Consumer and Community Engagement Framework
2015 - 2018
Document Development and Acknowledgements

This document is named as the Consumer and Community Engagement Framework and may be referred to as ‘The Framework’ throughout the document.

This is a managed document. Changes will be issued as a complete replacement. Recipients should remove superseded versions from circulation.

This Framework has been developed by the Consumer Engagement Committee with support from the THO-South Safety and Quality Unit (S&Q Unit). The Consumer Engagement Committee would like to acknowledge and thank individuals for their time, expertise and collaboration in the development of this Framework.
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Executive summary

The Consumer Engagement Committee (CEC) has worked in partnership with the Tasmanian Health Organisation South (THO-South) to develop the following Consumer and Community Engagement Framework to guide the THO to effectively engage with consumers in planning, delivery and evaluation of care.

The THO is committed to develop further its consumer and community engagement practices that ensure the needs of the Tasmanian community are central to health service planning and health care decisions. It values the positive contributions consumers and the community make in improving health policy, care service quality and the wellbeing of Tasmanians.

THO-South working in partnership with the CEC undertakes to:

- Ensure there are mechanisms in place to actively involve and engage with consumers and the community
- Partner with consumers and the community in the planning, decision-making, implementation and evaluation of its services at all levels of the organisation
- Strengthen responsiveness to the differing perspectives and preferences of a diverse range of consumers and community members
- Provide accessible and meaningful opportunities for engagement that are relevant to a broad range of consumers and community organisations
- Strengthen collaborative relationships between our consumers, our staff and our community
- Ensure the methods and practice of consumer engagement are guided by current best practice

The Framework aims to:

- Describe governance that clearly outlines individual and health care service responsibilities for consumer and community engagement
- Promote consistency in the approach to consumer and community engagement across THO-South
- Clarify the meaning and intentions of partnering and/or engaging with consumers in healthcare
- Provide the rationale for formalising these processes
- Outline the scope and potential for such engagement
- Ensure compliance with the national safety and quality health service standards (NSQHCS)
- Provide an introduction to action

This Framework is supported by an action plan including strategies and tools to support individual services/units in their plans to encourage, improve and sustain consumer involvement.

Its success will be measured by the frequency in uptake and effectiveness of the integration of consumer participation in planning and development, service delivery and evaluation across the THO-South.
Introduction

The THO-South Consumer and Community Engagement Framework (the Framework) consolidates two former separate, but parallel documents:

- The THO-South Community Engagement Strategy (30 May 2014 V1) addressed the requirement specified in the Ministerial Charter of 12 September 2012, Clause 2.3.9 “To establish a community engagement framework to incorporate the community’s perspective on health services …”

- The THO-South draft Partnering with Consumers Framework focused more broadly on the approaches to improving healthcare quality and safety throughout all levels of THO-South services, as described by the Australian Commission of Safety and Quality in Health Care under the NSQHS Standard 2: Partnering with Consumers: A Safety and Quality Improvement Guide.

The Framework is aligned with the THO-South Strategic Framework (Appendix 3) and mission of:

*Working together to provide safe and compassionate patient care founded on excellence in practice, teaching and research within the bounds of the resources entrusted to us by the community*

The Framework was developed and supported by the THO-South Consumer Engagement Committee (CEC) in consultation with THO-S staff.

A working definition to guide the Framework has been borrowed from the American Hospital Association (AHA) as most closely fitting the THO-South vision:

“a set of behaviours by health professionals, a set of organizational policies and procedures and a set of individual and collective mindsets and cultural philosophies that foster both the inclusion of patients and family members as active members of the health care team and encourage collaborative partnerships with patients and families, providers and communities.”

Consumer engagement is not a new concept – our health services have been involving consumers and the community in service delivery planning and evaluation for many years.

The Framework and associated action plans are building on existing initiatives that aim to promote collaborative, integrated and effective engagement by all THO-South staff with consumers within the context of wider community engagement.

The purpose of this document is to consolidate and extend all such initiatives into a comprehensive Framework and to describe an agreed direction for partnering with consumers in the THO-South.

The following pages define the purpose and principles of the Framework and the Goals for Engaging Consumers by Provider Segment and Example Actions Summary are outlined in the Framework (pg. 12 & 13).

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Context

*Working with our consumers, carers and the community to improve health and human services for the wellbeing of Tasmanians*

Over the last couple of decades trends in health care systems at the provider/user interface have shifted towards:

- Moving beyond the acute-care in-hospital management of episodes of illnesses
- Encouraging ongoing continuity of care of consumers in their communities to maximise the health of each person
- Improving the engagement and empowerment of consumers in their own health care
- Improving transparency in health service planning, delivery and evaluation
- Improving the design of health care to better meet the expectations of the community

There has been an increased drive towards the broader-focussed patient-centred care requiring informed patient/client participation in decision-making and care that caters to their needs and preferences.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) advocates a consumer-centred approach to care that involves:

- Treating consumers and/or carers with dignity and respect
- Communicating and sharing information/knowledge between consumers and/or carers and healthcare providers
- Encouraging and supporting participation in decision-making
- Fostering collaboration with consumers and/or carers and healthcare organisations in the planning, design, delivery and evaluation of health care

It will take time, commitment and leadership to embed the supportive behaviours into normal work practices and to support consumers so they can be well-informed contributors.

As care has shifted away from acute, episodic care to chronic disease management, area health services have needed to expand their focus beyond the inpatient setting, create mutual relationships and to think more broadly and creatively with different stakeholders when developing strategies for consumer engagement.

*Consumer, carer and community engagement is an ongoing process, not a one-off event. It assumes that working in partnership with consumers and the community will lead to better decisions and outcomes*

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Why Greater Community and Consumer Engagement?

