

Partnering with Consumers Case Study:

John Fawkner Private Hospital

Person-centred approaches and consumer partnerships

Person-centred approaches and strong consumer partnerships are critical for delivering care that meets people's needs, achieving better health outcomes for communities and ensuring better value for health services. They also underpin the Partnering with Consumers Standard of the National Safety and Quality Health Service Standards. However, each health service organisation is on its own journey and must determine what strategies work best for their local communities and service delivery contexts.

This case study is one of eight, designed to assist other health services working to embed person-centred care. It highlights the person-centred approaches and strategies that John Fawkner Private Hospital uses to partner with consumers, including:

- A.** Using consumer engagement plans that build on strong family culture and support a systematic approach to partnering with consumers
- B.** Caring for patients and their carers and families during the COVID-19 pandemic
- C.** Developing a program to embed person-centred care systems and practices
- D.** Supporting person-centred care for older people
- E.** Encouraging the support services workforce to use feedback to improve processes and play an active role in person-centred care.

These themes and good practice examples have been aligned with the four criteria of the Partnering with Consumers Standard, and the seven attributes of high-performing person-centred healthcare organisations (the attributes), which are detailed below.



Snapshot of John Fawkner Private Hospital

Where	What	Whom
 <p>Medium-sized private hospital in the inner northern suburbs of Melbourne</p> <p>Part of Healthscope Hospitals</p>	 <p>Offers specialist medical and surgical services, emergency and critical care, and ambulatory and community-based care</p>	 <p>Community is culturally diverse</p> <p>Many patients are older</p> <p>Many patients have chronic and complex health conditions</p>

Overview

John Fawkner Private Hospital, part of Healthscope Hospitals, provides services to a culturally diverse community, and many patients are older and/or have complex or chronic conditions. In its original 2018 case study, the workforce spoke extensively about the hospital's strong culture, with patients cared for 'as part of our family'. Since then, the hospital has been through a major redevelopment. It now has critical care, inpatient, day surgery and operating facilities, and more upgrades are happening. During this growth, the hospital has worked hard to maintain its sense of family and strong focus on person-centred care, partially through its Back to Bedside program, consumer engagement strategies and workforce culture. Delivering person-centred care was particularly evident in 2020, when the hospital cared for many people from aged care homes with COVID-19 amid strict lockdowns and visitor restrictions.

A. Using consumer engagement plans that build on strong family culture and support a systematic approach to partnering with consumers

Criterion



Partnering with consumers in organisational design and governance

Attribute



Purpose, strategy and leadership

During the hospital's redevelopment, patients and the hospital workforce were concerned that the expansion would undermine the hospital's culture. However, both the workforce and consumer representatives believe the hospital has maintained its strong culture. This is backed by survey data; between 2018 and 2019, the hospital maintained an average overall patient satisfaction of 85.3%. Patients also continued to highly recommend the hospital to friends and colleagues. These outcomes are largely due to the efforts of consumer representatives, leaders and the workforce across the hospital.

The high patient satisfaction outcomes are also a result of a dedicated focus on implementing a series of consumer engagement plans. These have provided

a coordinated way to plan, implement and evaluate activities for consumer partnership, and enhance person-centred care at all levels of the organisation. The plans are informed and supported by Healthscope, which has an overarching consumer partnership plan (Figure 1), as well as tools and training programs for consumer representatives and members of the workforce.



It feels like a country hospital in the city.

– Clinician

Figure 1: Strategies in Healthscope's 2020–2023 consumer partnership plan



A structured Consumer Consultant Program is a key part of the consumer engagement plans. This program includes dedicated training for consumer consultants, whose responsibilities include:

- Conducting surveys
- Participating in committee meetings
- Reviewing publications
- Educating members of the workforce
- Assisting with accreditation.

Consumer consultants rate the program highly and believe their work contributes to improving the quality of services. In 2018, only 52.5% of the hospital workforce reported that they understood the role of the consumer consultant. As a result, the hospital is working to improve relationships between consumer consultants and the workforce.

The hospital is also looking to increase engagement with consumers from culturally and linguistically diverse backgrounds and Aboriginal communities. Recruiting consumer consultants from these groups has been a challenge, but the hospital is addressing this by building relationships with local community organisations and leaders. The hospital also produces consumer publications in several languages and has a culturally and linguistically diverse workforce.

B. Caring for patients and their carers and families during the COVID-19 pandemic

Criterion



Partnering with patients in their own care

Attribute



Comprehensive care delivery

John Fawcner Private Hospital demonstrated leadership in delivering person-centre care through the strictest and longest COVID-19 related lockdowns in Australia. The hospital also cared for many people living in aged care and who were infected with COVID-19 during the peak outbreaks in aged care homes.



We made a decision early on as an executive group that no patient should die alone during COVID ... to the extent possible, if someone was going to die, they would have family with them.

– Executive team member

From the beginning, leaders and the workforce prepared not just for the expected increase in demand, but also for how they would deliver person-centred and compassionate care under strict lockdowns and visitor restrictions.

