

Response to SA Health Consultation – Clinical Communication and Patient Identification Clinical Directive

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HCA acknowledges the Traditional Custodians of Country. We pay respect to Elders past and present, and recognise that their cultural heritage, beliefs and relationship to Country are important for sustaining health and wellbeing.

Health Consumers Alliance of South Australia (HCA)

HCA is the peak body for health consumers in South Australia. We are a member-based, independent, not-for-profit organisation, funded by SA Health. We work with consumers and health services to position consumers at the centre of care. Health consumers are people who use, or are potential users of health services, including their family and carers.

HCA's mission is to engage consumers and health services to achieve high quality, safe, consumer-centred care for all South Australians. We seek to promote and strengthen the voices, wellbeing, rights and leadership of health consumers.

We advocate that consumer engagement policy and practice is embedded across the SA health care system. This includes public, private and non-government health service providers.

We believe that consumer engagement results in better planning and policy-making. This leads to better health outcomes and community wellbeing.

Specific comments have been provided (tracked) within the draft document (refer second attachment in email). HCA has made two specific recommendations for inclusion in relation to strengthening the health literacy and consumer centred care language and process within the policy (below).

Recommendations

Health Literacy

HCA recommends that health literacy, both individual and organisational, be reflected as an underpinning principle in key sections of the policy.

Rationale:

- About 60 per cent of Australians have low individual health literacy. Low health literacy affects the safety and quality of health care.
- Health literacy is important because if people cannot find, understand and use health-related information and services, it is hard for them to make well-informed decisions about their health and act on those decisions such as which preventive health services they need, how to follow medication instructions, when to contact a doctor, how to decide between treatment options and how to maintain a care plan.
- People with low health literacy are more likely to be hospitalised, to need to go to an emergency department and to have poorer health outcomes. They are less likely to undertake preventive health activities and adhere to medication regimens. They are also less likely to have good knowledge of their own diseases or health conditions.

HCA recommends health literacy be reflected as part of;

- **Section 1: Policy Statement-** as a principle aim of the policy ie

- Clinical communication is a critical role and obligation of health providers and a primary to take action to *improve safety and quality through a coordinated approach to health literacy based on:*
 - *embedding health literacy into systems*
 - *ensuring effective communication*
 - *integrating health literacy into education. (ACSQHC) Health Literacy National Statement 2014*

- **Section 2: Roles and responsibilities**

- 1) **2.1: All SA Health employees** – ie ensuring all clinical communication supports and facilitates individual health literacy ie

- Clinicians, through clinical communication, can influence how consumers, their families and carers, understand health information and the action they take. The information clinicians provide contributes to consumers' individual health literacy. How clinicians provide information forms part of the consumers' health literacy environment.
- Clinicians, through clinical communication, should be mindful that they can better facilitate individual health literacy through the way they communicate and present information. Clinicians can:
 - assume that many consumers may find it difficult to understand complex health information and concepts, and adapt accordingly
 - recognise the needs and preferences of individual consumers' and tailor clinical communication and their communication style to the person's situation
 - use a range of interpersonal communication strategies to confirm that the information they provide has been understood
 - encourage and support consumers to speak up if they have difficulty understanding the information provided
 - use ways of communicating risk information about treatment options that are known to be effective such as shared decision-making tools (ACSQHC Health Literacy – fact sheet for clinicians)

- 2) **2.3: Executive Director Quality Information and Performance, 2.4: Chief Executive Officers and 2.5: Senior Managers**

Include and clarify responsibilities under Health Literacy NSQHSS Communication that supports effective partnerships ie

- *action 2.3 Consumers receive the information they need in a way that is appropriate for them*
- *action 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*
- *action 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

- **Section 3.1: Clinical Communication with patients, their families and carers**

1) Clarifying the three components of addressing health literacy outlined in the Health Literacy National Statement ie

- *The Commission) separates health literacy into two components: individual health literacy and the health literacy environment. The Commission defines these two health literacy components as follows:*
 - **Individual health literacy** is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.
 - **Health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

2) Clarifying the obligation of health service organisations to communicate with consumers in a way that supports effective partnerships ie

- Information about consumers' care is easy to find, understand and use
- Consumers' have the opportunity to be involved in the development and review of the information the organisation provides to consumers
- Clinicians support consumers' to fully understand, communicate and participate in making decisions about their care
- Consumers' receive information when they leave a health service organisation about why they came, the care they received, the plan of action when they leave and any follow-up appointments.

- **Section 6: Definitions** – should include both definitions of individual and organisational health literacy as consistent with the *Health Literacy National Statement (ACSQHC)*

- **Section 7: Associated Directives/Guidelines & Resources** – including the Australian Commission on Safety and Quality in Health Care resources;
 - *Health Literacy National Statement*
 - *Health Literacy: A summary for Clinicians*

Consumer-Centred Care

HCA recommends that consumer-centred care (or patient centre care in keeping with the policy language), be reflected as an underpinning principle in key sections of the policy.

Rationale:

- Consumer-centred care is an approach to care delivery that values, recognises and respects the person using health services as an equal partner in planning, developing and monitoring their care to meet their needs. It requires care providers actively positioning the person and their family at the centre of shared decisions about their care in the belief and acknowledgment that they are an expert in their own health through their lived experience. Consumer-centred care is underpinned by this partnership between the person and the health professionals (and other care providers) that focusses on ensuring the best health outcome that meets the person's preferences, goals and needs.
- Partnering with patients in their own care is an important pillar of person-centred care. It focuses on the relationship between a consumer and a clinician, and recognises that trust, mutual respect and sharing of knowledge are needed for the best health outcomes. (Harding, Wait, Scrutton 2015)

HCA recommends health literacy be reflected as part of;

- **Section 1: Policy Statement-** as a principle aim of the policy ie
Clinical communication is a critical recurring point of care for health practitioners to actively partner with consumers in consumer centred care role.
Partnerships with patients comprise many different, interwoven practices – from communication and structured listening, through to shared decision making, self-management support and care planning. There is growing acceptance that these practices can improve the safety and quality of health care, improve patient outcomes and experience, and improve the performance of health service organisations. (Luxford, Newell 2015)
- **Section 2: Roles and responsibilities**
 - **2.1: All SA Health employees** – ie ensuring all clinical communication supports and facilitates consumer-centred care ie
 - Clinicians, through clinical communication, can influence how consumers, their families and carers, understand health information and the action they take. The information clinicians provide should reflect the principles and practices of consumer-centred care and individualised to further develop the trust relationship between consumers and clinicians and to respect and facilitate the partnership in care. Clinicians, through clinical communication, should be mindful

that they can better facilitate individual consumer-centred care through the way they communicate and present information. Clinicians should ensure that they use appropriate communication and interpersonal skills

- to convey clinical communication which focuses on shared decision-making and goal setting
 - that focuses on and actively facilitates involving the consumer in their own care
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- **Section 6: Definitions** – should include both definitions of *consumer centred care* (*patient centred care* or *person-centred care*)

References

Health Literacy National Statement (2014) Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/publications/health-literacy-national-statement/>

Health Literacy – a summary for clinicians (2001) Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/tools-and-resources-for-health-service-organisations/>

Harding E, Wait S, Scrutton J. The state of play in person-centred care. (2015): The Health Policy Partnership Funded by The Health Foundation London <http://www.healthpolicypartnership.com/wp-content/uploads/State-of-play-in-person-centred-care-full-report-Dec-11-2015.pdf>

Luxford K, Newell S. New South Wales mounts 'patient based care' challenge. BMJ 2015;350: g7582 <https://www.bmj.com/content/350/bmj.g7582>