

Patients Come First Strategy 2021-26





“

Success looks like ...
I want to be treated
like they treat patients
and families at Alfred
Health.

”

Chief Nursing Officer

Foreword



I am delighted to introduce the third edition of our Patients Come First (PCF) Strategy.

This is an important document for our health service. It supports Alfred Health's Strategic Plan 2021-23 and outlines how we will deliver on our primary goal, providing high-quality, equitable patient-centred care.

Through the second version of the PCF Strategy, we learned how positive partnerships and active engagement with patients, staff and community drives change and helps prioritise improvement.

The 2021-26 edition of this strategy builds on this, and goes further, outlining a shared vision for involving patients in a meaningful way to support the best possible patient experience. This means prioritising patients, families and carers as equal partners and providing patient centred care that is connected, safe and effective across the continuum.

This strategy also reinforces the integrated nature of experience, acknowledging enabling factors that drive experience such as workforce engagement. Evidence suggests that if staff feel valued, trusted, and listened to by their leaders, they will be motivated to provide the best possible care. By including workforce engagement in this strategy, we are taking the next step in improving overall patient experience.

Many thanks go out to those involved in the co-design and development of this strategy. In particular, members of the PCF consultation co-design working group, members of our Community Advisory Committee, consumers and staff.

A handwritten signature in black ink that reads "Andrew Way". The signature is written in a cursive, flowing style.

Professor Andrew Way AM
Chief Executive
Alfred Health

Introduction

The PCF Strategy 2021-26 supports Alfred Health's purpose to improve the lives of our patients and their families, our communities and humanity. The PCF Strategy has evolved from the belief patients are the reason we are here – they are the focus of what we do. This highlights the importance of this strategy in the overall vision Alfred Health has for service delivery and the provision of equitable healthcare.

The second edition of this strategy founded upon the charter of health care rights, patient information and education, how we engage consumers and integrating feedback at the direct service level. The third edition builds on this, with an emphasis on generating system change and engaging the Alfred Health workforce to better understand the integrated nature of experience.

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Patients Come First is all about ensuring the patient is at the centre of what we do. It can be easy to lose sight of why we do what we do, through workplace stressors, meeting targets, compassion fatigue. By bringing the patient back into the centre of the story, we bring the human back into the room and we see the benefits of that decision.

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This strategy recognises that the experience of care matters as much as safety and clinical effectiveness and patients are critical stakeholders in their healthcare. It also values the diversity of our community, and compliments other enabling plans such as our Reconciliation Action Plan and Access and Inclusion Plan (Disability).

It is envisioned that these goals and objectives will help us navigate the future of health care we aspire to achieve. One that is patient-centred, equitable and responsive to the voice of the community it serves.

The overarching aims

- Develop a culture where patients are at the centre of all we do
- We aim to achieve this through a culture built on positive partnerships, is responsive to the voice of the patient, community and staff and that the understanding gained, fosters continuous improvement for patients.

Incorporating consumer, community and staff voice in the strategy

Understanding what is important to our patients, their carers, the community and our staff was critical in the development of the strategy.

Alfred Health has engaged consumers, staff, health partners and the broader Victorian community in this process. To develop and deliver this strategy, a working group undertook a social listening approach to understand the views of our community. This, in addition to a participatory forum, informed the revised strategy. Feedback has framed our priority areas and the connection between patient centred care and enabling factors.

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Success looks like when patients and their families come into our care, that we have a system that responds to what they need.

