

The Fifteen Steps Challenge: Royal Darwin Hospital, Emergency Department: A young person's perspective.

Humanising hospital care

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MENZIES SCHOOL OF HEALTH RESEARCH



Foreword

As the Director of the Division of Emergency Medicine at Royal Darwin and Palmerston Hospital and the Executive Director of Medical Services of the Top End Regional Health Service, I am pleased to introduce this report detailing the findings of the *Fifteen Steps Challenge: A Young Person's Perspective*. This initiative, which has been led by a Youth Working Group as part of our StreamlinED research partnership between Menzies School of Health Research and NT Health, highlights our commitment to co-designing models of care and reflects our ongoing efforts to enhance the experience of young people accessing acute care in our department.

Adolescents, particularly those from marginalised and First Nations communities, face unique challenges when engaging with the healthcare system. Through the eyes of our youth participants, this report highlights both the strengths of our Emergency Department and areas for improvement. Their observations, coupled with their recommended solutions, underscore the importance of creating an environment that is not only clinically effective but also welcoming, inclusive, and responsive to the diverse needs of young people. By embracing their feedback and integrating these ideas into our care pathways, we aim to ensure that every young person who enters our department feels seen, heard, and cared for.

The recommendations contained within this report offer actionable insights that will guide us in making our services more adolescent-friendly. Already, as a result of this initiative, several significant changes have been implemented. These include the installation of a mural by local Larakia artist Shaun Lee in the waiting area, bringing a more welcoming atmosphere. Additionally, nature-themed photo decals have been introduced, and we are developing a patient-facing website and informational videos in multiple languages to help patients navigate the ED process. These updates, along with the reorganisation of waiting room signage and furniture, have already enhanced the environment for young people and their families and will be of benefit to all client groups who utilise our ED.

I would like to extend my deepest thanks to the Youth Working Group and all the staff who supported this initiative. The commitment to improving patient experiences and outcomes is central to the work we do, and this challenge is a testament to that dedication. We look forward to using these insights to continue evolving and improving our services for the benefit of all young people in the Northern Territory.

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Summary:

This report is related to one of the projects under the Medical Research Future Funds research grant *Models of care that improve efficiencies and effectiveness of acute care: StreamlinED*. (2018023). It involves four components that together, aim to reduce pressure on Northern Territory (NT) Emergency Departments (EDs). This component aims to improve outcomes for NT adolescents accessing acute care at Royal Darwin Hospital (RDH). It consists of three phases: to design (phase 1) implement (phase 2) and evaluate (phase 3) an integrated model of care that identifies and responds to complex health and social needs at RDH ED. Whilst there has been an increasing focus on integrated care globally, there is limited evidence as to what models of hospital care (particularly in the ED) can meet the complex health and social needs of young people. There is even less evidence for First Nations youth, and for services in a unique regional context. However, an overview of models and other integrated care approaches found that for any model to be successful, context sensitive design is essential (1). A key component of designing a context-sensitive and patient-centred model is understanding what the service users (young people) require from the model of care for it to meet their needs. To address this, the model of care is being co-designed with a Youth Working Group (YWG). This report presents results and recommendations from a quality assurance initiative called 'The Fifteen Steps challenge' (2) which the YWG undertook in February 2023. The aim was to gain an understanding of how young people may experience the RDH ED and identify opportunities for improvement.

Background:

This Fifteen steps challenge uses a variation on mystery shopping observational approaches to understand what service users experience when they first arrive in a healthcare setting (2). It is a quality assurance method used across NHS trusts in the UK, in which they assess the healthcare environment. The NHS framework was adapted for this challenge to match the Australian National Safety and Quality Healthcare Standards (ANSQHS) (3) and the World Health Organization (WHO) Global standards for quality health-care services for adolescents (4) to ensure it is applicable to the Australian and adolescent context.

The framework:

- Explores what is working well and what could be improved - working together to identify improvements that can be made to enhance the service user experience.
- Provides a way of understanding young people's first impressions more clearly and how this may impact on their initial experiences of care.

- Helps understand when young people first arrive in the ED, does it inspire confidence in the care they are about to receive?
- What are the first clues to high quality care?
- What does good care look, feel, sound and smell like?
- Does the ED feel 'adolescent friendly'?

