

Guide to Producing and Sourcing Quality Health Information

Self-evaluation toolkits



Guide to Producing and Sourcing Quality Health Information

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All links up to date at 28 February 2019. Finalised 18 April 2019.How to use these Toolkits

These Toolkits are taken from the [Guide to Producing and Sourcing Quality Health Information](https://www.latrobe.edu.au/chcp/health-information-guidelines), a set of Guidelines to help Victorian health services produce or source quality health information for people who use their services.

These Toolkits correspond to the four Guidelines within the Guide:

* Governance
* Partnering with consumers
* Supporting health literacy
* Sharing resources

These Toolkits are not designed to be a standalone document. They are intended to aid implementation of the Guidelines or to review your achievements. They have been taken from the Guide and presented here in Microsoft Word format so that you can more easily enter information into them.

We strongly advise that any users of these Toolkits are also using the Guide to fully understand the requirements and suggested activities under each Guideline.

Self-evaluation toolkit for Guideline 1: Governance

This Toolkit is provided to help health services evaluate their performance against Guideline 1: Governance:

*Organisations should include health information-related activities in governance processes and documentation to ensure consistency and transparency in health information production and sourcing, and to demonstrate organisational commitment to the development of quality health information.*

There are three tools:

* Ten reflective questions to support self-evaluation
* An activities checklist with examples of activities in line with the tasks within the Guideline
* A table mapping the relationship between Guideline 1 and the National Safety and Quality Health Service Standards

The tools are aids that can be used to conduct self-evaluation but there may be others that are more appropriate for your organisation. Similarly, the activities checklist has various examples but you may be undertaking other activities that meet this Guideline.

Ten reflective questions to support self-evaluation for Guideline 1

This approach has been adapted from the reflective questions approach used in [The National Safety and Quality Health Service Standards Accreditation Workbook.](https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Accreditation-Workbook.pdf)

| **Reflective question** | **Your organisation’s response** | **Areas for improvement**  **[Y/N/Org unit]** | **Plan for improvement** |
| --- | --- | --- | --- |
| How does your organisation demonstrate organisation-wide and executive commitment to producing and sourcing health information? |  |  |  |
| How does your organisation share its commitment to quality health information with its stakeholders? |  |  |  |
| What governance processes and documentation are in place to support a best-practice approach to producing, sourcing and evaluating health information? |  |  |  |
| How does your organisation support staff and other key stakeholders understand and follow organisational policies, processes and expectations around health information-relevant activities? |  |  |  |
| How does your organisation ensure that funding sources for health information projects are made transparent to the target audience and other stakeholders? |  |  |  |
| How does your organisation manage differences of opinion or potential, actual, or perceived conflicts of interest in relation to health information? |  |  |  |
| What is the process for review, update and archiving of health information outputs? |  |  |  |
| How does your organisation monitor or evaluate compliance with health information-relevant governance processes? |  |  |  |
| How does your organisation evaluate the impact of individual health information outputs? |  |  |  |
| How does your organisation implement changes to health information processes or outputs based on the feedback it receives either informally or through formal evaluation activities? |  |  |  |

Activities checklist for Guideline 1: Governance

The table below provides example activities that may fulfil the requirements of different tasks in Guideline 1. The final column is left blank for self-evaluation of your activities.

The activities included in this checklist are not exhaustive, but give an indication of some common approaches that could be used to meet this Guideline and its associated key tasks.

**Guideline 1:**

*Organisations should include health information-related activities in governance processes and documentation to ensure consistency and transparency in producing and sourcing health information, and to demonstrate organisational commitment to developing quality health information*

