

Person-centred Care Insights

Welcome to the fifth issue of *Person-centred Care Insights*. This edition is filled with inspiring stories showcasing how healthcare organisations across Australia are delivering person-centred care.

In this edition:

- Local Updates and Innovations
- New Resources from the health sector
- New Resources from the Commission
- Events & News
- Recent publications

Local Updates and Innovations

We are pleased to have received such a broad variety of submissions for this issue, each offering a unique glimpse into how person-centred care is delivered across different health services and settings. Their inclusion does not imply an endorsement or recommendation by the Commission, but we hope you'll find these stories inspiring and insightful.

We'd like to let our Aboriginal and Torres Strait Islander network members know that this newsletter may contain images, voices and names of people who have died.

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Our Tree Aboriginal framework

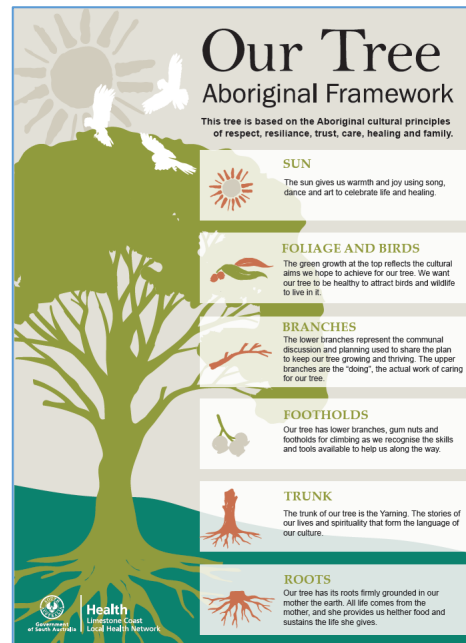
Limestone Coast Local Health Network (South Australia)

Our Tree is a practical framework used to guide the inclusion of traditional wisdom of Aboriginal and Torres Strait Islander culture in all documents, project work and initiatives within Limestone Coast Local Health Network (LCLHN). The framework is represented as a tree to symbolise the verbal nature of traditional Aboriginal language.

The project was co-developed by Boandik elder Uncle Ken Jones and Michelle Gall, Quality, Risk and Safety coordinator and has been approved for use by LCLHN's Aboriginal Experts by Experience.

Incorporating the framework into governance and clinical structures has supported the reconciliation of traditional First Nations stories with best practice principles. The stories and wisdom of First Nations community is being used by teams across the LCLHN to cultivate trees in innovative ways. An official launch of Our Tree occurred in November 2024 and included community members. LCLHN celebrates the partnership with their Aboriginal community to make health care better.

Contact Michelle.galli@sa.ogv.au if you'd like to know more.



Virtual care eases the burden on palliative care patients

NSW Agency for Clinical Innovation

Richard is a proud Yuin man with terminal lung cancer. He and his wife, Nicole, are supported by the end-of-life and palliative care (EoLPC) service from Nepean Blue Mountains Local Health District in NSW to ensure Richard can live as comfortably as possible.

Despite not initially feeling tech-savvy, Richard and Nicole have been supported by the district's EoLPC staff to use videoconferencing to receive palliative care virtually.

It's been a gamechanger. Richard can stay at home and avoid the physical and mental stress of in-person appointments.

'I recommend it 100%. You won't look back', explains Richard.

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'Virtual care allows Richard to remain connected with his treating team and conserves his energy to spend more time with his family', agreed Rebecca Palmer, Richard's EoLPC nurse practitioner.

Watch Richard and Nicole's story on the [NSW Agency for Clinical Innovation website](#).

Contact aci-virtualcare@health.nsw.gov.au if you'd like to know more.



New model of caring for older people planting seeds of change at Calvary

Calvary Care

The [Calvary PEARS Model](#) is a principles-based approach that emphasises respectful and dignified care for older people, prioritising control, choice, relationships, community connection and a desire for good quality of life. The model drives positive change across Calvary's residential aged care homes through its five domains - Personhood, Environment, Activity, Relationships, and Safe Care. At its core, Calvary aims to elevate the voice of older people by using a validated co-design methodology. Structured co-design initiatives have been launched in 16 Calvary homes, where residents and staff collaborate to improve care.



At Calvary Kingswood in Adelaide, residents and staff are working on wayfinding solutions to make navigation easier. In Launceston, former jazz musician Colin now runs a book club and trolley library, contributing to the home's daily life. Meanwhile, in Canberra, resident Gillian, frustrated by the hoist, suggested experiential training for staff to understand its impact on residents, which has been echoed and implemented at Calvary St Pauls in Cundletown. [Watch this short video](#) to learn more about this initiative.

