Consumer Participation Audit

Results 2008

The Consumer Participation Audit was made available online to all wards, units and departments across Southern Health in July 2008. The result of this audit have been compared with the audit results of 2007.

The 2008 Audit was completed from managers from the following areas

Area	%
• Corporate Services	6.1%
• Allied Health	11.0%
• Shared Services	3.7%
• Surgery Program	3.7%
• Specialty Program	7.3%
• Mental Health Program	12.2%
• Critical Care Program	3.7%
• Women's & Children's Program	8.5%
• Continuing Care	23.2%
• Clinical Support Program	1.2%
• Medicine Program	9.8%
• Jessie McPherson Private Hospital	8.5%
• Acute Ambulatory Services	1.1%

The questions in the audit covered three key levels of the health service system as outlined in the Department of Human Services Consumer Participation Policy Doing it with us not for us. The levels key levels cover;

- Individual level of care
- Ward / Service / Program / Department level of care
- Organisational level of care

The following results are presented in charts which provide the response breakdown for each of the 32 items for the 2007 and 2008 samples, to enable easy comparison between data from the two years.

Individual level of care – consumers/carers actively involved in their health care

<u>a. Provision of condition-specific information (evidence-based where possible)</u>

As shown in Figure 1, responses to the four items in this section showed slight decline when compard with the 2007 data. In 2008, only 16% of respondents indicated that the Australian Council on Safety and Quality in Health Care's '10 tips' was routinely distributed this has decreased by 6% when compared with the 2007 results. In contrast, item 3, although indicating a slight decrease from the 2007 results, 92.8% of respondents indicated that consumers and carers in their area receive information about rights and responsibilities.

Respondents were asked to provide evidence to support their responses to items 1 and 2. 54 respondents provided comment for item 1. In 2008, the most common responses for item 1 included:

- General printed information (e.g., brochures, newsletters)
- Meetings for patients and carers
- Web-based / computer information

Comments included

- Daily patient ward round involving medical, nursing and allied professionals. Family meeting (regular or as needed) to discuss treatment or plan or plan of care
- Sign posts around units as part of the mental health act to inform consumers and carers of their rights

For Item 2, 62 respondents provided comment, the most common responses in 2008 included:

- General printed information (e.g., brochures, newsletters) (22 respondents)
- Video / TV information (4 respondents)
- Web-based / computer information (3 respondents)

Comments included

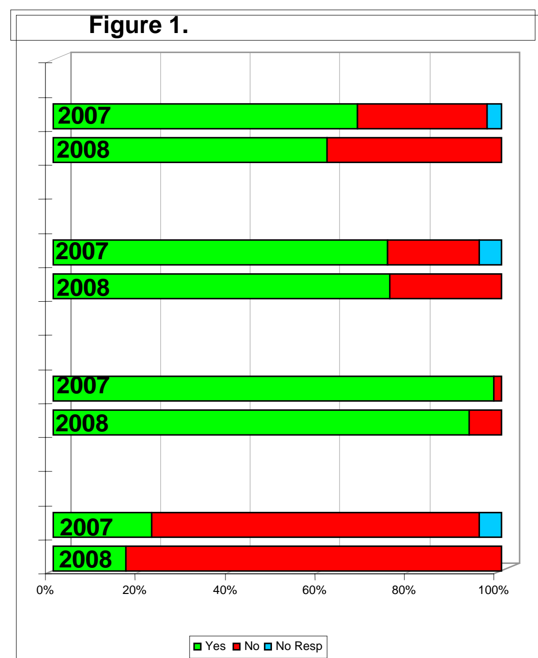
- The introduction of the information sheets by SH this year has been a major advance in this area along with the information shared at preadmission clinics
- SH procedural information fact sheets or surgeon specific leaflets. All information brochures are referenced to valid and appropriate organisations.

