = 8
  - > Step 4: 8 + 3 = 11th grade

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# Writing Health Information

The most common flaw in the process of health professionals writing health information is where they write the health information themselves and then ask consumers to comment on the design and content of the existing draft. The most effective approach to developing written health information is where consumers and health professionals work together to write health information or evaluate existing information. The following checklist can assist health professionals and health consumers develop or evaluate health information.

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## Planning

- > What is the purpose?
- > Who is the information being written for?
- > What is the information that needs to be covered?
- > Have you reviewed existing material on the subject?
- > Have you discussed the project with your department head/manager and secured support?
- > Who else needs to be involved?
- > Which consumers will be part of the writing group?
- > What format best suits the information?

## Production

- > In the writing style have you
  - kept sentences short and to the point?
  - expressed only one idea in each sentence?
  - used simple grammatical structures?
  - written in the active versus the passive voice?
  - used the second person YOU instead of the third person such as 'the consumer' or 'individuals'?
  - limited the number of words containing three or more syllables?
  - tried to keep the eye span to no more than 60-70 characters?
  - used adequate spacing to provide the eyes with a rest?
  - used numbers (eg 2) instead of word numbers (eg two)?
  - used font size of suitable size (11 or 12) and Times New Roman or other easy to read font.
  - not used all CAPITAL LETTERS?





## Tool 8: Writing Health Information

- > Has the following been taken into account when writing?
  - Does the information address the message you want to convey as well as what the consumers want to know?
  - Is the information consistent with current evidence and standards/policies?
  - Is the content organised so that the “must know” information comes before the “nice to know” information?
  - Is the content organised so it flows well?
  - Where appropriate have you used illustrations to convey the message more clearly?
  - Is the content free from jargon and abbreviations?
  - Have you used consistent terminology?
  - Is the content clearly communicated through the use of:
- > Question and answer format?
- > Headings?
- > Point form where appropriate?
- > ‘Remember’ boxes, which contain the most important points/action steps?
  - Do you have directions to quality websites for further information?
  - Have you included questions that the consumer could ask the health professional for further information?
  - Have you remained gender neutral, or is it a gender specific topic?
  - Is the information respectful towards the target group?
  - Have you identified your department and organisation and provided contact details?
  - Is the publication dated?
- > Has the draft been analysed to ensure clarity, accuracy and appropriate reading age?
- > Reading age appropriate to consumers going to be using the information. Standard is usually grade 8 reading level (see tool 7).
- > Objective feedback from someone with good writing skills.
- > Final copy edited for printing errors.

### Evaluation

- > How will you evaluate the information and continuously improve it? For example,
  - Check the information with a number of different consumers for readability?
  - Monitor use over time and take note of feedback from consumers and colleagues and use this information to continuously improve the content?

### For more information

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## NSQHS Standard 2 Partnering with Consumers How to use the audit tools

SA Health have adopted the Queensland Health Service and Clinical Innovation Division, Patient Safety audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting the National Safety and Quality Health Service (NSQHS) Standards.

### Purpose of the audit tools

The tools provide facilities and health services additional supporting resources to use in conjunction with the existing NSQHS standards workbooks and guides to be able to:

- > demonstrate detailed evidence for an action by providing specific verification rather than noting the action has been met and listing the source ie: self-assessment
- > collect information and evidence to a further level of detail at a ward and facility level, delving down into specific requirements that further support meeting the action plan
- > determine actual performance results at a ward and facility level by rolling up data ie: auditing all wards for a facility result
- > clearly identify those detailed gaps/areas that need attention, in order to target improvements and build a robust action plan at the ward and facility level
- > track and monitor audit results over time.

The tools can be used in conjunction with other resources and directly align to the criteria in the existing NSQHS standards workbooks and guides. Depending on the size of the facility a number of audit questions may not be applicable, it is up to each facility / health service to determine the audit questions for review. Questions and responses can be adapted to suit the requirements of each facility / health service.

### The suite of documents include the following:

1. A 'how to' guide on using the tools (this document)
2. A definitions guide to assist in completing the tools
3. Two specific audit tools that allow the collection and collation of information are provided in MS Word that can be adapted for local use:
  - **Ward / Unit audit tool:** collects ward / unit level data
  - **Facility audit tool:** collects facility level data and collates the ward / unit level responses.
4. A measurement plan summary for each standard that defines the goals, questions and responses in the audit tools. The plan details each audit question and its alignment to the action / criteria in the standard. This is provided in MS Excel format and can be adapted for local use. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

## How the tools were developed:

An example is provided below using action 2.4.1 in Standard 2

1. The Hospital Accreditation Workbooks and Standard 2 Partnering with Consumers - Safety and Quality Improvement Guides were used.

The documents can be accessed via the Australian Commission on Safety and Quality in Health Care website at:

[www.safetyandquality.gov.au/our-work/accreditation/nsqhss/safety-and-quality-improvement-guides-and-accreditation-workbooks/](http://www.safetyandquality.gov.au/our-work/accreditation/nsqhss/safety-and-quality-improvement-guides-and-accreditation-workbooks/)

### Example: Accreditation Workbook for Hospitals – Standard 2 Action 2.4.1

Consumer partnership in service planning

Governance structures are in place to form partnerships with consumers and / or carers

Actions required	Reflective questions	Examples of evidence – select only examples currently in use	Evidence available
<b>2.4 Consulting consumers on patient information distributed by the organisation</b>			
2.4.1 Consumers and /or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	How do we collect feedback from consumers and carers on the written material we give to patients?	<input type="checkbox"/> Policies or processes in place that describe how consumers are involved in providing feedback on patient information publications <input type="checkbox"/> Reports describing patient, carer and consumer feedback sought and where feedback has been utilised <input checked="" type="checkbox"/> Examples that demonstrate consumers have been involved in the development of publications <input type="checkbox"/> Evaluation of the organisation's existing patient information publications is undertaken, documents and appropriate revisions are made in response to consumer feedback <input type="checkbox"/> Other	<input type="checkbox"/> No → further action is required <input type="checkbox"/> Yes → list source of evidence

Example of Evidence for 2.4.1 'Reports describing patient, carer and consumer feedback sought and where feedback has been utilised'

[Safety and Quality Improvement Guides](#) (one per standard) – in particular under each action and key task there are ‘Outputs’ suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved.

