PERSON-CENTRED CARE TOOLKIT

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.

This toolkit was developed by the Australian Diabetes Educators Association with funding from the National Diabetes Services Scheme. If you require further information about this toolkit, please contact the Australian Diabetes Educators Association (ADEA) on 02 6287 4822. Please refer people with diabetes to the NDSS Infoline 1300 136 588 or NDSS website www.ndss.com.au for information, self-management support or products.

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- Credentialled Diabetes Educators and Consumers who participated in the evaluation process

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Disclaimer

The Australian Diabetes Educators Association (ADEA) believes that the information contained in this training resource was accurate and reliable at the time of publication. The websites quoted in the resource were accessible at the time of publication. The ADEA takes no responsibility for the accuracy or future availability of these sites. The ADEA takes no responsibility for any adverse consequences that arise as a result of using the content of the resources for clinical purposes.

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INTRODUCTION

Person-centred care is summarised by the Australian Commission on Safety and Quality in Healthcare as 'health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers[1]'. Person-centred care is not a new concept, becoming an increasingly commonplace term since the mid-1990s, it is now a widely known concept amongst healthcare professionals. Additionally, there is more and more evidence which supports person-centred care and suggests that engaging people in their health is fundamental to developing sustainable and high quality healthcare[2].

While there are varying models of person/patient/consumer-centred care, an essential component is health professionals partnering with people to develop personalised care plans which work for them. People self-manage their condition all day, every day with health professionals supporting their journey.

Credentialled Diabetes Educators (CDEs) who practice person-centred care empower people to engage with health services in a relevant and timely manner, make effective decisions about their health and participate in mutually-agreed evidence-based self-management strategies.

CDEs already have training in the broader emotional, psychological and social domains of care in addition to effective communication and collaborative and individualised care. These skills are important and are the foundations of person-centred care. This toolkit builds on these skills offering new perceptions of person-centred care based on current evidence.

This document will provide you with information on the purpose of the Person-Centred Care Toolkit and how to use it to improve your practice and provide the best outcomes for people under your care and guidance.

Background Information

To support CDEs who are providing person-centred care, the Australian Diabetes Educators Association (ADEA), through funding from the National Diabetes Services Scheme (NDSS) have developed the Person-Centred Care Toolkit.

This toolkit was originally produced by the ADEA in 2015 to be used by CDEs in their consultations with people who have diabetes. It has been identified as having relevance to people beyond the scope of diabetes and has therefore been modified accordingly to be used by all healthcare professionals in the treatment of people with any chronic or complex condition.

Consumer/patient/person-centred care is referred to in a multitude of ways. For the purpose of this toolkit we will use person-centred care. Many people with chronic and complex conditions visit health professionals routinely as part of the ongoing management of their condition and are not always 'sick' when they do so.

The term 'patient' implies the person is a passive recipient of care, rather than an active agent in his or her own self-care. Patients are people, and people are individuals, with their own preferences, priorities and lives beyond their condition[3].

ADEA is committed to the highest standards of practice including the provision of person-centred care in diabetes management. Providing person-centred care is a strong theme throughout the ADEA National Core Competencies for Credentialled Diabetes Educators and is integral to ADEA policies and standards including the ADEA Code of Conduct and the National Standards of Practice for Credentialled Diabetes Educators.

Purpose

The Person-Centred Care Toolkit is designed to assist CDEs to monitor the quality of their person-centred care practices, highlight areas for improvement and monitor ongoing progress.

There are three components to the Person-Centred Care Toolkit:

- A Quality Improvement Tool
- A Consumer Survey
- A Consumer Interview

Using all three components of the toolkit will assist CDEs in providing quality person-centred care as demonstrated in Figure 1.

