

# Person-centred care insights

Welcome to the eighth edition of Person-centred care insights, our first for 2026. We were thrilled by the overwhelming response to our previous edition – so much so that we didn't need to call for content this issue.

This edition brings together a rich mix of contributions that highlight a diverse range of person-centred care stories from across health services and settings. Explore these stories and see how person-centred care is making a difference every day.

In this edition:

- Local updates and innovations
- New resources
- Events and news
- Publications.

Inclusion of a program does not imply an endorsement from the Commission, but we hope you will find these stories inspiring and insightful.

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## Local updates and innovations

### **Know Me Later: An educational program supporting clinicians to effectively communicate and engage with adolescents**

#### **The Royal Children's Hospital, Melbourne**

Know Me Later is a groundbreaking training initiative developed by the Royal Children's Hospital's (RCH) Allied Health Clinical Education team to transform how clinicians engage with adolescent patients. Co-designed with young people, families, and healthcare professionals, the program puts lived experience at the heart of healthcare education.

Through a dynamic blend of pre-learning, youth-led workshops, and expert panels, the program equips clinicians with the confidence and skills to communicate with adolescents in respectful, developmentally appropriate, and culturally safe ways.

Adolescents navigating chronic illness, cultural diversity, or marginalisation often feel unheard in healthcare settings. Know Me Later bridges this gap by amplifying youth voices and fostering authentic, empathetic clinician-patient relationships.



### What's changed:

- Clinicians report increased confidence and stronger communication with adolescent patients.
- Youth facilitators are empowered with advocacy skills and a platform to shape care.
- The program is now a core part of workforce training at RCH, setting a new standard for value-based, person-centred care.

The result is a healthcare culture where young people feel seen, heard, and respected, and where clinicians are better equipped to meet their unique needs.

Contact [alliedhealth.education@rch.org.au](mailto:alliedhealth.education@rch.org.au) to find out more.

## **Leading with heart: MacLean District Hospital commitment to culturally safe care**

### **Maclean District Hospital**



Susan Walker, Deputy Director of Nursing at Maclean District Hospital and a proud Aboriginal woman, is a key leader in providing culturally safe, person-centred care on Bundjalung, Gumbaynggirr, and Yaegl Country. Strongly connected to her community, Susan works closely with local Elders and Aboriginal mobs to ensure their voices are central in care planning and decision-making.

As a midwife, Susan is passionate about improving the health and wellbeing of Aboriginal women and children. She leads initiatives that embed culture throughout the hospital environment, including Aboriginal-designed work shirts, participation in yarning circles, smoking ceremonies, and the recruitment of Aboriginal staff.

These efforts create a welcoming and respectful space that honours culture and strengthens trust between the hospital and local Aboriginal families. Susan's leadership highlights the importance of cultural connection in healthcare and inspires the broader team to deliver care that respects identity, community, and Country.

### **Top tips and lessons learned**

- Cultural safety starts with listening.
- Empower local voices at every step of care.
- Leadership is most powerful when it walks with community.

Contact [susan.walker@health.nsw.gov.au](mailto:susan.walker@health.nsw.gov.au) if you would like to know more.

## **Tell Her From Me: Connecting women through stories**

### **Central Coast Cancer Centre- CCLHD**

[Tell Her From Me](#) (THFM) is a patient-centred, NSW Health KindLAB initiative developed by two Oncology Social Workers at Central Coast Local Health District's (CCLHD) Central Coast Cancer Centre.

Recognising the challenges faced by women undergoing gynaecological cancer treatment, THFM empowers women finishing treatment to share reflections, wisdom, and encouragement with the next patient beginning treatment in the form of anonymous card writing.

TFHM fosters connection, reduces isolation, and highlights the strength and resilience of women navigating cancer treatment. THFM champions consumer partnership and inclusivity in cancer care.



Feedback includes participants reporting emotional relief and empowerment, while recipients express comfort and connection. By sharing the wisdom of those who have had treatment, we cultivate kindness but also collect rich qualitative data to drive higher quality psychosocial care. THFM has developed a toolkit to enable other clinicians to roll out similar programs for their patient groups.

