Safety and Quality Framework

2020–23

Prepared for the staff

of Primary Health Tasmania

phn TASMANIA
An Australian Government Initiative

primary health TASMANIA

Author	Rosie Beardsley on behalf of the Safety and Quality Committee
Authorised by	Primary Health Tasmania Board of Directors
Date	15 September 2020
Version Number	VO1
Dissemination	Internal and external

Primary Health Tasmania Limited
1300 653 169
info@primaryhealthtas.com.au
www.primaryhealthtas.com.au
ABN 47 082 572 629

Contents

Figures

Tables

Foreword

A message from the Board

We are pleased to present the *Safety and Quality Framework 2020–23*.

As a Board, we know that safety and quality begin with good governance. And good health outcomes rely on good governance and integrated management systems. Collectively, we commit to continuously improve our organisational structures to support our staff to do their work safely and efficiently. Investing in an integrated approach to safety, quality and continuous improvement is a strategic priority for us as we lead the organisation's safety and quality culture.

The *Safety and Quality Framework 2020–23* contains an agreed approach to building and strengthening our culture of safety and quality. It provides the foundation for management at the system, provider and consumer levels, and outlines the elements needed to achieve measurably improved healthcare in the communities that we serve.

We are on an improvement journey to achieve our commitment to a whole-of-organisation integrated approach to safety and quality. Recognising this journey, the Framework will initially focus on our program activity. Over the next three years we will work to apply this Framework organisation-wide as an integrated approach to safety and quality.

Consolidating our approach to safety, quality and continuous improvement internally will occur alongside, and inform our ongoing work in supporting, strengthening and improving the safety and quality of the primary health care system. Importantly, in our role as commissioners, the Framework introduces the principles and standards of safety and quality in our healthcare commissioning environment.

The Framework is Part 1 of a two-part strategy to embed a culture of continuous quality and safety at Primary Health Tasmania. Part 2 of the strategy is an Implementation Plan to be introduced in 2020, focusing on our program activity initially and guiding us towards an integrated whole-of-organisation approach within the next three years.

The Framework is an introductory document to familiarise staff with seven standards of safety and quality and includes practical methods to monitor and measure success. The Framework will be refined following an initial evaluation 12 months after its implementation. It will then be reviewed every two years, or if there are changes to our contractual requirements.

The Framework aligns with Primary Health Tasmania's Strategic Plan 2018–23, which is the road map for the organisation to achieve its vision and purpose. Staff must be familiar with the success indicators described in the Strategic Plan as they directly relate to the Standards outlined in this Framework.

At the core of this Framework are the people of Tasmania. The principles and standards described in the *Safety and Quality Framework 2020–2023* will help ensure that our efforts achieve the best outcomes for Tasmanians as they access healthcare in our community.[1]

[1] Institute for Healthcare Improvement, 2017, www.ihi.org/

Purpose of the Framework

The *Safety and Quality Framework 2020–23* is focussed on our own organisation's improvement of internal processes and procedures of safety and quality within Primary Health Tasmania. We are committed to our own continuous improvement to better support the primary health care system.

Describing our approach to safety and quality, not only provides a guide for our internal improvement but importantly, provides insight into the focus of our work with commissioned organisations and the broader primary health services. Our efforts aim to support provider readiness and continued improvement against current and emerging national standards so that ultimately consistent standards of safety and quality are used across Tasmania's healthcare system.

Structure of the Framework

The *Safety and Quality Framework 2020–23* contains an introduction and three main sections. An overview of each section appears below.

Introduction

The Introduction defines safety and quality in a commissioning environment. It explains the concept of a safety and quality framework and describes Primary Health Tasmania's role in contributing to safe, quality care in Tasmania.

Section 1: Continuous Quality Improvement

This section explains the principle of continuous quality improvement in health care. It describes how continuous quality improvement interrelates to our standards of safety and quality and why it must underpin all our activities as a commissioning organisation.

Section 1 describes the features that will support Primary Health Tasmania staff to embed safety and quality into our everyday practice and deliver on the Framework objectives.

Section 2: The Safety and Quality Standards

This section itemises the seven standards that provide the foundation for safety and quality at Primary Health Tasmania. Each Standard includes:

- a definition
- a quality statement – our working practices and commitment to each standard
- an explanation of why the standard is essential to the safety and culture of the organisation
- a description of our role in driving the standard, both internally and in the commissioning and primary health workforce support environments

- the features that support achieving each standard
- how we can enable continuous quality improvement.

Terminology

The terminology is based around the fundamental concepts of partnership and collaboration between healthcare professionals and patients, families, carers and consumers.

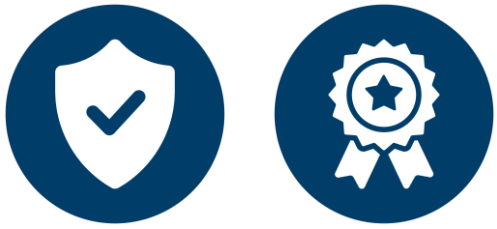
Some terms are used interchangeably in the healthcare sector, which can create confusion for the reader. For clarity, the following terms will be used consistently in this document.

Term	Also means
Framework	Primary Health Tasmania Safety and Quality Framework 2020–2023
Person-centred care	Consumer-centred care; patient -centred care
Staff	All people employed by Primary Health Tasmania
Our/We	Primary Health Tasmania ownership
SAC 1 and SAC 2	Severity Assessment Codes (SAC) - A clinical incident that has or could have (near miss), caused serious harm or death; and which is attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

Appendix A contains a full list of key terms used in this document.

Introduction:

Safety and quality at Primary Health Tasmania



Defining safety and quality

Safety has to do with a lack of harm. It focuses on avoiding adverse events, making it less likely for mistakes to happen.[2]

Quality is about active, purposeful care that gets the job done at the right time for the right cost. It focuses on doing things well the first time, making it less likely for mistakes to happen.

We achieve safety and quality in health and social care through systems, processes, and governance arrangements that we organise to support and deliver safe, high-quality care. This results in:

- better experiences for patients and consumers
- better health outcomes for the population
- improved productivity
- greater sustainability. [3]

In a robust primary healthcare system, people *feel safe* and *are safe* when they can easily access these health and social services.

Ensuring safe, quality care

All Primary Health Tasmania staff must be able to understand, consider and apply the elements of safety and quality across our organisational programs and functions because ensuring Tasmanians are receiving safe, high-quality care is our number one priority.

***Safety** is more than the absence of physical harm; it is also the pursuit of dignity and equity.*

~Australian Commission on Safety and Quality in Healthcare

***Quality** aims to raise care standards, so the overall care experience for the consumer is a better one.*

~ShareCare.com

[2] https://www.sharecare.com/health/health-care-basics/what-difference-patient-safety-quality)

[3]Australian Commission on Safety and Quality in Health Care

What is a safety and quality framework?

