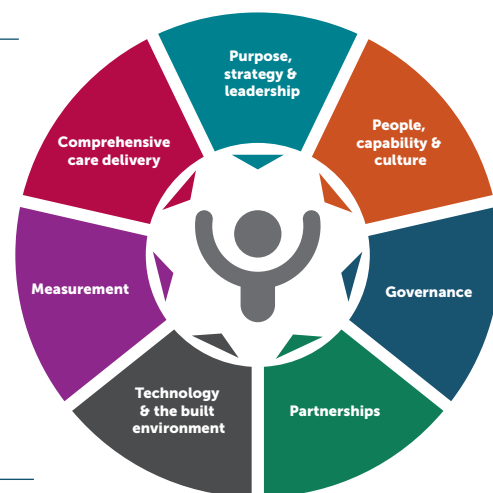Fact sheet 9: Person-centred organisations

Supporting person-centred attributes in your healthcare organisation

A fact sheet for managers

This fact sheet provides information about how you may support and foster person-centred care attributes in the context of your organisation.

To achieve great person-centred care, commitment across all areas of the organisation is needed – from the board, executive, senior managers, clinicians, volunteers and non-clinical workforce. Everyone has a role and responsibility to ensure care delivery is responsive, integrated, coordinated, safe and effective.

Managers of healthcare organisations play a key role in leading and coordinating the workforce, and implementing well-designed systems and strategies to achieve great person-centred care.

As part of the Australian Commission on Safety and Quality in Health Care's work to support person-centred care delivery in Australia, a review was undertaken to identify the key attributes shared by high-performing person-centred healthcare organisations.

Seven attributes were identified and collectively they provide an ideal organisational model for supporting consistent and excellent person-centred care (see **Figure 1**).

"Our Managers are very collaborative and hands-on, staff feel supported and this translates into patient care"

Clinician

Figure 1: Key attributes of high-performing person-centred healthcare organisations

Clear purpose, strategy and leadership
- A commitment to exceptional person-centred care is clearly stated in the organisations purpose and strategy
- Great leadership drives exceptional person-centred care, with the support of champions across the organisation
- A person-centred strategy is articulated to the workforce and the community and implemented across the organisation

People, capability and a person-centred culture
- An organisational culture for person-centred care is built and maintained through long-term systematic approach
- The capabilities of all members of the workforce are continually developed through formal and informal learning
- The organisation regularly monitors and is dedicated to support workforce satisfaction and wellbeing

Comprehensive care delivery
- Patients are engaged as partners in their care
- Goals of care guide clinical decisions and the patient journey
- Diversity and equity are respected and supported
- Transparency is a core element of safety and quality care

Measurement for improvement
- There is culture of learning and continuous improvement
- Measurement can be acted on to improve outcomes and reflects what patients and communities value

Person-centred governance systems
- Consumers and the community are involved in governance at all levels
- Consumers are trained and supported to meaningfully contribute
- Organisational structures and models of care are designed around the person
- There are clear accountabilities at all levels – from the board to the clinician
- Financial, strategic and operational decisions and processes are person-centred

Person-centred technology and built environment
- Person-centred design principles are applied to the built environment
- Healthcare organisations are pragmatic and innovative where resources are limited
- Technology must enhance patient experiences and outcomes, but also not be relied upon alone

Strong external partnerships
- Healthcare organisations have a comprehensive network of service partner and relationships
- There is a focus on seamless transitions and co ordination of care
- Healthcare organisations operate as leaders in the system improvement
- Community volunteers are recognised and supported as critical partners in enhancing the patient experience

Wheel segments (centre): Purpose, strategy & leadership · People, capability & culture · Governance · Partnerships · Technology & the built environment · Measurement · Comprehensive care delivery

These attributes are interrelated and mutually reinforcing. There is no definitive hierarchy and these attributes will manifest differently in every organisation.

Person-centred care is achieved through incremental change and requires long-term commitment across all the attributes and at all levels of the organisation.

How to support the key attributes in your organisation

As a manager, consider how you can work with your patients, community, clinicians and workforce to achieve excellence against the attributes.

