

Partnering with Consumers for  
Patient Safety & Quality 2021–2026

# Framework

First of a series of three documents



Health  
Mid North Coast  
Local Health District

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### Acknowledgement of Country

We acknowledge the traditional custodians of the land covered by Mid North Coast Local Health District upon which we live and work; the Birpai, Dunghutti, Gumbaynggirr and Nganyaywana Nations.

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## About the Framework

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The *Mid North Coast Local Health District Partnering with Consumers for Patient Safety & Quality 2021–2026 Framework* is the first document in a series supported by the *Consumer Voice (the Guide)* and the *Toolkit — Collecting Patient Stories* and builds on the work from the *Mid North Coast Local Health District Community Engagement and Consumer Participation Framework 2015–2017* and *Mid North Coast Local Health District Partnering with Consumers Program 2019–2021*.

### The Framework:

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- Places the patient at the centre acknowledging their valuable knowledge and perspectives will shape Mid North Coast Local Health District policies, programs and health services into the future
- Aligns with the requirements of *National Safety and Quality Health Service Standards (NSQHS) Standard 2: Partnering with Consumers*
- Meets governance requirements as a core program of the *Mid North Coast Local Health District Strategic Plan 2021–2031*, *Mid North Coast Local Health District Clinical Governance Framework* and *NSW Health Elevating the Human Experience Guide*
- Strengthens our focus on patient-centred care by communicating, listening and responding to the voice of the consumer through patient reported measures, patient experience and satisfaction surveys, various community engagement forums and collecting patient stories.

### Purpose and Values

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The Framework is underpinned by the Mid North Coast Local Health District purpose and values of forming effective, mutually beneficial partnerships with the consumers and communities to whom we provide healthcare services. As a Local Health District, we are committed to delivering safe health care of the highest standard and recognise that partnering with consumers at all points of health service decision-making, planning and evaluation is key to achieving excellence in health outcomes.

### Terminology

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The following terms are used interchangeably by national, state and local organisations: “patient-centred”, “person-centred” and most recently “human-centred”. For the purpose of this document, person-centred care in the context of partnering with consumers will be used interchangeably referred to as patients, people, families, carers and communities who use our health services, or will into the future.

### Acknowledgements

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This Framework builds upon the existing Partnering with Consumers Program of work driven by the Patient and Family Centred Care team. It reflects the insights, experiences and wisdom of our colleagues and peers, the Mid North Coast Local Health District

## Introduction

People, patients and community are at the heart of our work in the Mid North Coast Local Health District. As an organisation, we recognise consumers, their families, carers and community members as our partners in care and value their positive contributions to improve quality of care and the health and the wellbeing of our local community.

By communicating, listening and responding to consumers and the community, we enable our health service to better plan, design and deliver services in key decision-making and the monitoring of the quality of services. There are many ways to do this, from consumers represented on the Board and Committees of the Board, to patient satisfaction surveys, focus groups and collecting patient stories.

Person-centred care is the foundation of excellence and a core component of value-based health care. Our Framework aligns with the NSW Ministry of Health CORE Values of Collaboration, Openness, Respect and Empowerment and the guide to Elevating the Human Experience. This commits us to the continued development of our approach and listening carefully to consumer voices. This ensure their needs are shaping the health service and central to decision-making at all levels of the healthcare system.

We are committed to delivering the best possible care in a safe and compassionate environment and enhancing the patient experience through understanding what matters to each patient. The Framework outlines strategies for engaging with consumers, families, and carers to facilitate their involvement in health service planning, decision-making, and evaluation to achieve excellence in consumer partnerships and true patient-centred care.

### We will achieve excellence in consumer partnerships by:

- Meeting high standards of care
- Communicating, listening and responding
- Considering health literacy
- Strengthening governance structures supporting consumer partnerships for patient safety and quality
- Understanding the policy content and strategic alignment
- Embracing our guiding principles
- Embedding our partnership approach for patient safety and quality
- Delivering on our purpose

## Our Community

The Mid North Coast Local Health District covers an area of 11,335 square kilometres which extends from Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north.

