

Community Participation In Community Health Quality of Care Reporting

Prepared by

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1. Quality of Care Reports Background

Quality of Care reports describe the quality and safety systems, processes and outcomes that exist within a health service.¹ Quality of care reports are intended to be read by clients, carers, the local community as well by staff and other key stakeholders. All stand alone community health services are required to submit a Quality of Care Reports for 2007-08. The content of Quality of Care reports is outlined in annual DHS guidelines and minimum reporting requirements.² Quality of Care Reports may form part of an organisation's annual report or be a separate document distributed to the community in a variety of ways. Community participation in the development and review of a Quality of Care reports is a key requirement. This document provides some general information and suggestions for involving community members in Quality of Care reporting. The document was developed by the Community Participation in Community Health Network³ in partnership with the Victorian Healthcare Association's Clinical Governance in Community Health Project.

2. Quality of Care Report Guidelines and Minimum Requirements

The DHS annual guidelines and minimum requirements for Quality of Care reporting state that a quality of care report should:

‘Demonstrate the extent to which clinicians, consumers, carers and community groups were involved in developing the report...’

Demonstrate a mechanism for incorporating feedback (from consumers, carers and community members)

The DHS guidelines also describe the need for a report to:

- Be understandable and accessible to a lay audience
- Use clear formats and layout
- Be an appropriate length
- Be interesting to read

3. Community Participation in Report Development

The ultimate goal of community participation in quality of care reporting is to ensure information about the quality and safety of a community health service is accessed and understood by members of the local community. Community members have a role in determining what quality of care means to them, as users or potential users of a service, and how quality of care should be reported. The processes for involving consumers in quality of care reporting described in this document are suggestions only. Community participation in individual organisations should be an ongoing process, not just for quality reporting, which will vary according to each community health centre's distinctive approach to participation

¹ DHS 2007 Quality of Care Reports – guidelines and minimum reporting requirements for 2006-07
<http://www.health.vic.gov.au/consumer/pubs/index.htm>

² *ibid*

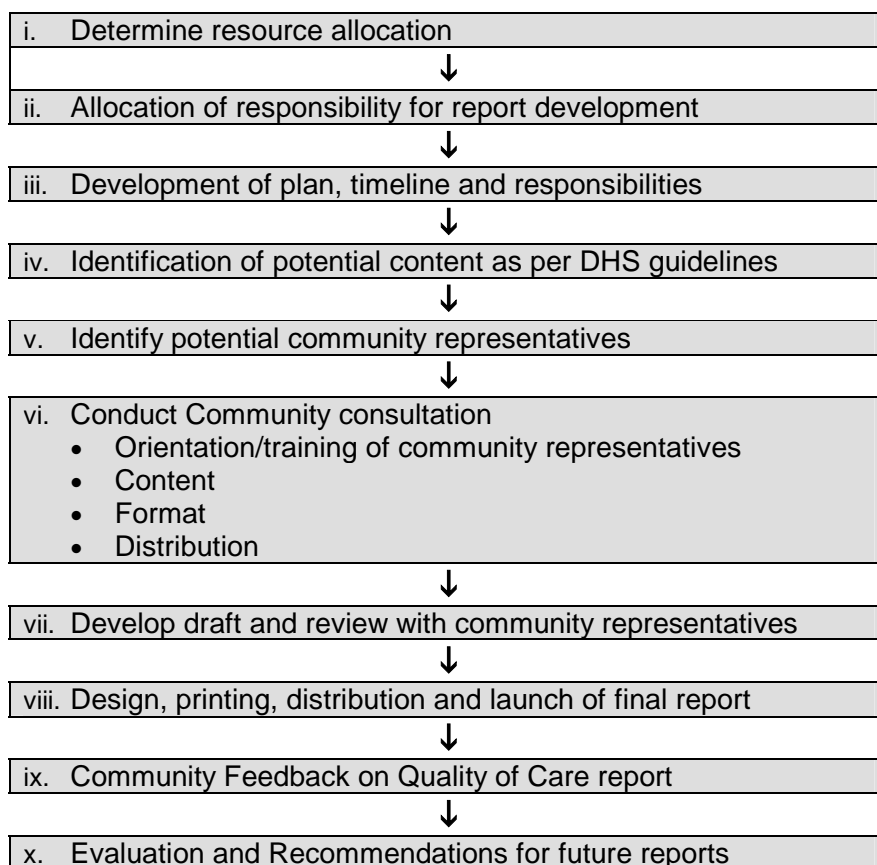
³ The Community Participation in Community Health Network was established in 2007 to build organisational capacity in the area of community participation. Contact with the Network can be made through Bich Ha of North Yarra Community Health Service bich.ha@nych.org.au