#### **Top tips and lessons learned**

- You don't need big budgets or perfect plans.
- Try something new.
- Trust in the strength of your clients and believe in the power of words written in kindness.

Visit [Tell Her From Me](#) to find out more, or contact [louise.cowdery@health.nsw.gov.au](mailto:louise.cowdery@health.nsw.gov.au) or [cindy.lyons@health.nsw.gov.au](mailto:cindy.lyons@health.nsw.gov.au)

## **Bridging intent and experience: A reflective tool for person-centred communication**

### **Western Sydney Local Health District (WSLHD)**

What it Means and How it Seems is a simple, yet powerful tool designed to close the gap between what health services intend to communicate and how patients and families perceive that communication. By encouraging staff reflection and dialogue with consumers, the tool strengthens health literacy, builds cultural humility, and fosters patient centred care.

In 2024, the tool was embedded in community palliative care training across Western Sydney, reaching 108 clinicians, 99% of whom found the session directly relevant to their practice. Case-based discussions helped staff explore how culture shapes care preferences, boosting confidence in engaging diverse communities.



To date, over 600 health staff and 50 consumers have used the tool. It is now embedded in leadership development, self-management policy, and health literacy initiatives across NSW.

#### **Top tips and lessons learned**

- Cultural safety is a practice, not just a principle.

- Reflection strengthens understanding.
- Don't just inform, explore meaning together.
- Co-creation builds trust and feedback makes it meaningful.

Visit <https://www.health.nsw.gov.au/awards/2025/Pages/what-it-means.aspx> to find out more.

## Gold Coast art classes help brush pain aside

### Gold Coast Primary Health Network

Living with chronic pain can feel isolating, but for Gold Coaster Kay Ritchie, art has become a lifeline. After a shoulder operation, knee replacement, broken humerus and hand palsy following a serious fall, Kay joined the Turning Pain into Gain program, delivered by PainWISE and funded by Gold Coast Primary Health Network.

The program focuses on the person at its core, blending education, peer support, psychological care and art therapy to help participants understand and manage persistent pain.



**During a recent art therapy class attended by 15 people, Kay said:**

Right from the start, it was one of the most uplifting things I've ever done. I realised I wasn't alone. We laugh, we joke, and for a while, we forget the pain.

Exercise physiologist Katherine Ma said the sessions help participants build self-management skills and confidence.



**Artist and tutor Suzy Weeks, who also lives with chronic pain, says creativity can transform people's outlook:**

Art helps us share our experiences and connect with others who truly understand.

PainWISE founder Joyce McSwan agrees that connection is a big part of the program, explaining the goal of the program is to support people with compassion and the belief that they can live well, despite pain.

#### Top tips and lessons learned

- Person-centred treatment is essential when dealing with persistent pain.

Contact [kerrym@gcphn.com.au](mailto:kerrym@gcphn.com.au) to find out more.

## Co-designing accessible training resources for consumers

## **Surgical Treatment and Rehabilitation Service (STARS), Metro North Health**

When consumers first joined the STARS Consumer Network, many told us that mandatory training was difficult to understand and often felt overwhelming, especially during orientation. Much of the training had been designed for hospital staff, not for people from the community.

We listened to these experiences and worked alongside consumers to understand what needed to change, including the public sign-up process. Through co-design workshops, patient partners, infection prevention and control experts and hospital staff shared ideas and tested new approaches together.

Through this person-centred approach, we developed new mandatory infection prevention and control training materials that were clearer and more accessible. These co-designed resources helped to reduce anxiety for consumers, improve understanding, and support greater participation.

### **Top tips and lessons learned**

- Existing processes can make it hard for consumers to get involved.
- Onboarding processes need to better reflect consumer experiences and support diverse patient needs.
- Infection prevention and control training for consumers who partner with the hospital, needs to be clear and easy to understand.

Contact [lisa.anemaat@health.qld.gov.au](mailto:lisa.anemaat@health.qld.gov.au) if you would like to know more.

