

Taranaki District Health Board

# **PATIENT AND FAMILY/WHANAU- CENTRED CARE FRAMEWORK**

## **2014 - 2017**



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Ward 2A Nurse Jackie Heapy talks with patient Jack Zentveld and his daughter Jennifer.

It is acknowledged that different services and health professionals use different terminology. The words patient/consumer in relation to this document is used to describe patient, client, consumer and service user.

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# TARANAKI DHB VALUES

## **Our Vision**

Taranaki together, a healthy community - Taranaki whanui, he rohe oranga

## **Our Mission - Te Kaupapa**

Improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki

## **Our Aims**

- To promote healthy lifestyles and self responsibility
- To have the people and infrastructure to meet changing health needs
- To have people as healthy as they can be through promotion, prevention, early intervention and rehabilitation
- To have services that are people-centred and accessible where the health sector works as one
- To have a multi-agency approach to health
- To improve the health of Maori and groups with poor health status
- To lead and support the health and disability sector and provide stability throughout change
- To make the best use of the resources available

## **How We Work Together With Others - Nga Tikanga**

We will work together by:

- Treating people with trust, respect and compassion
- Communicating openly, honestly and acting with integrity
- Enabling professional and organisational standards to be met
- Supporting achievement and acknowledging successes
- Creating healthy and safe environments
- Welcoming new ideas

## **Treaty of Waitangi**

The Taranaki District Health Board embraces the three principles of the Treaty of Waitangi. In practical terms this means:

- Partnership; working together with iwi, hapu, whanau and Maori communities to develop strategies for improving the health status of Maori
- Participation; involving Maori at all levels of the organisation in planning, development and delivery of health and disability services that are put in place to improve the health status of Maori
- Protection; ensuring Maori wellbeing is protected and improved as well as safeguarding Maori cultural concepts values and practices

## INTRODUCTION

The Taranaki District Health Board (DHB) is the Crown entity responsible for planning, funding and in some instances, delivering health and disability services for our district. This framework provides direction to hospital and specialist services in relation to patient/consumer and family/whanau-centred practice. It recognizes that there are many good examples of effective patient/consumer participation and collaboration already occurring within the organisation both at individual clinician, service and governance levels.

Our health and disability services exist for the patients and consumers they serve. Over the past few decades health care has evolved to provide patients/consumers with more input into their treatment and service planning and development. There is growing evidence demonstrating the importance of partnerships between health services/health professionals and patients/consumers, families/whanau/whanau and carers.

In a Whanau Ora context, patient and whanau-centred care is a key factor, the implication being that every service offered by Taranaki DHB should contribute to the generation of self-management knowledge and skills to empower whanau to be able to understand the cause of health conditions and act to prevent or manage health issues.

The HDC Code of Health and Disability Services, Consumer Rights 1996 is also about respect, honesty and collaboration between patients/consumers and health providers. These rights recognise that there is an inter-dependent partnership.

When patients/consumers and providers work together, then service quality, safety and systems can be improved. This applies to policy and programme development, implementation and evaluation, health/disability facility design, professional education, as well as delivery of care. These values encompass the following rights (and provider duties and obligations):

Respect -

- Right 1-the right to be treated with respect
- Right 2-the right to freedom from discrimination, coercion, harassment and exploitation
- Right 3-the right to dignity and independence
- Right 8-the right to support
- Right 10-the right to complain

Honesty - This value encompasses the following rights (and provider duties and obligations):

- Right 5-the right to effective communication
- Right 6-the right to be fully informed
- Right 7-the right to make an informed choice and give informed consent

Collaboration - This value encompasses the following rights (and provider duties and obligations):

- Right 4-the right to services of an appropriate standard
- Right 8-the right to support
- Right 9-the right in respect of teaching and research

We know that patient/consumer participation can lead to improvements in health services in the following ways:

- Improved outcomes
- Enhanced experience of care
- Increased workforce satisfaction
- Reducing length of stay
- Improved adherence to treatment regimes
- Reconfiguration of services
- Improved knowledge and awareness to improve ability to self-manage

Patient and family/whanau-centred care places an emphasis on health care providers collaborating with patients/consumers and families/whanau at all levels of care and in all health settings. Emerging evidence is starting to show that institutions which score highly for providing patient-centred care often have lower costs per case and shorter lengths of stay Chamel PA, Frampton SB (2008) "Building the Business case for patient-centred care" Healthcare Financial Management March vol 62(3) pg 80-85



Oncology patient Jean-Luc Danquigny with Denise Green.

