



Health literacy and the NSQHS Standards

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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Partnering with Consumers
October 2018

Overview

- Who is the Commission?
- What do we mean by health literacy?
- The NSQHS Standards
- Health literacy in the second edition
- What that means?

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

- National government organisation
- Funded by Commonwealth and all states and territories
- Leading and improving safety and quality in health care
- Strategic priorities are in the areas of:
 - patient safety
 - partnering with patients, consumers and communities
 - quality cost and value
 - supporting health professionals to provide safe and high-quality care.



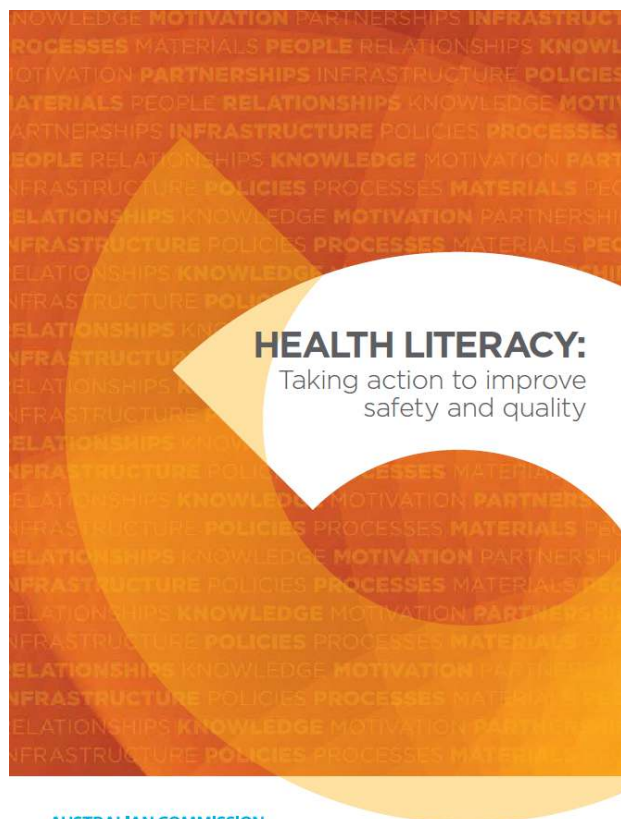
What do we mean by health literacy?

How the Commission sees health literacy...



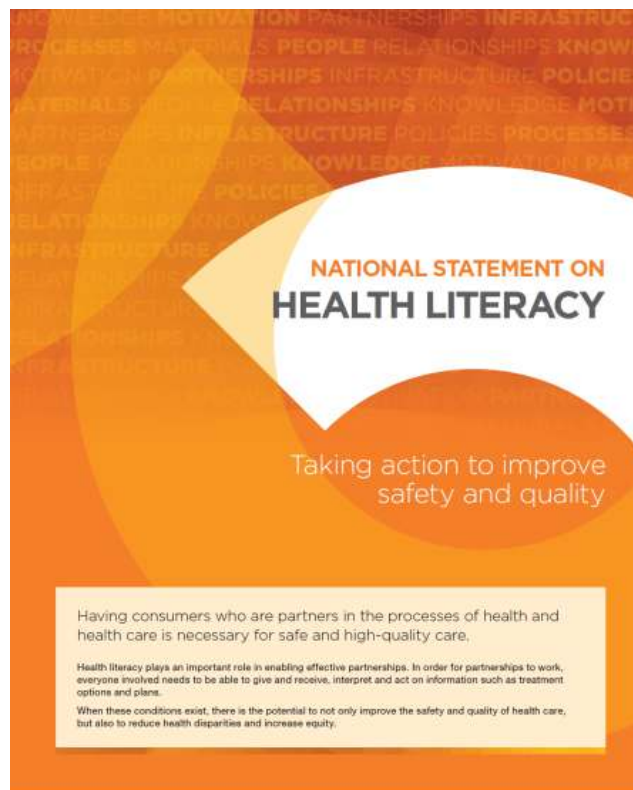
Adapted from Parker, *Measures of Health Literacy: Workshop Summary; Roundtable On Health Literacy*, 2009

A national approach



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August 2014



Having consumers who are partners in the processes of health and health care is necessary for safe and high-quality care.

Health literacy plays an important role in enabling effective partnerships. In order for partnerships to work, everyone involved needs to be able to give and receive, interpret and act on information such as treatment options and plans.