## **Unfolding narratives: Using person-centred films to encourage empathy and compassion in nursing**

### **School of Nursing and Midwifery, Western Sydney University**

Empathy and compassion are vital for person-centred care, enabling nurses to develop effective therapeutic relationships with patients and their families. Without these attributes care becomes dehumanised, and task orientated, increasing the risk of preventable harm.

If a person is distressed or is experiencing conditions such as dementia, delirium or mental illness, developing therapeutic relationships becomes more complex. Further education is required to foster empathetic and compassionate communication with vulnerable groups.

Our project addressed this need by developing four co-designed short films with researchers, clinicians, a theatre professional and filmmakers. The films present clinical scenarios that demonstrate how empathy and compassion improve health outcomes for the person in care. Used in educational settings, the films encourage pre-registration and registered nurses to reflect on their responses to patients experiencing distress or cognitive challenges. This fosters a deep understanding of how empathy and compassion in care improves health outcomes.



## Top tips and lessons learned

- Creating short films for nursing education is an interdisciplinary process that requires collaboration between creative arts practitioners and nurses.
- Collaboration begins with the development of the concept, through the scripting writing phase, to the rehearsals and filming.
- Creative differences between arts practitioners, researchers and clinicians can be resolved through discussion, creating an engaging final product that is authentic and evidence based.

Contact [d.jefferies@westernsydney.edu.au](mailto:d.jefferies@westernsydney.edu.au) to find out more.

## Embedding the consumer voice: New Women and Babies Hospital Project in Western Australia

### Government of Western Australia North Metropolitan Health Service

The [New Women and Babies Hospital Project](#) (NWBHP) is transforming maternity and neonatal care in Western Australia. The project includes building a new tertiary Women and Babies Hospital within the Fiona Stanley Hospital precinct in Murdoch to replace the existing King Edward Memorial Hospital (KEMH), the expansion of obstetric, gynaecological, and neonatal services at Osborne Park Hospital and the enhancement of neonatology services at Perth Children's Hospital.



Central to the project is a consumer-focused approach through meaningful consumer involvement in both infrastructure and service development. Consumer Leads are embedded in the project team contributing to planning, design, commissioning, and clinical service development. Their collective voices ensure the hospital meets the needs of women, babies, and the broader community. Consumer involvement has led to measurable improvements, for example:

- design enhancements that prioritise privacy, accessibility, and cultural safety
- service model adaptations that reflect lived experience, particularly for vulnerable populations.
- greater trust and transparency between the project and the community, fostering a sense of ownership and partnership.

The presence of Consumer Leads is empowering individuals and communities to actively participate in shaping the future of maternity and neonatal care in Western Australia, setting a precedent for future health infrastructure projects.

Learn more about the New Women and Babies Hospital Project [here](#) or contact [NMHS.ConsumersNWBHP@health.wa.gov.au](mailto:NMHS.ConsumersNWBHP@health.wa.gov.au) to find out more.

## **‘Scary needles’ are more than just a childhood fear: Reducing trauma and delays through person-centred care with children**

### **South Australia Medical Imaging**

South Australia Medical Imaging’s (SAMI) Fast Access and Advice for Intravenous Routes with Imaging service (FAAIRI) is the first nurse-led specialised service delivering safe vascular access for children in Australia, transforming the way intravenous (IV) needle care is delivered to babies and children. Recognising that repeated IV needle insertion attempts can be painful, distressing and traumatic – particularly for children with difficult intravenous access – this initiative prioritises the child’s experience, comfort and safety.



Using advanced ultrasound-guided techniques, 98% of patients get their intravenous needle inserted successfully from the first attempt. Families no longer need to watch their child endure multiple failed insertions, and children are spared avoidable discomfort and fear.

Importantly, the process enables early identification of children with known or predicted difficulty with intravenous access. Referrers can request the service before any attempts are made, allowing children to receive timely, skilled care – often within an hour – based on their individual needs rather than a trial-and-error approach.

Recognised by SA Health, the Women and Children’s Local Health Network and the Australian Council on Healthcare Standards awards, the FAAIRI service sets a new benchmark for compassionate, evidence-based paediatric care.