1. Consumers and carers in your program receive regular, updated appropriate and culturally sensitive information about services

2. Consumers in your program are provided with evidence-based information about conditions and treatment options

3. Consumers and carers in your program receive information about rights and responsibilities

4. Australian Council on Safety and Quality in Health Care's '10 tips' or the equivalent is routinely distributed to consumers in your program



b.Shared decision-making in care

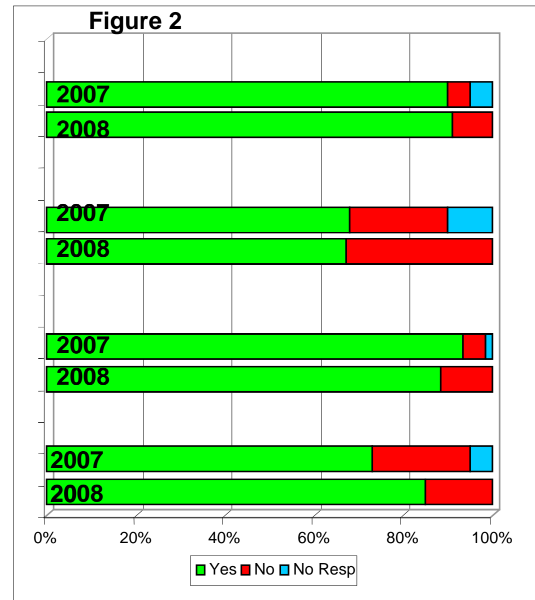
Responses to this section were more positive overall, with 91% of respondents indicating that consumers and carers actively participate in decision-making about their care. Responses regarding consent processes for transfer of consumer information increased by 11.1% in 2008. Responses regarding referrals for consumers with chronic conditions remained stable across 2008 and there was a slight decline for item 7 concerning documented informed consent processes for treatment which decreased to 88.3% in 2008

5. Consumers and carers participate actively in decision-making about individual care and rehabilitation and care planning

6. In this program, consumers with chronic conditions are provided with referrals to self-management programs, self help groups, and so on.

7. Services have documented, informed consent processes for treatment

8. Services have informed consent processes for transfer of consumer information (in the case of referral)



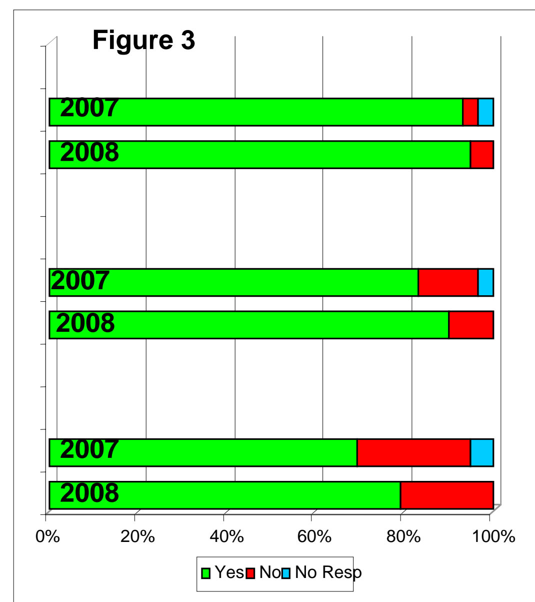
c. Consumer-focused care with appropriate carer involvement

Figure 3 shows that responses to items 9, 10 and 11 were very positive. 95% of respondents indicated that consumers and carers were provided opportunity for open communication with services . There was a sight increase of 6.9 % regarding information on how to provide feedback about services and responses regarding advocacy support for consumers who are unable to speak for themselves was also positive with an increase of 10% on the 2007 results

9. In your program, consumers and carers have the opportunity for open communication with services

10. In your program, consumers and carers are provided with information on how they can provide feedback and lodge complaints about services provided

11. There is provision in this program for advocacy support where consumers are not able to speak for themselves



d. Other

There was only one item in this section and whilst figure 4 which shows an increase from the 2007 data the figure remains relatively low with only 49.4% of respondents indicating that consumers participated in the delivery of services in 2008 Respondents were asked to provide evidence and in 2008 the most common responses included:

