

# **Benchmarking Person-centred Care Statewide Survey 2007**

Victoria, Australia



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## **Executive Summary**

### **Background**

This report presents the findings of the 2007 administration of a Victorian statewide "Benchmarking Person-centred Care" survey. The survey was one component of the "Best Practice in Person-centred Health Care" project undertaken by the National Ageing Research Institute (NARI) on behalf of the Victorian Department of Human Services (DHS). The study was undertaken to support the implementation of Improving care for older people: A policy for Health Services (2003) (Improving Care Policy) (Department of Human Services, 2003).

The survey was a repeat administration of a survey conducted in 2005. It had seven sections. The first six looked at different aspects of person-centred care, and asked respondents about their attitudes, beliefs, and practices in relation to these areas. The final section had open-ended questions about barriers and facilitators to person-centred care, and changes in awareness of person-centred care over the duration of the project.

### **Survey respondents**

One thousand and forty-three staff from 17 health services across Victoria completed the 2007 survey. The respondents were from a range of disciplines across various program areas, including Community Rehabilitation Centres, Continence Clinics, General Medical wards, Geriatric Evaluation and Management units, and Rehabilitation wards. The response rate for this survey was 6% greater than for the 2005 survey. Eighteen and a half percent of respondents completed both the 2005 and the 2007 surveys.

### **Key findings**

Four items on the 2007 survey showed substantial changes (greater than 5%) in responses compared to 2005.

There was a substantial increase in 2007 in the number of respondents who agreed or strongly agreed that service users are usually able to make a choice that is best for them.

There was a reduction in the number of respondents who said:

- Hot food is usually or always served hot and service users are usually or always provided with assistance to eat if required
- Service users usually or always receive a follow-up phone call or visit after discharge
- Carers are usually or always given time and adequate assistance to prepare for discharge.

These three items with substantial reductions were related to organisational processes.

### **Areas for improvement**

Even though there was some improvement in person-centred care practices and awareness, the survey results suggest that there are still areas in person-centred care that require improvement (areas with the lowest agreement or practice rates). Making positive changes in these areas will improve person-centred practice in Victorian Health Services:

- Providing service users with a follow-up phone call after discharge
- Providing service users with adequate transport and parking
- Providing service users with hot food and assistance to eat their food if required
- Providing written material in languages other than English for service users whose first language is not English
- Providing services at times that suit service users
- Providing service users with a single point of contact at the Health Service
- Asking carers about their goals during the service user's admission
- Being responsive to the needs of indigenous Australians

- Having a well co-ordinated practice, with minimal duplication
- Providing staff with support, ensuring that the emotional and physical demands of their work are acknowledged and recognised, and that management expectations are communicated clearly and consistently.

### **Awareness and practice changes**

There was a reported increase in awareness of person-centred care, with over 60% of the respondents agreeing or strongly agreeing that their awareness of person-centred care had increased over the previous two years. Ideally an increase in awareness would translate into improved practice. Comments generated by this question however suggest it is more complicated than to expect increased awareness to immediately and easily translate into improved practice:

*"Awareness has increased however practice still needs to be improved."*

*"My awareness has increased but the culture of the organisation structure is slow to change."*

Person-centred practice relies not only on individual awareness but also on appropriate models of care, resources, education, and a supportive organisational culture. Given the analysis shows the lowest practice and agreement rates are organisational, not individual issues, these organisational factors appear slower to change.

The 2007 survey shows a transition toward person-centred practice is still occurring in the health services. If staff are more aware of what person-centred care is in practice, they will be more likely to criticise processes and issues which are slower to change and not conducive to the practice of person-centred care.

## **Introduction**

This report presents the findings of the 2007 administration of a Victorian statewide survey on person-centred care, first undertaken in 2005. The survey was one component of a larger study undertaken by the National Ageing Research Institute (NARI) on behalf of the Victorian Department of Human Services (DHS). This study was undertaken to support the implementation of Improving care for older people: A policy for Health Services (2003) (Improving Care Policy) (Department of Human Services, 2003). This policy encourages health services to:

- Adopt a strong person-centred approach to the provision of care and services
- Better understand the complexity of older people's health care needs
- Improve integration between health services' community-based programs and ongoing support services available in the broader community.

A key element of the Improving Care Policy is to refocus the culture within health services. Health services each nominated an Executive Sponsor and a Key Implementation Contact (KIC) who formed a Community of Practice to facilitate implementation of this policy. The project is supporting health services to achieve this aim in relation to person-centred care, which is a key principle of the Improving Care Policy.

The re-administration of the survey was envisaged in the original project, but minor amendments to the survey instrument were made and approved by the relevant ethics committees. The minor changes were made to ensure the questions remained relevant, and new data were collected to compare levels of awareness of person-centred practice within each health service and between health services.

## ***Aims***

The aims of the 2005 survey were:

1. To assess current practice in relation to person-centred care from the point of view of staff working within the Victorian Health Service system
2. To identify a sample of current best practice initiatives for further investigation by the research team.

The aims of the modified 2007 survey were:

1. To assess current practice in relation to person-centred care from the point of view of staff working within the Victorian Health Service system
2. To assess any differences in current practice (2007) in relation to person-centred care from the point of view of staff working within the Victorian Health Service system as compared to 2005
3. To capture any changes in staff awareness of person-centred care.

## ***Methodology***

### **Development of the survey**

As there was no benchmarking tool for person-centred care already in existence, the survey was developed by the research team. It was based on the key elements of person-centred care identified in the literature, and on advice from older people themselves. The advice from older people was drawn from two focus group discussions with older service users and discussions with the project's Consumer Reference Group.

### **Ethics Approval**

Human Research Ethics Committee approval was obtained from each health service prior to disseminating the survey in both 2005 and 2007.

### **Who the survey was disseminated to**

The survey was disseminated to all consenting health services involved in the Community of Practice. Seventeen health services chose to participate in both the 2005 and 2007 survey:

- Metropolitan health services;
  - Austin Health
  - Bayside Health
  - Eastern Health
  - Melbourne Health
  - Northern Health (Broadmeadows and Bundoora Extended Care Centre)
  - Southern Health
  - St Vincent’s Health
  - Western Health.
- Rural health services;
  - Ballarat Health Services
  - Barwon Health
  - Bendigo Healthcare Group
  - Hume Health Consortia (Goulburn Valley Health, Seymour District Memorial Hospital, North East Health Wangaratta and Wodonga Regional Health Service)
  - Latrobe Regional Hospital.

Each of the 17 health services involved had a KIC or Project Officer who helped disseminate the survey.

The survey was distributed to allied health, nursing, medical, management and administrative staff working in General Medical wards, Rehabilitation wards, Geriatric Evaluation and Management (GEM) or Aged Care wards, Community Rehabilitation Centres (CRCs) and Continence Clinics in each of the 17 health services.

The 2007 survey was not specifically disseminated to the same respondents who completed it in 2005. However, some respondents did complete both the 2005 and the 2007 survey.

### **How the survey was disseminated**

The KICs or Project Officers appointed by each health service were asked to disseminate the survey within their organisation. Survey participants could either complete the survey electronically or use a reply paid envelope that was provided to those who preferred the paper-based form.

### **Description of survey**

Respondents were asked to rate, on a 5-point Likert scale, their attitudes, beliefs and current practice in relation to the following topics:

1. Getting to know the older service user (patient or client) (7 items)
2. Sharing power and responsibility with older service users (8 items)
3. Service flexibility and accessibility (8 items)
4. Making sense of services for the older service user (7 items)
5. The working environment facilitates person-centred practice (9 items)
6. Concerns expressed by older people (9 items).

In section 7 of the survey, respondents were asked to comment on:

- The things that help and detract from working in a person-centred way in their Health Service
- Any areas in their Health Service where they thought person-centred approaches were already well developed
- Whether their awareness of person-centred care had increased over the previous two years.

A copy of the survey is attached (Appendix A).

### ***Content of this report***

Section 1 of this report includes a description of the survey respondents. Section 2 contains the 2005 and 2007 responses to each of the Likert-scale questions and a summary of changes between the 2005 survey and the 2007 survey. Section 3 contains an analysis of the four free-text questions included in Section 7 of the survey. Section 4 incorporates a discussion of the findings and recommendations for practice.