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Alfred Health Staff member



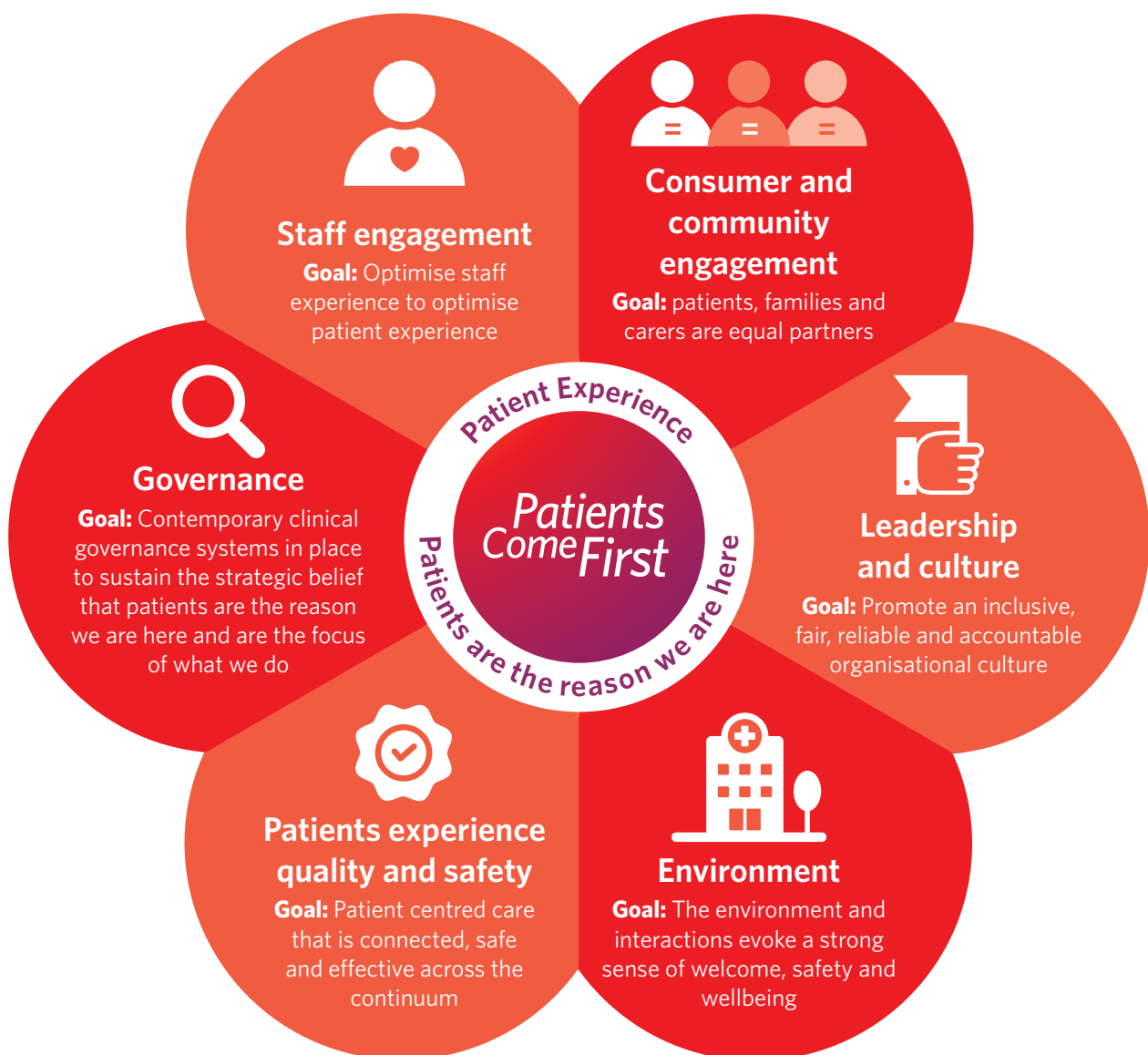
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Keep diversity and inclusion at the forefront of our care. It can look very different for individuals with different needs.

