



National Safety and Quality  
Health Service Standards

# **User Guide for Measuring and Evaluating Partnering with Consumers**

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# Introduction

There is good evidence that effective partnerships between health service organisations, healthcare providers, patients, family members, carers and consumers are essential for safety and quality.<sup>1-3</sup> In Australia, consumer partnerships are not new, and the need for partnerships is reflected in national, state and territory policies, as well as in activities and approaches within individual health services.<sup>4-6</sup>

One of the key drivers for safety and quality improvement in Australia are the National Safety and Quality Health Service (NSQHS) Standards.<sup>7</sup> The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

Since 2013, it has been mandatory for all hospitals and day procedure services to be assessed through an independent accreditation process to determine whether they have implemented the NSQHS Standards. From 1 January 2019, health service organisations will be assessed against the second edition of the NSQHS Standards.

There are changes to the Partnering with Consumers Standard in the second edition. Health service organisations are required to take a quality improvement approach to consumer partnerships. This includes<sup>7</sup>:

- Monitoring processes for partnering with consumers
- Implementing strategies to improve processes for partnering with consumers
- Reporting on partnering with consumers.

Although consumer partnerships are becoming more embedded in the health system, measurement and evaluation of these partnerships has often been limited. Some aspects of partnerships are included in commonly used measurement processes such as patient experience surveys. However,

there has not been a systematic approach to measuring and evaluating consumer partnerships in Australia. Monitoring, measuring and evaluating consumer partnerships is vital to ensure that these partnerships achieve their objectives and meet the needs of patients, carers, families, consumers, the workforce and the health service.

The purpose of this user guide is to provide an overview of the key concepts and issues that should be addressed when measuring and evaluating consumer partnerships, and to inform the development of evaluation and monitoring plans for the Partnering with Consumers Standard. The guide is designed to be used with the other guides and workbooks that have been developed for the NSQHS Standards, and provides more specific information about monitoring, measuring and evaluating the Partnering with Consumers Standard. The guide does not provide information about evaluation theory or research methodology.



# Key concepts

Partnering with consumers is a complex area that involves many different concepts and terms. The measurement and evaluation of activities and outcomes in this area is also complex. This section summarises the important concepts and approaches in the areas of consumer partnerships, and measurement, evaluation and data collection.

## Partnering with consumers

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.<sup>8</sup>

There are different types of partnerships within the health system. These different types of partnerships are not mutually exclusive – consumer partnerships at all levels are necessary to ensure that a health service is responsive to consumer input and needs.<sup>1</sup>

At the **level of the individual**, partnerships relate to the interaction between patients and clinicians when care is provided. The purpose of these types of partnerships is to optimise the involvement of patients, carers, families and consumers in their own care to the extent that they wish and are able to, and to enable the achievement of the best possible outcomes and experiences. These types of partnerships involve providing care that is respectful; sharing information in an ongoing way; working with patients, carers, families and consumers to make decisions and plan care; and supporting and encouraging patients in their own care and self-management.

Partnerships can also exist at the level of a service, department or program of care, or a whole health service. The purpose of these types of partnerships is to improve the health service, experiences and outcomes for patients, carers, families, consumers and the workforce. This is done by drawing on the knowledge, skills and experiences of people who are using the health service, have used it in the past or may use it in the future, or who have wider experiences as consumers or citizens.

Partnerships at the **level of a service, department or program of care** relate to the organisation and delivery of care within specific areas. This involves the participation of patients, carers, families and consumers in the overall design of the service, department or program. This could be as full members of quality improvement and redesign teams, and could include participating in planning, implementing and evaluating change.

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

The evidence base about consumer partnerships is building, but there is not yet an agreed best-practice approach. The activities that different health service organisations undertake to partner with consumers will vary according to the characteristics and circumstances of the health service organisation. Issues that should be considered in this process include the size and role of the health service organisation, whether it is public or private, whether there is an identified community that is served, and whether there are any requirements or initiatives in the state or territory where the health service organisation is located.

Information about strategies that can be used for consumer partnerships can be found in the [resources for the NSQHS Standards](#). There are resources for different settings (hospitals, small facilities and day procedure services) that contain references to a wide range of national and international initiatives and ideas.



## Measurement and evaluation

Measurement and evaluation are essential for effective implementation. Evaluation of new programs, processes and systems is important to establish their efficacy and to determine whether changes are needed to optimise performance. Ongoing monitoring of existing systems is also necessary to track changes over time and ensure that systems are operating effectively. Evidence of effective processes, programs and systems is often required to demonstrate quality and effectiveness to internal and external stakeholders.

Measurement and evaluation of consumer partnerships should occur within a wider framework for improvement, and many different and well-established approaches for safety and quality improvement exist. Different states and territories and private hospital groups may have implementation and evaluation systems that influence how consumer partnerships are implemented and evaluated.

