

Report as at 31 December 2023

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| **Year 1 (2021)** | **Year 2 (2022)** | **Year 3 (2023)** | **Overall Status** |
| Develop the implementation plan for the Health Literacy Standard | Implementation of all new and revised standards and guidelines including staff and consumer representative training and capability building.  Development of quantitative and qualitative measures of implementation of health literacy and the conduct a baseline assessment | Measure and evaluate the implementation of key guidelines and practice on patients, carers, families, the community and the workforce | * All new and revised standards implemented. * Diversity Coordinator completed Health Literacy training with Enliven and information gathered to inform baseline assessment. * Staff and consumer representatives were surveyed regarding the current Consumer Information Committee processes which are guided by the Patient Education Material Guideline. * Benchmarked practice for patient education material with other health services which has informed review of the Patient Education Material Guideline and governance of patient education material. * Health Literacy Standard reviewed and approved in November 2023. * Roll out of Effective Clinical Communication training over the last 24 months has supported staff understanding of tools such as Teach Back. * Roll out of the Check Back and Question Builder tools to support patient health literacy. * No formal evaluation or measurement of the implementation of key guidelines and practice on patients. |
| Commence the Partnering with Patients, Families and Carers project which will develop and pilot the future state for clinicians to effectively partner with our patients, families and carers to plan, communicate, set goals and make decisions about their current and future care and identify the required change management, integrated clinical tools, processes, framework and training to implement across Eastern Health | Refinement of the Partnering in Healthcare Scorecard of measures to ensure ability to evaluate partnering with patients, families and carers as outlined in all standards and guidelines. Progress the implementation of the Partnering with Patients, Families and Carers project and ensure monitoring of practice is in place | Continue to improve the partnership models through review and evaluation | * Partnering with Patients, Families and Carers project fully implemented and monitoring of ongoing training completed occurs through Partnering in Healthcare Clinical Risk Governance Committee. * Monthly Patient Experience report reviewed and number of indicators and analysis changes have been made. Addition of indicator for patient education material added to scorecard. * Addition of metric for Consumer Participation Requests added to Team Assurance. * Effective Clinical Communication and Shared Decision making training modules have been updated in 2023 to a more user friendly design. * Facilitated training sessions have continued throughout 2023 with very positive feedback provided in evaluation surveys. * Submission for a grant to support pilot of simulated training for Shared Decision-making has been made in November 2023. |
| Review the Complaints Resolution Standard to be the Patient and Family Feedback Guideline and to be compliant with Health Complaints Commissioner legislation | Explore opportunities to progress Patient Reported Outcomes | Commence feasibility pilot of Patient Reported Outcomes | Community Health and HARP have gone live with Patient Activation Measure as part of broader project with EMPHN. Literature Search completed and plan to conduct analysis of what PROMs are in use at Eastern Health in 2024. |
| Review Guide for Authors: Developing Health Information | Embed identification of patient information requirements and resources into clinical stream Appropriate and Effective Care plans. Support clinical streams to prioritise and develop patient information resources | Ensure all patient-related health information is consolidated into the Integrated Quality System. Consider alternative delivery mechanisms for patient information (i.e. audio and/or video) and accessibility (e.g. via Internet or other systems) | * There is now visibility of patient education material requiring review through Clinical Governance Scorecard. Changes to Patient Education Material Governance will require Clinical Streams to have more involvement. * Patient Education material remains on Objectify as Integrated Quality System did not proceed. * Approval gained to progress Patient Education Material to being available via website. This will continue into 2024. Revised Patient Education Material Guideline to include processes for alternative delivery mechanisms such as video. |
| Embed and evaluate the new Patient Experience Survey which will ensure we hear the voice of our patients | Embed patient experience survey data review into daily and weekly local clinical team meetings. Capture local improvement activities resulting from data review and monitor for trends and opportunities for spread. Routine review of data by Partnering in Healthcare Clinical Risk Governance Committee and Executive for Eastern Health-wide opportunities for improvement | Embed processes for review of patient experience data over time to ensure improvement | * Patient Experience Survey Dashboards now available via intranet for local ward/department and program level. * The Patient Experience Survey Dashboards provide the mechanism for review of patient experience data over time to ensure improvement. Ongoing work to continue to ensure this is being undertaken at ward, program, directorate and organisational levels. |
| **Year 1** | **Year 2** | **Year 3** | **Overall Status** |
| Build capacity of staff on co-designing with consumers by developing a new Co-design with Consumers Guideline and associated tools and resources | Identify one area to pilot the process in depth and PDSA prior to full roll out. Develop measures of success for co-design | Measure and evaluate capacity of staff to co-design with consumers and the impact of consumer co-design practices. Monitor outcomes from co-design initiatives Implementation of guidelines including associated tools and resources across the whole of Eastern Health | Guideline and associated tools developed and implemented.  This remains a priority to be carried into 2024. |
