

Guide to Producing and Sourcing Quality Health Information

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Guidelines to support high-quality health information for consumers and carers in Victoria

Guide to Producing and Sourcing Quality Health Information

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Foreword, Safer Care Victoria



Louise McKinlay

Director, Consumers as Partners,
Safer Care Victoria

Effective communication between consumers and health professionals is a key element of health literacy. High quality and accessible health information is one component to building health literacy and responding to the diverse information needs of patients and their families.

I am pleased to recommend to Victorian health services this Guide to Producing and Sourcing Quality Health Information.

I hope this Guide enables you to develop and share health information resources with each other and specifically with your consumers. It has been developed to address all facets required for high quality health information from governance through to co-design and development of accessible material. All vital to building health literacy.

The Guide provides health services with a valuable resource for implementing Victoria's Partnering in Healthcare Framework developed by Safer Care Victoria. The framework consists of five domains for action: personalised and holistic, working together, shared-decision making, equity and inclusion and effective communication.

Safer Care Victoria is pleased to support the work of the Centre for Health Communication and Participation to partner with health services and consumers to produce this health information guide for the sector.

I thank the Centre and the health service staff and consumers who assisted in its preparation.

A handwritten signature in black ink, appearing to be 'Louise McKinlay', written in a cursive style.

Foreword, La Trobe University



Professor Robert Pike

Pro Vice Chancellor, College of Science, Health and Engineering, La Trobe University

I am very pleased to introduce this Guide to Producing and Sourcing Quality Health Information, prepared by the La Trobe University Research Centre for Health Communication and Participation.

The University aims for research excellence in an approach that encourages partnering with community and industry. This is exemplified by the work in this Guide, based on the latest research and informed by best practice from Victorian health services.

It is a goal of the University and my College to support our people and enable a culture for high-quality education and research, and I would like to acknowledge the contribution from the University to the preparation of this report.

Research for the Guide was supported by funding from the University's Research Strategy Framework (2016) and the School of Psychology and Public Health Engagement Grants Scheme (2017).

It is critical not only to produce high-quality research but to promote it and ensure its translation into practice. This Guide is designed to do just that and support Safer Care Victoria's Partnering in Healthcare Framework.

I look forward to hearing of its use and continuing development.

A handwritten signature in black ink, appearing to read 'R. Pike'.

About this Guide

How to use this Guide

This Guide is to help Victorian health services produce or source quality health information for people who use their services. The Guide supports the Effective Communication domain in the new [Partnering in Healthcare Framework](#) developed by Safer Care Victoria.

The Guide has four Guidelines:

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

The importance of each Guideline is explained. This is followed with a list of key tasks that contain advice and comprehensive supporting information. Throughout there are links to resources that provide more detail and which aid implementation. You can use this Guide to implement one or more of the Guidelines in any part (or all) of your health service or use it as a review tool to compare your policies and practice against the Guidelines.

The Guidelines are paired with a Self-evaluation Toolkit that are workbooks containing reflective questions and an activities checklist. Both these tools provide practical questions to aid implementation of the Guidelines or to review your achievements. Additionally, in the Toolkit, each Guideline has been mapped against the National Safety and Quality Health Service Standards.

The Guide also includes an Appendix with links to resources about interpersonal communication for health professionals. While outside the scope of these Guidelines, interpersonal communication is so inextricably linked to health information that we thought it was important to include some relevant resources.

The Guide covers health information presented in a variety of formats – print, digital, video and audio – and can be used by consumers, carers, clinicians and health administrators working to improve the quality of health information in their service.

What we mean by health information

*Health information is 'any information that enables individuals to understand their health and make health related decisions for themselves or their families.'*¹

¹ Deering MJ, Harris J. Consumer health information demand and delivery: implications for libraries. Bulletin of the Medical Library Association. 1996;84(2):209-16

This definition spans health information for a wide range of purposes – from information about health conditions, diagnosis or treatments and consent documents, to administrative information given to patients or family members, such as admission and discharge information, and signage or posters.

Why you should use this Guide

Poor communication in health is a serious problem that can lead to poorer patient outcomes and increased costs to patients and the health system. While consumer health information is only one type of communication in the clinician-patient relationship, it is a crucial intervention that supports interpersonal communication² and has beneficial impacts on service utilisation, health costs, patient experience, health behaviours and patient outcomes.³

Quality information can improve patient knowledge and understanding of their wellbeing, facilitate engagement and help people make informed decisions about their health care choices. In other words, quality health information can improve patient health literacy.

The need for this Guide grew out of a consultation that the [Centre for Health Communication and Participation](#) undertook for the Victorian Department of Health and Human Services in 2014. Participants to the consultation noted the following:

- Health literacy is an asset that could be built and a deficit approach to health literacy – one that sees it only as a problem facing individuals – should be avoided.
- Efforts to improve health literacy should focus on equity and address patients and carers most in need but with approaches that are relevant to everyone.
- Health literacy should be improved by having people working in partnerships at all levels as it is a shared concern of consumers, carers, community members, and health professionals and organisations.
- Improving health literacy requires a shift in culture because leadership is needed for changes to be initiated and sustained.
- Improving health literacy requires developing or enhancing systems that support people or services to address health literacy.⁴

Victorian health services and consumers wanted a Guide to support work towards these ends and to encourage the public to be critical users of health information. They highlighted the importance of increasing the availability of accessible formats and a focus on meeting the needs of diverse populations. This Guide was created to reflect their views and experiences.

² Coulter A, Ellins J. Effectiveness of strategies for informing, educating, and involving patients. *British Medical Journal*. 2007;335(7609):24-7

³ Patient Information Forum. *Making the case for information: The evidence for investing in high quality health information for patients and the public*. UK: Patient Information Forum. 2013

⁴ Hill SJ, Sofra TA. How could health information be improved? Recommended actions from the Victorian Consultation on Health Literacy. *Australian Health Review*. 2017; 42(2):134-9. [Available at <https://www.publish.csiro.au/AH/AH16106>]

Guideline 1: Governance

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 the development of quality health information.

Why governance is important

Governance means ensuring there are policies and procedures for producing or sourcing health information that are consistently and transparently applied across the whole organisation. It also includes procedures to deal with conflicts, duplication and review.

Proper governance of health information is vital for improving its quality.

In this Guide, we do not prescribe a specific model for governance because health services vary in size and complexity. Some Victorian health services have one overarching organisational approach to all the health information their service produces, for instance, while others have devolved responsibilities.

Regardless of the model at your service, this Guideline provides some key principles and components of governance to consider and links to detailed resources for further advice.

Health services producing, sourcing and distributing health information should show they are committed to quality through appropriate governance structures and processes. These structures and processes – and attendant documentation – should guide health information development to ensure oversight of outputs across the organisation so that different units or departments are not working in isolation or duplicating existing information.

Because of the positive impacts that consumer involvement can have in the development of health information^{1, 2} consumers should ideally be involved in governance structures, such as the committees responsible for information materials in a hospital, as well as in micro-level activities, such as reviewing health information.

¹ Patient Information Forum. Making the case for information: The evidence for investing in high quality health information for patients and the public. UK: Patient Information Forum. 2013

² Nilsen ES, Myrhaug HT, Johansen M, et al. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. Cochrane Database of Systematic Reviews. 2006(3)

Key tasks for good health information governance

1a. Organisation-wide or executive support

Guideline 1 emphasises the importance of executive-level commitment to organisational policies, structures, resources and documentation to support and guide the process of producing or sourcing health information because quality health information is a key component of national and Victorian standards and policy frameworks.

Appropriate governance includes having:

- Policies that can be consistently applied across the organisation, as well as procedures to deal with differences of opinion, conflicts, transparency, and good document management and review
- Health information-related roles or responsibilities included in position descriptions, and access to professional development for the people involved
- An appropriate level of budget allocation and other resources, such as staffing
- A set of key performance indicators that relate to health information

If your service has not yet considered the issue of governance for health information, you may wish to see what other key information providers have done.

Health services may wish to consider how to communicate their policies on health information not only to staff but also to patients and families or other external stakeholders so that their commitment to quality production or sourcing is a feature of quality patient care.

Involving all the relevant people in producing health information depends on the information to be developed but the people you need may be those from different clinical departments, patients with different health conditions, or consumer and carer representatives with a range of backgrounds, skills and experiences.

More information

Victoria's [Better Health Channel](#) also has information about its quality processes and information partners.