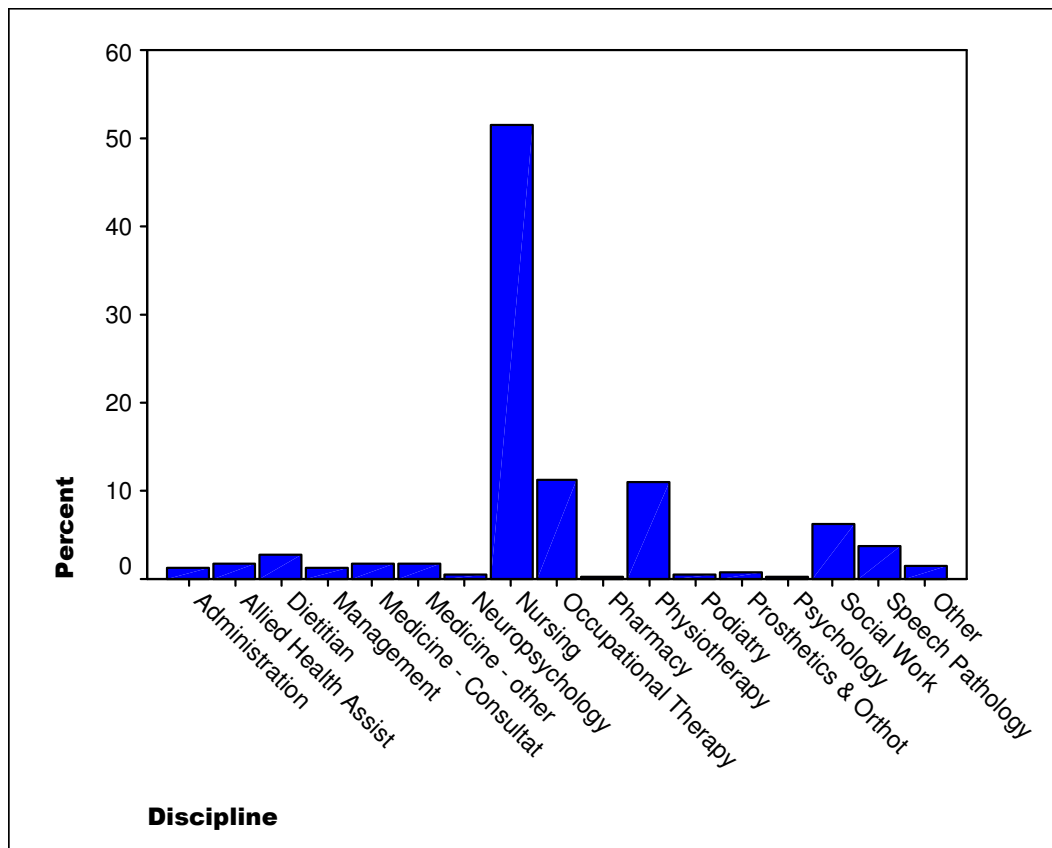
Each of the participating health services received a report of their individual survey results.

## **Section 1: Profile of respondents**

The survey was disseminated to approximately 2,521 staff in Victorian Health Services (32.5% to rural/regional health services and 67.5% to metropolitan). Surveys were returned by 1044 staff, giving an overall response rate of 41.4% (individual health service response rate range 0% to 78%). This response rate was 6% higher than in 2005. One hundred and ninety-three respondents of the 2007 survey (18.5%) also completed the 2005 survey.

Sixty-six percent of responses were from metropolitan health services, 33.2% were from rural/regional health services and 0.8% did not state their health service. These responses are in line with what was disseminated to the rural/regional and metropolitan health services.

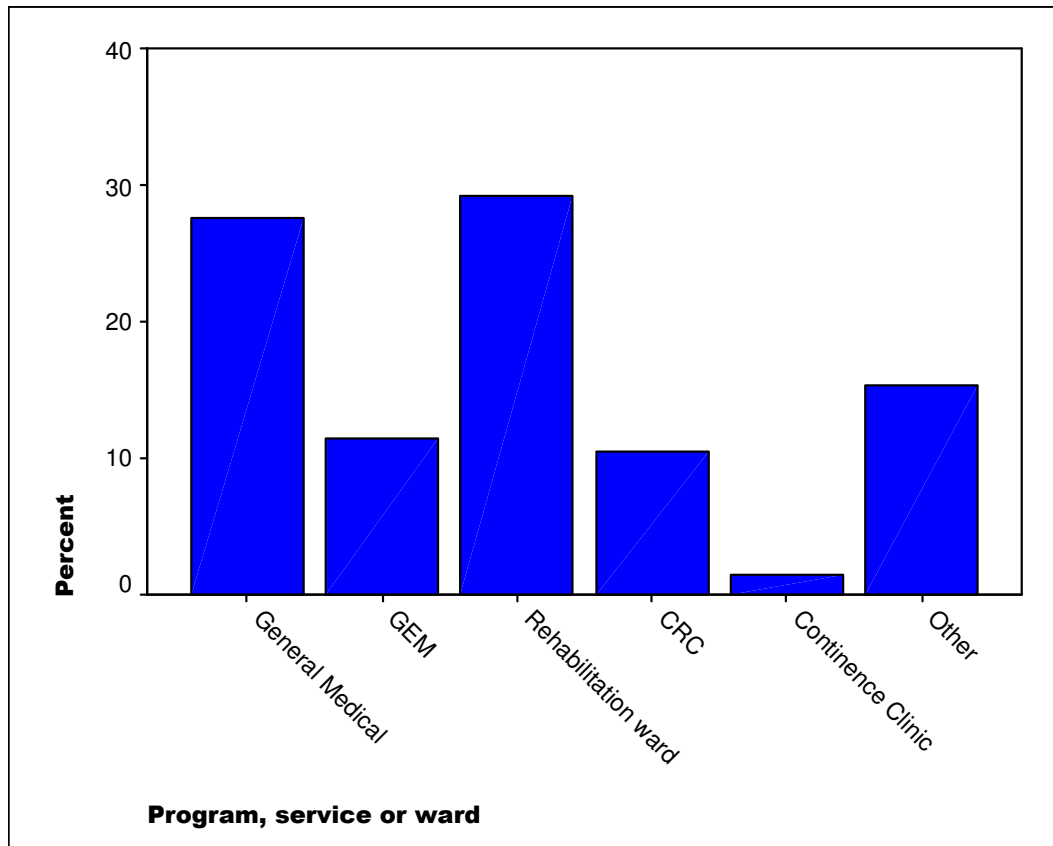
The majority of the completed surveys were from nursing staff (51.6%), occupational therapists (11.3%), and physiotherapists (10.9%). Nurses, occupational therapists and physiotherapists were the largest group of respondents in 2005 also. Figure 1 shows the breakdown of disciplines completing the survey.



**Figure 1. Disciplines of respondents**

The majority of survey respondents were female (85.6%), 11% were male and 3.4% did not respond to this question, similar to the breakdown of the 2005 survey.

Almost a third of respondents (29.2%) worked in Rehabilitation wards, 27.6% worked in General Medical wards, 11.5% were from GEM units and 10.5% worked in CRCs. The breakdown of respondents according to program was similar in 2007 to 2005. Figure 3 shows the breakdown of respondents according to programs.



**Figure 2. Program of respondents**

Seventy-eight respondents (7.5%) reported that they had used the NARI person-centred care website (<http://www.nari.unimelb.edu.au/pchc>) developed following the 2005 survey. One hundred and fifty-two respondents (14.6%) said that they had participated in the Enhancing Practice program, developed by Northern Health and Council on the Ageing (COTA), which focuses on enhancing a culture of person-centred care to improve outcomes for patients, particularly the older patient.

## **Section 2: Results of survey sections 1-6**

### ***Getting to know the older service user***

Survey section 1 asked respondents about their "attitudes and beliefs" and "practices" in relation to the importance of getting to know the older service user.

#### **Attitudes and beliefs:**

##### **1.1 It is important to get to know each service user as an individual (e.g. their medical history, social supports, pre-morbid status).**

	<b>2005</b> (n = 1408)	<b>2007</b> (n = 1037)
Strongly disagree	4.3%	2.0%
Disagree	0.1%	0.2%
Neither agree nor disagree	0.4%	0.7%
Agree	18.3%	17.2%
Strongly agree	76.8%	79.9%

##### **1.2 It is important to find out how the service user and carer feels about this episode of care (e.g. worried about surgery, or how they will manage when discharged).**

	<b>2005</b> (n = 1411)	<b>2007</b> (n = 1032)
Strongly disagree	3.8%	1.9%
Disagree	0.2%	0.1%
Neither agree nor disagree	0.4%	0.8%
Agree	24.5%	21.5%
Strongly agree	71.2%	75.6%
Don't know	-	0.1%

#### **Practice:**

##### **1.3 I listen carefully to what service users say.**

	<b>2005</b> (n = 1415)	<b>2007</b> (n = 1037)
Never	-	0.1%
Rarely	-	0.1%
Sometimes	1.1%	1%
Usually	27.6%	27.3%
Always	71.3%	71.5%
Don't know	-	0.1%

##### **1.4 I find out what name the service user prefers to be called.**

	<b>2005</b> (n = 1415)	<b>2007</b> (n = 1035)
Never	0.1%	0.3%
Rarely	0.9%	1.1%
Sometimes	6.0%	5.3%
Usually	32.7%	34.3%
Always	60.4%	59.0%

**1.5 I let service users know that I recognise them (e.g. call them by their preferred name, remember and repeat something they have told me).**

	<b>2005</b> (n = 1412)	<b>2007</b> (n = 1034)
Never	0.1%	0.1%
Rarely	0.1%	0.4%
Sometimes	2.6%	2.7%
Usually	36.3%	37.2%
Always	60.8%	59.5%
Don't know	0.1%	0.1%

**1.6 I give service users and their carers adequate time to talk to me (e.g. to discuss their concerns and their expectations).**

	<b>2005</b> (n = 1412)	<b>2007</b> (n = 1035)
Rarely	0.4%	0.4%
Sometimes	5.2%	5.6%
Usually	49.3%	46.9%
Always	45.0%	47.0%
Don't know	0.2%	0.2%

**1.7 I seek to find out what is important to service users about their health (e.g. mobility, cognitive function, being part of the family, able to go to the gym).**

	<b>2005</b> (n = 1408)	<b>2007</b> (n = 1033)
Never	0.2%	0.2%
Rarely	1.3%	1.5%
Sometimes	7.0%	7.0%
Usually	38.2%	36.0%
Always	52.8%	55.0%
Don't know	0.5%	0.3%

Overall there were no substantial changes in responses to this section. Respondents showed a high agreement or practice rate to these questions in both 2005 and 2007.

## ***Sharing power and responsibility with older service users***

Survey section 2 referred to the "attitudes and beliefs" and "practices" of staff in relation to the importance of sharing power and responsibility with the older service user.

