



Metro North Hospital and Health Service *Putting people first*

Metro North Engage

Connecting for Health 2019-202 - Consultation Draft

Strategy for inclusive engagement, involvement and partnerships 2019-21

A Putting People First Initiative of Metro North Hospital and Health Service

Terminology

We have used the term “consumer” to describe the many people who access or may need access to Metro North Hospital and Health Service (Metro North).

This is a glossary of terms in Appendix 1.

Contributors

We acknowledge and thank the Community Board Advisory Group (CBAG) for its leadership in shaping our engagement agenda since 2013. We are grateful for the involvement of many consumers and staff who have collaborated to improve healthcare in Metro North.

Please visit

<https://metronorth.health.qld.gov.au/get-involved>

For more information and opportunities

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Forward from Chair of Board

To be inserted

Your local health service

Metro North Hospital and Health Service is Australia's largest and most diverse public hospital and health service. We also want to be renowned for being Australia's best and nicest hospital and health service.

We provide care to a catchment of more than one million people in the northern Brisbane region.

The Health Needs Assessment¹ describes the diversity within the communities we serve which guides our engagement processes.

Our 18,500 staff work across five hospitals, 14 community and residential care centres, 15 mental health centres and 27 public dental health facilities.

Our diverse health services include surgery, cancer care, maternity, trauma, medicine, mental health and more than 30 specialisation areas such as heart and lung transplantation and burns.

Insert map and our contact details.

Introduction

Connecting for Health 2019-21 strategy for inclusive engagement, involvement and partnerships (Connecting for Health) describes our commitment to engage consumers and communities in continually improving high quality healthcare. We will engage, involve and partner in a respectful, compassionate and cooperative way.

During the last three years we have engaged consumers and community in many ways including focus groups, online surveys, discovery interviews, workforce education, committee membership, project working groups, community expos, selection/judging panels, journey mapping and many more. We have also continuously reviewed and evaluated how we engage to ensure the way we do this is always relevant and meaningful.

This second edition of *Connecting for Health* will focus on strengthening consumer and community engagement and further recognition of its contribution to improving patient experiences, person-centred care and outcomes.

Our values of compassion, respect, integrity, high performance and teamwork guide the way we behave and work with each other to deliver care with our communities.

Connecting for Health is guided by Metro North Strategic Plan and supported by several other strategies including Putting People First Strategy, Safety and Quality Strategy; Clinician Engagement Strategy; Health Service Strategy; Research Strategy; and Digital North Strategy.

Connecting for Health involves:

- leadership commitment to engage with consumers
- our entire workforce
- people who access or may need access to our services
- their families or carers
- communities we serve
- organisations who we partner with to deliver health care.

¹ Health Needs Assessment Brisbane North PHN Metro North Hospital and Health Service 2016/17

We need to be agile and responsive to a changing environment through strong, dynamic and cooperative relationships and partnerships.

Factors likely to influence engagement activities over the next three years include:

- Responding to increasing demand and community expectations of health services
- The increasing population and changing profile of diversity within Metro North's catchment as well as increasing disadvantage and cultural diversity
- Introduction of National Disability Insurance Scheme (NDIS) in 2018
- The shift in how we measure success of services to focus on the value of care in relation to patient experience and outcomes rather than the volume of care we provide.

Purpose of *Connecting for Health*

Connecting for Health sets a clear direction and course of action to empower consumers to be actively involved in their care and to embed consumer and community involvement in shaping our services.

Priority areas

In this second edition of *Connecting for Health* we will retain the same priority areas for action that we have been working on since 2016, which are:

1. **Lead** a continuously improving consumer-centred culture
2. **Include** a diversity of people and voices
3. Improve how we **respond** to consumer experiences and expertise
4. **Integrate** for a seamless care experience for individuals, families and communities

How we address these priority areas over the next three years will build upon our achievements to date.



What we will do and how we will measure success

1. We will lead a continuously improving consumer-centred culture by:

- Revising and monitoring key performance indicators for consumer and community engagement and responding to emerging community needs and trends
- Building shared leadership skills amongst our workforce and consumers to partner and continue to grow a dynamic culture of involvement
- Enabling purposeful engagement through systems and processes that allow flexibility to engage a diversity of people
- Being recognised as a leader for outcomes co-created with consumers and community.