The Person-Centred Care Toolkit is available as interactive PDF documents hosted on the dedicated ADEA Person-Centred Care website.

www.personcentredcare.com.au

Figure 1. Components of the Person-Centred Care Toolkit

How the Person-Centred Care Toolkit was developed

The Person-Centred Care Toolkit was developed through a partnership between ADEA and the International Centre for Allied Health Evidence (iCAHE) at the University of South Australia, using a three-stage process:

- Searching for and sourcing relevant national and international clinical practice guidelines and resources from person-centred care organisations. This evidence base was identified by way of a rapid review of peer reviewed and grey literature regarding person-centred diabetes care. The evidence can be found at www.adea.com.au/projects/postition-statements-for-health-professionals.
- Identifying and drafting a set of proposed person-centred care principles.
- Surveying the perspectives of consumers and diabetes educators about the draft set of proposed person-centred care principles, over two rounds using a modified Delphi approach.

This structured development process resulted in a set of ten Person-Centred Care Principles which form the basis of the Person-Centred Care Toolkit (see Box 1). The Principles were divided into two categories – eight Health Care Principles and two Policy and System Improvement Principles.

Box 1. Person-Centred Care Principles

Person-Centred Care Principles

Health Care

1. I focus on the person and their goals and overall wellbeing.
2. I'm respectful of the person's culture and health beliefs.
3. I respect the person's decisions about their health care and include carers and family members (with the person's consent).
4. I proactively outline care options and known health benefits, risks, access and costs.
5. I check each person has understood, agrees with and can action their self-managed care.
6. I review outcomes and use the person's experiences, needs, preferences and values as the basis for planning the next period of self-management and professional care.
7. I communicate with the person's other health providers to facilitate holistic care (with the person's consent).
8. I partner with the person so they can communicate with key people in their life to support environments that are non-discriminatory, safe and supportive.

Policy and System Improvement

9. I partner with consumers and consumer representatives to educate colleagues and the wider community about, and advocate for, supportive and inclusive environments for people living with diabetes.
10. I partner with consumers and consumer representatives in policy and service development and ongoing quality assurance.

Using the Person-Centred Care Toolkit to plan quality services

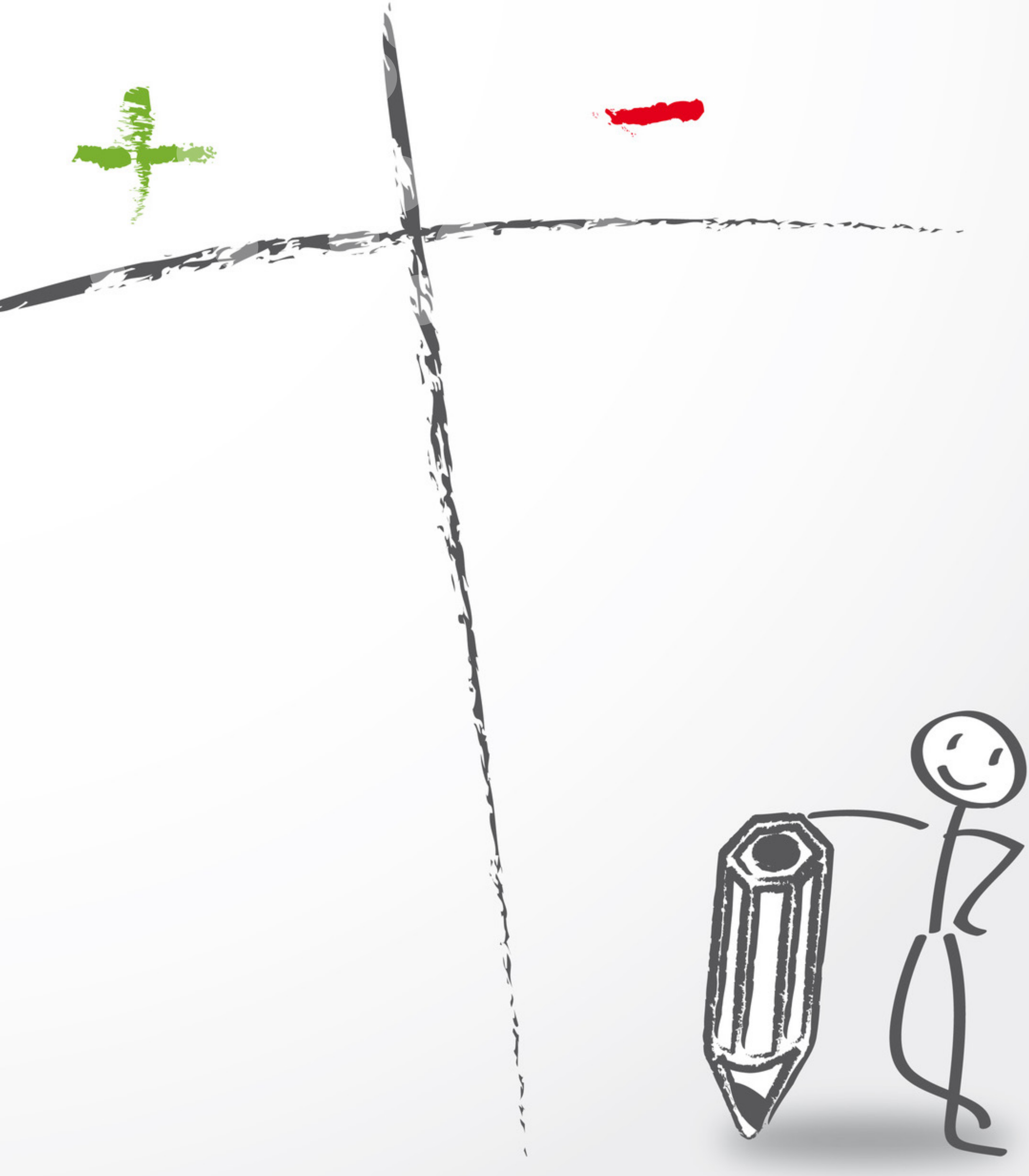
CDEs can use the Person-Centred Care Toolkit to determine what delivering person-centred care means for their practice; and specifically -what their service will look like if they are providing person-centred care – and if they are not. The Person-Centred Care Toolkit, therefore is designed to be used as a basis for monitoring quality practice.