The national patient health information site, [healthdirect](#), has useful information about its clinical governance policy, with advice on the key components of its governance model, criteria for its health information partners, and principles and activities for evaluation.

1b. Dealing with differences of opinion

Most people involved in producing health information are passionate about it and its relevance to patients and family members, so it's not unexpected for strong views to be held and differences in opinion to arise. If you are aware there are differences of opinion, allow different points of view to be debated but have a process for deciding how to resolve them or decide on what content to approve.

Disagreements are often around how much information to include (too much or too little), whether to embrace a clinical or patient self-management focus, terminology or whether to recommend additional sources, such as other organisations' websites.

Staff responsible for producing health information should anticipate and have procedures in place to deal with both minor and major differences of opinion.

User testing is a key step for assessing the suitability of content and focus but that does not necessarily end differences of opinion – be prepared, it may even increase them! One way to manage such issues is to appoint someone with an independent chairing or mediator role from the start to steer the process and to assess the pros and cons of different content or approaches. Another is to give a committee the responsibility for coming to agreement over content.

More information

This guide on [Working with Clinical Experts](#), produced by the UK's Patient Information Forum, has some tips on how to organise your committees.

1c. Dealing with conflicts of interest

A conflict of interest is not inherently wrong or unethical and it is not always possible to avoid a commercial or other conflict of interest. However, it is important to disclose and manage any actual, perceived or potential conflicts of interest when developing health information.

A conflict of interest may appear when a health information pamphlet is produced by a company selling the product being described. Another would be if a clinician who is involved in producing health information is a speaker or consultant for a company that would benefit from the advice given.

More information

The Victorian Public Sector Commission's [Conflict of Interest Guidance for Organisations](#) provides information, advice and tools, such as policy templates, that can help organisations avoid or manage conflicts of interest.

1d. Transparency in health information

Transparency in development processes is a fundamental part of good health information governance. Transparency builds trust between the information provider and user – and helps people better judge information quality.

Transparency is demonstrated through:

- Clearly showing sources: the public should easily be able to find out where information was obtained and whether there is good evidence to support what they are reading. In some

cases, it might be appropriate to provide full references; in others, information about how to access further sources may suffice, such as links to quality websites.

- Consistently applying policies and processes, including those around tendering and approvals: written policies and processes for developing or sourcing health information should be accessible to staff and consumer and carer representatives in the organisation.
- Disclosing funding sources: health information from a commercial or external source should have its authorship and funding source clear and declared. If the only health information available is sourced from an organisation that profits from the product described in the health information, ensure that the information is reviewed by several people with the relevant clinical expertise. You can also seek an independent arbiter or external peer review.
- Record keeping: keeping records is important because you will usually have multiple versions and many people involved the more you test your materials with consumers or carers. Information about document management is discussed below.
- Appraising health information: for information that is sourced from another organisation, you will need to have processes for ensuring it meets your quality standards.

More information

The [Forms and Templates page](#) from the Victorian Department of Health and Human Services includes templates for policies, guidelines and other governance documents, many of which are relevant to health services.

1e. Transparency in procuring services

If organisations don't have the skills in-house to produce health information, they may need to procure the service of consultants to research, write, or develop their brochure, video or other product.

When buying consultancy services, there is a need to balance a whole range of factors including cost, expertise and familiarity with the issues of producing high-quality health information. Adapting information from other health services should also be considered as an alternative to procurement (for more information, refer to Guideline 4: Sharing resources).

Organisations should have their own service procurement policies and procedures. General tips for procurement include:

- Consumers can be involved in the procurement process by being part of an advisory committee, including tender and review of applications.
- Consider creating a pool of approved contacts with experience of working in relevant areas, such as health or disability issues.
- Assess if information from community organisations is suitable to distribute or recommend to patients. You may want to examine their health information governance and quality steps.
- Create templates for design briefs to ensure consistent communication standards across all development requests.

- Brief photographers, designers and other external suppliers on any issues and sensitivities relating to working with people in your target audience.
- Commission design work according to job and purpose, taking into account any required specialist skills, such as familiarity with bilingual materials.

1f. Good document management and record-keeping

Document management is an important part of good governance. It doesn't take long before information is out of date and new health information may start to contradict existing materials.

Records should be kept throughout the production of health information. Good record-keeping tells the story of how and why information is developed, ensures the process is transparent and makes it easy to review or update information. This advice is relevant for paper documents as well as administrative documents, websites and scripts for videos.

The following should be kept for each health information output:

- Documentation of key decision-making processes, such as meeting minutes and approvals
- Evidence that is referenced in any health information, such as a copies of medical literature mentioned, transcripts and summaries of focus groups or consultations with patients or carers, or of consultations with advisory committees
- Notes on content development, including versions and records of decisions
- Design details, including the source files for all final material or images

1g. Ensuring information is current

Clearly mark all health information with the date the information was approved and the date it was published. Depending on the purpose, you may also want to note if updates are planned (such as for clinical guidelines).

1h. Update and review

Developing information materials may not be a one-off process. Once published, these materials should be regularly reviewed and updated to capture changes in evidence and best practice, or changes in processes within the health service. Sometimes the specifics of the content do not need to change but the audience has changed over time due to population changes, and so how it is written may need to change. Building in appropriate review cycles should be part of health information planning.

It's important to keep the differences in the following terms in mind:

- An update is a modification or reprint of information, which may include minor clinical changes.
- A review is a full assessment and revision of the material or a discontinuation. This should be part of a planned cycle and consider usability, currency and format.

- The production of treatment-related health information may be linked to the production of clinical guidelines, either externally and internally. A clinical guideline may change the delivery of services and so this provides a critical opportunity to review or update a range of materials, including treatment information, websites, form letters or pre-admission information related to future appointments and so on.
- Health information should be checked for currency every three to five years.

1i. Archiving and disposal

Implement clear processes and time frames for archiving documents and communicate this to relevant staff to embed into practice. Your organisation should have an archiving policy and will need to establish one if it doesn't.

In addition to archiving, all attempts must be made to avoid having multiple or out-of-date versions of resources in circulation. Some services have undertaken a health information audit to identify duplicated or contradictory material. Audits can be undertaken at unit or organisation level.

1j. Evaluating outputs and implementing quality improvement cycles

Organisations have a responsibility to understand:

- What is being produced or sourced and distributed to patients, carers, the public or other health professionals
- Whether relevant governance processes are being consistently followed
- The reach of the outputs and whether they are meeting the needs of the target audience
- Whether the health information is having intended or unexpected impacts (both positive and negative)
- That they should act on feedback and evaluation to improve the quality of the health information they provide

In addition to consumer and carer involvement in producing or sourcing health information, you may want to formally evaluate health information. Examples could include a new patient leaflet with a decision aid for treatment or a new website with admission information. When the information is developed, there is an opportunity to identify its key aims, so that an evaluation can be planned. At this stage, clinicians and consumers involved in developing the information material can help identify its key purpose and the possible outcomes of the information. This will inform an evaluation strategy.

More information

The UK Patient Information Forum has a useful guide to [Measuring the Impact of Information](#) that summarises different types of evaluation and some of the reasons why it is not easy. It provides ten tips that include some simple and low-cost ways of getting feedback.

Self-evaluation toolkit for Guideline 1: Governance

The Toolkit on page 36 of this document 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.

Guideline 2: Partnering with consumers

Consumer involvement should be maximised throughout all phases of producing and sourcing health information.

Why partnering with consumers is important

This Guide aligns with Safer Care Victoria's new [Partnering in Healthcare Framework](#). The purpose of the Framework is 'to support practical strategies and partnerships, including people partnering in their own health care, in order to deliver higher quality care that is safe, person- and family-centred, equitable and clinically effective.'¹

The importance of partnering with consumers in health care is reflected in national and Victorian frameworks, including the National Safety and Quality Health Service (NSQHS) Standards,² Safer Care Victoria's Partnering in Healthcare Framework, and Victoria's Health 2040.³ Consumer partnership is of overarching importance (NSQHS Standard 2 – Partnering with Consumers), and should be embedded in all work related to quality and safety across health organisations.²

Research demonstrates that consumer engagement in health improves service planning and delivery, communication and provider attitudes, and has the potential to create services that are more person-centred.⁴ Partnering with consumers on health information projects, in particular, has been shown to create materials that are more relevant, readable and understandable for patients.⁵

In line with NSQHS Standard 2, we have drafted this Guideline to ensure consumers or carers are involved throughout the life cycle of any health information produced within a service. This includes planning, development, delivery and evaluation. Where a service does not produce its own health information, engaging with consumers will help it identify quality health information sources and assist in reviewing its own health information for appropriateness within the service and for its target audience.