"In the past, health care providers have tended to regard patients/consumers and families as passive recipients of health care delivery, yet the inclusion of the patient/consumer and family voice in clinical decision-making can improve outcomes. Not only can patients/consumers and families contribute to an agreed management pathway, but their opinions can and should shape how we develop health policy and design our services and facilities." Dr Margaret Wilsher

## HEALTH QUALITY AND SAFETY COMMISSION

The Health Quality and Safety Commission was established in November 2010 as a Crown Entity under the New Zealand Public Health and Disability Act 2000 to lead and co-ordinate work across the health and disability sector for the purposes of:

- Monitoring and improving the quality and safety of health and disability support services
- Helping providers across the whole sector to improve the quality and safety of services.

The Health Quality and Safety Commission has developed a Partners in Care Framework which is designed to be implemented over four years by the Commission together with the Health and Disability sector. The Commission views patients/consumers as key partners in working to promote change within the sector. This framework provides overarching guidance and a principled approach to involving patients/consumers as partners in health and disability policy, planning and services. The intention is to build on the work that the health and disability sector has done to date. As a result, patients/consumers become Partners in Care and New Zealand's health and disability services are fit for purpose in the 21<sup>st</sup> century.

The commission is developing a set of national health quality and safety indicators including the development of patient/ consumer experience indicators.

The framework has a theme for each year supported by three concurrent work streams.

The themes are:

- Leadership and awareness-raising about the Partners in Care Framework.
- Collaboration
- Innovation
- Evaluation

The three concurrent work streams are:

- Increase health literacy
- Improve consumer participation
- Develop leadership capability for providers and consumers.

The work streams together will ensure:

- People who access health and disability services are enabled, encouraged and supported to participate in decision-making.
- Participation is safe, meaningful and occurs at all levels.

# Health Quality and Safety Commission Framework

The diagram below illustrates the HQSC New Zealand Triple Aim framework for quality and safety outcomes:



Individual	Population	System
Improved quality, safety & experience of care	Improved health & equity for all populations	Best value from public health system resources
<b>Values</b>		
Respect	Honesty	Collaboration
<b>Principles</b>		
Valuing Consumers' Perspectives	Leadership and partnership	Consumer involvement at all levels



Patient and family/whanau-centred care places an emphasis on health care providers collaborating with patients/consumers and families/whanau at all levels of care and in all health settings.

# TARANAKI DHB PATIENT AND FAMILY/WHANAU-CENTRED CARE FRAMEWORK

## Our Vision

Taranaki DHB promotes patient/consumer and provider partnerships in order to improve health quality and safety.

## Our Story

One of Taranaki DHB's aims is "To have services that are people-centred and accessible where the health sector works as one"

In 2012 the Taranaki DHB Clinical Board agreed to lead the development of patient and family-centred care framework for hospital and specialist services and in due course for all of the DHB. In supporting this work, the Clinical Board acknowledged the importance of clinical leadership and the contribution of a patient and family-centred framework to clinical quality and safety. Six members of the Taranaki DHB Clinical Board including two lay members formed a sub-committee to develop this framework.

In October 2011 two Clinical Board representatives attended an HQSC workshop "Improving together: Strengthening the Consumer Voice" with guest speaker Beverley Johnson, President and CEO of the Institute for Patient and Family-Centred Care. She challenged the audience to reflect on how and by whom are health services planned, reviewed and organised. In the past patients/consumers have been expected to "fit" into the health system and we "do" to them rather than patients/consumers working with us.

Whanau Ora was introduced formally into the health and disability sector through the release of He Korowai Oranga, national Maori Health Strategy in 2002, which has as its ultimate goal "Whanau Ora – whanau supported to achieve their maximum health and wellbeing". At the core of Whanau Ora is an underlying concern for Maori ownership and management of their own health conditions, and the delivery of services in a way that empowers whanau with the necessary knowledge and skills to be able to do that.

Patients and Family/whanau-centred Care is working with patients/consumers and families/whanau, rather than just doing to or for them. In this model, healthcare is patient/consumer and family/whanau-centred, involving them both as integral members of the care team.