To fully utilise the Person-Centred Care Toolkit, CDEs should strive towards meeting all of the Person-Centred Care Principles, however the process should be individualised and adapted through a quality improvement cycle building upon pre-determined targets. CDEs may choose to only include and work towards some of the Person-Centred Care Principles.

It is important to recognise that information from consumer feedback is critical to improving person-centred care. Suggested use of the three elements of the Person-Centred Care Toolkit is provided in Table 1.

Table 1. Person-Centred Care Toolkit

Element	Intended Usage	Considerations
Quality Improvement Tool for Credentialled Diabetes Educators and Diabetes Services	• Measuring the level of person-centred care in the practice. The Quality Improvement Tool will collect base-line data which can be tracked over time to provide an indication of both levels of improvement and strategies to enhance practice. • Planning areas for improvement and how this will be achieved	• Can be achieved through peer review and/or as an activity involving all staff • Must include either the Consumer Survey or Interview • Practice or service must decide who is responsible for implementing improvements and the associated timeframe to implement improvement • Quality Improvement Tool forms part of the service or practice’s quality improvement cycle
Consumer Survey	• Consumer feedback is essential to measuring person-centred care • The Consumer Survey has been designed to be completed anonymously, and captures how consumers consider HPs are performing in delivering person-centred care • Results from the Consumer Survey can be used for planning improvements to the service	• Examples are provided to assist consumers completing the survey to understand the implications of each of the Person-Centred Care Principles • Examples provided will need to be adapted to suit the health literacy needs of consumers • Results from the Consumer Survey are mapped against responses to the Quality Improvement Tool
Consumer Interview	• The consumer interview has been designed to capture more detailed and structured feedback • Results from the Consumer Interview can be used for planning improvements to the service	• Optimally the Consumer Interview should be conducted by someone independent of the service or practice to facilitate open dialogue • Examples are provided to assist the interviewer in explaining the implications of each of the Person-Centred Care Principles



PERSON-CENTRED CARE

TOOLKIT

CDE QUALITY IMPROVEMENT TOOL

INTRODUCTION

The Australian Diabetes Educators Association (ADEA) is committed to the highest standards of practice and believes in person-centred diabetes care. An essential component of Credentialled Diabetes Educators (CDEs) providing person-centred care is partnering with people with diabetes to develop personalised care plans which work for them.

