





OPERATIONS POLICY

RHC POLICY NO: GC 01:013:16:00P

PENINSULA PRIVATE HOSPITAL POLICY NUMBER: LM.02.205

POLICY TITLE

CONSUMER ENGAGEMENT

Peninsula Private Hospital (PPH) recognises that the principal responsibility for a patient's care lies with that patient's primary doctor. Following consultation with doctors and clinical employees, and through reference to current industry best practice standards, we have developed this policy as a minimum standard to ensure optimal care is given to the patient. Facility management and relevant PPH employees must comply with this policy and ensure that these minimum standards are integrated into the facilities clinical systems and PPH employee's individual practice.

POLICY PURPOSE	Peninsula Private Hospital (PPH) is committed to providing a level of care that is safe and consistent with best practice.					
SCOPE OF APPLICATION	This policy is not intended to be exhaustive or include the many informal processes used by clinicians and staff to engage consumers every day.					
	This policy is aligned with Standard 2 of the National Safety and Quality Health Service Standards - Partnering with Consumers, published November 2017 by the Australian Commission on Safety and Quality in Health Care.					
DEFINITIONS	Consumer A person who has used, or may potentially use, health services At Peninsula Private Hospital and for the purposes of this policy consumer(s) are identified as					
	Patients					
	• Carers					
	Families					
	Advocate					
	Support person(s)					
	VMOs credentialed to work at Peninsula Private Hospital					
POLICY REFERS TO	Peninsula Private Hospital - All Staff					
	VMOs					
	Consumers					
POLICY STATEMENT	Peninsula Private Hospital is committed to maintaining mechanisms that involve consumers in the planning, provision, monitoring and evaluation of hospital services. Consumer participation is built on a framework of informing, listening to, responding to and involving consumers.					
	Peninsula Private Hospital supports consumer participation in healthcare as an ethical and democratic right.					
EXPECTED OUTCOME	Increase control and influence consumers have over their own care and how their health conditions are managed and delivered.					
	 Increased awareness and understanding of the options and services available to consumers. 					
	Improved health outcomes.					
	A responsive service that meets and exceeds the needs of consumers.					

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PROCEDURE

PROCEDURE

1. Partnering with consumers

Effective partnerships exist when people are treated with dignity and respect, information is shared with them and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.

Different types of partnerships with patients and consumers exist within the health care system. These partnerships are not mutually exclusive, and are needed at all levels to ensure Peninsula Private Hospital achieves best possible outcomes for all parties.

For successful outcomes there are three key levels at which partnerships are needed:

Individual

At the level of the individual, partnerships relate to the interaction between patients and clinicians when care is provided. This involves providing care that is respectful; sharing of information in an ongoing way; working with patients; carers and families to make decisions and plan care; and supporting and encouraging patients in their own care and self-management.

Service, department or program of care

At the level of a service, department or program of care, partnerships relate to the organisation and delivery of care within specific areas. Patients, carers, families and consumers participate in the overall design of the service, department or program. They could be full members of quality improvement and redesign teams, including participating in planning, implementing and evaluating change.

Health service organisation

At the level of the health service organisation, partnerships relate to the involvement of consumers in overall governance, policy and planning. This level overlaps with the previous level in that a health service organisation is made up of various services, departments and programs. Consumers and consumer representatives are full members of key organisational governance committees in areas such as patient safety, facility design, quality improvement, patient or family education, ethics and research. This level can also involve partnerships with local community organisations and members of the local community.

2. Mechanisms to involve patients, carers and family in treatment and care

- · Consent policy and procedure
- Privacy Policy
- Australian Charter of Healthcare Rights Brochure
- Information on the PPH Website
- Compliment and complaints management system
- Referral and community services
- Encouragement for patients to participate in their treatment and care
- Bedside clinical handover
- Pre admission clinic
- Shared decision making

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1.3	Participation i	n service	evaluation	and prioritisation	of quality activities

- Consumer representation on the Quality Committee
- AON HEWITT patient experience surveys.
 - Results are benchmarked against all hospitals within the peer group.
 - Action plans are developed as a result of survey information in conjunction with Executive and Department Managers.
- Patient feedback questionnaires
 - Results are analysed for trends to identify opportunities for improvement.
- Social media platforms
 - o Facebook
- Hospital website
- Intranet

4. VMO Participation

- Medical Advisory Committee.
- Other hospital committees as outlined in terms of reference.
- Review of policies and procedures relevant to area of practice.
- As requested by Executive Management in relation to review of services.

5. Consent, confidentiality and indemnity for patients and carers

The consent of patients to be contacted prior to participation is established.

Consumers recruited to participate in any groups/committees are sought on a volunteer basis.

REFERENCES	Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for hospitals. Sydney: ACSQHC; 2017.	
	Department of Human Services 2006, Doing it with us not for us: participation policy	
	Australian Charter of Health Care Rights: Australian Commission on Safety and Quality in Health Care,	
RELATED DOCUMENTS	RHC Consumer Engagement Policy GCG 01:013:16:00P	
USEFUL LINKS		

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RESPONSIBILITY		
ACTION	Quality Manager	
REVIEW	Quality Committee	
APPROVAL	Executive Management Committee	
NEXT DUE	November 2021	

VERSION CO	VERSION CONTROL						
REVIEW DATE	REVIEWED BY	APPROVAL DATE	VERSION	CHANGE SUMMARY			
2004 (PPH) 2006 (BPH)			1	AUTHOR: Quality / Clinical Risk Manager & Director of Clinical Services			
				Initial document release			
2008 & 2009			2	Policy Expanded by Committees			
2012	Consumer Participation Committee and Executive Management Committee March	June 2012	3	PPH and BPH policies combined			
August 2015			4	Deletion from procedure: "Ten tips for better health brochure" "Info channel information" Added to procedure: "Bedside Handover"			
June 2018			5	Change of service provider for patient surveys from Press Ganey to AON Hewitt Added 1. Partnering with Consumers Addition of shared decision making Addition of social media platforms and hospital website and intranet to 3.			

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