The Mid North Coast population has seen rapid growth in recent years, particularly in the ageing population with 23 per cent of residents in the region over 65 years of age. The Mid North Coast Local Health District provides health services regionally to around 300,000 people. The traditional custodians of the land covered by the Mid North Coast Local Health District are the Gumbaynggirr (from south of Grafton to just south of Macksville), Dunghutti (from south of Macksville to half way between Kempsey and Port Macquarie), Birpai (Port Macquarie area), and Nganyaywana (south-east region of the New England Tablelands) Nations. The traditional custodians of the land covered by the Mid North Coast Local Health District are the Gumbaynggirr (from south of Grafton to just south of Macksville), Dunghutti (from south of Macksville to half way between Kempsey and Port Macquarie), Birpai (Port Macquarie area), and Nganyaywana (south-east region of the New England Tablelands) Nations (see Figure 1).

The Mid North Coast population is currently over 212,000 people and is projected to increase by 8 per cent by 2026. The number of people aged over 65 years, who are the greatest users of health services, is projected to increase by 31 per cent by 2026.

Aboriginal people make up over 6 per cent of the population across the Mid North Coast. People born overseas comprised 11 per cent of the total population in 2016 census. Coffs Harbour is one of several designated resettlement locations for refugees and has a growing number of humanitarian refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of migrants from Asian countries also reside in Laurieton, Wauchope and Port Macquarie.

The total population of the Mid North Coast can be characterised by residents having significantly poorer health outcomes than the general NSW population in relation to chronic disease conditions, and higher levels of health risk factors and lifestyle behaviours contributing to poorer health outcomes. Social factors such as income, unemployment and education also contribute to health outcomes across Mid North Coast. Kempsey and Nambucca Local Government Areas continue to be ranked as having high levels of socio-economic disadvantage.

New South Wales Area Health Services Aboriginal Nations Map



NSW HEALTH

Disclaimer: This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, districts, or individual language groups. The boundaries are not intended to be exact. This map is not suitable for use in medical or other health care.



## How We Will Achieve Excellence in Consumer Partnerships

Meeting High Standards of Care – The National Safety and Quality Health Service (NSQHS) Standards: Australian Commission on Safety and Quality in Healthcare (ACSQHC)

The ACSQHC challenges health services to embed a quality improvement approach to partnering with consumers, and in collaboration with the Australian Government, states and territories, private sector providers, clinical experts, patients and carers, have developed eight NSQHS Standards. The aim of the Standards is to protect the public from harm and to improve the quality of health service provision and provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The Standards test whether relevant systems and processes are in place for the expected standards of patient safety and quality.

In alignment with the National Standards, this Framework aims to:

- Describe how consumers can participate in their own healthcare
- Help our services to involve consumers to deliver safe, effective, person-centred, equitable care
- Define the processes supporting partnering with consumers across the Mid North Coast Local Health District



The National Standard 2: Partnering with Consumers aims to create health service organisations in which there are mutually beneficial outcomes and recognises the importance of providing clear communication to consumers and involving consumers in their own care. This standard, together with the National Standard 1: Clinical Governance underpins all the other standards by having consumers as partners in planning, design, delivery, measurement and evaluation of systems and services, and as partners in their own care, to the extent they choose. The ACSQHC Key attributes supporting person-centred care is shown at Figure 2:

Figure 2: ACSQHC Key attributes supporting person-centred care



# Communicating, Listening and Responding

## The Benefits of Patient-Centred Care

The benefits of healthcare where the patient is at the centre are well documented. The quality of the patient experience is increased, quality of care improves, there is enhanced patient safety and higher satisfaction for patient and staff (Figure 3).

Input from consumers, their families and carers, the wider community and health consumer organisations provide valuable knowledge and perspectives to shape policies, programs and services providing benefits including:

- Opportunities to be involved and listened to about planning and service delivery
- Improvements in health literacy leading to a better understanding of health issues and services
- Better access to tailored and appropriate health services
- Higher quality patient and consumer information materials
- A greater sense of well-being, empowerment and belonging to the community
- A greater sense of ‘ownership’ over services and over one’s own health-related options and decisions.