When these conditions exist, there is the potential to not only improve the safety and quality of health care, but also to reduce health disparities and increase equity.

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The National Safety and Quality Health Service Standards

What are the NSQHS Standards?

- Aim: To provide a nationally consistent statement about the standard of care consumers can expect from healthcare organisations...
- Developed over 5 years with considerable stakeholder engagement and consultation
- **First edition** - approved by Ministers in 2011
- Mandatory for Australian health services to be accredited against the NSQHS Standards from 2013
- **Second edition** – approved by Ministers in 2017
- Mandatory for Australian health services to be accredited against the NSQHS Standards from 2019

Roles in the Standards

- Commission
- Health Ministers
- State and federal health departments
- Accreditation agencies
- Health services

The first edition (2011-2018)



The first edition (health literacy)

Health literacy embedded throughout:

- **Standard 1** – sharing decisions with consumers, informed consent
- **Standard 2** – involving consumers in information development
- Providing information to consumers that is easy to understand (most Standards)



Standard 1:
Governance for
Safety and Quality in
Health Service Organisations



Standard 2:
Partnering with Consumers

Reviewing the first and developing the second

- Leadership
- Understanding diversity of patients and consumers
- Electronic health records
- Safe clinical environment
- Care planning and shared decision making
- Health literacy
- Screening and assessment
- Nutrition and hydration
- Aboriginal and Torres Strait Islander people
- Cognitive impairment
- Mental health

The second edition (2019-2029?)



Clinical Governance



Partnering with Consumers



Preventing and Controlling
Healthcare-associated Infection



Medication Safety



Comprehensive Care



Communicating for Safety



Blood Management



Recognising and Responding to
Acute Deterioration



Take a strategic approach

- Standard describes what needs to be achieved, not how to get there
- Many different strategies and approaches to meet the requirement
- Think about the purpose – why are you doing this and what do you want to achieve
- Think about how to embed it into the way the organisation works:
 - governance, leadership, strategy
 - policies and procedures
 - day to day clinical practice

The second edition (health literacy)

Health literacy overtly included:

- **Partnering with Consumers**

Implied or required in actions in:

- **Governance**
- **Comprehensive Care**
- **Communicating for safety**

Clinical Governance Standard



Aims to ensure that health service organisations implement a clinical governance framework that supports the delivery of safe and high-quality health care

Clinical governance is an integrated component of corporate governance of health service organisations.

It ensures that everyone – *from frontline clinicians to managers and members of governing bodies, such as boards* – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.



Clinical Governance Standard (actions related to health literacy)

1.15 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
-

1.31 The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose

1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people



Partnering with Consumers Standard

Aims to create an organisation in which there are mutually valuable outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.



Partnering with Consumers Standard (health literacy related actions)

- 2.3 The health service organisation uses a charter of rights that is:
- a. Consistent with the Australian Charter of Healthcare Rights¹⁶
 - b. Easily accessible for patients, carers, families and consumers
-
- 2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice
-
- 2.5 The health service organisation has processes to identify:
- a. The capacity of a patient to make decisions about their own care
 - b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves
-
- 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
-



Partnering with Consumers Standard (Health literacy criterion)

- 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community
-
- 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review
-
- 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:
- a. Information is provided in a way that meets the needs of patients, carers, families and consumers
 - b. Information provided is easy to understand and use
 - c. The clinical needs of patients are addressed while they are in the health service organisation
 - d. Information needs for ongoing care are provided on discharge
-



Comprehensive Care Standard

Aims to ensure that consumers receive care that is:

- aligned with their expressed preferences and healthcare needs
- considers the impact of their health issues on their life and wellbeing
- clinically appropriate for their circumstances
- minimises harm from specific risks



Comprehensive Care Standard (actions related to health literacy)

-
- 5.13 Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:
- a. Addresses the significance and complexity of the patient's health issues and risks of harm
 - b. Identifies agreed goals and actions for the patient's treatment and care
 - c. Identifies the support people a patient wants involved in communications and decision-making about their care
 - d. Commences discharge planning at the beginning of the episode of care
 - e. Includes a plan for referral to follow-up services, if appropriate and available
 - f. Is consistent with best practice and evidence
-

- 5.20 Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*⁴⁶
-



Communicating for Safety Standard

Aims to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.



