



National Resource Centre for
CONSUMER PARTICIPATION in Health

Consumer and Community Participation Self-Assessment Tool for Hospitals

Version 2.0

May 2004

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This resource is distributed electronically through the National Resource Centre for Consumer Participation in Health website
<http://www.participateinhealth.org.au>

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Purpose of The Consumer and Community Participation Self-Assessment Tool

This Consumer and Community Participation Self-Assessment Tool is designed to help hospitals and units within hospitals to assess commitment to and capacity for consumer (patient), carer and community participation. This tool will help you:

- document current consumer, carer and community participation policies, processes and activities;
- identify strengths and weaknesses; and
- determine the steps and resources required for making improvements.

The self-assessment tool does not measure the effectiveness of the activities; rather, it helps you determine how much you have built participatory activities into your operation. The tool helps you reflect on current activities and then chart a course for the future.

This self-assessment tool focuses on key organisational functions:

- governance, strategic planning and policies;
- operational processes and strategies;
- education and training; and
- evaluation.

The self-assessment tool can be used by hospitals or departments/wards/units within hospitals to:

- identify the level of management commitment to consumer and community participation;
- determine the range of activities being implemented at department/unit/ward levels;
- plan where to go next and the resources required for the improvement;
- raise awareness and promote understanding of consumer and community participation among staff; and
- rate current activities using the Evaluation and Quality Improvement Program (EQuIP) scale by the Australian Council on Healthcare Standards (ACHS).

Rationale for consumer and community participation in hospitals

There is increasing evidence that consumer and community participation in health leads to better health outcomes and better quality of care¹, including:

- active participation of individuals in decision-making about treatments leads to improvements in health outcomes;
- access to quality information facilitates decision-making and supports an active role for consumers managing their own health;
- effective consumer participation in quality improvement and service development leads to more accessible and effective health services;

- active involvement of consumers at all levels of the development, implementation and evaluation of health strategies and programs is integral to their success;
- community engagement increases responsiveness to consumer/community needs and issues, including communities with diverse backgrounds.

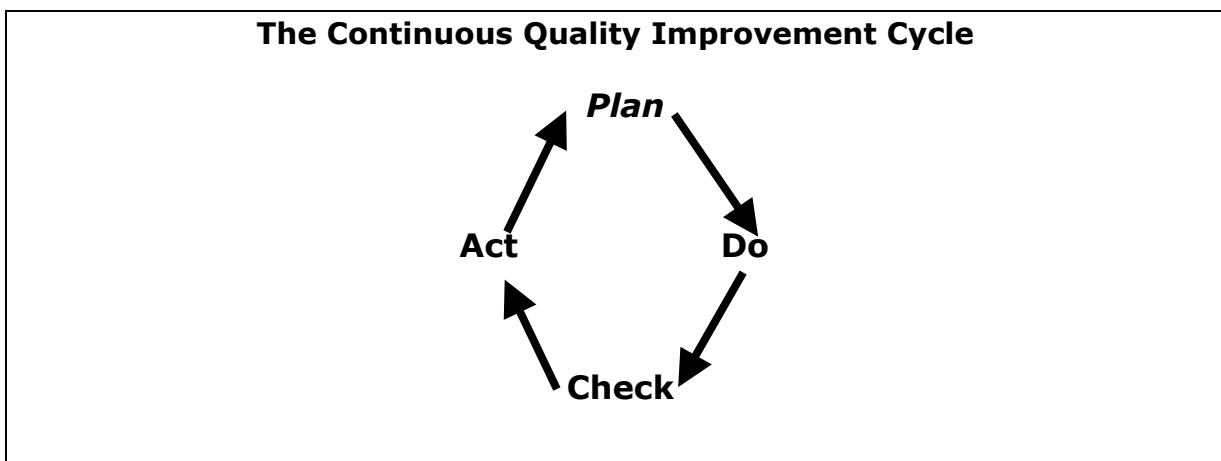
Eight key principles of consumer participation

Underpinning service improvement are eight key principles of consumer participation:²

1. Participation means partnership; means accepting uncertainty.
2. Deciding for effective consumer participation means deciding for organisational change.
3. Align your consumer involvement plans with organisational capacity; involve staff in building that capacity.
4. Consumer participation must be supported from the top.
5. Consumer participation must be supported from the top but it must be built from the ground up.
6. It's all about relationships, so use and build people skills.
7. Consumer participation needs partnerships, partnerships need dialogue, dialogue needs trust. So build trust.
8. Multiple strategies work better.