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Contact PEARS@calvarycare.org.au if you'd like to know more.

Innovative approach to the engagement of children in person-centred health care

[Children's Healthcare Australasia \(CHA\)](#), [Starlight Children's Foundation \(SCF\)](#) and [University of New South Wales \(UNSW\)](#)

Engaging children in health care by measuring their experience is a neglected component of person-centred care. Patient Reported Experience Measures (PREMs) with children often relies on proxy voices from carers. Informed by evidence of this gap¹, a national research collaborative has been established between [CHA](#), [SCF](#) and [UNSW](#) to develop a paediatric PREM (pPREM) for use across Australian children's healthcare services. To determine 'what matters to you', children from paediatric services were interviewed by 'Captains Starlight' as part of a standardised study protocol. 'Captains Starlight' are professional performers employed by the SCF to positively impact a child's hospital experience. Under research team guidance, their novel interactive approach was used to build the foundation of a pPREM. Findings were themed, and specific pPREM items were refined through a Delphi process with a panel of experts. The draft pPREM is now ready to be piloted and validated, with the aim of subsequent national implementation. The co-development of the pPREM with children and young people has been published and can be accessed [here](#).

Contact leslie.white@health.nsw.gov.au if you'd like to know more.

Reviewing the Tasmanian Health Literacy Action Plan with lived experience consumers

[Department of Health Tasmania & University of Tasmania](#)

The Tasmanian Government first developed a Health Literacy Action Plan in 2010. The second Health Literacy Action Plan (2019-2024) was reviewed to shape future efforts to develop health literacy in Tasmania.

The University of Tasmania co-developed a participatory design approach to capture the experiences and expertise of consumers to inform the review. The review used a trauma-informed and all-abilities lens to support participants by simplifying access and providing emotionally safe spaces. Activities included:

Partnering with Health Consumers Tasmania to support the co-development of safe, valued, and impactful engagement with lived experience consumers

¹ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jpc.14802>, https://awch.org.au/wp-content/uploads/2018/10/kids-rights-in-healthcare-australian_version_final_210911web.pdf, <https://www.starlight.org.au/about-us/what-we-do/our-impact/listen-carefully/>

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Establishing a consumer panel with diverse community and lived experience expertise to review and co-design recruitment materials

Working with trusted organisations to tailor engagement strategies to include diverse community voices.

These actions resulted in the successful engagement of a diverse group of lived experience consumers as part of the review. These lived experiences are crucial to understanding where health literacy development efforts are needed to build a health literate Tasmania.

Contact health.literacy@health.tas.gov.au or shandell.elmer@utas.edu.au if you'd like to know more.



Enhancing person-centred care by supporting carers in hospitals

The University of Queensland

[A recent study undertaken by the University of Queensland](#) highlights the essential role carers play in delivering person-centred care within hospital settings. Using a mixed-method approach, including a survey of 182 carers and interviews with 31 carers, seven key factors were identified that influence carers' perceptions of hospital care quality. Findings emphasise the importance of welcoming, involving, informing, and supporting carers during hospital stays. This not only enhances their experience but also positively impacts patient care quality.

The findings offer actionable steps for healthcare professionals, such as actively engaging carers in patient assessments, involving them in shared decision making, and integrating

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their insights into the care process. The study highlights the need for policies that formally recognise and support carer involvement in care. By addressing these areas, hospitals can create a more inclusive, supportive environment that aligns with comprehensive care standards, ultimately benefiting both patients and their carers.

Contact beibei.xiong@uq.edu.au if you'd like to know more.

Embedding a human rights-based approach in mental health service development

The SA Human Rights and Coercion Reduction Committee

Human rights-based care and person-centred care perspectives in mental health complement each other. The first focuses on equality and non-discrimination to reduce the stigma associated with mental illness. The second supports this by recognising the person beyond their diagnosis. Both foster an inclusive environment that builds trust, increases empowerment, and promotes recovery among people receiving mental health care.

The Human Rights and Coercion Reduction Committee (HRCRC) developed the [Human Rights Analysis Tool](#) (the tool) to support mental health services to embed human rights into practice. This includes a self-assessment based on the PANEL principles (participation, accountability, non-discrimination, empowerment and legality) and the articles of the UN Convention on the Rights of People with Disabilities.