Communicating for safety (actions related to health literacy)

- 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to:
- a. Clinicians who can make decisions about care
 - b. Patients, carers and families, in accordance with the wishes of the patient
-
- 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians
-

Partnering with Consumers embedded across the Standards

Each of the six clinical standards includes the action:

“Clinicians use organisational processes from the Partnering with Consumers Standard when [...] to:

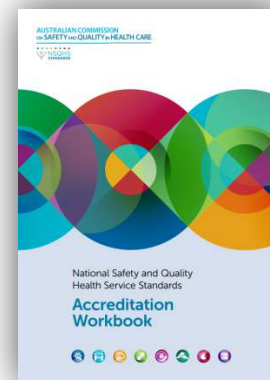
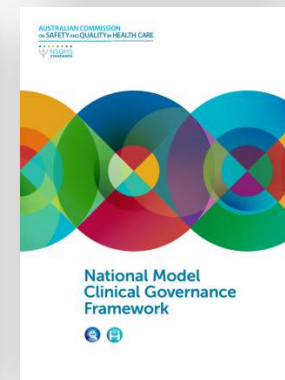
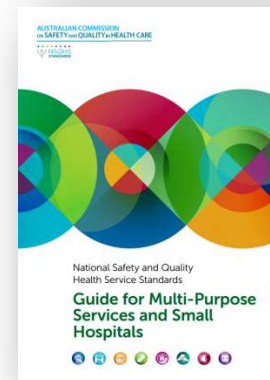
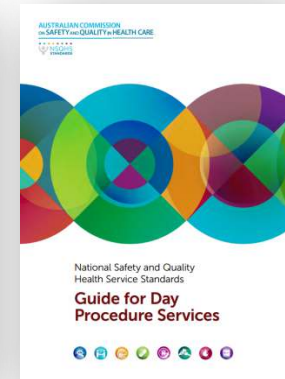
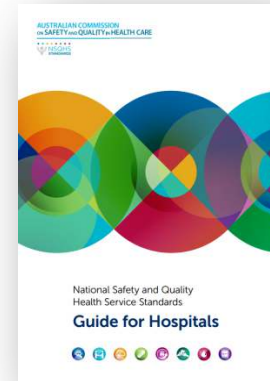
- a. Actively involve patients in their own care
- b. Meet the patient’s information needs
- c. Share decision-making”

Use the systems and processes (established as part of Std 2) when

- Preventing and managing HAI – **Action 3.3**
- Undertaking medication management – **Action 4.3**
- Delivering comprehensive care – **Action 5.3**
- Effectively communicating with patients, families and carers in high-risk situations – **Action 6.3**
- Providing safe blood management – **Action 7.3**
- Recognising and responding to acute deterioration – **Action 8.3**

Resource to help understand what is needed...

NSQHS Standards Guides



Fact sheets galore!

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4 MEDICATION SAFETY

Why the standard is important

This standard aims to ensure that clinicians safely prescribe, dispense, administer and monitor medicines.

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3 PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTION

Why the standard is important

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2 PARTNERING WITH CONSUMERS

Why the standard is important

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1 CLINICAL GOVERNANCE

Why the standard is important

This standard aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

This standard, together with the Partnering with Consumers Standard, underpins all the other standards.

The new standard recognises the importance of leadership and the environment in delivering safe and high-quality care.

In recent years, health service organisations have used the National Safety and Quality Health Service (NSQHS) Standards as a framework to put in place safety and quality systems that have improved patient safety. But more needs to be done to ensure that all patients are protected from harm and receive the highest possible standard of care.

Although most health care in Australia delivers good clinical outcomes, patients do not always receive the care that is recommended, and adverse events continue to occur.¹ Adverse events can be associated with pain, delays in care, short-term and permanent disabilities, and death. They can also be associated with increased healthcare costs because of longer hospital stays, additional treatments and readmissions.²

Extensive research has identified the elements of an effective clinical governance system.³ Governance is the set of processes, customs, policy directives, rules and conventions affecting the way an organisation is directed, administered or controlled. This standard describes the elements of effective clinical governance and includes actions that support important national initiatives, such as Aboriginal and Torres Strait Islander health, and e-health.

... standard is in place ...

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NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS SECOND EDITION: OVERVIEW

Aim

The National Safety and Quality Health Service (NSQHS) Standards, developed by the Australian Commission on Safety and Quality in Health Care (the Commission), are designed to protect the public from harm and to improve the quality of health care in Australia. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

Background

The first edition of the NSQHS Standards, which was released in November 2011, has been used to assess health service organisations since January 2013. Using the NSQHS Standards, health service organisations have put in place safety and quality systems that have improved patient safety. For example, adverse drug reactions and medication histories of patients are now better documented, rates of several healthcare-associated infections have decreased, and the number of admissions to intensive care units has decreased.

