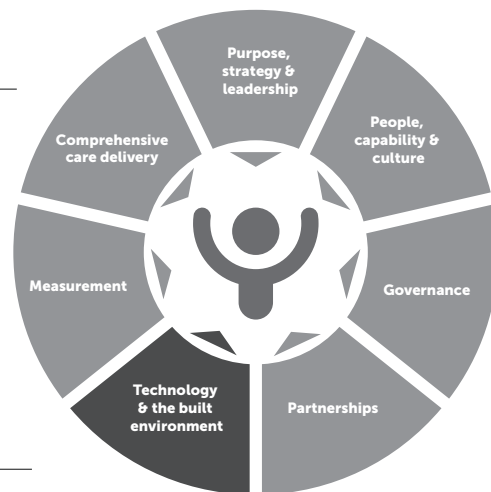


Fact sheet 7: Person-centred organisations

Attribute: Person-centred technology and built environment



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 technology and the built environment.

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

This attribute focuses on ensuring that the environment for care, together with the use of technology, supports the delivery of person-centred care. While resources for both are often limited, good physical design principles and innovative digital technology are able to be applied in any organisational setting.

Fostering a person-centred care environment can involve a range of simple to more complex strategies. By considering how the environment and technology can influence care, even simple changes can help improve the patient experience.

It is important that technology is used as an enabler for person-centredness and not a replacement for people, culture and capability.

Key elements:

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

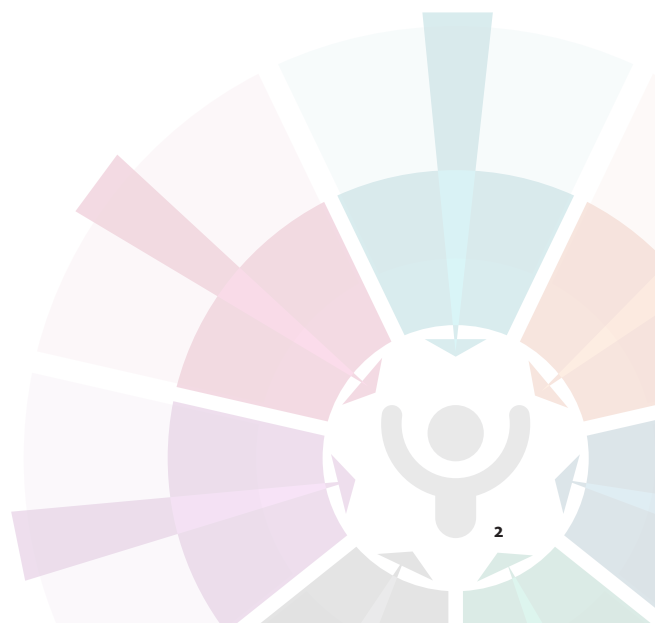
“It’s not the physical appearance that seems to matter the most. It is how patients and staff are treated and supported”

Staff member,
Carolinas Medical Center - Mercy, United States

Table 1 outlines how person-centred design principles can be applied to the built environment.

Table 1: Features of a person-centred built environment

Feature	Description
The built environment takes a holistic approach to health and wellbeing	<ul style="list-style-type: none"> • Access to natural light • Promotion of outdoor space and opportunities to access them, such as grounds, breakout spaces, gardens, drink stations and courtyards • Rooms are designed to support patient modesty and dignity
The built environment is welcoming and feels safe	<ul style="list-style-type: none"> • There is easy and convenient access to building(s) • There are wayfinding strategies and tools, and they give clear and understandable directions for patients/residents and visitors to reach their destinations. Wayfinding strategies and tools think about the patient journey in its entirety, and consider consistency in approach and naming conventions • There is appropriate security where it is required
Spaces are designed to facilitate patient and family engagement	<ul style="list-style-type: none"> • Incorporation of spaces that comfortably accommodate the presence of family and friends, such as designing patient rooms with ample space, seating and overnight accommodation to encourage a family's presence • Use of space and meeting places to promote patient and family engagement and involvement in improvement activities
Design of spaces promotes partnerships and equality between patients and care teams	<ul style="list-style-type: none"> • Organising consultation spaces to 'level the playing field' between doctors and patients by replacing traditional big desks that create distance with couches, small tables, or arm chairs that promote connection
Physical barriers are minimised to promote communication	<ul style="list-style-type: none"> • Adopting decentralised, open nursing stations that increase the visibility and accessibility of personnel
The environment empowers patients and it feels like 'their own' space	<ul style="list-style-type: none"> • Patients are able to freely move around the site (particularly important for longer term or regular visitors) • Patients and families are involved in environment design



Is my organisation achieving this attribute?

Element	What can this look like?	Reflective questions
<p>Person-centred design principles are applied to the built environment (see Table 1)</p>	<ul style="list-style-type: none"> The built environment takes a holistic approach to health and wellbeing The built environment is welcoming and feels safe Spaces are designed to facilitate patient and family engagement Spaces promote partnership and equality between patients and care teams Physical barriers are minimised to promote communication, such as open nursing stations The environment empowers patients and the space is made to feel like 'their own' 	<ul style="list-style-type: none"> Consider the features of a person-centred care built environment in Table 1. How does your organisation perform against each feature? Consider input from patients and consumers when designing new, or renovating existing, facilities
<p>Healthcare organisations are pragmatic and innovative where resources are limited</p>	<ul style="list-style-type: none"> 'Making the most of what you have' – a focus on how to make use of the existing physical space to increase patient and family engagement, promote partnerships between patients and care teams, and enhance patient empowerment. This may include wayfinding, use of colour, re-organising furniture and re-thinking who needs to be included as part of the care team 	<ul style="list-style-type: none"> What current opportunities are available in your organisation to encourage a person-centred environment? Are there innovative ways to use your existing physical space to promote patient and family engagement? Ask your patients
<p>Technology must actually enhance patient experiences and outcomes, but also not be relied upon alone</p>	<ul style="list-style-type: none"> Use of technology is driven by the goal of improving patient experience and outcomes There is secure, reliable technology systems and robust information and data management Technology facilitates transparency, information sharing and greater coordination and collaboration Technology enhances patient and family experience, and supports self-management of care 	<ul style="list-style-type: none"> How does your organisation's technology (or technology interventions) enhance patient experience and outcomes? Think about everyday technologies, such as alarms and monitoring devices What systems and processes does your organisation have in place to monitor and assess technology risks? How does your organisation build workforce capability and willingness to use new technologies?



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

- Risk management (1.10)
- 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)

Helpful resources

Improving your organisation's health literacy environment: A series of fact sheets developed by the Commission that provide a range of tools and examples to help the workforce plan how to improve their organisation's health literacy environment.

www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/tools-and-resources-for-health-service-organisations/

Person-centred environment audit tool for hospitals – Planetree:

<http://planetree.org/person-centered-environment-audit-tool-for-hospitals>

Safety in e-Health: Information on the Commission's Safety in e-Health programs:

www.safetyandquality.gov.au/our-work/safety-in-e-health

References

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3. Constand MK, MacDermid JC, Dal Bello-Haas V and Law M. Scoping review of patient-centered care approaches in healthcare. BMC Health Services Research. 2014; 14: 271.