### **Attitudes and beliefs:**

#### **2.1 Health care should be an equal partnership between the service user and provider.**

	<b>2005</b> (n = 1415)	<b>2007</b> (n = 1024)
Strongly disagree	0.5%	0.3%
Disagree	1.6%	1.1%
Neither agree nor disagree	4.3%	3.3%
Agree	43.9%	40.4%
Strongly agree	49.0%	54.7%
Don't know	0.7%	0.2%

#### **2.2 If provided with options, service users are usually able to make a choice that is best for them.**

	<b>2005</b> (n = 1407)	<b>2007</b> (n = 1021)
Strongly disagree	0.1%	0.4%
Disagree	6.3%	4.9%
Neither agree nor disagree	22.7%	18.8%
Agree	56.4%	55.0%
Strongly agree	13.7%	20.5%
Don't know	0.9%	0.4%

### **Practice:**

#### **2.3 I ask the service users what their goals are for this admission.**

	<b>2005</b> (n = 1408)	<b>2007</b> (n = 1024)
Never	2.7%	2.9%
Rarely	7.8%	7.4%
Sometimes	18.1%	16.0%
Usually	35.9%	32.0%
Always	34.9%	40.7%
Don't know	0.5%	0.9%

#### **2.4 I ask the carer/s what their goals are for this admission.**

	<b>2005</b> (n = 1401)	<b>2007</b> (n = 1019)
Never	2.9%	2.8%
Rarely	9.3%	9.5%
Sometimes	25.1%	26.9%
Usually	39.9%	35.0%
Always	22.2%	24.6%
Don't know	0.7%	1.1%

**2.5 In my service, program or ward, service users have an equal say with the rest of the team in the development of the care plan.**

	<b>2005</b> (n = 1405)	<b>2007</b> (n = 1022)
Never	0.8%	1.0%
Rarely	6.8%	5.8%
Sometimes	25.5%	23.1%
Usually	45.7%	48.1%
Always	19.1%	19.7%
Don't know	2.2%	2.3%

**2.6 In my service, program or ward, service users and carers have an equal say with the rest of the team in the development of the discharge plan.**

	<b>2005</b> (n = 1401)	<b>2007</b> (n = 1018)
Never	0.6%	0.4%
Rarely	3.9%	3.3%
Sometimes	18.8%	19.8%
Usually	52.4%	50.8%
Always	21.8%	23%
Don't know	2.6%	2.7%

**2.7 My/our care plans are structured around the client's goals.**

	<b>2005</b> (n = 1411)	<b>2007</b> (n = 1022)
Never	0.5%	0.5%
Rarely	2.1%	2.1%
Sometimes	11.5%	11.2%
Usually	44.8%	43.4%
Always	39.9%	41.9%
Don't know	1.2%	1.0%

**2.8 At this Health Service, we provide services in the location that best suits the needs and preferences of the service user (e.g. in a centre, in hospital, in their own home).**

	<b>2005</b> (n = 1407)	<b>2007</b> (n = 1025)
Never	0.4%	0.1%
Rarely	1.4%	1.2%
Sometimes	11.4%	12.5%
Usually	52%	52.8%
Always	32.3%	31.1%
Don't know	2.6%	2.3%

In 2007 there was a 5.5% increase in the number of respondents who agree or strongly agree that service users are usually able to make a choice that is best for them. There were no substantial changes in 2007 for responses to any other items related to "sharing power and responsibility with older service users".

### ***Service flexibility and accessibility***

Survey section 3 related to the "attitudes and beliefs" and "practices" of staff in relation to service flexibility and accessibility for the older service user.

#### **Attitudes and beliefs:**

##### **3.1 Services should be accessible to service users of all ages, abilities, from all culturally and linguistically diverse (CALD) backgrounds and indigenous Australians.**

	<b>2005</b> (n = 1361)	<b>2007</b> (n = 1026)
Strongly disagree	0.6%	0.3%
Disagree	0.7%	0.3%
Neither agree nor disagree	1.4%	1.0%
Agree	22.9%	21.6%
Strongly agree	74.2%	76.6%
Don't know	0.2%	0.1%

##### **3.2 Services should be available at times and in places that suit service users and their families/carers.**

	<b>2005</b> (n = 1361)	<b>2007</b> (n = 1030)
Strongly disagree	0.3%	0.4%
Disagree	2.1%	1.4%
Neither agree nor disagree	7.9%	6.0%
Agree	45.6%	45.7%
Strongly agree	44.1%	46.4%
Don't know	0.1%	0.1%

#### **Practice:**

##### **3.3 This Health Service environment is designed to meet the needs of people with physical and cognitive disabilities.**

	<b>2005</b> (n = 1359)	<b>2007</b> (n = 1028)
Never	0.5%	0.5%
Rarely	3.7%	3.6%
Sometimes	17.7%	21.0%
Usually	48.9%	44.6%
Always	28.6%	29.8%
Don't know	0.7%	0.6%

##### **3.4 I use interpreters when working with service users whose first language is not English (unless I am completely confident that they can converse in English or I can converse in their language).**

	<b>2005</b> (n = 1351)	<b>2007</b> (n = 1025)
Never	4.8%	3.4%
Rarely	9.4%	7.9%
Sometimes	16.8%	16.6%
Usually	34.3%	36.5%
Always	32.7%	34.0%
Don't know	1.9%	1.7%

**3.5 Written materials are provided to service users in their own language by the Health Service.**

	<b>2005</b> (n = 1357)	<b>2007</b> (n = 1027)
Never	3.2%	3.1%
Rarely	14.1%	14.4%
Sometimes	36.4%	36.8%
Usually	28.6%	31.0%
Always	9.3%	8.4%
Don't know	8.4%	6.3%

**3.6 Information is provided in a variety of ways to ensure that all service users have access (e.g. written, verbal, visual).**

	<b>2005</b> (n = 1356)	<b>2007</b> (n = 1025)
Never	0.9%	0.3%
Rarely	4.2%	5.5%
Sometimes	24.6%	22.3%
Usually	50.7%	51.7%
Always	16.5%	17.7%
Don't know	3.1%	2.5%

**3.7 We provide services at times that suit service users (including after hours and on weekends).**

	<b>2005</b> (n = 1353)	<b>2007</b> (n = 1025)
Never	8.9%	5.9%
Rarely	18.3%	20.6%
Sometimes	28.5%	27.5%
Usually	29.3%	30.3%
Always	11.0%	11.8%
Don't know	4.1%	3.9%

**3.8 This Health Service is responsive to the needs of indigenous Australians.**

	<b>2005</b> (n = 1348)	<b>2007</b> (n = 1022)
Never	1.6%	0.8%
Rarely	5.9%	5.0%
Sometimes	11.1%	10.6%
Usually	26.9%	30.2%
Always	24.2%	23.4%
Don't know	30.4%	30.0%

Overall, in relation to "service flexibility and accessibility," respondents provided similar responses in 2007 to those in 2005.

## ***Making sense of services for the older service user***

Section 4 of the survey asked about the "attitudes and beliefs" and "practices" of staff in relation to making sense of services for the older service user.

### **Attitudes and beliefs:**

#### **4.1 Health services should ensure that the service user has the information they need to understand what is happening to them throughout their whole care experience.**

	<b>2005</b> (n = 1364)	<b>2007</b> (n = 1018)
Strongly disagree	0.4%	0.1%
Disagree	0.1%	0.2%
Neither agree nor disagree	1.2%	1.7%
Agree	29.9%	30.8%
Strongly agree	68.0%	66.9%
Don't know	0.3%	0.3%

### **Practice:**

#### **4.2 Service users in my service, program or ward are allocated a key contact person who is known to the service user and their carer/s.**

	<b>2005</b> (n = 1364)	<b>2007</b> (n = 1017)
Never	4.1%	6.3%
Rarely	10.9%	8.5%
Sometimes	14.6%	15.4%
Usually	29.9%	27.8%
Always	35.7%	35.6%
Don't know	4.8%	6.4%

#### **4.3 The client and carer have ready access to the key contact person (i.e. they are available by phone, messages are returned promptly).**

	<b>2005</b> (n = 1351)	<b>2007</b> (n = 1012)
Never	3.5%	4.9%
Rarely	8.4%	6.9%
Sometimes	14.4%	13.8%
Usually	42.3%	42.5%
Always	22.9%	22.7%
Don't know	8.4%	9.1%

#### **4.4 If a service user makes contact with this Health Service, they are directed to the most appropriate service without having to make another call (single point of contact).**

	<b>2005</b> (n = 1363)	<b>2007</b> (n = 1012)
Never	1.2%	0.9%
Rarely	6.2%	6.2%
Sometimes	22.3%	21.4%
Usually	47.0%	47.2%
Always	9.8%	10.9%
Don't know	13.6%	13.3%

**4.5 The Health Service in which I work is responsive when service users request information about their health condition and/or care plan.**

	<b>2005</b> (n = 1364)	<b>2007</b> (n = 1012)
Never	-	0.2%
Rarely	1.2%	0.8%
Sometimes	8.9%	10.6%
Usually	48.9%	52.2%
Always	37.1%	33%
Don't know	3.9%	3.3%

**4.6 The Health Service in which I work is responsive when carers request information about the service user's health condition and/or care plan (with the client's consent).**

	<b>2005</b> (n = 1367)	<b>2007</b> (n = 1011)
Never	0.1%	0.2%
Rarely	0.5%	0.4%
Sometimes	8.3%	9.5%
Usually	48.9%	50.7%
Always	38%	35.6%
Don't know	4.1%	3.6%

**4.7 Service users are given information to enable them to make an informed choice about discharge or transfer from my service.**

	<b>2005</b> (n = 1360)	<b>2007</b> (n = 1009)
Never	0.5%	0.3%
Rarely	1.1%	1.4%
Sometimes	9.0%	8.7%
Usually	45.5%	48.0%
Always	41.9%	39.0%
Don't know	1.9%	2.6%

There were no substantial changes in responses for the 2007 survey compared with the 2005 survey for the questions related to "making sense of services for the older service user."

