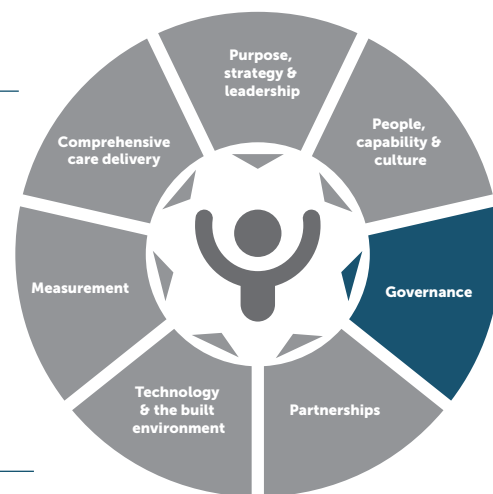


Fact sheet 5: Person-centred organisations

Attribute: Person-centred governance systems



A fact sheet for governing bodies and managers

This fact sheet provides information about one of the seven key attributes of high-performing person-centred healthcare organisations – **Person-centred governance systems**.

All attributes are interrelated and should be considered together as a framework for achieving great person-centred care.

This attribute focuses on embedding partnerships with patients, families and consumers and the application of person-centred perspectives to structures and processes across all levels of the organisation's governance.

Robust governance systems that are person-centred ensure that everyone in the healthcare organisation is accountable to the patients and the community that they serve, the delivery of care is safe, effective, integrated, high quality and continuously improving.

Key elements:

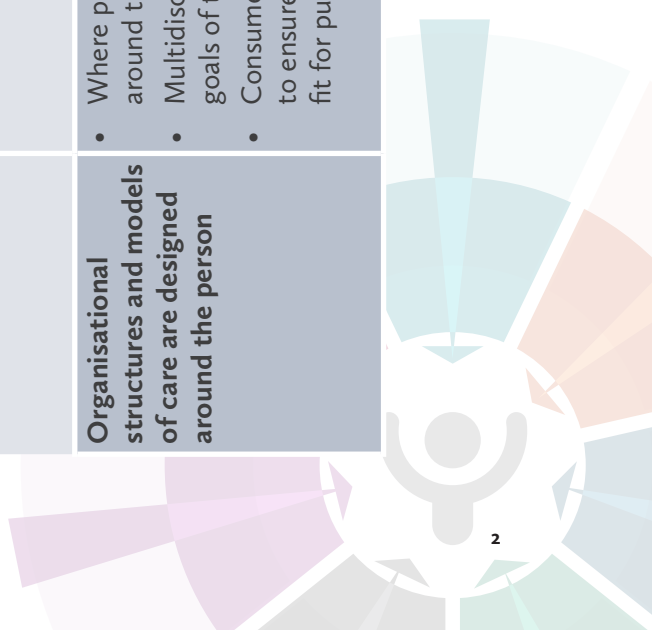
- Consumers and the community are involved in governance at all levels
- Consumers are trained and supported to meaningfully contribute
- Organisational structures and models of care are designed around the person
- There are clear accountabilities at all levels – from the board to the clinician
- Financial,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

“...if you want to have better care, you have to have people accountable for it. It's not rocket science – it's just basic management”

Healthcare organisation CEO,
(Cited in Luxford et al, 2015)

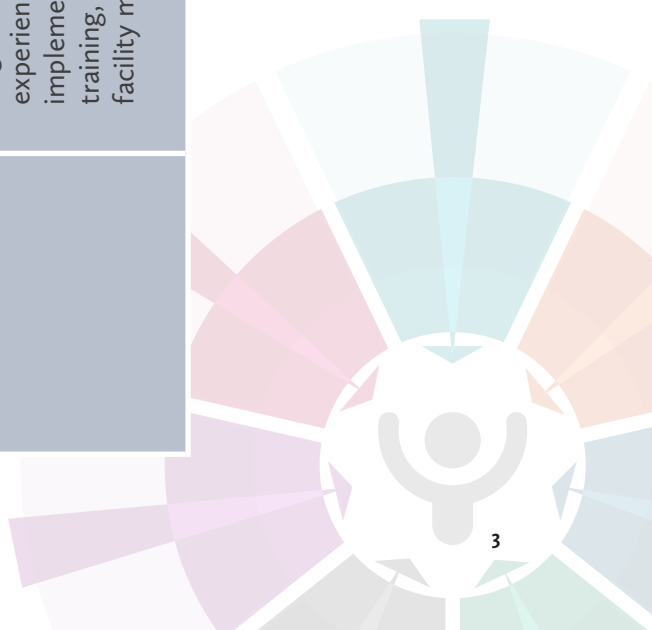
Is my organisation achieving this attribute?