People self-manage their diabetes all day, every day with health professionals supporting their journey.

To support CDEs working in diabetes services in providing person-centred care, ADEA, through funding from the National Diabetes Services Scheme (NDSS) have developed the Person-Centred Care Toolkit.

Purpose

The Person-Centred Care Toolkit is designed to assist CDEs and diabetes services to monitor the quality of their person-centred care practices, highlight areas for improvement and monitor ongoing progress.

There are three components to the Person-Centred Care Toolkit:

- A Quality Improvement Tool
- A Consumer Survey
- A Consumer Interview

Using all three components of the toolkit will assist CDEs and diabetes services in providing quality person-centred care as demonstrated in Figure 1.

Figure 1. Components of the Person-Centred Care Toolkit

Using the Person-Centred Care Toolkit to plan quality services

CDEs can use the Person-Centred Care Toolkit to determine what delivering person-centred care means for their practice; and specifically -what their service will look like if they are providing person-centred care – and if they are not. The Person-Centred Care Toolkit, therefore is designed to be used as a basis for monitoring quality practice.

To fully use the Person-Centred Care Toolkit, CDEs should strive towards meeting all of the Person-Centred Care Principles, however the process should be individualised and adapted through a quality improvement cycle building upon pre-determined targets. CDEs may choose to only include and work towards some of the Person-Centred Care Principles.

It is important to recognise that information from consumer feedback is critical to improving person-centred care.

Table 1. Person-Centred Care Toolkit

Element	Intended Usage	Considerations
Quality Improvement Tool for Credentialled Diabetes Educators and Diabetes Services	• Measuring the level of person-centred care in the practice. The Quality Improvement Tool will collect base-line data which can be tracked over time to provide an indication of both levels of improvement and strategies to enhance practice. • Planning areas for improvement and how this will be achieved	• Can be achieved through peer review and/or as an activity involving all staff • Must include either the Consumer Survey or Interview • Practice or service must decide who is responsible for implementing improvements and the associated timeframe to implement improvement • Quality Improvement Tool forms part of the service or practice's quality improvement cycle

Using the Quality Improvement Tool for Credentialled Diabetes Educators and Diabetes Services to plan quality services

To fully utilise the Quality Improvement Tool, CDEs must:

- Commit to assessing and improving person-centred care
- Ensure you have a clear understanding of person-centred care
- Collect baseline data from yourself, your colleagues and consumers of your service
- Analyse the data
- Decide which areas require improvement
- Identity individual(s) responsible for completing these activites and the required timeframes
- Decide when you will next collect data using the toolkit to assess the effectiveness of improvement activities

The Quality Improvement Tool ideally:

- forms part of the service or practice's quality improvement cycle and
- requires continual reflection and monitoring

Figure 3. Steps for using the Quality Improvement Tool

Step 1

- The CDE/diabetes service ranks how well they are currently meeting the Person-Centred Care Principles

Complete Part 1

Step 2

- The CDE/diabetes service considers feedback from peer review and from consumer surveys or interviews

Complete Part 2

Step 3

- The CDE/diabetes service determines what actions or activities might be implemented to improve person-centred care and to meet the Person-Centred Care Principles

Complete Part 3

HEALTH CARE

PRINCIPLE 1

I focus on the person and their goals and overall wellbeing.

For example, this means:

- I understand how health care fits into a person's everyday life goals and activities e.g. work, child/carer responsibilities, sport, finances and housing.
- I understand what is important and reasonable for the person to achieve e.g. their focus may be on factors other than their health.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

1	2	3	4	5

Part 2

Why do I/ we say this? (For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action	Responsible person
	Date to be achieved
	Date for review

Priority action	Responsible person
	Date to be achieved
	Date for review

Priority action	Responsible person
	Date to be achieved
	Date for review

Priority action	Responsible person
	Date to be achieved
	Date for review

Priority action	Responsible person
	Date to be achieved
	Date for review

PRINCIPLE 2

I am respectful of the person's culture and health beliefs.

