

Partnering with Consumers Case Study: Royal Prince Alfred Hospital and Sydney Local Health District

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 the Royal Prince Alfred Hospital and Sydney Local Health District (LHD) uses to partner with consumers, including:

- A.** Placing person- and family-centred care at the core of organisational strategies, structures and processes
- B.** Actively supporting the workforce so they can deliver exceptional person- and family-centred care
- C.** Creating person- and family-centred therapeutic environments by engaging the non-clinical workforce
- D.** Updating and upgrading facilities so they are more person and family centred
- E.** Transforming patient care and services using technology.

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.






Partnering with Consumers Standard criteria

- 1** Clinical governance and quality improvement systems to support partnering with consumers
- 2** Partnering with patients in their own care
- 3** Health literacy
- 4** Partnering with consumers in organisational design and governance

Seven attributes of high-performing person-centred healthcare organisations






Snapshot of Royal Prince Alfred Hospital and Sydney Local Health District

Where	What	Whom
 <p>Large public health service</p> <p>Located in Sydney's centre and inner west</p>	 <p>4 public hospitals and the Sydney Dental Hospital</p> <p>Approximately 12,000 staff across the district</p> <p>Integrated services include community health, mental health, drug health and aged care</p>	 <p>Population of more than 700,000 people within the district boundaries</p> <p>Another 1 million people enter the district each day to work, study or visit</p> <p>Diverse population, with a large LGBTIQ+ community and 55% of residents who speak a language other than English</p>

Overview

The Royal Prince Alfred Hospital and Sydney LHD is a public health service with a large, diverse consumer base. The Sydney LHD has continued to strengthen its approach to person- and family-centred care, and embed these aspects of care in organisational strategies, structures and processes, since its original case study in 2018. The LHD supports the wellbeing of its workforce, as this leads to compassionate person- and family-centred care. It has also worked with consumer representatives to use technology in the redesign of patient care and services.

A. Placing person- and family-centred care at the core of organisational strategies, structures and processes

<p>Criterion</p>  <p>Clinical governance and quality improvement systems to support partnering with consumers</p>	<p>Attribute</p>  <p>Purpose, strategy and leadership</p>	<p>Attribute</p>  <p>People, capability and culture</p>
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The Sydney LHD had begun to embed person- and family-centred care across its services, as highlighted in the 2018 case study. Executives and the clinical workforce said that, since 2018, the LHD has continued to embed patient- and family-centred care. The district's patient- and family-centred care model (Figure 1) places people at the centre of everything the LHD does, including organisational strategies, structures and processes, such as:

- Clearly detailing the importance of person- and family-centred care in strategic plans, including the District Workforce Strategic Plan and associated sub-plans
- Developing and implementing a management accountability framework that helps managers to deliver person- and family-centred care within their departments
- Updating workforce position descriptions to ensure that person- and family-centred care is emphasised
- Ensuring that the workforce considers patients, their families and carers as partners in care
- Including consumer representatives in governance structures and processes, including a Person- and Family-Centred Care Steering Committee and recruitment panels for key positions.

Executives, clinicians and consumer representatives highlighted that strong top-down leadership and culture was important for improving person- and family-centred care. They said that while having person- and family-centred care in strategies and policies was important, the speed and extent it had been embedded across the LHD was because of executive leadership modelling and commitment.



For the most part, executives and staff members are great. Just sometimes you feel like you're sitting on a committee because they have to have you there, not because they value your input as a consumer.

- Consumer representative

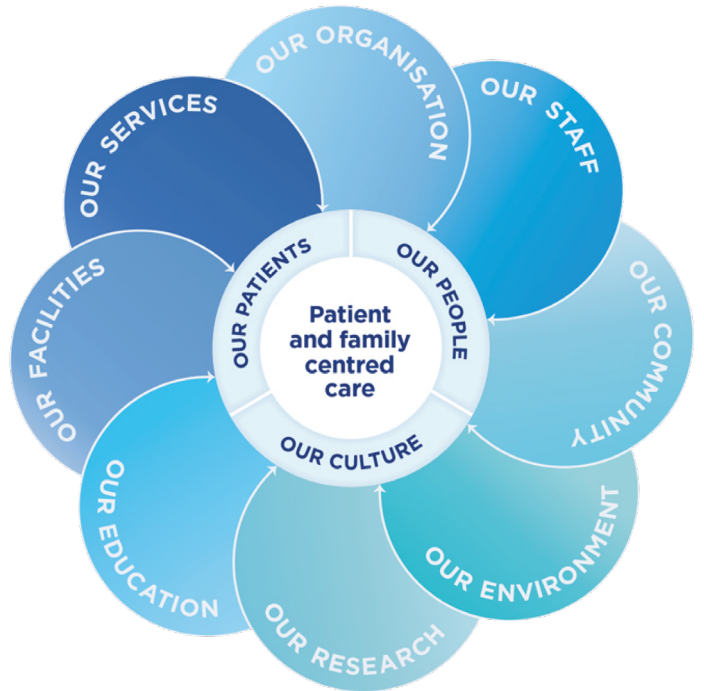


I've been in and out of hospitals for years. I've never been treated with more respect in any other hospital.