A full copy of the framework is available in Appendix 1.

Process:

Project kick off meeting.

The adapted framework was provided to the ED executive team for approval, once approved, PhD Researcher Rachel Buckley and Dr Sandra Brownlea (emergency physician and Director of Emergency Medicine Research) undertook a 'project kick off meeting' (2). The aim of this meeting was to do a brief rehearsal on how the challenge would run and covered practicalities such as clinical areas to be visit and asses using the framework, dates, and times of the walkaround, expectations on the day and any other follow up that might be required. The YWG were then provided with the framework, information on how the framework was developed and how we would use it on the day of the challenge.

On the day 'The walkaround'

Members of the YWG that were available to participate created the 'Fifteen steps challenge team' and visited the ED to undertake the challenge alongside Dr Sandra Brownlea and Rachel Buckley. The four members of the YWG were Shenea Tipungwuti-Edwards, Kelly McCrory, Jaylene Friel and Henrique Thomas. The challenge team used the adapted framework to support their observations and give structured feedback about their experience. Another member of the youth working group (Imogen Boyett) couldn't attend the challenge in person and joined virtually to discuss findings, potential solutions, and recommendations.

The Challenge team visited the reception/triage area as well as the ambulance bay and fast track. They then visited the paediatric area and then Majors and used the framework to document their findings.

Table of visited areas and description

Area visited	Description	Time spent
Reception/triage, ambulance bay and fast track	<p>Patients arrive in the reception area of the emergency department to be triaged; this is the process of prioritisation of patient care depending on the severity of presentation. From triage, a patient is streamed to the appropriate clinical area to receive care.</p> <p>Ambulance bay: Where patients are brought in via ambulance.</p> <p>Fast track: An area of the ED where lower acuity patients can be seen for timely assessment and discharge.</p>	40 minutes
Paediatric ED area	Paediatric area for patients up to the age of 18. However, patients between 14-18 will be managed in paediatrics or an adult area depending on their presentation.	20 Minutes
Majors	The area in which most of the higher acuity/more complex ED patients are assessed and managed.	20 minutes

The YWG returned to Menzies and did a 1-hour workshop on their findings and recommended solutions. As well as being provided to the ED executive team these findings will also be used alongside other research findings to design the model of care. The YWG understand that some of their recommendations will be difficult to action.

A summary of the recommendations has been entered into an action plan with the associated ANHSQS that would be addressed in Appendix 2

Feedback

Two main themes emerged throughout the discussion, 'The physical environment' and 'Understanding the patient journey', the findings will be reported on in these two categories for each area.

Reception (triage)/Fast Track/Ambulance Bay

The physical environment:

The YWG found the triage area the most confronting of all the ED environments they visited. They commented on how the area was "*bland*" and "*didn't feel welcoming*" and suggested that if a young person was nervous or anxious about coming to hospital, walking into the triage area wouldn't make them feel safe. Some of the YWG members have had previous hospital experiences that they found challenging. They commented that the area felt '*Mellow, yet nerve wracking*', '*Quiet and dull*' and '*Anxiety provoking*'.

They said attending the ED for some people is an extremely vulnerable point in their lives and first impressions can have a large impact on the perception of the care they are about to receive.

They said that the lighting didn't feel "*natural*", and the walls were empty. It felt very '*sterile*' and '*system based*' which increased the feeling of it being a '*western dominated health system*' and discussed that for some Aboriginal and Torres Strait Islander people this is challenging. They commented that Palmerston hospital feels much brighter and newer, and it gives off an impression that it's a less stressful environment. They couldn't see any signage in language or posters that made it welcoming for Aboriginal and Torres Strait Islander people or young people. The artwork that's there is hidden behind two vending machines. There are no signs pointing to the bathroom or the outside area that is supposed to be a relaxing area. They said they wouldn't have noticed either of them if they hadn't been pointed out.

They commented on the lack of posters around health promotion, the only posters they spotted were Medicare or private health posters and one related to drinking. They suggested health promotion materials would provide a key opportunity for people to learn about health conditions and said many promotional materials now have QR codes and young people (and others) could look at these on their phone whilst waiting.

The YWG had limited comments on the ambulance bay, however they did state that it would be nice to have some more welcoming art or posters on the walls to make it more calming. They didn't have any

comments on the fast-track area, much of the discussion had been focused on the reception environment.