¹ Horvat, L 2018, Partnering in Healthcare for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne.

² Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC. 2017

³ Department of Health and Human Services. Health 2040: Advancing health, access and care. Melbourne: Victorian Government. 2016

⁴ Crawford MJ, Rutter D, Manley C, et al. Systematic review of involving patients in the planning and development of health care. *BMJ*. 2002;325(7375):1263

⁵ Nilsen ES, Myrhaug HT, Johansen M, et al. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. *Cochrane Database of Systematic Reviews*. 2006(3)

Key tasks to support partnering with consumers

2a. How partnering fits into your health information production or sourcing process

Consumers and carers can play many different roles when you are producing or sourcing health information. These roles may include participating in governance and policy down to more micro-level activities, such as in the capacity of reviewers when you ask patients in a waiting room to read a new pamphlet on waiting times and give their views.

Services will be asked which two domains of Safer Care Victoria's [Partnering in Healthcare Framework](#) are going to be their priorities for action by June 2019. The five domains are:

- Personalised and holistic
- Working together
- Shared decision making
- Equity and inclusion
- Effective communication

The final domain – Effective communication – is most closely linked to high-quality health information but all the others indicate scope for action in relation to this Guideline.

If you haven't previously involved consumers and carers in various tasks for producing or sourcing health information or only invited their views within narrowly defined roles, then the following sites and resources may help give you a range of ideas and possible options for your service.

It may be important to consider the elements of the models listed depending on the scope of your health information needs and what you want to achieve. Your requirements for consumer engagement – and the skills and experience of the consumers you may want to recruit – may change depending on the length, size, complexity and resourcing of the project you are undertaking.

More information

In addition to the [Partnering in Healthcare Framework](#), and resources, Safer Care Victoria has an online [Guide for Health Services to help them involve Consumers](#) in safety and quality, with links to further information.

The Health Issues Centre provides information on [Supporting Consumer Engagement](#) with information and links to resources and training opportunities.

Cancer Council Australia provides an excellent [Consumer Involvement Toolkit](#).

SA Health's [Guide for Engaging with Consumers and the Community](#) provides a useful model of the steps to take to involve consumers. It asks you to consider what you want to achieve, the scale and level of partnering, who your audiences or participants are, as well as resources, timelines and activities.

2b. Governance processes and documentation that include consumer partnership

There are opportunities for partnering with consumers in all phases of health information development. They include, but are not limited to:

- Determining the need for health information
- Prioritising health information production or sourcing tasks
- Co-creating new health information
- Conducting searches for existing health information to identify gaps or opportunities for sourcing, rather than developing, health information
- Assessing the accessibility of information materials and conducting user testing
- Reviewing the evidence base or gathering new data by conducting research (by collecting patient experience data, for instance)
- Providing information on how the target audience will find, receive and use the material
- Choosing the best format for the audience (considering alternatives, such as audio visual content, to written information for some audiences or the value of images), as well as content and key messages
- Identifying dissemination channels, such as social media, community organisations and websites, and activities that match the audience
- Conducting health information evaluation activities, including determining outcome measures

Working with consumers, especially representatives from target audiences, means that the information you produce is more likely to be appropriate, relevant, understandable and easy to use.

Partnering with consumers should happen in a consistent and systematic way throughout an organisation. Consumer engagement must be included in governance documents and processes associated with health information, such as:

- Policy documentation around consumer engagement broadly and consumer engagement in developing health information specifically
- Process documentation around engagement with target audiences to shape content, format and dissemination of health information
- Consumer engagement costs in health information budgets

As well as including consumer involvement in health information governance documentation, staff producing and sourcing health information should understand the importance of the role of consumers and follow consumer engagement processes. To achieve this, policies and procedures must be clear, widely available and supported by resources that assist their implementation. Staff may need additional training in partnering with consumers to develop health information, as may the consumers they are working with.

Consumers and carers should be remunerated for their efforts in assessing health information. Safer Care Victoria has a policy on [Consumer Remuneration](#).

More information

The Health Issue Centre provides [Health Staff Training](#) as well as [Consumer Training](#).

2c. Including target audience members in planning, developing and delivering

In the planning phase of health information development, you must consider who your intended target audience is, and whether you can tailor the output to that audience. In any audience, you will find that people vary in their health information needs – some want a lot and some less. Not surprisingly, patients who are regular users of health services may be very knowledgeable and wish for more detailed sources. During the 2014 Victorian Consultation on Health Literacy, which underpins this Guide, it was noted that there is tension between the aim of developing simplified health information and the goal of producing information that is adequately detailed or enables people to be involved as much as possible.

It is a balancing act to get this right, so it is important to increase your understanding of the diversity of your audiences and their range of needs. This may be achieved with something as simple as asking a group of patients about their information needs or you may need to do a more in-depth assessment. The best way to ensure that a health output is useful and appropriate is to involve representatives of your target audience. You may find it appropriate to have multiple information outputs (pamphlets, for instance, and recommended websites) to address people's differing need for detail or else provide suggestions for further reading.

Health information outputs must meet the needs of people within your target audience who have – or are at risk of – low health literacy. Not everyone in your target audience may have lower health literacy but it is important to be aware of the needs of specific patients and family users.

Significant health inequalities are correlated with lower health literacy levels, particularly in the following groups:

- Older people
- People from culturally and linguistically diverse backgrounds or who speak a language other than English
- People who identify as Aboriginal or Torres Strait Islander
- People who have not finished high school
- People from lower socioeconomic groups

It is essential that members of the target audience who are at risk of low health literacy are included in the development process.

To identify and recruit target audiences in a consistent and systematic manner across your organisation, organisational policies, procedures or guidelines for working with communities at risk of low health literacy may be needed.

More information

Centre for Culture, Ethnicity & Health provides a range of training courses on health literacy across language and culture, and culturally competent practice.

Consumers Health Forum of Australia is the national peak body for consumer groups in health. It has training for consumers and clinicians working together in an initiative called Collaborative Pairs and they may be able to connect you to experienced health consumers.

The Victorian Aboriginal Controlled Community Health Organisation Inc. is the leading advocate for the health of Aboriginal people in the state and provides information about educational services, workforce development, resources and tools.

2d. User testing

Your target audience is the ultimate judge of the quality of health information you have produced or sourced. Ideally, you should start the process of developing new information by asking people what topics they would like to see covered. If this is not possible, it is vital that information is tested to ensure the content is understandable and actionable by the target audience. User testing involves obtaining direct feedback from members of your target audience to determine the usability – that is, the accessibility, appropriateness and usefulness – of the health information you have drafted.

Involving consumers early in the process of developing health information allows for time to evaluate and test content and design elements before the information is released publicly. Maximising the duration of time that consumers are involved also enables their representatives to consult with their networks throughout the process.

User testing processes should be documented and form part of health information governance. As we note in Guideline 1: Governance, user testing is a key step for assessing the suitability of content and focus. But there is always the potential for this step to increase and diversify the views and content you may have to address. You will need a process of 'synthesis' or bringing together differing views and making decisions. One way to manage such issues is to appoint someone with an independent chairing or mediator role from the start to steer the health information process and to assess the pros and cons of different views about what content should be covered and how.

You could consider asking your consumer advisory committee or similar groups at your health service for contacts, or consider contacting health-related or disease-specific organisations to learn more about the information they have and their processes for developing it.

More information

The Methods for Involving Users is a UK guide but a very helpful one. It is developed by the Patient Information Forum. The guide has advice about practical strategies for involving consumers or carers in assessing health information and details of the most common methods of focus groups, online surveys, individual interviews and informal feedback.

Finding Consumers and Carers is a guide produced in 2013 by the Victorian state government to help you to find partners for health-service improvement activities.

Safer Care Victoria has A Guide for Consumers to help them connect with health services and government to improve healthcare.

Self-evaluation toolkit for Guideline 2: Partnering with consumers

The Toolkit on page 44 of this document is provided to help health services evaluate their performance against the Guideline 2: Partnering with consumers:

Consumer involvement should be maximised throughout all phases of producing and sourcing 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 with 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.