For example, this means:

- I avoid using stereotypes and enquire about health related values, beliefs and practices that may impact on a person's diabetes.
- I am respectful and responsive to the person's diverse cultural values, beliefs and practices e.g. food choices, festivals such as Ramadan, sensitivity around taboo topics.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

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Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

PRINCIPLE 3

I respect the person’s decisions about their health care and include carers and family members (with the person’s consent).

For example, this means:

- I provide information to support a person in making decisions about their own health care.
- I ask the person if they wish to nominate key carers and I include their role explicitly in care planning.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

1	2	3	4	5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

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Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

PRINCIPLE 4

I proactively outline care options and known health benefits, risks, access and costs.

For example, this means:

- I use my knowledge of what is available to proactively provide relevant, comprehensive health and community service information.
- I provide information that is appropriate for the person at this point in time.
- I refer to other members of the multidisciplinary team if I do not have the experience or knowledge to meet the person's needs.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action	**Responsible person**
	Date to be achieved
	Date for review
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Priority action	**Responsible person**
	Date to be achieved
	Date for review
Priority action	**Responsible person**
	Date to be achieved
	Date for review

PRINCIPLE 5

I check each person has understood, agrees with and can action their self-managed care plan.

For example, this means:

- I check the person's understanding of the care plan and provide further information as necessary.
- I discuss and support a person's planned actions and priorities and assist them to overcome any barriers to achieve this.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

1	2	3	4	5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action	**Responsible person**
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	Date for review

Priority action	**Responsible person**
	Date to be achieved
	Date for review

Priority action	**Responsible person**
	Date to be achieved
	Date for review

PRINCIPLE 6

I review outcomes and use the person's experiences, needs, preferences and values as the basis for planning the next period of self-management and professional care.

For example, this means:

- I work with the person on strategies that assist in self-management that is appropriate to their life situation, experiences, needs, preferences and values.
- I ask the person to work with me to review whether their goals have been achieved and to identify any barriers that I might be able to support them to overcome.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

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Date for review

Priority action

Responsible person

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Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

PRINCIPLE 7

I communicate with the person’s other health providers to facilitate holistic care (with the person’s consent).

For example, this means:

- I communicate treatment plans with other practitioners so that we are consistent and work towards common goals.
- I engage in opportunities to work with and learn from a multidisciplinary team wherever possible.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

1	2	3	4	5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

Date for review

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Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

PRINCIPLE 8

I partner with the person so they can communicate with key people in their life to support environments that are non-discriminatory, safe and supportive.

For example, this means:

- I gain an understanding of the environments where people need to self-manage their diabetes e.g. sport, work, school and support them to develop strategies to enable full participation.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action	Responsible person
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Priority action	Responsible person
	Date to be achieved
	Date for review

POLICY AND SYSTEM IMPROVEMENT

PRINCIPLE 9

I partner with consumers and consumer representatives to educate colleagues and the wider community about, and advocate for, supportive and inclusive environments for people living with diabetes.

For example, this means:

- I play an important role in educating the community and other health professionals about how to make life easier for people with diabetes.
- Where possible, I promote diabetes aware, person–centred, culturally inclusive environments.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

Priority action

Responsible person

Date to be achieved

Date for review

PRINCIPLE 10

I partner with consumers and consumer representatives in policy and service development and ongoing quality assurance.

For example, this means:

- I support and advocate for the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Standards where consumers are partners in planning, design, delivery, measurement and evaluation of systems and services and of their own care if they choose to do so.

Part 1

How well am I/are we doing this?

Please rate 1 to 5 on the scale below, with 1 being the ideal outcome and 5 being the least desired outcome.

1	2	3	4	5

Part 2

Why do I/ we say this?
(For example, feedback from peer review and from consumer surveys or interviews)

Part 3

What actions or activities might I /we implement to apply this principle?