Solutions:

The key suggestions related to the physical environment focused on how the reception area could be made calmer and more welcoming, which they felt could have a large impact on minimising people's anxiety and stress when visiting the ED.

- More artwork (paintings and potentially a mural from a local Darwin artist)
- Health promotion material in different languages around key health issues
- Flyers and information on local services
- Greenery (if allowed) and if not, images of greenery or nature and different lighting.

Understanding the patient Journey

They discussed in depth the fact people often have no idea on what to expect when coming to the ED, how the triage system works, what wait times will be like or anything else surrounding ED processes which would make someone who is already anxious, feel more out of control. They said it appeared people "*weren't seen*" with everyone carrying on with what they were doing, even though it wasn't busy. They said that when people are feeling vulnerable, they are really looking for some "*extra care and concern*". They said if this was provided whilst waiting it could make people feel a lot less stressed but acknowledged that staff are very busy and often don't have time to do this. They said this loss of control or perceived feeling of not being important could increase people's aggression and anxiety.

Solutions:

- Electronic "posters" with a button that links information in "language" that informs people on what they can expect and how the ED works.
- A TV with a film rolling in different languages, role playing how triage and wait times work and what to potentially expect next.
- They commented on how a youth worker or nurse coming to see a young person whilst they were waiting could be extremely beneficial to help relieve anxiety.
- However, they also suggested this could be beneficial for all people and discussed having a non-clinical person helping navigate the area, making people feel welcome and communicate processes, could change someone's whole experience. We found an example of this using 'patient experience officers' in NSW that is showing excellent outcomes [Improving patient](#)

[experience in NSW emergency departments - Human experience](#) and has now been rolled across a further 20 ED's. The YWG suggested one person should be an Aboriginal Liaison Officer.

Paediatric area

The physical environment:

Overall, the YWG found the paediatric area to be more calming and welcoming and said it *“felt a lot safer”*, they enjoyed being in this area more. They liked the colourful hallway and said having the TV/movie playing was nice as it provided something to do whilst waiting. They said that it did feel somewhat *“childish for an adolescent”* but still said that they felt like they would be cared for better here because of the artwork and the *“bright colourfulness of the area”*. They understood that this area was aimed at paediatric patients but said they couldn't see anything that suggested that this area was also aimed at caring for adolescents. They discussed how even though it was a much more welcoming space, it felt like as a young person they were the ones *“being compromised”* because there was no space for them. They said they *“just want to feel seen and recognised”*. They commented on how there wasn't any health promotional material or brochures in this area. They noticed that most equipment was labelled and in specific drawers, they said this made the paediatric area look organised, and this may make a person perceive that care would be better because of this.

Solution:

- Have some health promotional materials and flyers that are also welcoming to adolescents (whilst being age appropriate for children) this would make it feel more inclusive for adolescents.
- Have posters on 'adolescent friendly health care' and 'adolescents rights' on the walls.
- If adolescents are cared for here, could there be some signage that states 'paediatric and adolescent ED'.

Understanding the patient journey

The YWG were very clear on the fact that being in hospital can be an emotionally unsafe time for many young people and for people who are distressed or triggered it can be very challenging which, can make it feel unsafe, even if it isn't. They discussed how even though this area was more for children, as an adolescent you often still have a need to be *‘cared for in a kind and caring way like when you are a child’*. They liked that they could see staff caring for patients whilst waiting which provided them comfort, they also commented on how the staff were *‘bubbly’* and *‘nice and approachable’* and that this made them feel like they were about to receive *“kind care”*. They found it *“much less intimidating than the*

reception area". However, they also challenged this by discussing how if you were a young person with a mental health concern being in that area might make you feel like you weren't being taken seriously. This led to a discussion around the different needs of young people and it not being a one size fits all approach. There were queries from the YWG around how or who decides what area young people should be cared for, which led to further discussion on the importance of it not always being up to the individual professional but rather an educated and unbiased process, based on need. Another key discussion point was on the need for confidential spaces for discussions with young people. They commented on how they couldn't see any confidential spaces, so this would be hard for young people who needed to discuss sensitive issues, with confidentiality being a key barrier to receiving appropriate healthcare.