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Delivering our vision

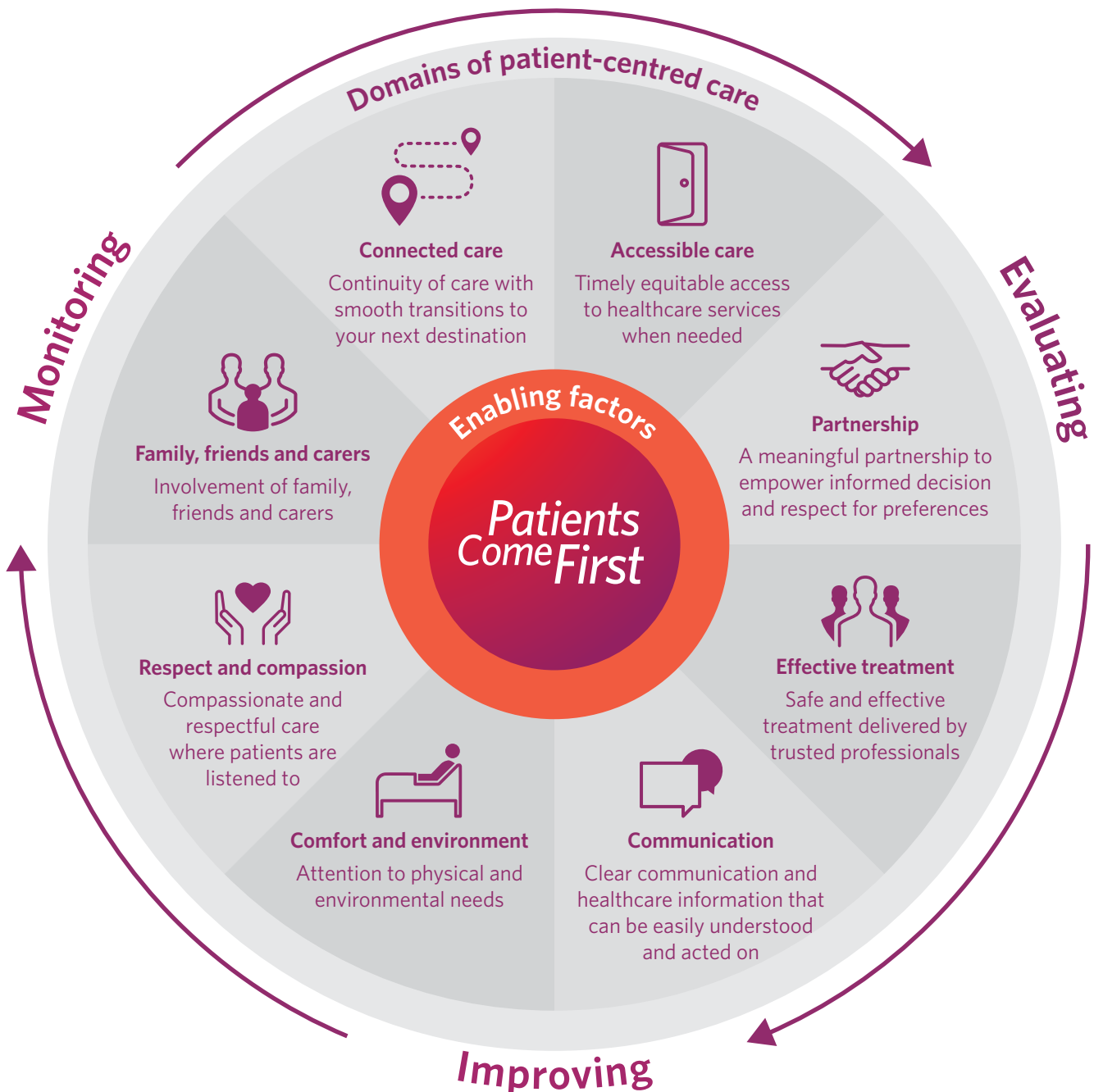
The following framework has been developed to aid in delivering our vision. We have identified enabling factors based on evidence from the Beryl Institute¹ to frame our priority areas and drive positive patient experience.



1 The Beryl Institute 2021, 'Experience Framework' [online] Available at: <<https://www.theberylinstitute.org/page/ExperienceFramework>> [Accessed December 2020].

Domains of Patient Centred Care

This concept model outlines the connection between the enabling factors and the domains that underpin patient centred care. These pillars are used to measure patient experience and have been updated from the previous strategy based on feedback from our Community Advisory Committee.



Goals and objectives

This strategy will be enabled through the goals and objectives endorsed by the Community Advisory Committee and PCF Strategy Co-design Consultation Working Group. These are outlined below:



Consumer and community engagement

Goal

Patients, families and carers are equal partners

Objectives

1. Co-design principles that underpin quality and service improvement
2. Improve feedback mechanisms to capture seldom heard voices
3. Patients are acknowledged as reliable witnesses of their own lived experience



Staff engagement

Goal

Optimise staff experience to optimise patient experience

Objectives

1. Strengthen the connection between staff experience and patient experience
2. Build staff capability and capacity to enhance meaningful partnerships
3. Develop key metrics to better understand the intersection between staff and patient experience to drive improvement



Leadership and culture

Goal

Promote an inclusive, fair, reliable and accountable organisational culture

Objectives

1. Shared vision for excellence in patient experience and health outcomes
2. Implement the charter of mutual respect that promotes values in action
3. Increase opportunities to reflect on real patient experience for learning (i.e. patient stories)



Patients experience quality and safety

Goal

Patient centred care that is connected, safe and effective across the continuum

Objectives

1. Customising care to individual needs and preferences (What matters to me)
2. Promote the uptake of Patient Reported Outcome Measures (PROMs) and Decision Making Aids in clinical practice
3. Patients are supported to make informed decisions through the provision of accessible and easy to understand information



Environment

Goal

The environment and Interactions evoke a strong sense of welcome, safety and wellbeing

Objectives

1. Prioritise taking the time to actively listen with patients, staff and each other
2. Compassion is actively responding sensitively to the unique individual needs
3. Services and programs are easy to access and navigate for our diverse community
4. Strive to ensure infrastructure is co-designed to achieve this goal



Governance

Goal

Contemporary clinical governance systems in place to sustain the strategic belief that patients are the reason we are here and are the focus of what we do

Objectives

1. Meaningful engagement with consumers to support learning and foster improvement
2. Responsive staff that facilitate and respond to concerns and complaints in order to remedy, alleviate or prevent recurrence
3. Patient's lived experience is central to learning and system redesign

Key projects

The Patients Come First key projects allow our services to be flexible and responsive to changing environments and challenges. These projects encompass the goals of this strategy, in particular, the concepts of shared decision-making and feedback processes.

What matters most to patients?