### ***The working environment facilitates person-centred practice***

Section 5 of the survey referred to the "attitudes and beliefs" and "practices" of staff in relation to how the working environment facilitates person-centred practice.

#### **Beliefs and practice environment:**

<b>5.1 I feel that working with older people is valued within this Health Service.</b>		
	<b>2005</b> (n = 1392)	<b>2007</b> (n = 1014)
Never	0.5%	0.4%
Rarely	4.0%	3.8%
Sometimes	11.1%	12.2%
Usually	35.1%	36.6%
Always	48.5%	46.4%
Don't know	0.9%	0.6%

<b>5.2 I feel that I am able to use my skills to the full in my work with older people.</b>		
	<b>2005</b> (n = 1396)	<b>2007</b> (n = 1016)
Never	0.4%	0.4%
Rarely	1.9%	2.5%
Sometimes	13.2%	11.3%
Usually	40.8%	40.3%
Always	43.6%	45.3%
Don't know	0.2%	0.3%

<b>5.3 I feel that I work as part of a team with a recognised and valued contribution.</b>		
	<b>2005</b> (n = 1398)	<b>2007</b> (n = 1019)
Never	0.6%	0.4%
Rarely	2.3%	2.6%
Sometimes	8.8%	9.1%
Usually	36.3%	35.3%
Always	52%	52.5%
Don't know	0.1%	-

<b>5.4 I like working with older people.</b>		
	<b>2005</b> (n = 1392)	<b>2007</b> (n = 1019)
Never	0.1%	0.1%
Rarely	0.5%	0.3%
Sometimes	7.0%	6.4%
Usually	42.3%	41.5%
Always	49.9%	51.6%
Don't know	0.1%	0.1%

**5.5 The emotional and physical demands of my work are acknowledged and recognised.**

	<b>2005</b> (n = 1389)	<b>2007</b> (n = 1018)
Never	3.0%	2.9%
Rarely	15.8%	16.3%
Sometimes	31.9%	32.7%
Usually	36.0%	34.7%
Always	11.4%	12.6%
Don't know	1.9%	0.8%

**5.6 The expectations that my managers have of me in relation to my work with older people are communicated clearly and consistently.**

	<b>2005</b> (n = 1394)	<b>2007</b> (n = 1014)
Never	1.2%	1.7%
Rarely	6.2%	5.8%
Sometimes	15.7%	17.9%
Usually	45.2%	43.0%
Always	30.1%	29.9%
Don't know	1.6%	1.7%

**5.7 I have been exposed to good role models in care for older people.**

	<b>2005</b> (n = 1392)	<b>2007</b> (n = 1017)
Never	0.4%	0.3%
Rarely	2.7%	1.6%
Sometimes	15.9%	15.8%
Usually	48.3%	51.9%
Always	31.7%	29.4%
Don't know	1.1%	1.0%

**5.8 I have been exposed to good environments of care for older people.**

	<b>2005</b> (n = 1381)	<b>2007</b> (n = 1015)
Never	0.7%	0.4%
Rarely	3.7%	3.1%
Sometimes	21.1%	22%
Usually	50.7%	53.7%
Always	22.9%	20.5%
Don't know	0.9%	0.4%

**5.9 I am supported to develop the skills I need to work with older people.**

	<b>2005</b> (n = 1393)	<b>2007</b> (n = 1017)
Never	1.1%	0.6%
Rarely	4.3%	4.3%
Sometimes	16.4%	16.7%
Usually	40.9%	43.1%
Always	36.2%	33.4%
Don't know	1.0%	1.9%

There were no substantial changes in responses for the 2007 survey compared with the 2005 survey for the questions related to “the working environment facilitating person-centred practice”.

## **Concerns expressed by older people**

Section 6 of the survey related to the "attitudes and beliefs" and "practices" of staff in relation to concerns expressed by older people.

### **Attitudes and beliefs:**

<b>6.1 The needs and preferences of service users should be central in health services.</b>	<b>2005</b> (n = 1379)	<b>2007</b> (n = 1015)
Strongly disagree	0.3%	0.1%
Disagree	0.9%	0.3%
Neither agree nor disagree	4.4%	6.2%
Agree	42.7%	40.2%
Strongly agree	51.3%	52.3%
Don't know	0.4%	0.9%

<b>6.2 Health care should be a collaborative partnership between service user and provider.</b>	<b>2005</b> (n = 1383)	<b>2007</b> (n = 1015)
Strongly disagree	0.1%	0.2%
Disagree	0.2%	0.3%
Neither agree nor disagree	1.5%	1.8%
Agree	39.8%	36.7%
Strongly agree	58.2%	60.9%
Don't know	0.1%	0.2%

### **Practice:**

<b>6.3 I welcome it when older people are informed and question or challenge my advice.</b>	<b>2005</b> (n = 1381)	<b>2007</b> (n = 1014)
Never	0.2%	0.1%
Rarely	0.4%	0.8%
Sometimes	8.0%	7.4%
Usually	41.9%	44.2%
Always	48.5%	46.9%
Don't know	1.0%	0.6%

<b>6.4 This Health Service provides adequate transport and parking to ensure access for older service users and their families/carers.</b>	<b>2005</b> (n = 1369)	<b>2007</b> (n = 1016)
Never	5.6%	7.0%
Rarely	21.1%	19.5%
Sometimes	27.5%	28.1%
Usually	30.4%	32.1%
Always	11.3%	7.1%
Don't know	4.1%	6.3%

**6.5 This Health Service ensures that service users' personal privacy is respected.**

	<b>2005</b> (n = 1382)	<b>2007</b> (n = 1016)
Never	0.4%	0.4%
Rarely	1.3%	2.5%
Sometimes	8.1%	8.8%
Usually	37.1%	37.0%
Always	52.2%	50.9%
Don't know	0.8%	0.5%

**6.6 At this Health Service, hot food is served hot and service users are provided with assistance to eat (if required) while the food is still warm.<sup>1</sup>**

	<b>2005</b> (n = 951)	<b>2007</b> (n = 521)
Never	0.5%	2.9%
Rarely	2.5%	3.6%
Sometimes	14.8%	15.2%
Usually	47.3%	39.7%
Always	26.1%	20.5%
Don't know	8.7%	18.0%

**6.7 After the service user is discharged, they receive a follow-up phone call or visit.**

	<b>2005</b> (n = 1365)	<b>2007</b> (n = 1012)
Never	7.6%	7.2%
Rarely	15.3%	17.1%
Sometimes	20.7%	21.1%
Usually	19.7%	16.7%
Always	12.8%	10.4%
Don't know	23.9%	27.5%

**6.8 Our practice is well co-ordinated and there is minimal duplication when referring clients from one part of the Health Service to another and to community services.**

	<b>2005</b> (n = 1374)	<b>2007</b> (n = 1010)
Never	0.9%	0.9%
Rarely	5.5%	6.1%
Sometimes	21.6%	20.4%
Usually	48.3%	50.8%
Always	14.5%	11%
Don't know	9.2%	10.8%

<sup>1</sup> Only responses from staff that work in inpatient units were included in the analysis for this item.

**6.9 Carers are given time and adequate assistance to prepare for discharge.**

	<b>2005</b> (n = 1370)	<b>2007</b> (n = 1012)
Never	0.4%	0.2%
Rarely	2.3%	4.2%
Sometimes	14.9%	18.9%
Usually	55.5%	54.2%
Always	22.3%	17.6%
Don't know	4.6%	4.9%

There was no change between 2005 and 2007 in respondents' attitudes and beliefs in relation to "concerns expressed by older people", although there were some changes in relation to practice. Respondents were less likely in 2007 than in 2005 to say that hot food is usually or always served hot, that service users are usually or always provided with assistance to eat, that service users usually or always receive a follow-up phone call or visit after discharge, and that carers are usually or always given time and adequate assistance to prepare for discharge.

## ***Ranking of items from survey sections 1-6***

Listed below are the ten items from sections 1-6 with either the highest practice or agreement rate, i.e. the items where the highest number of respondents said usually/always or agree/strongly agree.

### **Attitudes:**

- Item 3.1\* Services should be accessible to service users of all ages, abilities, from all culturally and linguistically diverse (CALD) backgrounds and indigenous Australians. (2005 – 97.1%, 2007 – 98.2%,)
- Item 4.1\* Health services should ensure that the service user has the information they need to understand what is happening to them throughout their whole care experience. (2005 – 97.9%, 2007 – 97.7%)
- Item 6.2\* Health care should be a collaborative partnership between service user and provider. (2005 – 98%, 2007 – 97.6%)
- Item 1.1\* It is important to get to know each service user as an individual (e.g. their medical history, social supports, pre-morbid status). (2005 – 95.1%, 2007 – 97.1%)
- Item 1.2\* It is important to find out how the service user and carer feels about this episode of care (e.g. worried about surgery, or how they will manage when discharged). (2005 – 95.7%, 2007 – 97.1%)
- Item 2.1 Health care should be an equal partnership between the service user and provider. (2005 – 92.9%, 2007 – 95.1%)

### **Practice:**

- Item 1.3\* I listen carefully to what service users say. (2005 – 98.9%, 2007 - 98.8%)
- Item 1.5\* I let service users know that I recognise them (e.g. call them by their preferred name, remember and repeat something they have told me). (2005 – 97.1%, 2007 - 96.7%)
- Item 1.6\* I give service users and their carers adequate time to talk to me (e.g. to discuss their concerns and their expectations). (2005 – 94.3%, 2007 – 93.9%)
- Item 1.4\* I find out what name the service user prefers to be called. (2005 – 93.1%, 2007 – 93.3%)

\* denotes also included in the highest practice/agreement rate for 2005 survey.