Example: [Safety and Quality Improvement Guide – Standard 2 Action 2.4.1](#)

## 2.4 Consulting consumers on patient information distributed by the organisation

### 2.4.1

Consumers and /or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)

**Key task: Develop and implement a systematic process for sourcing consumer and / or carer feedback about patient information publications**

**Suggested strategies:**

- > You should review your existing policies or processes for seeking consumer feedback on your patient information publications. This could include identifying the publications your organisation has produced, looking at how they were developed and determining whether consumers and / or carers were involved in their development.
- > *If consumers were not involved in the development of your publications* – you should develop and implement a process that involves consumers and / or carers in the development of all relevant new, and review of existing, publications. Consumers could be involved in this process through:
  - electronic, mail or phone surveys of consumers who have used your information publications. Information on undertaking surveys can be found in *Improving health services through consumer participation (Aus)*, *The participation toolkit (UK)* and the *Health literacy universal precautions toolkit*
  - holding waiting room discussions, focus groups or workshops to develop new materials or modify existing materials. See *The participation toolkit (UK)* for more information on these strategies
  - attending community meetings to discuss the information needs of consumers and the barriers and facilitators to understanding health information in the community
  - making follow-up phone calls to consumers who have been provided with patient information publications, to identify any issues in understanding the information that was provided.
- > Further information on involving patients in testing information publications can be found in *Health literacy universal precautions toolkit (US)* and *In other words... can they understand? Testing patient education materials with intended readers (US)*.
- > If you do not develop your own information publications – you should try to source and use publications that have been developed in partnership with consumers. Organisations may use patient information publications sourced from state and territory health departments, developed by professional associations, purchased from an external provider and a range of other places. Consider the process by which the patient information publication was developed and, if possible, choose resources that have been developed in consultation with consumers. Publications that have been sourced from other organisations may still need to be tested with your local community and adapted.

**Outputs of improvement processes may include:**

- > policies or processes in place that describe how consumers are involved in providing feedback on patient information publications
- > consumer feedback about patient information publications is sought, documented and incorporated into the revision of publications
- > piloting and testing process held and consumer feedback about patient information publications documented and incorporated into the revision of publications
- > evaluation of the organisation’s existing patient information publications being undertaken, documented and appropriate revisions made in response to consumer feedback.

**Considerations:**

Your organisation may not need new processes to involve consumers and / or carers in information publication development and review.

When looking for ways to involve consumers in the development and review of information publications, think about your existing publication development and review processes to see whether they can be adapted to involve consumers and /or carers.

**Additional resources:**

*Evaluating health information with consumers (Aus); Well-written health information: A guide (Aus); How to present the evidence for consumers: preparation of consumer publications (Aus)*


An output for 2.4.1 ‘Consumer feedback about patient information publications is sought, documented and incorporated into the revision of publications’

## Audit tools

The questions in the audit tools (ward, facility) assess and ask for verification of the examples of evidence and outputs to collect the detailed information necessary to meet that evidence. In addition, other examples of evidence may be used. The questions may directly ask if there is evidence to support, or may be broken down into a series of questions to delve deeper into whether the evidence has been met. Questions and responses have been developed in consultation with content area experts.

### Example: Audit tool questions for Standard 2

The ward / unit audit tool allows you to collect the specific question/s that can be used for 2.4.1 in auditing the ward / unit.


NSQHS Standard 2 Partnering with Consumers  
Ward / Unit audit tool

Hospital and Health Service	Facility	Audit Date / period
Ward / Unit:		
Facility audit tool: collects facility level data and collates the ward / unit level responses:		

> Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review  
> Some questions and responses may not be applicable (eg at a ward / unit level) and can be adapted to suit individual requirements  
> The measurement plan details each audit question and the action / criteria it aligns to in the Standard.

Ward / Unit Questions	Yes	No
<b>Patient Information Publications</b>	Yes	No
1.0	Is there evidence that the ward / unit seeks feedback from consumers and / or carers on existing and new patient information publications (for distribution to patient)?	<input type="radio"/> Yes <input type="radio"/> No
1.1	If 'Yes', is there evidence that the strategy:	<input type="radio"/> Yes <input type="radio"/> No
	<span style="color: #f4a460;">&gt;</span> the feedback was documented? <span style="color: #f4a460;">&gt;</span> the feedback was incorporated into the revision of the publications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
1.2	Provide details of the patient information publications who developed them, where feedback was documented, where revisions are kept and the 'owner'	

The facility audit tool allows you to collate all the ward / unit results for a facility level view.

Collation of ward/unit data (This section is only need to be used if the data was collected at the ward / unit level. Enables whole of facility reporting).		Count of no. of wards who meet criteria	Count of total of wards audited	Calculate %
As per measurement plan		Numerator (N)	Denominator (D)	(N/D*100)
17.0	What is the number of wards / units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients) (CON_Ward Q1.0)			
17.1	What is the number of wards / units where the feedback was documented? (CON_Ward_Q1.1)			
17.2	What is the number of wards/units where feedback was incorporated into the revision of the publications?			
17.3	Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners' (CONS_Ward_Q1.2)			

In addition to the collection of information, the facility tool includes the ability to be able to collate data ie: collate the data collected at a ward / unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. CON\_Ward\_Q1.0 refers to Q1.0 in the ward / unit audit tool where the responses to collate the data will be found.

The last three columns in the collation sections ie: Num/Den/% allows for the calculation of the % result at a facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.

## Measurement Plan

The measurement plan details the criteria / action and those question/s / responses that correspond to the action.

Note: Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Example: Measurement plan for Standard 2 Action 2.4.1

Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	Ward	Identify if the ward/unit obtains feedback from consumers and/or carers on patient information publications	Evidence that the ward/unit obtains feedback from consumers and/or carers on patient information publications	1.0 Is there evidence that the ward/unit seeks feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients)?  1.1 If yes: Is there evidence that: · the feedback was documented? · the feedback was incorporated into the revision of the publications?  1.2 Provide details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owner'.	Yes; No  Yes; No Yes; No  text box			
	Facility		% of wards/units that obtain feedback from consumers and/or carers on patient information publications	17.0 What is the number of wards/units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients)? (CON_Ward_Q1.0) 17.1 What is the number of wards/units where the feedback was documented? (CON_Ward_Q1.1) 17.2 What is the number of wards/units where the feedback was incorporated into the revision of the publications? (CON_Ward_Q1.1) 17.3 Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners'. (CON_Ward_Q1.2)		Number of wards/units that obtain feedback from consumers and/or carers on patient information publications	Total number of wards/units audited	

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In addition, we recognise that each facility will define when the audit will take place, how often, how many wards / units to audit and who will perform the audit.

As a start, we have endeavoured to provide facilities with paper-based audit tools to be able to collect and collate questions that directly link to the standards.

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a 'Work in Progress', future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The SA Health Safety and Quality Unit welcomes feedback on the audit tools and the measurement plans to ensure the tools meet the needs of SA facilities.

Please provide your feedback or comments via email to [safetyandquality@health.sa.gov.au](mailto:safetyandquality@health.sa.gov.au)

## Reference and acknowledgement:

Queensland Health Service and Clinical Innovation Division, Patient Safety

[www.health.qld.gov.au/psq/safetyandquality/nsqhss-audit-tools.asp](http://www.health.qld.gov.au/psq/safetyandquality/nsqhss-audit-tools.asp)

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## For more information

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## NSQHS Standard 2 Partnering with Consumers

### Ward / Unit audit tool

Hospital and Health Service	Facility	Audit Date / period
Ward / Unit:		

Facility audit tool: collects facility level data and collates the ward / unit level responses:

- > Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
- > Some questions and responses may not be applicable (eg at a ward / unit level) and can be adapted to suit individual requirements
- > The measurement plan details each audit question and the action / criteria it aligns to in the Standard.

