Partnering in healthcare self-assessment tool

This self-assessment tool will help you determine which two Partnering in healthcare domains you will focus on over the next 12 months. Use this tool to reflect on your current strengths, challenges and opportunities for improvement against the framework.

## HOW TO USE THIS TOOL

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

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

1. **Identify current strengths and challenges against each domain**

Look at the three levels of consumer involvement in healthcare to identify where your current strengths and challenges are.

1. **Identify areas in need of improvement**

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

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

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

1. **Complete the Partnering in healthcare statement of intent and share with SCV each year**

Complete the statement of intent outlining your two chosen domains and identified priorities. This should be endorsed by your health service board.

Need help? Email us at partnering@safercare.vic.gov.au

### Personalised and holistic



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

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

## WHAT CONSUMERS SAID

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

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| --- | --- | --- | --- | --- |
| Levels of consumer involvement | | Current strengths | Current challenges | Opportunities for improvement |
|  | Direct level |  |  |  |
|  | Service level |  |  |  |
|  | System level |  |  |  |
| Additional notes about this domain | | | | |

Working together



‘I am included as a respected partner in my healthcare and learning about   
and improving healthcare.’

**Personalised and holistic care is possible when people work together in strong teams, partnerships and share knowledge. Knowledge transfer is a two-way street. Teams of health professionals should be connected and well informed about diagnostic techniques, the causes of disease, prognosis and health strategies. The consumer knows about his or her experience of the illness, social circumstances, values and culture. Without exchanging this information, the knowledge of each party may be limited, and the resulting care may be compromised.**

## WHAT CONSUMERS SAID

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

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Shared decision making

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

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

## WHAT CONSUMERS said

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

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Equity and inclusion

‘I receive care that is safe, effective and responsive to my needs.’

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

## WHAT ConsumerS SAID

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

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Effective communication

‘I receive high-quality information that I can readily understand and act upon.’

**Health communication refers to interactions that occur during the process of improving health and healthcare. Effective health communication is essential for public health strategy and practices. Poor quality communication, and the mistakes associated with it, are a major cause of error in diagnosis and treatment. Heath literacy is an enabler of communication and participation in healthcare. It is also the product of good communication between health professionals and consumers, and of health systems that are responsive to consumer needs (Phillips, 2016).**

## WHAT CONSUMERS SAID

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

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| Additional notes about this domain: | | | | |