It is not the purpose of this document to specify any particular evaluation or improvement framework. Overall, what is important is that health service organisations measure their consumer partnership activities, evaluate the impact of these activities, and consider how the activities could be improved to meet the strategic aims of the organisation. There are many specialist terms used in this area, and the language can be confusing. Of particular importance is the need to:

- Identify whether the **processes** that are needed for effective implementation of consumer partnerships are in place and working  
**Example:** if the health service organisation is introducing a new care planning process that involves patients, carers and families, it is necessary to ensure that the new care plan has been trialled with patients and clinicians and endorsed, that training has been provided to clinicians, and that there are processes to build the new care planning process into day-to-day clinical activity
- Examine the immediate **impact** of consumer partnerships  
**Example:** the impact of introducing a new care plan could be examined by looking at the number of care plans that have been completed with input from patients, carers and families,

and getting feedback from patients, carers, families and clinicians about the process for using the care plan

- Examine the longer-term **outcome** of consumer partnerships  
**Example:** the aim of introducing a new care plan that involves patients, carers and families is to support them to be more involved in their own care, which leads to better health outcomes and experiences; this could be examined by looking at patient survey results and health outcome measures for the patients involved in a trial of the new care plan
- Develop a process for **monitoring** the ongoing performance, impact and outcomes of consumer partnership activities  
**Example:** a regular audit could be introduced to monitor the number of care plans being completed, with input from patients, carers and families to ensure that there is effective consumer involvement in care planning.

## Collecting data about partnering with consumers

Because of the different types of partnerships that exist and the wide range of strategies that can be used to partner with consumers, there are also many ways of collecting data to inform measurement and evaluation processes.

Interpreting information from some of these data sources, and directly linking it to consumer partnerships, can be difficult. Many factors can affect the experiences and outcomes of patients and consumers, including the clinical care that they receive, communication with clinicians and other members of the workforce, and their own personal circumstances. Despite this complexity, it is important to measure the outcomes and experiences of patients and consumers because it is only this information that allows a health service organisation to know whether they are achieving their overall objectives for partnering with consumers.

**Documents** can provide information about the structures put in place to support effective partnerships, as well as the processes for partnering with consumers. Relevant documents might include policies, meeting records, training materials and



project plans. Examples of the type of information that can be gathered from such documents include how patients and consumers are involved in governance processes, details of training provided to the workforce, and policies and processes for supporting the involvement of patients in their own care.

**Audits** can provide information about what is actually being done to partner with consumers. This might include audits of healthcare records to identify whether informed consent or shared decision making has occurred, as well as counting activities such as the number of meetings involving consumers and the number of consumers engaged on committees.

Surveys of **patient experience** are one of the most common ways of capturing the perceptions and experiences of patients, carers and families when they receive health care. One example is the [Australian Hospital Patient Experience Question Set](#), which is a nationally agreed set of indicators developed by the Commission for health service organisations to use when asking consumers what they observed and felt about their care.<sup>9</sup> Surveys can include questions on issues such as communication with clinicians, involvement in decision-making, waiting times and the cleanliness of rooms. The focus on concrete actions and experiences of patients provides information that can be used to improve the way that health care is delivered. Surveys about patient experience are delivered in different ways, including by telephone, by post or by using real-time tools such as tablets. They can be delivered while the patient is receiving health care, at discharge or following discharge. Surveys of patient experience are different to surveys about patient satisfaction, which ask only about how satisfied people are with their care and do not provide any basis for taking action for improvement. State and territory health departments and many private hospital groups conduct patient experience surveys, and information from these surveys is fed back to local health service organisations for action.

**Patient-reported outcome measures (PROMs)** are measures of patients' self-reported health and health-related quality of life. PROM instruments are questionnaires that are filled out by the patient without interpretation by the clinician. They ask the patient to assess aspects of their health such as the severity of their symptoms, daily functioning, distress, quality of life, anxiety, unmet needs and self-efficacy. PROMs can be either generic (measuring aspects of health that are relevant irrespective of the

condition) or condition-specific. PROMs are useful to measure the impact of a treatment or procedure on a person's quality of life and self-reported health (where the measures are taken before and after the intervention), and to measure trends in a person's progress at regular time points (in the case of long-term conditions). PROMs can be used to help identify patient treatment preferences, improve communication with clinicians and providers, and support shared decision making.<sup>10</sup>

**Patient stories** provide another way of examining the impact and outcomes of consumer partnerships. They are qualitative rather than quantitative, and can provide a rich source of information about people's experiences of health care in the context of their life and the health system as a whole that cannot be collected in other ways.<sup>11</sup> Although there can be some resistance to the use of patient stories if they are seen as isolated anecdotes, an increasing number of tools provide a framework for collecting information through patient stories in a robust way.<sup>11-13</sup>

Qualitative information about the experiences of patients, carers, families and consumers can be collected through **focus groups** and **formal semi-structured interviews**, as well as through more informal discussions that can occur in waiting rooms or other locations. Other qualitative information that can be useful to consider when measuring and evaluating consumer partnerships can come from **complaints, incident reports, online feedback portals** and **social media platforms, patient journey mapping, World Café events, and community forums**.

**Feedback from the workforce** can also provide useful information about consumer partnerships. Patient reporting of good experiences in a health service organisation is linked with a strong safety culture and positive experiences for the workforce.<sup>14</sup> Information from the workforce can come from surveys, interviews and focus groups. Workforce feedback can be useful for understanding what activities are being undertaken to partner with consumers, and the impact of those activities on the workforce and longer-term outcomes for the health service.