Second edition

The second edition of the NSQHS Standards will be launched in November 2017, and health service organisations will be assessed against the new standards from January 2019. Health service organisations will be informed of the transition arrangements for accreditation well in advance of implementation.

The second edition was developed by the Commission in consultation with a wide range of stakeholders, including health service organisations, consumers, peak bodies and interest groups.

The second edition of the NSQHS Standards addresses gaps identified in the first edition, including mental health and cognitive impairment, heat, literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. It also updates the evidence for actions, consolidates and streamlines standards and actions to make them clearer and easier to implement and reduces duplication.

There are eight standards and 140 actions, compared with the first edition, which had 10 standards and 296 actions. All the elements of the second edition must be implemented by healthcare organisations. Around 65% of the second edition is consistent with the requirements of the first edition, and 35% is new.



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5 COMPREHENSIVE CARE

This standard aims to ensure that patients receive comprehensive health care that meets their needs.

Why the standard is important

Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient's goals of care and healthcare needs, considers the impact of the patient's health issues on their life and wellbeing, and

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6 COMMUNICATING FOR SAFETY

Why the standard is important

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7 BLOOD MANAGEMENT

Why the standard is important

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8 RECOGNISING AND RESPONDING TO ACUTE DETERIORATION

Why the standard is important

Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high-quality care. Serious adverse events such as unexpected death and cardiac arrest often follow observable deterioration in a patient's condition.¹

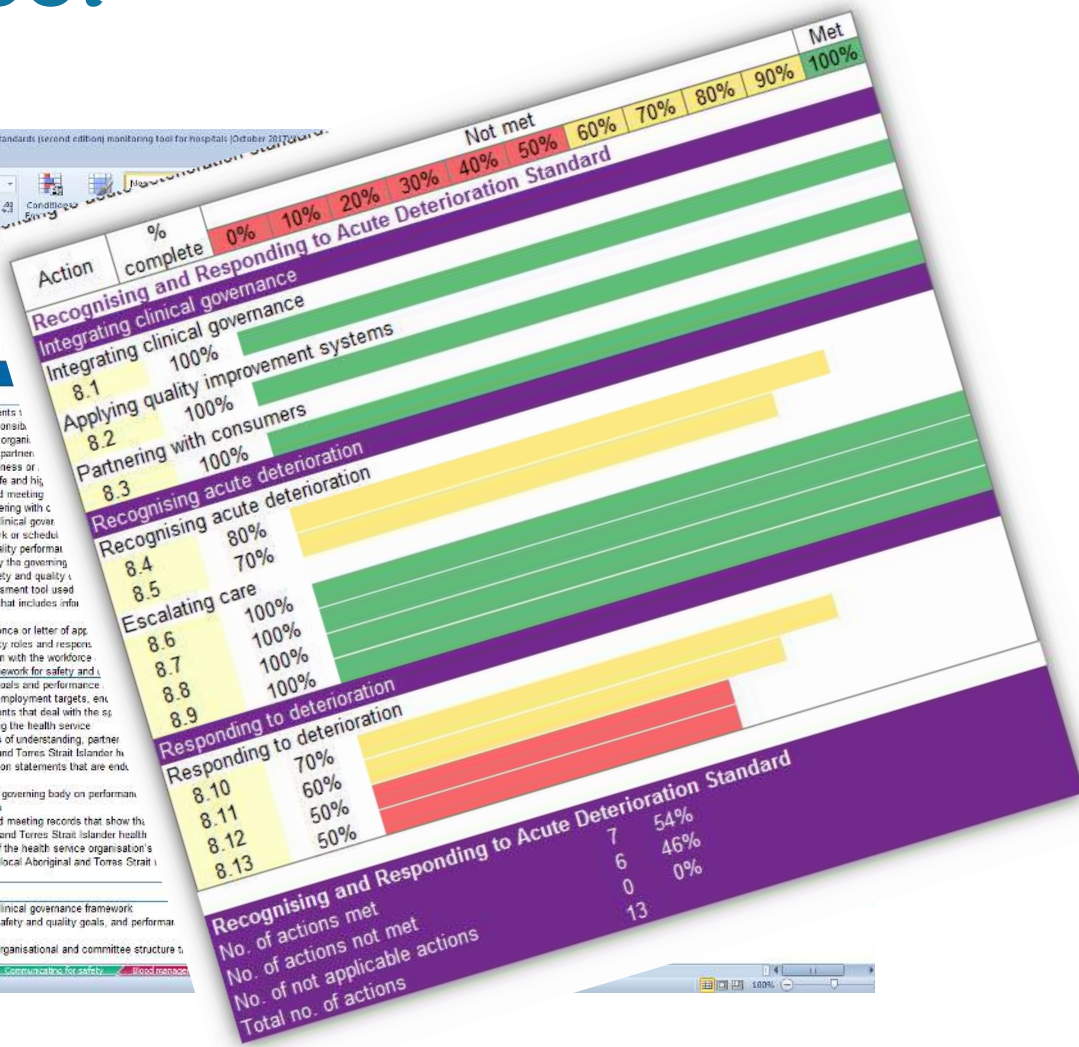
Early identification of deterioration may improve outcomes and reduce the intervention required to stabilise patients whose condition deteriorates.²

