

# PERSON-CENTRED CARE TOOLKIT



The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered with assistance 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](http://www.ndss.com.au) for information, self-management support or products.

## Acknowledgements

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- Debra Kay, Guest Research Associate Consumer Engagement, International Centre for Allied Health Evidence (iCAHE), Sansom Institute for Health Research, University of South Australia
- Louise Wiles, Research Fellow, International Centre for Allied Health Evidence (iCAHE), Sansom Institute for Health Research, University of South Australia
- Centre for Culture Ethnicity and Health
- Consumers from Type 1 Voice
- Australian Institute for Patient and Family Centred Care
- Credentialed Diabetes Educators and Consumers who participated in the evaluation process

ADEA would like to acknowledge the support of the following people in the development of the Person - Centred Care Toolkit:

- Naomi Poole, Australian Commission for Safety and Quality in Health Care
- Anne Axam, NSW Clinical Excellence Commission

### 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.

The Commonwealth is not responsible for any recommendations, views, ideas or techniques expressed in this document.

This toolkit was developed by the Australian Diabetes Educators Association with funding under the National Diabetes Services Scheme

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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<sup>1</sup>'. 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<sup>2</sup>.

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.

Health professionals 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.

Health professionals 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 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.

This toolkit was originally produced by the ADEA in 2015 to be used by Credentialed Diabetes Educators (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<sup>3</sup>.

Within the toolkit, there may still be references to diabetes, please note, that any chronic or complex condition can be inserted in its place. All efforts have been made by the ADEA and Allied Health Professions Australia to modify the document accordingly so that the content has not lost integrity and remains a practical tool for all health professionals looking to improve or evaluate person-centred care within their practice.

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 Credentialed Diabetes Educators](#) and is integral to ADEA policies and standards including the [ADEA Code of Conduct](#) and the [National Standards of Practice for Credentialed Diabetes Educators](#).

The Person-Centred Care Toolkit is designed to assist Health

## Purpose

Professionals 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 for Health Professionals
- A Consumer Survey
- A Consumer Interview

Health Professionals 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 AHPA website which can be found by visiting

<http://www.ahpa.com.au/>

Using all three components of the toolkit will assist

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](http://www.adea.com.au)

- Identifying and drafting a set of proposed person-centred care principles.
- Surveying 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

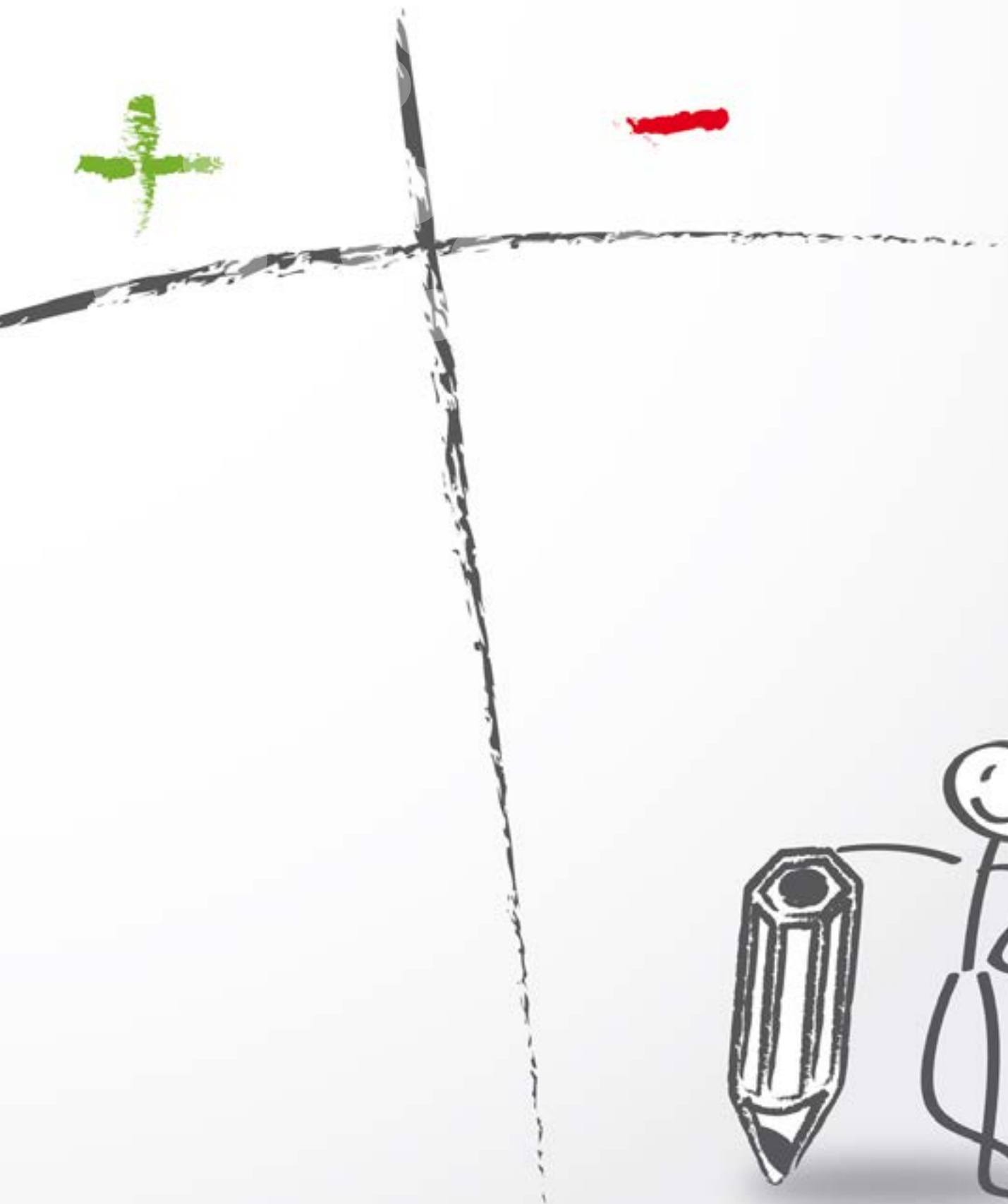
Health Professionals can use the Person-Centred Care Toolkit to determine what delivering person-centred care means for their practice; and specifically - what their service will look like if they are providing person-centred care – and if they are not. The Person-Centred Care Toolkit, therefore is designed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