The tool has been implemented in different mental health initiatives in South Australia. Participants have reported that it allowed them to consider meaningful and practical recommendations for improving the quality of the services analysed under the tool's guidelines.

Contact Camilo.Guaqueta@sa.gov.au if you'd like to know more.

New podcast looks on The Kind Side of health

Illawarra Shoalhaven Local Health District (ISLHD) NSW

Patients share their stories and the small acts of kindness that made a difference to them in a new podcast launched in June 2024. The Kind Side: Stories from NSW Health was co-produced by consumer, Stacey Lewis and quality manager, Frances Wood from the ISLHD with funding and support from NSW Health KINDLAB.

With Stacey's support, Frances recorded conversations with over 20 patients, carers and healthcare workers, including Susan Pearce AM, NSW Health Secretary. Patient conversations were



L-R: Frances Wood, Stacey Lewis
and Susan Pearce

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recorded at bed sides and chair sides. 'It's such a privilege to be entrusted with people's lived experiences and wisdom,' said Frances. 'The common theme is human connection. Eye contact, a smile, a friendly word, a reassuring touch, patience, taking time to talk. Simple things we can do easily, every day.'

The Kind Side is available on audio streaming services, [online](#) or on the [ISLHD website](#). The podcast can be used for education, reflection or wellness. A facilitator guide is also available.

Contact frances.wood@health.nsw.gov.au if you'd like to know more.

Supporting veterans and families to reconnect and recover

Mates4Mates

Veterans' charity, Mates4Mates supports veterans and families experiencing physical injuries, mental health issues and social disconnection. Located across Australia, their team of clinicians actively work to improve the health and wellbeing of their clients through individual appointments, group exercise classes, and skills-based recovery group programs.

Skills for Recovery Programs cover a range of topics including sleep, addictions, emotional regulation, persisting pain, support for partners and carers, healthy relationships, and more. One participant shared that, 'The program has positively impacted my mental health by reducing stress and anxiety around relationship challenges.' Another participant noted that, 'Thanks to this program, I now ensure that I check in on my mind wellness daily and conduct activities that clear my mind.'

The Mates4Mates programs are having a profound effect on not only veterans, but the families who support them. They are providing real opportunities for people impacted by service to reconnect and recover.

Contact enquiry@mates4mates.org if you'd like to know more.

Enhancing patient activation: Knowledge, skills and confidence in cancer care

Northern Health, Northern Territory

Cancer care is increasingly complex with treatments delivered across multiple settings, from inpatient wards to patients' homes. There is increasing pressure on patients to take responsibility for the coordination of their care while also monitoring the side effects of treatment. However, not everyone has the knowledge, skills and confidence to do so.

At Northern Health, the Patient Activation Measure (PAM) has been implemented to identify people with low activation who may need more support on their cancer journey.

Administered via a multi-lingual digital pathway on the My Health @ Northern app, PAM allows clinicians to tailor and personalise care to the needs of the individual, delivering the health outcomes that matter most to them.

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Contact Katharine.see@nh.org.au if you'd like to know more.

Delivering person-centred care in the Endometriosis and Pelvic Pain Clinic

Endometriosis and Pelvic Pain Clinic Ringwood East, Victoria

The Endometriosis and Pelvic Pain Clinic (the clinic) at Ringwood East is delivering person-centred care through a multi-disciplinary team approach. The team includes general practitioners, physiotherapists, dieticians, counsellors and nurses. By using a multi-disciplinary approach to care, they can personalise each client's care and tailor a care plan that aligns with their wants and needs.

The clinic has recently run a series of educational webinars, one from each of the practitioners helping to get much needed education and support to clients. For clients wishing to access services closer to home, or services that they do not currently provide, such as gynaecology or acupuncture, a list of services can be provided to ensure they can connect the specific care they are looking for.

Nurses coordinate the client's care and follow their journey throughout to ensure their needs are met.

Contact SRH@each.com.au if you'd like to know more.

Enhancing healthcare access for consumers with communication support needs

South Western Sydney Local Health District (SWSLHD), Western NSW Local Health District (WNSWLHD) and University of Sydney

The Communication for Safe Care project seeks to improve healthcare access for over 1.2 million Australians with communication support needs, tackling barriers that can lead to healthcare errors and poor outcomes. The project aims to enhance accessibility, consumer engagement, and empower individuals in managing their health.



Through a co-design approach, the team partnered with healthcare workers and consumers with lived experience to identify and develop solutions to the challenges in accessing care. Key areas for improvement included:

- Raising awareness of communication support needs

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- Implementing processes to identify needs
- Enhancing accessibility.

