

Consumer Partnership Framework

OCTOBER 2019



Background

Mallee Track Health and Community Service (MTHCS) is a regional Multi-Purpose Service (MPS) that is committed to delivering safe, high quality person-centred services that support active partnerships with consumers, carers and the community. MTHCS believes that consumers, carers and the community have a significant contribution to make, not only by providing feedback on service delivery and areas for improvements, but also in terms of contributing to the strategic planning of services and in creating an environment where all are able to access services equitably and easily.

These groups also offer a valuable vehicle for educating and informing the broader community about health issues based on their experiences. Health Care, Aged Care and Early Childhood Education and Care services are all about the consumer and effective partnerships lead to better outcomes.

In 2012 MTHCS developed a Consumer Participation Plan following the introduction of the National Safety and Quality in Healthcare Standards. This documented strategies for the full implementation of Standard 2 - Partnering with Consumers and evolved to become the MTHCS Consumer Participation Framework in 2016. MTHCS undertakes annual reviews through internal audit against both versions of the National Standards.

“Effective partnerships exist when consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose.” (ASQHC NSQHS Standards 2017).

In August 2019 MTHCS undertook a major review of its Consumer Participation Framework. The review considered the strengths and weaknesses of the MPS model, MTHCS governance structures and processes and the place-based approach to forming partnerships with consumers. The review considered:

- The MTHCS strategic plan 2018 – 2023
- The Safer Care Victoria paper on delivering high quality healthcare published in June 2017
- The MTHCS Clinical Governance review completed by Dr. Liz Mullins in August 2018
- One size does not fit all: Meeting the Health Care needs of Diverse populations – NSQHS website
- The Commonwealth Aged Care Quality Standards
- The National Safety and Quality Health Service Standard 2 – Partnering with Consumers
- Benchmarking against similar-sized MPS facilities achieving NSQHS ‘met’ rating for Partnering with Consumers
- The MTHCS Vision, Mission, Philosophy and Organisational Values

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- The review of the MTHCS Consumer Participation Framework and MTHCS Consumer Participation Policy
- Services provided by MTHCS
- Feedback from external accreditation processes
- Advancing Country Towns Resilient Services Project, Mallee Track Volunteer Services Review, February 2014 ¹
- Organisational training to support Standard 2 of the NSQHS
- Orientation processes for staff and volunteers joining the organisation
- The level of health literacy within the organisation
- Feedback from consultation with consumers and how this information is used to improve services offered or developed at MTHCS
- Identifying ‘critical friends’ already involved with MTHCS and considering opportunities to expand this list
- Identifying barriers to consumer participation and how to reduce these barriers
- Recognising the diversity of needs and opinions of consumers and carers and using creative strategies to maintain effective consumer partnerships
- Continued promotion of valued consumer participation is at MTHCS.

In response to the review, the MTHCS Community Participation Framework has been recast, renamed and now incorporates the Consumer Participation Policy to better capture more contemporary practice and highlight the importance MTHCS places on consumers partnering in decision-making about their healthcare.

The **Consumer Partnership Framework** documents the implementation, evaluation and continuance of strategies for partnering with our consumers, carers and the community to continually improve our service and promote organisational inclusion and excellence in integrated service delivery. It provides one, easy point of reference for inquiries about Consumer Partnership and how to become involved with MTHCS.

Our organisational values

As part of our organisational design work which commenced in 2019, we worked with staff in the organisation to define the values which form the cornerstone of our work as a health service.

After significant consultation, the values that we adopted were:

- Accountability – We define our expectations and are accountable for our actions
- Excellence – We set high standards and continually strive to improve on them

¹ <http://www.locallogicplace.com.au/images/downloads/Mallee-Track-Vol-Svces-Review-FINAL-REPORT-V5.pdf>

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- Compassion - We treat everyone with care, respect and dignity
- Teamwork – We work collaboratively and in the spirit of partnership
- Integrity – We endeavor to do the right thing in all circumstances, even if no-one is watching
- Transparency – We are open and honest and embrace positive change

These values have underpinned the review of the Consumer Partnership Framework.

Review outcomes

Our vision is “Leading our communities to excellence through integrated health and community services”. We have identified that to do this well we need to continue to embed consumer, carer and community participation and develop partnerships in every part of our service delivery. This includes involving clients in planning and deciding about their own health service. It also means involving community members and people who use our service in all aspects of service planning, delivery and continuous evaluation of care and services.

Through our review process we acknowledged that volunteer fatigue is reported within our region and consideration has been taken to build an appropriate framework to document a continuum of participation appropriate to our catchment areas. At MTHCS we have chosen to not progress with a single stand-alone Consumer Advisory Committee but instead to employ a broad range of strategies for connecting with consumers from a diverse range of backgrounds and experience. This ‘pop-up consumer advisory committees’ approach, is based on the micro-volunteering model detailed in research outlined in the Advancing Country Towns Resilient Services Project.

The ongoing evaluation and quality improvement process identified the organisational need to further focus our efforts on documenting all feedback as we receive it, so that it may be considered for continuous improvement. In response, MTHCS introduced an Improvement System during April 2016 to formally register any opportunities for improvement.