Guideline 3: Supporting health literacy

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

Why it's important to develop information that supports health literacy

Health literacy means people can find, understand and effectively use health information and services to make decisions about their wellbeing. A key tool for building health literacy is access to quality health information, and research has shown the benefits for health and costs from higher health literacy, and the converse for lower health literacy.^{1,2,3}

Safer Care Victoria's [Partnering in Healthcare Framework](#) identifies health literacy as an asset that can be built. Healthcare providers and the health system should provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy.

Information can build health literacy if approached systematically. Content and layout must be presented in a way that is accessible and understandable, for instance, and clinical information should be presented in a manner that encourages discussion between health professionals and the user of that information,⁴ and helps support people to make decisions about different intervention options.⁵

Information should be written to encourage people to ask questions and include ways for the person to seek out further high-quality information if they want to learn more.

Guideline 2: Partnering with Consumers promotes the inclusion of consumers and carers in all the steps for producing or sourcing health information and this is supported by research evidence.⁶

Guideline 3 reinforces this message with advice for enhancing the accessibility of health information for groups that have – or are at risk of – low health literacy. Using the strategies below and seeking consumer input and feedback are the best ways to develop high-quality and appropriate health information.

¹ Berkman ND, Sheridan SL, Donahue KE, et al. Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*. 2011;155(2):97-107

² Sørensen K, Van den Broucke S, Fullam J. et al. Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 2012;12(1):80

³ Australian Bureau of Statistics. Health literacy. Canberra Australian Bureau of Statistics. 2009

⁴ Kinnersley P, Edwards AGK, Hood K, et al. Interventions before consultations for helping patients address their information needs. *Cochrane Database of Systematic Reviews*. 2007(3)

⁵ Stacey D, Légaré F, Lewis K, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews*. 2017(4)

⁶ Nilsen ES, Myrhaug HT, Johansen M, et al. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. *Cochrane Database of Systematic Reviews*. 2006(3)

Organisations now have more choices in how they present health information and can reach a wider audience with the information they create or share. Services may have printed pamphlets for those who want them, for instance, but may also create websites with the same or expanded content.

Key tasks for developing information that supports health literacy

3a. Clinician and consumer experiences and evidence

Health information about conditions and treatments should be based on the 'best available evidence'.⁷ This means looking into a range of different types of evidence and other information for preparing health information, from medical research to the advice and experiences of health professionals and consumers and carers.

Similarly, particulars about administrative processes, such as informed consent, admissions or discharge, are also types of health information that are complicated to prepare and need to be easily understood by many people. For this reason, advice in this Guideline is relevant to a range of health information activities or products.

Pulling together or synthesising evidence and advice is a complex task and one that requires several skills, in addition to having a governance process for helping you proceed and decide whom to involve (see Guideline 1: Governance, and Guideline 2: Partnering with consumers).

Given the ever-growing body of research, it has become more important than ever that when health information is researched and drafted, people with relevant skills are involved – so you can appropriately deal with the range of problems you might encounter. You could, for instance, find two pieces of research on the same topic that come to different conclusions – does that mean you should choose one and not the other? Similarly, you may find research on a topic that has been conducted at different points in time – is the latest work always better?

Another issue is that some research is not done well and this reduces the confidence you may have in the results. In fact, with so much research evidence being produced, finding everything that is relevant is not easy.

The best way to approach these kinds of problems is to identify people in your organisation with the specialised knowledge and skills to help you. This should include librarians or researchers familiar with literature reviews or developing clinical guidelines. But it could also mean clinicians and consumers with experience of the range of topics you need to cover so that your searches are adequate and comprehensive.

A good overview of the process of searching for and synthesising multiple research sources is the [Introductory Guide to Finding and Appraising the Evidence](#) by Public Health England⁸ (and

⁷ National Institute for Health and Care Excellence (NICE). 2018. Developing NICE Guidelines: The Manual. Process and methods [PMG20] Published date: October 2014. Last updated: October 2018. At: <https://www.nice.org.uk/process/pmg20/chapter/introduction-and-overview>

⁸ Public Health England 2017. Introductory guide to finding and appraising the evidence. At: <https://www.pifonline.org.uk/wp-content/uploads/2017/01/Introductory-guide-to-finding-and-appraising-the-evidence-FINAL.pdf>

published on the Patient Information Forum UK website). While the examples it uses are UK-centric, it is nonetheless a very helpful and practical step-by-step resource.

Regardless of the process you undertake, remember to keep a record of all materials and sources you collect for all the health information you produce (see Guideline 1: Governance). This helps ensure the information is accurate, allows you to provide further information or references when requested or required, and it will make it easier to review and update the health information you develop.

The following are sources of evidence, particularly systematic reviews, and clinical guidance:

- The National Health and Medical Research Council's [Australian Clinical Practice Guidelines](#) site includes a portal to guidelines as well as a register to lodge details of any guideline you develop
- The [Cochrane Library](#) contains up-to-date systematic reviews of the effects of all types of interventions relevant to health care
- The [PDQ-Evidence](#) database of systematic reviews can inform your decisions about health systems or services
- [Epistemonikos](#) describes itself as 'a collaborative, multilingual database of health evidence. It is the largest source of systematic reviews relevant for health-decision making and a large source of other types of scientific evidence'
- [Health Systems Evidence](#), which provides quality-assessed information, describes itself as a site to 'support policy makers, stakeholders and researchers interested in how to strengthen or reform health systems or in how to get cost-effective programs, services and drugs to those who need them'
- UK-based [Clinical Knowledge Summaries](#) has evidence-based summaries of the evidence for primary care

Apart from the sites listed above, many professional colleges and networks have clinical guidelines that can help you and some non-government health organisations have developed clinical guidelines or evidence summaries.

The following websites feature relevant health service information:

- The [Victorian Clinical Networks](#) is a site with information, evidence and standards from clinical networks in cancer, cardiac, critical care, emergency care, maternity and new born, palliative care, paediatrics, renal and stroke
- [HealthPathways Melbourne](#) is a 'free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions including referral guidance'

The following websites provide health information for patients and families:

- [Better Health Channel](#) is Victoria's main health information site and it provides information about conditions as well as services and support, ensuring that information is quality-assured and reliable, up-to-date, locally relevant and easy to understand
- [healthdirect](#) is a national site with information about conditions, symptoms, treatments and life stages, as well as information about services and advice lines
- The national medicines agency, [NPS MedicineWise](#), has information for consumers in brief and longer formats
- [Lab Tests Online](#) helps patients and carers better understand clinical laboratory tests that may be requested for them
- [Choosing Wisely Australia](#) is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations that aims to help people talk to their doctors about tests, treatments and procedures that evidence shows provide no benefit, or in some cases, lead to harm

The following international sites provide quality-assessed information for patients:

- The UK's National Health Service provides an [A-Z of health information](#) for medical conditions, written in a very accessible style
- [Patient.info](#), which has information for patients and professionals that anyone can access, is a useful resource for people who want more detail
- The US National Institutes of Health provides the [Health Information](#) site with searchable topic lists and resources for patients

3b. Ensuring content has the right readability for your audience

Readability is a really controversial topic and we can only provide a brief summary here. If you are familiar with the intricacies of readability, you can skip to the next section. If not, read on for a summary of the key issues. As usual, there are also links to relevant tools and resources below.

'Readability' refers to how easy it is for readers to understand written text. Readability formulas assess written information for complexity, equivalent school grade level and multisyllabic words, and provide a measure of the difficulty of the vocabulary and sentences in written materials. None of the many different readability formulas provide a simple solution to the issue of preparing accessible health information. For an overview of three readability tools (Flesch Reading Ease/Flesch-Kincaid Grade Level, Simple Measure of Gobbledygook and Suitability Assessment of Materials), including how to use each, see the [Assessing Readability factsheet](#) from the Tasmanian Department of Health and Human Services.

There are limits to readability measures. A significant issue is that readability formulas can't measure most of the parts of written text that make it easy or difficult to understand, such as the active role of the reader, the context in which sentences sit, the coherence of the text, which words are difficult to understand, or whether material is written in a way that is engaging. Be

aware that a low readability score does not guarantee written material will be understandable by your target audience. Therefore, readability formulas should only ever be used as one tool for making your materials easy to understand. The best way to know if your message is clear, understandable and easy to use is to test your document with the people you have prepared it for.

In general, content should be written in plain English. Plain English is sometimes called easy English, accessible written information, easy-read/easy to read, plain language and aphasia-friendly. Writing in plain English doesn't mean writing in a patronising or oversimplified way. Plain English minimises misinterpretation and improves understanding. It uses common everyday words but it does not use 'dumbed down' or casual language.

