

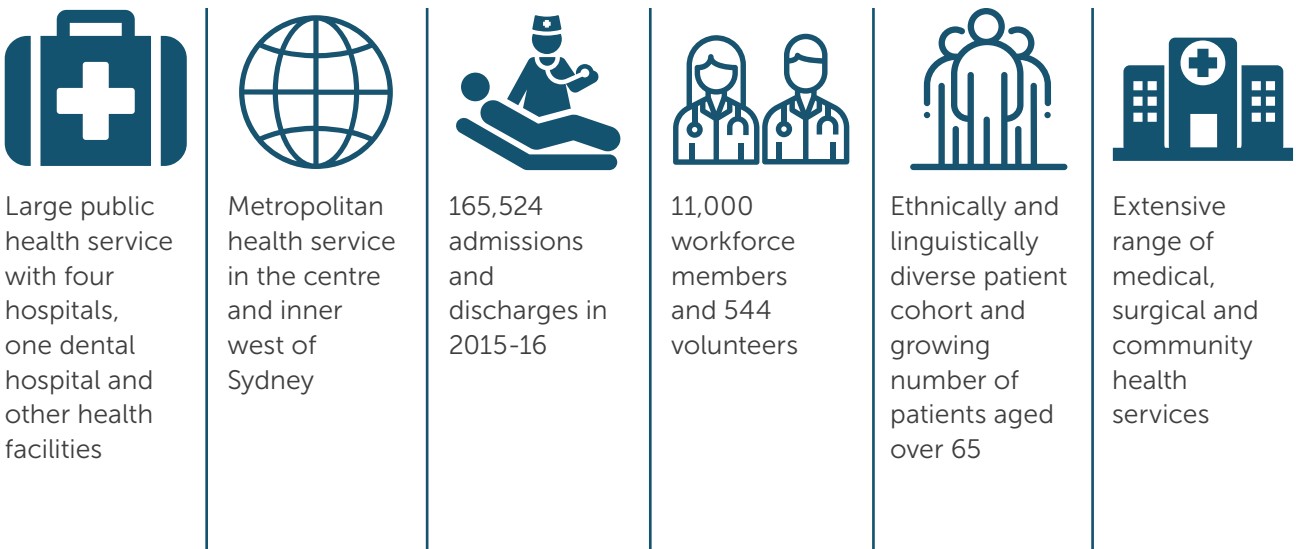
Royal Prince Alfred Hospital and Sydney Local Health District, Sydney, New South Wales

Overview of the organisation

Sydney Local Health District (SLHD) is a network of public hospitals and other health facilities in the centre and inner west of Sydney. The health service covers a population of around 640,000 people, 43% of whom speak a language other than English at home. SLHD is one of the best-performing health districts in New South Wales. Its performance at accreditation consistently exceeds national standards.

Royal Prince Alfred Hospital is the largest of five hospitals within SLHD. As a quaternary referral hospital, it provides an extensive range of services to more people in New South Wales than any other hospital. The hospital is recognised as a worldwide leader in healthcare excellence and innovation.

Figure 1: About Sydney Local Health District



Person-centred care at Sydney Local Health District

In 2012, SLHD outlined a commitment to ‘develop a renewed emphasis on ‘patient and family centred care’ in its Strategic Plan. Patient and family centred care is seen as critically important to achieve SLHD’s vision of ‘excellence in health and healthcare for all’ and is explicitly referenced in the district’s mission: ‘ensuring the community has equitable access to high quality patient and family centred care...’⁴⁵

SLHD has focused on embedding patient and family-centred care as ‘core business’ across all areas of the organisation. In March 2014, SLHD established a Patient and Family Centred Care Steering Committee, with working groups for each domain of the health service: 1. Facilities; 2. Staff; 3. Organisation; 4. Services; 5. Community; 6. Research; and 7. Education. Each group is responsible for developing their own initiatives to enhance patient and family centred care across the organisation as it relates to their relevant domain.

While SLHD has made great progress, it faces a number of challenges common to most health services. The high volume of admissions, combined with pressure to meet key performance indicators, mean the workforce often struggle to balance the shift to person-centredness approaches with other priorities. The workforce must tailor their care to an extremely diverse patient cohort with different needs and preferences. There are opportunities to strengthen integration of care between service units. There is also the continual tension of balancing patient preferences with the need to provide safe, evidence-based care.

Members of the SLHD workforce recognise that embedding person-centred care is a long-term and ongoing commitment. SLHD’s organisation-wide approach, underpinned by strong leadership and a clear strategic direction, is widely recognised as best-practice. In the future, the evolution of technology is expected to have a major impact on services. The district aims to ensure technology and other advancements in health service delivery are optimised as enablers, rather than barriers, to person-centredness.