Ward / Unit Questions		Yes	No
Patient Information Publications		Yes	No
1.0	Is there evidence that the ward / unit seeks feedback from consumers and / or carers on existing and new patient information publications (for distribution to patient)?	<input type="radio"/>	<input type="radio"/>
1.1	If 'Yes', is there evidence that the strategy:	<input type="radio"/>	<input type="radio"/>
	> the feedback was documented?	<input type="radio"/>	<input type="radio"/>
	> the feedback was incorporated into the revision of the publications?	<input type="radio"/>	<input type="radio"/>
1.2	Provide details of the patient information publications who developed them, where feedback was documented, where revisions are kept and the 'owner'		
Design – New service / Redesign – existing services		Yes	No
2.0	Have any new services been designed or existing services redesigned, or are any in the process of design / redesign at the ward / unit level?	<input type="radio"/>	<input type="radio"/>
2.1	If 'Yes', is there evidence of:	<input type="radio"/>	<input type="radio"/>
	> consultation strategies and reports that detail active participation and contribution of consumers / carers and the modifications made as a result?	<input type="radio"/>	<input type="radio"/>
	> project plans which include information on how consumers and carers have been involved in the development of the design or redesign projects?	<input type="radio"/>	<input type="radio"/>
	> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	<input type="radio"/>	<input type="radio"/>
	> records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?	<input type="radio"/>	<input type="radio"/>
2.2	Provide details of the services in support above		

Planning and implementation of quality improvements		Yes	No
3.0	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the ward / unit level?	<input type="radio"/>	<input type="radio"/>
3.1	If 'Yes', is there evidence of:		
	> project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and / or carer involvement?	<input type="radio"/>	<input type="radio"/>
	> quality improvement plans that have involved the consumer and / or the carer?	<input type="radio"/>	<input type="radio"/>
	> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and / or cares in quality improvement activities?	<input type="radio"/>	<input type="radio"/>
	> consumer and care feedback on their involvement in quality improvement activities?	<input type="radio"/>	<input type="radio"/>
	> outcome reports of quality improvement activities / project?	<input type="radio"/>	<input type="radio"/>
	> quality improvements that were implemented in response to patient feedback data?	<input type="radio"/>	<input type="radio"/>

Acknowledgement: Health Service and Clinical Innovation Division, Patient Safety, Queensland Health, V1.0, 13 August, 2012

## For more information

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**NSQHS Standard 2 Partnering with Consumers**  
**Facility audit tool**

Hospital and Health Service	Facility	Audit Date / period
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Facility audit tool: collects facility level data and collates the ward / unit level responses:

- > Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
- > Some questions and responses may not be applicable (eg at a ward / unit level) and can be adapted to suit individual requirements
- > The measurement plan details each audit question and the action / criteria it aligns to in the Standard.

Facility Questions		Yes	No
1.0	Is there evidence that the facility has a Consumer and Community Engagement Strategy?	<input type="radio"/>	<input type="radio"/>
1.1	If 'Yes', is there evidence that the strategy:	<input type="radio"/>	<input type="radio"/>
	> engages consumer and community representatives on relevant health service committee / key groups eg, clinical council, safety and quality committee, governance group?	<input type="radio"/>	<input type="radio"/>
	> includes mechanisms to review how consumers and the community found the process of being engaged by the service, program or facility and how to improve the strategic plan based on this feedback?	<input type="radio"/>	<input type="radio"/>
	> details the mechanisms to ensure Terms of Reference for any governance structure / committee includes the engagement of consumer and community representatives?	<input type="radio"/>	<input type="radio"/>
	> details the financial and physical resources that are available to support consumer participation and input at the governance level?	<input type="radio"/>	<input type="radio"/>
	> analyses and reviews the demographic characteristics of consumers to provide people from diverse backgrounds and relevant minority groups opportunities to be engaged?	<input type="radio"/>	<input type="radio"/>
1.2	If 'Yes' to question 1: Outline where the strategy is kept, when it is reviewed and the 'owner'		
Policies and procedures		Yes	No
2.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols related to engaging consumers and carers in the governance of the facility?	<input type="radio"/>	<input type="radio"/>
2.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> they describe how consumers and / or carers are involved in the governance of the facility?	<input type="radio"/>	<input type="radio"/>
	> they describe how consumers and / or carers are involved in the strategic and operational planning of the facility?	<input type="radio"/>	<input type="radio"/>
	> they specify how feedback gained from consumers through the facility's consultation strategies are directly linked to the governance of the facility?	<input type="radio"/>	<input type="radio"/>
	> they define mechanisms for engaging consumers from diverse backgrounds and relevant minority groups?	<input type="radio"/>	<input type="radio"/>
	> they define the audit process to be undertaken to assess against the policies?	<input type="radio"/>	<input type="radio"/>
	> they reference the consultation processes or collaborative group/s involved in their development?	<input type="radio"/>	<input type="radio"/>
	> they detail the date they became effective?	<input type="radio"/>	<input type="radio"/>
	> they detail the date of the next revision?	<input type="radio"/>	<input type="radio"/>
		> they reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="radio"/>
	> the workforce know the documents exist, can assess them and know and use the contents?	<input type="radio"/>	<input type="radio"/>
2.2	If 'Yes' to question 2: Outline details of the documents, where kept, review date/s and 'owner'		



Consumer Advisory Group		Yes	No
3.0	Is there evidence that the facility has a consumer advisory group(s) which reflect the key consumer and community groups within the service population?	<input type="radio"/>	<input type="radio"/>
4.0	Is there evidence that the facility has governance structures / mechanisms that have health consumers and the community actively participating eg safety and quality committee, workforce planning committee, clinical governance committee?	<input type="radio"/>	<input type="radio"/>
4.1	<p>If 'Yes': For each governance structure / mechanism with health consumers and the community actively participating: (NB: there is room below for 3 structures) STRUCTURE 1 (if applicable) &gt; outline the type of governance structure / mechanism</p>		
	> is there evidence of Terms of Reference?	<input type="radio"/>	<input type="radio"/>
	> is there evidence of (eg terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation)?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that consumers provide input into strategic and operational planning?	<input type="radio"/>	<input type="radio"/>
4.2	<p>STRUCTURE 2 (if applicable) &gt; outline the type of governance structure / mechanism</p>		
	> is there evidence of Terms of Reference?	<input type="radio"/>	<input type="radio"/>
	> is there evidence of (eg terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation)?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that consumers provide input into strategic and operational planning?	<input type="radio"/>	<input type="radio"/>
4.3	<p>STRUCTURE 3 (if applicable) &gt; outline the type of governance structure / mechanism</p>		
	> is there evidence of Terms of Reference?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) of the level of consumer / community engagement (information sharing / consultation / active participation)?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that the governance structure / mechanism engages consumers from diverse backgrounds and relevant minority groups?	<input type="radio"/>	<input type="radio"/>
	> is there evidence (eg terms of reference, minutes) that consumers provide input into strategic and operational planning?	<input type="radio"/>	<input type="radio"/>