- support groups / meetings
- volunteer programs
- patient education
- committees

12. Consumers participate in the delivery of services (e.g., as peer support in self-help groups, as volunteers, consultants or educators)

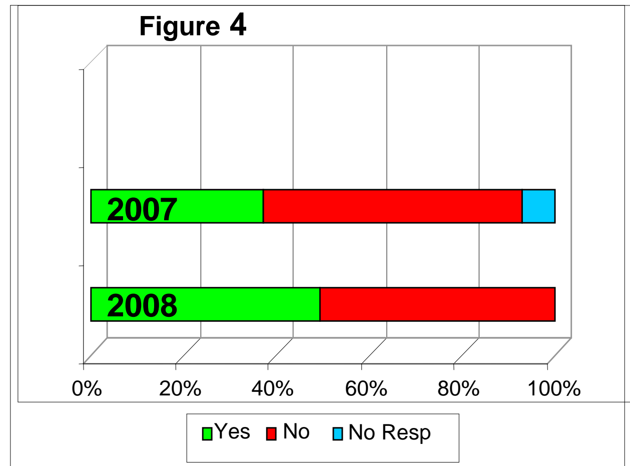


Figure 4

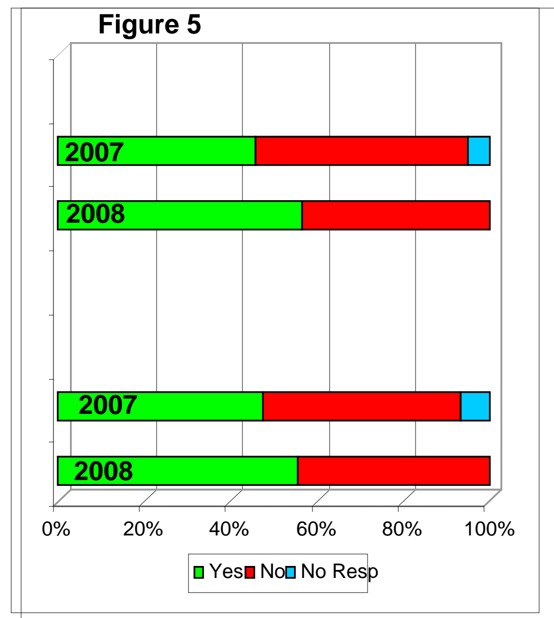
Section 2: Ward/Service/Program/Department level – staff working together with consumers, carers and the community

a. Consumer and carer participation in planning and evaluation of service delivery

Whilst the results for 2008 show an increase, this section suggests that there is room for improving consumer involvement in the planning and evaluation of service delivery at Southern Health. 43.4% of respondents indicated that consumers and carers are not involved in the development of new health programs which was similar for the development of health information with 44.6% stating that consumers are not involved in this area

13. There is consumer/carer participation in development of new health programs (policy decisions, design)

14. There is participation in the development and provision of health information



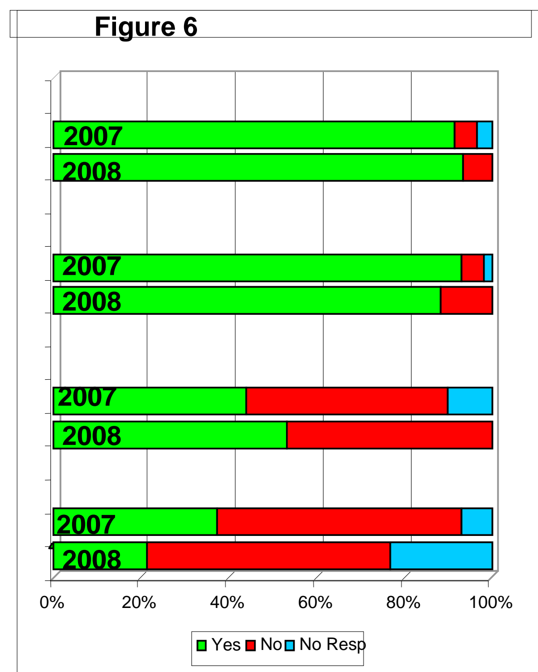
b. Monitoring, evaluation and reporting of consumer participation, including its scope and effectiveness

