

Person-Centred Care for People with Diabetes

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Disclaimer

The medical information provided in this document is of a general nature and cannot substitute for professional medical advice, diagnosis, or treatment. Please seek medical advice from your healthcare professionals with any questions you may have regarding a medical condition.

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

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About ADEA

The Australian Diabetes Educators Association (ADEA) is the peak national organisation for multidisciplinary health professionals who are committed to the provision and excellence of quality, evidence-based diabetes education, care and management with over 2,100 members working in all sectors and across all locations.

ADEA aims to improve the health and wellbeing of people with diabetes by:

1. Assessing diabetes educators based on their qualifications, skills, knowledge and experience through the credentialling program
2. Supporting multidiscipline health professionals through its various programs, including mentoring, education and research
3. Developing and updating relevant policies, standards of practice and clinical guidelines

For more information, visit our website at www.adea.com.au.



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Optimal health and wellbeing can only be achieved and sustained when people with diabetes are involved as active partners in their diabetes care.

Purpose

The purpose of this document on Person-Centred Care is to provide health professionals with a set of principles and recommendations to optimise the self-management education, support and care provided to people with diabetes in their practice.

Provision of person-centred care is now acknowledged internationally as a non-negotiable dimension of all health care. It is best practice to partner with consumers and implement person-centred care into:

- Organisational governance
- Accreditation
- Clarifying scope of practice
- Co-design, delivery and evaluation of services.

Current literature describes a growing evidence base for the health and economic benefit, for individuals and the community, of person-centred care approaches⁽¹⁾.

Person-centred Care is integral to every aspect of the work of health professionals. This document supports and complements the professional imperatives outlined in:

- [ADEA Code of Conduct](#)
- [National Core Competencies for Credentialled Diabetes Educators](#)
- [The Role and Scope of Practice of the Credentialled Diabetes Educator in Australia](#)
- [National Standards of Practice for Credentialled Diabetes Educators](#)

Evidence is building about the link between consumer centred care and clinical outcomes. Consumer centred care and partnerships with consumers have been associated with decreased readmission rates, decreased healthcare acquired infection rates, reduced length of stay, and improved adherence to treatment regimens. These kinds of outcomes provide benefits across the healthcare system, including benefits for primary, acute, and aged care services⁽²⁾.

Person-Centred Care

The concept of person-centred care is not new. The terminology of person or client centred care emerged in the mid-20th century health discourse and appears more consistently in the academic literature by the 1970s. Modern concepts of person-centred care are based on work undertaken by the Picker Institute in 1993, working with the Harvard School of Medicine, which identified eight principles of patient-centred care:

- Respect for patients' preferences and values
- Emotional support
- Physical comfort
- Information, communication and education
- Continuity and transition
- Coordination of care
- Involvement of family and friends
- Access to care ⁽³⁾.

Background

In 2006, the International Alliance of Patients' Organisations (IAPO) Declaration on Patient-Centred Healthcare ⁽⁴⁾ outlined five 'high level' principles of patient-centred healthcare. These are:

- Respect
- Choice and empowerment
- Patient involvement in health policy
- Access and support
- Patient information.

The IAPO Declaration continues to provide an international focus for shared commitment to person-centred care and has informed Australian policy and practice in this area ⁽⁵⁾.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has defined person-centred care: *Patient or consumer centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers* ⁽⁶⁾.

Research literature confirms that the capacity for person-centred care is partly defined and constructed by the service environment: *A person-centred health system is one that supports people to make informed decisions about, and to successfully manage, their own health care, able to make informed decisions and choose when to invite others to act on their behalf* ⁽⁷⁾.

The overriding message in the academic and grey literature (current and credible literature) is that person-centred care is about a collaborative and respectful partnership between the service provider and user. The service provider respects the contribution the service user can make to their own health, such as their values, goals, past experience, and knowledge of their own health needs, and the service user respects the contribution the service provider can make, including their professional expertise and knowledge, information about the options available to the service user, and their values and experience ⁽⁸⁾; *patients, families, and healthcare providers who are empowered and engaged throughout the healthcare system are integral components, with each vital to the delivery of quality and safe care* ⁽⁹⁾.

Recommendations

The role of the diabetes health professional is to acknowledge, facilitate, encourage and support the person with diabetes in making informed decisions about their diabetes self-management.