What we will measure:

- Engagement leaders are identified and are supported in personal and professional development relevant to their leadership roles
- Leadership roles are recruited for engagement capability and values in action
- Engagement activities and their outcomes are documented and shared through multiple mechanisms such as case studies, journal publications and presentations.

2. Include a diversity of people and voices by:

- Deliberate and targeted engagement to improve our connection and partnership with diverse groups and the equity of access and care we provide. Our focus will be on vulnerable people across the following community groups:
 - Aboriginal and Torres Strait Islander people
 - people with disabilities
 - culturally and linguistically diverse communities
 - people experiencing domestic and family violence
 - people with low incomes, insecure housing and social disadvantage
 - people with mental illness
 - Lesbian, Gay, Bi, Trans, Intersexual and Queer/ Questioning (LGBTIQ)
 - older people, particularly those who may be frail or near end of life
- Building workforce capability to engage with, understand and respond to a diversity of people and perspectives
- Recognising, understanding and seeking to minimise barriers that some people experience when accessing health services and information
- Engaging and empowering people as active partners in their health care.

What we will measure

The proportion of:

- engagement activities that involve at least one or more of the identified target groups (target - 30% of total activities)
- new health literacy initiatives involving consumers and community (target - 20% increase in activities)

3. Improve how we respond to consumer experiences and expertise by:

- Creating environments where people feel comfortable providing feedback and have confidence that we will act on feedback
- Monitoring patient experiences and opportunities for improvement at service and system level
- Targeted approaches to monitor patient experiences for people who may be less likely to provide feedback such as older people, Aboriginal and Torres Strait Islander people, people with disabilities, mental illness or cognitive impairment, culturally and linguistically diverse, people experiencing family and domestic violence or trauma, and people on low incomes
- Implementing action plans in collaboration with consumers in response to patient experiences
- Co-creating improvements in health literacy with our workforce, consumers and community.

What we will measure

- increase the number of patient experiences captured (target – 20% increase)
- actions plans responding to feedback are published
- consumers are involved in co-design activities resulting in safe, appropriate and acceptable services
- feedback from each of the identified target groups is monitored, reported and had improvement plans actioned
- entire care journey maps are captured with opportunities for improved service and system level integration.

4. Integrate for a seamless care experience for individuals, families and communities by:

- Innovating care pathways through partnerships to create sustainable improvements for a seamless care experience
- Partnering with Brisbane North PHN to engage consumers in the Health Alliance priorities
- Embedding consumer and community engagement in priority areas including:
 - new services and models of care
 - research
 - innovation
 - value based health care
 - health literacy
 - digital transformation
 - NDIS
- Collaborating with community partners for a coordinated approach to community health literacy.

What we will measure

- new, integrated care pathways are developed
- the Health Alliance has utilised consumer and community experiences to inform system reform
- formal partnerships (eg Memorandums of Understanding) with community organisations and their outcomes are collated as case studies, journal publications and presented at conferences and forums

- Metro North has collaborated with community partners and consumers to share health information and enable consumers and communities to be active participants in their health.

Critical success factors

In delivering *Connecting for Health* we will focus upon:

Organisational culture and capability:

- Putting our values into action
- Monitoring and evaluating consumer-centred outcomes for health care
- An organisational culture that is open about its processes and performance and works closely with consumers and community organisations
- Drivers and leaders of engagement at the executive-level and “from the ground-up”
- Partnerships that are highly valued and supported
- Collecting and sharing examples of successful engagement and lessons learned
- Improving reach and inclusiveness of engagement, focusing on who is not engaged and how to connect with them
- Ensuring engagement is seen as a necessary, ongoing process and not just a compliance exercise
- Understanding that engagement requires lead-in time and good planning with resources and time dedicated to building trusting relationships.

Skilled, caring and engaging workforce:

- Investing in a skilled and empathetic workforce with the ability to build trust and relationships and deliver consumer-centred care
- A mindset of care and respect that values and empowers consumers as active partners in their health and wellbeing
- Creating networks and sharing knowledge for collaboration and continuous improvement
- Developing a workforce that has a strong appreciation for diversity including culture and languages and the need to ensure both are accommodated in delivery of inclusive services.

