

Families And Carers as part of healthcare Teams (FACT) Pilot Project

Summary report

In 2024, Safer Care Victoria (SCV) partnered with Victorian health services to pilot a toolkit to improve family and carer integration into acute healthcare teams, with the aim to improve consumer experiences.

Background

The COVID- 19 pandemic fundamentally changed the way patients in Victorian hospitals accessed support from their families and carers. This was associated with an increase in avoidable harm to patients across the state and a reduction in patient, family/carers, and staff satisfaction across the healthcare system.

Family and carer involvement in acute healthcare teams is not a new concept, however the lack of formally tested and implemented programs has hindered its widespread adoption across the Victorian healthcare system.

Aim

To improve patient, family and/or carer experiences of acute hospital wards in participating pilot sites by 20%*, by integrating family and carers into acute healthcare teams.

*Health services reviewed their own improvement targets by exploring their baseline understanding.

Improvement approach

The FACT pilot program was co-designed by a 15-member expert working group consisting of 6 consumers, and 9 clinicians and quality experts. The group explored barriers to involving families and carers in acute healthcare teams, generated change ideas and identified key measures for

Results at a glance

We used a co-design approach to develop and test ideas that integrate families and carers in healthcare teams on acute general medical and surgical hospital wards.

Pilot impact

110 patients and support people participated in the FACT program during the testing period May to September 2024. Participating health service cohorts were represented from rural, regional and metro Victoria.

Results

- Consistent positive patient and support person experience scores related to feeling actively involved and encouraged in care delivery.
- Majority improvement in the staff experience of patient care following the introduction of the program.
- Consumers benefited from a supportive ward environment and communication about individual care activities.
- Frontline leadership and an engaged staff culture were key enablers for success.

success. This informed the development of a draft pilot toolkit that SCV shared for implementation. Three online learning sessions were held focusing on the key components of improvement science and to facilitate collaboration between participating sites. Monthly online action community meetings occurred to discuss aggregated data, highlight successful changes, identify challenges and facilitate peer learning. Further collaboration occurred ad hoc via a project SharePoint page.

Key improvements

Teams identified changes to test on their ward and then used rapid Plan-Do-Study-Act cycles to assess their value. Teams adopted, adapted or abandoned changes by reviewing their data in real time.

Over the 5-month action period, several successful changes were implemented on participating wards. Reported successes included the following:

Supportive ward environment

- Changes to, or increased awareness of, visiting hours (i.e. signage) for support people to attend ward rounds and visit outside standard hours.
- Meals offered to support people and/or access to facilities including a kitchenette.
- Support person rooming-in option dependent on availability and identified need.

Support person involvement in patient care

- Embedded question into standard ward orientation process to ask patients if they require a support person.
- Support person education and engagement in care task delivery. These included tasks identified by the patient, support person and team such as mobilisation, feeding, orientation, hygiene and emotional support.

Informed multidisciplinary team:

- Staff training and increased awareness of principles and value of family-involved care i.e. at journey board meetings and double-staffing periods.

- Regular shared communication between staff and consumers through dedicated timepoints and documentation such as participation plans, communication boards and multidisciplinary team member updates.

Results

6 hospitals from across Victoria commenced the pilot with 4 hospitals proceeding through the implementation period. 110 patients and support people participated in the FACT program. Data response rates varied and were collected via surveys and interviews. Experiences were rated via the Likert Scale (1 – strongly disagree, 5 – strongly agree), with space for comments for additional qualitative information.

72 of all FACT participants represented in the evaluation results were from one key health service (site A). Site A demonstrated positive and consistent improvement in consumer experiences throughout the pilot implementation period. Some key results aggregated from the final month of surveys at Site A compared to baseline are shown.

On average, patients positively agreed that changes relating to a supportive environment and encouragement from staff, enabled their support person to engage in care:

- 28% increase in support person feeling encouraged to increase involvement in their care (score average 4.6/5, baseline 3.6/5).
- 16% increase in patient feeling that the visitation policy enabled the support person to be with them (score average 5/5, baseline 4.3/5).