There is evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately. Factors that contribute to a failure to recognise deterioration include lack of understanding of deterioration, lack of communication, and lack of

Sector specific electronic monitoring tool

D17-42988 Accreditation - NSQHS Standards (second edition) monitoring tool for hospitals (October 2017) v1.0

File	Home	FORMS	Insert	Page Layout	Formulas	Data	Review	View	HFE Content Manager
Based on the NSQHS Standards (second edition), November 2017									
Clinical Governance Standard									
Actions									
Reflective questions									
Governance, leadership and culture									
Governance, leadership and culture									
<p>1.1 a Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation.</p> <p>b Provides leadership to ensure partnering with patients, carers and consumers.</p> <p>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.</p> <p>d Endorses the organisation's clinical governance framework.</p> <p>e Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce.</p> <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> <p>How does the governing body understand and promote safety and quality within the health service organisation?</p> <p>How does the governing body define and monitor high-quality and culturally appropriate care?</p> <p>How does the governing body define and monitor high-quality clinical and culturally appropriate care?</p> <p>Policy documents that outline roles and responsibilities of health service organisation processes for partnering with patients, carers and consumers.</p> <p>Strategic, business or clinical directions for safe and high-quality clinical care.</p> <p>Committee and meeting minutes, or partnering with community.</p> <p>Documented clinical governance framework or schedule.</p> <p>Safety and quality performance monitoring by the governing body.</p> <p>Workforce safety and quality improvement.</p> <p>Cultural assessment tool used.</p> <p>Annual report that includes information on performance.</p> <p>Terms of reference or letter of appointment and quality roles and responsibilities.</p> <p>Communication with the workforce governance framework for safety and quality.</p>									
<p>1.2 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.</p> <p>What information from the organisation's performance, external sources, and the local Aboriginal and Torres Strait Islander community does the governing body use to identify and make the specific health needs of Aboriginal and Torres Strait Islander patients a priority?</p> <p>How are Aboriginal and Torres Strait Islander people involved in the governance of the organisation?</p> <p>Documented goals and performance outcomes and employment targets, etc.</p> <p>Policy documents that deal with the specific people accessing the health service.</p> <p>Memorandums of understanding, partnership with Aboriginal and Torres Strait Islander health.</p> <p>Affirmative action statements that are endorsed by the workforce.</p> <p>Reports to the governing body on performance of Aboriginal and Torres Strait Islander patients.</p> <p>Committee and meeting records that show the local Aboriginal and Torres Strait Islander health.</p> <p>Membership of the health service organisation's people from the local Aboriginal and Torres Strait Islander community.</p>									
Organisational leadership									
<p>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.</p> <p>Does the health service organisation have a documented clinical governance framework?</p> <p>How is the effectiveness of the clinical governance framework reviewed?</p> <p>Documented clinical governance framework.</p> <p>Documented safety and quality goals, and performance monitoring.</p> <p>Documented organisational and committee structure.</p>									





User guides


- Aboriginal and Torres Strait Islander health
- Governing bodies
- Health service organisations providing care to children
- Measuring and evaluating partnering with consumers
- Mental health services
- Healthcare variation
- Migrant and refugee health
- Chemotherapy services
- End-of-life care
- Cognitive impairment

Online resource portal


Published by the ACSQHC - www.safetyandquality.gov.au

 **Select role...** 

[The Standards](#) [Resources](#) [Assessment](#) [Updates](#) [Help](#)









Welcome to the NSQHS Standards



The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

Start by selecting your role:

- 
Assessors
- 
Clinicians
- 
Healthcare Consumers
- 
Managers
- 
Members of Governing Body
- 
Safety & Quality Managers

nationalstandards.safetyandquality.gov.au

Other resources to help...