### **Top tips and lessons learned**

- Children’s safety and experiences are central to the FAARI initiative. Early referral before any attempts allows care to be tailored to the child’s needs.
- High success rate indicates improved safety, dignity and trust for children and families.
- Fewer IV attempts mean less trauma for patients and improved workflows, contributing to a more responsive and sustainable healthcare delivery.
- Training clinicians in ultrasound guided IV insertion has enabled a broader pool of skilled staff to support children with DIVA even after hours, reducing delays and complications.

Contact [kristy.taylor2@sa.gov.au](mailto:kristy.taylor2@sa.gov.au) to find out more.

## **The Patient Experience Playbook: A plug ‘n’ play approach to improving patient experience in oncology**

### **GenesisCare**

The Patient Experience Playbook is a hard copy interactive workbook and e-learning module that has been co-designed with people who have had a lived experience of cancer and its treatment.

The Playbook forms part of induction for new starters, covering what a positive patient experience looks like including:

- preferred communication styles with cancer patients, including disliked phrases or cancer cliches
- candid letters from patients to doctors about their experience of treatment
- how to co-design with consumers
- group work exercises such as empathy mapping; and much more.

Once the Patient Experience Playbook is read and understood by new starters, they are then asked to complete a mandatory (but engaging!) online e-learning module to ensure we can monitor and measure training compliance.

Patient experience  
**Playbook**



The goal with this program is to capture the hearts and mind of employees to ensure that people, processes and platforms support patient experience improvement, no matter how small.

The program has achieved over 90% compliance with this training and world class patient satisfaction ratings.

**Top tips and lessons learned**

- Identify simple KPIs to track and measure program success throughout the year such as e-learning compliance, patient satisfaction and employee engagement.

Contact [felicity.nevin@genesiscare.com](mailto:felicity.nevin@genesiscare.com) to find out more.

**Austin Health’s Consumer Collaborative**

**Austin Health**

Austin Health’s Consumer Collaborative (the Collaborative) is changing how Austin Health partners with consumers. Instead of asking for feedback at the end of a project, they are



engaging consumers from the pre-conception stage – before working groups are formed, documents are drafted, and key organisational publications are finalised. This approach is central to how the Collaborative operates.

Together, they explored what really matters to consumers and co-designed the foundations of the Collaborative. From these sessions, five key focus areas were developed: clarity; accessibility; risk; relevance; and feasibility. These now form a simple framework used

across Austin Health to guide early-stage design and communication projects.

The Collaborative has been endorsed by their Partnering with Consumers Committee as a standing mechanism for meaningful engagement under the Partnering with Consumers Standard. Always wanted to improve, the team is hoping to engage an expert in co-design.

**Top tips and lessons learned**

- Staff have found the forum practical, inclusive, and helpful for improving patient-facing materials.
- Both staff and consumers described the experience as positive and impactful.

- Consumers said they felt genuinely heard and respected; staff shared that the process has changed how they think about improvement work.

You can learn more here: [Austin Health: Becoming a consumer partner](#).

## Calvary Tasmania installs consumer representatives on all its governance committees

### Calvary Tasmania

In February 2025, Calvary Tasmania had two very engaged Consumer Advisory Groups – one in the north and one in the south. However, there was only one consumer representative on their National Safety and Quality Health Service (NSQHS) Standards Committee.

In August 2025, these groups amalgamated as a state-wide Consumer Advisory Committee. Their common goal is to support each other as consumer representatives and provide extra confidence to engage individually in NSQHS Standards Committees. Each of these members has undertaken orientation and is now being welcomed by their new committee.



The variety of the consumer representatives' lived experience makes them stronger.

Consumer representatives vary in age, gender, disability and have varied life stories.

### Top tips and lessons learned

- Provide consumer representatives with 'buddies' for support when dealing with complex healthcare language or clinical issues such as risks of infection prevention and control.
- There is power in numbers – being part of a wider team provides more support and is empowering – before it could be challenging to speak up on behalf of other consumers.

Contact [tony.brennan@calvarycare.org.au](mailto:tony.brennan@calvarycare.org.au) to find out more.