Principles

1. Optimal health and wellbeing can only be achieved and sustained when people living with diabetes are supported to work in respectful partnerships with diabetes and other health care professionals.
2. People self-manage their diabetes in the context of their life and lifestyle and have the right to do so in accordance with their needs, values and preferences.
3. Carers are part of the self-management team. Carers are parents and guardians of children and/or other dependents and/or individuals nominated by the person with diabetes.
4. Diabetes and other health care professionals provide episodes of care and support within the context of the person's ongoing, everyday self-management.
5. Every episode of care should be characterised by mutual respect; goal setting; and information exchange for informed, shared decision making.
6. Diabetes health care professionals focus their care on the person and their goals, needs, preferences and values – not only on the clinical diagnosis and care guidelines.
7. Health care recommendations are made in consultation with other health care professionals involved with the person, in a holistic health care approach focused on wellbeing and quality of life, not just clinical diabetes outcome measures.
8. Health services involve people and consumer representatives in service planning, delivery and evaluation to inform and monitor person-centred care policy and practice. This includes people and consumer representatives from the range of communities using the service, in particular vulnerable communities, to ensure equity of access and care.

The [Australian Commission on Safety and Quality in Health Care \(ACSQHC\)](#) definition of person-centred care is: *health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers*⁽⁶⁾.

This means:

- Treating people, carers and families with dignity and respect
- Encouraging and supporting participation in decision making by patients, consumers, carers and families
- Communicating and sharing information with patients, consumers, carers and families
- Fostering collaboration with patients, consumers, carers, families and health professionals in program and policy development, and in health service design, delivery and evaluation⁽⁶⁾.

Person-centred care is explicitly integrated into the National Core Competencies for Credentialed Diabetes Educators in the following areas of practice: clinical care, self-management education, service planning and delivery and leadership.

Recommendations for Practice

Health professionals support person-centred care in:

- Every episode of care and education
- Service planning and delivery
- Leadership.

Recommendations follow for each of these areas of practice.

Person-Centred Care in Every Episode of Care and Education

1. Focus on the person, their health and wellbeing – not only clinical care
2. Follow the Diabetes Australia language guide⁽¹⁰⁾
3. Identify the person's health literacy needs and individualise education strategies
4. Identify and address the priorities, concerns and achievements of the person
5. Outline all care options and known health benefits, access and costs of each
6. Develop and maintain a mutually agreed community care plan, including emergency management in the community and for unexpected hospitalisations
7. Communicate with the person's other primary health and specialist health professionals and community support services, as agreed with the person, to ensure diabetes care occurs in the context of holistic care
8. Respect the culture and autonomy of the person
9. Endeavour to provide equity of access to information, services, technology and other resources
10. Check the person has understood and agrees with decisions and planned actions
11. Review decisions and outcomes from previous care episodes and use the person's decisions, experiences, needs, abilities, preferences and values as the basis for planning the next period of self-management and professional care

Service Planning and Delivery

12. Partner with people and consumer representatives in the design, delivery and ongoing quality assurance of services⁽¹¹⁾
13. Actively build an integrated care team that documents, communicates and collectively supports the person's self-management and wellbeing
14. Include person-centred care outcomes within continuous quality improvement⁽⁷⁾

Leadership

15. Act as a role model of inclusive person-centred care, giving priority to those people of greatest need including people with disability, those who are in prison and those facing social, cultural and financial barriers to accessing health care
16. Advocate for quality person-centred diabetes services that are culturally competent and inclusive
17. Partner with consumer representatives to educate colleagues and the wider community to understand the hard work and resilience required to self-manage their diabetes care and the obligation of health professionals, services and the wider community to respect and be non-discriminatory towards people living with diabetes.

Person-Centred Health Services

ACSQHC Goal 3 Partnering with Consumers ⁽²⁾ sets the overarching person centred care goal for health services: That there are effective partnerships between consumers and healthcare providers and organisations at all levels of healthcare provision, planning, and evaluation. ACSQHC Standard 2 Partnering with Consumers identifies three criteria: consumer co-planning, co-design and co-evaluation.

ACSQHC's Safety and Quality Framework for Health Care identifies three dimensions of safe, high quality health care (consumer centred, driven by information and organised for safety) and explains that 'consumer centred' means:

- Providing care that is easy for patients to get when they need it
- Making sure that healthcare staff respect and respond to patient choices, needs and values
- Forming partnerships between patients, their family, carers and healthcare providers.

ACSQHC's person centred definition, principles, goals and standards complement and support the [Australian Charter of Healthcare Rights](#) ⁽¹²⁾, endorsed in 2008 by the Australian Health Ministers for use in all health settings throughout Australia.

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