Acute health care accounts for a small share of the factors determining the health of individuals and, by extension, the community. Demographic and genetic factors, socioeconomic status, education and lifestyle choices are important health determinants. The opportunity to improve the health of individuals and communities can be supported by health care providers engaging with patients/clients earlier in the health management processes.

It is increasingly being recognised that community engagement in health prevention matters can also be highly influential in improving the overall health of communities and, by extension, the individuals within those communities.

Not only do individuals who are more engaged in their own healthcare tend to have improved outcomes, over the last decades, there has been a cultural shift in societal values away from the paternalistic approach to healthcare delivery.

“It is fundamental that all Tasmanians have equal opportunity to make choices that lead to good health. Greatest progress occurs when the forces of individual and family responsibility and effort combine with enabling systems supported by government.”

Consumer and community engagement and prevention education continues to progress and “the benefits to the community from more investment in prevention are real - improved health and wellbeing including mental health, reduced or delayed chronic disease, reduced absenteeism and improved workforce productivity all deliver positive gains and go towards supporting a thriving Tasmania.”

Standard 2 – Partnering with Consumers

The National Safety and Quality Health Service Standard 1: Governance for Safety and Quality in Health Service Organisations and Standard 2: Partnering with Consumers describe the overarching requirements for the effective applications of the other eight clinically-focussed NSQHS Standards.

Standard 2 defines the three criteria recommended by the ACSQHC to progress the national agenda to improve healthcare quality and safety through the provision of quality improvement and quality assurance mechanisms.

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3 State of Public Health 2013 – Population Health – Department of Health and Human Services Tasmania
4 Australian Commission on Safety and Quality in Health Care (ACSQHC) (October 2012, National Safety and Quality Health Service Standards, ACSQHC, Sydney.)
Goals and Benefits

In summary, there are at least four reasons why health care organisations should have a strong consumer focus and be involved in enhancing and responding to consumer participation.5

- Participation is an ethical and democratic right, including public accountability and transparent decision-making.
- Participation improves service quality and safety and increases community satisfaction with the process.
- Participation improves health outcomes. The very act of participating in health care decisions has been shown to improve outcomes, irrespective of the treatment chosen.
- Participation makes services more responsive to the needs of consumers. It can uncover issues that are relevant to consumers, and might not otherwise be heard.

Effective engagement aims to continually improve service planning, processes, design, delivery and evaluation approaches that:

- Meet the needs of consumers, families, carers and the community, who increasingly act as partners in defining those needs and providing feedback.
- Identify health service priorities that are based on consumer and community driven needs.
- Ensure more evidence-based, tailored and relevant services are provided to the individual and collective needs of current and potential users of the health system.
- Address unmet needs of consumers who may experience disadvantage and poor health outcomes due to barriers in accessing health services.
- Improve integration to deliver better healthcare experiences for consumers, families and carers across the health sector including public and private, primary, sub-acute and acute health services, and their interface with other key government organisations.
- Empower and support consumers in making decisions and managing their healthcare, thereby facilitating more efficient and effective use of services.
- Are delivered as part of our core business.

Consumers and communities benefit from being engaged through:

- Entering into a partnership with health practitioners that enables an increased awareness of, and control over, their wellbeing, their health status and disease management.
- Improved health literacy which leads to a better understanding of health issues and health services.
- Opportunities to positively provide input into local health promotion activities and influence the health services provided.
- Receiving improved healthcare that meets individual and community needs.
- A greater sense of well-being and enhanced quality of life.
- Communities having a greater sense of ‘ownership’ over services, particularly those delivered in their local areas.

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Engagement Levels and Participation

There are several key reasons why health care organisations should have a strong consumer focus and be involved in enhancing and responding to consumer participation.  

- Participation is an ethical and democratic right, including public accountability and transparent decision-making  
- Participation improves service quality and safety and increases community satisfaction with the process  
- Participation improves health outcomes  
- Participation makes services more responsive to the needs of consumers

Levels of Participation

Consumer and community engagement will operate across four levels:

<table>
<thead>
<tr>
<th>Levels</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Focusing on engaging with the individual and, if appropriate, their carer(s) in decisions about their own care, support and treatment</td>
</tr>
<tr>
<td>Communities</td>
<td>Focusing on increasing and aiding engagement of communities in decisions that affect them</td>
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<tr>
<td>Service</td>
<td>Focusing on engaging with consumers, carers and the community in decisions about DHHS services</td>
</tr>
<tr>
<td>DHHS System</td>
<td>Focusing on increasing and aiding engagement in whole-of-system decision making</td>
</tr>
</tbody>
</table>

The different levels are not exclusive and may lead to improvements at another level.

It is important to recognise that consumers choose how, when and the extent to which they will engage with their healthcare services. This often depends on the nature of the activity, the consumer’s perception as to whether the activity will improve their health outcomes, and the consumer’s life, health and social circumstances at the time.

The continuum of participation that guides the Framework for THO-South is consistent with those used widely throughout Standard 2, namely:

Inform Consult Involve Partner Delegate

Lower Continuum of Participation Higher

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7 Standard 2 Partnering with Consumers (October 2012). Sydney. ACSQHC, page 9
Examples of Mechanisms for Engaging Consumers and the Community

The following table provides examples, only, of mechanisms that can be used at each level of engagement. A toolkit and reference materials are available on the consumer engagement intranet page.

<table>
<thead>
<tr>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
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<tbody>
<tr>
<td>Media releases</td>
<td>Focus groups</td>
<td>Workshops</td>
<td>Citizen Jury</td>
<td>Citizen Jury</td>
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<tr>
<td>Fact sheets</td>
<td>Surveys</td>
<td>Discrete Choice Experiment</td>
<td>Steering committees</td>
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<tr>
<td>Virtual town square</td>
<td>Submissions</td>
<td>Virtual town square</td>
<td>Advisory committees</td>
<td>Quality committees</td>
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<td>Websites</td>
<td>Virtual town square</td>
<td>Roundtables</td>
<td>Taskforces</td>
<td>Boards</td>
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<tr>
<td>Displays</td>
<td>Discussion papers</td>
<td>Conferences</td>
<td>Working parties</td>
<td>Policy councils</td>
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Barriers to Participation

The THO-South needs to provide meaningful opportunities for consumers and communities to engage, recognise barriers to engagement and demonstrate how it will contribute to better health outcomes for individuals, their families/carers and the broader community.