A safety and quality framework is a tool to help achieve quality in our system. It describes the governance system, operational structures, and processes that support safe and high-quality outcomes. A framework does not represent every element of safety and quality; instead, it provides a strategic, practical approach to improvement at the program, management, and board levels.

Why do we need a safety and quality framework?

A gap exists between *knowing about* best practices in safety and quality and being able to *implement and measure* these practices. An effective framework can help bridge this gap by describing the core elements and actions needed to achieve a safe, reliable service system. This in turn enables us to hold ourselves accountable and share our performance against these standards with others.

How will a safety and quality framework support us?

A framework will enable our organisation to achieve results that are objective, applicable and measurable. As we work to embed each of the seven standards described in the framework, we will gain the understanding and resources that support us to:

- Embed a culture of safety and quality across the organisation.
- Take a leadership role in safety and quality across the primary healthcare sector.
- Work with our service system partners in safety and quality for whole-of-system improvement.
- Develop a shared understanding with commissioned providers about what safety and quality means
- Clearly describe the roles and responsibilities of a commissioner and commissioned providers.
- Set out the requirements for clinical governance of commissioned providers that align with best-practice standards and funding agreements.
- Monitor and report on our performance and that of commissioned providers.
- Promptly act when the performance of commissioned providers is not at the required level.
- Provide support and resources to the broader primary healthcare sector about safety and continuous quality improvement.

Aligning with national frameworks

National models and evidence inform an effective framework.[4] The Primary Health Tasmania *Safety and Quality Framework 2020–23* incorporates the work of two national healthcare bodies; one outward-focussed and one inward-focussed.

1. The Australian Commission on Safety and Quality in Health Care (the Commission)

The Commission is a government agency that leads and coordinates national improvement in safety and quality in healthcare across Australia. The Commission has developed the *Australian Safety and Quality Framework for Health Care* to which local safety and quality frameworks should align.[5]

The three core principles of the document are that safe, high-quality care is always:

- consumer-centred
- driven by information
- organised for safety.

2. The Department of Health Primary Health Networks Program

The Australian Government Department of Health established the *PHN Program Performance and Quality Framework* to provide a structure for Primary Health Networks (PHNs), such as Primary Health Tasmania, to monitor and assess performance and progress towards achieving quality outcomes.[6] The framework offers five outcome themes (see Table 1) that link to the PHNs' objectives and help them report on how they are improving the safety and quality of care for people in their catchment areas.

Table 1: PHN Program Performance and Quality Framework outcome themes

Outcome theme	Outcomes
Addressing Needs	Activities conducted by PHNs to address the needs of people in their local region, including an equity focus
Quality Care	Activities and support offered by PHNs to general practices and other healthcare providers to improve quality of care for patients
Improving Access	Activities by PHNs to improve access to primary health care by patients
Coordinated Care	Activities and support by PHNs to improve coordination of care for patients and integration of health services in their region
Capable Organisations	Operational activities of PHNs which support the successful delivery of the PHN Program

[4] Australian Commission on Safety and Quality in Health Care

[5] Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf

[6] https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Performance_Framework

Our role in primary healthcare

Leadership

Primary Health Tasmania plays a leadership role in bringing together the consumer voice, primary healthcare providers, community-based organisations and other service system partners to:

- identify service gaps through listening to consumers, data-sharing and analysis
- improve healthcare outcomes for Tasmanians by commissioning health services for those people who are most in need
- improve outcomes for consumers, while reducing the burden on the healthcare system through service integration and coordination of care.

Person-centred care

It is our duty to support our commissioned providers and primary healthcare providers to deliver person-centred care. Embedding the principles and standards of the *Safety and Quality Framework 2020–23* will enable us to provide this support and guide our own approach to person centred practice.

By having the necessary person-centred systems and governance structures in place, the people who use the services of our commissioned providers can:

- participate in the design of services
- receive services that are accessible, effective and culturally safe
- have service continuity and support to transition between levels of care
- receive information in a way they understand
- be encouraged to provide feedback in a form suitable for them so that their opinions support improvements.

Primary Health Tasmania is a non-government, not-for-profit organisation. We work to connect care and keep Tasmanians well and out of the hospital. The Australian Government funds us to commission services designed to improve the health and wellbeing of Tasmanians across a range of priority areas by:

- increasing the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes and
- improving the coordination of care to ensure patients receive the right care in the right place at the right time

~Primary Health Networks Program Performance and Quality Framework

Section 1

Continuous Quality Improvement

A model for improvement

Continuous quality improvement is integral to a safety and quality healthcare culture. It is a systematic, ongoing effort to improve and strengthen organisational performance. It involves asking the questions '*How are we doing?*' and '*What can we do better?*'.

We can continuously improve by looking critically at how we go about our work to see what we can refine and strengthen on an ongoing basis.

Continuous quality improvement is a proven method to achieve large-scale system change and demonstrate measurable outcomes.

It can be applied to achieve improvements across a broad range of clinical and business issues to deliver better services to clients.

~ Improvement Foundation

What changes can we make to improve?

Primary Health Tasmania has adopted the *Model for Improvement,*[7] which is a practical and straightforward approach to guide continuous quality improvement activities. The cyclical process breaks down activities into manageable stages that consistently move improvement initiatives forward. This process requires a ***thinking part*** and a ***doing part***.

The ***thinking part*** involves answering three questions:

1. What are we trying to accomplish? *The goal*
2. How will we know that the change is an improvement? *The measure*
3. What changes can we make that will result in an improvement? *The idea*

By answering these questions, we can develop relevant goals, ways to measure success, and ideas for change to form the basis of our activities.

The ***doing part*** involves using the Plan Do Study Act (PDSA) cycle (Figure 1), which will:

- test the ideas
- assess whether we're achieving the desired goals
- confirm which changes we adopt permanently.