Nine of the items with the highest practice or agreement rate from 2005 are also listed in the highest practice or agreement rates for 2007. Of the 10 items with the highest practice or agreement rate for the 2007 survey, six of them were from the section of the survey that asked questions about “getting to know the older service user”. All the items in this section asked respondents either about their attitudes and beliefs or about their personal practices, not practices of their program or health service. The other four items in the top ten were related to the respondents’ attitudes and beliefs, over which they also have control.

The one item that was included in the highest practice or agreement rates for 2005 but not included in 2007 was that the needs and preferences of service users should be central in health services (item 6.1). However, there was no substantial change between 2005 and 2007 for the response in relation to this item.

Listed below are the ten items from sections 1-6 with either the lowest practice or agreement rate, that is the items where the lowest number of respondents said usually/always or agree/strongly agree.

**Practice:**

- Item 6.7\* After the service user is discharged, they receive a follow-up phone call or visit. (2007 – 21.1%, 2005 – 32.5%)
- Item 6.4\* This Health Service provides adequate transport and parking to ensure access for older service users and their families/carers. (2007 – 39.2%, 2005 – 41.7%)
- Item 3.5\* Written materials are provided to service users in their own language by the Health Service. (2007 – 39.4%, 2005 – 37.9%)
- Item 3.7\* We provide services at times that suit service users (including after hours and on weekends). (2007 – 42.1%, 2005 – 37.9%)
- Item 5.5\* The emotional and physical demands of my work are acknowledged and recognised. (2007 – 47.3%, 2005 – 47.4%)
- Item 3.8\* This Health Service is responsive to the needs of indigenous Australians. (2007 – 53.6%, 2005 – 51.1%)
- Item 4.4\* If a service user makes contact with this Health Service, they are directed to the most appropriate service without having to make another call (single point of contact). (2007 – 58.1%, 2005 – 56.8%)
- Item 2.4\* I ask the carer/s what their goals are for this admission. (2007 - 59.6%, 2005 – 62.1%)
- Item 6.6 At this Health Service, hot food is served hot and service users are provided with assistance to eat (if required) while the food is still warm. (2007 – 60.2%, 2005 – 73.4%)
- Item 6.8\* Our practice is well co-ordinated and there is minimal duplication when referring clients from one part of the Health Service to another and to community services. (2007 – 61.8%, 2005 – 62.8%)

\* denotes also included in the lowest practice/agreement rate for 2005 survey.

Nine of the items with the lowest practice or agreement rate in 2005 are also listed in the lowest practice or agreement rates for 2007. The one item that was included in the lowest practice or agreement rates for 2005 but not included in 2007 is item 2.5, "service users have an equal say with the rest of the team in the development of the care plan". However, there was no substantial change in the responses for this item between 2005 and 2007.

All of the items with the lowest practice or agreement rate for the 2007 survey were about practices; none of them were related to the respondents' attitudes or beliefs. Furthermore, only one of the items with the lowest practice or agreement rate was a practice that the respondent personally follows (item 2.4); the remaining items related to organisational processes.

### **Section 3: Barriers, enablers and best practice**

Section 7 of this survey included four open-ended questions related to: perceived barriers and enablers to person-centred care, awareness of person-centred care, and best practice initiatives in person-centred care in the health service. The responses to these four open-ended questions are outlined below and a profile of respondents to each question is included in Appendix B.

#### ***Barriers***

This question asked: *What do you see as the factors that detract from good communication with and involvement of service users within your Health Service?* The responses have been divided into categories as they emerged from the surveys:

1. Service capacity issues, including:
  - a. Lack of time
  - b. Inadequate staffing
  - c. Inadequate services and resources, including information technology (I.T.) resources
  - d. Inadequate interpreters and translated written materials.
2. Client and family communication issues, such as:
  - a. Language and cultural differences
  - b. Cognitive problems
  - c. Hearing, vision and other sensory deficits due to illness
  - d. Differing expectations
  - e. Family involvement.
3. Model of care and organisational issues, including:
  - a. Shortcomings in the model of care
  - b. Lack of flexibility in service hours and location.
4. Staff teamwork and communication
5. Staff attributes, including:
  - a. Attitudes
  - b. Skills.
6. Training and education
7. Environmental issues, including:
  - a. Lack of privacy
  - b. Lack of parking and transport
  - c. Other environmental barriers.

#### ***Summary***

##### **Service capacity**

The most important barrier to person-centred care identified by the respondents was service capacity. As many staff indicated, it takes time to get to know service users and their carers and family. Inadequate staffing, large case-loads and fast throughput of service users were seen as barriers to person-centred approaches.

*"Heavy caseloads and lack of time to adequately deal with patients and carers."*

*"Short staffing at times, busy workload and not enough time to spend with each patient to really listen to them."*

*"Lack of time, demand on beds, when a patient is to be discharged often have to rush as there are always patients waiting for admission."*

In some health services inadequate services and resources, including I.T. resources, were seen as barriers to person-centred care.

*"Lack of phones to call carers."*

*"I.T. infrastructure could be advanced to accommodate transfer of information."*

*"Patient overload in busy E.D. with long stays. Lack of available beds in the hospital."*

*"Limited services."*

In the metropolitan health services, lack of interpreter services and translated materials were seen as a critical barrier to person-centred care. This was less of an issue in the rural areas, perhaps due to the smaller CALD populations in these areas, but it was still mentioned by some staff.

*"Hard to communicate effectively with people of non-English speaking backgrounds because it can be difficult to get interpreters (in addition to the excess cost)."*

*"Sometimes Health Services cannot get interpreters on time."*

*"Lack of written information. Limited access to material in languages other than English."*

### **Client and family communication**

The second most often mentioned category of barriers to person-centred care was client and family attributes. Staff perceived communication barriers due to service user characteristics (such as poor cognition and hearing loss) as major barriers to person-centred care.

*"Severity of illness, energy levels of service user, degree of dementia/delirium present."*

*"Cognitive impairment can make informed involvement with services difficult."*

*"Hearing difficulties."*

Other service user characteristics perceived as barriers were associated with service users and staff having different expectations about the service, including service users appearing ambivalent to treatment.

*"Infrequent/irregular attendance to therapy."*

*"Patient expectations unrealistic within system."*

*"Lack of interest and responsibility for their own health."*

Family involvement and/or lack of involvement was also seen as a barrier at times, particularly where families disagreed among themselves or had different expectations or goals to the client or the treating team.

*"Arguments among family members/significant others. Lack of family support for service user."*

*"Different opinions of the family members."*

*"Family members are sometimes negative about the health service before giving staff a chance."*

### **Model of care and organisational issues**

Model of care and organisational issues were also important barriers to providing person-centred care. Inadequate processes for goal setting and discharge planning, poor continuity of care and documentation were some examples of barriers identified by the health services.

*"Poor discharge planning...no forward planning. Everything is rushed."*

*"Goals sometimes set without consultation of service user. Service users' priorities/goals sometimes don't fit with Health Services' goals and treatment timeframes."*

*"Continuity of care."*

Examples of poor or duplicated documentation included:

*"A requirement that copious non-integrated documentation be completed soaks up human resources."*

*"Some departments...keep separate records which are not accessible to other service providers."*

Lack of management and organisational support was also seen as a barrier by some staff from most health services. Some staff also felt that their health service lacked a cultural commitment to person-centred care.

*"Lack of support/recognition for increased demands on service providers."*

*"Pressure from above to discharge patients quickly."*

*"Unwillingness by management to approve innovative client-centred projects, citing poor cost-effectiveness."*

*"Focus is often on numbers treated rather than quality of service and we are pressured to turn over as many clients from the wait list as possible."*

Lack of flexibility in service hours was also seen as a barrier.

*"Availability and access to allied health after hours is a problem."*

The size of the health service and multiple sites sometimes impacted on logistical barriers.

*"Multi-campus sometimes lead to less effective communication and less timely transfer of information."*

### **Communication and teamwork**

Poor communication within the staff team, between services and between staff and services users was seen as a barrier in all health services.

All health services mentioned communication problems between staff.

*"Lack of communication between other services and teams."*

*"Failed communication between health care workers."*

*"Lack of communication by some team members...with the rest of the team."*

Lack of communication between staff and service users was also mentioned.

*"Staff do not explain to the patient what happens on the ward or expectation of them during their rehabilitation."*

*"Not providing the service user and their families all the necessary information they need."*

### **Staff attributes**

Negative attitudes and ageism on the part of staff to older people or to including service users as partners in their health care was seen as a barrier by some staff from most health services:

*"Lack of compassion and empathy."*

*"Elderly patients being treated like children and not consulted as to what they want."*

*"Staff putting their own personal values before those of the patient/resident/client."*

Some staff were seen as lacking the knowledge or skills to work in a person-centred way.

*"Lack of understanding of what patient centred care actually is."*

### **Education and training**

A majority of health services identified lack of education and training for staff as a barrier to person-centred practice. Some issues were:

*"I feel if staff had a better understanding of cognitive issues in the aged care population this would enable better strategies for therapy to be developed for those with cognitive concerns."*

*"Lack of understanding of patients' rights and self determination to make decisions."*

*"Lack of understanding of issues specific to older people. Lack of specific training on aged care issues."*

### **Environment**

Transport, parking, privacy, and inappropriate facilities and equipment were identified as barriers.