The link to EQUiP

Given the advantages of consumer participation, especially the evidence of better health outcomes, the EQUiP accreditation process includes consumer participation as part of the continuous quality improvement cycle³. This cycle follows a repeating process of Plan-Do-Check-Act⁴, as illustrated in the diagram below:



The first step in the continuous quality improvement cycle – **Plan** – focuses on developing an idea about what could be improved. This includes determining what data will be collected, how data will be collected and analysed, and who will be involved in this process.

The second step – **Do** – is a trial of the change. This step focuses on collecting the information about the trial. In this case, data collection involves completing the self-

assessment tool. Those who collect the information can include a mix of staff, consumers, carers and community members.

The third step – **Check** – involves reflecting in a systematic way. This includes analysing the data, or in this case, the results gathered from completing the self-assessment tool. This step also involves making recommendations to be acted on in the final step of the cycle.

The final step – **Act** – is when the organisation makes changes based on recommendations developed in the previous steps. Changes do not necessarily have to be large-scale. An important aspect of the continuous quality improvement cycle is that changes should be kept manageable within the time and resources available to the organisation.

Once completed the cycle begins again at the first step – **Plan** - thus completing the tool helps to identify ways to improve services through consumer and community participation, so that:

- consumers and community members participate in decision-making about individual care, service planning and quality improvement;
- consumers and the community are involved throughout the planning, implementation and evaluation phases of organisational activities;
- management and staff at all levels understand the role of consumers and communities, and actively support the development and implementation of a comprehensive consumer participation strategy;
- there are adequate resources and structures in place to support the participation process and use the information obtained from consumers and communities;
- consumer and community members who participate are treated with respect and trust; their expertise, skills, and input is valued; and they receive appropriate training, support, and financial assistance; and
- staff, consumers, and communities evaluate processes and outcomes of participation.

Many ways to improve

The goal of consumer participation in health is for organisations to move from occasional and passive involvement to having consumer and community participation as an integral part of the organisational strategy. Participation is a core component of the care process between providers and consumers. There are many ways to achieve this and what you choose to do will depend very much on your individual circumstances.

One important consideration is the level of consumer involvement. The chart below illustrates the range of participant involvement.⁵ This could provide a reference point for your organisation as you assess the level of involvement that currently applies and the level you would like to achieve.

Degree of control	Participant's action	Examples
High ↑	Has control	Organisation asks community to identify the problem and to make all the key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Has delegated control	Organisation identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions, which can be embodied in a plan it can accept.
	Plans jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises organisation	Organisation presents a plan and invites questions. Prepared to modify plan only if necessary.
	Is consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organisation makes a plan and announces it. Community is convened for information purposes. Compliance is expected.
Low ↓	None	Community not involved.

As well as thinking about the level of consumer participation, it is also useful to consider a variety of methods and models that can be used to involve the consumer and community.

There is no one right way of enabling the consumer and community to participate. It is important that a network or department/ward clearly identifies the consumer and community of services, and the purpose and methods of involvement. The following chart illustrates a range of purposes and possible methods.⁶ It is not comprehensive but could provide a useful reference point as you work through the self-assessment tool.

Purpose	Possible method
Identify risks or problems	Complaints, hotlines, phone-ins, focus groups, workshops, submissions, forums, surveys
Engage culturally diverse consumers	Consult with local organisations, support groups Conduct telephone surveys, phone-ins Use consumer advocates, consumer representatives, bilingual workers, culturally appropriate venues Prepare charters (translated), promotions, information to consumers (in appropriate languages)
Identify priorities or needs for community	Surveys, project groups, in-depth consumer interviews, focus groups, submissions, complaints, patient forums, nominal group techniques
Provide information and seek dialogue about a new service	Promotion and campaigns, roundtables, publications, public meetings, seminars
Measure acceptability of service	Surveys, research, evaluation of service, in-depth interviews, focus groups, phone-ins, support groups, patient journeys, diaries
Plan health services	Submissions, consumer councils, consumer representatives, policy round tables, consultative committees, consumer participation policies, consumer input into organisation policies
Facilitate individual care	Question lists, care plans, assessment tools, education classes, one-on-one coaching, tailored information, skills training, evidence-based health and treatment information