## New resources from the Commission

### Sepsis Easy Read Resources

The Australian Commission on Safety and Quality in Health Care (the Commission) has released three new resources in Easy Read following the Person-centred care in practice webinar, 'Inclusive Health Care for People with Intellectual Disability' on International Day of People with Disability. These resources have been designed to support the [NSQHS Standards User Guide for the Health Care of People with Intellectual Disability](#) but are relevant for many settings including primary care.



Resources have been developed for:

- [Good communication and positive behaviour support](#)

- [Transitions of care for people with intellectual disability](#)
- [Polypharmacy](#)

These resources aim to support people with intellectual disability as well as any other consumers who could benefit from the Easy Read format such as those with cognitive impairment. The resources are also digitally accessible for screen readers.

## Ask Share Know: Three simple steps to better healthcare decisions

The screenshot shows the 'Ask Share Know' form from the Australian Commission on Safety and Quality in Health Care. It is divided into three main sections: 'Ask...', 'Share...', and 'Know...'. The 'Ask...' section contains three numbered questions: 1. 'What are my options? (including what watch)', 2. 'What are the possible benefits and harms of these options?', and 3. 'How likely are each of those benefits and harms to happen to me?'. The 'Share...' section asks 'What did I tell the health professional?' with a sub-note '(e.g. interests, preferences, personal & family medical history)'. The 'Know...' section asks 'What do I do now?' with a sub-note '(At the end of the consultation make a note of what you have decided to do)'. The form footer includes the website 'safetyandquality.gov.au/askshareknow'.

Ask Share Know, developed by Dr Heather Shepherd and Dr Marguerite Tracy is a methodology to help consumers make shared decisions with their health professionals. The Ask Share Know methodology helps consumers:

1. **Ask** questions to help get information they need.

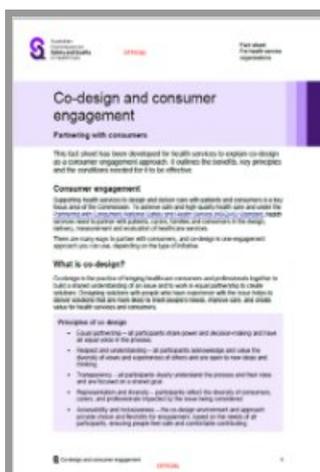
This could include: what are my options? What are the possible benefits and harms of these options? How likely are each of those benefits and harms to happen to me?

2. **Share** what matters to help make decisions for them. This could include sharing their values, goals and preferences that can be used when making decisions.

3. **Know** the options to help make a decision that is right for them.

A useful [summary sheet](#) can be used to help consumers during their appointments or discussions. Healthcare organisations can support these discussions by having the summary sheet available or sending it out with appointment letters ahead of time.

## New co-design resource hub



Delivering person-centred care is most effective when designed with the people who use it. That's what co-design is all about – bringing consumers and health professionals together to listen, learn and create better solutions that reflect what matters to people.

Co-design can sometimes be challenging, and health services often need clear, practical guidance to get it right. To support this, the Commission has launched a [resource hub](#), bringing together practical tools, templates and case studies. These resources aim to help health services to plan, carry out and strengthen co-design activities in practice.

Visit the [resource hub](#) or download the [Co-design and consumer engagement - Fact sheet](#) to learn more.

## Events and news

### **The National Indigenous Mental Health and Suicide Prevention Conference 24th–26th March 2026 | Adelaide**

The Australian Indigenous Psychologists Association (AIPA) will host the 2026 National Indigenous Mental Health and Suicide Prevention Conference in Adelaide from 24-26 March 2026.

While suicide prevention remains central, the conference will expand its focus to the wider mental health challenges faced by First Nations peoples, including social and emotional wellbeing, culturally safe care, systemic reform, and community resilience.

Guided by the theme “*Honouring our ways of knowing, being and doing: Leading transformative change in Indigenous suicide prevention and mental health*”, the conference will showcase culturally grounded, self-determined approaches and create space for shared learning, collaboration and leadership.

The program will bring together diverse voices to explore both the immediate and underlying drivers of Indigenous mental health and suicide, supporting meaningful change led by communities.

For more information, visit [National Indigenous Mental Health and Suicide Prevention Conference](#).