The THO-South needs to remove the barriers8,9 to participation which may include:

- Current professional culture and norms that intimidate patients in approaching their health care providers
- Organisational issues/barriers such as time constraints, limited resources/champions and consistent support to engage with all consumer types and meet consumer expectations
- Ambiguity surrounding the definition of health care user engagement and the large number of diverse strategies that hospitals can employ to achieve desired results
- Lack of understanding, skills and commitment among staff members necessary to support consumer engagement
- Lack of measurement tools to assess where a consumer is along the engagement continuum and how well an organisation is doing in engaging healthcare users
- Communication barriers linked to low health literacy levels, disability or cognitive, language, social or cultural diversity
- Consumers not able to contribute equally alongside health stakeholders leading to their input being lost and a feeling by consumers of not being heard
- Consumers suffering from consultation fatigue and lack of time to be involved

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9 Know and Identify Enablers, Barriers and Opportunities – TasCoss Consumer Engagement Handbook for HACC Services in Tasmania – Sept. 2012 page 47
Framework

Underpinning Principles

The following principles are a guide to support and enable the implementation of the Consumer and Community Engagement Framework:

- Consumers are encouraged to participate in continuous improvement and service planning activities
- Results of consumer input are interpreted and presented in plain language to the community across several media
- Engagement processes are designed to be consumer-centred and to maximise the opportunities of meaningful participation by consumers and the community groups that represent them
- Wherever possible, consumer input will be sought in relation to policy development and service planning, designing, delivery and evaluation
- Engagement processes will embrace consumer diversity wherever relevant
- In every encounter consumers and or consumer representatives will be treated with respect and recognition/appreciation of their experience and contributions
- Consumers and community representatives will be provided with the training and support they need to maximise their contributions
- Consumers’ input is used to effect meaningful improvements wherever possible and feedback is provided to the consumers involved as to how their involvement has contributed to improvements

Consumer engagement is an orientation that needs to be integrated into the way we, the employees of THO-South, conduct our everyday work. The Framework (pg. 12 & 13), following, provides the structure. The Action Plan outlines activities to be considered by managers in developing their annual work plans.

Monitoring and Compliance

Group Managers will be required to report annually on implementation of the progress against the National Safety and Quality Health Service Standards 1 and 2. The Examples Action Summary on Page 13 provides the criteria for reporting purposes.

Service Managers will be required to support their Group Managers by demonstrating that they have incorporated consumer engagement strategies in their service planning, delivery and evaluation activities throughout the year. This can possibly best and most easily be demonstrated through maintenance of records in the Unit Specific Risk and Improvement Plans.

For example, the eight clinically-focussed National Safety and Quality Health Service (NSQHS) Standards will be a particular focus for development over the next few years. This provides an ideal opportunity to ensure the seamless integration of consumer engagement within their planning processes.
### The Framework Goals by Service Level

#### Direct Care
Engaging with the individual consumer and/or their family/carer as partners in their own healthcare, support and treatment

- Increase consumers’ skills, knowledge and understanding about what to expect when receiving care
- Consumers actively participate in decisions about their own care
- Improve ability and commitment to manage their own care
- Encourage consumers and utilise feedback to improve services

#### Unit and/or Care Team
Engaging with consumers and the community to inform the way programs, services, or facilities are delivered, structured, evaluated and improved

- For consumers:
  - Develop education and empowerment strategies
  - Seek active feedback
  - Involve consumers in project/service planning, evaluation and staff education
- For staff:
  - Awareness-raising
  - Education
  - Facilitation of new engagement processes
  - Evaluation

#### THO-South Governing Council and Executive
Engaging with consumer and community groups/service providers to actively facilitate partnerships and other relationships to improve support systems and processes of health care services and the community’s health and wellbeing

- Senior Management level:
  - Create, lead and facilitate community engagement initiatives and sponsor and promote the Consumer and Community Framework
  - Provide leadership throughout THO-South to facilitate staff engagement

#### Community
Community groups and services engage with THO-South at all levels to influence health policy, reform and service delivery and contribute to service delivery as appropriate

- Local government, NGOs, community health services, community groups, private organisations and other government organisations:
  - Actively work with THO-South in formal partnerships and less formal arrangements to progress the health and well-being of individual citizens and the wider community
The Framework: Example of Actions for Engaging Consumers

The following are suggestions only and other strategies and processes may be used.

**In providing Direct Care**
- **Engage/Empower**
  - Charter of Rights and Responsibilities
  - Goals of care
  - Participation in daily care
  - Informed Consent
  - Patient Identification
  - Open disclosure
  - Privacy and confidentiality
  - Handheld Medical Record
  - Participation in handovers
  - Medication management
  - Risks
  - Patient/family activated rapid response

- **Seek Feedback**
  - Informal (e.g.: chats in waiting rooms)
  - Formal complaints/compliments
  - Follow-up phone calls

- **Inform/Educate**
  - Verbal, written, video, social media

**Unit and/or Care Team**
- **Consumer Participation in Planning**
  - Friends of the Unit (i.e.: advisory group)
  - Participate in Working Groups
  - Act as peer mentors for chronic illnesses
  - Participate in staff education/workshops
  - Input face-to-face or electronic (e.g.: patient information pamphlets, forms, protocols)
  - Volunteer strategies