*"Poor signage around the hospital so people often have trouble finding where they need to go."*

*"Appropriate treatment space and private areas for adequate treatment is lacking, especially in a rehab setting."*

*"Expensive car parking (about to go up again for casual day visitors)."*

### **Changes in 2007 as compared to 2005**

Similar responses were generated in 2007 as compared to 2005 with a few exceptions. In 2005 a number of team communication issues were documented between staff of different disciplines due to professional boundaries. For example: *"There are clear divides between disciplines and territorial behaviour which can impact on communication."* Similar comments were not recorded in 2007, perhaps showing a greater acceptance of working in multidisciplinary teams. Also, in 2007 new comments emerged regarding inadequate I.T. resources and logistical barriers caused by working in larger health services and across multiple sites. Higher expectations for efficiency and electronic information transfer may explain these new comments.

### **Enablers**

This question asked: *What are the major factors that enhance person-centred practice within your Health Service?* The responses have been divided into categories as they emerged from the surveys:

1. Good teamwork and communication
2. Model of care issues, including:
  - a. Processes for inclusion of clients and carers in care planning (such as goal setting)
  - b. Processes for enhancing communication with clients and carers (such as key contact persons)
  - c. Flexibility in hours and location of service.
3. Staff attributes, including:
  - a. Being empathic
  - b. Being dedicated
  - c. Strong leadership
4. Adequate service capacity, including:
  - a. Adequate time
  - b. Resources (such as interpreters)
  - c. Adequate staffing
  - d. Equipment.
5. Training and education for staff
6. Client and family attributes, including:
  - a. Being motivated
  - b. Being knowledgeable.
7. Organisational and management support, including:
  - a. An organisational culture that supports person-centred care
  - b. Influence of individual managers
  - c. Continuous improvements.
8. Environmental factors, including:

- a. Privacy
- b. Other environmental enablers.

## **Summary**

### **Teamwork and Communication**

The most frequent comment was that having a professional team that communicates well is an important part of enhancing person-centred practice. For many respondents, communication with service users and families as part of the team was considered important.

*"Encouragement to work as a team with staff, patients and carers to achieve the best possible outcome for those involved."*

*"Good communication between service user/carer and Health Service team."*

*"Interdisciplinary communication."*

*"A good team approach is necessary for positive outcomes."*

### **Model of care**

Staff from all health services saw various aspects of their current model of care, particularly those that made inclusions for service users and carers as enhancing person-centred practice. These aspects included:

- Having a comprehensive assessment and goal setting process:

*"Carefully and thoughtfully structured assessments that are collaborative and consultative with the client and their carer."*

*"Face-to-face interview and assessment, a generic assessment on the first visit that identifies the patient's goals and issues."*

- Having a key contact person for the client and family to enhance communication and continuity of care:

*"Use of a key contact person for each patient."*

- Good discharge planning processes:

*"We have a discharge planner who involves patients/families in planning."*

- Processes that simplify entry and navigation of a complex system:

*"Single point of entry to service."*

*"Blanket referrals to allied health."*

Staff also identified aspects of the model of care that increase flexibility as helpful in promoting person-centred care. For example, having the capacity to provide services at home.

*"By having programs such as HARP [Hospital Admission Risk Program] and HITH [Hospital in the Home], so persons can be treated in their own environment with the support of relatives."*

### **Staff attributes**

Having appropriately trained staff with the right personal qualities, such as dedication, empathy, and respect were identified as important aspects of person-centred practice by staff from all health services.

*"Kind, caring, considerate thoughtful staff members."*

*"Health professionals committed to best practice, positive outcomes for service-users and willingness to be responsive and creative in their dealings with clients and carers."*

*"Empathy."*

*"The staff are dedicated and believe that the older person is a valuable asset in the community."*

Some respondents placed importance on strong leadership:

*"Strong leadership [is] advantageous for the client."*

*"Good role modelling."*

### **Service capacity**

Given the problems with service capacity noted in the previous section, it is not surprising that fewer staff identified having adequate capacity as enhancing person-centred care within their health services. However, resources, if perceived to be adequate, were seen as an important factor in promoting person-centred care. Resources that helped included:

- Having access to interpreters and translated materials:

*"Access to interpreters when needed."*

- Having time to talk to service users:

*"Ability to spend time talking to the client."*

*"Being able to spend the time with an individual on a one to one basis. Having time to establish relationship."*

- Having lower patient to staff ratios:

*"Ratios."*

- Access to a range of services for referral was also seen as important:

*"Interdisciplinary practice and providing a wide range of services in an area where clinical services were previously limited has significantly enhanced our ability to provide person-centred care."*

### **Training and education**

Staff from all health services identified training and education as helpful in promoting person-centred care. Educational opportunities reported as enablers for staff include: the Enhancing Practice Program, in-service education programs, and discipline specific education.

*"Attending Enhancing Practice Program."*

*"Good in-service programs."*

*"O.T.'s [occupational therapists] are generally person centred in their practice, this is taught very early on at university."*

### **Client and family attributes**

Motivated service users able to participate in their own care were seen as enablers to person-centred care.

*"Interest and responsibility for their own health and education and intact cognition."*

*"Including the service users in each step of their care, allowing them to make educated decisions even if it's not what we agree with."*

Having families who are constructively involved in the client's care was seen as an advantage.

*"Carers who can advocate on behalf of clients make a big difference and force us to treat clients as human beings so I think the visiting hours and support for visitors improves our person-centred practice."*

*"Family involvement in care and progress."*

### **Organisational and management support**

Having a supportive organisational culture and support of management was seen as important by staff from most health services. Some health services have clearly articulated values that are consistent with the principles of person-centred care, and this was seen as an advantage by staff.

*"Culture of respect and friendliness."*

*"It is made quite clear within this Service that treating a client as an individual is regarded as important and as something which must be done and not as an optional extra."*

The ability of individual managers to influence person-centred practice in the areas under their supervision was noted.

*"Depends on the 'culture' of the acute ward and a lot of this is to do with the influence of the N.U.M [Nurse Unit Manager] (either positively or negatively)."*

Having an organisation that looks to continuous improvements was seen as beneficial to person-centred practice.

*"Suggestions being taken seriously and put into action."*

### **Environmental factors**

Respondents from a majority of health services commented on environmental factors that enable person-centred care. These include space for privacy, outdoor areas, appropriated signage, and locating programs together that are often used by the same service users.

*"Privacy."*

*"Vision [and] hearing impaired signs."*

*"Outdoor area for long term patients...larger rooms, better toilets."*

*"Multiple programs being co-located that often provide services to the same clients."*

### **Changes in 2007 as compared to 2005**

Similar responses were generated in 2007 as compared to 2005 with a few exceptions. In 2005 education and training was only mentioned as enhancing person-centred practice in metropolitan health services. It was suggested rural Health Services might have fewer education and training opportunities. This was not evident in 2007 as all Health Services, metropolitan and rural, commented on education and training initiatives that were seen to enhance person-centred practice. The Enhancing Practice Program played an important role at several of the rural Health Services.

In addition, there was more emphasis on environmental factors in 2007, perhaps due to an increase in awareness of how the environment can contribute to person-centred care. Initiatives such as Improving the Environment for Older People in Health Services - An Audit Tool, may have had a role in raising awareness.

### **Awareness**

This question asked: *My awareness of person-centred care has increased over the past two years. Please comment.* Just over 60% of the respondents agreed or strongly agreed that their awareness of person-centred care had increased over the previous two years. General comments regarding increased knowledge and awareness included:

*"I think it is more talked about."*

*"[The] more you work with patients the more you learn."*

*"I am getting older and more aware of how I like to be treated when dealing with services. Also, being given feedback regarding things I do well helps."*

However, there was an important gap identified between increased knowledge and awareness and practice changes.

*"Awareness has increased however practice still needs to be improved."*

The comments generated by this question generally involved awareness and practical aspects of person-centred care delivery. The comments have been divided into broad categories as they emerged from the surveys:

1. Education and training, including:
  - a. General knowledge and awareness
  - b. Enhancing Practice Program
  - c. Improving Care Policy
  - d. Other education initiatives.
2. Staff attributes, such as:
  - a. Attitudes
  - b. Skills.
3. Model of care and organisational issues, including:
  - a. Improvements to the model of care
  - b. Shortcomings in the model of care.

4. Service capacity issues, such as:
  - a. Inability to translate awareness into practice due to limited resources.
5. Client and family awareness, such as:
  - a. Empowering service users to take part in their health care
  - b. Challenges to empowering clients.
6. Staff teamwork and communication.
7. Environmental issues.

### **Education and training**

Education and training initiatives were most frequently commented on as raising awareness. Changes in awareness attributed to the Enhancing Practice Program, developed by Northern Health and COTA featured in comments from nine health services:

*"I have attended Enhancing Practice sessions and this has raised my awareness to person-centred care. I stop and think to myself, 'How would I like to be treated if I were a patient?' I often reflect on my own practice, to see where I could improve."*

*"After attending Enhancing Practice Program, my eyes are wide open."*

*"Being a facilitator for Enhancing Practice Program has increased my awareness of the attitudes of health professionals and allied health staff towards ageing and ageism."*

Awareness rising from the Improving Care Policy (ICOP) was also noted:

*"ICOP initiative is working slowly."*

*"I enjoyed the ICOP older person education that I attended."*

Other sources of education and training initiatives include initiatives undertaken in individual health services and:

*"In-service education."*

*"My knowledge of person-centred practice was present from my education at university where this was a strong theory and focus."*

*"Attendance at COTA, person-centred care sessions has increased my awareness."*

*"Australian Nursing Federation Journal."*

A number of occupational therapists believed their professional training was training in person-centred care:

*"As an O.T., this is a central part of our professional practice."*

### **Staff attributes**

A number of respondents indicated that staff attributes were important in the awareness of person-centred care.