Figure 3: The value of person-centred care (Australian Commission for Safety and Quality in Healthcare)



Benefits to the broader NSW Health system include:

- Improvements in the ways to meet the needs of consumers and the community and in particular for people from diverse, disadvantaged and marginalised backgrounds, people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, and people with mental illness or cognitive impairment
- Improved quality and relevance of policies and programs
- Earlier awareness of and attention to emerging issues, creating better opportunities to respond appropriately and positively
- Empowering and supporting consumers to be more actively involved in their healthcare and ability to access services more efficiently and effectively
- Improved empathy and communication skills of health care staff
- Increased respect and trust from the consumers and communities served<sup>4</sup>

## Listening — The Consumer Voice

Listening to the consumer voice provides deep insights into their experiences of the health system and allows health care teams to examine care provided using a lens with a different focus from other measures of quality of care. As part of the ongoing improvement efforts, patient stories support a person-centred approach by focusing upon what matters to patients, families and carers and confirms the District commitment to the practice of measures to attain better quality of care and patient safety.

Appreciative Inquiry is a methodology used to identify what is working well and why in organisations and is the foundation for making positive change. In the context of the consumer voice, individuals feel empowered through their stories and “lived experience” knowing that their input will facilitate desired change to the provision of health services into the future. Diversity is an important factor as there is no one universal patient voice and the AI process should be inclusive of ethnic, age, socioeconomic and gender diversity..

## Patient, Family and Carer (Lived) Experience

Understanding “lived experience” is a key step in moving toward person-centered care. People with a “lived experience”, their families and carers provide unique insight into how health services can best support their health needs and promote recovery and are integral to providing safe, high quality care (Figure 4). Their feedback assists with understanding aspects of health care delivery highly valued by people when they seek and receive care, such as getting timely appointments, easy access to information, and communicating well with health care providers. This is applicable across many other domains including education, employment, housing and family services.

Figure 4: Patient Story – Peer Worker with Lived Experience

### Empowerment Through Collaboration: The Kempsey Place Plan — Peer Worker with Lived Experience in Mental Health

The Mid North Coast Local Health District Mental Health Service and Department of Communities and Justice (DCJ) under the Kempsey Place Plan embraced an innovative approach by employing a Peer Worker with “lived experience” of mental health working across both Health and DCJ as a 12-month pilot. The aims were to ensure effective referral pathways were in place for mental health clients, and DCJ staff were provided with the skills and knowledge to comfortably engage with people with mental illness. Earlier intervention and referral to community services by the Peer Worker resulted in reduced lengths of stay and readmissions and a decline in DCJ tenancy issues for families at risk of homelessness. DCJ staff are now more effectively engaging, identifying, referring and supporting people with mental illness.

The Peer Worker project also strengthened connections by engaging with the community away from traditional “mainstream” health settings. Visiting the local Aboriginal community, an Aboriginal elder asked, ‘what is a Peer Worker?’ The reply was, “someone with lived experience of mental illness — my role is to help people who have a mental illness to engage with Government services and help them to navigate by providing simple explanations.’ The Aboriginal elder replied, “You’re a translator”. The Peer Worker replied, “I never thought of it like that, I just simplify things, so we all understand”.

(Category Winner 2019 Mid North Coast Local Health District Awards; Finalist 2019 Ministry of Health Awards)

## Patient Reported Measures

Patient Reported Measures are data collected to better understand the patient’s perspective about their experience of care and how illness or care impacts on their physical, mental, emotional health and wellbeing. Patient Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) are surveys conducted to provide direct feedback from patients and carers to better understand communication between clinicians and patients, assist patients with their choice of treatment and how to enhance their experience with the delivery of care.

## Considering Health Literacy

When partnering with consumers, health literacy is an important consideration at individual, service and organisational level as this is how people understand information about health and health care, and how they make decisions about their health care. The two main components of health literacy are:

- **Individual health literacy** or the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action. Not being able to understand this information can lead to poor management of illnesses and chronic conditions and reduced access to services.
- **The health literacy environment.** This is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

The Mid North Coast Local Health District approach to health literacy aligns with the Clinical Excellence Commission’s (NSW Health) Health Literacy Framework by acknowledging that most consumers may have difficulty interpreting health information and accessing health services. For successful partnering with consumers, information should be simplified, in plain English and checks should be done with the consumer to ensure the information provided is understood, contributing to safe, high quality and person-centred care. The Mid North Coast Local Health District has established Your Health Link <https://yourhealthlink.health.nsw.gov.au/> as the gateway to a range of Australian health related websites and resources reviewed and recommended by health professionals as credible sources of information. The site is designed for consumers, health professionals, students and teachers, linking information to support health needs and broadening knowledge on health-related topics.