Implementing the Plan Do Study Act cycle allows us to make simple measurements to monitor the

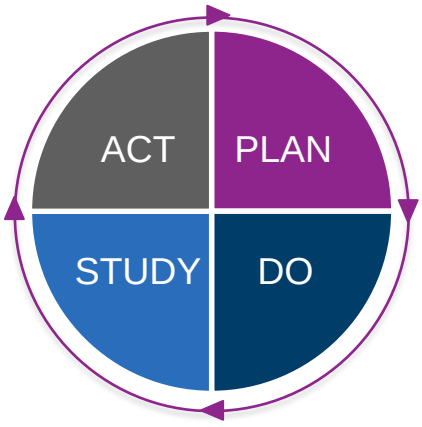
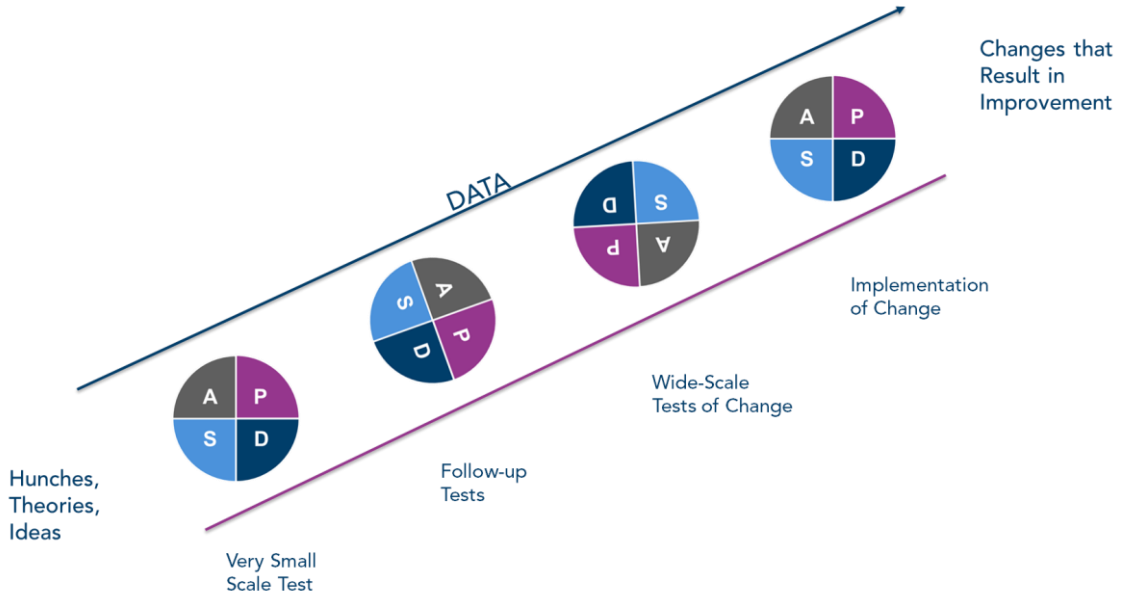


Figure 1: The Plan Do Study Act cycle

[7] Reference: Langley G. Nolan K. Norman C. Provost L (1996), The improvement guide: a practical approach to enhancing organisational *performance,* Jossy Bass Publishers, San Francisco.

effect of multiple changes over time. Starting with small changes which, once proven, can quickly become larger or be implemented more widely. When we go through successive cycles of change (Figure 2) the process can be reviewed to identify what we have learned so far.

Figure 2: Repeated use of the PDSA cycle



Continuous quality improvement at Primary Health Tasmania

The following factors will support a structured and coordinated approach to organisational continuous quality improvement.

✓	We integrate safety and quality into organisational plans, policies and procedures.
✓	Safety and quality improvements must be documented and reviewed on an ongoing basis. They need to be visible to all staff so we may learn from the process.
✓	We systematically monitor performance across all organisational business processes through a safety and quality lens.
✓	Data and information are available to support staff in their quality assurance processes.

A culture of learning

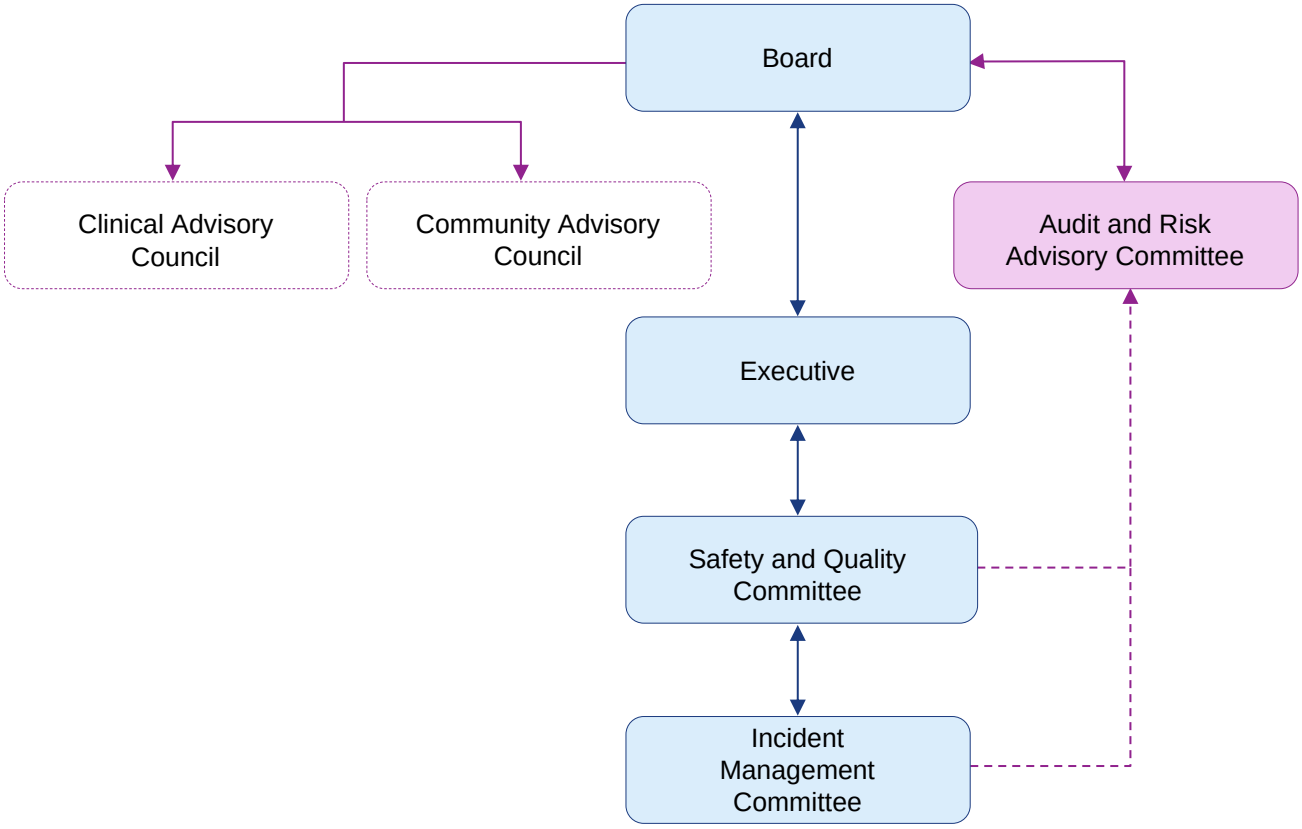
At Primary Health Tasmania we understand that the healthcare sector operates in a state of constant change, challenge and complexity. We use our health data along with our interactions with consumers, primary care providers and health system partners to learn and improve.