| Review Partnering with Consumers Standard and develop a new Guide for staff together with associated tools and resources | In partnership with consumers from diverse community groups, implement the new guide and provide training to staff so that they enhance their ability to partner with consumers. | Measure and evaluate capacity of staff to partner with consumers and the impact of consumer participation at the service level. | * Partnering with Consumers Standard and guide for staff reviewed and implemented. * Annual survey to consumer representatives completed and staff on committees surveyed. Opportunity exists to complete a more in depth evaluation. |
| Review resources such as the Consumer Request form to ensure that it includes the requirement for closing the loop of consumer participation in the form of a report - “You said, we did”. This will ensure that we are listening to what our consumers are saying and staff will become skilled in evaluating participation activities | New Request form with consumer feedback loop embedded into standard practice | Measure and evaluate the consumer feedback loop and impact at the service level | New request form and "You Said, We Did" form implemented but not fully evaluated. Opportunity exists to explore other avenues for feedback including utilising domains of Partnering in Care. Most staff are aware of the process/those unaware are provided with relevant information. |
| **Year 1** | **Year 2** | **Year 3** | **Overall Status** |
| Working together with the community to ensure that services meet their needs by developing an understanding of what partnering with our community means through a new Standard for Partnering with our Community, associated tools and resources | Undertake gap analysis of current Community Partnership activities against the new Standard. Implementation of the new Standard, associated tools and resources commencing with identified gaps and using a risk-based approach | Develop measures to evaluate the impact on the organisation. Develop implementation plan to roll out the new Standard across Eastern Health and commence implementation | * New Standard developed. * Gap analysis not completed. * For consideration of carryover to 2024. |
| Develop a process for community representation and engagement at the Eastern Health sites | Implement site-based reference groups. Develop measures that will support progress towards community engagement and participation | Measure and evaluate efficiency of reference groups and the impact on the organisation | Discontinued |
| Establish two-way communication processes with our community to enable Eastern Health to hear the things that are important through: 1. community representatives on Community Advisory Committee  2. developing in partnership with Community Advisory Committee members a web page on the Eastern Health website to seek the broader community input 3. continuing to establish relationships with each local government council in primary and secondary catchments including participation on key committees where appropriate, as well as other service providers and community networks. Collate feedback from those relationships to develop partnerships and initiatives 4. Develop a webpage on the Eastern Health website to capture broader community feedback | 1. Community issues/feedback highlighted by Community Advisory Committee members reviewed/ discussed 2. Co-design improvement of health literacy of our diverse community, including illness prevention, with diverse partners in the community 3. Collate feedback to include in Community Participation Plan and other improvements | Measure and evaluate impact in the community and on the reputation of Eastern Health | * web page not developed * relationships established with local government councils * Community issues/feedback highlighted by Community Advisory Committee members is reviewed and discussed at Community Advisory Committee meetings * SCV Heart Collaborative working with consumer/community member re delivery of health promotion sessions & setting up peer support group * Feedback from community networks included in Consumer Participation Report, Quarterly Patient Experience Reports. |
| Continue to implement defined programs of work associated with: • CALD • Child Safety • Aboriginal Cultural Safety • Disability • Family Violence • Gender Equity • LGBTIQA+ • Equity and Inclusion | Undertake gap analysis against the Eastern Health Diversity Wheel and using a risk-based approach identify areas of focus | Review progress of agreed plans and consider additional priorities | * Diversity, Equity and Inclusion Committee established in 2023. Working groups continue for:  • Child Safety • Aboriginal Cultural Safety • Disability • Family Violence • Gender Equity • LGBTIQA+ * New Diversity, Equity and Inclusion Committee undertook assessment to identify areas of focus and have established an Improvement and Innovation Plan. * Rainbow eQuality Action Plan and Disability Action Plans reviewed and plans underway to develop next iteration. |
| Promote and embed the Equity & Inclusion Standard & associated resources through the new starter orientation process | Review key indicators of Equity and Inclusion to identify areas for improvement with regard to the agreed Standard | Monitor the indicators and undertake further improvements to meet the Standard | * All new starters complete the Equity and Inclusion iLearn Training. * Diversity, Equity and Inclusion Committee has established a scorecard with key indicators to monitor Diversity, Equity and Inclusion Committee monitors indicators and has revised the Standard in 2023. |
| Implement and embed the care and support of LGBTIQA+ Guideline | Review key indicators of a supportive LGBTIQA+ organisation to identify areas for improvement with regard to the agreed Standard | Monitor the indicators and undertake improvements to meet the Standard | * Guideline implemented * Rainbow eQuality Action Plan reviewed * Indicators monitored on Diversity, Equity and Inclusion scorecard |