## Strengthening Governance Structures supporting Consumer Partnerships for Patient Safety and Quality

As a fundamental element of quality and safety, partnering with consumers is embedded within the Mid North Coast Local Health District Strategic Directions and Clinical Governance Framework. The Governing Board, through the Chief Executive and Senior Executive Team, has accountability for the development and implementation of the Consumer and Community Engagement Framework and associated strategies. A community engagement structure consisting of the Partnering with Consumers Sub Committee of the Governing Board, consumer reference groups and Community Connections forums has been established (Figure 5).



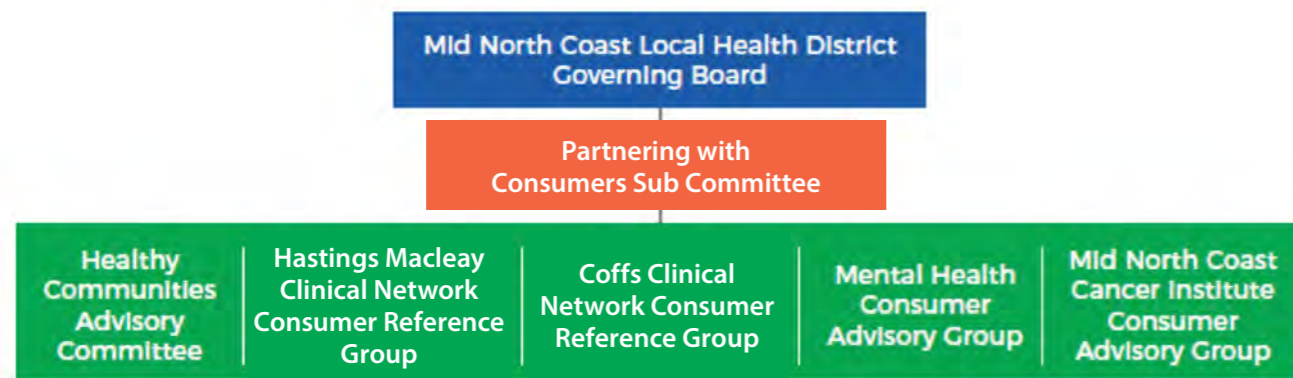


Figure 5: Governance Structure for Partnering with Consumers

**The Partnering with Consumers Sub Committee** membership is comprised of Board Members, health service Senior Executive and Managers and Community/Consumer Representatives and reports to the Governing Board. The Committee’s purpose is to develop strategies to communicate and engage with and receive feedback from communities about local health issues and service planning, to build trust and relationships with local communities, and to develop communication strategies to keep the community and consumers regularly and appropriately informed and engaged.

**Community Reference Groups** There are two Consumer Reference Groups covering the Clinical Network boundaries across the Mid North Coast Local Health District – Coffs Clinical Network Consumer Reference Group and Hastings Macleay Consumer Reference Group. The Consumer Reference Groups provide a platform for community engagement, participation and information sharing. The Consumer Reference Groups are primarily made up of members of the community, with senior management, Board members and Healthy North Coast representatives attending meetings.

The reference groups report to the Governing Board through the Partnering with Consumers Sub Committee providing an advisory function to the Board, the Chief Executive and Senior Executive Team on community and consumer engagement activities relating to service planning, delivery, measurement and evaluation, policy development, empowering communities to engage as partners in health, collaborating with our partners, improving communication with local communities regarding health matters and improving health literacy.

**The Community Connection Forums** are an initiative of the Governing Board and held throughout the Mid North Coast Local Health District. Patients, carers, and members of the local community are invited to meet with members of the Board and health service team representatives at their local health services to provide feedback on their experiences and ideas for improvement. Coordination and support of the Partnering with Consumers Sub Committee, Community Reference Groups and Community Connections is provided through the Patient and Family Centred Care Program as part of the Clinical Governance and Information Services Directorate.