The material you produce should use common, everyday language that would be easy to understand by most people nearly all of the time. Here's some general guidance to keep in mind:

- Plain English resources should aim for a readability level of year nine or below as measured through readability testing. Low literacy resources should aim for a readability level of grade six or below.⁹ Keep in mind that readability formulas are only one measure of information quality and the best way to test that the content meets the needs of your target audience is to conduct user testing with a range of people.
- Avoid jargon and acronyms where possible, and be sure to define any that are unavoidable, ideally on the same page as they are presented.
- Complex or technical terms should be defined in context, rather than in a glossary or through hyperlinks. For example, 'You will need to have a gastroscopy to rule out a stomach ulcer. A gastroscopy is a medical test where a tube with a camera on the end is put down your throat and into your stomach.'
- Present the essential and most important information at the top of the document and position it as the first thing the reader sees. What constitutes essential information will change depending on your purpose and target audience. In a brochure for patients who have had day surgery, for instance, the essential information might be about how to manage pain, any possible complications to look out for and who to contact if the patient has any concerns. In an appointment letter, the essential information might be the appointment type, time, date, location and how to prepare for the appointment. To determine what the essential information is, you should think about the core purpose of the information, talk to people who would benefit from the information to ascertain what is important to them, and think about any common information gaps around this topic that clinicians or other hospital staff are aware of.

Medical information can be difficult to explain in plain language, so the following medical dictionaries may help (although both are from the US so terms and spellings may differ):

- [Plain Language Medical Dictionary](#) from the University of Michigan

⁹ Flesch R. How to write plain English: A book for lawyers and consumers. New York: Harper and Row; 1979

- The Centers for Disease Control and Prevention's [Everyday Words for Public Health Communication](#)

More information

SCOPE is a registered provider under the NDIS and delivers a range of services including many resources on its [Accessible Information](#) site, including links to training in easy English, as well as fact sheets, guides and other resources.

3c. Writing information that's 'actionable' and that builds health literacy

All health information should be written with an action in mind. Even if that action is just to learn about your health condition, you are asking the reader to use the information for adopting or changing behaviour. If you want users to do something specific, such as take medicines in a certain way or care for a wound after an operation, you need to write actionable health content. When information is general and impersonal – rather than direct and action-oriented – the reader is forced to work out how to apply what they read to their own situation. This may discourage them from using the material.

All consumers need to be able to easily identify what action they can take based on the information presented, and this may be true for people from culturally and linguistically diverse backgrounds or those with varying levels of health literacy.

To help the reader take action, consider the following:

- Write in the second person, addressing the reader as 'you' instead of 'the patient'
- Write in an active voice, which has the subject of the sentence performing the action ('you need to take the tablets twice a day' uses active voice while 'the tablets need to be taken twice a day' is in passive voice)
- If relevant to the topic, the information needs to clearly identify at least one action
- Complex actions should be broken down into manageable steps
- Instructions should be directive and precise, and not left open to interpretation; a more precise version of 'sit out of bed as much as possible' is 'aim to sit out of bed five times a day, for at least 20 minutes each time'
- Provide tools, such as checklists, to make taking action easier
- Remember that consumers or carers may want to look up more detailed information so list authoritative websites for further reading
- Provide a contact for further questions but ensure that there is a staff member who is responsible for answering queries

The following websites provide detailed guides to writing in plain English:

- SCOPE's [Accessible Information](#) site

- The UK National Institute for Health and Care Excellence - [Writing for NICE: A guide to help you write more clearly](#)
- The US Centers for Disease Control and Prevention - [Everyday Words for Public Health Communication](#)
- The US National Institutes of Health - [Plain Language: Getting Started or Brushing Up](#)
- The US Centers for Disease Control and Prevention - [Plain Language Thesaurus for Health Communications](#)

Certain types of information resources or tools go further than provide information but also help people get involved in decision making. Decision aids, personalised care-planning tools and resources that link to further information can support decision-making, questions and collaborative consumer-clinician relationships. They can encourage users to take action, improve management of health conditions and may increase user health literacy.

The following websites provide more information on developing health information that supports health literacy:

- The Victorian Primary Care Partnerships provides a free [Online Health Literacy Course](#) that has a variety of modules relevant to health information
- The Australian Commission on Safety and Quality in Health Care has an [Online Health Literacy Resources](#) site with a range of tools for health services as well as consumers, including a [Question Builder](#) tool.
- The Ottawa Hospital Research Institute provides an [Alphabetical List of Decision Aids by Health Topic](#) for a range of conditions collated from around the world, including Australia, and updates it regularly
- [Option Grid](#) is an initiative of The Dartmouth Institute and EBSCO Health, which provides a library of decision aids on a small range of topics
- The [International Patient Decision Aid Standards Collaboration](#) provides standards and assessment tools for organisations creating their own decision aids

3d. Presenting numbers and statistics

Many people find it challenging to understand the meaning of statistics so health literacy includes numeracy skills. Health consumers generally perceive risks and benefits differently to clinicians, health services or statisticians. To make informed decisions, they need to understand the risks and benefits of behaviours, treatments and preventive options, and how the information relates to them specifically.

The best way to present numbers, statistics and risk to consumers in health care is an area of ongoing research and debate. What you can do for a start is minimise the use of numbers and use them only when necessary. Be aware that some people do understand and want to know the numbers, whereas others need words and some need images or diagrams. This means that sometimes – and particularly for complex information – you may want to present the same information in several ways. In other words, consider if you can present the same information in words, numbers and images as this can aid understanding across multiple audiences.

Some good general advice for making numbers and statistics easier to understand are:

- When numbers are used, they should be clear and easy to understand
- Avoid calculations that people have to do themselves – don't ask people to add, subtract, multiply or divide
- If you do need to use fractions or percentages, ensure they are consistent by using percentages consistently throughout a resource, or using the same denominators so fractions can be easily compared
- Numbers from one to nine are easier to read if written as words; numbers from 10 onwards should be represented as numbers

The following websites provide information on presenting numbers and statistics:

- The UK Patient Information Forum's webpage [Communicate Risk Clearly](#)
- The US Centers for Disease Control's [Clear Communication Index](#) is a detailed guide with sections on presenting numbers and risk

3e. Providing translations and alternative formats

Special care should be taken when creating health information that is translated, transcribed or uses alternative formats. This includes information that is presented in a language other than English or appears in Braille, Australian Sign Language, audio, video and other formats. Projects must have a reference group from the target population to help shape the resource to target audience needs and provide feedback on the translation.

Things to consider when procuring translation services:

- Does it really need to be translated? Does your document suit the needs of the target audience? Perhaps only parts of a resource need translation. Draw on the resources of existing specialist groups, organisations and consumer representatives from the target audience to inform your decisions.
- Use pictures or diagrams where possible. Maps, drawings, diagrams and photographs can be far more effective and meet the needs of more audiences than text.
- If your resource needs to be relevant for different cultural groups, or will be translated into other languages, try to avoid using colloquial phrases, sayings, slang and clichés in your text and imagery. If your resource is targeted to one cultural or language group only, the use of target audience-specific phrases, sayings, slang and clichés may help your resource be more engaging and better understood. If using target-audience specific text or images it is vital to consult with representatives from that audience. Be aware of reading age levels and take the language in the original text into account. The translated document should not use university-level language, for instance, if it was not originally written at that level.
- Cultural concepts – rather than just words – need to be considered when developing health information in languages other than English. Some concepts (particularly abstract concepts or particular cultural practices or approaches) don't readily translate or aren't

common across cultures. Talk to target community members, translators and interpreters to seek further advice around any concepts that may not be clearly understood or relevant, even with high-quality translation.

- Do not use unregistered translators. Producing written translations requires a particular set of professional skills. Speaking is not the same as writing, just as interpreting is not the same as translating text.
- Your document should be finalised in English before seeking the services of a translation provider. This decreases time and cost of editing and revising. Inform your translator of the aim and intended uses of the resource.
- If you are dealing with a highly technical subject, you may need to find a translator with subject-specific knowledge.
- Ensure there is a formal mechanism for checking the translation and that it is built into development time and cost. Processes such as having a second translator to proofread or back translation (translate from the new language back into English) are essential quality-control steps in producing quality health information.
- Good translation practices include a final proofread by the translator. Typesetting or graphic design can inadvertently impact how translated text is read and understood. Translators can also take into account and give guidance on the typographical conventions of the cultural or national group you are producing health information for, which can guide typesetting and graphic design decisions.