*"More able to place myself in the place of the patient or family member."*

*"Have always found it important."*

Respondents from almost every health service stated they are always person-centred in practice.

*"I feel I have always been patient centred."*

Comments like these can be interpreted two ways. These respondents could be truly person-centred in the care they provide, and always practice with the right skills and attitudes. Or they may not have sufficient insight into what person-centred care actually means in practice, as to practice person-centred care all of the time would be extremely challenging.

### **Model of care and organisational issues**

Model of care and organisational issues were also important to the awareness of person-centred care within most health services. Improvements to goal setting, discharge planning, and communication were some examples identified by the health services as raising awareness.

*"Introduction of client goals centred review process."*

*"Development of a nominated contact person within my team."*

*"More emphasis is now on discharge planning at admission time."*

*"It has always been the focus of this centre so we regularly review our practice methods in relation to patient care."*

Some model of care and organisational issues were seen as hindering person-centred care.

*"More paper work, less time for patients."*

*"My awareness has increased but the culture of the organisation structure is slow to change."*

### **Service capacity issues**

The service capacity responses generated were not about awareness but about limitations in turning awareness into practice.

*"There is no reason for this to have increased. It was always there. If anything I am more frustrated two years on as more resources are removed."*

*"My awareness of it hasn't changed. The ability to provide it however is determined by factors beyond my control."*

*"I would love to have more time to walk and chat with our patients."*

### **Client and family awareness**

There were some comments about awareness of person-centred care and the empowerment of health care service users. For example:

*"People have become more willing to be pro-active about their health needs, possibly due to increased knowledge dissemination either through media websites, and knowing their rights and responsibilities to optimum care."*

However, there were also many comments about client attributes, which may limit awareness:

*"Some older clients want to leave all decisions to staff – say they are in our hands. They need to be educated about the importance of their input."*

*"Very difficult with our patients as they have dementia so do not understand."*

### **Staff teamwork and communication**

A few respondents indicated working with a team, and having good communication increased awareness of person-centred care.

*"Working within a team environment."*

*"Because of the team of people who I work with."*

*"Good communication with immediate manager."*

### **Environmental issues**

There were comments from a few health services about environmental issue that were seen to affect person-centred care delivery.

*"Relocation to new integrated care services building along with other programs has enhanced our ability to provide better person-centred care across multiple programs."*

*"Require a clean and safe environment with good equipment."*

### **Best practice initiatives**

This question asked: *Please list any initiatives that you are aware of within your Health Service where you think that person-centred practice is well developed and effective.*

### **Summary**

As in 2005, the initiatives identified fell into four main categories. These were:

1. Aspects of the model of care that promote client-centred care, such as having a key contact person or a process for goal-setting
2. Specific services or resources that were seen as good examples of person-centred care, such as Hospital in the Home and liaison nurses.
3. Training and education initiatives provided for staff or service users
4. Organisation-wide initiatives, such as promoting person-centred care values within the organisation.

### **Model of care**

Respondents frequently identified processes in their current practice that they perceived as being good examples of person-centred care. These included:

- Processes that enhanced communication within the team and between the treating team and service users and families, such as team and family meetings.

*"Regular use of family meetings."*

- Processes for inclusion of service users and carers in care planning, discharge planning and service evaluation, such as goal setting and consumer feedback processes.

*"Satisfaction survey."*

- Processes that facilitate continuity of care, such as having a key contact person.

*"Having a key contact person is effective as that person is responsible for passing information to the client about the care and discharge planning."*

- Flexibility in service delivery, including being able to provide services in the client's home.

*"Dialysis in the home."*

- Having tools that enhance assessment, such as an interdisciplinary assessment form.

### **Specific services**

Staff from most health services identified specific services that they perceived as good examples of person-centred care. Examples included:

- Home-based rehabilitation services
- Post-acute care programs
- HITH
- HARP
- CRC
- Various programs within acute care that catered for the specific needs of older people.

There were also specific positions and/or disciplines that were seen as good examples of person-centred practice. These included:

- Nurses
- Care co-ordinators
- Volunteers
- Social workers
- Occupational therapists
- Physiotherapists
- Dieticians.

### **Training and education**

Training and education opportunities for staff and clients and carers were identified by most health services as examples of good practice in person-centred care. These included for staff:

- The Enhancing Practice Program
- Courses on cultural diversity
- Regular in-services.

For clients and carers:

- Education and support groups for people with particular conditions such as diabetes
- Education and information about health services
- Education and support groups for carers.

### **Organisation-wide initiatives**

A few respondents said that their whole organisation or service values person-centred practice.

*"I think person-centred practice is encouraged across the board, not just in particular initiatives."*

**Changes in 2007 as compared to 2005**

The responses generated in 2007 were very similar to those in 2005. One additional inclusion in 2007 was education and support initiatives for carers.

## **Section 4: Summary**

The survey was a repeat administration of a survey conducted in 2005. One thousand and forty-three staff from 17 health services across Victoria completed the 2007 survey. The respondents were from a range of disciplines across various program areas, including Community Rehabilitation Centres, Continence Clinics, General Medical wards, Geriatric Evaluation and Management units, and Rehabilitation wards. Eighteen and a half percent of respondents completed both the 2005 and the 2007 surveys.

### **Key findings**

Four items on the 2007 survey showed substantial changes (greater than 5%) in responses compared to 2005.

There was a substantial increase in 2007 in the number of respondents who agreed or strongly agreed that service users are usually able to make a choice that is best for them.

There was a reduction in the number of respondents who said:

- Hot food is usually or always served hot and service users are usually or always provided with assistance to eat if required
- Service users usually or always receive a follow-up phone call or visit after discharge
- Carers are usually or always given time and adequate assistance to prepare for discharge.

These three items with substantial reductions were related to organisational processes.

### **Areas for improvement**

Making positive changes in these areas will improve person-centred practice in Victorian Health Services:

- Providing service users with a follow-up phone call after discharge
- Providing service users with adequate transport and parking
- Providing service users with hot food and assistance to eat their food if required
- Providing written material in languages other than English for service users whose first language is not English
- Providing services at times that suit service users
- Providing service users with a single point of contact at the Health Service
- Asking carers about their goals during the service user's admission
- Being responsive to the needs of indigenous Australians
- Having a well co-ordinated practice, with minimal duplication
- Providing staff with support, ensuring that the emotional and physical demands of their work are acknowledged and recognised, and that management expectations are communicated clearly and consistently.

### **Awareness and practice changes**

Person-centred practice relies not only on individual awareness but also on appropriate models of care, resources, education, and supportive organisational cultures. Given the analysis shows the lowest practice and agreement rates are organisational, not individual issues, these organisational factors appear slower to change.

The 2007 survey shows a transition toward person-centred practice is still occurring in the health services. Sixty percent of survey respondents agreed or strongly agreed that their awareness of person-centred care had increased in the previous two years. If staff are more aware of what person-centred care is in practice, they will be more likely to criticise processes and issues which are slower to change and not conducive to person-centred care in practice.

## Appendix A

# Benchmarking Person-Centred Care Survey

### Instructions for completing the survey

This survey can be completed on line at [http://www.nari.unimelb.edu.au/pchc\\_survey](http://www.nari.unimelb.edu.au/pchc_survey), or completed and returned to Courtney Hempton at the National Ageing Research Institute at PO Box 31, Parkville, 3052. There are reply paid envelopes available from the Key Implementation Contact at your Health Service, xxx, phone xxx.

Please complete the survey online, or return it to the National Ageing Research Institute by **14<sup>th</sup> September, 2007**.

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### Definitions

**Person-centred care** has been defined as “*treatment and care provided by health services [that] places the person at the centre of their own care and considers the needs of the older person’s carers*” (Improving care for older people: A policy for Health Services, 2003, pxiii).

**Service user** refers to client or patient.

**Carer** refers to any family member or friend who provides care for an older service user. Care may include personal care, emotional support, care management, help with activities of daily living, such as transport, financial management, shopping and domestic help. It includes both primary (co-resident) and secondary carers (e.g. family members who do not usually reside with the older person).

---

### Site you are predominantly located at within xxx (please select one)

- |       |                          |                      |                          |
|-------|--------------------------|----------------------|--------------------------|
| xxx   | <input type="checkbox"/> | xxx                  | <input type="checkbox"/> |
| xxx   | <input type="checkbox"/> | xxx                  | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Please specify _____ |                          |

### Discipline completing form\* (please select one)

- |                           |                          |                           |                          |
|---------------------------|--------------------------|---------------------------|--------------------------|
| Administration            | <input type="checkbox"/> | Pharmacy                  | <input type="checkbox"/> |
| Allied Health Assistant   | <input type="checkbox"/> | Physiotherapy             | <input type="checkbox"/> |
| Dietitian                 | <input type="checkbox"/> | Podiatry                  | <input type="checkbox"/> |
| Medicine... Consultant    | <input type="checkbox"/> | Prosthetics and Orthotics | <input type="checkbox"/> |
| Medicine... Other medical | <input type="checkbox"/> | Psychology                | <input type="checkbox"/> |
| Nursing                   | <input type="checkbox"/> | Speech Pathology          | <input type="checkbox"/> |
| Occupational therapy      | <input type="checkbox"/> | Social Work               | <input type="checkbox"/> |
| Management                | <input type="checkbox"/> | Other                     | <input type="checkbox"/> |
| Neuropsychology           | <input type="checkbox"/> | Please specify _____      |                          |

\* Please do not complete this question if you are concerned it may identify you (e.g. if you are the only physiotherapist in your program, service or ward).