Solution:

- Although they recognise that this isn't possible currently, they suggested the best solution would be to have an adolescent ED area just for young people.
- In the absence of an adolescent area just for young people they suggested staff could ask young people where they would like to be cared for and consider this alongside their professional/clinical decision making.
- To make a confidential space available to discuss private and sensitive issues.
- Professionals need to understand young people are often frightened or triggered when coming into an ED and should provide trauma informed care at all times.

Majors

The physical environment

The YWG had mixed views about the Majors area. They commented how there was *"a lot going on"* it was *"very noisy"* that made them feel *"kind of stressed"* and *"annoyed"*. They commented on how it felt *"busy and chaotic"* but they said it looked like *"organised chaos"* even though it was *"intense"*. They felt like it was too busy to notice signage and didn't see anything that young people would find helpful. They said it was *"bombarded with people"* so they couldn't really see much. This limited the discussion on the physical environment; however, they did comment on how it wasn't aimed at young people (which is correct) but this led back to the discussion around young people not really having a place dedicated for them.

Solution

- To combat the absence of an adolescent section of the ED, they queried whether some bays could be allocated to adolescents/young people. These bays could have age-appropriate posters or health promotion material. These bays could be made clear they are for young people, which would make it feel more inclusive.

Understanding the patient journey

As mentioned, the YWG did feel the majors area was chaotic, but said it also felt organised, and the doctors and nurses knew what they were doing. They mentioned how the medical staff appeared to be talking to one another in a *“caring and considered manner”*. They also heard one of the medical staff describe a patient as a *“sweet lady”* when discussing her medical history which they felt was kind and showed that the medical staff *“cared about who she was as a person”*. We discussed how important it is for staff to remember how they talk to one another and how they can be overheard talking about patients. They said that hearing kind and caring discussion would make a person feel like they’re getting good care and that people do notice that. They noted that the family room and mental health rooms appeared to be the only place for private conversations. If they were full, there is nowhere for confidential discussion, which is essential if young people have needs that might not be disclosed if there is no *‘safe place’* in which to do this. They said they *“witnessed good teamwork”* taking place and that this *“was comforting but if they were on their own, they would still feel very distressed”*. They commented on how *“nurses seemed to have a big responsibility”* caring for people in such a busy and challenging environment but *“just a small amount of reassurance for the patients could make such a difference”*.

Solution:

- The YWG acknowledged that the ED is very busy. However, they said that having a youth worker or nurse to provide comfort, have confidential discussions and make it more adolescent friendly would make a big difference.
- They also said that being linked up with an ALO earlier, at the start of their journey (as documented in the solutions to the reception area) could make people feel calmer by the time they arrive in the Majors area.

This report has been updated with the outcomes from the challenge on the following page. The Fifteen steps challenge team would like to thank ED executives and staff for allowing them to undertake this work and their commitment to acting on the suggested recommendations.

Outcomes from the Fifteen steps challenge.

Several outcomes have resulted from the feedback provided during the RDH emergency department walkaround with the Youth Working Group. A working group in the ED was established as a result of the report and key outcomes include:

1. **Mural Installation:** A mural by local Larakia artist Shaun Lee was completed in the ED waiting room, with plans for more murals in four ED areas to create a more welcoming environment.
2. **Nature Photo Decals:** A photo competition of nature images from the Top End was held, and winning entries are being used as full-wall decals to bring a sense of greenery into the ED without having live plants, directly addressing the feedback for more calming, natural visuals.
3. **Patient-Facing Website:** A website is being developed to provide patients with health information, service details, and an understanding of the ED process through QR codes. This resource will be available in multiple local languages, improving accessibility.
4. **ED Information Video:** An information video explaining the ED process, including triage and wait times, is in development. This will also be available in local languages to enhance understanding for diverse patient groups.
5. **Waiting Room Updates:** Plans to review and replace signage and furniture in the ED waiting room are in progress, aiming to make the space more comfortable and family-friendly, addressing concerns about the sterile, unwelcoming environment.

In addition to these outcomes that were directly related to the youth working group walkthrough, the report will continue to aid in informing a larger quality improvement on an ED bay redesign which are currently underway. A further report documenting additional outcomes will be published once they have been complete.