Role clarity

Role clarity, accountability and responsibility are fundamental to the continuous improvement of our clinical and corporate governance arrangements. It is of paramount importance that there are clear lines of individual, group, and organisational accountability.

Primary Health Tasmania addresses this through an organisational structure that delineates these lines of accountability outlined at Figure 3.

Figure 3: Primary Health Tasmania's committee structure related to safety and quality governance



Accountability and responsibility

Every staff member at Primary Health Tasmania has a responsibility for safety and quality improvement. Table 2 describes individual roles and associated responsibilities.

Table 2: Roles and responsibilities at Primary Health Tasmania

Role	Responsibility
Board of Directors	■ Ensure that Primary Health Tasmania's Safety and Quality Framework, including the overall integrated clinical and corporate governance system, is implemented effectively ■ Accountable for the outcomes and performance of the organisation
Audit and Risk Advisory Committee	■ Provide the strategic oversight of our clinical governance arrangements, as defined in the committee's terms of reference ■ Assess risks related to incidents that occur through the delivery of services by commissioned providers ■ Ensure that Primary Health Tasmania's Safety and Quality Framework, including clinical governance, is in line with best practice, legislative requirements, and organisational policy
Community and Clinical Advisory Councils	■ Advise the organisation on the development of strategies to improve the operation of the healthcare system including workforce and safety and quality
Safety and Quality Committee	■ Provide operational leadership and capability building in relationship to Primary Health Tasmania's whole-of-organisation approach to safety and quality ■ Provide guidance to work areas within Primary Health Tasmania to ensure a consistent and clearly defined approach to safety and quality is developed, embedded and maintained ■ Collaborate with external system partners in the co-design of safety and quality initiatives ■ Maintain links with other organisational groups and teams to ensure Primary Health Tasmania's approach to safety and quality continues to mature ■ Coordinate our operational response to managing incidents
Incident Management Committee	■ Provide expert clinical guidance to the relevant internal staff to facilitate appropriate response and approach to SAC 1 and SAC 2 incident management reported by commissioned providers

Role	Responsibility
	■ Identify opportunities to safety and quality as a result of SAC 1 and SAC 2 incidents and ensure these are acted upon ■ On behalf of the Safety and Quality Committee escalate any identified risks to care or system issues that put consumers at risk of harm or poor-quality care, as a result of the review of SAC 1 and SAC 2 incidents and assist in identifying strategies to prevent or control risks ■ Provide reports on SAC 1 and SAC 2 incidents and subsequent actions to the Safety and Quality Committee which will then form part of the quarterly reporting to Primary Health Tasmania's Audit and Risk Committee.
Executive Team	■ Accountable to the Primary Health Tasmania Board of Directors via the Chief Executive Officer ■ Provide leadership in the implementation and monitoring of the Safety and Quality Framework which includes clinical governance ■ Monitor performance against the Safety and Quality Framework, ensuring delivery against planned outcomes ■ Ensure clinical quality and effectiveness measures are developed and maintained ■ Ensure all staff are aware of the Safety and Quality Framework and associated activities and policies within the organisation ■ Receive briefings from and provide guidance to the Safety and Quality Committee highlighting progress and challenges of safety and quality ■ Ensure clinical quality and safety is considered across all projects, programs and new funding opportunities
Managers	■ Proactively support the implementation and monitoring of the Safety and Quality Framework which includes clinical governance ■ Ensure clinical quality and effectiveness measures are developed, implemented and maintained across project and programs ■ Ensure team members are aware of the Safety and Quality Framework and associated activities and policies within the organisation

Role	Responsibility
	■ Work with the Safety and Quality Committee highlighting progress and challenges of safety and quality ■ Implement any requirements and recommendations as determined by the Safety and Quality Committee
All staff	■ Work in accordance with the Primary Health Tasmania Safety and Quality Framework ■ Comply with Primary Health Tasmania policies, procedures and guidelines ■ Participate in risk and incident identification and management processes ■ Participate in professional development ■ Participate in quality improvement activities

Section 2

Our Safety and Quality Standards

Safety and Quality Standards

Primary Health Tasmania has seven interrelated Standards that provide the foundation for our Safety and Quality Framework. These have been developed in consultation with our staff, health service system partners[8] and expert safety and quality consultants. The Standards are based on the Australian Commission on Safety and Quality in Health Care Safety and Quality Framework.

Staff will also have the opportunity to contribute to a review of the Standards after the implementation process. A cyclical, continuous quality improvement process will ensure the Standards remain relevant, contemporary and in line with best practice in our commissioning environment.

The Framework forms part of - and will guide the development of - our organisational quality management system. This is a coordinated, systematic, organisation-wide program of governance, planning, change management, tools evaluation, and action to achieve and maintain the organisation's vison and purpose.

Each Standard is colour-coded and represented by an individual icon for easy recognition. In addition, each standard has an associated:

- definition
- quality statement
- explanation of why it's important to our safety and culture
- description of our role in driving the standard, both internally and in the commissioning environment
- list of supporting features
- list of practical ways we can ensure continuous quality improvement.

[8] Primary Health Tasmania, Tasmania Health Service and Tasmanian Department of Health's agreed and shared understanding of safety and quality 2019

The seven Standards

STANDARD 1

Clinical governance

STANDARD 2

Organised for safety

STANDARD 3

Person-centred care

STANDARD 4

Health literacy

STANDARD 5

Cultural safety

STANDARD 6

Driven by information

STANDARD 7

Leadership and culture

Standard 1. Clinical governance

What is clinical governance?

Clinical governance is defined as *'Those interconnected responsibilities and relationships within a health service, from the governing body through to clinicians, staff and clients to help safeguard people from harm and ensure people have good healthcare outcomes.'*[9]

Clinical governance is an integral component of our corporate governance; it is critical for the delivery of high-quality care and directly correlates with improved consumer outcomes.[10]

Clinical governance brings together strategies, systems and processes designed to inform, monitor and promote high-quality outcomes. Central to clinical governance are the people who are receiving healthcare services.[11]

Quality statement

Primary Health Tasmania has the essential clinical governance arrangements in place to promote, measure, monitor, and continuously improve the safety and quality of services we have designed and commissioned.

Why is clinical governance important to safety and culture?

Primary Health Tasmania is well-positioned to take a lead role in facilitating and improving clinical governance across the primary healthcare sector.

We can directly influence the quality of care delivered in primary care and at the interface between the acute, primary and aged care sectors, through our broad areas of work:

- commissioning for improved health outcomes
- general practice and primary care allied health support
- service and system integration
- working with communities to address local need.

Although we do not directly deliver clinical services, we are accountable for embedding and refining our clinical governance principles.

[9] Australian Commission on Safety and Quality in Health. Care. Patient-centred care: Improving quality and safety through partnerships with patients and consumers. A discussion paper. Sydney: ACSQHC, 2011.