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Health Literacy Fact Sheet 1: An introduction to improving health literacy in your organisation

A fact sheet for quality managers

This fact sheet provides an introduction to health literacy, and how your organisation's environment affects how people understand and use your information and services. Taking steps to make your organisation's environment more accessible will also help you meet some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards.

Key points

- Health literacy is an important part of safe and high-quality health care
- Improving your organisation's health literacy environment involves supporting consumers to understand and use your information and services effectively
- Improving health literacy may help improve experience, outcomes and reduce the risk of adverse events for consumers.

What is health literacy?

Health literacy is about the way consumers find, understand, use, and act on information about health and health care. This can be verbal, written or online information, info environment (so information isn't health care).

Health literacy is



Guide Health Literacy

Introduction

Gap
Analysis

Recruiting
Consumer
Advisors

Comments
and
Feedback

Basics of
Health
Literacy

Background
Information

U.S. Department of Health & Human Services

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Topics Programs Research Data Tools Funding & Grants News About

Home > Programs > Quality & Patient Safety > Quality Measure Tools & Resources

Clinicians & Providers
Education & Training
Hospitals & Health Systems
Prevention & Chronic Care
Quality & Patient Safety

AHRQ's Healthcare-Associated Infection Program
Hospital Survey on Patient Safety Culture
AHRQ Quality Indicators™
Nursing Home Survey on Patient Safety Culture
Consumer Assessment of Healthcare Providers and Systems

AHRQ Health Literacy Universal Precautions Toolkit

2nd edition

The AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition, can help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels.

What Are Health Literacy Universal Precautions?

Health literacy universal precautions are the steps that practices take when they assume that all patients may have difficulty comprehending health information and accessing health services. Health literacy universal precautions are aimed at—

- Simplifying communication with and confirming comprehension for all patients, so that the risk of miscommunication is minimized.
- Making the office environment and health care system easier to navigate.
- Supporting patients' efforts to improve their health.

HEALTH LITERACY: A summary for Clinicians

Health literacy is important to the safety, quality and effectiveness of the health care you deliver.

More than half of your patients do not have the level of health literacy they need to make well-informed healthcare decisions and act on them.

If your patients do not understand the information and services you are providing, then they may be at higher risk of experiencing poor health outcomes.

There are many things that you can do to help your patients better understand their health and health care.

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Top Tips for Safe Health Care



What you need to know
for yourself, your family or
someone you care for.

Health literacy for managers

60%
PEOPLE

LOW
HEALTH LITERACY

Having low health literacy means consumers don't have the knowledge they need to find, understand and use information about their health and health care. You can help change this.

How can I
CREATE A
GOOD HEALTH
LITERACY
ENVIRONMENT
within my
organisation?

BE A
LEADER

KEY FOCUS
Make patient-centred care and health literacy a key focus within the strategic framework of your organisation.

USE EXAMPLES
Use patient stories to demonstrate how health literacy affects people's health and healthcare.

CLARIFY COMMUNICATION
Make clear and effective communication a priority across all levels of the organisation.



PUT SYSTEMS
IN PLACE

EDUCATION & TRAINING
Integrate health literacy and communication strategies into information, education and training resources for the workforce.

PROCESSES
Develop and implement whole-of-organisation policies which embed health literacy considerations into existing processes.

LANGUAGE
Use easily understood language and symbols on information and signage.

CONSUMER SUPPORT
Have processes in place to provide support for consumers with additional needs - interpreters, accessible info, etc.

PARTNER WITH
CONSUMERS

INFORMATION CO-DESIGN
Work with consumers to develop, design and evaluate information materials - brochures, forms, websites, etc.

SERVICE CO-DESIGN
Work with consumers to plan, design and evaluate services and facilities.

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www.safetyandquality.gov.au

Timelines

- November 2017
 - NSQHS Standards and first round of resources launched
 - Gradual release of resources as they are finalised and approved
- April 2018
 - Launch of online training modules for assessors
- June 2018
 - Launch of interactive online resource portal
- July 2018
 - Transition to assessment to the second edition starts
- January 2019
 - Assessment to the second edition

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