Definitions

Carers provide support to children or adults who have a disability, mental illness, chronic condition, or who are frail aged. Carers can be parents, partners, brothers, sisters, friends or children. Some carers are eligible for government benefits while others are employed or have a private income.⁷

Community refers to a group of people in a geographical location (locality of the health service/hospital and/or catchment area) or who have characteristics in common (e.g. culturally determined, a disease-oriented group, or an interest group)⁸.

Consumers are those who use health services (*patients*) or are potential users of health services, including the family and carers of patients and clients. This includes those who may be directly or indirectly affected by health services.⁹

Consumer and community groups are groups that:

- form around local geographical interests, generally in response to a single issue of local public concern;

- form among people sharing the same health condition or experience;
- are forged among people with a shared experience of being harmed by a product (or by people advocating a particular treatment or practice);
- protest particular practices or developments on an ideological basis;
- come together to represent the concerns and interests of population groups that have a shared identity;
- are generic groups and coalitions that are formed to advocate on behalf of the whole population.¹⁰

Consumer representatives voice the consumer perspective and take part in the decision-making process on behalf of consumers¹¹. They are accountable to the organisation they represent and refer back to their constituency.

Network is an organisational structure covering a group of hospitals and other health services (e.g. community health services) under one administrative umbrella.

Participation is the process of involving consumers (*and community members*) in decision-making about their health care, health service planning, policy development, setting priorities and addressing quality issues in delivery of health services⁷. The degree of participation can range from low degrees (e.g. information giving and information seeking) to higher degrees (e.g. consultation and partnership).⁴

How to use the Consumer and Community Participation Self-Assessment Tool for Hospitals

In-house processes

Use the self-assessment tool in whichever manner is most beneficial to your organisation. How you use this tool will depend on how your hospital or department is structured and the resources you have available. The following list presents some examples of how you might use the tool to gather information.

- planning workshop for managers
- round table discussion involving all staff
- agenda item at a staff unit meeting
- suggestion box in a shared staff area
- white-boarding activity in a shared staff area
- set up a self-assessment committee or team with a range of staff to collect all data
- staff and consumer working party.

Other methods may suit your hospital or department. For example, in some hospitals, the Quality Manager or Quality Improvement Consultant undertakes the organisational assessment (Part 1) and then coordinates the activity across the network/hospital with each department/unit head being responsible for completing Part 2 for their own area. Others have said it could be part of the Consumer Representative or a Project Officer's roles and they would expect that person to interview the relevant people across the organisation to complete network and department/ward levels.

However, you choose to use the self-assessment tool, it is important that you determine beforehand why you are undertaking the self-assessment activity and how you want to use the result. It is equally important that you clearly describe and justify your method.

Working through the questions

1. Review the definitions above and apply these rather than other connotations to the keywords used. For example, ‘consumer’ refers to a user or potential user of the health system and includes a user’s friends, family or carers. The term is not used here to refer to customers in a business sense.

2. Read the question in column 1 then fill in the answers in column 2. If a question has more than one part, answer ALL parts of the question. For example, Question 2.5 of the department/ward survey asks:

What methods does the department/ward have for involving consumers in:

- Care processes
- Service improvement
- Continuity of care
- Education resources for consumers
- Other

If one of the parts of the question is not relevant to you, then write NA rather than leave it blank. This will help create a more thorough benchmark for future reference than if you leave it blank.

3. With each question you will be asked to rate the current activities. This is according to how you see them, not in comparison with other people. This self-rating scale has been adapted from the EQuIP format developed by the Australian Council on Healthcare Standards (ACHS)³. You have two options of how you might want to rate:

NA	0	Not applicable
LA	1	Little achievement
SA	2	Some achievement
MA	3	Moderate achievement
EA	4	Extensive achievement
OA	5	Outstanding achievement

If there is more than one part to the question, rate each component that is applicable to you. There are no right answers to this section. The results here provide your subjective assessment of how you are performing in your unit or in your organisation as a whole. When the individual responses are compiled for an organisation they provide a measure of the organisation’s confidence in its own performance in this area.