When collecting data about patient experience, it is important to consider the privacy and confidentiality issues associated with collecting, using and storing these data. Data should be collected in line with relevant privacy and confidentiality legislation, as well as organisational policies and processes.



# Measuring and evaluating consumer partnerships and the NSQHS Standards

The aim of the NSQHS Standards is to protect the public from harm and improve the quality of health service provision. Since January 2013, it has been mandatory for hospitals and day procedure services to be assessed to the NSQHS Standards to be accredited. The Commission has responsibility for updating and maintaining the NSQHS Standards, and released the second edition of the NSQHS Standards in November 2017. Health service organisations will be assessed against the second edition from January 2019.

The first edition of the NSQHS Standards contained a standard about partnering with consumers, and a small number of actions about consumer partnerships were included in the other NSQHS Standards. The second edition has a greater focus on consumer partnerships across the whole set of standards, and also includes a specific requirement to take a quality improvement approach to these activities. This section provides an overview of the requirements for partnering with consumers in the second edition of the NSQHS Standards, and information that can form the basis of an evaluation and monitoring plan for the Partnering with Consumers Standard.

## Requirements for partnering with consumers in the NSQHS Standards

The second edition of the NSQHS Standards has eight standards:

1. Clinical Governance Standard
2. Partnering with Consumers Standard
3. Preventing and Controlling Healthcare-Associated Infection Standard
4. Medication Safety Standard

5. Comprehensive Care Standard
6. Communicating for Safety Standard
7. Blood Management Standard
8. Recognising and Responding to Acute Deterioration Standard.

The intention of the Partnering with Consumers Standard is to create an organisation in which there are mutually beneficial outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.

There are four criteria in the Partnering with Consumers Standard:

- 1. Clinical governance and quality improvement systems to support partnering with consumers**  
Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.
- 2. Partnering with patients in their own care**  
Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.
- 3. Health literacy**  
Health service organisations communicate with patients in a way that supports effective partnerships.
- 4. Partnering with consumers in organisational design and governance**  
Consumers are partners in the design and governance of the organisation.

Each NSQHS Standard includes an action that requires application of quality improvement



systems. For the Partnering with Consumers Standard this is Action 2.2 in the first criterion:

### Action 2.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- a. Monitoring processes for partnering with consumers
- b. Implementing strategies to improve processes for partnering with consumers
- c. Reporting on partnering with consumers

The focus of this document is on Action 2.2a, and relates to measuring, evaluating and monitoring processes for partnering with consumers.

## Strategic approach to partnering with consumers

The Partnering with Consumers Standard sets out the actions that need to be achieved by health service organisations to establish and maintain effective partnerships with consumers. It does not describe how these actions are achieved, because this will vary according to the circumstances of each health service organisation or group of health service organisations. As noted earlier, there are many different strategies and approaches that can be used for consumer partnerships, and therefore many different ways to think about measurement and evaluation. Because of this range and complexity, it is important to focus on the purpose of consumer partnerships as set out in the Partnering with Consumers Standard, and use this to guide measurement and evaluation activities.

Partnering with consumers is part of a wider patient safety measurement framework<sup>15</sup>, and the measurement and evaluation of consumer partnerships should be part of a larger evaluation plan. The following section identifies potential processes, impacts and outcomes that could be the basis of an evaluation plan. It is important to look at how these could be examined in a coordinated way across the Partnering with Consumers Standard and, where relevant, linked in with other NSQHS

Standards. This will reduce the burden of data collection, and provide a more comprehensive and holistic picture of progress of consumer partnerships. (See the Appendix for a list of the actions in the Partnering with Consumers Standard that are relevant for different data collection methods.)

## Measuring and evaluating for the Partnering with Consumers Standard

This section provides information that can be used to develop an evaluation and monitoring plan for the Partnering with Consumers Standard. For each action, examples are provided of processes that need to be in place for the action to be achieved, the impact that these processes should have and the desired longer-term outcomes. These examples can be customised and adapted based on the specific strategies for consumer partnerships, and the evaluation and quality improvement frameworks in place within the health service organisation.

In developing an evaluation plan for partnering with consumers, health service organisations do not need to examine the effectiveness of every process and the impact and outcome of every action described here. It is important to take a strategic approach, and identify the priorities for the health service organisation to focus on in evaluation efforts. It may be that this focus will change over time as new processes are introduced, or if feedback from patients and the workforce indicates that specific attention is needed in some areas.

Information about processes to support consumer partnerships and the immediate impact of consumer partnerships are generally easier to interpret, and more likely to show change in a reasonable time frame. Outcome measures can be influenced by many factors and take a longer time to show change. Nonetheless, it is important to understand the desired outcome for each action in the Partnering with Consumers Standard to know whether the overall intent of the Partnering with Consumers Standard has been achieved.

This section only includes the actions in the Partnering with Consumers Standard. Actions in the other NSQHS Standards also relate to consumer partnerships, and the suggestions in this section can also be applied to them.



## **CRITERION:** Clinical governance and quality improvement systems to support partnering with consumers

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

### Integrating clinical governance

#### **Action 2.1**

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for partnering with consumers
- b. Managing risks associated with partnering with consumers
- c. Identifying training requirements for partnering with consumers

#### **What processes do you need to have in place?**

Achieving this action will require:

- Processes for partnering with consumers that are integrated into organisation-wide clinical governance systems, including policies and procedures, risk management, and provision of appropriate training.