To fully utilise the Person-Centred Care Toolkit, health professionals 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. Health Professionals 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 Health Professionals	<ul style="list-style-type: none"> <li>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.</li> <li>Planning areas for improvement and how this will be achieved</li> </ul>	<ul style="list-style-type: none"> <li>Can be achieved through peer review and/or as an activity involving all staff</li> <li>Must include either the Consumer Survey or Interview</li> <li>Practice or service must decide who is responsible for implementing improvements and the associated timeframe to implement improvement</li> <li>Quality Improvement Tool forms part of the service or practice's quality improvement cycle</li> </ul>
Consumer Survey	<ul style="list-style-type: none"> <li>Consumer feedback is essential to measuring person-centred care</li> <li>The Consumer Survey has been designed to be completed anonymously, and captures how consumers consider HPs are performing in delivering person-centred care</li> <li>Results from the Consumer Survey can be used for planning improvements to the service</li> </ul>	<ul style="list-style-type: none"> <li>Examples are provided to assist consumers completing the survey to understand the implications of each of the Person-Centred Care Principles</li> <li>Examples provided will need to be adapted to suit the health literacy needs of consumers</li> <li>Results from the Consumer Survey are mapped against responses to the Quality Improvement Tool</li> </ul>
Consumer Interview	<ul style="list-style-type: none"> <li>The consumer interview has been designed to capture more detailed and structured feedback</li> <li>Results from the Consumer Interview can be used for planning improvements to the service</li> </ul>	<ul style="list-style-type: none"> <li>Optimally the Consumer Interview should be conducted by someone independent of the service or practice to facilitate open dialogue</li> <li>Examples are provided to assist the interviewer in explaining the implications of each of the Person-Centred Care Principles</li> </ul>





The cover features a purple background with a pattern of semi-transparent purple circles of varying sizes. A bright green shape, resembling a stylized leaf or a curved banner, is positioned on the left side. A white, curved banner-like shape overlaps the green and purple areas, containing the main title text.

PERSON-CENTRED CARE  
TOOLKIT

QUALITY  
IMPROVEMENT TOOL

# INTRODUCTION

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

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

To support health professionals working 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 health professionals 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 health professionals 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

Health professionals 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, health professionals 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. Health professionals 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

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Quality Improvement Tool for Health Professionals	<ul style="list-style-type: none"> <li>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.</li> <li>Planning areas for improvement and how this will be achieved</li> </ul>	<ul style="list-style-type: none"> <li>Can be achieved through peer review and/or as an activity involving all staff                             <ul style="list-style-type: none"> <li>This can be achieved by assessing all staff individually and then collating the ratings to ascertain the practice's overall rating</li> </ul> </li> <li>Must include either the Consumer Survey or Interview</li> <li>Practice or service must decide who is responsible for implementing improvements and the associated timeframe to implement improvement</li> <li>Quality Improvement Tool forms part of the service or practice's quality improvement cycle</li> </ul>

## Using the Quality Improvement Tool for Health Professionals to plan quality services

To fully utilise the Quality Improvement Tool, health professionals must:

