

South Australian Academic
Health Science and
Translation Centre



**Transforming
Health**

Best Care. First Time. Every Time.

Stakeholder Engagement

Transforming Health Evaluation Framework Workshop Report

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Summary

Transforming Health is a health reform strategy aimed at delivering consistent quality healthcare standards and outcomes for all South Australians. The Transforming Health reforms commenced in March 2015 with key aim of achieving a high quality and sustainable health system through implementing consistent models of care, improving hospital capacity, and reconfiguring the hospital activity profile across the system. Access and equity of services, patient experience and staff/system capability and improvements are also key areas for reform. An evaluation framework is required to measure the impact and the benefits of these reforms.

The NHMRC accredited SA Academic Health Science and Translation Centre (SA Centre) brings together, in a whole-of-state collaborative network, the state's academic, research and health care delivery agencies in order to advance translation of evidence into clinical care for improved health outcomes. A key role of the SA Centre is to:

- Support the Transforming Health agenda through the provision of evidence-based and evaluation-oriented strategic advice
- Undertake the ongoing evaluation of the transformative changes of Transforming Health, to ensure positive progress is being made in improving quality of care outcomes.

A joint SA Centre/SA Health workshop to inform the development of an evidence-based Evaluation Framework for Transforming Health was held on Wednesday 3rd of August 2016. Participants included stakeholders from the Ministers Clinical Advisory Group, SA Academic Health Science and Translation Centre Implementation and Evaluation Sub-Committee, Peak Transforming Health Consumer Committee, Health Performance Council, the SA Health Clinical Data Committee and other key SA Health staff. The workshop was led by Professor Dorothy Keefe.

The workshop outcomes were to:

- > Describe what is currently monitored.
- > Identify and prioritise key/lead evaluation questions.
- > Identify measures, information and data requirements (qualitative and quantitative) and gaps in data sources required to answer the evaluation questions.
- > Identify the recommended methodology to answer these questions.

Four key themes were presented and facilitators led group discussion for each theme:

- > **Clinical Improvement/Sustainability** – Facilitated by Associate Professor Gerry O'Callaghan and Professor John Karnon.
- > **System Improvement/Capacity** – Facilitated by Professor Alison Kitson.
- > **Staff Experience** – Facilitated by Jane Booth and Jane Coward.
- > **Patient/Consumer Experience** – Facilitated by Michael Cousins.

Each stakeholder group was required to consider what should form part of the evaluation, the areas of priority, and the methodologies that could be applied. An analysis of the information gathered from the evaluation workshop identified commonalities which will be considered in the development of a Transforming Health Evaluation Framework. These commonalities are:

- > To ensure the six quality principles that underpin the Transforming Health Reforms are the foundation for the Evaluation Framework.

- > To work collaboratively with key stakeholders and experts to identify clinical indicators for evaluation.
- > To ensure that a patient-centred approach to evaluation is undertaken that encompasses the end to end patient journey and takes into consideration the triad of workforce capacity, system process and health outcomes.
- > To establish benchmarking for evidence-based services against local, national and international standards where possible.
- > To utilise the average length of stay as a key indicator and how this impacts on clinical outcomes, patient outcomes and patient experience.
- > To evaluate cultural change across the organisation from a staff and patient experience perspective.

1. Workshop findings

An Evaluation Framework Workshop for Transforming Health was held in August 2016 with representatives from the Ministers Clinical Advisory Group (MCAG), SA Centre Implementation and Evaluation Sub-Committee, Peak Transforming Health Consumer Committee, Health Performance Council, the SA Health Clinical Data Committee and other key SA Health staff. The purpose of the workshop was to aid the development of an evaluation framework through brainstorming possible performance indicators, lead evaluation questions and recommended methodologies. The larger group was divided into four smaller working groups who looked at a particular perspective when brainstorming these areas, these four groups were:

- > Clinical Improvement/Sustainability
- > System Improvement/Capacity
- > Staff Experience
- > Patient/Consumer Experience.