- Consumer representative

Consumer representatives agreed that the LHD had made great progress in embedding person- and family-centred care throughout the organisation. However, they said that there was still variability across hospitals and services. Some consumer representatives said they sometimes felt they were sitting on governance committees as a 'token' consumer, rather than a valued part of the governance process. The consumer representatives stressed this was not the case across the entire LHD and that it had improved over time.

Figure 1: Patient- and family-centred care model



B. Actively supporting the workforce so they can deliver exceptional person- and family-centred care

Criterion



Clinical governance and quality improvement systems to support partnering with consumers

Attribute



People, capability and culture

The Sydney LHD knows that the wellbeing of its workforce is a core component in the delivery of exceptional person-centred care (see Box 1 for an example).

The 2018 case study detailed how the LHD supported its workforce to deliver person- and family-centred care. The LHD has continued with these measures, by offering training, wellbeing programs and workforce-led initiatives.

Face-to-face and virtual initiatives help the workforce provide compassionate person- and family-centred care. They include wellness and compassion training based in:

- Meditation
- Positive psychology
- Coaching.

Qualified professionals deliver the certified training programs. They provide the workforce with strategies, approaches and tools to support their wellbeing. By doing so, the programs also encourage the delivery of compassionate care.



A lot of what we do under the MDOK [Program] is minimal cost, but the benefits are enormous. If you have burnt-out staff, you end up with less compassion and disengagement with patients. And then the safety and quality of the care we deliver goes down, medical errors go up, and rates of anxiety and depression in staff skyrocket.

– Executive team member

Patients have reported that these programs improve the delivery of person- and family-centred care.

Box 1: Actively supporting clinicians through the MDOK Program

MDOK is a flagship program managed alongside clinicians at the Sydney Local Health District (LHD). It builds on an existing international model from Stanford University.

The program addresses workforce burnout and its effect on quality of care. Components of MDOK include:

- Establishing appropriate governance structures to support the program
- Appointing Australia's first Chief Medical Wellness Officer
- Providing opportunities to enhance the physical wellbeing of the workforce, such as a social sports program and protected lunch breaks
- Offering opportunities for social connection, such as a staff choir, team-based workshops and art in medicine workshops
- Measuring the wellbeing of the workforce yearly using validated tools, exploring areas such as job satisfaction, engagement, self-care and wellbeing.

In 2020, approximately 1,000 clinicians in the LHD responded to the MDOK survey – a response rate of more than 50%. The survey explored items such as leave, medication prescription errors and engagement with the employee assistance program. The survey found there had been improvements across all areas following the rollout of the MDOK Program.

The aim is to broaden the scope of the program across the LHD.

C. Creating person- and family-centred therapeutic environments by engaging the non-clinical workforce



The non-clinical workforce is essential for delivering safe and person-centred care, as was highlighted in the 2018 case study. The security workforce is a part of the clinical stream within the Sydney LHD. The governance of security is within District Workforce Services, in collaboration with the Clinical Governance Unit. This reflects the expectation that security helps patients and the workforce, and creates a safe environment.

The security team have introduced a number of initiatives to support a safe and friendly environment, including:

- Shifting from wearing uniforms to wearing suits, with peer workers, the mental health workforce and focus groups involved in the design and development of the new suits and emblem. The LHD found that this led to a decline in confrontations between the security workforce and patients, their families and carers
- Providing training in communication to de-escalate situations and in customer service
- Putting up posters across the LHD with photos of the security workforce and text introducing themselves. The LHD found that these reduced stigma and fear about the security workforce
- Ensuring that all staff complete mandatory online training in security awareness, so they understand the role of the security workforce in the healthcare environment.



I have a lot of confidence in our security staff. When I see them in the emergency department they've always spoken to me appropriately and respectfully.

– Consumer representative



Our work with security has been really important. We think that security should be a place of refuge and help – our patients shouldn't fear security guards. Patients who are at their most vulnerable need to feel like our staff are there to assist them.

– Executive team member

Box 2 describes how patient experience officers are helping improve emergency department visits.