The DHS annual guidelines and minimum requirements for Quality of Care reporting outline the need to develop a mutual understanding of quality and safety and agreement on the reporting of appropriate measures with the community. Staff need to be actively involved in developing an on-going and two-way dialogue with the community, and extending the knowledge of the community in how quality and safety is measured, As stated in the DHS annual guidelines and minimum requirements for Quality of Care reporting 'Individual health services, together with their communities, should determine the most appropriate measures to report on in relation to their service type, their community and their geographic location.....the minimum reporting requirements should also guide this process.'

The specific objectives of community participation in Quality of Care reporting are to work in partnership with community members through a formal process to:

- Define and describe quality and safety with consideration of both organisation and community perspective.
- Determine how the content of the report can be made interesting, relevant and easily understood to the community and stakeholders,
- Ensure the format and layout of the report is appropriate to community readers
- Develop a distribution plan to ensure the report has maximal reach to the community
- Devise a mechanism of community feedback on the published report

4. Key Steps in Report Development



i. Resource Allocation

The board and senior management need to identify the resources that will be made available for quality of care reporting. This includes consideration of staff time, reimbursement of costs to community participants and costs such as design, printing and distribution,

ii. Allocating Responsibilities

The responsibility for coordination of the development of the report should be allocated to staff within the service with the appropriate experience to ensure that the report is produced according to the timelines and strategies documented in the agencies plan. Some skills, such as graphic design, may need to be sourced from outside the organisation.

Responsibilities may include:

- a. Communicating with teams/service /programs in gathering relevant information for the report
- b. Key contact for community representatives
- c. Facilitating community consultation (including any interpreting/translations)
- d. Editing
- e. Drafting report

iii. Report Plan

A basic plan indicating the major strategies, timelines and responsibilities in producing the report is required

iv. Identification of potential content

It may be useful prior to the consultations to broadly identify a range of potential areas/activities to include as content under the major categories in the quality of care report. This will provide a starting point for content discussion and allow the community participants to select/prioritise/recommend alternative content from the range of ideas presented and to develop the format for reporting.

Staff responsible for coordinating quality of care reporting will need to consult with teams and program areas to identify potential ideas and information (data, anecdotes, complaints compliments) for inclusion in the report. Informal feedback mechanisms are important in gathering information from a broader section of consumers and the community. Consideration of the development of mechanisms to capture information throughout the year to assist this process may include:

- Collection and collation of informal and formal feedback received by staff in program areas as part of regular reports, team meetings
- Collation of quotes and personal stories included in publications throughout the year including local newspapers and newsletters.
- Collation of feedback received through client feedback mechanisms (e.g. group/program evaluations, suggestions)

v. Community Participants

The composition of the community participants involved in the development of the report would ideally represent the demographics of the local community. A diversity of participants is important in ensuring content is relevant to a broad sector of the community. Some services have found that a minimum of 15 – 20 community participants is needed to develop the report. Community participants may be recruited from the following local community members

- Community Health Service Members,
- Existing community advisory committee or consumer representatives on committees
- Community Health Service Volunteers
- Clients/consumers
- Carers
- Existing Community Health Service groups (e.g. self help groups, treatment groups)

- Existing social/community groups, Culturally and Linguistically Diverse (CALD) groups, Aboriginal and Torres Strait Islanders (ATSI) groups.

vi. Community consultations

The consultations could be structured around two or more sessions with community participants. The number of consultations will depend on the current level of engagement with the community, the need to locate representatives and form committees, the presence of a dedicated staff role for community participation and the support from senior management and the Board of Management.