Safety and Quality		Yes	No
5.0	If there is a committee that oversees safety and quality: Is there evidence that:		
	> the terms of reference include the involvement of consumers and / or carers in decision making about safety and quality?	<input type="radio"/>	<input type="radio"/>
	> consumers have a role in the process for investigating and analysing complaints and incidents, which is documented?	<input type="radio"/>	<input type="radio"/>
	> consumer input in the complaints / incidents investigation and analysis process is incorporated into reporting and subsequent quality improvement planning?	<input type="radio"/>	<input type="radio"/>
	> consumers review the analysis of facility safety and quality performance data?	<input type="radio"/>	<input type="radio"/>
	> consumers participate in the evaluation of patient feedback data?	<input type="radio"/>	<input type="radio"/>
If 'Yes' to above: What type of data is evaluated? <input type="radio"/> Complaints and compliments <input type="radio"/> Suggestions <input type="radio"/> Patient experience survey data <input type="radio"/> Other (specify)			
	> consumers participate in discussions about implementation of quality activities based on patient feedback data?	<input type="radio"/>	<input type="radio"/>
5.1	Provide details in support of any of the above		
Decision making about safety and quality		Yes	No
6.0	Is there evidence that the facility (or at service level) has policies and procedures and / or protocols related to involvement of patients, carers and consumers in facility decision making about safety and quality?	<input type="radio"/>	<input type="radio"/>
6.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> they describe the level of consumer engagement in safety and quality decision making?	<input type="radio"/>	<input type="radio"/>
	> they describe the consumers role in the process for investigating and analysing complaints and incidents?	<input type="radio"/>	<input type="radio"/>
	> they describe the consumers role in the analysis of facility safety and quality performance data?	<input type="radio"/>	<input type="radio"/>
	> they describe the consumers role in the planning and implementation of quality improvement projects?	<input type="radio"/>	<input type="radio"/>
	> they describe the consumers role in the evaluation of patient feedback data?	<input type="radio"/>	<input type="radio"/>
	> they define the audit process to be undertaken to assess against the policies?	<input type="radio"/>	<input type="radio"/>
	> they reference the consultation processes or collaborative group/s involved in their development?	<input type="radio"/>	<input type="radio"/>
	> they detail the date they became effective?	<input type="radio"/>	<input type="radio"/>
	> they detail the date of the next revision?	<input type="radio"/>	<input type="radio"/>
6.2	> they reference the source documents (if applicable) particularly when they are represented as best practice?	<input type="radio"/>	<input type="radio"/>
	> the workforce know the documents exist, can access them and know and use the contents?	<input type="radio"/>	<input type="radio"/>
6.2	Outline details of the documents, where kept, review date/s and 'owner'		

Orientation and training		Yes	No
7.0	Is there evidence that the facility (or at service level) has policies and procedures and / or protocols which describe the orientation and ongoing training provided to consumers and / or carers to enable them to fulfil their partnership role?	<input type="radio"/>	<input type="radio"/>
7.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> they define the audit process to be undertaken to assess against the policies?	<input type="radio"/>	<input type="radio"/>
	> they reference the consultation process or collaborative group/s involved in their development?	<input type="radio"/>	<input type="radio"/>
	> they detail the date they became effective?	<input type="radio"/>	<input type="radio"/>
	> they detail the date of the next revision?	<input type="radio"/>	<input type="radio"/>
7.1	> they reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="radio"/>	<input type="radio"/>
	> the workforce know the documents exist, can access them and know and use the contents?	<input type="radio"/>	<input type="radio"/>
7.2	Outline details of the documents, where kept, review date/s and 'owner'		
8.0	Is there evidence that the facility has an information brochure for consumer representatives outlining roles and responsibilities and key policies?	<input type="radio"/>	<input type="radio"/>
9.0	Is there evidence that the facility has a consumer representative training and orientation program?	<input type="radio"/>	<input type="radio"/>
9.1	If 'Yes':	<input type="radio"/>	<input type="radio"/>
	> is attendance at the training sessions recorded?	<input type="radio"/>	<input type="radio"/>
	> are consumer feedback reports of sessions evaluated and incorporated into the next revision?	<input type="radio"/>	<input type="radio"/>
	> what percentage of eligible currently active consumer/carer representatives have completed orientation training?		
9.1	> what percentage of the training program is provided via an external training provider(s)?		
	9.2	Provide comments on the training sessions and resources that are provided and when	

Patient information publications		Yes	No
10.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols which describe how consumers and / or carers are involved in providing feedback on patient information publications?	<input type="radio"/>	<input type="radio"/>
10.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> they specify how consumer feedback about patient information publications is incorporated into the revision of publications?	<input type="radio"/>	<input type="radio"/>
	> they specify an evaluation schedule for the facility's existing patient information publications?	<input type="radio"/>	<input type="radio"/>
	> they specify evaluation of externally sourced patient information publications prior to use by the facility?	<input type="radio"/>	<input type="radio"/>
	> they define the audit process to be undertaken to assess against the policies?	<input type="radio"/>	<input type="radio"/>
	> they reference the consultation processes or collaborative group/s involved in their development?	<input type="radio"/>	<input type="radio"/>
	> they detail the date they became effective?	<input type="radio"/>	<input type="radio"/>
	> they detail the date of the next revision?	<input type="radio"/>	<input type="radio"/>
	> they reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="radio"/>	<input type="radio"/>
	> the workforce know the documents exist, can access them and know and use the contents?	<input type="radio"/>	<input type="radio"/>
10.2	Outline details of the documents, where kept, review date/s and 'owner'		
11.0	Is there evidence that the facility (or at service level) seeks feedback from consumers and / or carers on existing and new patient information publications (for distribution to patients)?	<input type="radio"/>	<input type="radio"/>
11.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> the feedback was documented?	<input type="radio"/>	<input type="radio"/>
	> the feedback was incorporated into the revision of the publications?	<input type="radio"/>	<input type="radio"/>
11.2	Provide details of the patient information publications who developed them, where feedback was documented, where revisions are kept and the 'owner'		
Design – New service / Redesign – existing services		Yes	No
12.0	Have any new services been designed or existing services redesigned, or are any in the process of design / redesign at the facility (or at service level)?	<input type="radio"/>	<input type="radio"/>
12.1	If 'Yes', is there evidence of:	<input type="radio"/>	<input type="radio"/>
	> consultation strategies and reports that detail active participation and contribution of consumers / carers and the modifications made as a result?	<input type="radio"/>	<input type="radio"/>
	> project plans which include information on how consumers and carers have been involved in the development of the design or redesign projects?	<input type="radio"/>	<input type="radio"/>
	> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	<input type="radio"/>	<input type="radio"/>
	> records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?	<input type="radio"/>	<input type="radio"/>
12.2	Provide details of the services in support above		