15. This program/ward has mechanisms for feedback (e.g., complaints and compliments form, evaluation form, client satisfaction survey, suggestion box etc)

16. This program/ward has a documented complaints management system

17. There is consumer participation in monitoring and evaluation of program/ward

18. Consumers/local community are provided with reports about this program/service (e.g., Annual reports, forums, newsletters, open days)



Reponses to items in this section were mixed with a very positive response to the Items 15 and 16 and less positive for the remaining two items. There appear to be good systems in place for consumers to provide

feedback to the wards/programs, including complaints. In 2007 only 44% of respondents reported that there was consumer participation in the monitoring and evaluation of their area and this increased to 53.3% in 2008. However, only 37.3% of respondents indicated that consumers were provided with reports about their service/program in 2007 and this also decreased to 21.6% in 2008.

When asked to provide evidence to support responses to Item 18, regarding the provision of information and reports to consumers, the most common responses were:

- Newsletters
- Southern Health Annual Report
- Southern Health Quality of Care Report
- Community Forums

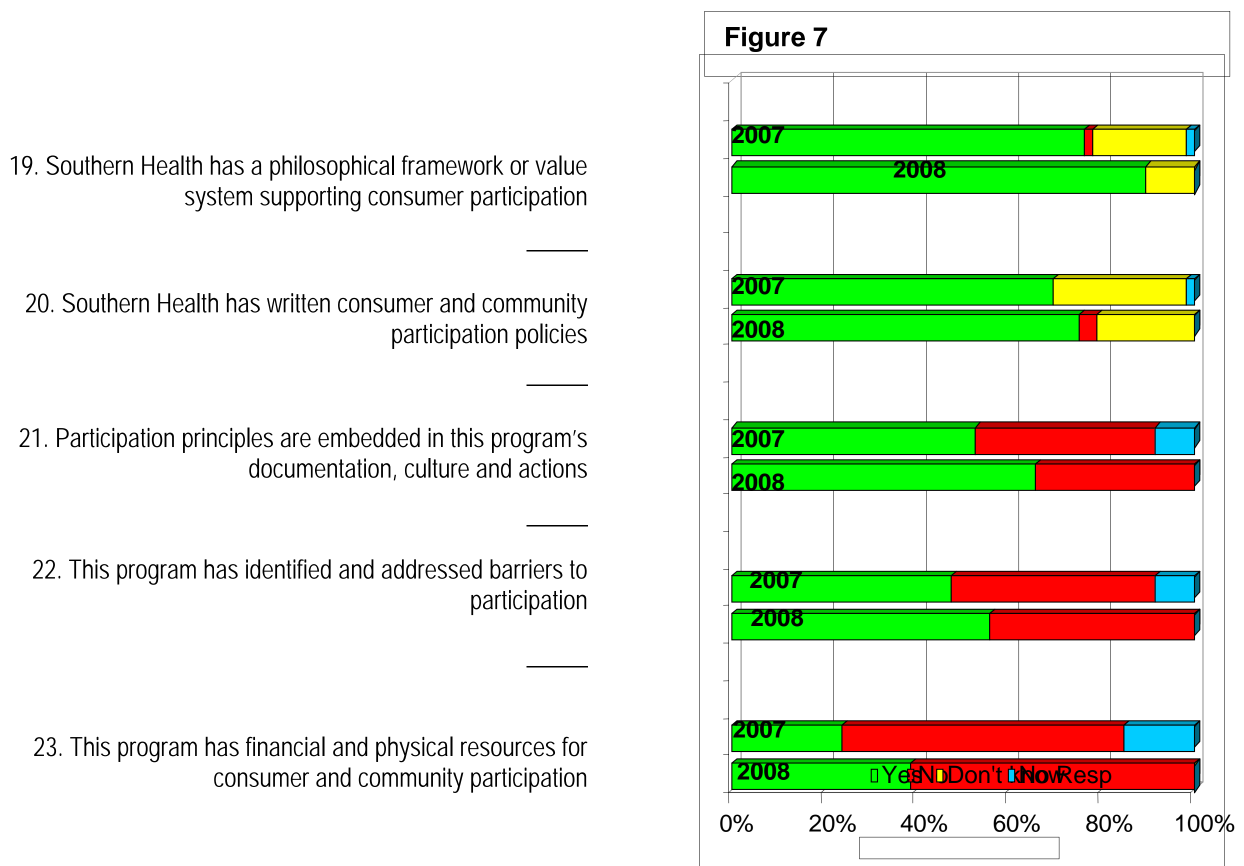
Section 3: Organisational level