“It is like painting the harbour bridge. It is an ongoing journey that required”

Executive staff

Key features of person-centred care

SLHD and Royal Prince Alfred Hospital have many attributes that support the delivery of high-quality, person-centred care. This case study is not intended to be a comprehensive account of all these attributes. Rather, it seeks to highlight some key examples that other health services to learn from.

A person-centred culture is modelled and clearly articulated by leaders and managers across all areas of the organisation

SLHD leaders and managers propagate a strong culture of person-centredness. Leaders and managers across the organisation model the culture and behaviours that they expect of their workforce. They try to create a caring environment with respectful communication and a customer service mentality.

SLHD has implemented a number of initiatives to promote a culture of customer service. This includes an emphasis on customer service in recruitment, customer service training for its workforce and rewards for members of the workforce who display strong customer service. Several of these initiatives were informed by advice sought from Service NSW, a government service provider that is widely recognised for excellence in customer-focused service delivery.



“Patient and family-centred care is completely linked to the culture of the organisation”

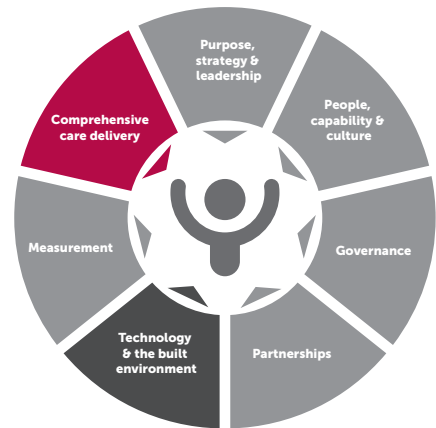
Executive staff member

SLHD has also taken steps to formally articulate its person-centred culture. The executive team have developed a set of eight ‘Patient and Family Centred Care Key Messages’ which are shared with its workforce and consumers across the organisation. These messages clearly explain how the workforce and consumers should support and experience patient- and family-centred care at SLHD.

Person-centred care is embedded as ‘core business’ for all members of the workforce, as exemplified by security and environmental services

Patient- and family-centred care is seen as ‘core business’ at SLHD. It is embedded in each area of the organisation through the working groups of the Family and Person Centred Care Steering Committee (see further above). Each area of the organisation clearly understands their responsibilities in terms of supporting patient and family centred care. Of note is the work of security, facility management and other corporate services to enhance person-centred care.

Key examples from the security department and environmental services at SLHD are highlighted in **Box 1**.



Box 1: How person-centred care is supported by security and facility management



Security staff are formally part of the clinical stream at SLHD. This reflects the expectation that security are there to help patients and the workforce. The security department has implemented a number of initiatives to support a safe and friendly environment:

- **Trial of security staff wearing suits instead of uniforms**, which resulted in a decline in confrontations and is likely to be rolled out across the organisation
- **Training for security staff on how to de-escalate situations** through communication, which has reduced the number of physical takedowns
- **Training for security staff in customer service**, to improve interactions and rapport between security staff and patients and their families.



Facility managers have mapped the patient journey to create ‘healing environments’

While SLHD has a number of major capital works projects, other initiatives are less expensive. By following a patient journey, the environmental services team were able to identify and make improvements across the organisation’s built environment. This includes:

- **Wayfinding** – addressing gaps in current wayfinding and trialling electronic wayfinding
- **Signage** – use of commonly recognised name conventions and multi-lingual signs
- **Amenities** – healthy snacks and non-violent TV shows in waiting rooms
- **Buildings** – renovations and artwork informed by consumer groups.

The workforce is recruited and supported to deliver person-centred care through training, wellbeing programs and workforce-led initiatives

SLHD executive and managers recognise that the capabilities and wellbeing of its workforce are critical to support them deliver patient- and family-centred care. Members of the workforce in hospitals and other health services in the district face multiple competing priorities, diverse patient cohorts and high patient numbers, which all impact on their ability to deliver person-centred care.

Table 1 presents some key initiatives at SLHD to support a person-centred workforce.