### **Making My Health Record work for you webinar series | Consumer Health Forum of Australia**

Consumer Health Forum (CHF), in partnership with Australia's Digital Health Agency and consumers with lived experience, is hosting a short, practical webinar series focused on using My Health Record.

Delivered across March, this two-part series aims to help participants to get started and provide a walkthrough of My Health Record. The first webinar was held on 2 March, and the second webinar will take place on 16 March at 1.30pm AEDT.

Reflections from a first-time user, including experiences and lessons learned, followed by responses to participant questions and feedback.

This interactive webinar series aims to build understanding and confidence in using My Health Record, and support consumers to take control of their health information.

For more information, visit the [Making My Health Record Work For You Webinar Series CHF webpage](#).

### **NSW Health Literacy Hub**

If you haven't yet explored this resource, visit the [health literacy hub](#) to see what is coming up this year. The webinars provide examples of ways to engage clinicians and health services in providing information that everyone can understand.

## Recent publications

Below are some recent publications on person-centred care you may find useful. Inclusion of publications is not an endorsement or recommendation of any publication or provider.

Access to documents may depend on whether they are Open Access and/or your individual or institutional access to subscription sites/services. Material that may require a subscription is included as it is considered relevant.

1. Byrne AL. **Two sides of the same coin: Person-centred systems versus person-centred nursing practice. Theory, barriers and opportunities.** Journal of Research in Nursing. 2025 Feb;30(1):6–17.
2. Harrison R, Newman B, Catlett B, Mimmo L, Wu L, Tokutake M, et al. **Co-Producing Patient-Reported Experience Measures with people with Intellectual Disability to improve healthcare quality and outcomes: The “Listen to Me” Project Protocol.** Health Expectations. 2025 Aug 29;28(5).
3. Nica Abrasado, Sibusiso Mdletshe. **Enhancing patient-centred care and cultural safety in medical imaging: The radiographers experience of communicating with patients in a multicultural and multilingual setting in Auckland.** Journal of Medical Radiation Sciences. 2025 Jul 10;
4. Nelson HJ, Akubuiro R, Harrison H, Swaminathan G, Holmes M, Burns SK. **Indicators of safe and equitable hospital-based care for culturally and linguistically diverse children and families: A scoping review.** Journal of Pediatric Nursing. 2026 Jan 23;87:250–9.
5. Cole C, Mummery J, Peck B. **What’s said and done: Nurse’s experiences of the implementation of patient centred care—An Australian lived experience.** Scandinavian Journal of Caring Sciences. 2025 Nov 21;39(4).
6. Golob L, Williams EL, Bras M, Clifton B, Ford N, Geng EH, et al. **A roadmap to scale up person-centred care in the HIV response: Recommendations from a global consensus-building process.** Journal of the International AIDS Society. 2025 Dec 1;28(12):e70071–1.
7. Allsop S, Rawson H, Morphet J. **Towards an integrated person-centred care pathway to support the recovery journey post hip fracture: A qualitative study.** Journal of advanced nursing [Internet]. 2025;10.1111/jan.17064. Available from: <https://pubmed.ncbi.nlm.nih.gov/40387318/>
8. Janerka C, Hooper AR, Sanders B, Gallagher O. **How Has “What Matters to You” been used for patient care? A scoping review.** Health expectations: an international journal of public participation in health care and health policy [Internet]. 2025 Apr;28(2):e70217. Available from: <https://pubmed.ncbi.nlm.nih.gov/40059552/>
9. Harrison R, Newman B, Chauhan A, Holland K, Philibert C, Emerick J, et al. **Care my way: Co-designing a patient-held resource to improve information sharing between primary and specialist care for people with cancer.** Health Expectations. 2026 Jan 4;29(1):e70498–8.
10. Forsgren E, Feldthusen C, Wallström S, Thunström L, Kullman L, Sawatzky R, et al. **Person-centred care as an evolving field of research: A scoping review.** Frontiers in Health Services [Internet]. 2025 Apr 4;5. Available from: <https://www.frontiersin.org/journals/health-services/articles/10.3389/frhs.2025.1534178/full>