Priority action

Responsible person

Date to be achieved

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PERSON-CENTRED CARE
TOOLKIT

CONSUMER SURVEY

INTRODUCTION

People self-manage their conditions all day every day with health professionals supporting their their journey.

In recognition of this situation, the Person-Centred Care Toolkit has been developed to assist CDEs to develop awareness of, improve, and maintain successful person-centred care practices.

There are three components to the Person-Centred Care Toolkit:

- A Quality Improvement Tool
- A Consumer Survey
- A Consumer Interview

Using all three components of the Toolkit will assist CDEs in providing quality person-centred care as demonstrated in Figure 1.

An essential component of CDEs providing person-centred care is partnering with people with chronic and complex conditions to monitor and evaluate whether they are providing acceptable person-centred care to the people who engage with them. In order to achieve this, involvement from those people is vital so that the CDEs have relevant, honest and timely feedback at hand on which to make improvements and changes if needed.

The consumer survey and/or consumer interview that you have been asked to complete is an important tool that allows your CDE to evaluate and improve the service they provide to you.

By helping to embed person-centred care principles into practice you can ensure that every person who is seeing a CDE has their whole world considered and is an active participant in the direction of their care and management plans. Person centred care is a concept well known by CDEs but assistance is needed from consumers to ensure high quality person-centred care is implemented in the day-to-day practice of all health professionals.

Instructions for completing the survey

1. Measure your CDE against each of the 10 Person-Centred Care Principles by ticking the option which you feel best applies.
2. You can add any additional comments or suggestions on how your CDE could improve their practice in the comments box.

Figure 1. Components of the Person-Centred Care Toolkit

3. Your comments and responses will be combined with results from a survey conducted by your CDE to identify where they are doing well and highlight areas for improvement.
4. Your comments will have no impact on your relationship with your CDE as no one will be able to identify you by your comments or responses.
5. Responses do not require you to enter any personal or identifying information. Each healthcare practice will handle the information differently – please speak with your healthcare service if you would like to know exactly how they maintain the surveys and ensure anonymity.
6. You are able to provide your CDEs name, if you would like to give specific feedback.
7. If you are completing the interview, this should be done by an impartial third party moderator to ensure confidentiality.

To support CDEs who are providing person-centred care, the Australian Diabetes Educators Association (ADEA), through funding from the National Diabetes Services Scheme (NDSS) have developed this Person-Centred Care Toolkit.

> Your comments will have no impact on your relationship with your CDE

This toolkit was originally produced by the ADEA in 2015 to be used by Credentialled Diabetes Educators (CDEs) in conjunction to their consultations with people who have diabetes. It has been identified as having relevance to people beyond the scope of diabetes and has therefore been modified accordingly to be used by all healthcare professionals in the treatment of people with any chronic or complex condition.

HEALTH CARE

PRINCIPLE 1

CDEs focus on the person and their goals and overall wellbeing.

This means CDEs tries to understand how your diabetes fits into your everyday life goals and activities. e.g. work, child/carer responsibilities, sport, finances and housing.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1	2	3	4	5

Comments

PRINCIPLE 2

CDEs are respectful of the person's culture and health beliefs.

This means my CDE asks about my health values, beliefs and practices that may impact on my diabetes and includes them in my care plan.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1	2	3	4	5

Comments

PRINCIPLE 3

CDEs respect the person’s decisions about their health care and include carers and family members (with the person’s consent).

This means my CDEs support me, if I choose to include my carers and family members in my healthcare.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments

PRINCIPLE 4

CDEs proactively outline care options and known health benefits, risks, access and costs.

This means your CDE keeps you informed about services and support available to you.

CDEs explain how to use these services, how you can access them, if there are any costs involved and if there are any associated risks.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments

PRINCIPLE 5

CDEs check that each person has understood, agrees with and can action their self-managed care

This means your CDE partners with you to work out your care plans. They check that you understand and agree with the plan. They check that you have all the information you need to follow through with the plan.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments

PRINCIPLE 6

CDEs review outcomes and use the person’s experiences, needs, preferences and values as the basis for planning the next period of self-management and professional care.