#### **What impact should these processes have?**

These processes should have the following impact:

- Partnering with consumers is considered as part of organisation-wide clinical governance and quality improvement systems.

#### **What outcomes do you want to achieve?**

The desired outcomes of these processes are:

- The health service is responsive to the needs of patients, carers, families and consumers.

#### **How could you measure this?**

Outcomes of these processes can be measured by:

- Review of relevant plans, policies and procedures for the inclusion of concepts and processes related to partnering with consumers.

#### **Comments**

This action sets the requirements for ensuring that consumer partnerships are included in the clinical governance framework of the health service organisation, and that this framework is used for partnering with consumers. The requirements for this action, and the methods used to measure and evaluate it, relate to Actions 1.8, 1.9 and 1.11 in the Clinical Governance Standard.



## Applying quality improvement systems

### Action 2.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- a. Monitoring processes for partnering with consumers
- b. Implementing strategies to improve processes for partnering with consumers
- c. Reporting on partnering with consumers

### Comments

This action is the focus of this user guide. The information in this guide will help health service organisations meet the requirements of Action 2.2 by measuring, monitoring, evaluating and applying a quality improvement framework to consumer partnerships established for the other actions in the Partnering with Consumers Standard.



## **CRITERION:** Partnering with patients in their own care

Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.

## Healthcare rights and informed consent

### **Action 2.3**

The health service organisation uses a charter of rights that is:

- a. Consistent with the Australian Charter of Healthcare Rights<sup>4</sup>
- b. Easily accessible for patients, carers, families and consumers

#### **What processes do you need to have in place?**

Achieving this action will require:

- A charter of healthcare rights that is consistent with the Australian Charter of Healthcare Rights
- Strategies for patients, carers, families and consumers to access the charter at different points throughout their healthcare journey.

#### **What impact should these processes have?**

These processes should have the following impact:

- Patients, carers, families and consumers know about the charter and their healthcare rights
- The workforce know about the charter and what it means for their work.

#### **What outcomes do you want to achieve?**

The desired outcomes of these processes are:

- The rights of patients, carers and families are considered and respected.

#### **How could you measure this?**

Outcomes of these processes can be measured by:

- Audit of printing and distribution of the charter
- Surveys, interviews or discussions with patients, carers, families and consumers about their knowledge of the charter, and whether and how their rights have been respected
- Surveys, interviews or discussions with the workforce about how they use the charter and what it means to their work.

#### **Comments**

The specific rights in the Australian Charter of Healthcare Rights are reflected in other actions in the NSQHS Standards. For example, the evaluation of activities in Actions 2.4 and 2.6 also relates to the outcomes of efforts to promote the charter and ensure that the rights of patients, carers, families and consumers are respected.



## Healthcare rights and informed consent

### Action 2.4

The health service organisation ensures that its informed consent processes comply with legislation and best practice

#### What processes do you need to have in place?

Achieving this action will require:

- Policies and procedures to support appropriate informed consent, including processes to inform patients, determine patient preferences and document consent
- Processes to ensure that the workforce are skilled and knowledgeable in seeking consent, particularly from at-risk populations such as culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, and children.

#### What impact should these processes have?

These processes should have the following impact:

- Informed consent processes comply with legislation and best practice.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients understand their treatment, including risks, benefits and alternatives, and give informed consent to any treatment provided.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit of informed consent documentation in healthcare records
- Observation of informed consent processes
- Surveys, interviews or discussions with patients, carers, families and consumers about their experience of informed consent
- Surveys, interviews or discussions with clinicians about informed consent.

#### Comments

Consumers often report that informed consent processes do not meet their needs. Therefore, it can be useful to include patient experiences when looking at this action.



## Healthcare rights and informed consent

### Action 2.5

The health service organisation has processes to identify:

- a. The capacity of a patient to make decisions about their own care
- b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to identify the capacity of a patient to make decisions about their own care
- Processes to identify substitute decision-makers where necessary.

#### What impact should these processes have?

These processes should have the following impact:

- Clinicians assess the capacity of patients to make decisions about their own care
- Clinicians identify substitute decision-makers when patients do not have the capacity to make decisions about their own care.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients who do not have the capacity to make decisions about their own care have better outcomes and experiences because substitute decision-makers are involved in decision-making and care planning.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit of healthcare records regarding documentation of assessments of capacity and identification of substitute decision-makers
- Observation of admissions processes or clinical interactions where capacity should be assessed
- Surveys, interviews or discussions with substitute decision-makers about how they are involved in care
- Surveys, interviews or discussions with clinicians about assessment of capacity and working with substitute decision-makers.

#### Comments

Measurement and evaluation of strategies associated with this action should link with Action 2.6.



## Sharing decisions and planning care

### Action 2.6

The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to support clinicians to partner with patients and/or their substitute decision-maker to plan care.

#### What impact should these processes have?

These processes should have the following impact:

- Clinicians partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because they are involved in planning, communicating, setting goals and making decisions about their current and future care.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit of healthcare records regarding documentation of the outcomes of care planning and decision-making
- Observation of clinical interactions that relate to care planning and decision-making

- Surveys, interviews or discussions with patients, carers, families and consumers about their experiences of being involved in planning and decision-making, which could include collection of information about patient-reported outcomes
- Survey, interviews or discussions with clinicians about their experiences of planning care and making decisions with patients, carers, families and consumers.