By asking, 'Do you need help communicating or understanding information?' the project identified that 9.4% of consumers in SWSLHD and 5.3% in WNSWLHD required communication support. Clinicians received training to understand these needs, allowing them to plan reasonable adjustments before interventions, ensuring a more inclusive healthcare experience tailored to individual communication needs.

Contact SWSLHD-CommunicationForSafeCare@health.nsw.gov.au if you'd like to know more.

Adding that extra step

Rockingham General Hospital (RGH) (Western Australia)

The Day Procedure Unit at RGH has made a concerted effort to improve gastroenterology care. The first step in the improvement process was listening to the patient's voice to better understand the issues. The information gathered helped the team establish the practice of a pre-operative phone call to patients considering all the factors that may be impacting them.

A set of questions is used including 'Have you purchased your bowel preparation?' and 'Will someone be with you after the procedure?' along with others related to individual risk factors for each patient, such as questions about medications, falls and checking patients were clear on fasting times. Clinic times were also tailored to better suit the patients, ensuring more effective, transparent and supportive communication.

Contact susan.harris@health.wa.gov.au if you'd like to know more.

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Enhancing health literacy for adolescents and young adults in palliative care through tailored Consumer Medicines Information

Northern Sydney Local Health District, NSW

Joey Chan recently presented at the NSW Statewide Health Literacy Hub's official launch, showcasing a collaborative initiative with Dr Abigail Franklin, focused on enhancing health literacy for adolescents and young adults in palliative care. The project highlights the need for age-appropriate Consumer Medicines Information (CMI) to improve communication, support informed decision-making, and enhance patient outcomes in palliative settings.

The Adolescent and Young Adult Hospice (AYAH) is developing targeted CMIs for adolescents and young adults and their caregivers, about commonly used medicines in palliative care. Created using a consumer tick procedure, these resources have been rigorously reviewed by healthcare professionals and AYAH patient representatives to ensure clarity and appropriateness for the target age group.

Developed as separate resources for patients and caregivers, these CMIs address topics such as off-label prescribing and non-pharmacological symptom management. The project demonstrates how tailored health literacy initiatives can significantly improve patient experiences in palliative care.

Contact Joey.chan@health.nsw.gov.au if you'd like to know more.



Health justice partnership and person-centred care

Health Justice Australia

Practitioners working in health justice partnerships (HJP) across Australia are reimagining the way different sectors work together to provide person-centred care. These partnerships integrate legal assistance into services that support people's health and wellbeing to provide better access to legal help where, when and how people need it.

In a recent episode of Health Justice Australia's podcast, Let's Talk Health Justice, Assunta Morrone, the Strengthening Hospital Responses to Family Violence Project Lead at Western Health in Victoria, talked about what person-centred care means in her HJP work. Assunta spoke about authentically engaging people with lived experience, as well as how she collaborates with clinicians to work in a person-centred, strengths-based and rights-based way. She also explored how power dynamics can affect the delivery of person-centred care in hospitals.

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You can listen to the [full episode](#), and also read more about health justice partnership on the [Health Justice Australia website](#).

Contact partnerships@healthjustice.org.au if you'd like to know more.

Your voice, our care: Improving health care together with Patient Reported Measures

Northern Adelaide Local Health Network, SA

Northern Adelaide Local Health Network's (NALHN) Patient Reported Measures (PRMs) Project is elevating how consumer feedback is integrated into the healthcare system. This innovative initiative not only collects real-time data on patient experiences and outcomes, but also gives inpatients the opportunity to raise concerns or suggestions directly with healthcare teams, allowing for prompt interventions.

By combining both Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs), the project provides a comprehensive understanding of patient well-being, addressing both clinical outcomes and overall healthcare experiences.

To support diverse populations, surveys are available in multiple languages, improving communication between consumers and clinicians. The project has already led to increased patient satisfaction, aligned care with consumer values, and contributed to fostering a culture of compassionate, person-centred care. The initiative also highlights excellence in care, boosting staff morale and promoting continued engagement.

Through ongoing collaboration with consumers and carers, NALHN ensures their voices help shape the future of healthcare delivery, driving continuous improvements in care quality, safety, and patient experience.

Contact NALHN's Clinical Governance Service at Health.NALHNCGS@sa.gov.au if you'd like to know more.

Paramedic-led, person-centred health care leads to restored patient self-efficacy

Australian Catholic University

People contacting '000' for emergency ambulance services are able to avoid unnecessary hospital presentations when paramedics demonstrate professional and thorough patient-centred health care.