| **Key task** | **Example activities** | **Activities undertaken + evidence** |
| --- | --- | --- |
| Obtaining commitment to the production and sourcing of quality health information across the organisation, including at the executive level | Budgets for health information activities  Health information goals and objectives included in strategic plans  Health information activities included in organisational reporting, including annual reports  Adequate resourcing (e.g. budget, staff, time, infrastructure) given to health information activities  Health information issues regularly included on the agenda of relevant governance bodies (e.g. Community Advisory Council)  Health information-specific governance bodies created (e.g. advisory council, working groups) |  |
| Development of health information-relevant governance structures and documentation to ensure that roles, responsibilities and processes relating to health information are clearly defined, widely available and able to be followed by staff and other stakeholders | Health information governance policy and/or processes  Health information issues regularly included on the agenda of relevant governance bodies (e.g. Community Advisory Council)  Health information-specific governance bodies (e.g. advisory council, working groups)  Health information responsibilities included in position descriptions  Health information-specific roles/positions  All staff made aware of policies/processes through internal communication channels  Training provided to staff and other stakeholders involved in the production or sourcing of health information  Policies/processes accessible to relevant external stakeholders |  |
| Communicating organisational commitment to quality health information to staff, consumers and other stakeholders | Communicated to staff via internal communication channels (e.g. intranet, email, staff meetings)  Communicated to external stakeholders through external communication channels (e.g. posters, brochures, website, social media, conference presentations, organisational reports)  Policies/processes accessible to relevant external stakeholders |  |
| Being transparent in how health information is produced, sourced and funded | Health information governance policy and/or processes.  Policies/processes around procuring external providers  Policies/processes around managing of differences of opinion  Policies/processes around management of conflict of interest  Health information activities included in budgets  Relevant policies available to external stakeholders (including consumers) either publicly or on request  Funding sources declared on health information outputs where relevant  Reference material cited or hyperlinked in health information outputs |  |
| Establishing and following good document management process | Process in place around health information document management including record keeping, update/review and archiving  Records of development kept for each health information output, including records of decision-making processes, reference material, drafts, and feedback  Date of preparation and publication, as well review/update information included on each health information output |  |
| Evaluating the reach and impacts of health information activities and outputs and acting on evaluation findings as part of quality improvement cycles | Evaluation plan documented for relevant health information output  Process in place for monitoring compliance to health information policy/process  Evidence that findings of evaluation activities are acted upon and lead to quality improvement |  |

Relationship to the [National Safety and Quality Health Service (NSQHS) Standards](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/) for Guideline 1

The two tables below map Guideline 1: Governance to Standard 1 and 2 of the NSQHS Standards.

The information and guidance related to Guideline 1 is most relevant to fulfilling [Standard 1 – Clinical Governance](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Clinical-Governance.pdf) of the NSQHS Standards. The final blank column is provided for you to complete as part of a self-evaluation of your activities.

| **NSQHS Standards Criterion** | **NSQHS Standards Item** | **NSQHS Standards Action** | **Health information activities undertaken + supporting evidence** |
| --- | --- | --- | --- |
| Governance, leadership and culture | Governance, leadership and culture | 1.1 The governing body:  a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation  b. Provides leadership to ensure partnering with patients, carers and consumers  c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community  d. Endorses the organisation’s clinical governance framework  e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce  f. Monitors the action taken as a result of analyses of clinical incidents  g. Reviews reports and monitors the organisation’s progress on safety and quality performance |  |
| Organisational leadership | 1.3 The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality |  |
| 1.5 The health service organisation considers the safety and quality of health care for patients in its business decision-making |  |
| Clinical leadership | 1.6 Clinical leaders support clinicians to:  a. Understand and perform their delegated safety and quality roles and responsibilities  b. Operate within the clinical governance framework to improve the safety and quality of health care for patients |  |
| Patient safety and quality systems | Policies and Procedures | 1.7 The health service organisation uses a risk management approach to:  a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols |  |
|  | b. Monitor and take action to improve adherence to policies, procedures and protocols  c. Review compliance with legislation, regulation and jurisdictional requirements |
|  | Measurement and quality improvement | 1.8 The health service organisation uses organisation-wide quality improvement systems that:  a. Identify safety and quality measures, and monitor and report performance and outcomes  b. Identify areas for improvement in safety and quality  c. Implement and monitor safety and quality improvement strategies  d. Involve consumers and the workforce in the review of safety and quality performance and systems |  |
|  | Feedback and complaints management | 1.13 The health service organisation:  a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care  b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems  c. Uses this information to improve safety and quality systems |  |
| Clinical performance and effectiveness | Safety and quality training | 1.19 The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:  a. Members of the governing body  b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation |  |
|  |  | 1.20 The health service organisation uses its training systems to:  a. Assess the competency and training needs of its workforce  b. Implement a mandatory training program to meet its requirements arising from these standards  c. Provide access to training to meet its safety and quality training needs  d. Monitor the workforce’s participation in training |  |
|  | Safety and quality roles and responsibilities | 1.25 The health service organisation has processes to:  a. Support the workforce to understand and perform their roles and responsibilities for safety and quality  b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff |  |
|  | Evidence-based care | The health service organisation has processes that:  a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice  b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care |  |
| Clinical governance and quality improvement systems to support partnering with consumers | Integrating clinical governance | 2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:  a. Implementing policies and procedures for partnering with consumers  b. Managing risks associated with partnering with consumers  c. Identifying training requirements for partnering with consumers |  |
|  | Applying quality improvement systems | 2.2 The health service organisation applies the quality improvement system from the Clinical  Governance Standard when:  a. Monitoring processes for partnering with consumers  b. Implementing strategies to improve processes for partnering with consumers  c. Reporting on partnering with consumers |  |