Consumer and community capacity and relationships:

- Connecting with Health Consumers Queensland for support
- Building capacity for consumers and community to engage in collaborative partnerships
- Enabling consumers to develop knowledge, skills and experience that allows them to participate as partners to advocate for themselves and for others.

Issues and risks

By *Connecting for Health*, we aim to prevent or minimise the following issues and risks:

- At the **clinical level** – compromising high quality, safe services and treatment when consumers are not engaged as active partners in their health care.
- At the **service level** – service design that does not take into account local consumer and community experiences and needs resulting in misallocation of resources.
- At the **system level** – poor sector capacity to work together to support consumers and communities in Metro North.

- At a **sector level** - A disjointed health care system that is fragmented and poorly coordinated with inconsistent services that are difficult to navigate.
- At a **population level** – widening disparities in health outcomes particularly for those with the highest burden of disease and risk factors.

Benefits of engagement

By involving consumers and communities, we expect the following benefits:

- Improved health outcomes through consumers exercising their health care rights with a good understanding of treatment and options
- Higher quality and safety in interactions with health care professionals through mutual respect, shared understanding and collaborative decision-making
- Greater opportunities for people who have first-hand experience as consumers to contribute directly to the design of health care and innovative solutions to complex issues
- Holistic care that is respectful of and responsive to a range of consumer-related personal needs, preferences and circumstances including cultural, spiritual, social, community and familial
- An engaged and supported workforce that values respect, compassion and empathy to build trusting relationships with diverse consumers and communities
- Increased accountability through more open and transparent communication
- Informed consumers who understand the changes required and see themselves as active participants and partners in making change
- A culture of working together across organisational boundaries to achieve greater efficiencies and improve the seamlessness of services for consumers and community
- Enhanced public confidence in the public health system and better use of government funding.

What does *Connecting for Health* mean for consumers?

Lead a continuously improving consumer-centred culture

As a consumer I can expect:

- Metro North to be a recognised leader in consumer engagement and provide many and varied opportunities for involvement.
- To have the opportunity to work collectively and collaboratively on health service design, review and delivery.
- To be supported to participate meaningfully.
- Metro North to have strong and trusting relationships with consumers who represent a broad range of community perspectives.
- A skilled, respectful, empathic and capable workforce that works collaboratively, constructively and transparently with consumers as partners and decision-makers in the design and delivery of health care.
- To see how consumer experiences are shaping services and improvements.

Include diversity of people and voices

As a consumer I can expect:

- To feel empowered and respected and for my preferences, beliefs and experiences to be considered.
- To feel empowered as an active participant in my own health and wellbeing.
- Health professionals who listen to and respect what matters to me.
- My family to be involved as much as I want them to be.
- Metro North to be an inclusive service that overcomes access barriers to engagement that I might experience due to language, gender, sexuality, culture, age, caring responsibilities, social or financial circumstances, mental health, physical or intellectual ability.

Improve how we respond to consumer experiences and expertise

As a consumer I can expect:

- To easily be able to provide feedback about my experiences.
- To be confident that there are processes in place to respond to my feedback and to learn from my experiences in the understanding that health care is a shared responsibility.
- My rights and the options available to me are explained in a way that I can understand, retain and can act upon with the confidence that I am making the best decision for myself.
- To be invited and supported to participate in the design, review or delivery of health services.
- To have the opportunity to engage in the manner that I choose suited to my interests and experiences.

Integrate for a seamless care experience for individuals, families and communities

As a consumer I can expect:

- To experience seamless services regardless of whether I am receiving care in the hospital, at home, or in the community.
- To be connected with reliable, accessible health information that I can understand and act upon.
- To have a greater understanding of the health system and support services that are available to me.

Who is responsible for ensuring we deliver on *Connecting for Health*?

Realisation of *Connecting for Health* is a shared responsibility involving Metro North Board, Executive, staff, consumers and partner organisations.

Our healthcare leaders have a critical role in fostering a culture that values consumer and community participation to collaborate and shape the healthcare we deliver.

All staff have responsibilities for engaging consumers and communities. Engagement can occur at the point of care; in service planning, design, delivery or system level changes.

We rely upon the participation of a diversity of consumers, carers and community representatives who are partners in making change.