4. Identify what you could do to improve. Be as specific as possible about actions and outcomes and, where questions have sub-sections, address each component of the question.

5. The previous steps help identify the resource commitment that will be required by your area, so be specific about the details of staffing, equipment, finance etc. for each activity identified in the previous column.

Example:

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
2.3	<p>What methods does the department/ward have for involving individual consumers and carers in <i>decision-making about their own care</i>, including:</p> <ol style="list-style-type: none"> tests and treatments care processes discharge planning (post hospital support, self-care, rehabilitation) 	<p>Staff are committed to assisting consumers with decision-making but activities currently are piecemeal. No systematic approach.</p> <p>We currently use:</p> <ul style="list-style-type: none"> one-to-one communication with patients about care & treatment planning education & information (written and verbal) on condition & treatment to consumers (in several languages) self-medication policies for patients use of interpreter service family meetings on discharge plans 	SA	<p>Over time we will develop and implement a care process on shared decision-making</p> <p>Actions required:</p> <ol style="list-style-type: none"> Establish a staff working party to determine best ways to identify consumer/carer needs, timing, and process for implementing a shared decision-making process. Identify needs by asking current and former consumers, staff. Develop and implement a care process on shared decision-making Plan, implement and evaluate training sessions on communicating test and treatment choices and assisting consumers and carers to make decisions. Assess (from consumer/carer and staff viewpoints) and adjust 	<p>One staff member needed to coordinate working group</p> <p>\$\$ for someone from outside the department to talk to current/former consumers/carers & to provide report</p> <p>Time for staff to participate in developing & assessing care process</p> <p>\$\$ for staff training in facilitating shared decision-making.</p>

What to do with the information

Once the information is gathered and recorded, it can then be analysed and reported on to the Board, senior management, staff, consumers and community groups who contributed to the data collection. The results can be used to identify the strengths, gaps and limitations regarding commitment to and activity in consumer and community participation. The hospital or ward will then be able to decide where management efforts need to be directed to further develop consumer and community participation.

Further Resources

The *Consumer and Community Participation Self-Assessment Tool for Hospitals* is one of many resources produced by the National Resource Centre for Consumer Participation in Health, and available in Word and pdf from the Centre's website www.participateinhealth.org.au

Also on the website are a large number of other resources developed or stored by the Centre. These include consumer participation self-assessment tools for other types of organisations, a wide range of resources on consumer participation methods, and practice examples.

Contact: National Resource Centre for Consumer Participation in Health
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free call 1800 625 619, email nrcph@latrobe.edu.au

ENDNOTES

¹ Commonwealth Department of Health and Aged Care (2001) *The evidence supporting consumer participation in health*, Consumer Focus Collaboration, Commonwealth Department of Health and Aged Care.
<http://www.participateinhealth.org.au/Clearinghouse/Docs/evidence.pdf>

² Adapted from Laris and Verity (2000) Community Participation: Power, Organisation and Change in Commonwealth Department of Health and Aged Care 2000, *Improving health services through consumer participation: A resource guide for organisations*, Commonwealth Department of Health and Aged Care

³ Australian Council on Healthcare Standards, *The EQUIP Guide A Framework to Improve Quality and Safety of Health Care, Third Edition*, 2003

⁴ Jaeger, B., Kaluzny, A. and McLaughlin, C. (1994) 'TQM/CQI: From Industry to Health Care', in C. McLaughlin and A. Kaluzny (Eds.) *Continuous Quality Improvement in Health Care: Theory, Implementation, and Applications*, Aspen Publishers, Gaithersburg, Maryland, p. 20.

⁵ Brager, George & Specht, Harry (1969) *Community organizing*, Columbia University Press, London, p.39

⁶ Adapted from Department of Health and Aged Care 2000, *Improving health services through consumer participation: A resource guide for organisations*, Commonwealth Department of Health and Aged Care, p. 15 by the National Resource Centre for Consumer Participation in Health, 2003.

⁷ Carers Australia (2002) 'Who are carers?', Information accessed from http://www.carers.asn.au/aboutus.html#who_are_carers on 17 April 2003.