Guideline 1: Governance also has relevance to the following Criterion from [Standard 2 – Partnering with Consumers](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Partnering-with-Consumers.pdf).

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Item** | **Action** | **Health information activities undertaken + supporting evidence** |
| Partnering with consumers in organisational design and governance | Partnerships in health-care governance planning, design, measurement and evaluation | 2.11 The health service organisation:  a. Involves consumers in partnerships in the governance of – and to design, measure and evaluate – health care  b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community |  |
| 2.12 The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation |  |
| 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health-care needs |  |
| 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce |  |

Self-evaluation toolkit for Guideline 2: Partnering with consumers

This Toolkit is provided to help health services evaluate their performance against Guideline 2: Partnering with Consumers

*Consumer involvement should be maximised throughout all phases of health information production or sourcing*

There are three tools:

* Ten reflective questions to support self-evaluation
* An activities checklist with examples of activities in line with the tasks within the Guideline
* A table mapping the relationship between Guideline 2 and the National Safety and Quality Health Service Standards

The tools are aids that can be used to conduct self-evaluation but there may be others that are more appropriate for your organisation. Similarly, the activities checklist has various examples but you may be undertaking other activities that meet this Guideline.

Ten reflective questions to support self-evaluation for Guideline 2

This approach has been adapted from the reflective questions approach used in [The National Safety and Quality Health Service Standards Accreditation Workbook.](https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Accreditation-Workbook.pdf)

| **Reflective question** | **Your organisation’s response** | **Areas for improvement**  **[Y/N/Org unit]** | **Plan for improvement** |
| --- | --- | --- | --- |
| Which organisational policies and procedures currently exist to support partnering with consumers? |  |  |  |
| Are there specific organisational policies, procedures, guidelines or similar that focus on consumer involvement in the development of health information? If no, do these need to be created? |  |  |  |
| Are consumer engagement activities included in health information budgets? |  |  |  |
| Do staff involved in producing or sourcing of health information understand and follow the relevant policies and procedures around partnering with consumers? |  |  |  |
| What training do staff involved in producing or sourcing of health information have access to – or require – to enable effective partnerships with consumers? |  |  |  |
| What training is available to staff around understanding the information and communication needs of people at risk of low health literacy? |  |  |  |
| What training do consumers involved in producing or sourcing of health information have access to, or require, to fulfil their role? |  |  |  |
| How are members of target audiences identified and involved in producing or sourcing of health information? |  |  |  |
| What policies, processes or guidelines are in place to ensure that members of the target audience are included in health information development or sourcing? |  |  |  |
| How are health information materials user tested? |  |  |  |

Activities checklist for Guideline 2: Partnering with consumers

The table below provides example activities that may fulfil the requirements of different tasks in Guideline 2. The final column is left blank for self-evaluation of your activities.

The activities included in this checklist are not exhaustive, but give an indication of some common approaches that could be used to meet this Guideline and its associated key tasks.