a. Organisational commitment – leadership, supporting policies, active promotion of concept, budgets allocated, specified staff roles, and other resources

Responses to these items were more positive in 2008. Item 19 was the most positive with 89% of respondents reporting that Southern Health had a philosophical framework that supported consumer participation. Note that a 'Don't Know' response option was available for Items 19 and 20. While staff reported that Southern Health has a value system that supports consumer participation, there does not appear to be the resources (physical and financial) to support this philosophy with only only 38.6% of respondents in 2008 indicating that their program had financial and physical resources for consumer and community participation.

Whilst there was a mild increase In 2008 to 55.7% of respondents reporting that their program has identified and address barriers to participation the percentage is relatively low so perhaps this is worth further investigation.

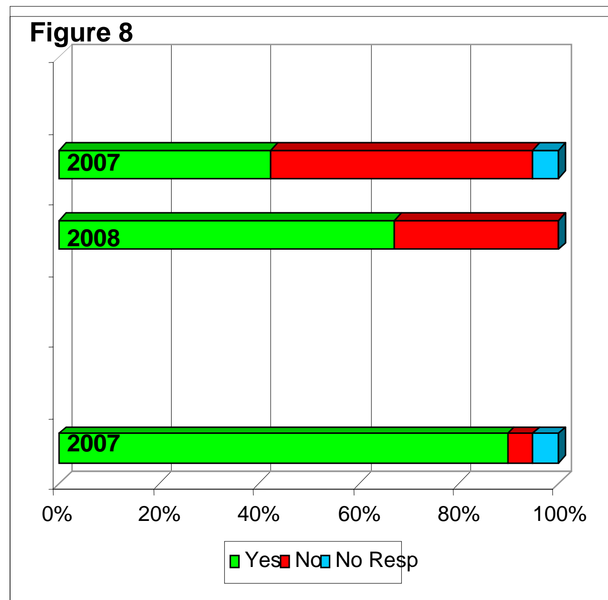
Figure 7



b. Staff capacity – ensuring sufficient skills, expertise, training provision

There appears to have been a marked improvement with regards to staff training in consumer participation, increasing from 42% in 2007 to 67% in 2008, but there is still room for improvement in this area. The most common response regarding evidence of training related to staff attendance at Southern Health education sessions and workshops and the completion of the web based training module.