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As a contribution to his PhD, registered paramedic Dr Robbie King conducted a 5-year study that investigated how patients experience paramedic-led health care during instances where they were not conveyed to hospital. The research found that patients reinforced their trust in paramedics, to assist them to make hospital attendance decisions, when they receive compassionate and professional care. This included 'being listened to', 'feeling respected as an individual', 'having concerns validated', 'experiencing comprehensive assessment', and receiving 'therapeutic communication'. When this occurred, patients were able to transition from a state of 'lost independence', to one where they could self-manage in the community.



The research generated a substantive grounded theory that enhances understanding of patient experiences during non-conveyance scenarios. This theory can inform the development of paramedic-led models of health care, paramedic educational programs, and patient-focused measures to evaluate outputs of ambulance and paramedic-led health care.

Read the [published article](#) or the [full thesis](#).

Contact Robbie.king@ACU.edu.au if you'd like to know more.

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New Resources from the health sector

Introducing a First Nations version of the Australian Charter of Healthcare Rights

Victorian Aboriginal Community Controlled Health Organisation

We are pleased to share the newly developed First Nations version of the Australian Charter of Healthcare Rights (the Charter), created by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

While localising the Charter to reflect the specific contexts and needs of individual communities is recommended, this version serves as a valuable resource for mainstream use and in situations where localised versions are not feasible.

The Charter can be accessed [here](#).

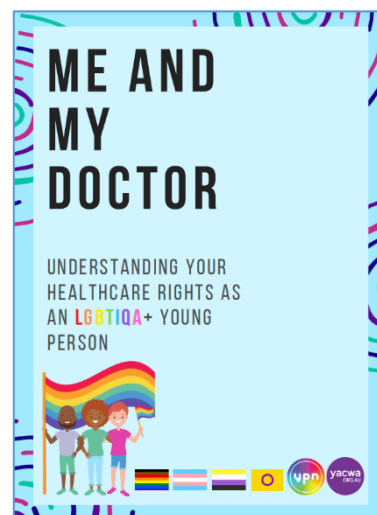


Understanding healthcare rights in an LGBTIQ+ young person context

The Youth Affairs Council of Western Australia

The [Me and My Doctor: Understanding your healthcare rights as an LGBTIQ+ young person](#) (the guide) provides an overview of healthcare rights and responsibilities aligned with the Australian Charter of Healthcare Rights, focusing on their application in an LGBTIQ+ context. It aims to enhance understanding and confidence when navigating the healthcare system, equipping individuals with tools to advocate for their needs.

While LGBTIQ+ inclusive health care should be the standard, gaps in understanding and knowledge among healthcare workers can sometimes occur. This guide emphasises the importance of knowing one's rights to support effective self-advocacy, while also reinforcing that the responsibility for delivering appropriate care lies with healthcare professionals.



The guide also serves as a resource for healthcare workers, offering insights into applying healthcare rights in an LGBTIQ+ context and providing practical steps towards creating a more inclusive practice. A list of useful resources for achieving inclusivity are included at the end of the guide.

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Intellectual disability health education

3DN – Department of Developmental Disability Neuropsychiatry and UNSW

A series of e-learning modules has been created for carers, health professionals, and disability professionals to enhance their knowledge, skills, and confidence to promote better health and wellbeing for people with intellectual disabilities.

The content was developed collaboratively and funded by the NSW Department of Family and Community Services (Ageing, Disability and Home Care), the NSW Ministry of Health (Mental Health and Drug and Alcohol Office), and the Health Education and Training Institute.

Each module was crafted by a multidisciplinary team with expertise in clinical practice, project management, and research, representing the health, welfare, and disability sectors. People with intellectual disabilities also contributed to the content.

You can access the courses [here](#).



The image is a composite. On the left is a promotional graphic for 'ID HEALTH EDUCATION BY 3DN'. It features a circular logo with colorful dots and the text 'ID HEALTH EDUCATION BY 3DN'. Below the logo, it reads: 'e-Learning for carers, health professionals and disability professionals. Our goal is to improve knowledge, skills and confidence – leading to better health and wellbeing for people with intellectual disability.' At the bottom of the graphic are the logos for UNSW SYDNEY and the Department of Developmental Disability Neuropsychiatry. On the right is a photograph of a young man with Down syndrome, wearing a red shirt, laughing heartily with his eyes closed.

