

Partnering for Quality Improvement

SCV Quality Improvement Toolkits

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Overview

Why partner for quality improvement?

- The Institute for HealthCare Improvement (IHI)'s Model for Improvement is founded on working together with those who are affected by, are users and who deliver the work to be improved.
- The emphasis on working with others to apply the model for improvement is highlighted by the 'we' in the three key MFI questions:
 - What are 'we' trying to accomplish?
 - How will 'we' know that change is an improvement?
 - What changes can 'we' make that will result in improvement?
- Working with those most affected by, users of and deliverers of an area work help to:
 - Ensure a diverse range of perspectives, expertise and experiences are considered, thereby broadening understanding of the problem, inspiring new ideas and helping to understand possible changes that might result in improvement.
 - Build ownership over the quality improvement work being undertaken.



How will you partner?

- **Spectrum of partnering:**
 - Aim for collaborative forms of partnership but this may not always be possible.
 - Be clear about what type of partnering you want use and why. It is important to establish and communicate the type of partnership approach early. Deciding and communicating early helps manage expectations for how the partnership will work, guide decision making processes and support stronger stakeholder relationships.
 - The IAP2 (Figure 1) is the model that the Victorian Department of Health uses as a guide for public participation and engagement. What level on the spectrum is your current partnering approach and what would you like it to be? Is your partnering practice reflective of the one-directional communication at the "Inform" level or the multi-directional communication and shared ownership of decisions and outcomes at the higher levels at "Collaborate and Empower".

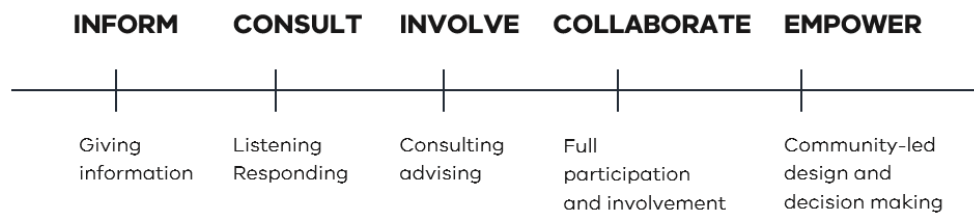


Figure 1: Spectrum of Public Participation, International Association for Public Participation (IAP2)

- Who is at the table?
 - Ask the question “Who is most affected by and involved in the work we are doing” to help start thinking about the expertise and perspectives that can inform your work.
 - Be creative about how you engage. Is establishing a diverse and representative committee the only way to partner for your work? Could you have a committee that works with a critical friends group as well? Combine different types of partnering together to ensure the project is informed by the right people, experience, and expertise.
- How will you create a safe space for people to explore new ideas, perspectives and share ownership of the work?
 - Creating a shared agreement to guide your partnerships ways of working is a great way to start exploring how to create a shared safe space together.
 - Understanding power dynamics within a group, opportunities and barriers for inclusion are some important aspects to creating and facilitating a safe and effective working collaborative relationship.

Partnering in healthcare domains

The Partnering in Healthcare Framework was developed as part of a collaborative process in 2019. Health professionals and lived experience representatives came together to identify important considerations when partnering with consumers in the health sector. These five domains were identified from those discussions:

- **Working together:** How will you work together with diverse stakeholders? What will you do to help create a psychologically safe space for partnering for all involved?
- **Personalised and holistic:** Understanding individual needs and practicing flexibility to meet these needs is critical to any working relationship. One example could be considering how scheduling meetings during traditional work hours can be a



Figure 1: Partnering in Healthcare Framework domains (2019)

barrier to engagement. Consumers who work during the day or have other family or care commitments may be unlikely to register their interest if meetings are not scheduled at times they can participate. Perhaps consider adjusting when meetings take place to reduce this as a barrier to participation.

- **Equity and Inclusion:** What decisions are you making about who is included in your work, and who is not? What barriers and opportunities for engagement are you aware of and addressing?
- **Effective Communication:** Are you always clear about who the audience is? How are you adapting your communication to reflect the communication and comprehension needs of your audience?
- **Shared decision making:** How are decisions being made in your QI work and how much ownership do your partners have over the decisions being made in your QI work? Co-design and co-development work requires shared ownership of the decisions and outcomes. If this is not possible, be clear about opportunities for shared decisions and what decisions might be more limited.

Additional resources

This toolkit comes with a Partnering Planning Canvas. SCV adapted this template as part of the Co-design NOW! Partnering in Action learning program and it draws on the work of Co-design leaders [KA McKercher](#) and [Co-design.Tools](#). Use the canvas to think through who you need to partner with in your Quality Improvement work and how you might do this.

References

- Horvat, L. 2019. Partnering in Healthcare Framework. Safer Care Victoria. [Safer Care Victoria's Partnering in Healthcare Framework](#)
- KA McKercher. 2020. Beyond Sticky Notes.
- The Institute for Healthcare Improvement (IHI). How to improve. [How to Improve | IHI - Institute for Healthcare Improvement](#)
- International Association for Public Participation. IAP2 Spectrum of Public Participation