A synthesis of the findings from each group is provided in this section and a full transcript of the notes is included in Appendix 2.

1.1 Clinical Improvement/Sustainability

Patient-centred approach

The group discussed the importance of ensuring that the Evaluation Framework be patient-centred and capture the effectiveness of clinical models of care and system improvements across the entire patient journey. This means capturing system based outcomes and clinical care outcomes and being able to report on whether or not there are positive impacts from both perspectives.

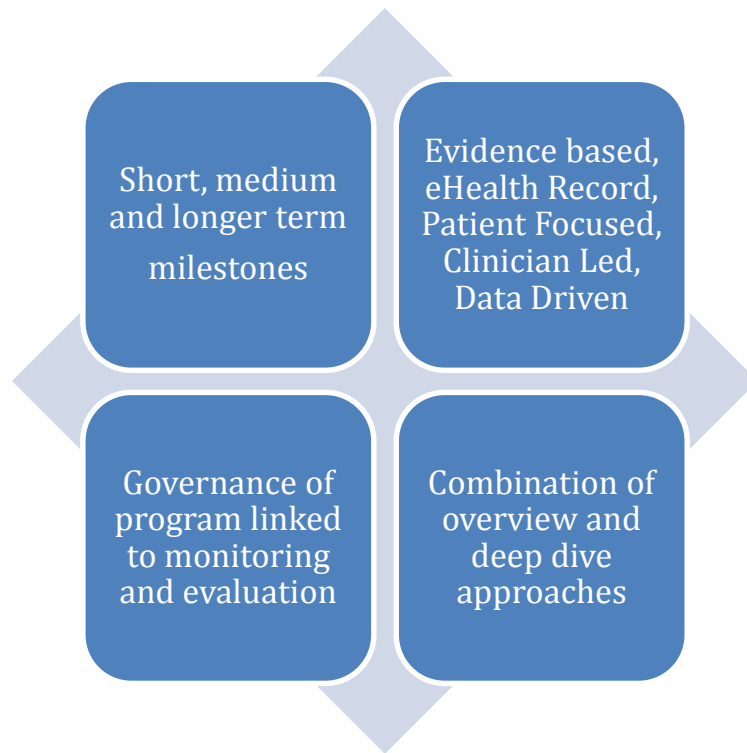
Evidence-based benchmarking

Evidence-based interventions should be benchmarked against local, national and international comparators/standards and might be chosen as sentinel processes or outcomes where robust and well validated data and methodologies of comparison are available. For example, National and international stroke standards - complying with such well validated processes may require the collection of additional data at a clinical service delivery level which should be prioritised in terms of resourcing and system design, "learning to succeed". Local monitoring of outcome data has value to develop awareness, increase capability and drive improvement.

Patient journey

Data linkage across extended timeframes should be pursued to understand meaningful patient focused clinical outcomes, for example readmission, aged care admission and mortality rates, up to five years may be relevant for some procedures.

Specific aspects of patient-centred or focused care require additional levels of detail. A particular priority is patient involvement in decision making, in particular around advanced care planning and end of life care. Also meaningful involvement in consent for interventions rather than a tick box processes based approach. Particular expertise may be required to design reliable methodologies to interrogate system effectiveness and achieve scientifically valid conclusions, including amendments to the patient experience survey.



Challenges and considerations

The challenge of balancing overview or dashboard measures with very detailed interrogation of particular interventions and processes was acknowledged. For example, reducing the number of people referred for permanent placement from hospital reflects system improvement across multiple domains and interventions as compared to understanding at a detailed level the numerous processes executed to achieve these outcomes.

The next set of priorities relates to system governance and was articulated as a series of questions or responsibilities for system leadership.