Staffing models were changed, with extra nurses rostered on so they could spend more time with patients. A concierge was employed in the main reception to help patients, carers and families navigate visitor restrictions and social distancing requirements. Patient experience surveys were monitored closely and used to inform updates to COVID-19 processes, such as better signage and more frequent communication with patients, carers and families.

Communication during COVID-19 was a major challenge. Some carers and families felt they were not getting enough information about their loved ones, particularly those in the intensive care unit. The hospital responded with a major focus on improving communication. Doctors and other members of the workforce were encouraged to make regular phone calls to carers and families to keep them updated. The hospital also supplied iPads to patients that allowed virtual visits with carers and families. This was particularly important for older patients who did not have smartphones, and for critically ill patients who required support from members of the workforce for video calls.

Communication among the workforce was also important. The hospital held frequent executive meetings and forums with the workforce to:

- Prepare for the continued response to the pandemic
- Provide updates on key developments
- Monitor emerging challenges in the hospital
- Respond rapidly to changes to ensure quality and compassionate care for patients, and their families and carers.

C. Developing a program to embed person-centred care systems and practices

Criterion



Clinical governance and quality improvement systems to support partnering with consumers

Attribute



Measurement

Attribute



Comprehensive care delivery

Back to Bedside is a person-centred care program developed by Healthscope. Launched in July 2018, it is designed to embed person-centred care systems and practices across Healthscope hospitals. Leaders at all levels of the hospital have played an important role in the successful rollout of the Back to Bedside program. They promote the program to the workforce, translate key strategies to the hospital's context, and model many behaviours encouraged by the program (for example, through executive rounding). The program has three parts:

- Rework projects so tasks are not duplicated, which makes more time for one-on-one patient care
- Always Events for workforce-patient interactions; these vary for different roles, but for nurses include standard communication, patient rounding, bedside handover, using patient care boards and acts of kindness
- Feedback loops using 'patient truths', captured in real time using surveys and Qualtrics software to measure and drive improvements.

The program supplied the John Fawcner Private Hospital workforce with practical strategies for providing safe, high-quality, person-centred care. A key focus has been on personal stories and regularly asking patients what matters to them. This has allowed members of the workforce to gain a much deeper understanding of their patient's values and goals of care. As a result, they can better coordinate the care they provide.



Executive rounding is ongoing – this isn't just the chief executive officer or director of nursing 'having a chat' with the patients. It's checking that the care boards are up to date; it's checking with the patient that they know who their doctor is, if they are satisfied with their care.

– Executive team member

Survey data has shown improvements in patient experience since the Back to Bedside program was launched. Between 2018 and 2019, the overall rating for quality of treatment and care increased by 9.6%, from 77.2% to 84.6%. Significant improvements were also found for patients receiving bedside handover (an increase of 27.3%), patient rounding (an increase of 4.5%) and use of patient care boards (an increase of 8.4%).

D. Supporting person-centred care for older people

Criterion



Partnering with patients in their own care

Attribute



Comprehensive care delivery

John Fawcner Private Hospital services an area with a large population of older people. Partnering with the older members of the community has been a core part of the hospital's consumer engagement plans

and broader approach to person-centred care. Many initiatives have been implemented to improve the safety and quality of care for older patients, and their carers and families (Table 1).

Table 1: Initiatives to support person-centred care for older members of the community

Initiative	Description
Older people represented among consumer consultant positions and on safety and quality committees	Around half of John Fawcner's consumer consultants are older people. They play an active role in communicating with older patients and understanding their care needs, as well as providing advice at the various committees they sit on. This includes the Quality/Consumer Forum, Safety Working Party, Medication Safety Committee, Falls/Cognition Working Party and Acute Deterioration/End of Life Care Working Party.
Older volunteers to support patients	There are many older people represented among the hospital's volunteers. These volunteers help others to navigate the hospital, share information, engage socially with patients (like talking, reading and playing games), assist with meals and communicate any patient concerns to members of the workforce.
Strong relationships with aged care homes	John Fawcner Private Hospital has developed close relationships with aged care homes in the area. This was particularly important during the COVID-19 outbreaks, when many people with COVID-19 were transferred from aged care homes to the hospital. The hospital and aged-care workforce have had a strong focus on discharge processes, ensuring that patients are discharged to facilities that meet their cultural and religious needs and have a smooth progression of care.
Enhanced communication with carers and families of older patients	Members of the workforce collaborate closely with the carers and families of older patients to understand their likes and dislikes, how to keep them orientated to their hospital surroundings, and how to meet their care needs. This is particularly important for patients with chronic conditions and cognitive impairment who may struggle to communicate their preferences and care goals.

E. Encouraging the support services workforce to use feedback to improve processes and play an active role in person-centred care

Criterion



Partnering with patients in their own care

Attribute



Measurement

Under the leadership of the support services manager, the support services team have implemented a number of changes to improve the quality of their services and encourage a friendly 'customer service' approach to interacting with patients, and their families and carers.

Patient feedback has been key to informing improvements in processes for orderly transfers, catering, equipment sterilisation and other services. For example, a new orderly checklist booklet (Box 1) has been developed that makes it easier to track the movement of patients through the hospital.