Element	What can this look like?	Reflective questions
<p>Consumers and the community are involved in governance at all levels</p>	<ul style="list-style-type: none"> • Consumers contribute to governance, policies and planning. This can include meaningful governance roles for consumers; addressing and co-designing issues arising from complaints; and partnering in investigations when looking at adverse events or mistakes • Consumers are involved at a department and program level. This can include consumers being involved on interview panels; developing patient information; evaluating service performance; planning and designing services and the environment; and sharing patient stories 	<ul style="list-style-type: none"> • How are consumers involved in the governance of your organisation? Consider if they are involved in planning, design, implementation and evaluation of the services • What opportunities are available, at both an organisational and program level, for consumers to be involved in governance activities? • Who are your consumer representatives? Do they adequately represent the diversity of your patient population?
<p>Consumers are trained and supported to meaningfully contribute</p>	<ul style="list-style-type: none"> • Consumer representatives are treated with respect and their role is valued. • Consumer representatives are provided with professional orientation, training and ongoing support regarding their role within the organisation • The consumer perspective is incorporated into workforce training 	<ul style="list-style-type: none"> • What sort of recruitment processes are used to fill the consumer representative role/s? Are they formalised? Do they identify the individual skills and perspective needed? • How does your organisation support consumer representatives? Do you provide education, training and ongoing support? • Are perspectives from patients and consumers incorporated into your organisation's workforce training?
<p>Organisational structures and models of care are designed around the person</p>	<ul style="list-style-type: none"> • Where possible, healthcare units and wards are organised around the patient and their goals of care • Multidisciplinary teams work in collaboration to achieve the goals of the patient • Consumers co-design, co-produce and user-test patient information to ensure patients are provided with information that is fit for purpose 	<ul style="list-style-type: none"> • What do your current models of care look like? • Are there opportunities for greater teamwork, or for care to be more organised around the goals of the patient? • How do you develop your patient information? Do you have consumers involved?



Is my organisation achieving this attribute?

Element	What can this look like?	Reflective questions
<p>There are clear accountabilities at all levels – from the board to the clinician</p>	<ul style="list-style-type: none"> Accountability for person-centred care is linked to the roles and responsibilities of everyone across the organisation, from the board, to the clinical, corporate, and non-clinical workforce Executive sponsorship of, and commitment to, person-centred care approaches is a key driver for success Position descriptions and performance review processes include accountability for delivery (and enabling the delivery of) person-centred care. There is an explicit statement about what the role is, and the individual's accountability for person-centred care 	<ul style="list-style-type: none"> Does your board receive reports or measures about patient experience? Do your position descriptions (for the executive, clinical and non-clinical workforce) explicitly include roles and responsibilities in relation to the delivery of person-centred care? Do your performance review processes (including performance management, reward and recognition) include accountability for delivery (or enabling delivery of) person-centred care?
<p>Financial, strategic and operational decisions and processes are person-centred</p>	<ul style="list-style-type: none"> Members of the board consider person-centred outcomes and experience measures equally alongside clinical, financial and organisational performance Strategic and operational decision making considers the patient experience There is long-term commitment and investment in improving the delivery of person-centred care Organisational processes are co-designed and consider patient experience. This includes consumer involvement in the development, implementation and evaluation of human resources and workforce training, communications, quality and safety, research and facility management 	<ul style="list-style-type: none"> Does your board consider person-centred outcomes and measures in their meetings? How are person-centred care principles incorporated into executive decision making? Consider if starting meetings with a patient story would be helpful How are patients, families and consumers involved in the design, implementation and evaluation of operational processes?



Excelling in this attribute will help you meet some of the requirements in the National Safety and Quality Health Service (NSQHS) Standards (second edition)

Some of the main NSQHS Standard actions that relate to this attribute include:



Clinical Governance Standard

- Governance, leadership and culture (1.1, 1.2)
- Management and executive leadership (1.3, 1.4, 1.5)
- Clinical leadership (1.6)
- Safe environment (1.29, 1.30, 1.31, 1.32, 1.33)



Partnering with Consumers Standard

- Clinical governance and quality improvement systems to support partnering with consumers (2.1, 2.2)
- Partnerships in healthcare governance, planning, design, measurement and evaluation (2.11, 2.12, 2.13, 2.14)



Comprehensive Care Standard

- Designing systems to deliver comprehensive care (5.4)

Helpful resources

National Model Clinical Governance Framework and factsheets: provides a consistent national framework for clinical governance that is based on the National Safety and Quality Health Service Standards.

www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Model-Clinical-Governance-Framework.pdf

www.safetyandquality.gov.au/publications/national-model-clinical-governance-framework-fact-sheets

Organisational self-assessment survey for consumer engagement – Cancer Australia:

https://consumerinvolvement.canceraustralia.gov.au/assets/involve/files/doc-lib/accessible/service_managers/m9-47_checklist_organisationalselfassessmentsurvey_2.pdf

Guide for engaging with consumers and the Community – SA Health

www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline_Guide+for+Engaging+with+Consumers+and+Community_Oct2015.pdf?MOD=AJPERES&CACHEID=f8d1d0004e454788aa0caf8ba24f3db9

Getting started toolkit – a guide for health staff working with consumer representatives – Health Issues Centre

www.healthissuescentre.org.au/health-services/consumer-engagement-guide/getting-started-toolkit/

Experience-based co-design toolkit – The King's Fund (UK)

www.kingsfund.org.uk/projects/ebcd



References

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards (second edition). Sydney; ACSQHC, 2017.
2. Planetree. Person-Centered Care Designation Criteria. Available from: http://planetree.org/wp-content/uploads/2017/04/Planetree_Designation-4-5-17.pdf USA: Planetree; 2017.
3. Institute for Patient and Family-Centered Care. Advancing the practice of patient and family-centred care in hospitals. Updated January 2017. Available from: http://www.ipfcc.org/resources/getting_started.pdf IPFCC; 2017.
4. The King's Fund. Patient and Family-Centred Care Toolkit. Available from: <https://www.kingsfund.org.uk/projects/pfcc> London: The King's Fund; 2017.