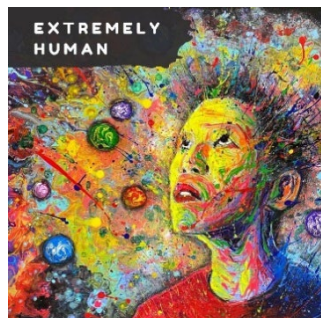
A learning space about mental health and wellbeing: Responding to distress with greater compassion and humanity

Discovery college

Discovery college is a learning space about mental health and wellbeing that works through co-production. Discovery college runs courses about different topics online and in person, which are free and open to everyone.

They also release a podcast, Extremely Human, which is a conversation about the profound experience of extreme states. When speaking about extreme states, discovery college seeks to explore a more humanistic way to understand people's experiences that aren't always shared by others. Each extreme state holds different meanings for each person, including those related to psychosis, depression, grief, and addiction. Talking with different people, they explore the important question: 'How can we respond to distress with greater compassion and humanity?'

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discovery
college.

More information is available [here](#).

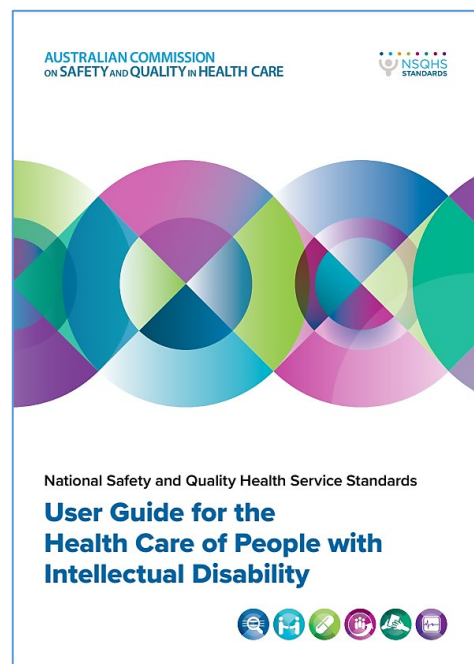
New Resources from the Commission

National Safety and Quality Health Service Standards User Guide for the Health Care of People with Intellectual Disability

The Commission has just released the National Safety and Quality Health Service (NSQHS) Standards User Guide for the Health Care of People with Intellectual Disability (the User Guide), with strategies to provide better support and improve care.

The User Guide assists health service organisations and clinicians to address safety and quality risks for people with intellectual disability. This guide includes:

- Specific NSQHS Standards and Actions to ensure systems of clinical governance and person-centred approaches are in place
- Suggested evidence-based strategies for improvement
- Resources to support the strategies
- Spotlight summaries on key issues affecting the health care of people with intellectual disability.



[Download the User Guide](#) to learn more.

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New community language translations of the Australian Charter of Healthcare Rights and My Healthcare Rights

The Commission has released new community language translations of the Australian Charter of Healthcare Rights (the Charter) and My Healthcare Rights consumer flyer.

Bengali, Burmese, Farsi, Fijian, Filipino, French, Hazaragi, Indonesian, Japanese, Karen, Oromo, Persian, Samoan, Somali, Tagalog, Tamil, Tibetan, Tongan and Ukrainian have joined the existing suite, with a total of 32 community language translations now available.

The Charter describes the rights of all people accessing health care, and provides patients, their families, carers and health service organisations with a shared understanding of healthcare rights. The My Healthcare Rights consumer flyer is a quick-reference summary of the seven healthcare rights and describes what to expect when receiving health care.

The full suite of translations are available here: [The Charter translations | Australian Commission on Safety and Quality in Health Care](#)



My healthcare rights

This is the second edition of the Australian Charter of Healthcare Rights.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

- Access**
 - Healthcare services and treatment that meets my needs
- Safety**
 - Receive safe and high quality health care that meets national standards
 - Be cared for in an environment that is safe and makes me feel safe
- Respect**
 - Be treated as an individual, and with dignity and respect
 - Have my culture, identity, beliefs and choices recognised and respected
- Partnership**
 - Ask questions and be involved in open and honest communication
 - Make decisions with my healthcare provider, to the extent that I choose and am able to
 - Include the people that I want in planning and decision-making
- Information**
 - Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
 - Receive information about services, waiting times and costs
 - Be given assistance, when I need it, to help me to understand and use health information
 - Access my health information
 - Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe
- Privacy**
 - Have my personal privacy respected
 - Have information about me and my health kept secure and confidential
- Give feedback**
 - Provide feedback or make a complaint without it affecting the way that I am treated
 - Have my concerns addressed in a transparent and timely way
 - Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