This means that the information and advice your CDE provides is relevant, timely, helpful and suits your individual needs and preferences. CDEs help to identify barriers and work with you on strategies to support your self-management.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments

PRINCIPLE 7

CDEs communicate with the person's other health providers to facilitate holistic care (with the person's consent).

This means your CDE communicates with your other health professionals (if you agree) to support your overall health care plans and wellbeing.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1 2 3 4 5

Comments

PRINCIPLE 8

CDEs partner with the person so they can communicate with key people in their life to support environments that are non-discriminatory, safe and supportive.

This means my CDE asks me about the environment in which I live, work, relax and play and support me with ways to be fully involved in these activities.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1 2 3 4 5

Comments

POLICY AND SYSTEM IMPROVEMENT

PRINCIPLE 9

CDEs partner with consumers and consumer representatives to educate colleagues and the wider community about, and advocate for, supportive and inclusive environments for people living with diabetes.

This means CDEs create and use opportunities to educate their colleagues and the community about diabetes so they are better informed and make life easier for people living with diabetes.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1	2	3	4	5

Comments

PRINCIPLE 10

CDEs partner with consumers and consumer representatives in policy and service development and ongoing quality assurance.

This means CDEs have systems to work with consumers and consumer representatives so that policy and services are co-designed (by consumers and service providers). They should not develop policy and services without consumers or only ask a couple of people what they think.

Please rate how well your CDE meets this principle by using the scale below.

Where 1 = lowest rating/never meets and 5 = highest rating/meets consistently every time I visit them

1	2	3	4	5

Comments

PERSON-CENTRED CARE
TOOLKIT

CONSUMER INTERVIEW

INTRODUCTION

People self-manage their conditions all day every day with health professionals supporting their their journey.

In recognition of this situation, the Person-Centred Care Toolkit has been developed to assist health professionals to develop awareness of, improve, and maintain successful person-centred care within their practices.

There are three components to the Person-Centred Care Toolkit:

- A Quality Improvement Tool for Health Professionals
- A Consumer Survey
- A Consumer Interview

Using all three components of the Toolkit will assist health professionals in providing quality person-centred care as demonstrated in Figure 1.

An essential component of health professionals providing person-centred care is partnering with people with chronic and complex conditions to monitor and evaluate whether they are providing acceptable person-centred care to the people who engage with them. In order to achieve this, involvement from those people is vital so that the health professionals have relevant, honest and timely feedback at hand on which to make improvements and changes if needed.

The consumer survey and/or consumer interview that you have been asked to complete is an important tool that allows your health professional to evaluate and improve the service they provide to you.

By helping to embed person-centred care principles into practice you can ensure that every person who is seeing a health professional has their whole world considered and is an active participant in the direction of their care and management plans. Person centred care is a concept well known by healthcare professionals but assistance is needed from consumers to ensure high quality person-centred care is implemented in the day-to-day practice of all health professionals.

Instructions for completing the survey

1. Measure your health professional against each of the 10 Person-Centred Care Principles by ticking the option which you feel best applies.
2. You can add any additional comments or suggestions on how your health professional could improve their practice in the comments box.

Figure 1. Components of the Person-Centred Care Toolkit

3. Your comments and responses will be combined with results from a survey conducted by the health professionals to identify where they are doing well and highlight areas for improvement.
4. Your comments will have no impact on your relationship with your health professional as no one will be able to identify you by your comments or responses.
5. Responses do not require you to enter any personal or identifying information. Each healthcare practice will handle the information differently – please speak with your healthcare service if you would like to know exactly how they maintain the surveys and ensure anonymity.
6. You are able to provide your health professionals name, if you would like to give specific feedback.
7. If you are completing the interview, this should be done by an impartial third party moderator to ensure confidentiality.

To support health professionals who are providing person-centred care, the Australian Diabetes Educators Association (ADEA), through funding from the National Diabetes Services Scheme (NDSS) have developed this Person-Centred Care Toolkit.