- > How will the monitoring and evaluation strategies and measurement activities inform governance of transforming health?
- > How will feedback be actioned and communicated?
- > What metrics will alert the system to the effects of both intended and unintended consequences on patient safety, system capacity and financial performance?
- > How will this data be analysed?
- > How will controls and alerts be built into the system?
- > How will leadership or those accountable be informed?
- > Who will respond to such alerts and in what timeframes?

An independent data monitoring board was suggested such as those included in the design of large multi-centre randomised controlled trials. In addition measurement strategies which have a short, medium and longer term outlook were identified as necessary across all domains of intervention.

The evaluation and monitoring framework must connect the policy and intervention contexts by using the standards which were benchmarked with the community although such a large number creates challenges.

1.2 System Improvement/Capacity

Six quality principles

The six quality principles which underpin the Transforming Health reform agenda were discussed and it was agreed that the evaluation framework must link back to them. Linking back to the quality principles ensures relevance in what is being measured and enables SA Health to communicate meaningful outcomes back to the public about the improvements attributable to the Transforming Health reforms.

Patient journey

A patient-centred approach should form the foundation of the evaluation framework and include end to end system evaluation that incorporates workforce capacity, process improvements and clinical outcomes. Questions that help us measure system performance across these three areas are:

- > What does our workforce distribution across the system look like?
- > How flexible is our workforce system?
- > How does workforce capacity/flexibility help us meet system needs?
- > What was the patients experience through the system?
- > What is the staff experience throughout the patient journey of care?
- > What are the system/process factors that contribute to the length of stay?

Triad of workforce capacity, system process and clinical outcomes

An evaluation framework should take into consideration three key elements namely workforce capacity, system process and health outcomes. Each element is interlinked in determining improvements. Workforce capacity and the ability as a workforce to be flexible, deliver safe quality care and respond to differing needs across the State are important as is the need to assess the patient's journey throughout the process of care. Health outcomes such as average length of stay were also seen as key indicators of success as was benchmarking against other States for evidence-based interventions.

Challenges and considerations

The group thought it beneficial to start by revisiting the definition of the health system and what it is there to achieve. It was noted as important to consider the complex nature of the health system and the dynamics between medicine versus business executives and how these work together.

When looking at the triad of workforce capacity, system process and clinical outcomes in evaluation system improvement, we need to look at two perspectives - the process flow and experiences.

1.3 Staff Experience

Workforce capacity

Evaluation of Transforming Health and the ability to meet the reform agenda is largely based on a workforce that has the skill level and capability to deliver. The group discussed staff competence and the need to evaluate staff skills and capabilities as it relates to ensuring safe service delivery.

The group also discussed the need for a strategic approach in identifying gaps in skill set to ensure the system responds appropriately and to ensure staff are provided with the right level of training to improve service delivery and the overall patient experience.

Organisational culture

The organisational culture was a point of discussion in particular how staff feel about working for SA Health - if they have a sense of purpose and their overall job satisfaction. We may need to revisit the information we currently collect on staff engagement and satisfaction to ensure it picks up key areas such as job satisfaction, resilience and whether or not there is alignment between staff experiences and the core values as an organisation.

Resilience was discussed at some length within the group in particular how staff are coping with the overall changes that are happening through the Transforming Health reforms. Identified areas of measure included:

- > Rates of absenteeism.
- > Attitudes towards work and the change regime.
- > Ability to bounce back from negative experiences.
- > Staff turnover and staff retention.

It was noted that the values across the networks are reviewed against whether or not they are aligned with Transforming Health principles.

Challenges and considerations

Another key consideration should be consumers and citizens and their views on Transforming Health. Co-designing areas for improvement with consumers may be a beneficial approach.

The success of Transforming Health is also about continuous improvement activities that are ongoing and part of business as usual and a commitment to undertaking and evaluating these ongoing improvement activities may be necessary to improve staff culture and engagement.

Successes across the system should be communicated and celebrated.

1.4 Patient/Consumer Experience

The consumer voice

The consumer voice was a key point of discussion by the group. The need to ensure that the consumer has a strong voice is important as consumers should be viewed as an avenue for identifying the areas that need improvement and form part of the approach to identify solutions. For this to happen consumers must feel safe and positive about providing feedback and feel assured that their feedback is valued.