The following websites provide more information on translations:

- The Victorian Government has [Guidelines on Policy and Procedures for Interpreting, Translating and Multilingual Information Online](#)
- [Health Translations](#) is an online directory of free, translated, health information managed by the Centre for Culture, Ethnicity & Health. Health Translations is an initiative from the Victorian Department of Health and Human Services
- [Language Loop](#), the Victorian Interpreting & Translating Service, is a Victorian Government-owned business enterprise. It is a specialist language service provider.

3f. Using accessible design elements

Design elements can support written health information and enhance accessibility for a range of audiences. Some key principles, adapted from the Patient Information Policy from NHS Dumfries and Galloway and the PIF Toolkit are outlined below.

Images

- Visual content should be used whenever it would make text easier to understand, or could even replace text. Images should be familiar and relatable to your audience, with labels and captions that help support the image and reduce the chance of misinterpretation.

- Images – particularly symbols or icons – should be user-tested to ensure their meaning is clear.
- Images should show the actions you want your audience to take and you should avoid choosing images that show what the audience should NOT do.

Text appearance

- Choose fonts that are commonly used.
- For the body of the text, use fonts with 'serifs' (a serif is a small line attached to the end of a stroke in a letter) and use sans serif fonts (fonts without serifs) in headings and subheadings.
- Sans serif is more readable when your type must be small or used on a website.
- Use large bold font to emphasise text. Avoid upper case letters, italics and underlining to emphasise as they make the text more difficult to read.
- A font size of 12-point or greater is appropriate for a general audience.
- If producing information for older people or people with vision problems always use 14-point font or larger.
- Large print documents should be are produced in 16 to **22** point font.
- Lower case letters are easier to read.

Layout

- Use shorter sentences, aiming for no more than 15-20 words.
- Lines should be between 60-70 letters each. Lines that are too long or too short increase reading difficulty and fatigue.
- Use bulleted or numbered points to break up complicated information.
- Avoid long paragraphs. Use subheadings or divide into new paragraphs instead.
- Leave space between paragraphs.
- White space makes information easier to read and helps the reader to find their way around the text.
- Use a light background with dark text for best contrast.
- Do not write text over background pictures or design.
- Make sure headings are clear.
- Avoid fitting text around images and place images on the edge of pages instead.
- Avoid red or orange text.
- When creating forms remember that people with vision impairment or problems with fine motor control tend to have handwriting that is larger than average, so allow extra space.
- Avoid glossy paper as the glare can make text more difficult to read.

- Trifold brochures are often confusing and should be avoided. They make it difficult to determine the most important information and how it flows across the brochure, making it easy for readers to miss key information.

Audio and video

- Include a clear title and explanatory text embedded in the video.
- Include captions with video.
- Break audio-visual material into 'chunks' or chapters, with chapter titles to indicate the different sections.
- Provide an accessible text transcript of any audio content.

The following websites provide more information on accessible content and design elements:

- The UK Patient Information Forum has a toolkit on [Creating Health Information that Works](#) showing web design that supports people with low health literacy
- The US Department of Health & Human Services' Agency for Healthcare Research and Quality has a [Patient Education Materials Assessment Tool \(PEMAT\)](#) and [User's Guide](#) that you can use to test the accessibility of some health information
- The US [Health Literacy Online](#) site provides an easy-to-use, comprehensive guide and checklist for web design that supports people with low health literacy.
- The US Centers for Disease Control and Prevention provides [Simply Put: a Guide for Creating Easy-to-Understand Material](#) with advice on messaging, text, visuals, layout as well as various checklists and readability formulas
- The [Health Literacy Universal Precautions Toolkit](#) by The University of North Carolina is a 200+ page toolkit with step-by-step guidance and tools for assessing health information and health literacy-related practices

Accessibility needs

Reasonable adjustments must be made to ensure that people with a range of disabilities are able to access the information. This is enshrined in law in Australia as part of the [Disability Discrimination Act 1992](#) (and here's a [brief guide](#)).

The right to equal access to information is also enshrined in the [United National Convention on the Rights of Persons with Disabilities 2006](#)

Article 9 – accessibility ensures persons with disabilities have access, on an equal basis with others, to information and communications.

To ensure the health information you are producing meets the needs of people with disability, consider the use of business support services offered by organisations such as:

- [Vision Australia](#)
- [VicDeaf](#)
- [Scope](#)
- [People With Disability Australia](#)
- [Women with Disabilities Victoria](#)

Online resources

If you provide health information outputs online, they must be accessible to the target audience regardless of their digital confidence and how they access the digital environment.

The [Digital Transformation Agency](#) (Australian Government) has proposed a [Digital Service Standard](#) that will require services within the scope of the Standard to show:

- How they've designed and tested for users of assistive technologies based on user research
- Evidence of usability testing, including users with low-level digital skills, people with disability and people from different cultural and linguistic backgrounds
- Ongoing testing plans for accessibility so that users can continue to access the service⁴

Although most Victorian health services do not fall within the scope of the [Digital Service Standard](#) (the Standard is not applicable to state and territory organisations), it nonetheless provides a helpful guide for user-friendly web design.

Similarly, the [Web Content Accessibility Guidelines 2.0](#) provide international guidance on developing websites that meet accessibility needs of all internet users.

There is a range of specific considerations when designing a health information website for people with low health literacy. These include ease of navigation, page layout, content structure, use of multimedia and use of links and colours.

3g. Working within brand guidelines

Most organisations work within guidelines of a visual identity that fits within their organisational brand. Such an organisational brand – and any associated style or preferred language guide – are the way a customer perceives an organisation. Adhering to an organisational brand is important for consistency in presentation and allowing people to easily recognise your information materials. But that should never compromise your ability to produce health information that is accessible, understandable and meets the needs of your target audience.

If elements of organisational branding or style or preferred language guides are a barrier to creating health information that caters to the needs of the target audience, then the branding needs to be reviewed at the executive level. This includes any limitations that organisational

⁴ Digital Transformation Agency. Digital Service Standard. Australian Government. 2016. <https://www.dta.gov.au/help-and-advice/about-digital-service-standard>

branding places on sharing health information outputs between services or working in partnership to create health information.

Self-evaluation toolkit for Guideline 3: Supporting health literacy

The Toolkit on page 49 of this document 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 their 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 with 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.

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.

Why it's important to share health information within and between organisations

Before setting out to produce a new health information output, it is vital to conduct a review of what already exists. This is because many health services have duplicated information across different departments over time. This process may be as simple as a basic internet search or speaking with colleagues in other departments or organisations. The purpose of this is to identify if there are existing resources that could be used or adapted for your audience.

By using or adapting existing quality materials, you avoid health information duplication and reduce costs and timeframes for developing materials. Avoiding duplication also focuses the time and effort of developing new content in areas where gaps are identified. Your search may also identify the need to update existing resources rather than starting from scratch to create new ones.

Using existing materials and avoiding duplication should be considered a part of good health information governance and document management (see Guideline 1: Governance). Sharing resources has been included as a separate guideline to emphasise the importance of sharing within and between services. Some organisations experience barriers to sharing resources, such as issues with branding and concerns over intellectual property and copyright. Another reason for sharing resources is that smaller health services cannot develop all the information products they need and may benefit from working in partnership with other services.

Overcoming these barriers may require you to address executive support at the health information governance level. The key tasks associated with Guideline 4 emphasise the importance of proper processes to identify needs, gaps and promote partnerships between organisations around health information development and sharing.

Key tasks for developing information that supports health literacy

4a. Develop and follow a process for identifying the need for health information

Health information development should be purposeful, strategic and make the best use of available resources. When identifying a need for health information, it is important to understand where the request or need for new material comes from, and what content is required. There may be a need for health information if:

- Patients or carers seem to be asking the same questions or expressing the same concerns. This doesn't need to be clinical; patients may be expressing problems about navigating systems or processes.
- Another health service has developed information on topics relevant to your patients. This may indicate there is a need, as well as provide an opportunity for sourcing this information rather than developing it from scratch.
- Clinicians or other health service staff have made a request for the information to be developed for patients or carers.
- The health information material you currently provide is out of date because of new clinical guidelines, new treatments or new research evidence.

Ideally, processes around identifying need should be outlined in health information governance structures and documents. These processes should support decision-making around the allocation of resources to different health information projects.

4b. Follow a search strategy for finding existing information

Before starting a new health information project, it is important to determine if the information already exists elsewhere using a logical, thorough and reproducible search strategy for finding existing information and documenting the process.