**Guideline 2:**

*Consumer involvement should be maximised throughout all phases of health information production or sourcing*

| **Key task** | **Example activities** | **Activities undertaken + evidence** |
| --- | --- | --- |
| Understanding how partnering fits into your health information production or sourcing process | Governance processes/ documents in place to support partnering with consumers throughout the health service  Governance processes/ documents in place specifically related to consumer partnering in health information projects  Health information project plans that demonstrate consumer involvement throughout the project |  |
| Creating health information governance processes and documentation that include consumer partnership | Governance processes/ documents in place that support partnering with consumers  Governance processes/ documents in place specifically related to consumer partnering in health information projects  Inclusion of consumer engagement costs in health information project budgets  Relevant training offered to consumers involved in health information projects  Relevant training offered to staff involved in health information projects |  |
| Including members of the target audience in the planning, development and delivery of health information | Governance processes/documents that guide partnering with target audiences in health information projects  Training in health literacy offered to staff involved in health information projects |  |
| User testing | Processes in place for user testing with target audience of health information outputs |  |

Relationship to the [National Safety and Quality Health Service (NSQHS) Standards for Guideline 2](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/)

The two tables below map Guideline 2: Partnering with consumers to Standard 2 (most relevant so presented first) and Standard 1 of the NSQHS Standards.

The information and guidance related to Guideline 2: Partnering with consumers is most relevant to fulfilling [Standard 2 – Partnering with Consumers](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Partnering-with-Consumers.pdf) of the NSQHS Standards. The final blank column is provided for you to complete as part of a self-evaluation of your activities.

| **Criterion** | **Item** | **Action** | **Activities undertaken + evidence** |
| --- | --- | --- | --- |
| Clinical governance and quality improvement systems to support partnering with consumers | Integrating clinical governance | 2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:  a. Implementing policies and procedures for partnering with consumers  b. Managing risks associated with partnering with consumers  c. Identifying training requirements for partnering with consumers |  |
| Applying quality improvement systems | 2.2 The health service organisation applies the quality improvement system from the Clinical  Governance Standard when:  a. Monitoring processes for partnering with consumers  b. Implementing strategies to improve processes for partnering with consumers  c. Reporting on partnering with consumers |  |
| Health literacy | Communication that supports effective partnerships | 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of consumers who use its services and, where relevant, the diversity of the local community |  |
| 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review |  |
| 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:  a. Information is provided in a way that meets the needs of patients, carers, families and consumers  b. Information provided is easy to understand and use  c. The clinical needs of patients are addressed while they are in the health service organisation  d. Information needs for ongoing care are provided on discharge |  |
| Partnering with consumers in organisational design and governance | Partnerships in health-care governance planning, design, measurement and evaluation | 2.11 The health service organisation:  a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care  b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community |  |
|  |  | 2.12 The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation |  |
|  |  | 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait |  |
|  |  | Islander communities to meet their health care needs |
|  |  | 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce |  |

The Guideline on Partnering with Consumers also has relevance to the following criterion from [Standard 1 – Clinical Governance](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Clinical-Governance.pdf).

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Item** | **Action** | **Activities undertaken + evidence** |
| Safety and quality systems | Diversity and high risk groups | The health service organisation:  a. Identifies the diversity of the consumers using its services  b. Identifies groups of patients using its services who are at higher risk of harm  c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care |  |

Self-evaluation toolkit for Guideline 3: Supporting health literacy

This Toolkit is provided to help health services evaluate their performance against Guideline 3: Supporting health literacy:

*All health information outputs produced or sourced by an organisation must be tailored to the health literacy needs of the target audience*

There are three tools:

* Ten reflective questions to support self-evaluation
* An activities checklist with examples of activities in line with the tasks within the Guideline
* A table mapping the relationship between Guideline 3 and the National Safety and Quality Health Service Standards

The tools are aids that can be used to conduct self-evaluation but there may be others that are more appropriate for your organisation. Similarly, the activities checklist has various examples but you may be undertaking other activities that meet this Guideline.