Table 1: Key initiatives to support a person-centred workforce

<p>Recruiting for customer service skills</p>	<p>Learning from the success of Service NSW, SLHD is increasingly prioritising customer-service skills in recruitment and workforce planning. Key examples include:</p> <ul style="list-style-type: none"> • Position descriptions: Patient- and family-centred care is built into position descriptions, to clearly articulate the position’s responsibilities in this area • Recruitment criteria: While candidates must have the prerequisite qualifications, the recruitment process prioritises customer-service skills, communication and interpersonal skills and other attributes that indicate a strong capacity for person-centred service delivery. This applies to the clinical and corporate workforce • Consumers on interview panels: Consumers are often on interview panels for key positions, to ensure consumer perspectives inform recruitment decisions.
<p>Ongoing training and professional development</p>	<p>SLHD has multiple training opportunities for its workforce across the organisation to increase their capacity to deliver person-centred care, provide high levels of customer service, and cater to diverse patient cohorts. Key examples include the following:</p> <ul style="list-style-type: none"> • Inclusion of patient- and family-centred care in all workforce education programs • Routine customer service training for its frontline workforce, including staff in environmental services, security, cleaning, catering and other corporate areas • Training for its clinical and corporate workforce on managing complaints and escalating issues where there is concern for a patient’s care • Training in cultural competency and communication with diverse patient cohorts.
<p>Wellbeing programs for the workforce</p>	<p>SLHD has a strong focus on workforce wellbeing, recognising that members of the workforce who are well and resilient are able to deliver better person-centred care. Senior clinicians say that you cannot achieve person-centred care without investing in the wellbeing of the workforce.</p> <p>The health service has a range of meditation and wellbeing programs for its nurses and midwives. These programs largely focus on nurses and midwives who make up almost half the 11,000 workforce members at SLHD.</p>

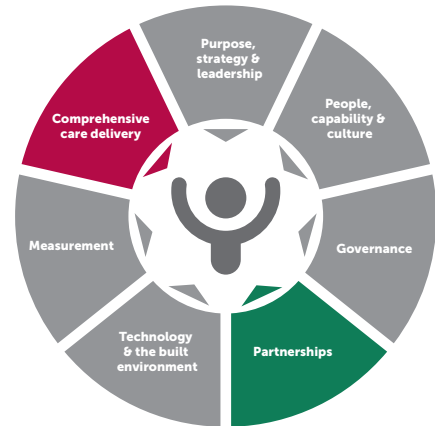
Workforce-led initiatives to improve service delivery

Under the NSW Health Essentials of Care program, Nursing Unit Managers and the nursing workforce have received guidance and support to develop programs for their wards to improve care delivery. These programs not only improve workforce capacity but also empower the workforce to develop and implement their own person-centred initiatives. The results of these programs are closely monitored through clinical data, patient surveys and other measures. Key programs implemented by nurses at Royal Prince Alfred Hospital include:

- **Productive ward program:** In a cardiology ward, members of the workforce identified a range of actions to increase ward productivity, which led to significant time savings for nursing staff
- **Intentional rounding:** In a cancer ward, nurses visit members of the workforce every hour to assess their condition and needs, which has led to a reduction in adverse incidents and complaints
- **Information-sharing:** In a cancer ward, members of the workforce identified ways to improve communication and information-sharing with patients, including the provision of information packs to staff, with positive feedback from patient satisfaction surveys.

Health care is coordinated with other services and tailored to support the holistic needs of diverse communities

SLHD recognises that person-centred care often involves integration with other services to meet the holistic needs of patients and their families. This is underpinned by a strong commitment to equity and tailoring services to support diverse population cohorts. Many people living in the district face multiple levels of social, economic and health-related disadvantage. For these people, achieving health outcomes often requires a variety of other supports, beyond just health care.



SLHD partners with other service providers to deliver a range of community and population health services. This includes health promotion, community-based prevention, early intervention, assessment, acute/post-acute treatment, health maintenance and continuing care services designed to improve or maintain the health and wellbeing of individuals and communities.

Table 2 provides key examples of initiatives to integrate and tailor services to meet the diverse needs of consumers.

Table 2: Examples of partnerships and initiatives for diverse and disadvantaged cohorts

Healthy communities projects with community and family service providers

Sydney LHD has partnered with the Department Family and Community Services and local service providers to deliver holistic programs in the community.

The programs aim to improve the overall health and well-being of the community, particularly for disadvantaged groups.

Programs focus on a range of areas including mental health, child health and well-being, and Aboriginal health.

Transformation of antenatal clinic with culturally and linguistically diverse cohorts

Canterbury Hospital conducted a project to transform their antenatal clinic. The hospital is located in a highly culturally and linguistically diverse (CALD) area.

With input from community organisation and consumers, the clinic was transformed to focus on patients and equip staff with the resources to support CALD patients. The transformation has seen improvements in staff and patient satisfaction scores and is expected to be rolled out to other facilities.

Connecting dental patients with healthcare cards to other services

Sydney Dental Hospital has a high proportion of patients with healthcare cards, many of whom are experiencing multiple forms of disadvantage.

Hospital staff often identify other service needs when they treat patients and will connect and refer patients to GPs, community services, legal services and other service providers. For many patients, the Dental Hospital is a gateway to other services they desperately need.