[10] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017

[11] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017

What is our role in driving clinical governance in the commissioning environment?

Clinical governance focuses on consumers and supports the way healthcare organisations and providers deliver healthcare. With strong clinical governance, healthcare variation is reduced, risks of causing harm are reduced, and care is monitored, evaluated and improved.

The essential elements of good clinical governance that are relevant in the commissioning environment include:

- leadership
- accountability
- effective communication
- up-to-date, evidence-based policies
- risk management
- ongoing measurement and evaluation of performance health outcomes and incidents [12]
- no blame culture

What is clinical variation?

Clinical variation is a difference in healthcare processes or outcomes, compared to peers or to a gold standard such as an evidence-based guideline recommendation. For example, a higher or lower rate of a treatment in one area compared with another.

~ Australian Commission on Safety and Quality in Health Care

Features that support clinical governance

The stages of commissioning enable Primary Health Tasmania to ensure clinical governance elements and principles are included as we select organisations to deliver healthcare to Tasmanians.

[12] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017

Table 3: Features that support our clinical governance

✓	We engage with consumers and providers to identify and understand the needs and desired outcomes for Tasmanians.
✓	We work to identify how we can support these needs and outcomes with the services we commission.
✓	We ensure commissioned organisations have a documented clinical governance framework, including policies, procedures and processes.
✓	We ensure commissioned organisations have a core set of measures of quality and safety that include process (provider) and patient-reported experience and outcome measures.
✓	We have a feedback and complaints management system to formally document, manage and respond to consumer, clinician or provider concerns.

How can we continuously improve clinical governance?

We can improve clinical governance by ensuring:

- we collect, analyse and monitor adverse events related to programs we deliver or healthcare services we commission
- we commission for quality healthcare outcomes that are continually measured and evaluated
- we engage clinicians to discuss and agree on desired outcomes throughout the needs assessment, planning, design, monitoring and evaluation of services and programs we fund
- all commissioned providers can evidence that they have the necessary systems, infrastructure, and clinical governance in place to efficiently deliver services and effectively respond to the needs of people accessing their services
- we have a process in place that enables proof of compliance and audit of commissioned providers as part of our quality management system
- patients' experience measures are collected and used for service quality improvements in the health-related services commissioned.

Standard 2. Organised for safety

What does 'organised for safety' mean?

Organised for safety means making safety a central feature of how Primary Health Tasmania operates, how staff work, and how the funding we receive from the Australian Government is organised. [13] [14]

Safety and quality systems need to be integrated into governance processes to enable Primary Health Tasmania to actively manage and improve the safety and quality of healthcare for consumers. Although we are not providers of clinical services, as a commissioner of clinical services we remain accountable for the healthcare outcomes of people accessing those services.

Why is it important to be organised for safety?

Organisations commissioned by Primary Health Tasmania to deliver clinical and healthcare services are required to have the necessary systems and processes in place to safeguard people from harm and ensure their staff act safely. This relates to organisations having:

- staff with the appropriate registration, skills and qualifications
- risk management systems to monitor and respond to incidents, risks, and performance
- relevant policies and procedures and where appropriate clinical governance arrangements in place

Quality statement

Primary Health Tasmania uses safety data to build upon existing quality systems to continuously review, learn and improve

This requires Primary Health Tasmania to have a deep understanding of what safety means and how commissioned providers are evaluated through a suite of safety and quality indicators. These indicators need to be collected, analysed and used to inform quality improvements.

[13] Australian Commission on Safety and Quality in Health Care, 2017, Australian Safety and Quality Framework for Healthcare

[14] MOU with the Tasmanian Department of Health and the Tasmanian Health Service

What is our role in enabling healthcare that is organised for safety?

Primary Health Tasmania's objectives are to:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care in the right place at the right time.

To achieve this requires a focus on safety – to do no harm – from the Board through to the Executive and staff. Safety is a key consideration in our needs assessment, planning, service design, approach to market, commissioning and evaluation of services, and can be measured using data and information.

Features that support being organised for safety

Table 4: Features that support our organisation to be organised for safety

✓	We make safety a central feature of how our organisation is run and how we organise funding.
✓	We develop better systems to capture the voice of service users in the design and evaluation of health services that are commissioned by us.
✓	We use data to analyse the healthcare outcomes of people accessing services and respond if any safety issues are identified.
✓	Our risk management system involves a series of activities, policies and procedures that protect and secure the organisation's overall identity, value, market share, legal structure and relationships with consumers and other agencies.
✓	All providers commissioned to deliver healthcare services are contractually obligated to have safety and quality arrangements in place.
✓	We have organisational resources that are allocated to safety and quality and continuous quality improvement.
✓	We have policies and procedures in place that support the implementation and continuous improvement of quality and safety in our practices.
✓	We use feedback to improve how we do business.

How can we continuously improve being organised for safety?

We can improve the safety of care by:

- having the necessary internal systems and processes in place so that all commissioned providers report on outcomes for people accessing their services
- providing feedback to commissioned providers on our analysis of health-related data so we can collectively review, learn and improve
- working with primary care providers and commissioned service providers to implement quality improvement.

Standard 3. Person-centred care

What is person-centred care?

Person-centred care is *'healthcare that is respectful of, and responsive to, the preferences, needs and values of patients and consumers*. [15] It is the foundation for achieving high-quality, safe and values-based healthcare.

Person-centred care considers and respects a person's culture—their gender, age, socio-economic status, religion, sexuality or disability. It's important to be aware of the diverse needs of people particularly those from a refugee or migrant background or lesbian, gay, bisexual, transgender and intersex people because they do not have adequate access to services compared with others. This can result in poor health outcomes.

Why is person-centred care important?

A person's care experience is influenced by the way they are treated as a person, and by the way they are treated for their condition. If we are respectful and responsive to people's individual preferences, needs and values, we can:

- improve the quality of the services available
- help people get the care they need when they need it
- help people be more active in looking after themselves
- reduce some of the pressure on health and social services and the acute care system.

Quality statement

Primary Health Tasmania seeks to advance person-centred care through our own person-centred practice and the work we do across primary health care.

Our role in achieving person-centred care

Embedding person-centred practice requires a concerted organisation-wide effort over a long period of time. It's not a one-off project but instead needs to be embedded into our way of thinking, planning and evaluating activities.

Although Primary Health Tasmania does not provide direct services to people within the community, it is essential that:

- consumers inform the assessment, planning, design, procuring, contracting, monitoring and evaluation of the services we commission

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

- people's experience is measured when they are accessing services commissioned by us
- when things go wrong, we have the necessary systems and processes in place to address incidents, complaints and variation in health services commissioned by us
- community members are provided with opportunities to share their views, experiences and ideas about strategies that may help address an identified need in their community.