- **Supporting Strategies**
  - Friends of the Unit orientation/education
  - Seek active feedback/evaluation; surveys, focus groups, interviews, walkabouts, shadowing, compliments and complaints
  - Patient journey maps
  - Staff education/e-learning, including patient stories
  - Staff workshops e.g.: patient perspectives
  - Link with other units/multidisciplinary
  - Participate in interest/support groups
  - Contribute to community newsletters
  - Celebrate staff engagement
  - Promotions e.g.: Harmony Day
  - Measure and report success

- **Inform/Educate**
  - Verbal, written, video, social media

**THO-South**
- **Consumer Participation in Planning, Implementation and Evaluation**
  - Governing Council
  - THO-South Executive and Senior Clinicians
  - Consumer Engagement Committee and consumer advisory groups
  - Volunteers as supporters
  - Auxiliaries

- **Supporting Strategies**
  - Build the core value of consumer engagement
  - Develop Consumer Engagement Toolkit
  - Build support of Auxiliaries and Volunteers
  - Develop Intranet Resource page
  - Plans, policies and resourcing
  - Community profile – quantitative/qualitative
  - Models of Care/Services
  - Outreach strategies; community health promotion, arts in health programs
  - Promotions
  - Support formal and informal partnerships with other organisations (e.g.: Councils, NGO)

- **Seek Feedback and Evaluation**
  - Surveys and other feedback mechanisms
  - Public Meetings/forums
## Appendices

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<td>Appendix 3</td>
<td>THO-South Strategic Framework</td>
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### Appendix 1 - Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>THO-South</td>
<td>Tasmanian Health Organisation - South</td>
</tr>
<tr>
<td>The Framework</td>
<td>The Consumer and Community Engagement Framework</td>
</tr>
<tr>
<td>CEC</td>
<td>Consumer Engagement Committee</td>
</tr>
<tr>
<td>CPAG</td>
<td>Consumer Participation Action Group</td>
</tr>
<tr>
<td>ACSQHC</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
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<tr>
<td>NSQHS</td>
<td>National Safety and Quality Health Service</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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</table>
Appendix 2 – Definition of Terms

**Consumer**
Consumers are ‘members of the public who use, or are potential users, of healthcare services’. This includes families and carers\(^{10}\).

**Community** means ‘a group of people with something in common, such as people who live in the same neighbourhood, suburb or town or with a shared interest’\(^{11}\).

‘While some communities may connect through a local or regional interest in health, others may share a cultural background, religion or language. Some communities may be geographically dispersed but linked through an interest in a specific health issue by the internet, or some other means. Our important communities also include local schools and businesses who support our health services across the region’\(^{12}\).

**Involvement** is the process of involving community members in planning and decision making.

**Participation** occurs when community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.

**Patient-Centred Care** is health care that is respectful of, and responsive to, the preferences, need and values of patients and consumers\(^{13}\)

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\(^{11}\) Australian Commission on Safety and Quality in Health Care (ACSQHC). (2009). *Consumer Engagement by the Commission*. ACSQHC, Sydney NSW.

\(^{12}\) THO-South Community Participation Plan 2013-2015

\(^{13}\) Australian Commission on Safety and Quality in Health Care (ASCQHC). *Partnering with Consumers Standard 2 – Fact Sheet*
Appendix 3 – THO-South Strategic Framework

THO-SOUTH STRATEGIC FRAMEWORK

OUR VISION

A healthier Tasmania

OUR MISSION

Working together to provide safe and compassionate patient care founded on excellence in practice, teaching and research within the bounds of the resources entrusted to us by the community.

OUR VALUES

- Safe and reliable services
- Care and respect
- Valuing resources
- Trust and integrity
- Inclusive communications

- Participation
- Positive leadership
- Innovation & learning
- Cooperation & collaboration

OUR STRATEGIC OBJECTIVES: 2013 - 2017

Tasmanian Health Organisation South’s strategic objectives are to ensure that our community, our consumers and our staff recognise THO-South as a FLAGSHIP health service supported by a vibrant workforce.

F

Financial strength

L

Learning organisation

A

Appropriate, responsive and relevant to our community

G

Governance, leadership and management is effective, innovative and valued

S

Safety and quality are priorities

H

Hospital and health facility redevelopments are delivered on time and budget and meet the needs of our community and staff

I

Integrate across the continuum of care

P

Patient centred clinical practice

OUR STRATEGIC PRIORITIES: 2014

- Enhance safety and quality
- Patients, participation and health promotion
- Build resilience and promote success

- Develop sustainability
- Strengthen partnerships
- RHH redevelopment program
ATTACHMENT 1: CONSUMERS AND COMMUNITY ACTION PLAN

The National Safety and Quality Health Service (NSQHS) Standard 2 framework has been used as the structure for the following action plan. Highlighted (in red) NSQHS Actions (2.4.1, 2.4.2, 2.6.1, 2.7.1) are core actions considered fundamental to safe practice (and compliance at all levels in the organisation needs to be able to be demonstrated). The remainder are developmental actions – areas where activities can focus to improve patient safety and quality. For accreditation purposes the THO needs to demonstrate growth against these developmental actions. Over time, there is an expectation that many or all of the developmental actions will become core.

Given that the “actions” need to happen at all areas and levels of THO-South, it is impractical to provide meaningful timeframes in the following plan.

It is suggested that the Group and Unit Specific Risk and Improvement Plans should be utilised for individual work plans pertaining to consumer participation.

Note: Achievements against these actions are to be reported in a separate working document by the Manager Consumer Engagement, S&Q Unit on behalf of the CEC.

