

Using the patient experience to develop person-centred leaders

Patient Experience Symposium 2019

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transforming your experience  **Health**
South Western Sydney
Local Health District

Background

transforming your experience

SWSLHD working together for safety and quality

Consistent
delivery, quality
and safe care

Our culture, systems and processes will ensure that our care is always safe & of the highest quality

Personalised,
individual care

We will provide high quality and person-centred care that considers individual needs

Respectful
communication and
genuine engagement

We will engage patients, staff and by listening, respecting and responding.

Effective leadership
and empowered staff

We will develop and empower and enable all staff and support shared leadership.

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*transforming your
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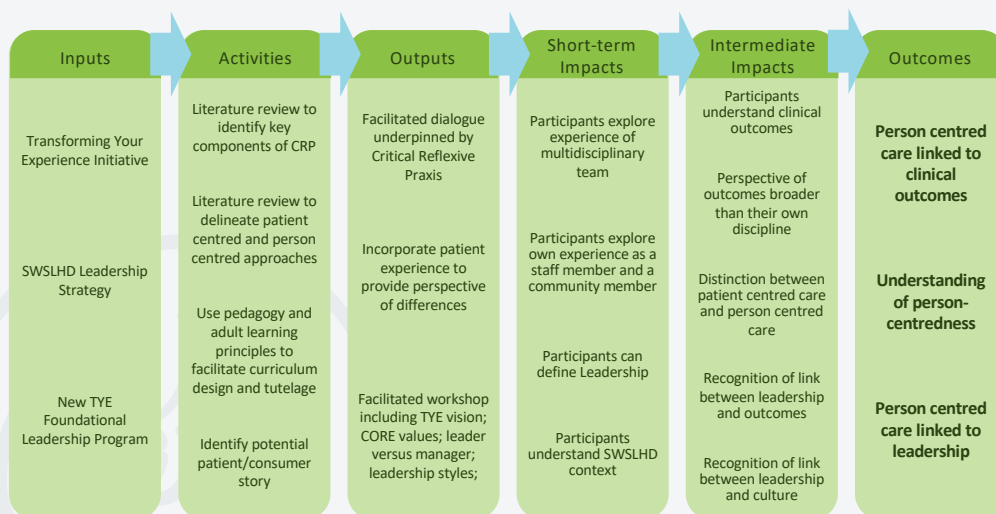
SWSLHD working together for
safety and quality



- Executive Leadership Development
- TYE Leadership Academy
- Foundational Leadership Program

Approach: Program Logic

Program Aim: to develop Person-Centred Leaders



Approach – Session Design

Phase 1: Introduce new concept of Person Centred Care

Phase 2: Introduce new concept using a concrete experience

Phase 3: Reflect and review tensions between old and new concepts

Approach – Phase 1

“Person-Centred Practice as an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives.

It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding.”

McCormack, B., & McCane, T. (Ed.). (2016). *Person-Centred Practice in Nursing and Health Care. Theory and Practice*, Iowa: Wiley Blackwell

Approach – Phase 2: The experience

Patients are not just patients, they are people



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Approach – Phase 2: The experience

Every staff member
makes a difference in
the hospital journey



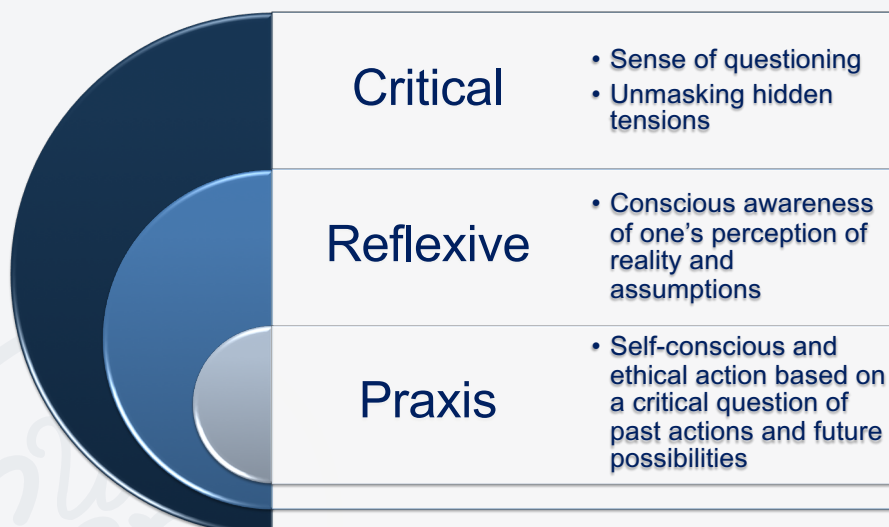
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Approach – Phase 2: The experience



Healing
begins by
creating the
relationship

Approach – Phase 3: Critical Reflexive Praxis



Cunliffe, A.L. (2004). On becoming a critically reflexive practitioner. *Journal of Management Education*, 28(4), pg407-426.
Holmes, P., Cockburn-Wotten, C., Motion, J., Zorn, T.E., & Roper, J. (2005). Critical Reflexive Practice in teaching management communication. *Business Communication Quarterly*, 68(2), pg 247-256

