

Staff Information on Respecting patients' privacy and dignity with patient centred care principles



We are committed to patient centred care, and improving patient's experience whilst in our care and maintaining their privacy and dignity.

We recognise patients, family and/or carer as partners with the health care team, and we want to ensure that their stay is as positive as possible.

What is patient centred care?

Patient or consumer centred care is health care that is respectful of, and response to, the preferences, needs and values of patients and consumers.

We are focussing on the eight principles of patient centred care and your rights, that are aimed to deliver the best care while you are with us and ensure privacy and dignity are respected at all times.

The key principles of patient centred approaches include:

- > treating patients, consumers, carers and families with dignity and respect
- > encouraging and supporting participation in decision making by patients, consumers, carers and families
- > communicating and sharing information with patients, consumers, carers and families
- > fostering collaboration with patients, consumers, carers, families and health professionals in program and policy development, and in health service design delivery and evaluation.

It involves including patients, consumers, families and carers in care planning and decision making.

We are focussing on the eight principles of patient centred care that are:

1. Respect for patient's values, preferences and expressed needs
2. Coordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family, friends and carers
7. Transition and continuity
8. Access to care.

Respect for patients' values, preferences and expressed needs

Patients want to be informed regarding their medical condition and involved in decision making. Patients indicate that they want hospital staff to recognise and treat them in an atmosphere that is focused on the patient as an individual with a presenting medical condition by:

- > ensuring same gender accommodation is available, however when not possible, providing patients' support and safety needs in a mixed gender accommodation environment
- > always introducing yourself and explaining your role
- > asking the patient what name they wish to use
- > identifying people such as carer, family or friend, in conjunction with the patient
- > showing an awareness of the patient's views, beliefs, culture and language
- > considering patient preferences in all decision making and goal setting for care and treatment.

- > treating patients in an environment that is patient centred and focussed on the patient as an individual
- > ensuring patients are treated with dignity, respect and sensitivity to their cultural values and needs
- > keeping patients informed regarding their medical condition and involving the patient, family and/or carer in decision making
- > maintaining the patient's privacy during consultation and treatment, ensuring that curtains, doors and window blinds are closed
- > being respectful of the patient's religious or faith traditions, and ensure that interpreters and cultural, religious or faith supports are available.

Coordination and integration of care

Coordination and integration of care can ease and reduce the patient's feeling of vulnerability by:

- > assessing all patients on admission
- > implementing patient safety strategies such as preventing falls, pressure injury and healthcare associated infections
- > using effective pain management and strategies to minimise functional decline
- > ensuring health care is well organised and all work together so the patient feels safe and well cared for
- > referring to additional support services as required
- > providing self-management information to the patient
- > documenting care provided in the patient's medical record

Information, communication and education

Patients and carers want to know who is looking after them, what is happening, when, why and how. Talk with your patients during ward rounds and handovers byL

- > explaining the patient's daily plan of care – "Know the Plan, Share the Plan, Review the Risk"
- > using plain language and avoid jargon
- > checking back that the patient understands the information
- > giving patients the HCSCC Charter of Rights and ensure that the patient knows and understands their rights
- > responding to patient questions, requests, concerns and complaints promptly
- > using patient bed boards to assist patients to identify the clinical staff looking after them and their daily goals

Physical support

Physical comfort and support is important to ensure that patient and consumer experience is as positive as possible by:

- > ensuring your patients are provided pain management in a timely manner
- > assisting patients with activities and daily living needs
- > ensuring that the hospital surroundings and environment are kept clean, including the patient's need for privacy and accommodation
- > ensuring that there are lounge areas / quiet rooms available for patients, family and/or carers when visiting hospital.

Emotional support and alleviation of fear and anxiety

A simple welcome to a patient, family and/or care can do a lot to make them feel comfortable and relaxed by:

- > taking action to improve patients' experience
- > listening and acknowledge patients', family and carers concerns to make a comment or complaint about services provided
- > maintaining patient confidentiality and protect patient dignity
- > orientating your patient to their treatment area and provide them with the patient information book
- > making call bells accessible and areas clutter free
- > creating acceptable noise levels and lighting
- > assisting patients and families to use lounge areas and/or quiet rooms
- > providing information about volunteers, pastoral care and/or support services

Involvement of family and friends

Involvement of family and friends are important as partners in health care by:

- > involving patients, families and/or carers in the plan of care
- > encouraging patients and families to participate in multidisciplinary case conferences
- > ensuring information about changes in condition or other concerns are discussed with the patient, family and/or carer
- > seeking feedback from the patient, family and/or care about the care the patient is receiving

Ask the patient, family and/or carers "What has gone well" and "What or where could we improve"?

Continuity of care and transition

Patients, family and carers want to know what to do when they get home after discharge by:

- > making sure clinical handover communicates the patient's condition, care and treatment needs
- > using the ISBAR tool to structure clinical handover
- > arranging patient referrals to appropriate services prior to discharge
- > organising follow up appointments with the patient prior to discharge
- > providing patient follow up though discharge phone calls for relevant services

Access to care

Patients want to know they can access care when it is needed by:

- > ensuring care is provided that is easy for patients to get when they need it
- > providing information to patients that they can understand, to help them to make decisions about their health care
- > ensuring the health system is designed to provide safe, high quality care for the patients, family and/or carers

The table below describes the patient centred care principles which have been aligned to the HCSCC Charter of Health and Community Services Rights (the HCSCC Charter).

Patient centred care principles	HCSCC Charter of Rights
Patient centred care is health care that is respectful of, and responsive to the preferences, needs and values of patients and consumers.	The HCSCC Charter of Rights sets out the rights of all people who use most health and community services in South Australia and to the family members, carers and nominees who act on behalf of a person seeking or using a service.
Respect for your values, preferences and expressed needs	Respect – your right to be treated with respect Privacy – your right to privacy and dignity
Coordination and integration of care	Quality – your right to high quality care
Information, communication and education	Information – your right to be informed
Physical comfort	Quality – your right to high quality care Safety – your right to be safe from abuse
Emotional support and alleviation of fear and anxiety	Quality – your right to high quality care Comment – your right to comment and/or complain
Involvement of family and/or carers	Participation – your right to actively participate Comment – your right to comment and/or complain
Continuity and transition	Quality – your right to high quality care
Access to care	Access – your right to access health and community services Quality – your right to high quality care

Further information on the Picker Institute principles of patient centred care is available at <http://pickerinstitute.org/about/picker-principles/>

Further information on the HCSCC Charter of Rights is available on the Health and Community Services Complaints Commissioner (HCSCC) South Australia website at www.hcsc.sa.gov.au

References:

Picker Institute, Principles of Patient Centred Care <http://pickerinstitute.org/about/picker-principles/>
Alfred Health powerpoint presentation, *An introduction to Safety, Quality and Patient-Centred Care*
Australian Commission on Safety and Quality in Health Care (ACSQHC), *Australian Safety and Quality Framework for Health Care*, December 2010
HCSCC Charter of Health and Community Services Rights (the HCSCC Charter)

For more information

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This document has been reviewed and endorsed by CACAC* for consumers and the community May 2014.



Interpreter



www.ausgoal.gov.au/creative-commons