Education / Training – Workforce		Yes	No
13.0	Is there evidence that the facility (or at service level) has policies, procedures and / or protocols related to ongoing training resources for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	<input type="radio"/>	<input type="radio"/>
13.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> they specify the types of training and resources to be provided?	<input type="radio"/>	<input type="radio"/>
	> they specify the key content areas that the training and resources are to cover?	<input type="radio"/>	<input type="radio"/>
	> they specify a training schedule for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	<input type="radio"/>	<input type="radio"/>
	> they specify how consumers and / or cares are involved in training the clinical workforce?	<input type="radio"/>	<input type="radio"/>
	> they specify how consumers and / or carers are involved in the development of training content and material	<input type="radio"/>	<input type="radio"/>
	> they define the audit process to be undertaken to assess against the policies?	<input type="radio"/>	<input type="radio"/>
	> they reference the consultation processes or collaborative group/s involved in their development?	<input type="radio"/>	<input type="radio"/>
	> they detail the date they became effective?	<input type="radio"/>	<input type="radio"/>
	> they detail the date of the next revision?	<input type="radio"/>	<input type="radio"/>
	> they reference the source documents (if applic) particularly where they are represented as best practice	<input type="radio"/>	<input type="radio"/>
> the workforce know the documents exist, can access them and know and use the contents?	<input type="radio"/>	<input type="radio"/>	
13.2	Outline details of the documents, where kept, review date/s and the 'owner'		
14.0	Is there evidence that the facility (or at service level) provides ongoing training for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	<input type="radio"/>	<input type="radio"/>
	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> the training curricula, resources or materials include sections on consumer centred care, partnerships and consumer perspectives?	<input type="radio"/>	<input type="radio"/>
	> consumers and / or cares were involved in the development of training content and material?	<input type="radio"/>	<input type="radio"/>
	> consumers and / or cares were involved in training the clinical workforce?	<input type="radio"/>	<input type="radio"/>
	> staff participation in the training is recorded?	<input type="radio"/>	<input type="radio"/>
	> staff feedback about the quality of the training / resources is sought?	<input type="radio"/>	<input type="radio"/>
> the training program / resources are regularly reviewed and improved, incorporating staff feedback?	<input type="radio"/>	<input type="radio"/>	
14.2	Outline details of the training courses and other resources provided, review date/s and the 'owner'		



Community awareness of safety and quality performance		Yes	No
15.0	Is there evidence that the facility (or at service level) informs the community and consumers about the facility's safety and quality performance?	<input type="radio"/>	<input type="radio"/>
15.1	If 'Yes', is there evidence that:	<input type="radio"/>	<input type="radio"/>
	> of the mechanisms by which this is done (eg annual report, newsletter, newspaper articles, radio items, website, other local media community consultation and feedback sessions etc)?	<input type="radio"/>	<input type="radio"/>
	> that the facility seeks feedback from the community and consumers about the facility's safety and quality performance?	<input type="radio"/>	<input type="radio"/>
	If 'Yes':	<input type="radio"/>	<input type="radio"/>
	> specify the mechanisms by which this is done (eg surveys, complaints information, feedback box, consumers on committees)	<input type="radio"/>	<input type="radio"/>
15.1	> that the facility seeks feedback from consumers, carers and community about information, presentation and dissemination?	<input type="radio"/>	<input type="radio"/>
	If 'Yes':	<input type="radio"/>	<input type="radio"/>
15.1	> is the presentation and dissemination of information regularly reviewed and improved, incorporating feedback from consumers, cares and community?	<input type="radio"/>	<input type="radio"/>
Planning and implementation of quality improvements		Yes	No
16.0	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the facility level?	<input type="radio"/>	<input type="radio"/>
16.1	If 'Yes', is there evidence of:	<input type="radio"/>	<input type="radio"/>
	> project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and/or carer involvement?	<input type="radio"/>	<input type="radio"/>
	> quality improvement plans that have involved the consumer and/or the carer?	<input type="radio"/>	<input type="radio"/>
	> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and/or cares in quality improvement activities?	<input type="radio"/>	<input type="radio"/>
	> consumer and care feedback on their involvement in quality improvement activities?	<input type="radio"/>	<input type="radio"/>
16.2	Provide details of the quality improvement projects that have been implemented and where:		
	> for any of the quality improvement projects above, were any implemented in response to patient feedback data? If so, provide details.		

Collation of ward/unit data (This section is only need to be used if the data was collected at the ward / unit level. Enables whole of facility reporting).		Count of no. of wards who meet criteria	Count of total of wards audited	Calculate %
As per measurement plan		Numerator (N)	Denominator (D)	(N/D * 100)
17.0	What is the number of wards / units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients) (CON_Ward_Q1.0)			
17.1	What is the number of wards / units where the feedback was documented? (CON_Ward_Q1.1)			
17.2	What is the number of wards/units where feedback was incorporated into the revision of the publications?			
17.3	Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners' (CONS_Ward_Q1.2)			
18.0	What is the number of wards / units that have new services designed or existing services redesigned, or are in the process of design / redesign at the ward / unit level? (CON_Ward_Q2.0)			
18.1	What is the number of wards / units that have consultation strategies and reports that detail active participation and contribution of consumers/carers and the modifications made as a result? (CON_Ward_Q2.1)			
18.2	What is the number of wards / units that have project plans which include information on how consumers and carers have been involved in the development of the design of redesign projects? (CON_Ward_Q2.1)			
18.3	What is the number of wards / units that have reports from designers and architects outlining how they have responded to consumer suggestions for improvement? (if applicable) (CON_Ward_Q2.1)			
18.4	What is the number of wards / units that have records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?			
18.5	Collate information on the details of the health services in support of above (CON_Ward_Q2.2)			

Collation of ward/unit data (This section is only need to be used if the data was collected at the ward / unit level. Enables whole of facility reporting).		Count of no. of wards who meet criteria	Count of total of wards audited	Calculate %
As per measurement plan		Numerator (N)	Denominator (D)	(N/D * 100)
19.0	What is the number of wards / units where consumers are actively involved in the planning and implementation of quality improvements at the ward / unit level? (CON_Ward_Q3.0)			
19.1	What is the number of wards / units that have project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and / or carer involvement (CON_Ward_Q3.1)			
19.2	What is the number of wards / units that have quality improvement plans that have involved the consumer and / or carer? (CON_Ward_Q3.1)			
19.3	What is the number of wards / units that have agenda items, minutes and other records of meetings that demonstrate involvement of consumers and / or carers in quality improvement activities? (CON_Ward_Q3.1)			
19.4	What is the number of wards / units that have consumer and / or carer feedback on their involvement in quality improvement activities? (CON_Ward_Q3.1)			
19.5	Collate information on the details of the quality improvement projects that have been implemented and where. In addition state whether any were implemented in response to patient feedback data? (CON_Ward_Q3.2)			

Acknowledgement: Health Service and Clinical Innovation Division, Patient Safety, Queensland Health, V1.0, 13 August, 2012

## For more information

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Government  
of South Australia