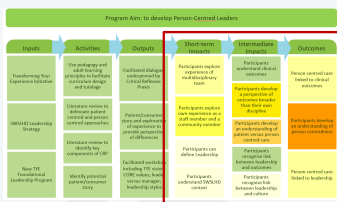
Evaluation Methodology

- Semi-structured interviews
- N = 8
- Clinical & non clinical
- Facility and district
- Male and female
- 3 – 9 months post workshop
- Outlined the workshop and provided the objectives
- “Thinking about this session, to what extent did it meet these objectives for you?”
- Can you tell me a bit more about that?”
- Responses coded against impacts and outcomes of the program logic

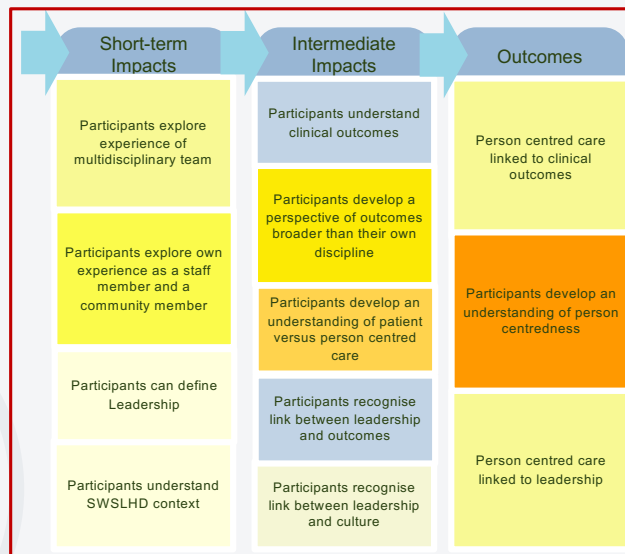


Results: Non Linear Process

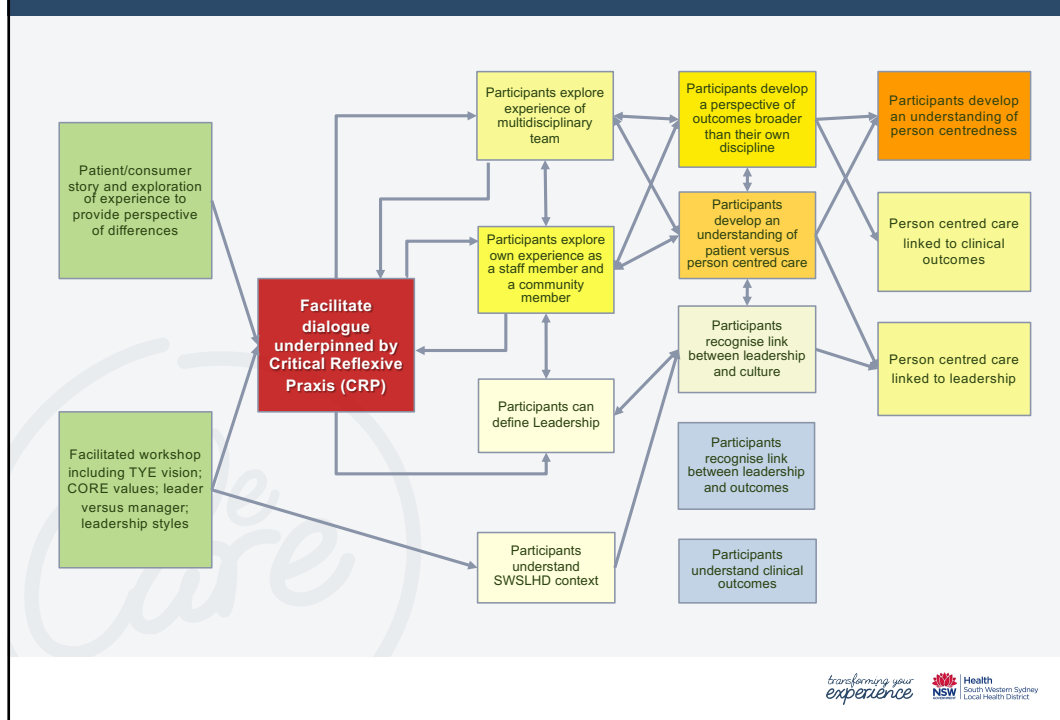
Heat Map of Response Frequency



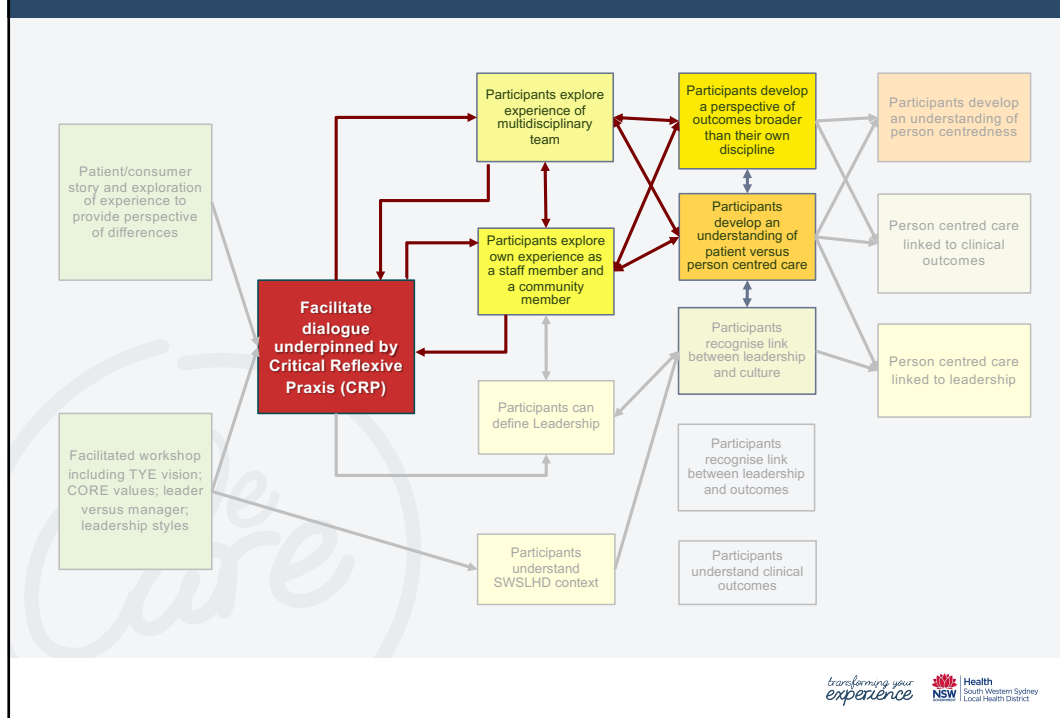
- Positive impact on understanding of person-centredness
- Lesser impact on link with clinical outcomes, leadership and culture
- Non-linear process



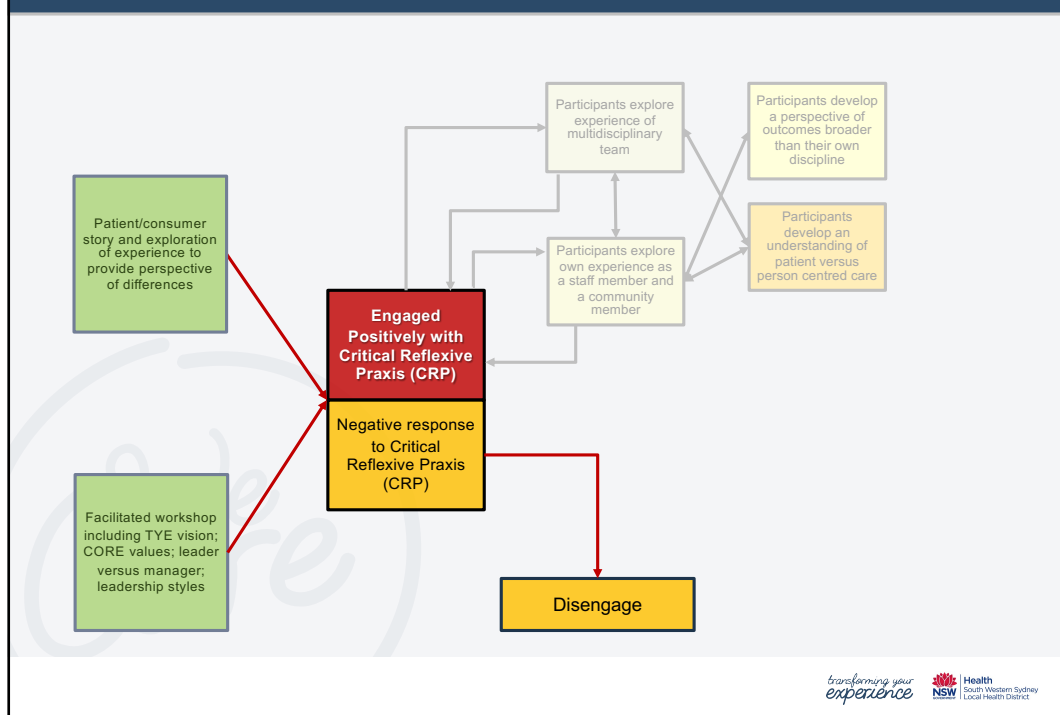
Results: Map of Drivers



Results: Critical Reflexive Praxis Loop



Results: Critical Reflexive Praxis Gateway



Findings

Critical Reflexive Praxis
(the review of assumptions and values and the impact they have on others)
is key to developing an understanding of person-centredness.

It is both complex and personally difficult.

Careful structure and a focus on creating psychological safety is required to maximize impact

Recommendations

Using the patient experience to create person-centred leaders

- Integrate emotional touchpoints to phase 3 to unpack personal reactions during the critical dialogue
- Explicitly discuss leadership behaviour and activities
- Include an additional fourth phase to emphasise link between clinical outcomes and person centred care

Thankyou

SWSLHD

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Christine Henderson	TYE Coach
Judica Roux	TYE Coach

And the whole Transforming Your Experience team