## Understanding the Policy Context and Strategic Alignment

Internationally, a seismic shift has taken place across healthcare systems — a shift that moves health care professionals and providers from doing something for or to a patient to partnering **with** the patient in his or her care. Known as the *Patient and Family Centred Care Model*, this approach extends beyond episodes of care, to the planning, design, delivery and improvement of health services. As the Patient and Family Centred Care movement accelerates internationally, our health services are embracing the opportunity to further transition to full engagement with patients and families, and it is important to understand the context of policy and strategy at a state and national level that guide the development of local initiatives to enable excellence in health care for our community.

### National Level

At a national level, the focus on partnering with consumers is reflected in:

- The **National Safety and Quality Health Service (NSQHS) Standards** ‘Standard 2: Partnering with Consumers’ outlines the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care. This document supports health service providers in their work to meet the requirements of *Partnering with Consumers Standard*.
- The **Australian Charter of Healthcare Rights** describes the rights of patients using the Australian health system. The Charter allows patients, consumers, families, carers and services providing healthcare to share an understanding of the rights of people receiving health care. A genuine partnership between consumers and providers is important so that everyone achieves the best possible outcomes.
- The **National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes** was agreed by Council of Australian Governments (COAG) in 2008, and is a long-term framework that builds on the foundation of respect and unity provided by the 2008 National Apology to Aboriginal and Torres Strait Islander Peoples. It acknowledges that improving opportunities for Indigenous Australians requires intensive and sustained effort from all levels of government, as well as the private and not-for-profit sectors, communities and individuals.

## State Level

At a state level, the NSW Ministry of Health aspires to the CORE values of Collaboration, Openness, Respect and Empowerment, which are a key system wide focus. These goals and values are echoed in the key policies and documents that direct and guide our work as health service providers, including:

- **NSW Health Elevating the Human Experience: our Guide to Action 2020** presents a strategic approach to further strengthening current patient experience programs and provides a blueprint for partnering with patients, carers and their families to enable the delivery of high quality, compassionate and personalised care. This will be achieved by empowering consumers to partner with our teams, and by listening and responding to their real needs.
- **NSW Health policy directive 'Your Health Rights and Responsibilities'** outlines the rights and responsibilities of NSW Health services and staff, and patients and carers. This policy incorporates the principles of the Australian Charter of Healthcare Rights and is consistent with the National Healthcare Agreement (NHCA) 2009. Basic rights are detailed in the policy, and include 'participation', which is the right to participate in health care decision-making, and 'comment', which is the right to comment on care and have concerns addressed.
- **NSW Health Alcohol and Other Drugs (AOD) Consumer Engagement Framework** was developed to support and facilitate active collaboration between the Ministry of Health's AOD Branch and people who have a lived experience or have been impacted by alcohol and/or other drug use. The aim of the Framework is to provide a pathway of consumer engagement and foster a working relationship between the AOD Consumer Reference Committee and AOD Branch. It reflects how the lived experience of consumers is pivotal to ensuring policy and strategy address the impact of AOD use in our communities, including accessibility and appropriateness of services.
- The **NSW Ministry of Health Consumer Engagement Framework for the Alcohol and Other Drug (AOD) Branch** was released in December 2019, developed with consumers who are members of the Consumer Reference Committee (CRC) which ensures the policies and programs delivered by the AOD Branch are person-centered and address the needs of consumers. The Framework reflects how the lived experience of consumers is pivotal to ensuring policy and strategy address the impact of harm related to AOD use in our communities and to the accessibility and appropriateness of services.

## District Level

- Developed in consultation with consumer representatives, our **Mid North Coast Local Health District Strategic Plan 2021–2031** details our approaches to partnering with consumers in Focus Area 1: Informed, engaged, empowered community. This takes place within a rigorous governance structure that includes the Governing Board, Senior Executive Team, Healthy North Coast and consumer representatives.
- We are committed to Closing the Gap in health outcomes between Aboriginal and non-Aboriginal people. The **Mid North Coast Local Health District (Mid North Coast Local Health District) Aboriginal Health Plan 2019–2023** demonstrates our ongoing commitment to close the gap in health outcomes and life expectancy between Aboriginal people and other Australians. Through the plan we aim to:
  - i) create positive and honest relationships with Aboriginal people in our communities;
  - ii) provide a health system that Aboriginal people find readily accessible and culturally safe; and
  - iii) support Aboriginal people to build resilience, capacity and self-determination.
 A key strategy in achieving these aims is implementation of the **Aboriginal Cultural Safety and Security Framework**, a coordinated set of strategies and initiatives to improve cultural safety of services for Aboriginal consumers within the Mid North Coast Local Health District.
- Additionally, service specific consumer partnership frameworks exist for Mental Health Services, Drug & Alcohol Services and Research and Knowledge Translation. Our partnership model and level of participation in the Mid North Coast Local Health District is described in Table 1.