Patients, staff, and community have told us it's the 'little things that can make a big difference'. Taking the time to listen, understand and respond sensitively to individual needs and preferences is the foundation for a positive patient experience.

Staff will be supported to create an environment where meaningful partnerships are fostered, and patients are empowered to self-direct their care to the extent to which they choose.

We know that healthcare works best when people participate and are involved in decisions that affect them and the people they support. Patients will be supported to be active participants in their care through the provision of health information that is accessible and easily understood.

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In my experience the patient knows themselves better than anyone, as do their carers and families.

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What this looks like in practice



Direct care level

- Training and supporting staff to use shared decision making tools, including, Patient Reported Outcome Measures (PROMs) and Patient Decision Making Aids (PtDAs)



Service level

- Identifying and understanding how Patient Reported Outcome Measures (PROMs) and Patient Decision Aids (PtDAs) are currently implemented and used at Alfred Health



System level

- Creating a guide for staff that supports the implementation of PROMs
- Monitoring and integrating existing methods of measurement, including, Patient Experience Survey and audit data

Patients are experts by experience

For patients to be equal partners in their own care we have to believe and acknowledge their own lived experience as being equally important in formulating clinical decisions, treatment planning and care delivery.

We recognise that more often than not patients have a positive experience. We will create opportunities to share and learn from these experiences for quality improvement.

Alfred Health strives to be a responsive health service that is easily accessible and provides timely and effective resolution to complaints. Feedback mechanisms will ensure the voice of the consumer is inherent in our approach when we don't meet the expectations of patients.

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First and foremost, we are individuals, and our needs are not generic - rather they can be complex, so PCF means Alfred staff being well trained in listening and acting on individual concerns and needs. It is about effective two-way communication and supporting the individual.

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What this looks like in practice



Direct care level

- Strengthening processes where staff are using all forms of patient feedback to foster learning and improve care delivery
- Supporting staff to use existing feedback mechanisms, including the *What Matters to Me* Plan of Care



Service level

- Collecting experience stories from patients, families and carers who use services
- Understanding and evaluating how services are using patient feedback



System level

- Undertaking a consumer review of the organisation complaints process
- Working with consumers to review current incident management processes
- Creating and implementing guides for *What Matters to Me* Plan of Care in services



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Welcoming and comfortable environment. Where you are heard, considered and understood.

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Measuring success

Monitoring the outcomes and performance of the Patients Come First Strategy 2021-2026 will be coordinated by the Patient Experience and Consumer Engagement Program.

We will use existing internal and external performance measures alongside developing and/or integrating new measures to better understand the influence of staff experience on patient experience.

Performance in patient centred care will be measured using the Patient Experience Pillars outlined in Figure 2. To align with the Picker Institute and contemporary thinking, these pillars have been updated from the second edition. The revised pillars also reflect feedback from the Community Advisory Committee.

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If we're ever going to get on top of adverse outcomes, then ensuring that consumers, who after all have the most to gain and the most to lose out of adverse events, are part of the process of review and improvement.

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Process measures

- The number of unresolved complaints
- The number of Patient Experience Surveys conducted
- Positive pillar responses in Patient Experience Survey scorecards
- The number of unresolved incidents
- The number of Patient Experience Stories collected and used for education
- Number of consumers used in Quality Improvement projects and initiatives
- Number of local projects to improve patient experience
- Training completion rates

Learning measures

- Consumer review of the complaints and incident management processes
- Review of patient feedback processes and how they're being used at a local level
- Review of *What Matters to Me* Plan of Care implementation and how Alfred Health can better support staff to complete

Outcome measures

- Ongoing positive results on Patient Experience Survey and audit data
- Successful implementation and evaluation of flagship projects
- Improved complaints and incident management processes, resulting in the reduction of unresolved complaints and time taken to resolve

Glossary

Co-design

Involves the patients in the design process and works with them to understand their met and unmet needs.

Consumer

A generic, inclusive term used to refer to consumers, clients, carers, families and other support people and to describe previous, current or future patients.

Complaint

An expression of dissatisfaction, either verbally or in writing.

Direct care level

The point at which a patient receives care.

Incident

An event or circumstance that could have or could lead to unintended or unnecessary harm.

Quality Improvement

Aims to make a difference to patients by improving safety, effectiveness, and experience of care.

Service level

Service design, delivery and quality improvement.

System level

Related to governance, planning and policy development.

Shared decision making

Includes the process by which health decisions are made by consumers and health professionals together, using the best available evidence and discussion of consumers' preferences. (Stacey et al., 2016)

References

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The Beryl Institute 2021, 'Experience Framework' [online] Available at: <<https://www.theberylinstitute.org/page/ExperienceFramework>> [Accessed December 2020].



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Confidence when leaving
the service, well informed,
appropriate supports.
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