# What are the barriers and enablers of patient centred care?

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# **ACKNOWLEDGEMENT OF COUNTRY**

We would like to acknowledge the traditional owners of the land on whose land we meet today.

We pay our respects to their Elders past and present and to any Aboriginal people here today.





# Clinical Excellence Commission (CEC)

We are safety specialists committed to continuous improvement of patient safety and the experience of care for the people of NSW.





#### **Session Aims**

- ↑ knowledge of factors that influence patient centred care
- Develop strategies to improve patient centred care
- Build new relationships and networks
- Have fun!





## Outline

- Background
- Australian public hospital case study
- What are the barriers/enablers in your settings?
- How can we improve patient centred care?





#### Who's in the room?

- Consumers
- Allied Health professionals
- Nursing/Midwifery staff
- Doctors
- Public health system staff
- Private health system staff
- Not for profit health system staff
- Those from rural/regional areas
- Those who have travelled from outside NSW





## Your experience

Would you describe your most recent healthcare experience as 'patient centred care'?

- What made it patient centred?
- What didn't make it patient centred?





## What is patient centred care?

Being 'respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions.'

(IOM 2001)

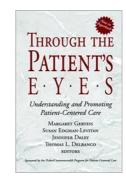
Respect for, and partnership with, patients, their families and carers. (ACSQHC 2011; IAPO 2007)





#### **Dimensions of Patient Centred Care**

- Respect for patients' values, preferences and expressed needs
- Coordination and integration of care
- · Information, communication and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity
- Access







(Gerteis et al 1993, Picker Institute)

#### Value of Patient Centred Care

One of the six domains of 'quality healthcare'.



- · Patient and family-centred
- Safe
- Timely
- Effective
- Efficient
- Equitable





(IOM 2001)











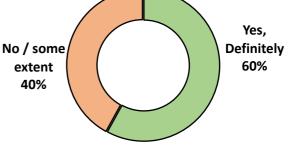
#### Rationale

Value of patient centred care

Opportunity for improvement

Limited research

# INVOLVED IN CARE DECISIONS



2015 NSW data
Bureau of Health Information







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Barriers and enablers of patient and family centred care in an Australian acute care hospital: Perspectives of health managers

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#### Research Aim

To identify and explore organisational barriers to, and enablers of, patient centred care within an Australian acute care hospital from the perspective of that hospital's management staff.





## Setting

215 bed Sydney metropolitan acute care hospital

Emergency medicine, general surgery, aged care & rehabilitation, paediatrics, and obstetrics and gynaecology.

Diverse local population





#### Methods

Design	Qualitative exploratory study
Data collection	Semi-structured interviews
Recruitment	15 acute care hospital managers
Data Analysis	Thematic analysis





**Red Groups:** What factors do you think are barriers to patient centred care in your setting/s? What is getting in the way?

**Green Groups:** What factors do you think are enabling patient centred care in your setting/s? What is helping?







## **Key Barriers**

Staffing constraints and  $\downarrow$  staff experience

High workloads and time pressures

Physical resource and environment constraints

Unsupportive attitudes

(Lloyd et al 2018)





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#### Staffing Constraints and ↓ Staff Experience

'...the last three years we have been stretched. We've always been short staffed because there was somebody away.... We do the basics. We'll get in there and do what we have to do. But we probably could do so much more.' (C9)

'If the person was there doing the job on Friday, there still needs to be the same person there to do the job on Monday unless our patient numbers drop. Where is the sense to wait six months to 12 months to sign off a position? So you get demotivated staff, demotivated managers which all affect patient care.' (NC5)





#### High Workloads and Time Pressures

'...time pressure in a busy department is a problem ... there are many times when patient satisfaction would probably be improved by the [health professional] going in ... and giving a nice timely considered explanation to the patient and family about what's going on, and in busy times that's sometimes just not possible.' (C2)

'All of the pressures and KPIs that [department name] has don't traditionally work well with giving patients time to digest information and make choices about their care.' (C8)





#### **Key Enablers**

Leadership focus

Staff satisfaction and positive relations

Formal structures and processes

**Cultural diversity** 

Professional values and role expectations

(Lloyd et al 2018)





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#### **Leadership focus**

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**Cultural diversity** 

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## Leadership Focus on PFCC

'It's about leadership that lives, breathes, talks the talk and walks the walk that patient-centred care matters to me and my service and therefore ... I'm going to ensure you, as part of my service, are part of that cultural road.' (C6)

'...to get that strong engagement, you need people buying into [PFCC], and you get them buying into it by engaging them and getting them on board, getting them talking about it, getting them to drive it.' (NC3)





#### Staff Satisfaction & Positive Staff Relations

'...we have to look at what affects our patient and family centred care, and one of those things is the staff themselves ... if we have a good, healthy and a happy workforce ... to provide all this care, that goes down to that. You can't just have happy families without happy staff.' (NC5)

'I think [an enabler is] just the friendliness of the team; a lot of us have been together for a long time.' (NC1)





**Red Groups: Choose 1 barrier.** What do you think should be done or could be done better to address the barrier?

**Green Groups: Choose 1 enabler.** What do you think should be done or could be done better to harness the enabler?

- What could be done at the state, local health service and/or individual unit level?
- How could you measure whether your strategy made a difference?







# Study findings provided evidence for...

- 1. Leadership
- 2. Human resource management
- 3. Formal supports and structures
- 4. Workforce and service redesign
- 5. Human and physical capital investment





# Significance

↑ understanding of patient centred care barriers and enablers



Evidence-based strategies to improve patient centred care

Areas for further research





## Useful resources

- High-performing patient centred care organisations
- Self-assessment tool

ACSQHC 2018





High-performing patient centred care organisations







ACSQHC 2018

#### Commitment to action

What specific action/s will you take to improve patient centred care after the symposium?

Share with the person next to you.





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Let me know it