Features that support person-centred practice

Primary Health Tasmania will embed person-centred practice into our systems and processes as we implement the principles and standards of the Framework. This requires work across seven identified attributes that collectively provide an ideal organisational model for high-performing, person-centred care (Table 5).[16]

Table 5: Features that support a person-centred practice

✓	Comprehensive care delivery
✓	A clear purpose, strategy and strong leadership
✓	People capability and a consumer-centred culture
✓	Person-centred governance systems
✓	Strong external partnerships
✓	Person-centred technology and built environments
✓	Measurement for improvement

Primary Health Tasmania will use these features as key drivers for our work in promoting and embedding person-centred practice in our own organisation, as well as our work with commissioned providers and the broader primary health provider network in Tasmania.

How can we continuously improve person-centred care?

We can improve our person-centred practice by:

- using the information from our person-centred self-assessment to continually improve our approach to person-centred practice within our organisation
- encouraging and facilitating consumer participation in decision making in all that we do.

[16] Australian Commission on Safety and Quality in Health Care. Review of the key attributes of high performing person-centred healthcare organisations, Sydney: ACSQHC 2018.

Standard 4. Health literacy

What is health literacy?

The Australian Commission on Safety and Quality in Health Care separates health literacy into two components:

- **Individual health literacy** is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action.
- **Health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services. [17]

Why is health literacy important to safety and quality?

In Tasmania, 48% of people – almost 1 in 2 – do not have the literacy and numeracy skills they need for life in this fast-paced, technologically rich world.[18] This means they have trouble understanding and acting on day-to-day health information.

People with low health literacy

- report poorer health outcomes
- are less likely to take up preventive health behaviours such as screening and immunisation
- find it difficult to get the services they need when they need them
- spend more money on healthcare
- have more hospitalisations and avoidable re-admissions to hospital.[19]

Quality statement

Primary Health Tasmania seeks to improve the health literacy of Tasmanians through investing in education and training — for our own staff and for primary health organisations and commissioned providers.

[17] https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

[18] TasCOSS https://www.tascoss.org.au/sample-post-1/

[19] Australian Commission on Safety and Quality in Health Care, Review of the key attributes of high performing person-centred healthcare organisations: ACSQHC; 2018

What is our role in improving health literacy in Tasmania?

Primary Health Tasmania has a role to play in supporting improvements in health literacy at the system level. We build capacity through co-funding health literacy initiatives with our service system partners, as well as providing educational opportunities to internal staff.

We are committed to positively influencing the rates of poor health literacy by supporting and promoting our State's vision so that *'all Tasmanians have the literacy and numeracy skills they need for work and life.'*[20]

> "As someone working in a health service organisation, you may not have a lot of influence over a person's individual health literacy. You do, however, have the capacity to look at your organisation's health literacy environment and make improvements."
>
> *~ An introduction to improving health literacy in your organisation; ACSQHC*

Features that support a health-literate organisation

The features that support our endeavours to be a health-literate organisation are outlined in Table 6.

Table 6: Features that support our organisation to be health literate

✓	We understand that measurable improvements in health literacy for Tasmanians require financial and human resource investment over time.
✓	Our staff are supported to understand health literacy and apply those principles (briefly outlined at Appendix B) to their work
✓	Our staff are mindful that their work and actions are easily understood by a person with low health literacy.
✓	Our communications are in plain language and free of acronyms.

How can we continuously improve health literacy in Tasmania?

We can improve health literacy in Tasmania by:

- a long-term commitment to targeting our efforts and resources to improve our organisation's capability in health literacy
- embedding health literacy principles in the work we undertake, underpinned by organisational policies and practices
- working in partnership with other community and health organisations to develop and implement strategies to improve health literacy at the system, provider and consumer level
- supporting providers commissioned by us to work toward becoming health-literate organisations.

[20] 26TEN, Tasmania, Tasmania's strategy for adult literacy and numeracy 2016 – 2025, Tasmanian Government https://26ten.tas.gov.au/resources_old/Documents/26TEN-Tasmania-strategy-for-adult-literacy-and-numeracy-2016-2025.pdf

Standard 5. Cultural safety

What is cultural safety?

Cultural safety is a philosophy and a way of working that ensures all individuals and groups are treated well and with respect regarding their unique cultural needs and differences so they can feel safe in accessing healthcare services they need when they need them. A commonly used definition of cultural safety is that of Williams (1999) who defined cultural safety as:

> *'an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together'.* [21]

In this Safety and Quality Framework, cultural safety will be discussed as it relates to Aboriginal and Torres Strait Islander people.

Why is cultural safety important to safety and quality?

Primary Health Tasmania understands that culture and diversity are central to person-centred care and we describe the importance of this under Standard 3. However, we also believe that additional and specific focus on cultural safety for Aboriginal and Torres Strait Islander people is important and requires the inclusion of a specific standard within the Framework for 2020-23.

Over time and through improving our knowledge and our way of working, we see opportunity for cultural safety for Aboriginal and Torres Strait Islander people to become part of person-centred care.

Aboriginal and Torres Strait Islander peoples do not always have access to culturally safe, effective and appropriate healthcare.[22] Improving cultural safety for Aboriginal and Torres Strait Islander healthcare users can improve access to and the quality of healthcare. This means a health system where Indigenous cultural values, strengths and differences are respected, and racism and inequality are addressed.[23]

Quality statement

Primary Health Tasmania contributes to safer and more effective care for Aboriginal and Torres Strait Islander people by influencing the attitudes, policies and behaviour of our staff and Tasmanian health care providers.

[21] http://www.intstudentsup.org/diversity/cultural_safety/

[22] Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health, A national approach to building a culturally respectful health system, http://www.coaghealthcouncil.gov.au/Publications/Reports

[23] Department of Health 2015

Improving the provision of culturally safe care across the primary care health system will take time and leadership. This is being recognised through the implementation of the Tasmanian Cultural Respect Framework.[24] The vision is that:

"The Australian health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people where cultural values, strengths and differences are recognised and incorporated into the governance, management and delivery of health services."

What is our role in the delivery of culturally safe care?

Primary Health Tasmania can directly influence culturally safe healthcare delivery through planning, implementing and evaluating services for Aboriginal and Torres Strait Islander people.[25]

Strategically, we have five broad areas of focus to improve our own performance and positively influence and promote culturally safe care across the primary healthcare system.

1. We have an organisational Reconciliation Action Plan in place that is relevant, well-governed, implemented and continually reviewed that supports our approach toward improving culturally safe care.
2. We work to establish and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander people and organisations.
3. We promote Aboriginal and Torres Strait reconciliation through our sphere of influence.
4. We help promote better health and social care outcomes by commissioning organisations across the state to deliver Aboriginal health services for Aboriginal and Torres Strait Islander people.
5. We work respectfully and collaboratively with local Aboriginal and Torres Strait Islander organisations through joint meetings, shared planning, contract management and problem-solving.