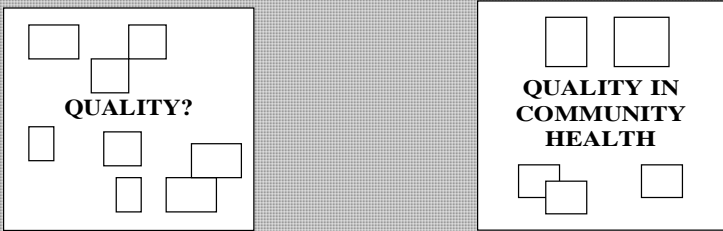
To enable the participants to participate fully in the consultations some preparation is beneficial. This may include the provision of interpreters and translated materials for participants from a CALD background. A brief overview of the Quality of Care process may be helpful either via information provided prior to the first session or an introduction in the first section. It is important that the process fosters a “bottom up approach” references to DHS Guidelines should be discrete in terms of offering ideas or suggestions. The consultations should use participatory group work approaches such as recording and viewing ideas on whiteboards.

The key content that could be covered in the consultation sessions is provided below:

First Session

- Welcome
- Introductions and Icebreaker
- Outline of the consultations and its objectives
- The principles for participation in the Quality of Care Report Consultations
- Defining what ‘Quality’ is in relation to community health. The following activity might be useful in helping participants

SUGGESTED ACTIVITY 1
 To assist participants in understanding the purpose of reporting it may be useful to ask the participants to think about the word ‘quality’ and write down what it means to them. Each participant could be given three post it notes to write down their ideas and stick on a flipchart.



The facilitator compares the different ideas and clusters similar ideas together. The exercise could be repeated for the terms Quality in Community Health. This activity could lead on to discussion of what content to include in the report to demonstrate quality.

- Content - under designated categories to be included in the report, as provided in the DHS guidelines, (e.g. Quality and Safety and Continuity of Care) discuss potential

articles by referring to a pre-prepared list of potential areas/activities. The approach may include use of group work to ask participants:

- What are your ideas?
- What do you want to know/ to hear about the community health service?
- What topics would you like to see included?
- What sort of information would you like to see in a report such as this?

The approach to developing the content of the report may involve:

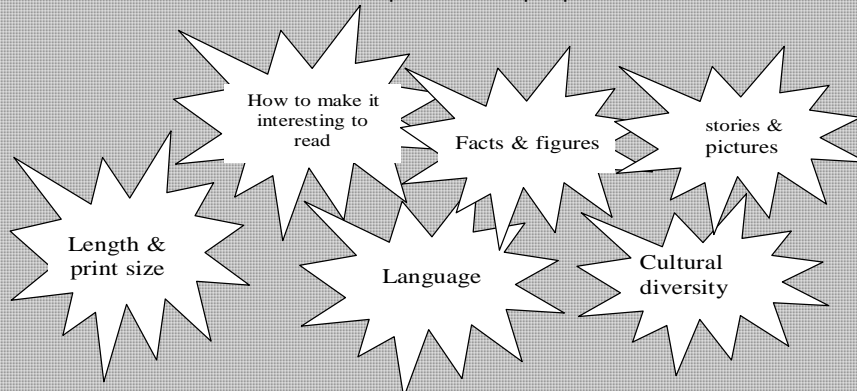
- asking participants to provide their own stories of quality of service or to source stories from other consumer groups)
- participants working with a designated staff member on an area
- participants working together on an area with staff back up
- Participants can volunteer to take photos or quotes.

Allocation of writing responsibilities can then be made

- g. Format – discuss layout, font, use of photographs, stories and case studies, community quotations, graphs and tables, length. A graphic designer, if available, can comment on ideas. The following activity may be useful.

