

Consumer engagement quality and safety marker (QSM) framework

	1 – Minimal   Te itinga iho	2 – Consultation   Te akoako	3 – Involvement   Te whai wāhi	4 – Partnership & shared leadership   Te mahi tahi me te kaiārahitanga ngātahi
<p><b>Engagement</b></p> <p>The environment created to support community engagement.</p> <p><b>Te Tūhononga</b> – ko te taiao kua hangaia hei tautoko i te tūhononga hapori.</p>	<p><b>What ‘minimal’ looks like:</b></p> <ul style="list-style-type: none"> <li>Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input does not reflect the population served.</li> <li>Equity is a little known or discussed principle in the organisation.</li> <li>The consumer council is newly established, with a lack of resources, systems, and processes.</li> <li>Co-design is not used or understood by the service.</li> <li>There is limited evidence that the organisation encourages a diverse workforce.</li> </ul>	<p><b>What ‘consultation’ looks like:</b></p> <ul style="list-style-type: none"> <li>Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable.</li> <li>Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served.</li> <li>The consumer council is newly established, partially resourced, and evaluation has not yet occurred.</li> <li>Co-design is a method understood by parts of the service. It has not been used to improve processes at this point.</li> <li>The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.</li> </ul>	<p><b>What ‘involvement’ looks like:</b></p> <ul style="list-style-type: none"> <li>Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible).</li> <li>Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served.</li> <li>The consumer council is well established, partially resourced, and occasionally evaluated.</li> <li>Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers.</li> <li>The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.</li> </ul>	<p><b>What ‘partnership &amp; shared leadership’ looks like:</b></p> <ul style="list-style-type: none"> <li>Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health.</li> <li>Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon.</li> <li>The consumer council is well established, resourced, and regularly evaluated.</li> <li>Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers.</li> <li>The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.</li> </ul>
<p><b>Responsiveness</b></p> <p>Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> <p><b>Te Noho Urupare</b> – ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiotio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p>	<p><b>What ‘minimal’ looks like:</b></p> <ul style="list-style-type: none"> <li>There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.</li> <li>Community voices are not brought to the attention of senior leaders</li> <li>Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</li> <li>It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).</li> </ul>	<p><b>What ‘consultation’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.</li> <li>Community voices are brought to the attention of senior leaders within the organisation but not acted upon.</li> <li>The input of the consumer council is heard, documented, but seldom acted upon.</li> <li>Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</li> <li>It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).</li> </ul>	<p><b>What ‘involvement’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services.</li> <li>Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed).</li> <li>The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.</li> <li>Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</li> <li>Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.</li> </ul>	<p><b>What ‘partnership &amp; shared leadership’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)</li> <li>Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed).</li> <li>The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.</li> <li>Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</li> <li>Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.</li> </ul>
<p><b>Experience</b></p> <p>The systems in place to capture consumer experience, and act upon the results.</p> <p><b>Wheako</b> – ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.</p>	<p><b>What ‘minimal’ looks like:</b></p> <ul style="list-style-type: none"> <li>There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback.</li> <li>These metrics are reported on.</li> <li>There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.</li> </ul>	<p><b>What ‘consultation’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.</li> <li>These metrics are reported on and shared with relevant stakeholder groups.</li> <li>There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.</li> </ul>	<p><b>What ‘involvement’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.</li> <li>These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work.</li> <li>There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.</li> </ul>	<p><b>What ‘partnership &amp; shared leadership’ looks like:</b></p> <ul style="list-style-type: none"> <li>There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback.</li> <li>These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed.</li> <li>There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.</li> </ul>