SA Health

# Measurement plan

**Criteria – Consumer partnership in service planning**

**Rationale – Governance structures are in place to form partnerships with consumers and/or carers**

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers	2.1.1 Consumers and/or carers are involved in the governance of the health service organisation	Facility	Identify if the facility has a strategy to engage consumers and the community	Evidence that the facility has a strategy to engage consumers and the community	1	Is there evidence that the facility has a Consumer and Community Engagement Strategy?	Yes; No			
					1.1	If yes, is there evidence that the strategy:				
						> engages consumer and community representatives on relevant health service committee/key groups eg, clinical council, safety and quality committee, governance group?	Yes; No			
						> includes mechanisms to review how consumers and the community found the process of being engaged by the service, program or facility and how to improve the strategic plan based on this feedback?	Yes; No			
						> details the mechanisms to ensure Terms of Reference for any governance structure/ committee includes the engagement of consumer and community representatives?	Yes; No			
						> details the financial and physical resources that are available to support consumer participation and input at the governance level?	Yes; No			
					> analyses and reviews the demographic characteristics of consumers to provide people from diverse backgrounds and relevant minority groups opportunities to be engaged?	Text				
		1.2	If 'Yes' to question 1: Outline where the strategy is kept, when it is reviewed and the 'owner'	Text						
		Facility	Identify if the facility has policies, procedures and/or protocols related to engaging consumers and carers in the governance of the health service facility	Evidence that the facility has policies, procedures and/or protocols related to engaging consumers and carers in the governance of the health service facility	2	Is there evidence that the facility (or at service level) has policies, procedures and/or protocols related to engaging consumers and carers in the governance of the facility?				



This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers	2.1.1 Consumers and/or carers are involved in the governance of the health service organisation	Facility	Identify if the facility has policies, procedures and/or protocols related to engaging consumers and carers in the governance of the health service facility	Evidence that the facility has policies, procedures and/or protocols related to engaging consumers and carers in the governance of the health service facility	2.1	If 'Yes', is there evidence that:				
						> they describe how consumers and/or carers are involved in the governance of the facility?				
						> they describe how consumers and/or carers are involved in the strategic and operational planning of the facility?				
						> they specify how feedback gained from consumers through the facility's consultation strategies are directly linked to the governance of the facility?				
						> they define mechanisms for engaging consumers from diverse backgrounds and relevant minority groups?				
						> they define the audit process to be undertaken to assess against the policies?				
						> they reference the consultation processes or collaborative group/s involved in their development?				
						> they detail the date they became effective?				
						> they detail the date of the next revision?				
						> they reference the source documents (if applicable) particularly where they are represented as best practice?				
								> the workforce know the documents exist, can access them and know and use the contents?		
					2.2	If 'Yes' to 2.0: Outline details of the documents, where kept, review date/s and the 'owner'.				
		Facility	Identify if the facility has consumer advisory group(s) which reflect the key consumer and community groups within the service population	Evidence that the facility has consumer advisory group(s) which reflect the key consumer and community groups within the service population	3	Is there evidence that the facility has a consumer advisory group(s) which reflect the key consumer and community groups within the service population?				

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers	2.1.1 Consumers and/or carers are involved in the governance of the health service organisation	Facility	Identify if the facility has governance structures mechanisms that have health consumers and the community actively participating	Evidence that the facility has governance structures/ mechanisms that have health consumers and the community actively participating	4	Is there evidence that the facility has governance structures/mechanisms that have health consumers and the community actively participating eg. safety & quality committee, workforce planning committee, clinical governance committee?				
						4.1 to 4.3	If 'Yes': For each governance structure/mechanism with health consumers and the community actively participating:			
							> outline the type of governance structure/ mechanism			
							> is there evidence of Terms of Reference?			
							> is there evidence (eg. terms of reference, minutes) of the level of consumer/community engagement (information sharing / consultation / active participation)?			
							> is there evidence (eg terms of reference, minutes) that the governance structure/mechanism engages consumers from diverse backgrounds and relevant minority groups?			
						> is there evidence (eg terms of reference, minutes) that consumers provide input into strategic and operational planning?				
						5	If there is a committee that oversees safety and quality: Is there evidence that:			
> the terms of reference include the involvement of consumers and/or carers in decision making about safety and quality?										

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers	2.1.1 Consumers and/or carers are involved in the governance of the health service organisation	Facility	Identify if the facility has governance structures mechanisms that have health consumers and the community actively participating	Evidence that the facility has governance structures/ mechanisms that have health consumers and the community actively participating	5 (cont.)	> consumers have a role in the process for investigating and analysing complaints and incidents, which is documented?				
						> consumer input in the complaints/incidents investigation and analysis process is incorporated into reporting and subsequent quality improvement planning?				
						> consumers review the analysis of facility safety and quality performance data?				
						> consumers participate in the evaluation of patient feedback data?				
						If 'Yes', what type of data is evaluated?	Complaints and compliments			
							Suggestions			
							Patient experience survey data			
							Other (specify)			
						consumers participate in discussions about implementation of quality activities based on patient feedback data?	Yes; No			
						5.1	Provide details in support of any of the above	Text		
2.1.2 Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people that do not usually provide feedback	Facility	As per 2.1.1								

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in: <ul style="list-style-type: none"> <li>&gt; strategic and operational/ services planning</li> <li>&gt; decision making about safety and quality initiatives</li> <li>&gt; quality improvement activities.</li> </ul>	2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation	Facility	As per 2.1.2							
	2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality	Facility	Identify if the facility has policies, procedures and/or protocols related to involvement of patients, carers and consumers in facility decision making about safety and quality	Evidence that the facility has policies, procedures and/or protocols related to involvement of patients, carers and consumers in facility decision making about safety and quality	6	Is there evidence that the facility (or at service level) has policies and procedures and/or protocols related to involvement of patients, carers and consumers in facility decision making about safety and quality?	Yes; No			
					6.1	If 'Yes', is there evidence that:	Yes; No			
						> they describe the level of consumer engagement in safety and quality decision making?	Yes; No			
						> they describe the consumers role in the process for investigating and analysing complaints and incidents?	Yes; No			
						> they describe the consumers role in the analysis of facility safety and quality performance data?	Yes; No			
						> they describe the consumers role in the planning and implementation of quality improvement projects?	Yes; No			
						> they describe the consumers role in the evaluation of patient feedback data?	Yes; No			
						> they define the audit process to be undertaken to assess against the policies?	Yes; No			
						> they reference the consultation processes or collaborative group/s involved in their development?	Yes; No			
						> they detail the date they became effective?	Yes; No			
						> they detail the date of the next revision?	Yes; No			
> they reference the source documents (if applic particularly when they are represented as best practice?	Yes; No									
> the workforce know the documents exist, can access them and know and use the contents?	Yes; No									
					6.2	Outline details of the documents, where kept, review date/s and 'owner'	Text			