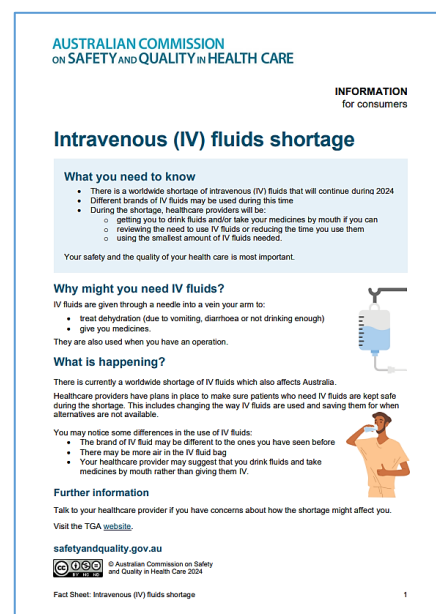
For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

Guidance about intravenous (IV) fluids shortage

IV fluids are essential when managing or correcting deficiencies in hydration and electrolyte imbalances. They are also used as diluents for delivery of compatible IV medicines. There is currently a global disruption affecting the supply of multiple IV fluid products. To improve supply several overseas-registered alternative IV fluids under Section 19A (S19A) have been approved for use in Australia.

A [fact sheet](#) has been developed to inform health service organisations and clinicians on conservation strategies and safety considerations related to supply disruption.

The Commission has also collaborated with the Health Care Consumers' Association to develop a [consumer fact sheet](#). The fact sheet aims to assist consumers, their families and carers in understanding medicine shortages and their impact on the health care they receive.



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

INFORMATION for consumers

Intravenous (IV) fluids shortage

What you need to know

- There is a worldwide shortage of intravenous (IV) fluids that will continue during 2024
- Different brands of IV fluids may be used during the time
- During the shortage, healthcare providers will be:
 - getting you to drink fluids and/or take your medicines by mouth if you can
 - revisiting the need to use IV fluids or reducing the time you use them
 - using the smallest amount of IV fluids needed.

Your safety and the quality of your health care is most important.

Why might you need IV fluids?

IV fluids are given through a needle into a vein your arm to:

- treat dehydration (due to vomiting, diarrhoea or not drinking enough)
- give you medicines.

They are also used when you have an operation.

What is happening?

There is currently a worldwide shortage of IV fluids which also affects Australia. Healthcare providers have plans in place to make sure patients who need IV fluids are kept safe during the shortage. This includes changing the way IV fluids are used and saving them for when alternatives are not available.

You may notice some differences in the use of IV fluids:

- The brand of IV fluid may be different to the ones you have seen before
- There may be more air in the IV fluid bag
- Your healthcare provider may suggest that you drink fluids and take medicines by mouth rather than giving them IV

Further information

Talk to your healthcare provider if you have concerns about how the shortage might affect you.

Visit the TGA [website](#).

safetyandquality.gov.au

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Fact Sheet: Intravenous (IV) fluids shortage 1

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Visit the [website](#) for more information and resources regarding medication safety issues.

Clinical Care Standards

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a chronic lung condition characterised by chronic airflow limitation which makes it difficult to breathe. It affects one in 13 Australians aged over 40 years and is a leading cause of potentially preventable hospitalisations.

The Commission released the [Chronic Obstructive Pulmonary Disease Clinical Care Standard](#) in October 2024. The new Standard aims to improve accurate diagnosis and ensure better care for people living with COPD. It highlights a range of interventions that help ease symptoms, reduce the risk of exacerbations, and prevent hospitalisations.

Resources to support the Standard include a consumer video, 'John's Story', other resources for [consumers](#), [clinicians](#) and [healthcare services](#), and a recording of the [launch webcast](#).

Osteoarthritis of the Knee

Each year, more than 53,500 knee replacements are performed to treat knee osteoarthritis in Australia and the figure is rising. Performed at the right time for the right people, surgery can have a significant benefit. However, with safe physical activity and effective weight management, most people can reduce their pain and improve mobility without surgery and the associated costs, risks and recovery period.

The revised [Osteoarthritis of the Knee Clinical Care Standard](#), released in August, will help Australians living with knee osteoarthritis to access better support.

See the comprehensive collection of [related resources](#) for consumers, clinicians and healthcare services as well as targeted information on the Standard for [consumers](#), [clinicians](#), [healthcare services](#) and [Primary Health Networks](#).

Heavy Menstrual Bleeding

Heavy menstrual bleeding affects one in four Australian women of reproductive age and can have a serious impact on women's social, emotional and physical quality of life.

