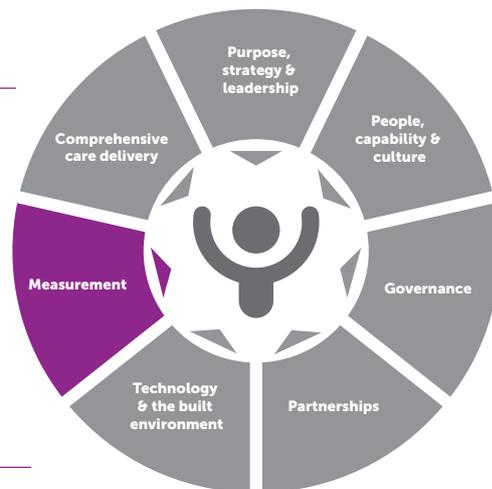


## Fact sheet 8: Person-centred organisations

# Attribute: Measurement for improvement



## 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 – **Measurement for improvement**.

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

This attribute focuses on measuring change to understand progress and drive improvement. Delivery of exceptional person-centred care requires an organisation-wide culture of continuous improvement, focused on measuring patient experience and outcomes.

High performing organisations measure ‘what matters’ to get the outcomes that patients expect.

### Key elements:

- There is a culture of learning and continuous improvement
- Measurement can be acted on to improve outcomes and reflects what patients and communities value

“It is about being authentic and brave in the conversations about where we don’t do well, accountability but not blame. We are using our complaints as a learning mechanism and being more proactive in seeking out feedback... how do we genuinely listen and learn from negative feedback”

Executive staff,  
Riverland General Hospital

There are many ways in which a healthcare organisation can collect information to measure and evaluate person-centred care. This includes routinely collected information (also known as administrative data), patient, family and carer reported information, and workforce and management reported information.

This information can be qualitative or quantitative, verbal or written, formal or informal; and a wide range of information from different sources should be collected to ensure there is a holistic view of how the organisation is performing.

**Table 1** outlines some of the key features and domains that could be used to measure person-centred care.

**Table 1: Features and domains for measuring person-centred care**

Features	<b>Understanding:</b> Examining understanding and awareness of what person-centred care means and what it entails – for both patients and clinicians	<b>Preferences:</b> Examining the type of care the patients wanted and the attitudes and values of health professionals	<b>Experiences:</b> Examining the extent to which care was person-centred	<b>Outcomes:</b> Examining the impact of person-centred care
Domains	Sense of courtesy and caring   Reports of pain   Respect for dignity and privacy Patient-reported outcomes   Complaints and compliments			

Examples of different ways this information can be collected are:

- Review documentation
- Audit
- Observation
- Surveys, interviews or discussions, including patient stories, focus groups, patient journey mapping and community for a with patients, carers, families or consumers
- Surveys, interviews or discussions with the workforce
- Community survey



## Is my organisation achieving this attribute?

Element	What can this look like?	Reflective questions
<p><b>There is a culture of learning and continuous improvement</b></p>	<ul style="list-style-type: none"> <li>• There is transparency of data and information about patient experience, both positive and negative, to inform improvement</li> <li>• There is a 'no blame' culture, where mistakes are seen as an opportunity to improve systems and services</li> <li>• Reporting on patient experience data, patient reported outcomes, and patient stories at executive and senior management meetings</li> <li>• Use of complaints data and patient surveys to inform improvements</li> <li>• Celebrating and sharing successes</li> <li>• Using evidence from improvement activities to drive enthusiasm and support for change</li> </ul>	<ul style="list-style-type: none"> <li>• How does your organisation ensure transparency of data and information about patient experience and care delivery?</li> <li>• Does this data and improvement activities get reported to executives, senior managers, and the workforce?</li> <li>• How does your organisation celebrate success and share learnings?</li> </ul>
<p><b>Measurement can be acted on to improve outcomes and reflects what patients and communities value</b></p>	<ul style="list-style-type: none"> <li>• Information is collected on a number of multiple dimensions, using qualitative and quantitative methods, and reflect what is important to patients and communities. This could include collecting patient stories, interviews, surveys, focus groups and audits</li> <li>• Measurement is effectively integrated in care and care planning</li> </ul>	<ul style="list-style-type: none"> <li>• What information (qualitative and quantitative) does your organisation collect? Does this information reflect what is important to the organisation's patients and communities?</li> <li>• What other types of information can you collect to build a richer picture of patient experience and outcomes?</li> <li>• How does your organisation use this information to improve outcomes for patients?</li> </ul>



## 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

- Measurement and quality improvement (1.8, 1.9)
- Safety and quality training (1.19, 1.20, 1.21)



### Partnering with Consumers Standard

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



### Comprehensive Care Standard

- Applying quality improvement systems to support comprehensive care (5.2)

## Helpful resources

### National Safety and Quality Health Service Standards User Guide for Measuring and Evaluating Partnering with Consumers

[www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition](http://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition)

**Australian Hospital Patient Experience Question Set (AHPEQS):** Nationally approved questions for consistent measurement of patients' experiences in hospitals and day procedure services

[www.safetyandquality.gov.au/our-work/indicators/hospital-patient-experience](http://www.safetyandquality.gov.au/our-work/indicators/hospital-patient-experience)

### PROMS: Patient-Reported Outcome Measures

[www.safetyandquality.gov.au/our-work/indicators/patient-reported-outcome-measures](http://www.safetyandquality.gov.au/our-work/indicators/patient-reported-outcome-measures)

### Guide for governing bodies – using data and information to support safety and quality

This is a companion guide for governing bodies implementing the National Safety and Quality Health Service Standards

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

### Indicators for Safety and Quality

[www.safetyandquality.gov.au/our-work/indicators](http://www.safetyandquality.gov.au/our-work/indicators)

## References

1. de Silva D. Helping measure person-centred care. London: The Health Foundation; 2014.
2. OECD. Caring for Quality in Health: Lessons Learnt from 15 Reviews of Health Care Quality. Paris: OECD; 2017.
3. Harding E, Wait S and Scrutton J. The state of play in person-centred care: A pragmatic review of how person-centred care is defined, applied and measured, featuring selected key contributors and case studies across the field. The Health Policy Partnership; 2015.