Some strategies for finding existing health information are:

- Speaking with professionals within your own health service or through your networks to determine whether someone has already developed information on the same or similar subject
- Conducting an internet search for health information on your topic. Lists of relevant sites are included in Guideline 3: Supportig health literacy
- Using government health information websites such as [Better Health Channel](#), [healthdirect](#), and [Health Translations](#) to see if appropriate information already exists
- Contacting or visiting the websites of relevant disease-specific organisations or support groups to check what they provide. Many organisations provide good information already

4c. Develop and follow processes for sourced materials

It is important to consider processes for sourcing as well as producing health information when creating governance documentation and policies. Just because information already exists does not guarantee it meets best-practice recommendations. The organisation disseminating the information is responsible for ensuring it is of high quality and appropriate for the target audience. Your organisation may also have specific requirements around sourced materials, such as ensuring it is evidence-based or addressing any branding issues.

Governance processes around sourcing should include:

- Ensuring sourced materials are based on evidence and up to date
- Examining any potential conflicts of interest (see Guideline 1: Governance)

- User-testing sourced materials with your target audience (see Guideline 2: Partnering with consumers)
- Adapting sourced materials (where permitted) to meet specific audience, geographic, or organisational needs (see Guideline 3: Supporting health literacy)
- Evaluating the use and effectiveness of sourced materials in a new context

Be sure to seek permission to use health materials created by another organisation, and understand any copyright limitations that may impact its adaptation or dissemination.

4d. Creating partnerships with key organisations

Collaboration between health services on information projects can reduce the workload for individual organisations, and allows high-performing services to showcase or share the work they have done with the rest of the health sector. Remember that not all organisations have the budget or resources to develop or produce their own health information. The Targeting Zero Review¹ addressed the issue of high-volume services and the differing levels of investment and resources available to each health service. Services with higher volumes of key procedures may be responsible for health information and could share with others.

Health services that already have good development processes in place should be open to sharing their health information outputs with other health services, especially those that are smaller and not as well resourced. Health services should also consider sharing policies, procedures and guidelines that support the development of quality health information to help raise standards across the sector.

The Victorian State Government provides access to a range of resources for building partnerships between health services in their [Strengthening Partnerships – Tools and Resources](#) portal.

More information

[Better Health Channel](#) provides information about conditions as well as services and support. It ensures that information is quality-assured and reliable, up-to-date, locally relevant and easy to understand.

[healthdirect](#) features information about conditions, symptoms, treatments and life stages, as well as about services and advice lines.

[Health Translation](#) provides free translated health information.

The UK's National Health Service features an [A-Z of information for health conditions](#) that is written in a very accessible style.

¹ Duckett S, Cuddihy M, Newnham H. Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care. Victoria: Victorian Government. 2016 [At <https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria>]

Patient.info is another UK site with information for patients and professionals that can be accessed by anyone and is a useful resource for people seeking more detail.

The Health Information page of the US National Institutes of Health has searchable topic lists and resources for patients, such as question prompts.

Self-evaluation toolkit for Guideline 4: Sharing resources

The toolkit on page 55 of this document 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 with 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.

Self-evaluation toolkit for Guideline 1:

Governance

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](#).

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?			

Reflective question	Your organisation's response	Areas for improvement [Y/N/Org unit]	Plan for improvement
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	Health information governance policy and/or processes	

Key task	Example activities	Activities undertaken + evidence
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	<p>Health information issues regularly included on the agenda of relevant governance bodies (e.g. Community Advisory Council)</p> <p>Health information-specific governance bodies (e.g. advisory council, working groups)</p> <p>Health information responsibilities included in position descriptions</p> <p>Health information-specific roles/positions</p> <p>All staff made aware of policies/processes through internal communication channels</p> <p>Training provided to staff and other stakeholders involved in the production or sourcing of health information</p> <p>Policies/processes accessible to relevant external stakeholders</p>	
Communicating organisational commitment to quality health information to staff, consumers and other stakeholders	<p>Communicated to staff via internal communication channels (e.g. intranet, email, staff meetings)</p> <p>Communicated to external stakeholders through external communication channels (e.g. posters, brochures, website, social media, conference presentations, organisational reports)</p> <p>Policies/processes accessible to relevant external stakeholders</p>	
Being transparent in how health information is produced, sourced and funded	<p>Health information governance policy and/or processes.</p> <p>Policies/processes around procuring external providers</p> <p>Policies/processes around managing of differences of opinion</p> <p>Policies/processes around management of conflict of interest</p> <p>Health information activities included in budgets</p>	

Key task	Example activities	Activities undertaken + evidence
	<p>Relevant policies available to external stakeholders (including consumers) either publicly or on request</p> <p>Funding sources declared on health information outputs where relevant</p> <p>Reference material cited or hyperlinked in health information outputs</p>	
Establishing and following good document management process	<p>Process in place around health information document management including record keeping, update/review and archiving</p> <p>Records of development kept for each health information output, including records of decision-making processes, reference material, drafts, and feedback</p> <p>Date of preparation and publication, as well review/update information included on each health information output</p>	
Evaluating the reach and impacts of health information activities and outputs and acting on evaluation findings as part of quality improvement cycles	<p>Evaluation plan documented for relevant health information output</p> <p>Process in place for monitoring compliance to health information policy/process</p> <p>Evidence that findings of evaluation activities are acted upon and lead to quality improvement</p>	

Relationship to the National Safety and Quality Health Service (NSQHS) Standards 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 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	<p>1.1 The governing body:</p> <ul style="list-style-type: none"> 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	<p>1.6 Clinical leaders support clinicians to:</p> <ul style="list-style-type: none"> 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	<p>1.7 The health service organisation uses a risk management approach to:</p> <ul style="list-style-type: none"> a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols 	

NSQHS Standards Criterion	NSQHS Standards Item	NSQHS Standards Action	Health information activities undertaken + supporting evidence
		<p>b. Monitor and take action to improve adherence to policies, procedures and protocols</p> <p>c. Review compliance with legislation, regulation and jurisdictional requirements</p>	
	Measurement and quality improvement	<p>1.8 The health service organisation uses organisation-wide quality improvement systems that:</p> <p>a. Identify safety and quality measures, and monitor and report performance and outcomes</p> <p>b. Identify areas for improvement in safety and quality</p> <p>c. Implement and monitor safety and quality improvement strategies</p> <p>d. Involve consumers and the workforce in the review of safety and quality performance and systems</p>	
	Feedback and complaints management	<p>1.13 The health service organisation:</p> <p>a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care</p> <p>b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems</p> <p>c. Uses this information to improve safety and quality systems</p>	
Clinical performance and effectiveness	Safety and quality training	<p>1.19 The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:</p> <p>a. Members of the governing body</p> <p>b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation</p>	

NSQHS Standards Criterion	NSQHS Standards Item	NSQHS Standards Action	Health information activities undertaken + supporting evidence
		<p>1.20 The health service organisation uses its training systems to:</p> <ul style="list-style-type: none"> 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	<p>1.25 The health service organisation has processes to:</p> <ul style="list-style-type: none"> 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	<p>The health service organisation has processes that:</p> <ul style="list-style-type: none"> 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	<p>2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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 	

NSQHS Standards Criterion	NSQHS Standards Item	NSQHS Standards Action	Health information activities undertaken + supporting evidence
	Applying quality improvement systems	<p>2.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <p>a. Monitoring processes for partnering with consumers</p> <p>b. Implementing strategies to improve processes for partnering with consumers</p> <p>c. Reporting on partnering with consumers</p>	

Guideline 1: Governance also has relevance to the following Criterion from Standard 2 – Partnering with Consumers.

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	<p>2.11 The health service organisation:</p> <p>a. Involves consumers in partnerships in the governance of – and to design, measure and evaluate – health care</p> <p>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</p>	
		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

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](#).

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?			