References

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World Health Organization, Unaid. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Geneva: World Health Organization; 2015

Appendix 1:

Fifteen steps framework

As the Fifteen Steps challenge is an NHS quality assurance method the categories and prompts have been altered to match the Australian National Safety and Quality Healthcare Standards (ANSQHS) and the World Health Organization (WHO) Global standards for quality health-care services for adolescents (2015) to ensure it is applicable to the Australian and adolescent context.

The Youth Working Group used these set of questions to help document their observations:

Safe, Welcoming, Adolescent Friendly.	
<i>Questions to ask yourself</i>	<i>Comments</i>
Using my senses – what can I hear, smell, see, feel, touch?	
How walking into the ED makes me feel?	
What is the atmosphere like?	
What interactions are there between staff/patients/visitors?	
Is there signage and directions that are clear and fit for purpose? (how to navigate the area). (NSQHS 1.31).	
Is there any visible information that is useful and re-assuring? (Signs in other language, information about the service, who staff are?) (1.29 NSQHS)	
Is there visible information that is useful and re-assuring that is specifically for young people? (e.g. Posters). (NSQHS 1.29, 2.8, Standard 1.2 Adol FHS)	
Is there information for young people about other organisations they can access that is visible? (Standard 1.10 Adol FHS)	
Is there visible information that is useful and re-assuring and recognises the beliefs and cultural practices of Aboriginal and Torres Strait Islander people? (NSQHS 1.31, 2.8)	
What have I noticed that builds my confidence and trust?	
What makes me less confident?	
Are there signs on Adolescent friendly health services Providers' obligations and are adolescents' rights are clearly displayed in the area young people are cared for? (NSQHS 2.3 Standard 4 WHO adol FHS)	
Is there a place where young people receive care that has up-to-date information, education and communication materials specifically developed for adolescents. (Standard 4 WHO adol FHS)	
What do I notice about safety issues? (NSQHS 3.13)	

Does this ED appear to think that safety is important?	
<p>Things to look out for</p> <ul style="list-style-type: none"> • Welcoming reception area. • Welcome signs (including other languages). • Acknowledgement on arrival – eye contact, smiles, a greeting. • Information available, clear and visible. • Information about who the staff team are • Is there information about what the uniforms mean? • Is there evidence that the ward is accessible to those with disabilities? • A clean environment. • Hand gels are available and used. • Clear information about infection control. (Covid-19, masks, gel). 	

Caring, Calm and Confidential	
<i>Questions to ask yourself</i>	<i>Comments</i>
Does the ED feel calm or chaotic (even if it is busy)? (NSQHS 1.30)	
Does it feel caring? What behaviours can I see that do or do not inspire confidence?	
How is dignity and privacy being respected?	
Is there room for confidential conversations with young people during consultation? (Standard 5 WHO Adol FHS)	
How are staff interacting with patients (are lower tones used for private conversations)?	
Can I observe good team working taking place?	
How have the staff made me feel?	
What can I understand about patient experience in the ED, what would it feel like to be a young person here?	
Is there evidence that equipment is stored places and where it should be?	
Are there doors open to other rooms (e.g. stock/linen cupboard, staff room or kitchen)? Do they look well organised, clean and uncluttered?	

Things to look out for

- An uncluttered, clean environment, including hallways, bays.
- Is it loud, chaotic or appears busy but calm?
- Patients are dressed to protect their dignity.
- Curtains are long enough, close fully and are used.
- Clear signage to rooms, toilets etc.
- Well maintained, appropriate and clean condition of walls, floors, windows, and ceiling
- Staff are communicating with patients.

Appendix 2

Action plan

Action plan provided to the ED team.

Action required	ANSQHS	WHO global standards Adolescent health care	Action to be taken YES/NO	By when?
Reception/triage				
More artwork (paintings and mural from a local Darwin artists)	Standard 1 Action 1.30 Action 1.31 Standard 2 Action 2.13	Standard 5. 46- Facility characteristics		
Health promotion material in different languages around key health issues	Standard 2 Action 2. Action 2.13	Standard 1. Health literacy		
Flyers and information on local services	Standard 2 Action 2.8	Standard 2 Community support		
Greenery (if allowed) and if not allowed images of greenery or nature and different lighting.	Standard 1 Action: 1.30 Action: 1.31	Standard 5. 46- Facility characteristics		
Posters on the wall that press a button and talk in language about what people can expect and how the ED works.	Standard 1. Action 1.29.	Standard 1. Health literacy		
A tv with a film rolling in different languages role playing ED process (triage, wait times etc)	Standard 1. Action 1.29. Action 1.31	Standard 1. Health literacy		