#### Comments

Measurement and evaluation of activities associated with this action should be considered in the context of the Comprehensive Care Standard and the Communicating for Safety Standard.



## Sharing decisions and planning care

### Action 2.7

The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care

#### What processes do you need to have in place?

Achieving this action will require:

- Processes, such as education and training programs, to support the workforce to form partnerships with patients.

#### What impact should these processes have?

These processes should have the following impact:

- The workforce are able to form partnerships with patients and carers so that patients can be actively involved in their own care.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because they are actively involved in their own care.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Records of education and training provided to the workforce, including the kind of training provided and the proportion of the workforce receiving training
- Surveys, interviews or discussions with patients about whether they consider that they are involved in their own care
- Surveys, interviews or discussions with the workforce about their knowledge, skills and confidence in partnering with patients.

#### Comments

This action does not require training for the workforce, although this is often the way that this kind of support is provided. If alternative strategies are used, evaluation and monitoring processes will need to be adapted.



## CRITERION: Health literacy

Health service organisations communicate with consumers in a way that supports effective partnerships.

### Communication that supports effective partnerships

#### Action 2.8

The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to tailor communication mechanisms to address the diversity of consumers who use the organisation's services and, where relevant, the local community.

#### What impact should these processes have?

These processes should have the following impact:

- The health service organisation has communication mechanisms that are appropriate for the diversity of consumers
- The workforce understand the diversity of consumers and are able to communicate appropriately or facilitate appropriate communication.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because communication with the workforce is appropriate for their needs
- Consumers access and use the health service organisation appropriately because they have information that is appropriate for their needs.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Review of plans, policies and procedures regarding specific communication mechanisms, in the context of the diversity of consumers
- Audit of specific communication mechanisms, such as use of interpreters, and the provision of information in languages other than English
- Surveys, interviews or discussions with patients, carers, families and consumers about communication from the health service organisation
- Community survey about communication from the health service organisation.

#### Comments

Strategies to address this action are based on having an understanding of the diversity of consumers who use the health service organisation's services (Action 1.15).



## Communication that supports effective partnerships

### Action 2.9

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to involve consumers in the development and review of patient information developed within the health service organisation.

#### What impact should these processes have?

These processes should have the following impact:

- Patient information developed within the health service organisation is fit for purpose, uses plain language, and meets the needs of the patients, carers, families and consumers to whom it is targeted.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because they receive information developed within the health service organisation that meets their needs.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit and review of the involvement of consumers in the development and review of patient information
- Surveys, interviews or discussions with patients, carers, families and consumers about whether patient information developed within the health service organisation meets their needs.

#### Comments

This action is based on Actions 2.4.1 and 2.4.2 in the first edition of the NSQHS Standards.



## Communication that supports effective partnerships

### Action 2.10

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

- a. Information is provided in a way that meets the needs of patients, carers, families and consumers
- b. Information provided is easy to understand and use
- c. The clinical needs of patients are addressed while they are in the health service organisation
- d. Information needs for ongoing care are provided on discharge

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to support clinicians to communicate effectively with patients, carers, families and consumers
- Processes to ensure that information is provided to patients, carers, families and consumers in a way that meets their clinical and other needs
- Processes to ensure that information provided to patients, carers, families and consumers is easy to understand and use
- Processes to ensure that the workforce can easily access plain language consumer health information.

#### What impact should these processes have?

These processes should have the following impact:

- Patients, carers, families and consumers receive information they need in a way that is easy to understand and use
- Clinicians communicate effectively with patients, carers, families and consumers.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because communication with clinicians is appropriate for their clinical and other needs.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit of the quality of health information provided to patients, carers, families and consumers
- Observation of communication processes
- Surveys, interviews or discussions with patients, carers, families and consumers about their experiences of communication and information provided by the health service organisation
- Surveys, interviews or discussions with clinicians about their knowledge, skills and confidence to communicate effectively.

#### Comments

Assessment of whether the information provided to patients, carers, families and consumers is easy to understand and use can also be informed by using online readability tools such as the Flesch–Kincaid Readability Test.

Measurement and evaluation of activities associated with this action should be considered in the context of Actions 2.8 and 2.9, and the Communicating for Safety Standard.



## **CRITERION:** Partnering with consumers in organisational design and governance

Consumers are partners in the design and governance of the organisation.

### Partnerships in healthcare governance planning, design, measurement and evaluation

#### **Action 2.11**

The health service organisation:

- a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care
- b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community

#### **What processes do you need to have in place?**

Achieving this action will require:

- Processes to involve consumers in organisational design and governance that involve a variety of methods and approaches
- Processes to ensure that consumers involved in these partnerships reflect the diversity of consumers.

#### **What impact should these processes have?**

These processes should have the following impact:

- Consumers are involved in the design and governance of the health service
- These consumers reflect the diversity of consumers who use the service or, where relevant, the local community.

#### **What outcomes do you want to achieve?**

The desired outcomes of these processes are:

- The health service organisation is responsive to the needs of patients, carers, families and consumers.