### NSQHS Criterion: Consumer partnership in service planning

#### 2.1 Establishing governance structures to facilitate partnership with consumers and/or carers

#### 2.1.1 Consumers and/or carers are involved in the governance of the health service organisation

<table>
<thead>
<tr>
<th>Key Task</th>
<th>Actions</th>
<th>Who</th>
</tr>
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<tbody>
<tr>
<td>Integrate the THO-S Consumers and Community Action Plan and the CEC Community Engagement Action Plan to guide the Governing Council members, THO-South Executives, Senior Clinicians and CEC in consumer and community engagement.</td>
<td>• CEC agreed to integration (Feb 2015 Meeting with draft to be presented in March 2015 meeting))</td>
<td>S&amp;Q Unit</td>
</tr>
</tbody>
</table>
| Current snapshot: Map existing consumer engagement structures, strategies and activities throughout THO-South for evidence as a baseline for ongoing development | • Snapshot survey of Group Managers conducted by S&Q  
• Results to be presented to CEC, CPAG, RHH Exec in March 2015  
• Work with the Business Intelligence Unit to develop service profiles (numbers of consumers presenting with common Diagnostic Related Groups (DRG)) at THO-S and service level to support planning initiatives | S&Q Unit on behalf of CEC and CPAG |
| Map community organisations and consumer support groups, and the type of engagement strategies most relevant to guide interactions with them | • Map key stakeholder organisations such as Non Government Organisations (NGO), other service providers, local government, private industry (e.g. formal and informal partnerships, committees, action groups, etc) and mutual value-relationships with THO-S  
• Work with stakeholder organisations to map potential types of engagement activities (e.g. Council newsletters; forums; committee participation (e.g. emergency response committee); shared services, replacement services, cooperation, collaboration etc) | S&Q Unit, CEC, CPAG |
| Review and consolidate the consumer engagement governance structure into an overall framework and further develop supporting mechanisms | • Annual review of the CEC and CPAG purpose, structure and processes to support and their integration, to build consumer representation throughout all levels of the THO-South (e.g. recruitment, selection, orientation and member support (refer to 2.3.1))  
• Define financial and physical resources/structure to support consumer participation and input at the governance level focused on consumer-centred care (business case)  
• Review existing operational committee/action group structure to support necessary innovations in consumer engagement throughout the organisation and revise as required  
• Review high-level THO-S committees’ terms of reference to ensure they articulate the responsibilities for consumer engagement and the role of consumer representatives  
• Develop reporting process and proformas for documentation from front-line committees and working groups to Governing Council, THO-S Executive, CEC | CEC, CPAG S&Q Unit |
### 2.1.2 Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people that do not usually provide feedback

<table>
<thead>
<tr>
<th>Key Task</th>
<th>Actions</th>
<th>Who</th>
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<tbody>
<tr>
<td>As part of the governance framework, develop and implement a policy for identifying and involving diverse groups who access the organisation’s services</td>
<td>• Ensure any recruitment activities for consumer/carer involvement are cognisant of the current breadth of representation and are directed at filling any perceived gaps</td>
<td>CEC</td>
</tr>
<tr>
<td>Ensure strategies take account of the diversity of consumers</td>
<td>• Ensure strategic plan, frameworks and committee ToRs outline actions to involve the diverse range of consumers and community representatives in governance issues</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• Ensure protocols and other guiding documents include goals, rationale and principles for consumer engagement that take account of “hard to reach” groups where appropriate</td>
<td>Strategic P&amp;P Group Managers</td>
</tr>
<tr>
<td></td>
<td>• Incorporate diversity into staff awareness and education regarding consumer-centred care (see Item 2.6). (Practice Development Unit, Clinical Redesign, research bodies and S&amp;Q Unit)</td>
<td>Support Units</td>
</tr>
</tbody>
</table>

### 2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:
- strategic and operational/services planning
- decision making about safety and quality initiatives
- quality improvement activities

#### 2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation

(Note: Actions for this are very similar to actions for 2.5.1 and 2.8.2)

<table>
<thead>
<tr>
<th>Key Task</th>
<th>Actions</th>
<th>Who</th>
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</thead>
<tbody>
<tr>
<td>Implement a systematic process for involving consumers and/or carers in strategic and/or operational planning</td>
<td>• Ensure consumer representation on Governing Council Quality Committee; Clinical Governance Committee; Standards and Risk Committees</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• Plan and implement staff info/training sessions to consider opportunities for consumers and/or carers to have input into strategic and operational planning in the coming year</td>
<td>CEC</td>
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<tr>
<td></td>
<td>• CEC reviews requests and determines requirements for specific projects to determine mix, number, skills types needed from consumers and carers</td>
<td>CEC</td>
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<tr>
<td></td>
<td>• Establish recruitment and induction program for consumers and carers working with Manager Consumer Engagement</td>
<td>CEC</td>
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</tbody>
</table>
| | • Plan and implement a training schedule for consumers and/or carers that are involved in meetings and working groups.  
  o Topics; meeting procedures, what is policy, strategic planning, rights and responsibilities | CEC |
| | • Produce a Communications strategy targeting internal and external stakeholders to educate on consumer and/or carer involvement | CEC |
| | • Construct a consultation process to seek consumer input on key planning activities and provide and log feedback to consumers and/or carers regarding their input (i.e. development of web site; forums or... | CEC |
### Key Task