Metro North leadership responsibilities

The following committees and executive sponsors have oversight for aspects of *Connecting for Health*:

Leadership for consumer and community engagement - Metro North Executive and Board (Sponsor – Executive Director Health Service Strategy and Planning)

Inclusive consumer and community engagement – Metro North Executive and Board (Sponsor – Executive Director Allied Health Services)

Patient experience – Metro North Executive Safety and Quality Committee (Sponsor – Executive Director Health Service Strategy and Planning)

Consumer feedback and action plans - Metro North Executive Safety and Quality Committee (Sponsor – Executive Director Clinical Governance, Safety, Quality and Risk)

Health literacy – Health Literacy Steering Committee (Sponsor - Executive Director Health Service Strategy and Planning)

Integration - Metro North Executive and Board (Sponsor – Executive Director Clinical Services)

Compliance with Standard 2 for Partnering with National Safety and Quality Health Service Standards - Metro North Executive Safety and Quality Committee (Sponsor – Executive Director Clinical Governance, Safety, Quality and Risk).

Directorate responsibilities

Each directorate has an executive sponsor to oversee the implementation of *Connecting for Health*. The sponsor has responsibility for ensuring appropriate governance, direction, resourcing and support are in place as well as adherence to Metro North procedures for a consistent approach.

Directorates are required to report progress on each priority area for consumer and community engagement annually.

Directorates are responsible for monitoring compliance with the National Safety and Quality Health Service Standards.

Review and reporting

Connecting for Health will be reviewed annually. As part of this process we will measure and report on each priority area.

The Metro North Executive and Board will monitor progress and make recommendations for advancement in collaboration with consumers and community.

Appendix 1 – Glossary

Carer – an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

Community – refers to groups of people with diverse characteristics who are connected through common location, attitudes, cultures or interests. Individuals can be considered to be members of multiple communities at once. In the health context, it can be used to describe the population of the area serviced by an organisation, a cultural group or a group of people who all experience a particular health condition².

Consumer – a person who is accessing or may need access to health services including their family and carers. How each person defines him or herself in their interaction with Metro North will vary according to factors such as age, gender, sexuality, cultural background, health needs and familiarity with the health system. Some consumers may become involved based on an experience they have had, others may represent the interests of a group of consumers or they may represent someone from their support network such as a family member, carer or friend.

² Health Consumers Queensland Consumer and Community Engagement Framework February 2017

Consumer-centred care – health care that is respectful of and responsive to the preferences, beliefs needs and values of consumers. The widely accepted dimensions of consumer-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers and access to care (adapted from the Australian Commission for Safety and Quality in Health Care).

Digital transformation – Metro North has mapped out a digital transformation process from 2018 through to 2032. This will allow us to access the opportunities offered by digital innovation from real-time data and analytics through to precision medicine.

Directorate – refers to each of the following within Metro North: Royal Brisbane and Women’s Hospital; The Prince Charles Hospital; Redcliffe Hospital; Caboolture/Kilcoy Hospitals; Community and Oral Health Services; and Mental Health Services.

Health literacy – involves helping and enabling people to find, understand and use information to make decisions about their health and wellbeing. Understanding who and what influences a person’s view of health from a social and cultural perspective is an important part of health literacy. So too, is influencing how people understand and navigate the health care system. It is a shared responsibility for health care providers and consumers. Many factors influence health literacy which are outside the influence of the healthcare sector.

NDIS – National Disability Insurance Scheme is the new way of providing support for Australians with disability, their families and carers. The NDIS will provide about 460,000 Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life. As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life. All Australians fund the NDIS through the Medicare Levy. The NDIS will help people with disability to achieve their goals. This may include funded supports to facilitate greater independence, community involvement, employment and improved well-being. It is designed to give people with disability choice and control over how, when and where their supports are provided.

Patient experience – seeks to understand how patients experienced the healthcare that they accessed and identifies what we are doing well that we need to continue as well as what we need to stop doing and what we could do better.

Value based health care - focuses upon empowerment, understanding what matters to consumers and delivering high quality care to optimise benefits. Value based healthcare incorporates:

- better patient experiences and outcomes
- more efficient care
- improved health professional experiences in delivering care.

Values in Action – a Metro North initiative that makes our values of respect, integrity, compassion, high performance and teamwork more than words.

Metro North Hospital and Health Service

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