This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation	2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	Facility	Identify if the facility has policies, procedures and/or protocols which describe the orientation and ongoing training provided to consumers and/or carers who are in partnerships with the facility	Evidence that the facility has policies, procedures and/or protocols which describe the orientation and ongoing training provided to consumers and/or carers who are in partnerships with the facility	7	Is there evidence that the facility (or at service level) has policies and procedures and/or protocols which describe the orientation and ongoing training provided to consumers and/or carers to enable them to fulfil their partnership role?	Yes; No			
					7.1	Is 'Yes', is there evidence that:	Yes; No			
						> they define the audit process to be undertaken to assess against the policies?	Yes; No			
						> they reference the consultation process or collaborative group/s involved in their development?	Yes; No			
						> they detail the date they became effective?	Yes; No			
						> they detail the date of the next revision?	Yes; No			
					> they reference the source documents (if applicable) particularly where they are represented as best practice?	Yes; No				
		> the workforce know the documents exist, can access them and know and use the contents?	Yes; No							
		7.2	Outline details of the documents, where kept, review date/s and 'owner'	Text						
		Facility	Identify if the facility provides orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	Evidence that the facility provides orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	8	Is there evidence that the facility has an information brochure for consumer representatives outlining roles and responsibilities and key policies?	Yes; No			
					9	Is there evidence that the facility has a consumer representative training and orientation program?	Yes; No			
					9.1	If 'Yes':	Yes; No			
						> is attendance at the training sessions recorded?	Yes; No			
						> are consumer feedback reports of sessions evaluated and incorporated into the next revision?	Open response			
					> what percentage of eligible currently active consumer/carer representatives have completed orientation training?	Open response				
9.2	Provide comments on the training sessions and resources that are provided and when	Text								

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.4 Consulting consumers on patient information distributed by the organisation	2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	Facility	Identify if the facility has policies, procedures and/or protocols which describe how consumers are involved in providing feedback on patient information publications	Evidence that the facility has policies, procedures and/or protocols which describe how consumers are involved in providing feedback on patient information publications	10	Is there evidence that the facility (or at service level) has policies, procedures and/or protocols which describe how consumers and/or carers are involved in providing feedback on patient information publications?	Yes; No			
					10.1	If 'Yes', is there evidence that:	Yes; No			
						> they specify how consumer feedback about patient information publications is incorporated into the revision of publications?	Yes; No			
						> they specify an evaluation schedule for the facility's existing patient information publications?	Yes; No			
						> they specify evaluation of externally sourced patient information publications prior to use by the facility?	Yes; No			
						> they define the audit process to be undertaken to assess against the policies?	Yes; No			
						> they reference the consultation processes or collaborative group/s involved in their development?	Yes; No			
						> they detail the date they became effective?	Yes; No			
						> they detail the date of the next revision?	Yes; No			
					> they reference the source documents (if applicable) particularly where they are represented as best practice?	Yes; No				
		> the workforce know the documents exist, can access them and know and use the contents?	Yes; No							
				10.2	Outline details of the documents, where kept, review date/s and 'owner'	Text				
		Facility	Identify if the facility obtains feedback from consumers and/or carers on patient information publications	Evidence that the facility obtains feedback from consumers and/or carers on patient information publications	11	Is there evidence that the facility (or at service level) seeks feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients)?	Yes; No			

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions			
2.4 Consulting consumers on patient information distributed by the organisation	2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	Facility	Identify if the facility obtains feedback from consumers and/or carers on patient information publications	Evidence that the facility obtains feedback from consumers and/or carers on patient information publications	11.1	If 'Yes', is there evidence that: > the feedback was documented?	Yes; No						
						> the feedback was incorporated into the revision of the publications?	Yes; No						
					11.2	Provide details of the patient information publications who developed them, where feedback was documented, where revisions are kept and the 'owner'	Text						
		Ward	Identify if the ward/ unit obtains feedback from consumers and/or carers on patient information publications	Evidence that the ward/ unit obtains feedback from consumers and/or carers on patient information publications	% of wards/ units that obtain feedback from consumers and/or carers on patient information publications	17	1	Is there evidence that the ward / unit seeks feedback from consumers and/or carers on existing and new patient information publications (for distribution to patient)?	Yes; No				
							1.1	If 'Yes', is there evidence that the strategy: > The feedback was documented?	Yes; No				
								> The feedback was incorporated into the revision of the publications?	Yes; No				
							1.2	Provide details of the patient information publications who developed them, where feedback was documented, where revisions are kept and the 'owner'	Text				
		Facility						17	What is the number of wards/units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients) (CON_Ward Q1.0)	Nnumber of wards/units that obtain feedback from consumers and/or carers on patient information publications	Total number of wards/units audited		
								17.1	What is the number of wards/units where the feedback was documented? (CON_Ward_Q1.1)				
								17.2	What is the number of wards/units where feedback was incorporated into the revision of the publications?				
								17.3	Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners' (CONS_Ward_Q1.2)				

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.4 Consulting consumers on patient information distributed by the organisation	2.4.2 Action is taken to incorporate consumer and/or carers feedback into publications prepared by the health service organisation for distribution to patients	As per 2.4.1								

**Criteria – Consumer partnership in designing care**

Rationale – Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences	2.5.1 Consumers and/or carers participate in the design and redesign of health services	Facility	Identify the facility engages consumers and/or carers to participate in the design and redesign of health services	Evidence that the facility engages consumers and/or carers to participate in the design and redesign of health services	12	Have any new services been designed or existing services redesigned, or are any in the process of design/redesign at the facility (or at service level)?	Yes; No			
					12.1	If 'Yes', is there evidence of:	Yes; No			
						> consultation strategies and reports that detail active participation and contribution of consumers/carers and the modifications made as a result?				
						> project plans which include information on how consumers and carers have been involved in the development of the design or redesign projects?	Yes; No			
						> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	Yes; No			
		> records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?	Yes; No							
		Ward	Evidence that the ward/ unit engages consumers and/or carers to participate in the design and redesign of health services	Identify if the ward/ unit engages consumers and/or carers to participate in the design and redesign of health services	2	Have any new services been designed or existing services redesigned, or are any in the process of design/redesign at the ward/unit level?	Yes; No			

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions		
2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences	2.5.1 Consumers and/or carers participate in the design and redesign of health services	Ward	Evidence that the ward/ unit engages consumers and/or carers to participate in the design and redesign of health services	Identify if the ward/ unit engages consumers and/or carers to participate in the design and redesign of health services	2.1	If 'Yes': is there evidence of:	Yes; No					
						> consultation strategies and reports that detail active participation and contribution of consumers/carers and the modifications made as a result?						
						> project plans which include information on how consumers and carers have been involved in the development of the design or redesign projects?	Yes; No					
						> reports from designers and architects outlining how they have responded to consumer suggestions for improvement?	Yes; No					
						> records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?	Yes; No					
							2.2	Provide details of the services in support above.	Text			
				Facility		% of wards/ units that obtain feedback from consumers and/or carers on patient information publications	18	What is the number of wards/units that have new services designed or existing services redesigned, or are in the process of design/redesign at the ward/ unit level? (CON_Ward_Q2.0)		Number of wards/units that obtain feedback from consumers and/or carers on patient information publications	Total number of wards/units	
							18.1	What is the number of wards/units that have consultation strategies and reports that detail active participation and contribution of consumers/carers and the modifications made as a result? (CON_Ward_Q2.1)				
							18.2	What is the number of wards/units that have project plans which include information on how consumers and carers have been involved in the development of the design of redesign projects? (CON_Ward_Q2.1)				
							18.3	What is the number of wards/units that have reports from designers and architects outlining how they have responded to consumer suggestions for improvement? (if applicable) (CON_Ward_Q2.1)				