## FOUR CONCEPTS OF PATIENT AND FAMILY/WHANAU-CENTRED CARE

- People are treated with respect and dignity
- Health care providers communicate and share complete and unbiased information with patients/consumers and families/whanau in ways that are affirming and useful
- Patients/consumers and families/whanau are encouraged and supported in participating in care and decision-making at the level they choose
- Collaboration among patients/consumers, families/whanau and providers occurs in policy and programme development and professional education, as well as delivery of care

Together with the Health Quality and Safety Commission's work streams, this framework links in with "People Experience" goals within the DHB Quality and Risk Strategic Plan 2012-15:

## People Experience

### Description

Is the extent to which a service involves people, including consumers, their families/whanau and whanau, and is receptive and responsive to their needs and values. It includes participation, appropriateness, adherence to the Code of Health & Disability Services Consumers' Rights 1996 and adherence to other consumer protections such as the Health Information Code 1994.

### Goals

1. To ensure services are delivered in a consumer and family/whanau centred manner.  
Rationale: Consumer and family/whanau centred care impacts positively on the consumer experience and is known to improve outcomes.
2. To promote and enable strong community participation and partnership in the health and disability sector.  
Rationale: Promoting and enabling community participation and partnership is essential to understanding the needs of the Taranaki community, designing and planning good services, assessing how well services are performing and achieving the desired health outcomes for consumers.
3. To promote healthy lifestyles and self responsibility.  
Rationale: The more we are able to live a healthier lifestyle and value our health, the healthier a community we will be;
  - Promoting self responsibility to encourage people to make informed decisions about a healthy lifestyle.
  - Promoting, maintenance of good health and wellness.
  - Acknowledging the importance of social and cultural influences that also determine our health.



Stephanie Besseling, Intensive Care Unit Clinical Nurse Manager, consults with the Taranaki DHB Disability Action Group.

## PATIENT AND FAMILY/WHANAU-CENTRED CARE FRAMEWORK

### Taranaki DHB Patient and Family/Whanau Centred Vision

Taranaki DHB promotes patient/consumer and provider partnerships in order to improve health quality and safety.

### Concepts

Respect and dignity      Information      Participation in decision-making      Collaboration

### The HQSC (Health Quality and Safety Commission) three work streams are:

Work stream 1      Increase health literacy

Work stream 2      Improve consumer participation

Work stream 3      Develop leadership capability for providers and consumers

### Taranaki DHB's approach in 2014/15 is to focus on Work stream 2:

#### Improve consumer participation

#### Phase 1 Action plan 2014

Responsibility: Clinical Board Sub-committee

- Obtain Clinical Board endorsement of the Patient and Family/whanau-centred Care Framework
- Obtain EMT (Executive Management Team) endorsement of the Patient and Family/whanau-centred Care Framework
- Clinical Board to sponsor a presentation to providers and consumers by Health and Disability Commission.
- Clinical Board to launch the Patient and Family/Whanau-Centred Care Framework to Hospital and Specialist Health services at Grand Round

#### Phase 2 Action plan 2014/15

Responsibility: Hospital and Specialist Services Project team

We intend to take a project approach to this work with the following objectives:

- To establish a structure and sustainable mechanisms to enable Taranaki DHB to meet the vision of promoting patient/consumer and provider partnerships in order to improve health quality and safety.
- To identify current good practices of patient/consumer participation and collaboration at individual clinician, service and governance levels within the organisation.
- To develop and implement an annual work plan that aligns with the "People Experience" goals of Taranaki DHB Quality and Risk Strategic Plan 2012-15.

## **APPENDIX 1:**

### **REFERENCES**

Waitemata DHB Health Service Co-design Guide and Toolkit Oct 2010 [www.healthcodesign.org.nz](http://www.healthcodesign.org.nz)

National Health Service (NHS) Patient Experience Framework Feb 2012

National Health Service (NHS) Feeling better? Improving patient experience in hospital 2010

National Quality and Risk Managers' Group Guide for Developing a Consumer Experience Framework June 2012

Perth Declaration for Patient Safety Aug 2009 [www.hconc.org.au](http://www.hconc.org.au)

### **WEBSITES**

[www.hqsc.govt.nz](http://www.hqsc.govt.nz)

[www.ihi.org](http://www.ihi.org)

[www.hdc.org.nz](http://www.hdc.org.nz)

[www.ipfcc.org](http://www.ipfcc.org)



**Improving, promoting, protecting and caring for the health  
and wellbeing of the people of Taranaki.**