Ten reflective questions to support self-evaluation for Guideline 3

This approach has been adapted from the reflective questions approach used in [The National Safety and Quality Health Service Standards Accreditation Workbook.](https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Accreditation-Workbook.pdf)

| **Reflective question** | **Your organisation’s response** | **Areas for improvement**  **[Y/N/Org unit]** | **Plan for improvement** |
| --- | --- | --- | --- |
| What steps are taken by your organisation to ensure that health information outputs are evidence-based? |  |  |  |
| How does your organisation use readability formulas to inform the development of health information outputs? |  |  |  |
| Do all health information outputs include actionable content? |  |  |  |
| Which of your organisation’s resources support the development of the reader’s health literacy? How do they do this? |  |  |  |
| How are numbers, statistics and risks presented in your organisation’s health information outputs? Is this approach consistent both within and across all outputs? |  |  |  |
| How does your organisation determine if translated materials are required? |  |  |  |
| What is the process for producing translations of health information? |  |  |  |
| What steps does your organisation take to ensure health information meets the accessibility requirements of its target audience? |  |  |  |
| How does your organisation ensure that the design elements of health information outputs meet the needs of the target audience? |  |  |  |
| How does your organisation involve patients or carers in the testing of health information outputs? At what point of the production or sourcing do they become involved? How do you action the feedback you receive? |  |  |  |

Activities checklist for Guideline 3: Supporting health literacy

The table below provides example activities that may fulfil the requirements of different tasks in Guideline 3. The final column is left blank for self-evaluation of your activities.

The activities included in this checklist are not exhaustive, but give an indication of some common approaches that could be used to meet this Guideline and its associated key tasks.

**Guideline 3:**

*All health information outputs produced or sourced by an organisation must be tailored to the health literacy needs of the target audience*

| **Key task** | **Example activities** | **Activities undertaken + evidence** |
| --- | --- | --- |
| Producing or sourcing health information which is evidence-based | Search guidelines and/or advice built into health information development processes for staff  Process for assessing quality of information built into governance processes for both produced and sourced information  Health information outputs include research evidence, clinical experience and lived experience  Health information outputs are referenced and/or there are links to other reputable sources of information |  |
| Ensuring content is written to cater to the average readability levels of the target audience | Health information governance processes include consultation with target audiences  Health information outputs are written to a readability level appropriate for the target audience  Jargon, acronyms and complex terms in health information outputs are avoided or defined within the text  Essential information in health information outputs is presented first |  |
| Writing content that is actionable and supports the development of health literacy skills | Health information governance processes include consultation with target audiences  All health information outputs include clear instructions about at least one action that needs to be taken  Health information outputs are written in the second person (e.g., ‘you’ instead of ‘the patient’)  Health information outputs use the active voice  Ways to find out more information are included on health information outputs  Decision aids are available  Personalised care planning tools are available |  |
| Ensuring numbers or statistics are presented in a way that is easy-to-understand | Health information governance processes include consultation with target audiences  Numbers and statistics are presented in consistent ways  Numbers and statistics are represented visually where possible  Users of health information don’t need to use calculations to interpret numbers or statistics  In written materials, numbers from one to nine are written in text, numbers from 10 onwards are represented numerically |  |
| Considering the need for translation and alternative formats, and providing translations and alternative formats in a way that meets the needs of your target audience | Health information governance processes include consultation with target audiences  Policies and processes for the translation of materials are in place and are followed  The cost of translation – including the cost of translation quality control processes – are included in health information budgets where required |  |
| Ensuring design elements are accessible to audiences with accessibility needs, low literacy and/or low digital confidence | Health information governance processes include consultation with target audiences  Health information design elements meets best practice recommendations in terms of low health literacy audience accessibility  Health information is presented in a variety of formats – video, audio, online, text  Health information meets information requirements under the Disability Discrimination Act  Online health information meetings Web Content Accessibility guidelines  Health information governance policies/processes prioritise accessibility and appropriateness of health information over organisational branding or style guides |  |

Relationship to the [National Safety and Quality Health Service (NSQHS) Standards for Guideline 3](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/)

The two tables below map Guideline 3: Supporting health literacy to Standard 2 (most relevant so presented first) and Standard 1 of the NSQHS Standards.