24. Staff of this program/ward are provided with training in consumer participation



Item 24a asked respondents to provide details of consumer participation activities undertaken following attendance at one of the training sessions and item 24b asked respondents who had not attended one of the consumer participation training sessions to indicate why. Respondent's comments included;

24a

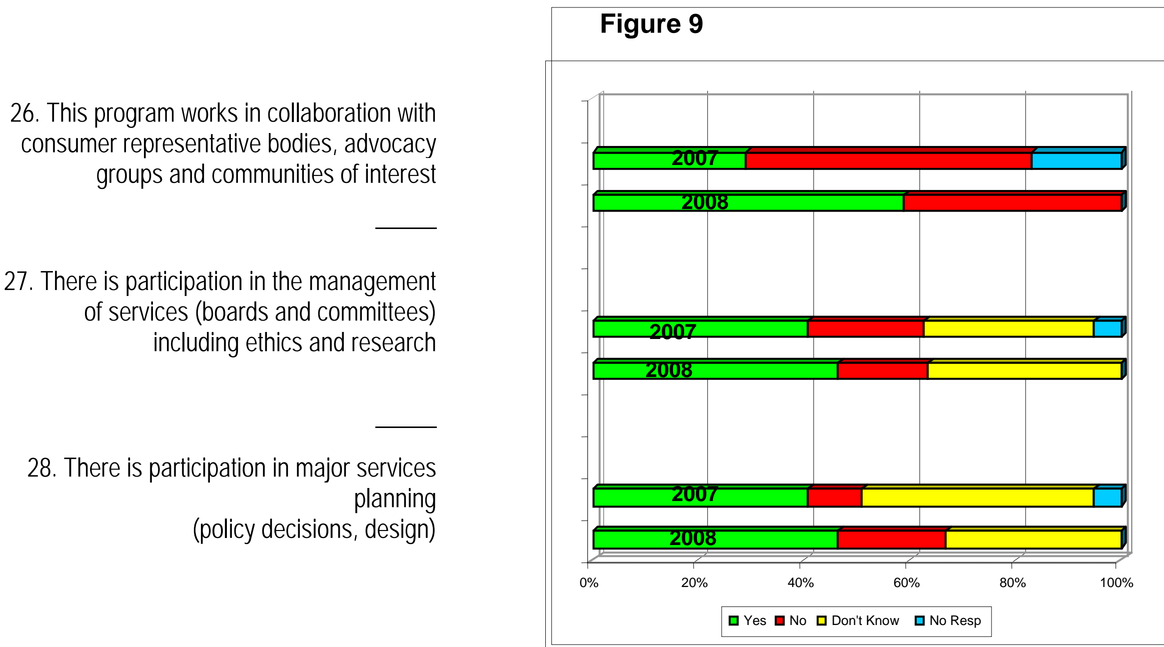
- Consumer involvement in the development of brochures
- Participation in educational activities
- Surveys
- Held open forum regarding building reconstruction
- Inclusion of consumers when assessing new proposals and program reviews
- Membership on committees

24b

- Time restraints
- Unable to find cover to attend training
- Previously attended other training in consumer participation

c. Participation in decision-making structures at organisational level, through formal, informal, ongoing and ad hoc or strategic involvement

Item 26 in Figure 9 shows a dramatic increase in the number of wards and programs that are working in collaboration with consumer representative bodies advocacy groups and communities of interest. The 2007 results increased from 28.8% to 58.8% in 2008. The result for items 27 and 28 remained similar to the 2006 results. 46.5% of respondents agreed that there is participation in the management of services whilst 36.6% were not sure if this was the case at Southern Health. The results for item 28 were similar with 46.4% of respondents acknowledging that there is participation in major services planning and 33.3% indicating that they were unsure.



d. Consumer-focused care with appropriate carer involvement

Responses to items in this section suggest there is certainly room for improving the provision of consumer-focused care at an organisational level. Whilst item 29 shows a 10% increase from the 2007 results, a total of 47.8% of respondents in 2008 reported that consumer participation is not incorporated into the quality processes of their program. Responses to the remaining two items in this section indicate there is room for improvement with only 42.9% of respondents in 2008 indicating that there were mechanisms in place to engage marginalised groups and only 25.4% involved consumers in the analysis of adverse events in their program.

