

## **Contact Details**

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# Influencing Culture Change Using the principles of person centred care

# Background

The project involved the scoping of a vision for service delivery and specifically for in-patient acute mental health units. The work identified a need to review and respond to systems that work focused on delivering person centred care. The outcomes of the scoping work were also concurrent with People Matters report (2017) and the NSW Mental Health safety and Quality recommendations (May 2018).

#### Aim

The project applied the principles of the Person-centred Practice Framework (McCormack & McCance 2017).

- Empowering clinical leaders to learn practical strategies to observe and reflect on actual practice, consider and negotiate use of evidenced alternatives and evaluate outcomes.
- Develop a person-centred focused plan for creating a healthful environment within their own mental health unit community health setting.
- Write up and submit the plan as a quality and patient safety initiative.
- Start their own individual professional development as work-based facilitators of person-centred and recovery focused cultures and internal researchers which will be continued in the larger cultural development project.

### **Team members**

This work was conducted In partnership with University of Wollongong, Queen Margaret University, and Southern NSW Local Health District Mental Health Services

Whilst the target audience was clinical leaders, two Consumer Advocates and staff from the inpatient units and CMHTs participated in the project. The narrative from the feedback of the YES and consumer rounding enabled staff to understand how all consumers were feeling about the service and where there were opportunities to improve.





## **Key Learning**

The clinical leaders of Southern NSWLHD have

- Learnt new ways of working with, leading and facilitating teams.
- Gained an understanding of working with consumers values, beliefs and helping others in the team to develop person-centred and recovery focused care plans.
- Support the development of a healthful culture which will in turn reduce use of seclusion and restraint.

#### **The Future**

This project is a pre-cursor to enable clinical nursing leaders to reflect and develop up-front alternatives and action plans to examine and reduce the factors that stimulate violence and aggression and consequently the use of seclusion and restraint. The clinical leaders will be supported to develop as work-based facilitators and as co-production researchers for a larger cultural development project

#### Results

As a result of the project several quality improvement initiatives across SNSW LHD are underway.

Leave procedure review (Acute MHIU

– Goulburn)

- Goulburn)

Aim/rationale – Consumers, carers, staff and Community Managed Organisations (CMOs) found that the current leave procedure was restrictive, and not person-centred.

Process – Consumers' carers and CMOs were asked to complete a survey and to write their own stories with regards to the impact of the leave procedure.

Outcome – Procedure is now currently under review to develop a procedure that is least restrictive and person centred

Making clinical documentation

meaningful (Acute MHIU – South East
Regional Hospital, Bega)

Aim/rationale – Improve communication, increase funding through the appropriate use of coding, and better outcomes for consumers

Outcome – Standardising documentation, developing ways of working, staff understanding minimum requirements

Building an effective team (Older Persons Sub -Acute/ Dementia MHIU-Kenmore Hospital, Goulburn)

Aim/rationale- To develop a culture that is based around evidence based person centred practice

Outcome - Initial surveys have been

completed and action plan is currently under development with the whole team

Dried blood spot testing (Drug and Alcohol, Queanbeyan Community)

Aim/rationale – To have herd immunity for both HIV and Hep C (supported by NSW Health)

Outcome – A plan has been developed and implemented to increase education of the testing and treatment available to GPs and community health services and to increase advertising by the use of social media