The information and guidance related to this Guideline is most relevant to fulfilling [Standard 2 – Partnering with Consumers](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Partnering-with-Consumers.pdf) of the NSQHS Standards. The final blank column is provided for you to complete as part of a self-evaluation of your activities.

| **Criterion** | **Item** | **Action** | **Activities undertaken + evidence** |
| --- | --- | --- | --- |
| Clinical governance and quality improvement systems to support partnering with consumers | Integrating clinical governance | 2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:  a. Implementing policies and procedures for partnering with consumers  b. Managing risks associated with partnering with consumers  c. Identifying training requirements for partnering with consumers |  |
| Applying quality improvement systems | 2.2 The health service organisation applies the quality improvement system from the Clinical  Governance Standard when:  a. Monitoring processes for partnering with consumers  b. Implementing strategies to improve processes for partnering with consumers  c. Reporting on partnering with consumers |  |
| Partnering with patients in their own care | Health-care rights and informed consent | 2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice |  |
| Sharing decisions and planning care | 2.6 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals and make decisions about their current and future care |  |
| 2.7 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care |  |
| Health literacy | Communication that supports effective partnerships | 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community |  |
| 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review |  |
| 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:  a. Information is provided in a way that meets the needs of patients, carers, families and consumers  b. Information provided is easy to understand and use  c. The clinical needs of patients are addressed while they are in the health service organisation  d. Information needs for ongoing care are provided on discharge |  |
| Partnering with consumers in organisational design and governance | Partnerships in health-care governance planning, design, measurement and evaluation | 2.11 The health-service organisation:  a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care  b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community |  |
| 2.12 The health-service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation |  |
| 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health-care needs |  |
| 2.14 The health-service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce |  |

This Guideline on Supporting health literacy also has relevance to the following Criteria from [Standard 1 – Clinical Governance](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Clinical-Governance.pdf):

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Item** | **Action** | **Activities undertaken + evidence** |
| Safety and quality systems | Diversity and high risk groups | The health-service organisation:  a. Identifies the diversity of the consumers using its services  b. Identifies groups of patients using its services who are at higher risk of harm  c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care |  |
| Safe environment for the delivery of care | Safe environment | 1.31 The health-service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose |  |

Self-evaluation toolkit for Guideline 4: Sharing resources

This Toolkit is provided to help health services evaluate their performance against Guideline 4: Sharing resources:

*Organisations should develop, and follow, processes that seek to minimise duplication and increase opportunities for partnership around the development of health information*

There are three tools:

* Ten reflective questions to support self-evaluation
* An activities checklist with examples of activities in line with the tasks within the Guideline
* A table mapping the relationship between Guideline 4 and the National Safety and Quality Health Service Standards

The tools are aids that can be used to conduct self-evaluation but there may be others that are more appropriate for your organisation. Similarly, the activities checklist has various examples but you may be undertaking other activities that meet this Guideline.

Ten reflective questions to support self-evaluation for Guideline 4

This approach has been adapted from the reflective questions approach used in [The National Safety and Quality Health Service Standards Accreditation Workbook.](https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Accreditation-Workbook.pdf)

| **Reflective question** | **Your organisation’s response** | **Areas for improvement**  **[Y/N/ Org unit]** | **Plan for improvement** |
| --- | --- | --- | --- |
| What process does your organisation follow to identify the need for health information? |  |  |  |
| How do you search for existing health information that your organisation could use or adapt? |  |  |  |
| What is your organisation’s process for seeking permission when using and/or adapting health information material from another organisation? |  |  |  |
| When using information developed by another organisation how do you ensure it is evidence-based, up to date and appropriate for your target audience? |  |  |  |
| How are consumers involved in the sourcing of health information materials or review of sourced information? |  |  |  |
| What changes do you need to make to sourced materials to ensure they comply with your organisation’s requirements? |  |  |  |
| How do you evaluate your use of sourced health information materials? |  |  |  |
| Do you partner with any other organisations around the development of health information? Who are your partners, and what have the outputs or outcomes of those partnerships been? |  |  |  |
| Do you share the health information you develop with other organisations? How? |  |  |  |
| Do you make your health information outputs publicly available? |  |  |  |

Activities checklist for Guideline 4: Sharing resources

The table below provides example activities that may fulfil the requirements of different tasks in Guideline 4. The final column is left blank for self-evaluation of your activities.

The activities included in this checklist are not exhaustive, but give an indication of some common approaches that could be used to meet this Guideline and its associated key tasks.