Box 2: Enhancing the emergency department experience: patient experience officers

The Sydney Local Health District (LHD) has recently employed patient experience officers in its emergency departments (EDs). The patient experience officer is a non-clinical role designed to support people when they arrive at the ED. They aim to make sure that people:

- Know where to go when they arrive
- Are communicated with in a caring manner
- Know what to expect during their time in the ED
- Have access to services and support that may make their time in the ED easier, such as mobile device charging stations, wi-fi and drinking water
- Have access to information about ED processes so they understand what will happen, and are updated as they progress through the ED.

The LHD has a large multicultural population. One of the key responsibilities of the patient experience officers is to make sure that patients and carers have access to information in their preferred language. This includes patient experience surveys.

Consumer representatives spoke very highly of the patient experience officers:



The patient experience officer made a world of difference when mum had to go to the emergency department. It took the stress away, because I wasn't able to go with her but I knew there was someone there looking out for her.

– Consumer representative

D. Updating and upgrading facilities so they are more person and family centred

Criterion

4

Partnering with consumers in organisational design and governance

Attribute



Technology and the built environment

The Sydney LHD has emphasised updating facilities to improve patient and family experience. In particular, the LHD has enhanced the look and feel of public waiting areas (Figure 2). Consultation with consumer groups influenced the changes, which include:

- Providing children’s play areas in facilities, and displaying wall art in the paediatric section of the Royal Prince Alfred Hospital Emergency Department
- Commissioning murals in consultation and isolation rooms in the Royal Prince Alfred Hospital Emergency Department
- Displaying Aboriginal artwork in the waiting area, quiet room, resuscitation bay and rapid-assessment fast track area in the Royal Prince Alfred Hospital Emergency Department
- Installing mobile device charging stations and drinking water dispensers.

Along with upgrades to the waiting area, the LHD has performed patient journey mapping. This has led to improvements across multiple facilities, such as:

- Placing digital wayfinding kiosks in two hospitals; this was headed by the Person- and Family-Centred Care Steering Committee and followed consultation with consumer representatives
- Creating a dedicated graphic design and signage team who are responsible for installing signage and wayfinding solutions across the LHD
- Playing music in foyers; a 12-month trial found that music positively enhanced the hospital environment
- Providing bedside televisions for all patients, to support a more comfortable stay for them and their families
- Updating television programming in waiting rooms, delivering health-related and educational content including health promotion material.

Figure 2: Redesigned waiting areas and facilities in Sydney Local Health District



E. Transforming patient care and services using technology

Criterion

4

Partnering with consumers in organisational design and governance

Attribute



Technology and the built environment

The Sydney LHD recently commenced an outpatient transformation project called the digital transformation journey. The project was a response to patient feedback that the LHD needed better communication tools and systems. The project involved:

- Developing an improved communication system with patients
- Improving clinician experience with data and recording systems
- Improving communication with providers outside of the LHD, such as general practitioners
- Improving oversight of outpatient activity and services in real time
- Improving the delivery of patient- and family-centred care.

To achieve this, the LHD:

- Developed the Outpatient Transformation Project Working Group, a LHD-wide governance framework, to lead the project
- Completed a gap analysis against the NSW Ministry of Health Outpatient Services Framework, where the key principle is adopting person-centred care
- Aimed to improve information systems, governance and reporting mechanisms, and the delivery of outpatient services.

While the outpatient transformation project started before the COVID-19 pandemic, the pandemic highlighted the importance of using technology to transform services. This includes communication across services and among clinicians.



RPA Virtual is wonderful. It started small and has just expanded. It's great because it makes it easy for clinicians in the hospital to speak to patients at home. It really reduces how much travel we have to do.

- Consumer representative

Box 3 shows how the Royal Prince Alfred Hospital is using technology to improve inpatient care.

Box 3: Rethinking inpatient care using technology – Royal Prince Alfred (RPA) Virtual

RPA Virtual is the Sydney Local Health District's (LHD's) virtual hospital, and the first virtual hospital in New South Wales. The service was launched in February 2020 following a successful proof-of-concept trial. RPA Virtual aims to:

- Support patient flow in acute hospitals by delivering hospital care in the community
- Reduce unnecessary emergency department presentations, hospital admissions and length of stay
- Reduce face-to-face outpatient department consultations
- Support general practice by accepting direct referrals
- Enhance the patient experience of health care
- Inform the broader adoption of virtual health across the LHD and New South Wales.

In a survey of 608 people who had used virtual care during the proof-of-concept trial:

- 85.4% rated the care they received as good or very good
- 79.0% reported that the technologies improved their access to care and treatment
- 93.7% reported that virtual care nurses explained things in a way that they could understand.

Find out more

Further information and resources on the attributes of high-performing person-centred healthcare 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: Royal Prince Alfred Hospital and Sydney Local Health District](#)
- [Royal Prince Alfred Hospital](#).

Acknowledgements

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