**Table 1: Partnership Model and Level of Participation**

	Partnering with Consumers	How we will do this
<b>Inform</b>	Information will be provided to you in a way you will easily understand important issues.	<ul style="list-style-type: none"> <li>● Patient/carer information</li> <li>● Community engagement conference</li> <li>● Fact sheets</li> <li>● Web site</li> <li>● Social media</li> <li>● Newsletters</li> <li>● Public displays</li> <li>● Suggestion boxes</li> <li>● Events</li> <li>● Hospital tours</li> </ul>
<b>Consult</b>	Your opinion is important to us and we will ask your opinion on health service planning, delivery and assessment.	<ul style="list-style-type: none"> <li>● Feedback on publications</li> <li>● Focus groups</li> <li>● Reference Groups</li> <li>● Surveys</li> <li>● Public forums</li> <li>● Interviews</li> <li>● Community representatives on committees</li> <li>● Evaluation surveys</li> <li>● Meeting Board and Board sub Committee members</li> </ul>
<b>Involve</b>	We need you to work with us to improve services and identify issues and solutions.	<ul style="list-style-type: none"> <li>● Reference groups</li> <li>● Patient/carer forums</li> <li>● Safety and quality meeting</li> <li>● Improvement working groups</li> <li>● Awards judges</li> </ul>
<b>Collaborate</b>	Working with you will help us to create better ways to deliver excellent healthcare services.	<ul style="list-style-type: none"> <li>● Co-design</li> <li>● Advisory groups</li> <li>● Planning workshops</li> <li>● Participatory decision-making</li> </ul>
<b>Empower</b>	We will place decision-making in your hands about selected issues impacting on health services	<ul style="list-style-type: none"> <li>● Involvement in capital works, and development of service, models.</li> <li>● Membership of Governance committees</li> <li>● Annual Public Meeting</li> <li>● REACH</li> </ul>

## Guiding Principles

### NSW Health Elevating the Human Experience: Our Guide to Action

In October 2020, the NSW Ministry of Health released the **Elevating the Human Experience: Our Guide to Action** which clearly defines partnering with consumers and continuously improving patient experience as key to a sustainable health system. This Framework is informed by the following principles of participation, and the impact of consumer participation on health service provision and patient outcomes:

- 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 improves outcomes, irrespective of the treatment chosen.
- Participation makes services more responsive to the needs of consumers and can uncover issues relevant to consumers and might not otherwise be heard.

Working in partnership with our staff, consumers and community, we undertake 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 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.

## Embedding Our Partnership Approach for Patient Safety and Quality

Aligned with these guiding principles and the aims and objectives of the **Mid North Coast Local Health District Clinical Governance Framework**, our partnership approach supports effective governance structures and systems which assure delivery of high standards of care for our consumers. We do this by promoting two-way open communication that involves listening and responding, keeping consumers informed and being clear about how their contributions can support delivery of safe and quality health care. Across our health services there are many opportunities for consumers to be meaningfully involved at the direct care level, the service level and the system level. Examples include:

- Committees with consumer representation (steering, advisory, reference, working groups)
- Consultations, forums, focus groups and workshops
- Involving consumers in safety and quality initiatives, special projects, such as new capital and service developments and as members of recruitment, selection and workforce panels
- Evaluating consumer satisfaction of planning and decisions for their care or treatment
- Inviting consumers to participate in the development of health information resources
- Inviting the local community to the Annual Public Meeting

## Delivering on our Purpose

### Monitoring and Measurement, Feedback and Response

The Mid North Coast Local Health District Partnering with Consumers Board Sub Committee will provide regular progress reports on the work plan and agreed performance measures to the Governing Board. Qualitative evaluation of consumer engagement activities will be used to inform future planning and decision-making and to report on and improve practice. This will involve seeking feedback from consumer participants involved in committees, forums and other engagement activities. Monitoring, measurement and reporting on our progress will be through:

- ACSQHC National Safety and Quality Health Service Standards and associated Accreditation processes
- NSW Performance Management Framework and Mid North Coast Local Health District Performance Agreement
- NSW Health Patient Survey Program (via Bureau of Health Information) and locally driven Mid North Coast Local Health District Patient Experience Surveys
- District and facility clinical indicators and performance measures including Patient Reported Measures (PRMs)
- Reports submitted to the Board and Committees of the Board including the Health Care Quality Committee (HCQC), the Senior Executive Team, and site-based Quality and Safety Committees
- The Consumer Voice – patient stories and the “lived” experience of the patient, family and carers
- Mid North Coast Local Health District Annual Public Meeting Year In Review
- Mid North Coast Local Health District Safety and Quality Account

## Final thoughts

The Mid North Coast Local Health District Partnering with Consumers for Patient Safety & Quality 2021–2026 Framework is the first document in a series and underpins the Consumer Voice (the Guide) and the Toolkit – Collecting Patient Stories to ensure we are communicating, listening and responding to our consumers and the community to move to achieving excellence in consumer partnerships. The strategies are necessarily broad and diverse to meet the needs of individuals and the whole of the community we service.



## Appendix A: Definitions

**Board** The Mid North Coast Local Health District Board bring a wealth of knowledge, skills and experience to the governance level of the District. The Board and Chief Executive responsibilities include:

- Improving local patient outcomes
- Monitoring the performance of the Local Health District
- Ensuring services are provided efficiently
- Delivering services and performance standards within an agreed budget.

**Carers** A person of any age who cares for another person needing ongoing support due to a medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person.

**Clinical Governance** A systematic approach to maintaining and improving the quality of patient care within the health system

**Co-design** Co-design is a community engagement approach involving stakeholders in the design of a service. Co-design offers stakeholders (usually patients, carers and sometimes clinicians) the opportunity of a more significant role in health care.

**Community** Is 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 such as in the development of an accessible, effective and efficient health service that best meets their needs<sup>2</sup>, or those of a special interest group. The term "community" is used throughout this document with the full understanding that it includes – health consumers, patients, carers, community members and clients

**Community participation/ engagement** Activities and processes where the opinions, concerns, needs and aspirations of community members are sought and are incorporated into the planning, design and delivery of health services. **Participation** occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community<sup>2</sup>.

**Consumer** People who use, or are potential users, of health services including children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations, health and illness conditions<sup>2</sup>

**Disability** This could be physical, psychiatric, intellectual or sensory impairment that may be a barrier to the person's participation in the community and may put them at a disadvantage compared to people without a disability.

**Engagement** is an informed discussion between an organisation and consumers, carers and the community which encourages participants to share ideas or options and undertake collaborative decision making, sometimes as partners<sup>2</sup>.

**Health literacy** The Australian Commission on Safety and Quality in Health Care defines health literacy in two components:

1. Individual health literacy: the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.
2. Health literacy environment: the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

**HealthOne** A health care facility where general practice and various community health services are available in a single location.

**Local Health District** An organisation which manages public hospitals and provides health services to communities within a specific geographical area in NSW.

**Multi-purpose Services** Health care facilities for regional and rural communities, providing access to a range of health services

**National Safety and Quality Health Service Standards**

The NSQHS Standards are designed to ensure all public hospitals and healthcare organisations have robust systems and processes in place to minimise the risk of patient harm and improve the quality of health service provision. The standards cover key areas of consumer involvement, governance, and clinical practice. Health organisations are regularly assessed by a registered accrediting agency.

**Patient centred care, person-centred care, human-centred care** are interchangeable terms as the core value of an organisation that guides its planning, delivery, and evaluation of health care and is grounded in mutually beneficial partnerships among health care providers, patients and families

**Primary Health Network** Primary Health Network are independent, not-for-profit organisations primarily funded by the Australian Government that work closely with general practitioners and local hospital networks to facilitate improved outcomes for patients through primary health care. The Mid North Coast Local Health District is covered by the Healthy North Coast.

**Stakeholder** Is an individual or group that has an interest, stake or decision-making role in the outcome of a decision, initiative or program. Stakeholders can be internal or external such as staff, government, partners, health consumers or community member