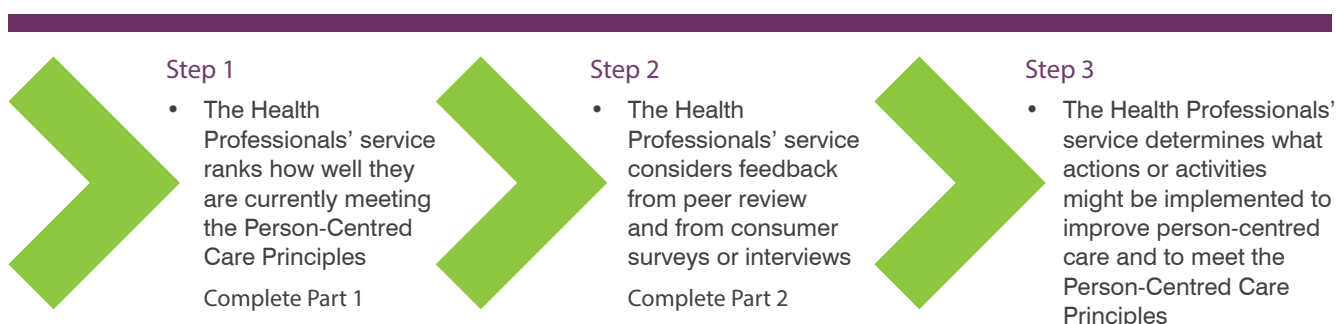
- Commit to assessing and improving person-centred care
- Ensure you have a clear understanding of person-centred care
- Collect baseline data from yourself, your colleagues and consumers of your service
- Analyse the data

- Decide which areas require improvement
- Determine activities required for improvement
- Identify the individual(s) responsible for completing these activities 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/practice's quality improvement cycle; and
- Requires continual reflection and monitoring

Figure 3. Steps for using the Quality Improvement Tool



# 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 5 being the ideal outcome and 1 being the least desired outcome.

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### Part 2

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

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### Part 3

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

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## 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 5 being the ideal outcome and 1 being the least desired outcome.

1 2 3 4 5

### Part 2

Why do I/ we say this?

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### 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 5 being the ideal outcome and 1 being the least desired outcome.

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#### Part 2

Why do I/ we say this?

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**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 5 being the ideal outcome and 1 being the least desired outcome.

1 2 3 4 5

**Part 2**

Why do I/ we say this?  
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## 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 5 being the ideal outcome and 1 being the least desired outcome.

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## 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 5 being the ideal outcome and 1 being the least desired outcome.

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## 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 5 being the ideal outcome and 1 being the least desired outcome.

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## 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 5 being the ideal outcome and 1 being the least desired outcome.

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### Part 2

Why do I/ we say this?

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# 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 5 being the ideal outcome and 1 being the least desired outcome.

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### Part 2

Why do I/ we say this?

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## 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 5 being the ideal outcome and 1 being the least desired outcome.

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# PERSON-CENTRED CARE TOOLKIT

## CONSUMER SURVEY

This survey is provided as a stand-alone document on  
<http://www.adea.com.au/projects/person-centred-care/>.

Do not copy this version.

# 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 Credentialed 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

Health professionals focus on the person and their goals and overall wellbeing.

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

Please rate how well your health professional 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

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## PRINCIPLE 2

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

This means my health professional 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 health professional 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

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### PRINCIPLE 3

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

This means my health professional supports me, if I choose to include my carers and family members in my healthcare.

Please rate how well your health professional 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
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#### Comments

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### PRINCIPLE 4

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

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

Health professionals 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 health professional 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
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#### Comments

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## PRINCIPLE 5

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

This means your health professional 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 health professional 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
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### Comments

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## PRINCIPLE 6

Health professionals 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 health professional gives you is relevant, timely, helpful and suits your individual needs and preferences. Your health professional also help to identify barriers and work with you on strategies to support your self-management.

Please rate how well your health professional 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
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### Comments

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## PRINCIPLE 7

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

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

Please rate how well your health professional 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
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Comments

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## PRINCIPLE 8

Health professionals 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 health professional 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 health professional 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
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Comments

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# POLICY AND SYSTEM IMPROVEMENT

## PRINCIPLE 9

Health professionals 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 your health professional creates and uses opportunities to educate their colleagues and the community about various chronic and complex conditions so they are better informed and make life easier for people in the community living with these conditions (for example, diabetes).

Please rate how well your health professional 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

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## PRINCIPLE 10

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

This means your health professional has 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 health professional 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

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PERSON-CENTRED CARE  
TOOLKIT

CONSUMER INTERVIEW

# INTRODUCTION

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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



1. 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.
2. 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.
3. 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.
4. You are able to provide your health professionals name, if you would like to give specific feedback.
5. 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 Credentialed 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

Health professionals focus on the person and their goals and overall wellbeing.

In your experience, does your health professional focus on your goals and wellbeing? For example, do they support you to fulfil your goals whilst effectively managing your condition? 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

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## PRINCIPLE 2

Health professionals are respectful of the person’s culture and health beliefs.

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

### Comments

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### PRINCIPLE 3

Health professionals 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 health professional 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

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### PRINCIPLE 4

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

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

#### Comments

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## PRINCIPLE 5

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

In your experience, does your health professional 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

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## PRINCIPLE 6

Health professionals 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 health professional gives 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

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## PRINCIPLE 7

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

In your experience, does your health professional 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

Health professionals 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 health professional 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

Health professionals 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 health professional 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 ongoing chronic or complex conditions?

### Comments

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## PRINCIPLE 10

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

In your experience, does your health professional 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

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