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<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>Committees undertaking planning and policy development have consumer and/or carer engagement and participation in their Terms of Reference</td>
<td>CEC</td>
</tr>
<tr>
<td>Establish an annual evaluation mechanism of operational and/or strategic plans by consumers and carers</td>
<td>CEC</td>
</tr>
<tr>
<td>Invite members of consumer peak groups to be involved in planning and review</td>
<td>CEC</td>
</tr>
<tr>
<td>Provide leadership and direction for consumer engagement and consumer-centred care</td>
<td>CEC</td>
</tr>
<tr>
<td>Internally at staff forums, workshops and meetings</td>
<td>CEC, CPAG, THO-S Execs and Medical Directors</td>
</tr>
<tr>
<td>Externally (e.g. community briefings; interviews)</td>
<td>CEC</td>
</tr>
<tr>
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</tr>
<tr>
<td>Externally (e.g. community briefings; interviews)</td>
<td>CEC</td>
</tr>
<tr>
<td>Develop “how to” toolkit of strategies for use by managers and staff wanting to engage consumers more effectively in planning, implementation and evaluation.</td>
<td>S&amp;Q Unit</td>
</tr>
<tr>
<td>Provide a brief description of actions (what’s effective for what purpose; how to do it; costliness in terms of resources, etc) that can be taken at unit level (and above) Examples: critical friends, shadowing, focus groups, rounding, patient stories, etc</td>
<td>S&amp;Q Unit</td>
</tr>
<tr>
<td>Develop individual strategies, as required, to partner with community bodies and groups (e.g. community forums) on topic specific issues</td>
<td>Senior managers</td>
</tr>
<tr>
<td>Initiate at least one major activity annually for each of the 8 clinical NSQHS Standards, designed as a consumer-centred initiative</td>
<td>Clinical Standard Lead</td>
</tr>
<tr>
<td>Example: Engage consumers in a Medication Management initiative to improve consumer understanding and compliance with their medication regimens</td>
<td>Clinical Standard Lead</td>
</tr>
<tr>
<td>Example: develop a system to enable concerned relative/carer to draw attention to a patient if concerned about condition. (Std 9)</td>
<td>Clinical Standard Lead</td>
</tr>
<tr>
<td>Continue to work with volunteer services to further expand and support their valued contribution</td>
<td>Manager Community Engagement</td>
</tr>
<tr>
<td>Volunteer Action Group to be formed</td>
<td>Manager Community Engagement</td>
</tr>
<tr>
<td>Volunteers to administer Patient Satisfaction Interviews</td>
<td>Manager Community Engagement</td>
</tr>
<tr>
<td>Volunteers to participate in Staff Interview processes</td>
<td>Manager Community Engagement</td>
</tr>
<tr>
<td>Develop specific strategies dedicated to “giving the consumer a voice” (independent of encouraging consumers to participate in groups and committees),</td>
<td>Group Managers Director S&amp;Q</td>
</tr>
<tr>
<td>Community Forums</td>
<td>Group Managers Director S&amp;Q</td>
</tr>
<tr>
<td>Internet – explore social media</td>
<td>Group Managers Director S&amp;Q</td>
</tr>
<tr>
<td>Develop and, if appropriate, implement the NSQHS recommendation to create “critical friends” groups at service level to provide an effective means of consumer input and evaluation.</td>
<td>S&amp;Q Unit Unit Managers</td>
</tr>
<tr>
<td>Develop a tool explaining the purpose and process</td>
<td>S&amp;Q Unit Unit Managers</td>
</tr>
<tr>
<td>“Market” to Unit Managers</td>
<td>S&amp;Q Unit Unit Managers</td>
</tr>
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</table>

### 2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality

<table>
<thead>
<tr>
<th>Key Task</th>
<th>Actions</th>
<th>Who</th>
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<tbody>
<tr>
<td>Implement a systematic process for actively involving consumers and/or carers in safety and quality improvement initiatives</td>
<td>Develop Community &amp; Consumer Engagement Plan</td>
<td>CEC</td>
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<tr>
<td>Review current consumers and/or carers engagement in safety and quality committees:</td>
<td>CEC</td>
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<tr>
<td>o Mapping what is happening now and produce gap analysis</td>
<td>CEC</td>
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<tr>
<td>Work with Safety and Quality to develop patient surveys and forums</td>
<td>CEC</td>
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<tr>
<td>Encourage greater consumer and carer involvement in admission and discharge processes</td>
<td>CEC</td>
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<tr>
<td>Consumer representatives support professional growth of staff by being invited to participate and to present, where appropriate, in planning days staff education, etc. Coordinated by CEC.</td>
<td>PDU, S&amp;Q and StaffLink promote the use of consumer representatives</td>
<td>PDU, S&amp;Q StaffLink</td>
</tr>
<tr>
<td>CEC develop an education package and promote themselves for such work</td>
<td>CEC</td>
<td></td>
</tr>
<tr>
<td>Each service to review the Consumer Engagement Toolkit (refer 2.2.1) and select appropriate activities to integrate into planning and service review/evaluation processes</td>
<td>Each unit needs to have at least one strategy implemented every 6 months to better engage consumers in service planning and review.</td>
<td>Unit Managers</td>
</tr>
<tr>
<td>Utilise data as evidence and information across a range of media (e.g. newsletters, website, brochures, handouts) – benefits of consumer engagement</td>
<td>Each unit provides activity information by some means at least every 6 months (e.g. via the internet, newsletter, noticeboards)</td>
<td>All</td>
</tr>
</tbody>
</table>
### 2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation

#### 2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role

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<tr>
<th>Key Task</th>
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<tbody>
<tr>
<td>Orientation and training is provided to consumer representatives</td>
<td>• Provide online materials (on intranet) or links to online courses for training that is general or specific to areas of consumer’s representation</td>
<td>CEC</td>
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<td></td>
<td>• Provide opportunities for attendance at Consumer conferences/workshops</td>
<td>CEC</td>
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<td></td>
<td>• Establish links to Cochrane Consumer and Communication Review Group (potential to attend symposiums etc.)</td>
<td>CEC</td>
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<td></td>
<td>• Review opportunity to establish a notional budget to underpin cost for orientation and ongoing training for consumer representatives</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• Review possibility for CEC members to access the intranet</td>
<td>CEC</td>
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<td></td>
<td>• Develop an information handbook for consumers participating as consumer representatives, volunteers, auxiliary members, etc.</td>
<td>Manager Community Engagement</td>
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<td></td>
<td>• Ensure processes are in place for the orientation and ongoing training provided to consumers and community representatives who are in partnerships with THO-South, including records of attendance, training calendars and training materials</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• Consumer representatives are provided with a central help/mentoring service by CEC and the S&amp;Q Unit</td>
<td>CEC S&amp;Q Unit</td>
</tr>
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### 2.4 Consulting consumers on patient information distributed by the organisation