Features that support cultural safety

Primary Health Tasmania itself needs to be culturally proficient so that we can support commissioned providers to develop their own cultural competency.

The features that support our organisation in becoming culturally proficient are outlined in Table 7.

[24] Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health, A national approach to building a culturally respectful health system, http://www.coaghealthcouncil.gov.au/Publications/Reports

[25] Culture, ethnicity and health, https://www.ceh.org.au/resource-hub/cultural-competence-in-governance/

Table 7: Features that support organisational cultural safety

✓	We respect and work collaboratively with local Aboriginal and Torres Strait Islander organisations through joint meetings, shared planning, contract management and problem solving, and use this information in the planning and monitoring and evaluation of services.
✓	We include the voices of Aboriginal and Torres Strait Islander people in the needs assessment process.
✓	We promote Aboriginal and Torres Strait reconciliation through our sphere of influence.
✓	Our Board, leadership team and staff have access to and participate in cultural awareness training.
✓	We help promote better health and social care outcomes by commissioning organisations across the State to deliver Aboriginal health services for Aboriginal and Torres Strait Islander peoples.
✓	We have formal opportunities for engagement and for representation from the Aboriginal and Torres Strait Islander communities on relevant Primary Health Tasmania governance structures.

How can we continuously improve cultural safety?

We can improve cultural safety in Tasmania by:

- developing, implementing, and evaluating our organisational Reconciliation Action Plan in collaboration with representatives from the Aboriginal and Torres Strait Islander communities.
- effectively engaging with Aboriginal and Torres Strait Islander communities to plan, design and implement evidence-based strategies that help them engage in services and programs available
- proactively participate in other initiatives such as the implementation of the Cultural Respect Framework for Tasmania in collaboration with other organisations and providers.

Standard 6. Driven by information

What does 'driven by information' mean?

Being driven by information means having all the relevant content and data intelligently and securely processed into information that fits the context and aligns with the user's goals.[26]

In the primary care context, information is clinical and non-clinical data, up-to-date knowledge, evidence from program evaluation and research, and input from people who access health services. This is used to guide business decisions related to commissioning health services, trialing innovative programs, integrating health services and supporting primary care providers in the delivery of safe, high-quality services.

Why is being information-driven important to safety and quality?

Information, data, evidence, and consumer and clinician voices tell the story of how the primary healthcare system is performing and whether the care delivered is effective.

This helps drive improvements at a systems and provider level which in turn will drive improvements for people who access healthcare services. Data can identify unwanted healthcare variation which, when addressed, can improve healthcare outcomes.

We play a key role in monitoring and acting on this information and data that helps us identify opportunities to improve the safety and quality of Tasmanian health care.

Quality statement

Primary Health Tasmania promotes knowledge of the health system through the collection, analysis and translation of health information, and helps people understand how to use this information to drive improvements.

What is our role in supporting primary healthcare that is driven by information?

As the single Tasmanian Primary Health Network, we play an important role in helping strengthen the primary healthcare sector so that people can access the care they need when they need it.

We routinely collect information on our programs and commissioned service activity to identify progress, achievements, improved healthcare outcomes for consumers and opportunities for improvement.

[26] The Benelux Intelligence Community. From-data-driven-to-information-driven. https://www.bi-kring.nl/195-intelligente-organisatie-1/943-from-data-driven-to-information-driven

Features that support an information-driven organisation

One of our roles is to collect and share information through a variety of ways, including community needs assessments, consumer, clinician and stakeholder feedback, health outcomes data, commissioned provider reports, surveys, meetings, interviews and program evaluation. The features that support our organisation being driven by information are outlined at Table 8.

Table 8: Features that support an information-driven organisation

✓	We use data, stakeholder consultation and evidence review to inform what services and programs we fund.
✓	We identify gaps in health services, through rigorous data analysis, and identify opportunities to address these gaps in collaboration.
✓	We use data to take action to improve consumers' experience
✓	We use data to drive safety and quality improvements both within our organisation and in the work we do externally.
✓	We have skilled teams to collect, analyse and contextualise relevant population data and information.
✓	We collect data from our commissioned providers that allows continual improvement of health services.
✓	We work in collaboration with general practice to collect, analyse and report on service level data to help guide quality improvement.
✓	We are transparent in the measuring, sharing and reporting of information.
✓	We have well-defined, best practice data governance systems in place to manage data collected, stored and produced by the organisation ensuring compliance with legislation, regulation and best practice.

How can we continuously improve our use of information?

We can improve the use of data by:

- strengthening health data governance
- implementing a data warehouse solution to improve data security and accessibility
- improving the rigour of analytic techniques applied to health data
- improving the use of learnings from health information in the work we do
- helping people understand the data and how it can be used to drive improvements at a system, provider and consumer level.

Standard 7. Leadership and culture

What are leadership and culture?

Leadership and organisational culture go hand in hand. To achieve a culture that values safety and quality requires leadership at all levels of the organisation, from the Board through to the Chief Executive Officer to the staff.

Building a workplace safety culture requires the Board to set the vision and strategy. The Board empowers the Chief Executive Officer, through their delegated authority, to lead and embed this culture.

Why are leadership and culture important to safety and quality?

Leadership is critical to strengthen the quality and integration of care. Visible leadership that focuses on safety, quality and continuous quality improvement develops a culture that proactively engages staff to embed safety and quality into all aspects of their work.

What is our role in leadership and culture outside our organisation?

Primary Health Tasmania plays a leadership role in the primary care sector by bringing together providers, community-based organisations and other service system partners.

We work with our commissioned providers to improve service integration and coordination of care so that people who use these services receive care that is accessible, effective and culturally safe.

Primary Health Tasmania is committed to continuing our strong focus on supporting and sustaining the delivery of safe and high-quality care.

We actively seek to create a culture that:

- engages leaders at all levels, both internally and externally, to collectively drive improvements in safety and quality
- considers the safety and quality of health care for people in business decision-making
- influences clinical standards and ensures they are met and
- fosters a system-wide approach to learning and quality improvement.[27]

Quality statement

Primary Health Tasmania guarantees strong, cohesive leadership to deliver all aspects of safety and quality.

[27] *Memorandum of Understanding between Primary Health Tasmania, Tasmania Health Service and the Tasmanian Department of Health*

Features that support leadership and culture

Table 9 outlines the features that foster leadership and a safety culture within our organisation.

Table 9: Features that support leadership and a culture of safety

✓	The Board provide leadership to develop a culture of safety and quality improvement and satisfies itself that this culture exists within the organisation.
✓	The Board endorses the Safety and Quality Framework, reviews reports, and monitors the organisation's progress on safety and quality performance.
✓	The Board - and through their delegated authority, the Chief Executive Officer - ensure the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
✓	The Board monitors the organisational culture and identifies and captures improvements and opportunities, and ensures they are acted upon.
✓	The Board Charter sets out the fundamental aspects of the Board's and Chief Executive Officer's functions, roles, obligations and authorities.
✓	The Executive team ensures there are systems and processes in place to consider the safety and quality of health care for people in its commissioning of services.
✓	Staff are supported to develop skills and competency in safety and quality.