As a result of the clinical governance review which was undertaken by Dr. Liz Mullins, in late 2018 we set about separating complaints from compliments and feedback. Additionally, we introduced the role of the consumer advocate. This has resulted in ensuring that complaints are directly overseen by the CEO and that complaints are not closed out until the ‘root cause’ of the systemic issues associated with the complaint are addressed. Reporting of complaints is now summarised according to themes which give better insight into the consumer, carer and community concern.

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A challenge that MTHCS faces is the need to acknowledge the diversity of our communities. Although our communities are predominately Anglo-Celtic and the numbers of ATSI, CALD, and LGBTIQ clients are very small, a significant proportion is affected by socio-economic disadvantage. This is a key issue where the dominant narrative of resilience and proud independence often disenfranchises those more vulnerable which can lead to a “deserving poor” versus “non-deserving poor” dynamic.

Consumer Partnership will be embedded into all levels, services and programs of MTHCS to promote improved healthcare outcomes:

- Our Prompt electronic manual system will automatically flag review of this Framework.
- Involving consumers in the development and review of MTHCS documentation.
- Our accreditation systems.
- Consumer Partnership is a standing agenda item in the Agenda Minutes template for all staff meetings and monthly Quality Systems report to the Quality, Safety and Risk Committee. This is further reported up to Governance levels through the Directorate Meeting. Information from the QSR meeting is forwarded to Service Area Meetings throughout the organisation
- Pin board education is provided MTHCS staff on the NSQHS Standard 2 - Partnering with Consumers
- On Line eLearning is completed by MTHCS staff on the NSQHS Standard 2 at service commencement
- Consumer Partnership Framework is included in the Orientation process for MTHCS staff.
- Communicating information to consumers aimed at providing equitable access to services through culturally safe, respectful, inclusive, and gender-neutral language.
- Recognising, respecting and supporting unique identity.
- Supporting consumer choice, decision-making and dignity of risk.
- Communicating healthcare rights to our consumers.

Australian Charter of Healthcare Rights at:

<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights>

Charter of Aged Care Rights at:

<https://www.agedcarequality.gov.au/consumers/consumer-rights>

Future actions planned to support strengthening systems around consumer input and partnerships include:

- Implementation of the Aged Care Quality Standards with a particular focus on person-centred care
- Development of a Clinical Governance Framework
- Review of client satisfaction and client feedback survey questions
- Review of organisational health literacy
- Education for managers on dealing with complaint

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Roles and responsibilities in relation to consumer partnership

The Board of Directors provides leadership by establishing safety and quality systems including the mission, strategic direction and objectives, goals, risk management systems, and policy parameters.

Managers are responsible for the education of staff and resource utilisation to implement the policy / vision for consumer participation and reporting on progress and achievements.

Education and training is provided to staff to support understanding and awareness of the value of partnerships with consumers.

Staff facilitate the processes for participation.

Direct benefits to consumers and service providers

MTHCS recognises the importance of involving consumers in their own care and providing clear communication to patients. It aims to provide direct benefits and mutually beneficial outcomes.

- Consumer involvement is strongly associated with good outcomes for primary health services.
- It increases the level of satisfaction with services.
- It builds an environment where individuals are more likely to take responsibility for their own health.
- It helps make service planning decisions that reflect the needs and wishes of the community.
- It increases the sense of ownership of services.
- Direct participation is more efficient and effective as a means of providing understanding about local needs and issues than indirect or secondary sources.
- Consumer Partnership improves service quality, particularly in regard to access and service responsiveness.
- It helps to market the service.
- It helps to attract people interested in working with and supporting services.
- It injects innovation and creativity into service planning and delivery.
- It increases the level of social capital in the community.

Identifying our critical friends

As a multi-purpose service we have identified the strength in identifying our 'critical friends'. We acknowledge all of the stakeholders of MTHCS who participate in regularly monitoring and evaluating our information and systems to ensure they are working effectively and that improvements are made.

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MTHCS feedback and consumer input systems include:

- Volunteer community members on the QSR Board of Directors subcommittee
- Complaints system utilising a Consumer Advocate to facilitate and respond to consumer complaints
- Community engagement and consultation in strategic and service planning processes
- Program evaluations and satisfaction surveys where consumers are actively invited to provide feedback on their experience of care
- Consumer (Person) Centred Care – clinical needs, goals and preferences of consumers are recorded in consumers’ care plans reviewed regularly and consumers invited to provide feedback on their experiences
- Internal focus groups are held when we require specific feedback on a quality or safety issue
- Externally driven focus groups i.e. RFDS Services, MPS review, rebranding, feedback on Quality Account
- Early Years Manager attends Parent Advisory Group meetings opportunity to gain feedback on early years quality of care and education
- Parent Information provided at childcare services
- Aged Care Resident and Family meetings
- Carer’s Support meetings – provide input on service gaps and quality of community-based care
- Volunteer Appreciation and education events where we thank volunteers and ask them for feedback
- Medication Advisory Committee meetings
- Community targeted meetings and information sessions
- Consumer review of documentation and patient information publications – testing our health literacy
- Annual Quality Account which includes a tear off and return page as a specific mechanism for consumer feedback
- CEO oversight of complaints portfolio to support continuous improvement and to ensure systemic changes are implemented as a result of feedback received.