Reflective question	Your organisation's response	Areas for improvement [Y/N/Org unit]	Plan for improvement
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	<p>Governance processes/ documents in place to support partnering with consumers throughout the health service</p> <p>Governance processes/ documents in place specifically related to consumer partnering in health information projects</p> <p>Health information project plans that demonstrate consumer involvement throughout the project</p>	
Creating health information governance processes and documentation that include consumer partnership	<p>Governance processes/ documents in place that support partnering with consumers</p> <p>Governance processes/ documents in place specifically related to consumer partnering in health information projects</p> <p>Inclusion of consumer engagement costs in health information project budgets</p> <p>Relevant training offered to consumers involved in health information projects</p>	

Key task	Example activities	Activities undertaken + evidence
	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

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 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	

Criterion	Item	Action	Activities undertaken + evidence
		<p>b. Implementing strategies to improve processes for partnering with consumers</p> <p>c. Reporting on partnering with consumers</p>	
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	
		<p>2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p> <p>a. Information is provided in a way that meets the needs of patients, carers, families and consumers</p> <p>b. Information provided is easy to understand and use</p> <p>c. The clinical needs of patients are addressed while they are in the health service organisation</p> <p>d. Information needs for ongoing care are provided on discharge</p>	
Partnering with consumers in organisational design and governance	Partnerships in health-care governance planning, design, measurement and evaluation	2.11 The health service organisation: <ul style="list-style-type: none"> 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	

Criterion	Item	Action	Activities undertaken + evidence
		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.

Criterion	Item	Action	Activities undertaken + evidence
Safety and quality systems	Diversity and high risk groups	<p>The health service organisation:</p> <ul style="list-style-type: none"> 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

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](#).

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?			

Reflective question	Your organisation's response	Areas for improvement [Y/N/Org unit]	Plan for improvement
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	<p>Search guidelines and/or advice built into health information development processes for staff</p> <p>Process for assessing quality of information built into governance processes for both produced and sourced information</p> <p>Health information outputs include research evidence, clinical experience and lived experience</p> <p>Health information outputs are referenced and/or there are links to other reputable sources of information</p>	
Ensuring content is written to cater to the average readability levels of the target audience	<p>Health information governance processes include consultation with target audiences</p> <p>Health information outputs are written to a readability level appropriate for the target audience</p>	

Key task	Example activities	Activities undertaken + evidence
	<p>Jargon, acronyms and complex terms in health information outputs are avoided or defined within the text</p> <p>Essential information in health information outputs is presented first</p>	
<p>Writing content that is actionable and supports the development of health literacy skills</p>	<p>Health information governance processes include consultation with target audiences</p> <p>All health information outputs include clear instructions about at least one action that needs to be taken</p> <p>Health information outputs are written in the second person (e.g., 'you' instead of 'the patient')</p> <p>Health information outputs use the active voice</p> <p>Ways to find out more information are included on health information outputs</p> <p>Decision aids are available</p> <p>Personalised care planning tools are available</p>	
<p>Ensuring numbers or statistics are presented in a way that is easy-to-understand</p>	<p>Health information governance processes include consultation with target audiences</p> <p>Numbers and statistics are presented in consistent ways</p> <p>Numbers and statistics are represented visually where possible</p> <p>Users of health information don't need to use calculations to interpret numbers or statistics</p> <p>In written materials, numbers from one to nine are written in text, numbers from 10 onwards are represented numerically</p>	
<p>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</p>	<p>Health information governance processes include consultation with target audiences</p> <p>Policies and processes for the translation of materials are in place and are followed</p> <p>The cost of translation – including the cost of translation quality control processes – are included in health information budgets where required</p>	

Key task	Example activities	Activities undertaken + evidence
Ensuring design elements are accessible to audiences with accessibility needs, low literacy and/or low digital confidence	<p>Health information governance processes include consultation with target audiences</p> <p>Health information design elements meets best practice recommendations in terms of low health literacy audience accessibility</p> <p>Health information is presented in a variety of formats – video, audio, online, text</p> <p>Health information meets information requirements under the Disability Discrimination Act</p> <p>Online health information meetings Web Content Accessibility guidelines</p> <p>Health information governance policies/processes prioritise accessibility and appropriateness of health information over organisational branding or style guides</p>	

Relationship to the National Safety and Quality Health Service (NSQHS) Standards for Guideline 3

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 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	<p>2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <p>a. Implementing policies and procedures for partnering with consumers</p> <p>b. Managing risks associated with partnering with consumers</p> <p>c. Identifying training requirements for partnering with consumers</p>	

	Applying quality improvement systems	<p>2.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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	
		<p>2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p> <ul style="list-style-type: none"> 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 Criterion from Standard 1 – Clinical Governance:

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

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](#).

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?			

Reflective question	Your organisation's response	Areas for improvement [Y/N/ Org unit]	Plan for improvement
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	Processes around review and assessment of sourced materials included in health information governance documents	

Key task	Example activities	Activities undertaken + evidence
specific needs of your organisation		
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

The information and guidance related to Guideline 4: Sharing resources is most relevant to fulfilling both Standard 1 – Clinical Governance and Standard 2 – Partnering with Consumers 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: <ul style="list-style-type: none"> 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 	

Criterion	Item	Action	Activities undertaken + evidence
		<p>f. Monitors the action taken as a result of analyses of clinical incidents</p> <p>g. Reviews reports and monitors the organisation's progress on safety and quality performance</p>	
	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	<p>1.6 Clinical leaders support clinicians to:</p> <p>a. Understand and perform their delegated safety and quality roles and responsibilities</p> <p>b. Operate within the clinical governance framework to improve the safety and quality of health care for patients</p>	
Patient safety and quality systems (Standard 1)	Policies and procedures	<p>1.7 The health service organisation uses a risk management approach to:</p> <p>a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols</p> <p>b. Monitor and take action to improve adherence to policies, procedures and protocols</p> <p>c. Review compliance with legislation, regulation and jurisdictional requirements</p>	
	Measurement and quality improvement	<p>1.8 The health service organisation uses organisation-wide quality improvement systems that:</p> <p>a. Identify safety and quality measures, and monitor and report performance and outcomes</p> <p>b. Identify areas for improvement in safety and quality</p> <p>c. Implement and monitor safety and quality improvement strategies</p> <p>d. Involve consumers and the workforce in the review of safety and quality performance and systems</p>	

Criterion	Item	Action	Activities undertaken + evidence
		<p>1.9 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:</p> <ul style="list-style-type: none"> 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	<p>2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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	<p>2.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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	<p>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</p>	
		<p>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</p>	
		<p>2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p>	

Criterion	Item	Action	Activities undertaken + evidence
		<p>a. Information is provided in a way that meets the needs of patients, carers, families and consumers</p> <p>b. Information provided is easy to understand and use</p> <p>c. The clinical needs of patients are addressed while they are in the health-service organisation</p> <p>d. Information needs for ongoing care are provided on discharge</p>	
Partnering with consumers in organisational design and governance (Standard 2)	Partnerships in health-care governance planning, design, measurement and evaluation	<p>2.11 The health-service organisation:</p> <p>a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care</p> <p>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</p>	
		<p>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</p>	
		<p>2.13 The health-service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health-care needs</p>	
		<p>2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce</p>	

Appendix

A number of useful resources around interpersonal communication in health are listed below.

This list is meant to be an introduction to interpersonal communication. These resources are provided in acknowledgement of the interwoven nature of health information and interpersonal communication. You can find other useful resources and websites under Guidelines 2 and 3, which include information about interpersonal communication.

- Victorian Primary Care Partnerships' [Online Health Literacy Course](#) includes a module on communication.
- Deakin University's [Centre for Organisational Change in Person-Centred Healthcare](#) provides clinical communication training.
- The Victorian government's [Communication Strategies](#) page provides practical strategies, tools and resources for more effective clinical communication
- Teach-back is a method created in the USA for used by health professionals to check that they are explaining themselves clearly during consultations. In Victoria, [Teach-back](#) was developed through a collaboration between Deakin University and the South East Sydney Local Health District. It includes learning modules on how to use Teach-back as well as other resources and you can get a professional development certificate upon successful completion.
- The [Postgraduate Medical Council of Victoria](#) has a range of resources for graduate doctors about clinical communication.
- The Australia Commission on Safety and Quality in Health Care has a [Patient-Clinician Communication](#) program with a range of resources.
- [Choosing Wisely Australia](#) has a range of resources for clinicians and consumers to facilitate discussions about tests and treatments.

How we made this Guide

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The Guide was created with support from Safer Care Victoria and La Trobe University, and follows recommendations from the 2014 Victorian Consultation on Health Literacy.¹ It draws on health information research, policy, standards and guidelines from Australia and internationally.

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The Guide is a resource to support the implementation of the [Partnering in Healthcare Framework](#) produced by Safer Care Victoria.

¹ Hill SJ. Report of the Victorian 2014 Consultation on Health Literacy. Melbourne: Centre for Health Communication and Participation, La Trobe University, 2014

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