How can we continuously improve leadership and culture?

We can improve our leadership and culture in quality and safety in Tasmania through:

- our Board giving priority to and providing oversight of the organisations integrated approach to safety and quality as outlined in this Framework
- our Executive, with the support of the Safety and Quality Committee, translating the standards within this Framework into objectives and activities to implement across all levels of the organisation
- measuring and assessing progress against the quality standards as outlined in this Framework
- being transparent about our own performance, through clear monitoring and evaluation, and being open to learning and continuous improvement
- having clear responsibilities and delegations for managing safety, quality, and continuous improvement initiatives across the organisation.

Section 3

Monitoring and Evaluating Safety and Quality

Our safety and quality targets

Strengthening our safety and quality culture

Monitoring and evaluating our safety and quality performance is an ongoing process that strengthens our safety and quality culture.

Our agreed targets and key performance indicators form the basis of reporting to the Safety and Quality Committee, the Executive, the Audit and Risk Advisory Committee and the Board. Over time we will aim to both consolidate our performance measures and stretch ourselves.

Over the next 12 months we will set out our safety and quality targets. Through this process, we will gain a greater understanding of:

- what each target means
- how each target adds value to our work
- how the targets inform our work with commissioned providers, general practice and other providers
- what is needed to get these measures in place and, ultimately, meet the targets we have set ourselves.

Appendices

Appendix A: Key terms related to safety and quality

Term	Definition
Adverse event	An incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. *See also – 'near miss'.*
Australian Open Disclosure Framework	Endorsed by health ministers in 2013, it provides a framework for health service organisations and clinicians to communicate openly with patients when health care does not go to plan.
Clinical governance	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 safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality healthcare.
Consumer	A person who has used, or may potentially use, health services - or is a carer for a person using health services. A healthcare consumer may also act as a consumer representative, to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.
Continuous improvement	A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.
Governance	The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. Governance includes both corporate and clinical governance.
Health care	The prevention, treatment and management of illness and injury and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals
Health literacy	Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and healthcare, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system, which affect how consumers access, understand, appraise and apply health-related information and services.

Term	Definition
Incident	An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.
Leadership	Having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.
Near miss	An incident or potential incident that was averted and did not cause harm but had the potential to do so.
Open disclosure	An open discussion with a person about an incident that resulted in harm to a person while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent a recurrence.
Outcome	The status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance
Outputs	The results of safety and quality improvement actions and processes. Outputs are specific to the actions, processes and projects undertaken in a specific context. The achievement of outputs will be influenced by the level of attainment against the criterion and extent to which improvement has been required.
Patient-reported experience measures (PREMs)	PREMs are questionnaires measuring patients' perceptions of their experience while receiving care. The data sets can be used for research, quality improvement, evaluating clinicians' performance, audit, and cost-benefit evaluation.
Policy	A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.
Procedure	The set of instructions that make policies and protocols operational, which are specific to an organisation.
Process	A series of actions or steps taken to achieve a particular goal.
Quality improvement	The combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient health outcomes (health), better system performance (care delivered) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or on a continual basis.
Risk	The chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.
Risk assessment	The assessment and analysis of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences.
Risk management	The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the institution.
Safety culture	A commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include

Term	Definition
	acknowledgement of the high-risk nature of an organisation's activities where there is potential for error; a blame-free environment in which individuals can report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.
Scope of clinical practice	The extent of an individual medical practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation.
Standard	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a required level
System	The resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system: ■ brings together risk management, governance and operational processes and procedures, including education, training and orientation ■ has an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resources ■ uses several incentives and sanctions to influence behaviours and encourage compliance with policy, protocol, regulation and procedures. The workforce is both a resource in the system and involved in all elements of system development, implementation, monitoring, improvement and evaluation.

Source: Australian Commission on Safety and Quality in Healthcare. Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations (October 2012). Sydney. ACSQHC, 2012)

Appendix B: Achieving Health Literacy

Simple steps we can take to improve our health literacy

Statement	What we can do
We will understand health literacy	■ Ask for learning opportunities ■ Participate in learning opportunities ■ Read resources (check out https://www.dhhs.tas.gov.au/publichealth/health_literacy) ■ Ask questions ■ Managers: Offer and encourage health literacy learning opportunities ■ Human Resources team: Include health literacy in staff induction; identify staff development needs; organise staff training as required
We will apply a health literacy lens to all of our work.	■ Always consider whether people are likely to understand what you're telling them ■ Wear your name badge ■ Answering the phone: Speak clearly, and let people know who they are talking to. For example, 'Good morning, you've called Primary Health Tasmania, you're speaking to Jenny. How can I help you?' ■ Designing our office spaces: Consider signage and other 'markers' that help people feel welcome and confident they're in the right place
When we communicate, we will use plain language	■ Use 26Ten's *Communicate Clearly* plain English guide ■ Use the Tasmanian Department of Health's written communication checklist ■ Avoid or minimal use of jargon and acronyms ■ Consider graphic/visual and audio resources as well as written ■ Consider whether an interpreter or translation is needed
Where appropriate, we will consult our audiences about the way we communicate	■ Ask our audiences how they prefer to receive information ■ Run draft material by a representative of the target audience – e.g. a consumer group or individual consumer ■ Test material with a colleague from another team ■ Consider more formal focus testing of significant materials (for example, professionally designed and produced resources with longevity) ■ Acknowledge that some topics might be sensitive for some people. For example, communicating about suicide. In these cases, use specific communications guidelines, where available (check with the Marketing and Communications team)

Statement	What we can do
We will support an "It's OK to ask" environment.	■ Encourage questions – for example, always have a dedicated Q&A segment as part of an event, presentation or meeting ■ Ask questions ourselves – this encourages an 'It's OK to ask' environment ■ Make sure it's clear who people can contact about their questions, and how ■ Take a "no such thing as a dumb question" approach
We will influence others – within and outside our organisation – to understand health literacy and work in a health literate way.	■ Be an advocate and lead by example. ■ Acknowledge and celebrate good health literacy practice. ■ Consider nominating colleagues and stakeholders for a Spot On Award from the Health Literacy Network. ■ **Contract management team:** Consider opportunities to run health literacy training; share and promote health literacy information and resources (including at forums and in our publications). ■ **Primary Health Workforce Support team:** Consider opportunities to run health literacy training; share and promote health literacy information and resources (including at education events, in our publications and in practice visits). ■ **Health Literacy Working Group:** Participate in external health literacy networks/events.