#### **How could you measure this?**

Outcomes of these processes can be measured by:

- Review of relevant documents regarding the involvement of consumers in organisational design and governance, such as terms of reference, meeting records and consultation processes

- Surveys, interviews or discussions with consumers about their experience of being involved in organisational design and governance
- Surveys, interviews or discussions with the workforce about the involvement of consumers in organisational design and governance.

#### **Comments**

How consumers are involved in organisational design and governance will vary considerably according to the context of the health service organisation. Therefore, the measures that are used for this action will need to be customised to reflect specific local circumstances. Areas where consumers can be involved in partnerships include governance and strategic leadership, safety and quality activities, and performance and skills management.

Measurement of this action could also look at the impact and outcomes of specific projects that consumers are involved in.

Strategies to address this action are based on having an understanding of the diversity of consumers who use the health service organisation's services (Action 1.15).



## Partnerships in healthcare governance, planning, design, measurement and evaluation

### Action 2.12

The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to provide orientation, support and education to consumers who are involved in partnerships in organisational design and governance.

#### What impact should these processes have?

These processes should have the following impact:

- Consumers understand the health service and their role in partnering in organisational design and governance.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- The health service organisation is responsive to the needs of patients, carers, families and consumers.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Audit of training records or other mechanisms for providing support to consumers
- Surveys, interviews or discussions with consumers who are involved in partnerships in organisational design and governance about the effectiveness of orientation, support and education
- Surveys, interviews or discussions with the workforce about the provision of orientation, support and education to consumers involved in partnerships in organisational design and governance.

#### Comments

Support provided to consumers will vary considerably according to the context of the health service organisation. Therefore, the measures that are used for this action will need to be customised to reflect specific local circumstances.



## Partnerships in healthcare governance planning, design, measurement and evaluation

### Action 2.13

The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

#### What processes do you need to have in place?

Achieving this action will require:

- Plans, policies and procedures to establish and sustain partnerships between the health service organisation and Aboriginal and Torres Strait Islander communities.

#### What impact should these processes have?

These processes should have the following impact:

- The health service organisation has established partnerships with Aboriginal and Torres Strait Islander people, communities and community controlled health organisations, and through these partnerships have identified and taken action to address the healthcare needs of people in these communities.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Aboriginal and Torres Strait Islander people trust that the health service organisation will treat them with respect and that they will receive equitable access to safe and high-quality care that meets their needs.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Review progress on plans, policies and procedures to establish partnerships between the health service organisation and Aboriginal and Torres Strait Islander people, communities and community controlled health organisations
- Review formal agreements, memorandums of understanding or other mechanisms to formalise partnership arrangements

- Surveys, focus groups or interviews with members of Aboriginal and Torres Strait Islander communities about their involvement and needs, and the impact of action from the health service organisation
- Surveys of the workforce involved in partnerships with Aboriginal and Torres Strait Islander communities about their experiences, opportunities for improvement and the outcomes of partnerships.

#### Comments

Consumer partnerships to meet this action are likely to involve external community-based Aboriginal and Torres Strait Islander organisations. These organisations will need to be involved in measurement and evaluation processes for this action.

Further information is available in *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*.



## Partnerships in healthcare governance planning, design, measurement and evaluation

### Action 2.14

The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

#### What processes do you need to have in place?

Achieving this action will require:

- Processes to incorporate the views and experiences of consumers into training and education for the workforce.

#### What impact should these processes have?

These processes should have the following impact:

- The workforce understand the views and experiences of consumers.

#### What outcomes do you want to achieve?

The desired outcomes of these processes are:

- Patients have better outcomes and experiences because the workforce understand the experience of health care from the perspective of patients, carers, families and consumers
- The health service organisation is responsive to the needs of patients, carers, families and consumers because the workforce understand the value that consumers can bring to organisational design and governance.

#### How could you measure this?

Outcomes of these processes can be measured by:

- Review of training and education material and training records
- Surveys, interviews or discussions with the workforce about their understanding of consumer views and experiences of health care, including their knowledge, skills and confidence in partnering with patients, carers, families and consumers.

#### Comments

Although strategies for this action may be based on directly involving consumers when training is delivered, other approaches are also possible. If alternative approaches are used, the evaluation and monitoring processes will need to be adapted.



# Appendix

Many of the data collection methods suggested in this document can be used to inform the measurement and evaluation of more than one action in the Partnering with Consumers Standard. Collecting information about multiple actions at the same time will streamline processes and reduce the burden on the workforce, patients and consumers.

This approach will also support a more holistic view of the success of the health service organisation in meeting the requirements of the Partnering with Consumers Standard.

Actions in the Partnering with Consumers Standard that are relevant for each proposed data collection method are listed below.

Data collection method	Action
Review of documentation	2.1, 2.7, 2.8, 2.11, 2.13, 2.14
Audit	2.3, 2.4, 2.5, 2.6, 2.8, 2.9, 2.10, 2.12
Observation	2.4, 2.5, 2.6, 2.10
Surveys, interviews or discussions with patients, carers, families or consumers, including patient stories, focus groups, patient journey mapping and community forums	2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13
Surveys, interviews or discussions with the workforce	2.3, 2.4, 2.5, 2.6, 2.7, 2.10, 2.11, 2.12, 2.13, 2.14
Community survey	2.8, 2.13



# Glossary

If appropriate, glossary definitions from external sources have been adapted to fit the context of the NSQHS Standards.