29. There is consumer participation in quality processes of this program

30. Mechanisms exist for engaging marginalised groups

31. Consumers are involved in analysis and reporting of adverse events of this program

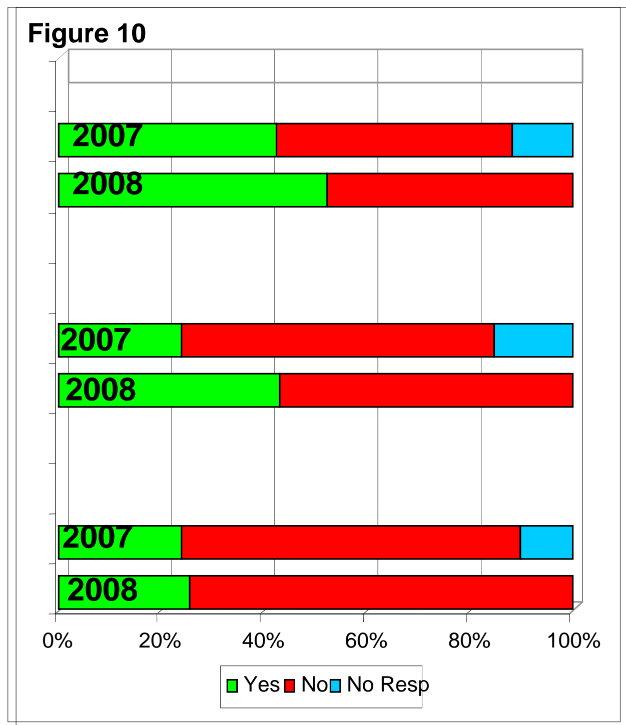


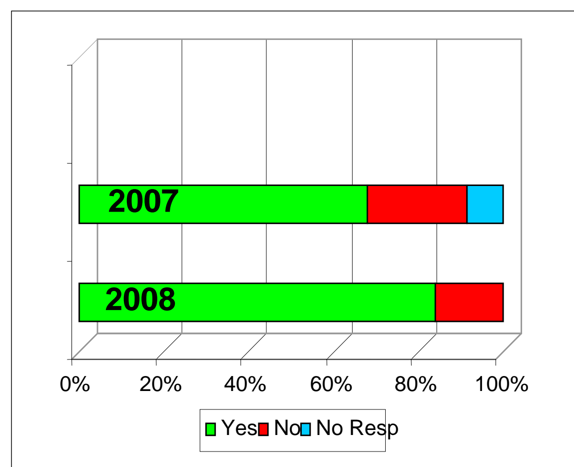
Figure 10

e. Capacity of consumer, carer and community members involved

The final question asked whether the services addressed the needs of marginalised groups, such as those who were culturally and linguistically diverse and indigenous groups. In 2007, 67.8% selected yes which increased by 16% in 2008 to 83.8%. When asked to provide evidence of this, the most common responses included:

- use of interpreters and appropriate staff
- provision of multi-lingual patient information
- cultural and religious support services

32. Services address needs of culturally and linguistically diverse communities, indigenous and other diverse communities



.

Summary

Overall, the report indicates improvement in the results from 2007 to 2008. In the first section which related to care at an individual level, the majority remained stable with most of the items rated favourably in both years. and only minor fluctuations to the results when compared with the 2007 data. The following two sections related to care at the ward or program and organisational level, Many items in these two sections were more positive in 2008 when compared with the 2007 data..

It is important to note that in 2007 the audit was distributed in hard copy to all wards/units/departments and a total of 59 managers completed the audit In 2008 the audit was made available online and a total of 126 managers signed on to view the questions with 82 managers completing the audit. Several managers who had not completed the audit were contacted for feedback as to why they had not completed the audit. Generally the response was that the questions were phrased in a way that made it difficult for areas not providing direct care to patients to accurately respond. Whilst the audit questions are based on the potential measures of participation as outlined in the Department of Human Services Participation Policy, Doing it with us not for us, restructuring the questions to allow non clinical areas to respond may assist to increase the sample in future years.