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences	2.5.1 Consumers and/or carers participate in the design and redesign of health services	Facility		% of wards/ units that obtain feedback from consumers and/or carers on patient information publications	18.4	What is the number of wards/units that have records of focus groups, proposals sent to consumer and carers for comment and other activities focusing on eliciting consumer perspectives?				
					18.5	Collate information on the details of the health services in support of above (CON_Ward_Q2.2)				
2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships	2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	Facility	Identify if the facility has policies, procedures and/ or protocols related to ongoing training resources to clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care	Evidence that the facility has policies, procedures and/ or protocols related to ongoing training resources to clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care	13	Is there evidence that the facility (or at service level) has policies, procedures and/or protocols related to ongoing training resources for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	Yes; No			
					13.1	If 'Yes', is there evidence that:	Yes; No			
						> they specify the types of training and resources to be provided?	Yes; No			
						> they specify the key content areas that the training and resources are to cover?	Yes; No			
						> they specify a training schedule for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	Yes; No			
						> they specify how consumers and/or cares are involved in training the clinical workforce?	Yes; No			
						> they specify how consumers and/or carers are involved in the development of training content and material	Yes; No			
						> they define the audit process to be undertaken to assess against the policies?	Yes; No			
						> they reference the consultation processes or collaborative group/s involved in their development?	Yes; No			
					> they detail the date they became effective?	Yes; No				
> the workforce know the documents exist, can access them and know and use the contents?	Yes; No									
13.2	Outline details of the documents, where kept, review date/s and 'owner'	Text								

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships	2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	Facility	Identify if the facility provides training on patient-centred care and the engagement of individuals in their care, and if clinical leaders, senior managers and the workforce access this training	Evidence that the facility provides training on patient-centred care and the engagement of individuals in their care, and if clinical leaders, senior managers and the workforce access this training	14	Is there evidence that the facility (or at service level) provides ongoing training for clinical leaders, senior managers and the workforce on patient-centred care and the engagement of individuals in their care?	Yes; No			
					14.1	If 'Yes', is there evidence that: > the training curricula, resources or materials include sections on consumer centred care, partnerships and consumer perspectives?	Yes; No			
						> consumers and/or cares were involved in the development of training content and material?	Yes; No			
						> consumers and/or cares were involved in training the clinical workforce?	Yes; No			
						> staff participation in the training is recorded?	Yes; No			
						> staff feedback about the quality of the training/ resources is sought?	Yes; No			
					> the training program / resources are regularly reviewed and improved, incorporating staff feedback?	Yes; No				
	14.2	Outline details of the training courses and other resources provided, review date/s and the 'owner'	Text							
2.6.2 Consumers and/or carers are involved in training the clinical workforce	Facility	As per 2.6.1								

**Criteria – Consumer partnership in service measurement and evaluation**

Rationale – Consumers and/or carers receive information on the health service organisation’s performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.7 Informing consumers and/or carers about the organisation’s safety and quality performance in a format that can be understood and interpreted independently	2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation’s safety and quality performance	Facility	Identify if the facility provides community and consumers with information that is meaningful and relevant on the organisation’s safety and quality performance	Evidence that the facility provides community and consumers with information that is meaningful and relevant on the organisation’s safety and quality performance	15	Is there evidence that the facility (or at service level) informs the community and consumers about the facility’s safety and quality performance?	Yes; No			
					15.1	If ‘Yes’, is there evidence that: > of the mechanisms by which this is done (eg annual report, newsletter, newspaper articles, radio items, website, other local media community consultation and feedback sessions etc)?	Open response			
						> that the facility seeks feedback from the community and consumers about the facility’s safety and quality performance?	Yes; No			
						If ‘Yes’: > specify the mechanisms by which this is done (eg surveys, complaints information, feedback box, consumers on committees)	Open response			
						> that the facility seeks feedback from consumers, carers and community about information, presentation and dissemination?	Yes; No			
					If ‘Yes’: > is the presentation and dissemination of information regularly reviewed and improved, incorporating feedback from consumers, cares and community?	Yes; No				
2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans	2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance	Facility	As per 2.1.1 and 2.2.2							



This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans	2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements	Facility	Identify if the facility engages consumers and/or carers in the planning and implementation of quality improvements	Evidence that the facility engages consumers and/or carers in the planning and implementation of quality improvements	16	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the facility level?	Yes; No			
					16.1	If yes, is there evidence of:	Yes; No			
						> project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and/or carer involvement?	Yes; No			
						> quality improvement plans that have involved the consumer and/or the carer?	Yes; No			
						> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and/or cares in quality improvement activities?	Yes; No			
					> consumer and care feedback on their involvement in quality improvement activities?	Yes; No				
					16.2	Provide details of the quality improvement projects that have been implemented and where:	Text			
		> for any of the quality improvement projects above, were any implemented in response to patient feedback data? If so, provide details.	Text							
		Ward	Identify if the ward/ unit engages consumers and/or carers in the planning and implementation of quality improvements	Evidence that the ward/ unit engages consumers and/or carers in the planning and implementation of quality improvements	3	Is there evidence that consumers are actively involved in the planning and implementation of quality improvements at the ward/unit level?	Yes; No			
					If 'Yes', is there evidence of:	Yes; No				
						> project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and/or carer involvement?	Yes; No			
						> quality improvement plans that have involved the consumer and/or the carer?	Yes; No			
						> agenda items, minutes and other records of meetings that demonstrate involvement of consumers and/or cares in quality improvement activities?	Yes; No			
> consumer and care feedback on their involvement in quality improvement activities?	Yes; No									
> outcome reports of quality improvement activities/project?	Yes; No									
> quality improvements that were implemented in response to patient feedback data?	Yes; No									

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator		Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans	2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements	Facility		% of wards/units that engage consumers and/or carers in the planning and implementation of quality improvements	19	What is the number of wards/units where consumers are actively involved in the planning and implementation of quality improvements at the ward/unit level? (CON_Ward_Q3.0)		Number of wards/units that engage consumers and/or carers in the planning and implementation of quality improvements	Total number of wards/units audited	
					19.1	What is the number of wards/units that have project plans, consultation plans, communication plans or reports on quality improvement activities which detail consumer and/or carer involvement (CON_Ward_Q3.1)				
					19.2	What is the number of wards/units that have quality improvement plans that have involved the consumer and/or carer? (CON_Ward_Q3.1)				
					19.3	What is the number of wards/units that have agenda items, minutes and other records of meetings that demonstrate involvement of consumers and/or carers in quality improvement activities? (CON_Ward_Q3.1)				
					19.4	What is the number of wards/units that have consumer and/or carer feedback on their involvement in quality improvement activities? (CON_Ward_Q3.1)				
					19.5	Collate information on the details of the quality improvement projects that have been implemented and where. In addition state whether any were implemented in response to patient feedback data? (CON_Ward_Q3.2)				

This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
2.9 Consumers and/or carers participating in the evaluation of patient feedback data and development of action plans	2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data	Facility	As per 2.1.1, 2.2.2 and 2.8.2						
	2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data	Facility	As per 2.1.1, 2.2.2 and 2.8.2						

For more information

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