Youth worker or youth nurse implemented into the ED	Standard 2 Action 2.8 Action 2.11 Action 2.13	Standard 6 – equity and non-discrimination Standard 8 – Adolescent participation		
Patient experience officers	Standard 1. Action 1.29. Action 1.31 Standard 2 Action 2.8 Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 Adolescent participation		

Action required	ANSQHS	WHO global standards Adolescent health care	Action to be taken YES/NO	By when?
Paediatric area				
Health promotional materials and flyers that were also welcoming to adolescents	Standard 2 Action 2.3 Action 2.8	Standard 1. Health literacy		
Posters on 'adolescent friendly health care' and 'adolescents rights' on the walls.	Standard 2 Action 2.3	Standard 4. Providers' competencies.		
Signage that states 'paediatric and adolescent ED'	Standard 1. Action 1.29. Action 1.31 Standard 2 Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 Adolescent participation		

Adolescent ED area just for young people.	Standard 2 Action 2.11 Action 2.13	Standard 5 Facility characteristics. 46&47 Standard 6 equity and non-discrimination Standard 8 Adolescent participation		
Staff ask where young people would like to be cared for and consider this alongside their professional/clinical decision making.	Standard 1 Action: 1.30 Action: 1.31 Standard 2 Action 2.8			
Make a confidential space available to discuss private and sensitive issues at all times.	Standard 2 Action 2.11 Action 2.13	Standard 5 Facility characteristics. 47		
Professionals to remember that young people are often frightened or triggered when coming into ED and to provide trauma informed care	Standard 1. 1.31 Standard 2 Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 –Adolescent participation		

Action required	ANSQHS	WHO global standards Adolescent health care	Action to be taken YES/NO	By when?
Majors				
Specific 'youth friendly' bays for young people	Standard 1. Action 1.31 Standard 2 Action 2.8	Standard 1. Health literacy Standard 2 Community support		

	Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 Adolescent participation		
Youth worker and nurse in majors to help provide care.	Standard 2 Action 2.3 Action 2.8 Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 Adolescent participation		
ALO's to see patients in reception area, so that by the time they are being cared for in Majors they feel calmer.	Standard 1. Action 1.29. Action 1.31 Standard 2 Action 2.8 Action 2.11 Action 2.13	Standard 6 equity and non-discrimination Standard 8 Adolescent participation		

Appendix 3

ANSQHS Standards & WHO Global standards Global standards for quality health-care services for adolescents.

1. **Clinical governance standard:** Safe environment for the delivery of care:

Standard 1.29 A) design of area

Providing information that is visible and easily accessible to patients and the workforce.

Providing clearly marked signs, maps and instructions to help patients and visitors navigate the health service.

Standard 1.30 Access to a calm and quiet environment

Standard 1.31 The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose.

Standard 1.31 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people (youth).

2. **Partnering with consumers.**

Action 2.3 Charter of rights Information on informed consent for youth

Action 2.8 Health literacy: Communication that supports effective partnership. The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community.

Action 2.11 Partnerships in healthcare governance planning, design, measurement, and evaluation. A) involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care.

Action 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

WHO Global Standards for adolescents

Standard 1. Health literacy 2. The health facility has in the waiting area up-to-date information, education and communication materials specifically developed for adolescents.

Standard 2 Community support- 11. The health facility has an updated list of agencies and organizations with which it partners to increase community support for adolescents' use of services.

Standard 4. – Providers' competencies. Adolescent friendly health services providers' obligations and adolescents' rights are clearly displayed in the health facility.

Standard 5 – Facility characteristics 46. The health facility has a welcoming and clean environment.
47. Adolescents receive private and confidential health care at all times during the consultation process.

Standard 6 – Equity and non-discrimination

56. The health facility involves vulnerable group(s) of adolescents in the planning, monitoring, and evaluation of health services, as well as in certain aspects of health service provision.

Standard 8 – Adolescents' participation 77. Adolescents are involved in planning, monitoring, and evaluation of health services.