Patient journey

The feedback collected from our consumers/patients should be similar in part to other state health systems so that a comparison of experiences can be made as well as benchmarking satisfaction rates with other States. The following questions should be addressed:

- > How does the consumer experience compare with others in a similar system?
- > What is our length of stay in comparison to others?
- > How is South Australia as a state performing in comparison to other states?
- > Have we improved over time, are we better or worse?
- > What are the issues our patients/consumers are raising and are these systemic issues in health?

The timing and how often feedback is collected from consumers should also be considered.

Challenges and considerations

The patient journey across the system should be evaluated. The patient however should be a key participant in the solution process and they must be empowered to provide feedback and suggestions.

Any negative feedback or issues identified should be followed up on in a timely manner and responded to and somehow fed back into the improvement loop.

2. Methodologies

Both qualitative and quantitative methodologies were noted as equally important in terms of gathering the data for effective evaluation. Suggestions for qualitative methods could include large scale surveys, targeted surveys, and qualitative interviews with key stakeholders and focus groups. Working with process engineers or health economists who specialise in the area of evaluation was noted as beneficial. Quantitative methods spoke to data extraction through available SA Health based systems that include system level and front line changes are proposed as part of the methodology.

Methodologies identified by the groups included:

- > Long term versus short term indicators.
- > Monitor against National standards/international standards for comparative analysis.
- > Use of surveys (staff and consumer based) including large scale surveys, targeted surveys, qualitative interviews with key stakeholders and focus groups.
- > Data extraction and analysis as it relates to clinical outcomes.
- > Data as it relates to staff engagement and areas such as staff turnover, absenteeism, attitude towards work, mobility and resilience.
- > Safety and quality report outcomes.
- > Staff Performance Review and Development plans.
- > Process and governance surroundings.

3. Next steps

An Evaluation Working Group for Transforming Health (TH) under the governance of the SA Centre Implementation and Evaluation Sub-Committee will be established to provide advice and oversee the development of an Evaluation Framework, as well as the implementation and reporting process.

The priorities identified under next steps are:

1. To establish an Evaluation Framework Working Group whose role it is to provide oversight and governance for the development and implementation of the Transforming Health evaluation.
2. To develop an agreed Evaluation Framework that articulates the key agreed evaluation questions, methodology to address them and reporting timeframes.
3. To seek Transforming Health Implementation Committee endorsement for the Evaluation Framework.

Appendix 1: Evaluation Framework Workshop Agenda

DEVELOPING AN EVALUATION FRAMEWORK FOR TRANSFORMING HEALTH Joint SA Centre/SA Health Workshop Agenda

Date: 3 August
Time: 2pm – 5pm
Location: SAHMRI Auditorium

Workshop Evaluation Themes:

1. Clinical Improvement/Economics (Facilitators Gerry O’Callaghan/Jon Karnon)
2. System Improvements (Facilitator Alison Kitson)
3. Staff Experience (Facilitator Jane Booth)
4. Patient/Consumer Experience (Facilitator Michael Cousins)

Workshop Agenda

	Agenda	Speaker	Time
1	Welcome and Setting the Scene	Professor Dorothy Keefe	20 Min
2	Overview of each Workshop Theme by Evaluation Theme Facilitators	A/Professor Gerry O’Callaghan Professor Jon Karnon Professor Alison Kitson Ms Jane Booth Mr Michael Cousins	30 Min
3	Gallery walk review - What SA Health has committed to doing in Transforming Health; Current performance monitoring and KPI’s that might help the conversation	Evaluation Theme Facilitators to help guide open discussions	20 Min
4	Attendees move to allocated ‘Evaluation Theme’ tables. Discussion to be led by Evaluation Theme Leaders.	Evaluation Theme Facilitators	40 Min
5	Open session – attendees then move around other theme tables and comment on what has been identified.	Evaluation Theme Facilitators to help guide open discussions.	20 Min
6	The theme facilitators will report back on the discussions at their table.	Evaluation Theme Facilitators	25 Min
7	Summing up and close	Dorothy Keefe	10 Min

Appendix 2: Transcription of workshop group discussions

Groups of participants were divided across the four key themes for evaluation. Questions relating to what areas would be relevant to evaluate, suggestions for consideration as part of the evaluation, top priorities and evaluation methodology were discussed. The information extracted from these group discussions is transcribed in this section.