Your comments will have no impact on your relationship with your health professional

This toolkit was originally produced by the ADEA in 2015 to be used by Credentialled Diabetes Educators (CDEs) in conjunction to their consultations with people who have diabetes. It has been identified as having relevance to people beyond the scope of diabetes and has therefore been modified accordingly to be used by all healthcare professionals in the treatment of people with any chronic or complex condition.

HEALTH CARE

PRINCIPLE 1

CDEs focus on the person and their goals and overall wellbeing.

In your experience, does your CDE focus on your goals and wellbeing? For example, do they support you to fulfill your goals whilst effectively managing your diabetes? Do they consider and discuss other things which are happening in your life, for example, considerations such as work, child/carer responsibilities, sport, finances and housing which may impact on your ability and priority to self-manage your diabetes?

Comments

PRINCIPLE 2

CDEs are respectful of the person's culture and health beliefs.

In your experience, does your CDE ask about your health related values, beliefs and practices that may impact your diabetes?

Comments

PRINCIPLE 3

CDEs respect the person's decisions about their health care and include carers and family members (with the person's consent).

In your experience, does your CDE involve your family members or carers in planning your care, if you want them to be involved? For example, do they answer everyone's questions and work together with significant people in your life to help you achieve your goals?

Comments

PRINCIPLE 4

CDEs proactively outline care options and known health benefits, risks, access and costs.

In your experience, does your CDE keep you informed about services and support available to you? For example, do they tell you about services, explain who is able to use these services, how you can access them, the costs and if there are any risks involved?

Comments

PRINCIPLE 5

CDEs check each person has understood, agrees with and can action their self-managed care.

In your experience, does your CDE partner with you to work out care plans? For example, do they check that you understand and agree with what has been planned? Do they make sure that you want to follow through and have all the information you need to do so?

Comments

PRINCIPLE 6

CDEs review outcomes and use the person’s experiences, needs, preferences and values as the basis for planning the next period of self-management and professional care.

In your experience, is the information and advice your CDE provides relevant, timely, helpful and suitable to your individual needs and preferences. Do they help to identify barriers and work with you on strategies to support your self-management?

Comments

PRINCIPLE 7

CDEs communicate with the person's other health providers to facilitate holistic care (with the person's consent).

In your experience, does your CDE communicate with your other health professionals (if you agree) to contribute to your overall health care plans and wellbeing?

Comments

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PRINCIPLE 8

CDEs partner with the person so that they can communicate with key people in their life to support environments that are non-discriminatory, safe and supportive.

In your experience, does your CDE ask you about the environment in which you live, work and relax and support you with strategies to enable full participation in these activities?

Comments

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POLICY AND SYSTEM IMPROVEMENT

PRINCIPLE 9

CDEs partner with consumers and consumer representatives to educate colleagues and the wider community about, and advocate for, supportive and inclusive environments for people living with diabetes.

In your experience, does your CDE create and use opportunities to educate their colleagues and the community about diabetes so they are better informed and make life easier for people living with diabetes?

Comments

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PRINCIPLE 10

CDEs partner with consumers and consumer representatives in policy and service development and ongoing quality assurance.

In your experience, do CDEs establish systems to work with consumers and consumer representatives so that policy and services are co-designed (by consumers and service providers)?

Comments

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References

1 Australian Commission on Safety and Quality in Healthcare 2014, Australian Safety and Quality Framework for Health Care, Patient and Consumer Centred Care. Available at: http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/ Accessed 12 October 2015

2 ADEA National Core Competencies for Credentialled Diabetes Educators www.adea.com.au/wp-content/uploads/2009/10/National-Core-Competencies-for-Credentialled-Diabetes-Educators1.pdf Accessed 7 October 2015.

3 ADEA Code of Conduct www.adea.com.au/wp-content/uploads/2009/10/ADEA-Code-of-Conduct.pdf Accessed 7 October 2015

4 ADEA National Standards of Practice for Credentialled Diabetes Educators www.adea.com.au/wp-content/uploads/2009/10/ADEA-National-Standards-of-Practice-for-Credentialled-Diabetes-Educators.pdf Accessed 7 October 2015.

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