The revised [Heavy Menstrual Bleeding Clinical Care Standard](#) was released in June. The revised Standard aims to improve care for women with heavy menstrual bleeding and ensure they can make informed choices about appropriate and less invasive treatments that suit their individual needs and preferences.

New resources include a [fact sheet on treatment options](#), designed to support discussions between clinicians, a short consumer video 'Hayley's story', and other resources for [consumers](#), [clinicians](#), [healthcare services](#), and [Primary Health Networks](#).

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Events & News

Celebrating 10 years of Clinical Care Standards in Australia

In November 2024, the Commission celebrated 10 years of Clinical Care Standards in Australia, achieved in partnership with the many dedicated and passionate clinicians, people with lived experience, consumer advocates and researchers who have helped to develop and implement the Standards.

This milestone marks 10 years of delivering quality improvement to Australia's healthcare system; providing the right care, in the right place, at the right time.

Clinical Care Standards describe the care that people can expect to be offered for a specific clinical condition, treatment, procedure or clinical pathway, no matter where they are treated in Australia. Evidence shows that they have had a significant impact on care. Our [2023 evaluation report](#) highlighted the benefits for antimicrobial stewardship, hip fracture care and delirium care. [New research](#) demonstrates that adherence to the Hip Fracture Clinical Care Standard is associated with markedly reduced mortality.

To mark the 10-year anniversary of the Clinical Care Standards, the Commission is [inviting health services to share](#) their best practice examples of how a Clinical Care Standard has been successfully implemented and improved the quality of care.

For more information, see our [web page](#) and share the news amongst your networks with our [communications resources](#).



Second series of Person-centred Care in Practice webinars

We are excited to announce the launch of our second series of Person-centred Care in Practice webinars. The first session, held on 12 December 2024, featured Western Health's Take the LEAP: Harnessing Lived Experience for Best Care. The webinar recording is now available on our [website](#), along with all recordings from our first series.

The webinar generated a lot of audience engagement and many more insightful questions than our panel members were able to answer in the live Q&A session. The Western Health team has kindly provided responses to the outstanding questions. To explore the [questions and answers](#), as well as access the webinar recording, visit our [website](#).



Person-centred Care Insights

We encourage members to share their ideas for future topics or nominate speakers for upcoming webinars by contacting us via [email](#).

Recent publications

Below are some of the recent publications in the areas of person-centred care that you might find useful.

Inclusion of publications in this section is not an endorsement or recommendation of any publication or provider. Access to documents may depend on whether they are Open Access and/or your individual or institutional access to subscription sites/services. Material that may require a subscription is included as it is considered relevant.

- [Person-centred decisions in emergency care for older people living with frailty: principles and practice](#)
James David van Oppen, Tim Coats, Simon Conroy, and et al.
- [‘Person-centred care’: an overhyped cliché or a practicable health delivery model?](#)
Isaac K. S. Ng, Wilson G. W. Goh, Norman H. Y. Lin, and et al.
- [Environmentally sustainable person-centred care: Occupational therapy students' attitudes, perceptions and self-perceived preparedness for practice](#)
Felicity Murray, Ka Yan Hess, Tanya Rihtman
- [Associations between hospital organizational features, person-centred care and nurse-sensitive outcomes for persons with dementia in acute care: A systematic literature review](#)
Amber Casarez, Jessica G. Smith
- [Strengthening person-centered care through quality improvement: a mixed-methods study examining implementation of the Person-Centered Care Assessment Tool in Zambian health facilities](#)
Amy Casella, Adamson Paxon Ndhlovu, Jessica E. Posner, and et al.
- [Effectiveness of Person-Centered Health Education in the General Practice of Geriatric Chronic Disease Care](#)
Zhiping Zhang, Danfeng Gu, Sujing Li
- [Multimorbidity and person-centred care in a socioeconomically deprived community: a qualitative study](#)
Marianne McCallum, Sara Macdonald, Frances S Mair
- [Person-first and identity-first disability language: Informing client centred care](#)
Lisa B. Grech, Donna Koller, Amanda Olley
- [A comprehensive person-centred TB care model, from malnutrition to mental health](#)
Zala Afaq

Person-centred Care Insights

- [Empowered or challenged? The dual impact of condition-specific electronic Patient-Reported Outcome Measures in the person-centred care of women with breast cancer: A qualitative study](#)
Stine Thestrup Hansen, Lone Jørgensen, Volker-Jürgen Schmidt., and et al.