**Employment status**

Casual (including bank)  Permanent or contract

**Program, service or ward (select the area where you spend most time)**

General Medical Ward (Acute)  Geriatric Evaluation and Management

Rehabilitation Ward / Aged Rehab  Community Rehabilitation Centre

Continence Clinic  Other

Please specify \_\_\_\_\_

**Sex**

Male  Female

**Previous Participation**

Did you complete the previous Benchmarking Person-Centred Care survey in 2005?

Yes  No

Have you participated in the Enhancing Practice Program?

Yes  No

Have you used the NARI PCHC website <http://www.nari.unimelb.edu.au/pchc?>

Yes  No

*Throughout the survey, please tick the box that best corresponds with your opinion.*

## 1. Getting to know the older (>70yo) service user (patient or client)

### Attitudes and beliefs

1.1 It is important to get to know each service user as an individual (e.g. their medical history, social supports, pre-morbid status)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

1.2 It is important to find out how the service user and carer feels about this episode of care (e.g. worried about surgery, or how they will manage when discharged)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

### Practice

1.3 I listen carefully to what service users say

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

1.4 I find out what name the service user prefers to be called

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

1.5 I let service users know that I recognise them (e.g. call them by their preferred name, remember and repeat something they have told me)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

1.6 I give service users and their carers adequate time to talk to me (e.g. to discuss their concerns and their expectations)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

1.7 I seek to find out what is important to service users about their health (e.g. mobility, cognitive function, being part of the family, able to go to the gym)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

## 2. Sharing power and responsibility with older service users

### Attitudes and beliefs

2.1 Health care should be an equal partnership between the service user and provider

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

2.2 If provided with options, service users are usually able to make a choice that is best for them

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

### Practice

2.3 I ask service users what their goals are for this admission

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

2.4 I ask the carer/s what their goals are for this admission

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

2.5 In my service, program or ward, service users have an equal say with the rest of the team in the development of the care plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

2.6 In my service, program or ward, service users and carers have an equal say with the rest of the team in the development of the discharge plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

2.7 My/our care plans are structured around the client's goals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

2.8 At this Health Service, we provide services in the location that best suits the needs and preferences of the service user (e.g. in a centre, in hospital, in their own home)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

### 3. Service flexibility and accessibility

#### Attitudes and beliefs

3.1 Services should be accessible to service users of all ages, abilities, from all culturally and linguistically diverse (CALD) backgrounds and indigenous Australians

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

3.2 Services should be available at times and in places that suit service users and their families/carers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

#### Practice

3.3 This Health Service environment is designed to meet the needs of people with physical and cognitive disabilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

3.4 I use interpreters when working with service users whose first language is not English (unless I am completely confident that they can converse in English or I can converse in their language)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

3.5 Written materials are provided to service users in their own language by the Health Service

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

3.6 Information is provided in a variety of ways to ensure that all service users have access (e.g. written, verbal, visual)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

3.7 We provide services at times that suit service users (including after hours and on weekends)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

3.8 This Health Service is responsive to the needs of indigenous Australians

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

## 4. Making sense of services for the older service user

### Attitudes and beliefs

- 4.1 Health services should ensure that the service user has the information they need to understand what is happening to them throughout their whole care experience

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

### Practice

- 4.2 Service users in my service, program or ward are allocated a key contact person who is known to the service user and their carer/s.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

- 4.3 The client and carer have ready access to the key contact person (i.e. they are available by phone, messages are returned promptly)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

- 4.4 If a service user makes contact with this Health Service, they are directed to the most appropriate service without having to make another call (single point of contact)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

- 4.5 The Health Service in which I work is responsive when service users request information about their health condition and/or care plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

- 4.6 The Health Service in which I work is responsive when carers request information about the service user's health condition and/or care plan (with the client's consent)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

- 4.7 Service users are given information to enable them to make an informed choice about discharge or transfer from my service.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

## 5. The working environment facilitates person-centred practice

### Beliefs and practice environment

5.1 I feel that working with older people is valued within this Health Service

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.2 I feel that I am able to use my skills to the full in my work with older people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.3 I feel that I work as part of a team with a recognised and valued contribution.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.4 I like working with older people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.5 The emotional and physical demands of my work are acknowledged and recognised

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.6 The expectations that my managers have of me in relation to my work with older people are communicated clearly and consistently

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.7 I have been exposed to good role models in care for older people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.8 I have been exposed to good environments of care for older people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

5.9 I am supported to develop the skills I need to work with older people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

## 6. Concerns expressed by older people

### Attitudes and beliefs

6.1 The needs and preferences of service users should be central in health services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

6.2 Health care should be a collaborative partnership between service user and provider

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

### Practice

6.3 I welcome it when older people are informed and question or challenge my advice

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.4 This Health Service provides adequate transport and parking to ensure access for older service users and their families/carers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.5 This Health Service ensures that service users' personal privacy is respected

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.6 At this Health Service, hot food is served hot and service users are provided with assistance to eat (if required) while the food is still warm

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.7 After the service user is discharged, they receive a follow-up phone call or visit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.8 Our practice is well co-ordinated and there is minimal duplication when referring clients from one part of the Health Service to another and to community services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

6.9 Carers are given time and adequate assistance to prepare for discharge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	rarely	sometimes	usually	always	don't know

## 7. Barriers, facilitators and best practice

7.1 What do you see as the factors that detract from good communication with and involvement of service users within your Health Service?

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7.2 What are the major factors that enhance person-centred practice within your Health Service?

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7.3 My awareness of person-centred care has increased over the past two years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree	don't know

Please Comment:

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7.4 Please list any initiatives that you are aware of within your Health Service where you think that person-centred practice is well developed and effective.

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Thank you for taking the time to complete this survey. The Key Implementation Contact at your Health Service, xxx, will be provided with a copy of the findings for your Health Service for distribution to you.

## **Appendix B – Profile of respondents to Question 7**

### **Question 7.1 – Barriers (n=625)**

In total, 625 people from 16 health services commented on question 7.1. Seventy-four respondents were male (11.8%), 16 did not indicate gender.

<b>Discipline</b>	<b>Number of Respondents</b>
Administration	5
Allied Health Assistants	12
Did not indicate	12
Dietician	17
Management	8
Medicine - Consultant	14
Medicine – Other Medical	11
Neuropsychology	4
Nursing	286
Occupational Therapists	80
Other	15
Pharmacy	1
Physiotherapists	80
Podiatry	6
Prosthetics and Orthotics	5
Psychology	2
Social Work	45
Speech Pathology	22

<b>Program, Service or Ward</b>	<b>Number of Respondents</b>
Community Rehabilitation Centre	69
Continence Clinic	10
Did not indicate	25
Emergency Department	24
General Medical Ward (acute)	148
GEM Ward	79
Other	82
Rehabilitation Ward / Aged Rehab	188

### **Question 7.2 – Enablers (n=582)**

In total, 582 people from 16 health services responded to question 7.2. Sixty-six respondents were males (11.3%), 13 did not indicate gender.

<b>Discipline</b>	<b>Number of Respondents</b>
Administration	6
Allied Health Assistants	12
Did not indicate	13
Dietician	18
Management	8
Medicine - Consultant	13
Medicine – Other Medical	8
Neuropsychology	2
Nursing	245
Occupational Therapists	85
Other	15
Pharmacy	1
Physiotherapists	73
Podiatry	5
Prosthetics and Orthotics	5
Psychology	2
Social Work	49
Speech Pathology	22

<b>Program, Service or Ward</b>	<b>Number of Respondents</b>
Community Rehabilitation Centre	70
Continence Clinic	12
Did not indicate	23
Emergency Department	23
General Medical Ward (acute)	131
GEM Ward	72
Other	77
Rehabilitation Ward / Aged Rehab	174

### **Question 7.3 – Awareness (n=310)**

In total, 310 people from 16 health services commented question 7.3. Thirty-one respondents were males (10%), nine did not indicate gender.

<b>Discipline</b>	<b>Number of Respondents</b>
Administration	3
Allied Health Assistants	6
Did not indicate	11
Dietician	12
Management	2
Medicine - Consultant	3
Medicine - Other Medical	4
Neuropsychology	1
Nursing	118
Occupational Therapists	51
Other	8
Physiotherapists	42
Podiatry	4
Prosthetics and Orthotics	3
Psychology	2
Social Work	28
Speech Pathology	12

<b>Program, Service or Ward</b>	<b>Number of Respondents</b>
Community Rehabilitation Centre	49
Continence Clinic	6
Did not indicate	15
Emergency Department	11
General Medical Ward (acute)	71
GEM Ward	36
Other	42
Rehabilitation Ward / Aged Rehab	80

### **Question 7.4 – Best Practice (n=356)**

In total, 356 people from 16 health services commented question 7.4. Forty-three respondents were males (12.1%), four did not indicate gender.

<b>Discipline</b>	<b>Number of Respondents</b>
Administration	4
Allied Health Assistants	6
Did not indicate	5
Dietician	11
Management	8
Medicine - Consultant	9
Medicine – Other Medical	6
Neuropsychology	3
Nursing	152
Occupational Therapists	47
Other	9
Physiotherapists	46
Podiatry	1
Prosthetics and Orthotics	2
Psychology	2
Social Work	28
Speech Pathology	17

<b>Program, Service or Ward</b>	<b>Number of Respondents</b>
Community Rehabilitation Centre	46
Continence Clinic	9
Did not indicate	12
Emergency Department	15
General Medical Ward (acute)	82
GEM Ward	48
Other	41
Rehabilitation Ward / Aged Rehab	103