Group 1: Clinical Improvement/Sustainability

Factors for evaluation

- > System capacity needs to be unlocked to deliver length of stay KPIs.
- > Outcomes need to be patient-centred and look at clinical outcomes, patient outcomes (in hospital and post discharge) and the patient experience.
- > Improvement in community care to support discharge (patient outcome measure).
- > Identify the bottle-necks in the system by reconfiguring the service and measure the outcomes.
- > Evaluate the whole of patient journey and total resource allocation for example readmission, mortality, re-surgery, ongoing mortality – need data linkages across extended timeframes (from in and out of the hospital).
- > Apply the six quality principles when developing the evaluation framework.
- > Benchmark evidence-based interventions against local, national and international standards for comparison where possible.
- > Look at the effects of system re-design into community based care.
- > Allocate responsibility for tracking and monitoring the 282 clinical standards of care.
- > Look at specific surgeries, group these together and then look at long term survival within these groups.

Priorities identified

- > Evaluate the length of stay and clinical indicators associated with health outcomes. When looking at outcomes, these need to be patient-centred and take into consideration three perspectives (a) clinical outcomes, (b) patient outcomes (in hospital and post discharge) and (c) the patient experience.
- > Look at the end to end patient journey from admission to post hospital discharge.
- > Set National and state-wide benchmarking so that SA can compare outcomes to others.
- > Assess financial efficiencies – if there have been service improvements what these may look like from a financial benefit.
- > Base the evaluation framework on the Transforming Health six quality principles.
- > Ensure there is a governance process around tracking and monitoring of data and accountability.

Other considerations

- > Consider the linkages between the department and aged care.
- > Look beyond the hospital and episode of care.
- > Look at how to make the data a change agent.
- > Is the patient involved in decision making and was there meaningful involvement in consent.
- > Consider linking funding to accreditation.
- > A number of questions were raised relating to system governance and require consideration:
 - How will the monitoring and evaluation strategies and measurement activities inform governance of transforming health?

- How will feedback be actioned and communicated?
- What metrics will alert the system to the effects of both intended and unintended consequences on patient safety, system capacity and financial performance?
- How will this data be analysed?
- How will controls and alerts be built into the system?
- How will leadership or those accountable be informed?
- Who will respond to such alerts and in what timeframe?

Methodologies identified

- > Long term versus short term indicators.
- > Monitor against National standards/international standards for comparative analysis.
- > Use technology supports to measure the patient journey (for example EPAS).
- > Establish local measures of improvement.
- > ACAT interface.
- > Use commonwealth data.
- > PREM/PROM more specific information on particular projects.
- > Use surveys.
- > The engagement of experts may be required to design reliable methodology to interrogate system efficiencies.
- > The patient experience survey – however this needs to be amended to capture new information.

Group 2: System Improvement/Capacity

Factors for evaluation

- > Look at the structural based outcomes and the process based outcomes.
- > Consider the system from three different areas – workforce capacity to deliver, system/process improvements and health/clinical outcomes. Link these areas to indicators that measure sustainability.
- > Evaluate workforce distribution across the system and the way it can help deliver system needs, for example workforce mobility, workforce movement across the networks, staff continuity and the ability for the workforce to be flexible.
- > Consider analysing financial delegations or incentivised financial delegations and whether or not they result in improvements.
- > Look at the end to end patient journey and process to inform about process improvements; this is not just about the front line or a measure of clinical outcome.
- > Consider length of stay as a key measure and the complexity of the route through the system.
- > Ensure the evaluation framework key areas are aligned with the six quality principles.
- > Measure the system through how services are structured, how they operate, how they are governed to ensure they are patient-centred.
- > Ensure the evaluation incorporates accountability for processes and patient flow – KPIs should be communicated with and controlled by people who are responsible for service delivery.