SUGGESTED ACTIVITY 2

The facilitator shows example of reports asks the question ... which report automatically catches your attention and why? The facilitator reiterates points that come out, using coloured shapes to highlight key points, (see below) and asks the participants to think about these points and return to their groups to discuss what needs to be done so that the report catches people's attention and is interesting to read



- h. Examples of Quality of Care reports (can be accessed from www.dhs.vic.gov.au) to assist in understanding the key components of a quality of care report. The participants could be asked "What articles did you like in the example reports?"
- i. Summary of session and action to be taken in drafting report.
- j. Set date for next session to review draft and discuss distribution strategy.

Follow up Session/s

Follow up session/s will be needed to develop the agreed content. As this process is nearing the completion of a draft Quality of Care Report the following session outline may be useful.

- a. Welcome
- b. Introductions and Icebreaker
- c. Outline of the consultations
- d. Refresh discussion from last session - quality in community health, content areas of report and layout advice.
- e. The draft report is introduced (also distributed prior to meeting) and explanation made of how the report addresses decisions made at previous sessions
- f. Draft Report Review - in small groups participants could review the report and provide feedback to the group on content and layout (interpreters provided as needed).
- g. Distribution Strategy – in small groups participants could discuss the following questions.
 - i. How you would distribute the report to give as many people as possible in the local community the opportunity to read it?
 - ii.
 - iii. Explain why you have chosen the different methods
 - iv. And how would you know that your distribution process was effective?

From the suggested ways to distribute report a distribution plan is made and participants are identified to be involved in different parts of the distribution plan.

- h. Further Involvement Participants could be asked “Is there a role for community members in the contributing to quality and safety at the Health Service following the release of the Quality of Care Report?” This is an opportunity to explore the ways in which consumers and community members could have an ongoing involvement in the quality and safety of the organisation and identify individuals that are interested. Health Services should also consider early in the planning process how they might support the ongoing involvement of the consumers and communities in this area of work.
- i. Conclusion – Thanks to participants for their work and commitment. Mention that besides distribution to local community the report will go the Department of Human Services and will be presented at Annual Meeting. Explain that final report will be sent to all participants, and those wanting to be involved in distribution will be contacted. Notes from this meeting will also be typed up and sent to participants
- j. Evaluate - Ask participants if they would evaluate their involvement in the report development process for improvement purposes.

vii. Develop draft and review

After the community consultations a report is drafted and major stakeholders such as community participants, management, board subcommittees and staff are given an opportunity to provide feedback

viii. Design, printing, distribution and launch of final report

Once the content and format of the report are finalised, the production and distribution of the report can commence. A formal launch of the quality of care reports can provide participants with an opportunity to celebrate their achievements as well as promoting the report to the broader community.

ix. Community Feedback on Quality of Care report

The DHS annual guidelines and minimum requirements for Quality of Care reporting require community feedback of the published report. Feedback from the community can be gained via a number of mechanisms

such as a feedback form accompanying the report or a focus group of community members. Evaluation of the feedback mechanisms needs to be undertaken to determine the most effective method for obtaining feedback. The community participants involved in development will be interested in being informed of the feedback received on the published report.

x. *Evaluation and Recommendations for future Quality of Care reports*

The final step in the process is evaluation. This involves not only broader evaluation of the development, distribution and community feedback but consideration of whether the specific objectives of involving consumers in quality of care reporting have been achieved. The objectives stated in section 3 can be used to guide the evaluation of the success of involving the community in quality of care reporting. Recommendations for future community participation in this process should be noted for the following years report.

5. Summary

This document is intended as a guide only for Community Health Services. It offers an example of a process of consultation and partnership with community members to develop quality of care reports. Community Health Services have differences in their way they engage community members and the communities they serve are also very diverse. This difference and diversity should be mirrored in the quality of care reports produced.

6. References

DHS 2007 Quality of Care Reports – guidelines and minimum reporting requirements for 2007-08
<http://www.health.vic.gov.au/consumer/pubs/index.htm>