**audit (clinical):** a systematic review of clinical care against a predetermined set of criteria.<sup>16</sup>

**Australian Charter of Healthcare Rights:** specifies the key rights of patients when seeking or receiving healthcare services. It was endorsed by health ministers in 2008.<sup>4</sup>

**best practice:** when the diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients.

**carer:** a person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program.<sup>17</sup>

**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 deliver safe and high-quality health care.

**clinician:** a healthcare provider, trained as a health professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.

**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.<sup>18</sup>

**decision support tools:** tools that can help clinicians and consumers to draw on available evidence when making clinical decisions. The tools have a number of formats. Some are explicitly designed to enable shared decision making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about health decisions (for example, communication frameworks, question prompt lists).<sup>19</sup> *See also* shared decision making

**diversity:** the varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

**governance:** the set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including patients and consumers). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In the NSQHS Standards, governance includes both corporate and clinical governance.



**health care:** the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals.<sup>20</sup>

**health literacy:** the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment.

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.

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 consumers access, understand, appraise and apply health-related information and services.<sup>21</sup>

**health service organisation:** a separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a group of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

**informed consent:** a process of communication between a patient and clinician about options for treatment, care processes or potential outcomes. This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care.<sup>22</sup> The communication should ensure that the patient has an understanding of the care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.<sup>23</sup>

**local community:** the people living in a defined geographic region or from a specific group who receive services from a health service organisation.

**orientation:** a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers

the policies, processes and procedures applicable to the organisation.

**partnership:** a situation that develops when patients and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in a health service organisation, including at the level of individual interactions; at the level of a service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the health service organisation is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the health service organisation.

**patient:** a person who is receiving care in a health service organisation.

**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.<sup>24</sup> Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.<sup>1</sup> Also known as patient-centred care or consumer-centred care.

**policy:** a set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

**procedure:** the set of instructions to make policies and protocols operational, which are specific to an organisation.

**process:** a series of actions or steps taken to achieve a particular goal.<sup>25</sup>

**program:** an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

**protocol:** an established set of rules used to complete tasks or a set of tasks.



**quality improvement:** the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.<sup>26</sup> Quality improvement activities may be undertaken in sequence, intermittently or continually.

**shared decision making:** a consultation process in which a clinician and a patient jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the patient’s values, preferences and circumstances.<sup>19</sup>

**substitute decision-maker:** a person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a patient whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the patient, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory.<sup>27</sup>

**system:** the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal.

A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.