Priorities identified

- > Ensure the 6 quality principles established under Transforming Health are included in the evaluation framework to ensure the evaluation is meaningful and effective.
- > Tackle evaluation from three key areas, capacity, improvements and outcomes and link these to measures of sustainability.

- > Define structural versus process based elements. Structure-based elements include factors such as workforce mobility and discontinuity rates, workforce flexibility and adaptability, accessibility of services, leadership accountability and financial incentives. Process-based elements include factors such as the patient journey (end to end), patient experience and health outcomes.
- > The evaluation should consider the role of leaders (doctors and CEOs) in terms of governance and accountability.
- > Measure overall system culture from a staff and patient perspective.

Other considerations

- > May need to start with defining the health system.
- > Customer satisfaction is currently measured and reported on but this information is not disseminated – with any measure/outcome, a strategy to communicate this information is required so that staff can identify any barriers/faults and put in place continuous improvement actions.
- > Could we have tracking bands to monitor progress of patients through the system?
- > Need to think about the complex nature of the health system and the dynamics between medicine versus business executives and how these need to work together.
- > Are there other industry sectors or other service models that we can learn from? What can we learn from other private organisations experienced in this area?

Methodologies identified

- > Qualitative and quantitative methodologies that include system level and front line changes are proposed as part of the methodology.
- > Quantitative methods could include data extraction and analysis relating to the agreed health outcomes, financial impacts and system improvements.
- > Qualitative methods could include large scale surveys, targeted surveys, qualitative interviews with key stakeholders and focus groups.\
- > Working with process engineers or health economists who specialise in the area of evaluation would be beneficial.

Group 3: Staff Experience

Factors for evaluation

- > Look at process versus outcome measures.
- > Staff competence, right skills, and capabilities to deliver services safely.
- > Training and development of staff and the type of training.
- > The number of incidence that reflect safety.
- > Whether or not staff feel valued (over and above staff engagement level).
- > Resilience – measure how people are coping with the changes through absenteeism, attitude towards their work environment, attitude towards the Transforming Health changes, ability to bounce back from negative experiences. Resilience is generally something that is not talked about within the system. Define what resilience looks like and understand that it looks different to different people at different points in their career.
- > Organisational culture – do staff have a sense of purpose, satisfaction with job role, perception of change.
- > Measure what has happened versus the impact of what has happened.
- > We measure consumer experience but not the staff experience.
- > Measure staff turnover and an indicator of dissatisfaction.

- > Staff development to focus on the individual not the work being done, look at the skill set of the staff rather than the work plan – seems to be easier to talk about the work instead of the individuals.
- > Use retention of staff as a measure – questions like “If I could move would I?”
- > Staff perception of the future of SA Health and how they feel about working for SA Health.
- > Consider the view of staff who are non-clinical, not just doctors and nurses and not just hospitals.
- > Obtain patient views on staff, if they provide a patient-centred environment.
- > Look at our values across the networks and whether or not our values are aligned with Transforming Health principles.

Priorities identified

- > Evaluate staff experience of the Transforming Health journey - communication process for the reforms, information disseminated, and reflections on their own working environment.
- > Has better care been delivered by staff as a result of the system changes that have been implemented?
- > Look at staff competence and skill level to assess learning and development needs in order to improve service delivery and maintain safety/quality.
- > Measure factors that can inform us about staff resilience such as how valued staff feel, staff turnover, change in positions, ability to cope with change and a measure of staff retention.
- > Organisational culture – gather information that provides feedback regarding staff views towards working in SA Health and their perceptions about the current and changing environment and how individuals fit within this culture.