**Guideline 4:**

*Organisations should develop, and follow, processes that seek to minimise duplication and increase opportunities for partnership around the development of health information*

| **Key task** | **Example activities** | **Activities undertaken + evidence** |
| --- | --- | --- |
| Develop and follow a process for identifying the need for health information | Needs identification included in health information governance processes and documents |  |
| Follow and document a search strategy for finding existing information that is logical, thorough and reproducible | Search strategies and results documented and included in archives for health information projects  Health information governance process documents include recommended search strategies |  |
| Develop and follow processes for ensuring sourced materials meet best-practice guidelines for quality health information and any specific needs of your organisation | Processes around review and assessment of sourced materials included in health information governance documents |  |
| Create partnerships with key organisations to co-develop and share health information | Meetings and communication with key partners  Partnership agreements and MOUs created between organisations involved in health information projects  Development of co-branded resources |  |

Relationship to the [National Safety and Quality Health Service (NSQHS) Standards for Guideline 4](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/)

The information and guidance related to Guideline 4: Sharing resources is most relevant to fulfilling both [Standard 1 – Clinical Governance](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Clinical-Governance.pdf) and [Standard 2 – Partnering with Consumers](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Partnering-with-Consumers.pdf) of the NSQHS Standards. The final blank column is provided for you to complete as part of a self-evaluation of your activities.

| **Criterion** | **Item** | **Action** | **Activities undertaken + evidence** |
| --- | --- | --- | --- |
| Governance, leadership and culture (Standard 1) | Governance, leadership and culture | 1.1 The governing body:  a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation  b. Provides leadership to ensure partnering with patients, carers and consumers  c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community  d. Endorses the organisation’s clinical governance framework  e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce  f. Monitors the action taken as a result of analyses of clinical incidents  g. Reviews reports and monitors the organisation’s progress on safety and quality performance |  |
| Organisational leadership | 1.3 The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality |  |
| 1.5 The health service organisation considers the safety and quality of health care for patients in its business decision-making |  |
| Clinical leadership | 1.6 Clinical leaders support clinicians to:  a. Understand and perform their delegated safety and quality roles and responsibilities  b. Operate within the clinical governance framework to improve the safety and quality of health care for patients |  |
| Patient safety and quality systems (Standard 1) | Policies and procedures | 1.7 The health service organisation uses a risk management approach to:  a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols  b. Monitor and take action to improve adherence to policies, procedures and protocols  c. Review compliance with legislation, regulation and jurisdictional requirements |  |
| Measurement and quality improvement | 1.8 The health service organisation uses organisation-wide quality improvement systems that:  a. Identify safety and quality measures, and monitor and report performance and outcomes  b. Identify areas for improvement in safety and quality  c. Implement and monitor safety and quality improvement strategies  d. Involve consumers and the workforce in the review of safety and quality performance and systems |  |
| 1.9 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:  a. The governing body  b. The workforce  c. Consumers and the local community  d. Other relevant health service organisations |  |
| Clinical governance and quality improvement systems to support partnering with consumers (Standard 2) | Integrating clinical governance | 2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:  a. Implementing policies and procedures for partnering with consumers  b. Managing risks associated with partnering with consumers  c. Identifying training requirements for partnering with consumers |  |
| Applying quality improvement systems | 2.2 The health service organisation applies the quality improvement system from the Clinical  Governance Standard when:  a. Monitoring processes for partnering with consumers  b. Implementing strategies to improve processes for partnering with consumers  c. Reporting on partnering with consumers |  |
| Health literacy (Standard 2) | Communication that supports effective partnerships | 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community |  |
| 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review |  |
| 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:  a. Information is provided in a way that meets the needs of patients, carers, families and consumers  b. Information provided is easy to understand and use  c. The clinical needs of patients are addressed while they are in the health-service organisation  d. Information needs for ongoing care are provided on discharge |  |
| Partnering with consumers in organisational design and governance (Standard 2) | Partnerships in health-care governance planning, design, measurement and evaluation | 2.11 The health-service organisation:  a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care  b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community |  |
| 2.12 The health-service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation |  |
| 2.13 The health-service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health-care needs |  |
| 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce |  |