

# PERSON CENTRED CARE: WE'RE NOT PERFECT, BUT WE'RE GETTING THERE!



*JENNY BOAK  
RESEARCH NURSE  
BENDIGO HEALTH, VICTORIA  
jboak@bendigohealth.org.au*

# Session objectives

- What is PCC?
- Patient stories
- Staff perceptions
- Barriers/challengers
- Enablers
- Outcomes
- Where to from here?



# PCC definition

Person centred practice is treating patients/clients, as they want to be treated.  
(Nari, 2007)

We “are human beings, our patients or clients are human beings, and it is shared humanity that should be the basis of the relationship between us”.  
(Curtin, 1979)

# What is Person Centred Care?

... a philosophical approach to how we provide care for patients and interact with other customers, including staff.

PCC of principles:

- respect
- value of the individual
- Service delivered in an environment that supports physical, emotional, social and psychological needs
- culture of collaboration and partnership



# Patient Stories

"Forced to stand by physio but hadn't been able to stand for a very long time."

"I was going to rehab, ... Plan keeps changing, I don't know why."

"I Get asked the same question over again"

**"staff are brilliant and very caring"**



"... told going for a test but never told what time, told someone kept informed and know what is happening."

Drs not very understanding, "didn't explain anything." a diagnosis before assessing me...kept saying that I smoked when I haven't smoked for 25 years.

**"Happy to follow suggestions and do what I'm told. These people know what they're doing. If I don't follow suggestions why would I be here?"**

# Staff Perceptions of PCC

“We are already Person centred, we do what’s best for our patients”

“We’re too busy to sit down and talk, can we refer to social work?”



# Staff Perceptions of care for older people

Basic nursing care

Timely referral process

Team work



Communication

Maintaining independence

Individualised care



Improved medication management

# Challenges & Barriers

- Multiple projects
- Change fatigue
- Competing priorities for managers
- Skill level of managers
- PCC needs to start with senior staff
- Blame culture

# Challenges & Barriers

- Risk vs quality of life
- Ageism
- Addressing all domains of health care
- Traditional patient role
- Discharge planning



# Enablers

- Clear project objectives
- Making PCC tangible
- Clinical leads
- Executive support
- Persistent project officer
- Governance structure
- Linking with projects and committees
- Regular education session
- HR culture change program

# Outcomes

- Starting to become patient driven  
Acute consumer reference group
- Carers and families involved in ward rounds on subacute
- Activity room on acute
- Admission screen, pathways
- PCC awareness in HR
- Input into new hospital plans

# Key Messages

- Start small
- Consumers are our core business
- Treat others how they want to be treated
- Team work and collaboration
- Clinical Governance



# Where to from here?

- Involve whole organisation
- PO into care models
- P&P supporting PCC
- HR coaching
- Education
- Increase consumer participation
- Consumer education
- Prompts for PCC discussion at meetings



# Summing up

- Understanding of PCC
- Barriers/challengers
- Enablers
- Outcomes so far
- The long road ahead



# Thanks to...

- Suzanne Corcoran DH Project Officer
- Angela Crombie BH Key Implementation Officer
- Governance group BH
- Clinical leads at BH

## Useful resources

- <http://www.health.vic.gov.au/older/toolkit>
- <http://www.planetree.org>
- Australian Institute for Patient and Family Centred Care. Catherine Crock email:  
catherine.crock@rch.org.au

# Thank-you