The following steps may be helpful:

1. Determine how well your organisation is performing against each attribute by reviewing your current practices and environment.

   See *Person-centred organisation: Self-assessment tool* in the resources box below

   In this self-assessment, it is important to involve consumers, and as many members of workforce (clinical and non-clinical) as possible.

2. Identify areas where your organisation could learn or improve – What is working well? What is not working well?

3. Prioritise and make a commitment to implement quality improvement strategies in the areas that are not working well. Where things are working well, share and communicate strategies and learnings across your organisation. This could involve working with your internal Communications team.

4. Share the responsibility of quality improvement with leaders at all levels of the organisation, and support clinicians and members of the workforce to build their knowledge and skills in quality improvement methods.

5. Ensure you are on the right track - monitor, measure and evaluate.

6. Continuously improve by responding proactively, incorporating what you have learnt, and sharing your learnings with your workforce across the organisation.

To help you get started, the following resources are available at:
www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care

- **Fact sheets** - a package of fact sheets on each of the key attributes is available

- **Person-centred organisation: Self-assessment tool** provides a summary of reflective questions for each of the attributes

- **Case studies** - eight case studies are available. The case studies describe how the attributes can look in practice, and lessons learnt by high-performing person-centred care organisations as they continue to work towards achieving excellent person-centred care for all their patients.

> "Don't wait until you have your ducks in a row. Just get started"
>
> Lead Patient and Family Centred Care

Implementing quality improvement strategies

Quality improvement is the systematic and coordinated use of methods and tools to continuously improve quality of care and outcomes for patients.[1]

There are many different approaches to quality improvement such as Plan Do Study Act (PDSA) cycles, Lean, Six Sigma and the Institute for Healthcare Improvement Model. There is no clear evidence that one approach is better than the other - what matters most is that everyone has a shared understanding of the process of quality improvement and that it is applied in a systematic and consistent way.[2] It is also important to coordinate different improvement projects and share learnings between different teams to ensure efforts are not fragmented or conflicting. [1]

Key principles of quality improvement include:

- Engage your workforce and consumers to define what it is that you want to achieve and why – 'begin with the end in mind'

- Use and analyse data across the organisation to understand variation

- Train the workforce and the executive to have the skills and capability for improvement. This includes developing their understanding of how change happens in a complex system; understanding barriers and enablers; and identifying quality problems, carrying out tests of change, measuring their impact and acting on the results

- Give all members of the workforce the opportunity to contribute and act on ideas for improvement

- Use many small-scale trials and tests as a way to learn and improve, incorporate learnings and recalibrate if needed. Celebrate successes

- Ensure continuous focus on the needs and experiences of the people served by the system.[1,3]

Helpful resources

Resources to support the NSQHS Standards (in particular the Partnering with Consumers Standard) www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/

Quality Improvement Tools - Clinical Excellence Commission (NSW): www.cec.health.nsw.gov.au/quality-improvement/improvement-academy/quality-improvement-tools

Quality Improvement Essentials Toolkit - Institute of Healthcare Improvement (USA): www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=TopicLandingPage&utm_source=IHI

Quality Improvement toolkit for hospitals – AHRQ www.ahrq.gov/professionals/systems/hospital/qitoolkit/index.html

OSSIE Guide – Australian Commission on Safety and Quality in Health Care. This resource is specific for clinical handover improvement, but the principles and tools can be applied more generally www.safetyandquality.gov.au/wp-content/uploads/2012/01/ossie.pdf

Patient and Family Engaged Care – A Guiding Framework (US): A resource from the National Academy of medicine https://nam.edu/harnessing-evidence-and-experience-to-change-culture-a-guiding-framework-for-patient-and-family-engaged-care/

References

1. Alderwick H, Charles A, Jones B and Warburton W. Making the case for quality improvement: lessons for NHS boards and leaders. London: the King's Fund and The Health Foundation; 2017 (accessed on 1 November 2017).

2. Ross S and Naylor C. Quality improvement in mental health. London: The King's Fund; 2017 (accessed on 1 November 2017).

3. Balding C. Create a great quality system in six months. Melbourne: Qualityworks PL; 2013.