#### 2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)

<table>
<thead>
<tr>
<th>Key Task</th>
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<tbody>
<tr>
<td>Develop and implement a systematic process for sourcing consumer and/or carer feedback about patient information publications</td>
<td>• Develop, implement and maintain a system whereby all patient information publications as part of their review process have consumer input.</td>
<td>CEC</td>
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<td></td>
<td>• Develop/maintain a process for guiding staff in development of patient information publications across the health service organisation .</td>
<td>CEC</td>
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<td></td>
<td>• CEC members have written guidelines and template with set criteria to support assessment of each document (Feedback Capture Form with tick/flick boxes plus qualitative feedback collection) – sent back to the health organisation</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• Work with THO-S to ensure policies/processes are in place that describe how consumers are involved in reviewing patient publications, &amp; that staff are aware of this function</td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>• CEC members have training on aspects of health literacy within the context of reviewing content of health service documents &amp; on using the tools developed to support this process</td>
<td>CEC</td>
</tr>
<tr>
<td>Undertake an audit for all current publications and information sheets. Note: Service units will need to be provided with an audit tool and support for service unit-level audits</td>
<td>• Coordinator, Public Relations to provide base information re: what is currently available in terms of a register of brochures, etc.</td>
<td>Group Managers</td>
</tr>
<tr>
<td></td>
<td>• Gaps to be completed by the audit at unit level.</td>
<td>Services, S&amp;Q Unit,</td>
</tr>
<tr>
<td>From the audit, define appropriate revisions and develop a project for addressing issues arising.</td>
<td>• Note: Services will need to do their own – coordinated by the Manager. Reviewed by CEC</td>
<td>Services, S&amp;Q Unit,</td>
</tr>
<tr>
<td>Develop a more effective process at service/unit level for materials produced at that level to be evaluated by consumers of the service</td>
<td>• Example: possibly a “critical friends” groups; individual patients/clients during the service occasion )</td>
<td>CPAG, S&amp;Q Unit with Service Managers</td>
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</table>
### 2.4.2 Action is taken to incorporate consumer and/or carers’ feedback into publications prepared by the health service organisation for distribution to patients

<table>
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<tr>
<th>Key Task</th>
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| Use the feedback provided by consumers and/or carers to inform the development and refinement of patient information publications | - Develop, implement and maintain a system whereby feedback on patient information publications is:  
  - The system will demonstrate - review has been conducted & feedback has been sought from relevant persons  
  - Ensure that appropriate feedback mechanisms are in place to capture/utilise feedback on patient information publications  
    These may include but not be limited to:  
    - feedback forms  
    - interviews  
    - surveys  
  - Ensure that policies/processes are in place that demonstrate feedback from consumers is collected, considered and utilised in the development and review of patient information publications  
  - Service users are actively engaged (at waiting room /ward/unit/service level) and invited to provide feedback on patient information publications - and gaps of the same  
  - Those offering feedback are thanked for their input/feedback  
  - Final versions of new and reviewed patient information publications are distributed to CEC prior to final re-/release | CEC |
| Refer above actions (2.4.1) and monitor/audit to ensure suggestions and advice from consumers is used to improve the documents | | S&Q Unit, CEC, CPAG |
| Seek opportunities to report the “consumer voice” in publications, patient TVs, display boards, foyer displays, brochures and information sheets and on the THO-South Consumer Engagement webpage (e.g. Hi, My name is Jim and this is my story”) | Also see 2.2.1 to develop the process and this strategy to use the process | S&Q Unit CEC, CPAG |
| Develop a Consumer Engagement Internet (for consumers) site and Intranet site (for staff). Explore social media opportunities | | S&Q Unit StaffLink |
| Evaluate and report improvements to consumer representation in publications | | S&Q Unit, CEC, CPAG |

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### Consumer partnership in designing care

#### 2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences

#### 2.5.1 Consumers and/or carers participate in the design and redesign of health services

*(Note: Actions for this are similar to actions for 2.2.1 and 2.8.2)*

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<th>Key Task</th>
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| Implement a systematic process for involving consumers and/or carers in the identification, development and implementation of design and redesign approaches | - Produce and introduce a tool called ‘One Page Profiles’ (OPP) for use by patients and health professionals.  
  - Patients: ‘How best to support/look after me’  
  - Staff: ‘How best to support me to do my job’ | CEC |
| When health services are designed or redesigned at any level of the organisation, consumers are to be involved. | Project plans include information on how consumers are to be involved in the development of the design or redesign projects. Reviewed by CEC  
  - Use the Consumer Engagement Toolkit to develop appropriate strategies to incorporate into projects to ensure the most effective consumer feedback, as well as the more usual sources such as complaints and commendations, surveys, focus groups, etc (e.g. proposals sent to consumers for comment, scenario planning, etc) | Service Managers, CPAG, CEC Project officers Consumer Liaison Unit |
| Retain and report on evidence of consumer involvement in the planning of the design or redesign of services | - Use the Risk and Improvement Plans  
  - Service Unit level reports are consolidated to Group Reports and | Service Managers Group |
### 2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships

#### 2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care

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<th>Key Task</th>
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<tr>
<td>Develop (or adapt) and provide access for the workforce to training and resources on consumer centred care and partnering with consumers</td>
<td>• Research/trial patient-centred care and partnering with consumers training and resource information and make available to staff&lt;br&gt;• Provide support to programs of work through reviews and surveys&lt;br&gt;• Explore avenues to utilise consumer experience in Orientation and training.</td>
<td>CEC</td>
</tr>
<tr>
<td>Training curricula, resources or materials that include sections on consumer centred care, partnerships and consumer perspectives are utilised for orientation and ongoing training (supported by S&amp;Q Unit, coordinated by CPAG, audited by CEC)</td>
<td>• Develop e-learning packages and orientation handouts and posters&lt;br&gt;• Resources on consumer centred care, partnerships and consumer perspectives are developed, posted on the Intranet and disseminated in other ways&lt;br&gt;• Input / feedback from consumers involved in developing training and resources are used to refine training&lt;br&gt;• Support is provided for staff wishing to research and develop strategies and materials&lt;br&gt;• Summary reports on consumer participation are provided to staff and consumers via the web and newsletters for information and for promoting strategies that may be of use to other areas of the THO-South</td>
<td>S&amp;Q, PDU, StaffLink, S&amp;Q Unit</td>
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#### 2.6.2 Consumers and/or carers are involved in training the clinical workforce

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<tr>
<th>Key Task</th>
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<tbody>
<tr>
<td>Implement a policy which includes the involvement of consumers and/or carers in the design and delivery of workforce training</td>
<td>• Protocol to be developed</td>
<td>CEC</td>
</tr>
<tr>
<td>Consumer representatives have input in the planning of activities outlined in 2.6.1</td>
<td>• As per action in 2.6.1</td>
<td>CEC, CPAG</td>
</tr>
<tr>
<td>Consumer representatives participate in the activities outlined in 2.6.1 as trainers where appropriate</td>
<td>• CEC develop a few topic-specific training modules that can be incorporated into training days&lt;br&gt;• S&amp;Q Unit and PDU promote the use of these modules in training programs.</td>
<td>CEC, CPAG</td>
</tr>
<tr>
<td>Summary reports of resulting activity are provided to staff and consumers</td>
<td>• Summary reports regarding findings of focus groups, community meetings or discussions involving consumers where feedback on training curricula and materials are distributed to staff and consumers</td>
<td>S&amp;Q Unit</td>
</tr>
<tr>
<td>Records of workforce training re: 2.6 are consolidated at THO-South level and tabled at Board, Executive and CEC levels.</td>
<td>• Training compliance in regard to Patient Centred Care and consumer participation are included in reports at all levels of the organisation</td>
<td>PDU, StaffLink, S&amp;Q Unit</td>
</tr>
</tbody>
</table>
2.7 Informing consumers and/or carers about the organisation’s safety and quality performance in a format that can be understood and interpreted independently

2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation’s safety and quality performance

<table>
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<th>Key Task</th>
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| Establish processes for disseminating information on S&Q performance to community – newsletters, Internet, newspaper, radio | • Develop a communication framework for dissemination of information including S&Q performance indicators to consumers and community groups  
• This should be read in conjunction with actions listed in 2.6 | S&Q Unit |

2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans

2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance

<table>
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<tr>
<th>Key Task</th>
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<th>Who</th>
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</table>
| Implement a process for involving consumers and/or carers in the review and analysis of organisational safety and quality performance information | • Ensure project plans, consultation plans, communication plans or reports on the process for review of organisational safety and quality performance are tabled at CEC and other community engagement groups as they are established (e.g. Critical friends groups)  
• Membership of groups tasked with reviewing organisational safety and quality performance include consumers  
• Collect evidence of involvement of consumers in the analysis of safety and quality performance data.  
• Utilise feedback from CEC, CPAG and service-based consumer groups to improve S&Q performance | Service/Unit Managers supported by Group Managers  
S&Q Unit |

2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements

(Note: Actions for this should be read in conjunction with actions for 2.2.1 and 2.5.1, and of 2.8.1)

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<tr>
<th>Key Task</th>
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</table>
| Membership of groups tasked with quality improvement activities include consumers(either critical friends groups and/or members of CEC) | • Project plans include information on how consumers are to be involved in the planning and implementation of quality improvement  
• Involvement of Consumers to be included within Project Report  
• Records of focus groups, surveys, proposals sent to CEC and CPAG for comment. Ditto with other activities focusing on eliciting consumer perspectives  
• Retain and report on evidence of consumer involvement in the quality improvement activity (probably using the Risk and Improvement Plans)  
• Service unit level reports are consolidated to Group Reports and ultimately THO-South reports to be tabled at Board, Executive and CEC levels. | Service Managers  
S&Q Unit |

| Retain evidence of activities and outcomes involving consumers | • Summary reports are provided to staff and consumers via the web and newsletters for information and for promoting strategies that may be of use to other areas of the THO-South  
• A reference document of QI initiatives is to be updated and coordinated by S&Q Unit. | Service Managers  
S&Q Unit |

| Raise awareness of success stories for promotion and influence | Service Managers  
S&Q Unit |
2.9 Consumers and/or carers participating in the evaluation of patient feedback data and development of action plans

2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data

<table>
<thead>
<tr>
<th>Key Task</th>
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<tbody>
<tr>
<td>Implement a process for involving consumers and/or carers in the evaluation of patient feedback data</td>
<td>Refer to 2.8.1 as consumer feedback data are specific types of quality data and the actions are all similar Feedback mechanisms include, but not limited to: • Surveys • Complaints and commendations • Focus groups • Discussion forums • Consumer interview • Patient/client shadowing • Process mapping • Patient stories • Suggestions (suggestion box, website) Suggestions as to how to undertake such research will be available in the toolbox (Refer to 2.2.1)</td>
<td>CEC /S&amp;Q Unit</td>
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2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data

<table>
<thead>
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<th>Key Task</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Implement a process for involving consumers and/or carers in the implementation of quality activities identified through patient feedback data</td>
<td>Refer to 2.8.2 as quality improvement activities relating to patient feedback data are simply a specific form of general quality improvement activities</td>
<td>CEC</td>
</tr>
</tbody>
</table>