

Department of Health - PCP optional case study template 2017

Name of PCP	Bendigo Loddon Primary Care Partnership
-------------	---

Case Study Title	Health Literacy Environment Audit Heathcote Health and Heathcote Primary Health.
Which PCP program Logic domain does your case study relate to?	<input type="checkbox"/> Early intervention and integrated care <input checked="" type="checkbox"/> Consumer and community empowerment <input checked="" type="checkbox"/> Prevention
What was the need?	<p>Enhanced health services access in Heathcote.</p> <p>To further enhance Health Literacy responsiveness at Heathcote Health (Rural Hospital, Aged Care, Community Health) and Heathcote Primary Health (General Practice).</p>
What was the aim of the initiative / action?	<ol style="list-style-type: none"> 1. To ensure person centred practice principles are incorporated in to building design, signage, wayfinding and communication using a co-design process 2. To engage consumers/community members who were representative of the literacy level of the local community in reviewing the Health Literacy Environment of Heathcote Health and Heathcote Primary Health 3. To improve the Health Literacy responsiveness of Heathcote Health and its co-located GP practice, Heathcote Primary Health. 4. To model successful consumer engagement, participation and empowerment of representative consumers as a model for future involvement with the local community
Who was the target group?	Catchment population of Heathcote Health and Heathcote Primary Health
What was the setting?	<p>Heathcote Health Victoria – a regional health service with a 9 bed Acute inpatient unit, an Urgent Care Centre, Community and Allied Health Services and a 42 bed Aged Care Facility.</p> <p>Heathcote Primary Health, a clinic of St Anthony Family Medical Practice providing family medicine, emergency care and preventative health. Heathcote Primary Health, a private medical clinic is co-located at Heathcote Health.</p>
Who did you work with?	<p>Heathcote community members with an average literacy level of grade 6.</p> <p>Staff of Heathcote Health and Heathcote Primary Health.</p> <p>Staff from Heathcote Health included Receptionists, Quality Care Coordinator, Volunteer Coordinator, Residential Aged Care Manager, Senior staff and the Chief Executive Officer.</p> <p>Staff from Heathcote Primary Health included Receptionist and Practice Manager.</p>

How did you do it?		
	July 2016 Heathcote Health	<ol style="list-style-type: none"> 1. Meeting with and agreement from agency for Health Literacy Environment Audit involving five (5) consumers / community members and three to five (3 – 5) staff. Showed a copy of audit tool and another Health Service's report for idea of recommendations / photos. Discussion re time frame and resources required 2. Agreement from agency for payment of volunteers and provision of vouchers to PCP worker (\$25 per hour suggested). 3. Understanding of the scope of the physical audit and layout of buildings, walk through 4. Local Contacts provided for PCP worker to recruit community members with average literacy – via staff or community networks 5. Floor plans of buildings included in the audit 6. Map of area with catchment townships noted 7. Map of town with major streets identified 8. Staff or organisational chart 9. Vouchers to be available for first day of audit
	July / August 2016	<ol style="list-style-type: none"> 10. Twenty people were contacted to find adults who had left school by age 15 or 16. Three women and two men, age 19 - 78 were recruited for the 2- 3 hour audit. <p>Groups contacted for volunteers were:</p> <ul style="list-style-type: none"> • Heathcote Community House • Heathcote Car Club • Heathcote Playgroup • Heathcote Lions Club • Heathcote Artists group • Heathcote Health Activities Coordinator • Heathcote Health Catering Supervisor • Heathcote Health Community Advisory Committee. <ol style="list-style-type: none"> 11. Three staff from Heathcote Health completed the audit and additional comments were received from two other senior staff. Staff included Receptionist, Quality Care Coordinator, Volunteer Coordinator, Residential Aged Care Manager and the Chief Executive Officer. 12. Staff from Heathcote Primary Health included Receptionist and Practice Manager.
	August 2016	<p>Resources Required for the audit</p> <ol style="list-style-type: none"> 1. Copies of audit tool – The Health Literacy Environment Activity Packet – First Impressions & a Walking Interview, Rima E Rudd, 2010. www.hsph.harvard.edu/healthliteracy/practice/environment. Copies also included Map of town and Map of district.