[The patient transfer booklet] makes them feel safe. It assures them that there are checks being done and that they are being sent to the right place.

– Shared services manager

The feedback process has been simplified so that it is easier and quicker for patients to provide suggestions. For instance, short feedback forms are provided at every meal (Figure 2). Feedback is reviewed immediately.

The hospital has focused on improving relationships between support services and the clinical workforce to ensure better care for patients. There has also been a focus on improving the happiness and wellbeing of the support services workforce, in line with evidence that workforce satisfaction contributes to improved patient outcomes. The support services manager noticed that some staff, particularly cleaners, seemed unhappy. A trial was started to identify ways to increase job satisfaction. This has led to more on-the-job training (including a certificate for participants after accredited education), improved processes and a shift in culture, with staff focused on patient care rather than their part of the ward.

Figure 2: Patient feedback form

Name: _____

Ward: _____ Room Number: _____

Can we improve our support services?

How would you rate the quality of your meal?

☐ Excellent ☐ Average ☐ Poor

Please circle your response to the following questions on a rating of 1-5 (1 being the least and 5 the best)

How did you enjoy your meal?

1	-----	2	-----	3	-----	4	-----	5
poor		average		good		very good		excellent

How did our support services team perform?

1	-----	2	-----	3	-----	4	-----	5
poor		average		good		very good		excellent

How would you rate the cleanliness of your room?

1	-----	2	-----	3	-----	4	-----	5
poor		average		good		very good		excellent

Comments:

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Thank you for taking the time to provide us with your feedback.

 **John Fawcner**
PRIVATE HOSPITAL

Box 1: Using the orderly checklist booklet to support patient-centred transfer across the hospital

John Fawkner Private Hospital recently developed a formal orderly checklist booklet (Figure 3) to support patient tracking and transfers across the hospital. It was created by the support services team in response to the challenges associated with using an informal, sticky note-based system to track patient transfers.

The booklet includes patient details such as:

- Name, date of birth and unique identifier
- Pick-up location and destination
- Requirements, such as the need for a wheelchair or intravenous pole.


It also has space to confirm that an ID check has been performed. A similar booklet was developed specifically for X-ray orderlies.

The orderly checks the booklet when picking up the patient from the ward and fills in all relevant information. The booklet is left with the patient. When the next orderly arrives to transfer the patient, the booklet is checked and filled again. These checks and notes are done in front of the patient.

Patients have told the support services team that the booklet has enhanced their experience in the hospital. It reassures them that they are being taken to the right place and for the right procedures.

The hospital has found the booklets particularly useful during the COVID-19 pandemic. As a clearly written record of how patients have moved across the hospital, they allow potential positive COVID-19 cases (and their contacts) to be tracked.

Figure 3: John Fawkner Private Hospital orderly checklist booklet

 John Fawkner PRIVATE HOSPITAL	
<h2 style="margin: 0;">HOSPITAL ORDERLY CHECKLIST</h2>	
Date booklet commenced: ____/____/____	
Date booklet completed: ____/____/____	

Attach patient identification label	
UR Number: Surname: Name: Date of Birth: Gender: Dr:	Patient Details
Patient Alerts <input type="checkbox"/> Falls Risk <input type="checkbox"/> Infectious Prec <input type="checkbox"/> Mental Health <input type="checkbox"/> Other	

Pick Up Location: <input type="checkbox"/> Theatre <input type="checkbox"/> Recovery <input type="checkbox"/> ED <input type="checkbox"/> Radiology <input type="checkbox"/> ICON <input type="checkbox"/> Front Reception <input type="checkbox"/> DPU <input type="checkbox"/> 1W <input type="checkbox"/> 2W <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> ICU <input type="checkbox"/> CCU <input type="checkbox"/> 4 th Floor <input type="checkbox"/> Cardiology <input type="checkbox"/> Other:		
Destination Location: <input type="checkbox"/> Theatre <input type="checkbox"/> Recovery <input type="checkbox"/> ED <input type="checkbox"/> Radiology <input type="checkbox"/> ICON <input type="checkbox"/> Front Reception <input type="checkbox"/> DPU <input type="checkbox"/> 1W <input type="checkbox"/> 2W <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> ICU <input type="checkbox"/> CCU <input type="checkbox"/> 4 th Floor <input type="checkbox"/> Cardiology <input type="checkbox"/> Other:		
Patient Requirements / Recommendations: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking <input type="checkbox"/> Bed <input type="checkbox"/> IV Pole <input type="checkbox"/> Medical Records / Request Slip <input type="checkbox"/> O ₂ - If yes, <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Mask O ₂ l/min		
3 ID Check performed: <input type="checkbox"/> Yes <input type="checkbox"/> No INITIAL:	Nurse Escort: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME: TIME: COMMENT:

Find out more

Further information and resources on the attributes of high-performing person-centred health service organisations, the Partnering with Consumers Standard and the development of the case studies include:

- [Person-centred healthcare organisations](#)
- [National Safety and Quality Health Service Standards](#)
- [2018 case study: John Fawcner Private Hospital](#)
- [John Fawcner Private Hospital](#).

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