**training:** the development of knowledge and skills.

**workforce:** all people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation. *See also* clinician



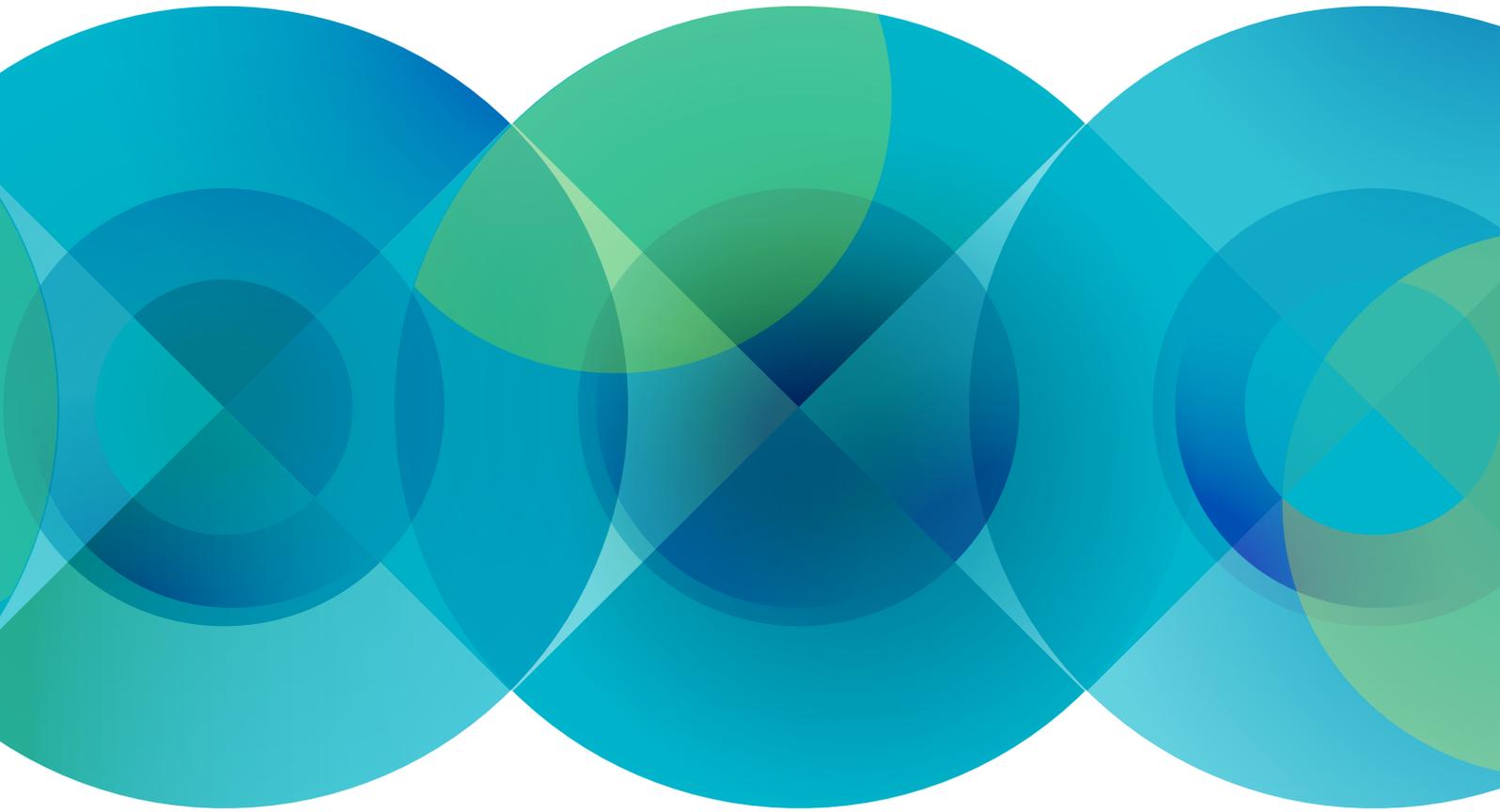
# References

1. Australian Commission on Safety and Quality in Health Care. Patient-centred care: improving quality and safety through partnerships with patients and consumers. Sydney: ACSQHC; 2011.
2. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;3(1):e001570.
3. Rathert C, Wyrwich MD, Boren SA. Patient-centered care and outcomes: a systematic review of the literature. *Med Care Res Rev* 2012;70(4):351–79.
4. Australian Commission on Safety and Quality in Health Care. Australian Charter of Healthcare Rights. Sydney: ACSQHC; 2008.
5. Australian Commission on Safety and Quality in Health Care. Partnering with consumers: action guide. Sydney: ACSQHC; 2012.
6. Australian Commission on Safety and Quality in Health Care. Australian Safety and Quality Framework for Health Care. Sydney: ACSQHC; 2010.
7. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.
8. Institute for Patient- and Family-Centered Care (US). Advancing the practice of patient- and family-centered care in primary care and other ambulatory settings: how to get started. Bethesda (MD): IPFCC; 2008.
9. Australian Commission on Safety and Quality in Health Care. Australian Hospital Patient Experience Question Set (AHPEQS). Sydney: ACSQHC; 2018 [cited 2018 Mar 21].
10. Thompson C, Sansoni J, Morris D, Capell J, Williams K. Patient-reported outcome measures: an environmental scan of the Australian healthcare sector. Sydney: Australian Commission on Safety and Quality in Health Care; 2016.
11. Consumers Health Forum of Australia. The Real People Real Data toolkit. Canberra: CHF; 2017 [cited 2018 Mar 21].
12. WA Department of Health. A toolkit for collecting and using patient stories for service improvement in WA Health. Perth: WA Department of Health; 2008.
13. NSW Agency for Clinical Innovation. Collecting patient and carer stories: a guide for frontline health service staff who wish to understand and improve patient and carer experience. Sydney: ACI; 2014.
14. Raleigh VS, Hussey D, Secombe I, Qi R. Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. *Qual Saf Health Care* 2009;18(5):347–54.
15. Wakefield JG, Jorm CM. Patient safety – a balanced measurement framework. *Aust Health Rev* 2009;33(3):382–9.
16. Australian Commission on Safety and Quality in Health Care. Safety and quality improvement guide – Standard 6: clinical handover. Sydney: ACSQHC; 2012.
17. Australian Government. *Carer Recognition Act 2010* (No. 123). Canberra: Australian Government; 2010.
18. Consumers Health Forum of Australia. About consumer representation. Canberra: CHF; 2017 [cited 2018 Mar 21].
19. Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: what do clinicians need to know and why should they bother? *Med J Aust* 2014;201(1):35–9.
20. Australian Commission on Safety and Quality in Health Care. Australian Open Disclosure Framework. Sydney: ACSQHC; 2013.
21. Australian Commission on Safety and Quality in Health Care. Health literacy: taking action to improve safety and quality. Sydney: ACSQHC; 2014.
22. American Medical Association. Opinions on consent, communication and decision making: informed consent. Chicago (IL): AMA; 2016 [cited 2018 Mar 21].



23. Carey-Hazell K. Improving patient information and decision making. *Australian Health Consumer* 2005;1(2005–2006):21–2.
24. Institute for Patient- and Family-Centered Care (US). *Patient- and family-centered care*. Bethesda (MD): IPFCC; 2016 [cited 2018 Mar 21].
25. Process. *English Oxford living dictionaries*. Oxford: Oxford University Press; 2015 [cited 2018 Mar 21].
26. Batalden P, Davidoff F. What is ‘quality improvement’ and how can it transform healthcare? *Qual Saf Health Care* 2007;16(1):2–3.
27. Australian Commission on Safety and Quality in Health Care. *A better way to care: safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*. Sydney: ACSQHC; 2014.





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