⁸ Commonwealth Department of Health and Aged Care (2000) *Improving health services through consumer participation: A resource guide for organisations*, Commonwealth Department of Health and Aged Care, p. 4.
<http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection1.pdf>

⁹ Commonwealth Department of Health and Aged Care (1998) Consumer Focus Collaboration Strategic Plan, Commonwealth Department of Health and Aged Care

¹⁰ Bastian, H (1998) Speaking up for ourselves: The evolution of consumer advocacy in health care. *International Journal of Technology Assessment in Health Care*, 14 (1): 3-23

¹¹ Consumers' Health Forum of Australia, *Guidelines for Consumer Representatives*, Consumer's Health Forum of Australia, 1999, p. 3. <http://www.chf.org.au/publications/>

Consumer and Community Participation Self-Assessment

Name and location of the department, ward or unit:

Brief description of consumers (patients and their families and carers) of your service:

Date of this self-assessment:

Name and contact details of support person in your organisation/hospital:

Brief description of your community:

Positions of the staff who took part in the self-assessment (you may also wish to record names of staff who participated. This will be useful information if you repeat this exercise in the future):

Name:

Position:

PART 1: ORGANISATIONAL LEVEL

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
1.1	Has consumer and community participation been incorporated into the network's <ol style="list-style-type: none"> vision & mission values statements from leaders such as CEO, senior managers and senior clinicians 				
1.2	How has the network identified the relevant <ol style="list-style-type: none"> communities current and potential users of services 				
1.3	What organisational decision-making structures include consumers? (For example Board, Quality Committees, Advisory Committees, other structures)				
1.4	In what way do the strategic directions and plans of the network reflect identified consumer and community needs?				
1.5	How has the network involved community members and community groups in: <ol style="list-style-type: none"> health service planning policy development priority setting quality improvement 				

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
1.6	What key consumer policies does the network have in areas such as: <ol style="list-style-type: none"> Consumer rights and responsibilities Complaints Consumer access to information Consumer participation 				
1.7	How are staff training policies used to support the implementation and maintenance of these consumer participation policies?				
1.8	How do consumers find out about: <ol style="list-style-type: none"> Rights and responsibilities How to make a complaint or compliment Accessing information How they are able to participate in the organisation 				
1.9	Have training and education programs been provided to staff to enable consumers and community members to participate effectively?				
1.10	Who are the leaders, champions or staff delegated with the responsibility for consumer participation? How do staff and consumers identify them within the network?				
1.11	Are the key principles of consumer participation incorporated into job and position specifications?				
1.12	Are the key principles of consumer participation incorporated into staff performance appraisal?				

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
1.13	How does the network recognise the contributions made by consumers and the community?				
1.14	How is consumer participation monitored and evaluated? Consider: a. consumer participation plan b. key performance indicators				
1.15	How does the network report on consumer and community participation activities and outcomes?				

Further comments:

PART 2: DEPARTMENT/WARD LEVEL

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
2.1	How are network-wide (or hospital-wide) consumer policies implemented in the department/ward?				
2.2	What is the department/ward purpose for involving consumers in planning and decision-making?				
2.3	What methods does the department/ward have for involving individual consumers and carers in <i>decision-making about their own care</i> , including: d. tests and treatment options e. care processes f. discharge planning (post hospital support, self-care, rehabilitation)				
2.4	What methods does the department/ward have for involving consumers and carers in <i>service improvement</i> , such as: a. feedback mechanisms (surveys, in-depth interviews) b. consumer information development c. quality improvement committees				
2.5	What methods does the department/ward have for involving key community/support groups in planning and improving services?				

No.	Criteria	What do you have/do currently?	Self-Rating	What could you do or improve? Action Required and expected Outcomes	Resources required (eg staff roles, timelines, finance)
2.6	Are consumer participation skills incorporated into staff position descriptions?				
2.7	Does the performance review of staff consider responsibility for, and achievements in, consumer participation?				
2.8	What training to improve skills in consumer participation have your staff attended?				
2.9	How and to whom does the department/ward report on its consumer participation activities and outcomes?				
2.10	How is the effectiveness of the consumer participation activities evaluated?				

Further comments:

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