Other considerations

- > Consider looking at consumer views versus citizen views.
- > The success of Transforming Health may be about ongoing continuous improvement activities therefore continuous improvement may need to be measured.
- > Health should be viewed as a service not a product.
- > Resilience is generally something that is not talked about within the system – these conversations should start becoming the norm and be imbedded into the culture of the organisation.
- > Consider co-designing areas for improvement with consumers.
- > If undertaking staff surveys need to report the outcomes and empower staff or give them responsibility to do something with these results – use it as an engagement tool.
- > Successes should be celebrated to assist with cultural change across the system.

Methodologies identified

- > Patient surveys.
- > Safety and quality report outcomes.
- > Performance Review and Development plans (PR&Ds).
- > Process and governance surrounding PR&Ds
- > Professional development activities.
- > Staff survey, looking at factors such as staff turnover, absenteeism, attitude towards work, mobility, resilience and engagement.

Group 4: Patient/Consumer Experience

Factors for evaluation

- > The consumer voice must be brought together using an equitable way across the population (for example PROMS).
- > OPD – how access is improved or if it is improved.
- > Are things better or worse in South Australia and what is it in comparison to national?
- > The comparison of experience across services and benchmarking nationally.
- > The consumer voice needs to be heard with rich information to inform us as to how we are travelling.
- > Timing for consumer feedback to be considered.
- > Follow up on all negative consumer feedback and a response should be required.
- > A safe environment for which consumers to provide feedback.
- > Consumers should be seen as part of the solution.
- > Have an organised approach to assessing patient experience (for example follow up on QAL over time).
- > Measure self-management supports.
- > Have consumers been respected (for example dying if they choose to is supported).
- > Provision of data to consumers so they can contribute to other parts of the system.
- > The impact of support services.

Priorities identified

- > Ensure the 6 quality principles established under Transforming Health are included in the evaluation framework to ensure the evaluation is meaningful and effective.
- > Length of stay reductions – measurement of readmissions and preparation of patients for discharge.
- > Measure the treatment of patients, perceived Ward culture, the staff and standards (make consumers part of problem solving).
- > Measure communication between doctors, informed consent (how do we empower the consumer to speak up).
- > Evaluate the patient journey – ensuring it is seamless.
- > Evaluate the accreditation process – the consumer voice is part of accreditation (include hospital shared care arrangements with GP – measure the use of telehealth to reduce barriers).

Other considerations

- > Whole of patient journey – having a better understanding to support every element of service to make this possible. For example asking questions such as “How well were you supported by staff? How can we help improve the experience?”
- > Primary Health should be part of Transforming Health.
- > Do we spend less as a state compared with National in prevention?
- > How is our system performing overall?
- > Need to understand what is possible to measure first.
- > What is the impact of shorter length of stay from the consumer’s perspective? Are there more readmissions as a result, greater need of carer support and what is the impact on children/who is responsible at home?
- > Did the patient receive the right care at the right place at the right time?
- > How was the patient’s immediate experience?

- > On reflection, how was the patient's overall experience?
- > Build capacity of the sector and consumer to drive change.
- > Don't overload with too many questions too often (keep it simple).
- > Issue for the consumer may be the methodology used to measure change.
- > One of the faults with surveys is that they can be the perception of what good care means.
- > Consider the fears of repercussion of speaking out.
- > The benefit of short assessments frequently versus large assessments less often.
- > How do we get sensitivity in data to measure change effectively?
- > Evaluation should be regular and outcome focused.
- > Before and after analysis so that we can determine if there has been a shift in the consumer's perspective and a determination on what makes for a meaningful shift?
- > SA Health could survey consumers to better understand what consumers see as success.
- > Define what patient centred care means under Transforming Health for South Australians as this will help determine how/what we measure.

Methodologies identified

None identified

For more information on Transforming Health

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