		<ul style="list-style-type: none"> 2. Extra loose copies of First Impressions Tool 1 - Telephone 3. Self- addressed, stamped envelopes for return of comments from the after-hours telephone calls to each service 4. Camera or smart phone 5. Local telephone book 6. Computer / Car – Vehicle access to rural agency 	
	August – September 2016	<ul style="list-style-type: none"> 13. Audits commenced with two (2) staff as this assisted with orienting observer (PCP worker) to the buildings and areas under audit. 14. Community member audits commence 15. The Receptionist was the final staff member to do the audit after all other audits with community members were completed. 16. The audit involved looking up the Health Service/s in the local telephone book, and on the internet (if computer literate). All observations were recorded via photo or verbal comment on the <i>First Impressions Activities Tools for Health Services</i>. <p>The Health Service was then contacted by telephone for directions from the caller's location. The observer (PCP worker) drove the staff or community member to the health service according to the directions given in their business hours phone call. Signage to the health service, parking at the health service and signage in the precinct were all reviewed. The walking audit then commenced from the car park.</p> <p>Each participant was also asked to call the service after hours and record their comments on the First Impressions Tool 1 – Telephone. These comments were then either posted or given verbally to the PCP worker.</p>	
	September 2016	<ul style="list-style-type: none"> 17. Final walk through and review of photo evidence 18. Meeting with CEO to review current plans and the scope of recommendations. Revised floor plan due to recent security issue. 19. Draft report forwarded to CEO for review of facts or clarification / additions required. The report included verbatim comments from community members. Staff member comments were included but not quoted. 	
	October 2016	<ul style="list-style-type: none"> 20. Met with CEO to explore any changes required to report. 21. Report finalised, multiple copies made, including for Community Advisory Committee and Senior staff. 22. Confirmed meeting time to present to senior management team. 	

	November 2016	23. Met with CEO and seven (7) senior managers to discuss final report. Agenda included Health Literacy overview, audit process, recommendations and ongoing challenges.	
	March 2017	24. Three month evaluation	
What was achieved ? (Consider whether results were benefits for clients and/or for service providers and/or for the system)	<p>Quote <i>"The Health Literacy Environment Audit undertaken by Kaye Bearlin from the Bendigo Loddon PCP was one of the most worthwhile activities undertaken at Heathcote Health in recent years. The process ran very smoothly with consumers recruited from the Heathcote and district community doing a great job in reviewing our current environment and Heathcote Health staff also being involved.</i></p> <p><i>The findings of the Audit were very well documented and the recommendations were all accepted and have been incorporated into an Action Plan. The Audit was recognised through our NSQHS, Aged Care Accreditation and Community Care Common Standards accreditation reviews as evidence of partnering with consumers for better health outcomes. Informal feedback from the consumers involved in the Audit was that the experience had been both informative and rewarding. Managers and staff of Heathcote Health are now much more aware of consumer health literacy needs and what we need to do to ensure these needs are met."</i></p> <p>Dan Douglass Chief Executive Officer, April 2017</p> <p>Changes implemented include:</p> <ul style="list-style-type: none"> • Improved telephone reception for clients, including directions to the service • Improved website for clients • Improved building signage • Improved written documents, posters, forms or brochures for display • Improved staff awareness of the need to assist visitors on the campus with wayfinding • Improved general awareness of how the health literacy environment can assist or hinder visitors and patients 		
What is the status and sustainability?	<p>The recommendations have all been accepted and incorporated in to an action plan.</p> <p>Six month and annual review against recommendations has been requested.</p> <p>Training in preparing Easy to Understand information has been offered, but not occurred yet.</p> <p>A major limiting factor in implementing some of the external signage recommendations is lack of funding, and staff time to drive these improvements.</p> <p>The Health Literacy Environment Audits are available to other BLPCP partner agencies. Each of the five audits undertaken to date have built on the learnings of earlier audits.</p>		
What was the specific role of the PCP?	<p>The role of the PCP was to provide a co-ordinating, initiating role independent of the Health Service. This gave the audit added status in the small, local, rural community. Small rural health services have scarce resources to undertake such a detailed audit. The role of the PCP was integral to the outcome.</p> <p>The unique contribution of the PCP included a community development focus in recruiting community members, expert health literacy analysis of the views of community members and modelling plain English reporting.</p>		

<p>What lessons have you learnt?</p>	<p>Recruiting community members with average health literacy is very time consuming. Use direct community and non-professional health networks. Only one volunteer came from an advertisement on Facebook posted by the Community House.</p> <p>Modelling best practice consumer engagement is challenging when the task being recruited for is a “one off”. Community members with little contact with the health service were preferred, so that a first impression audit was a truer reflection of a <i>first impression</i>.</p> <p>Community members are empowered when their views and experiences are taken seriously and they see actual change occurring. Capacity building occurs in a broader range of ways than is sometimes obvious or measurable. <i>“Informal feedback from the consumers involved in the Audit was that the experience had been both informative and rewarding.”</i></p> <p>A Plain English report is appreciated by all staff in a health service. The report was in 14 point, double spaced, with photos. This style of report makes the findings and recommendations accessible to both professional and non-professional staff. The significance of this style was reinforced by the feedback from the health service gardener / handyman who said that the report was <i>“one of the best he had read”</i>.</p>
<p>PCP Contact Person</p>	<p>Kaye Bearlin, Bendigo Loddon PCP kayebearlin@bchs.com.au</p>
<p>Position/Title</p>	<p>Client and Community Empowerment Project Worker</p>