Our community involvement

MTHCS has an integrated mix of place-based services funded through a variety of funding streams. MTHCS communicates information on services, and service issues and improvements through a number of sources including:

- Newspaper articles and localised press/media releases on items of community interest
- Regular community advertorials
- Early Years newsletter and Facebook posts
- MTHCS Website

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- MTHCS Facebook interactions
- Service area information booklets, brochures and fact sheets
- Education pin boards / information displays
- Community events including health, service and youth events.

MTHCS participates in a number of community-driven committees:

- Invitation and presentation at community development groups such as Ouyen Incorporated, Advance Sea Lake and Murrayville Incorporated, Underbool Progress association
- Men’s and Ladies Hospital Auxiliaries at Ouyen and Sea Lake
- MTHCS Community Focus Group
- Debutante Ball Committees at Ouyen and Sea Lake
- Farm Safety Committee
- Farmer’s Festival Committee
- Sea Lake Community Advisory Committee.

MTHCS maintains a strong working relationship with schools in our catchment. The student representative bodies are consulted regarding development of youth activities and health service involvement in transition to school programs within our early year’s services.

Like many other rural communities, staff of our health service are frequently service users and consumers. This means that our staff are also well placed as professionals to provide well-informed input into the methodology of service delivery.

MTHCS is committed to improving and extending consumer and community partnership opportunities in service planning, development, implementation and evaluation across all sites and multiple service-delivery areas.

Considering volunteer fatigue

The Advancing Country Towns Resilient Services Project, Mallee Track Volunteer Services Review from February 2014 was a useful tool during our evaluation and framework building process. Volunteer fatigue has been identified from information taken directly from this report:

Census data confirmed that people in towns and communities along the Mallee Track are already working longer hours than the state and national average and volunteer at twice the rate:

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- Between 53-60% of the working population worked more than 40 hrs/wk compared to only 44.9% of the Victorian population and 45.3% of the national population. The longest hours were in Murrayville (ABS 2011 Census)
- Between 37-48% of the Mallee Track population volunteer 'through an organisation or group' compared to an average of almost 18% at the state and national levels. (ABS 2011 Census)

The Primary Health Network is also developing Consumer Advisory Councils. MTHCS will strive to monitor progress with these other structures to reduce the demands on our volunteers given our rural/small health service status.

MTHCS also will employ consumer participation strategies which minimise the pressure from volunteer fatigue.

Commitment to ongoing evaluation and promoting an organisational culture of consumer partnership

MTHCS is committed to creating a health service that is responsive to consumer, carer and community input and needs. We recognise and value these effective partnerships in contributing to quality, person-centred care and continuous improvement within our organisation.

An ongoing evaluation of our systems for partnering with consumers will ensure this partnership reflects our organisational context.

Definitions

We acknowledge the Australian Commission on Safety and Quality in Healthcare where these definitions have been translated to this framework:

Clinical Governance - an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to delivery safe and high-quality health care.

Consumer - a person who has used, or may potentially use health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

Carers are those who have an active role in caring for the consumer of a health service, and may or may not include family members.

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Community refers to people who may not be consumers of health services, but have an interest in health services or the health system as taxpayers and citizens.

Consumer Participation / Partnership - the process of involving health consumers and the community in decision-making about their own health care, health service planning, policy development, setting priorities and quality issues in the delivery of services. Partnerships are necessary at all levels to ensure that MTHCS is responsive to patient and consumer input and needs. MTHCS acknowledges three key levels at which partnerships are needed:

1. At the level of the individual;
2. At the level of a service, department or program of care; and
3. At the level of the health service.

Principles:

- Shared decision-making and planning of care.
- All people have the right to participate in debate and decision making about decisions that affect their daily lives and about their own care.
- Community/consumer participation processes and strategies are part of the core business of our service, not optional extras.
- The community is diverse, so our service is committed to policies and processes that are inclusive and recognise and value difference.
- The organisation seeks to know and understand the community by building and maintaining comprehensive knowledge about the local community.
- The organisation actively seeks consumer and community views to inform planning and decision making about services.
- Information is essential to participation, so services provide accessible information to communities about processes and services.

Critical Friends: A small group of consumers, carers, and/or healthcare providers with experience and/or expertise relevant to your healthcare organisation. The group is convened to provide advice and feedback to your healthcare organisation on specific issues, including safety and quality improvement activities.

Health Literacy: 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

The Australian Commission on Safety and Quality in Healthcare separates health literacy into 2 components:

1. **Individual Health Literacy** is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.
2. **The Health Literacy Environment** is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumer's access, understand, appraise and apply health-related information and services.

Person-centred Care - an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients. It is respectful of, and responsive to, the preferences, needs and valued of the patients and consumers.

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