‘Having my partner stay overnight has been invaluable. I had a very comfortable and safe stay. I felt very cared for by the team’

- FACT Pilot Participant

On average, support people also reported increased participation, confidence and staff

communication due to changes that enhanced their involvement in care delivery.

- 21% increase in confidence to perform care tasks (strongly agree score average 4.7/5, baseline score 3.9/5).
- 50% increase in feeling encouraged to participate in a family member's care (strongly agree score average 4.5/5, baseline score 3/5).

'It's a great program. The parking is so helpful and access to the kitchenette and toilet. It means I can stay longer and provide the support he needs'

- FACT Pilot participant

Consumer experience data from other participating sites also demonstrated trending improvement in being encouraged to participate and communicate with the healthcare team.

Two sites received some feedback from patients that they preferred staff asking them if they would like a support person when their support person was not in the room. This indicates the importance of patient privacy and autonomy in making the decision to engage in care.

Feedback from **healthcare worker experience** surveys also highlighted that family/carer involvement can free up staff time from basic care responsibilities and assists patients and support people to feel more prepared for discharge.

'It was a very good program as it helps with the workload. It also helps the family to get an idea on how they can help/continue to care for their family member once discharged from the hospital'

- FACT Healthcare Worker

At one site, this was reflected through improvements post implementation including:

- Perceptions of workload manageability (increase by 11% to 'agree'),
- Satisfaction with level of family involvement in care delivery (increase by 10% to 'agree'),

- Sufficient time and resources for effective communication with consumers (increase by 16.6% to 'agree').

Feedback also reflected the considered benefits of the program for higher risk patient groups, particularly with mental health needs, who benefitted from the emotional support.

'Patients have an additional voice and advocate in their care. On observation when a patient is a part of the FACT program they are more at ease and have a familiar face to support them emotionally or physically during their hospital admission'

- FACT Healthcare worker

Challenges were also reported by some staff during testing regarding support person presence. This was in relation to perceived disruptions in their ability to provide nursing care, due to additional time in consumer education and less room space. This health service was able to learn from this information to plan for new improvements in staff education and care planning with consumers that met the needs of the cohort and ward processes. This likewise reflects the importance of building staff belief in the change ideas prior to testing, to enable improvement.

Key lessons

Key learnings from participating teams:

Engaged team and learning culture:

- Data suggested those services which had experience in partnering with consumers designed the most advanced change ideas to enhance family and carer involvement in care.
- Participants reported value in hearing from other sites around their processes, systems and ideas in Learning Sessions and Communities and sharing challenges. Those services with family and carer support already in place were an aspirational but achievable example for other services that changes could be made to enhance family carer support and involvement in care.

- Identifying frontline ward leadership, such as a Nurse Unit Manager, and sharing the workload amongst the team were enablers for success.
- Developing ideas with the consumers, allied health and nursing team on the ward and starting testing at a small scale to iron out problems enabled implementation with more participants.
- Teams believed in the value of the work and were motivated to continue to test and embed FACT principles into care. A subset of teams remains very committed to the framework for ongoing pilot testing and report confidence that changes will be sustained.

Clear Communication

- Providing regular clear communication and messaging to staff and consumers about FACT benefits supported a positive culture shift and awareness.
- Some sites updated language in written resources and verbal messaging to ensure it was more consumer-friendly and inclusive to empower the support person as a team member (not just a visitor).

Organisational readiness

- Majority of site teams found the time commitment to participate in the pilot project challenging in their current organisational context. Manual data collection and submission was the main activity that proved challenging for teams. Other factors including nursing industrial action, and no funding for supernumerary resources impacted the ability to participate in the pilot and delayed implementation. Timing, organisational readiness, and competing priorities are important to establish at the beginning of a project.
- Fostering a safe staff working culture can assist the uptake and implementation of change to

overcome barriers to family and carer involvement in patient care.

- Capturing and comparing consumer experience bespoke to this initiative as a primary outcome measure remained challenging. Contributing factors included resourcing for timely survey dissemination, difference in patient cohorts and chosen change ideas to be able to reliably compare care experiences, and some sites required ethics approval from their health services.

Future recommendations

For health services looking to implement a structured approach to consumer-involved care delivery on acute hospital wards, please consider the following recommendations.

Partner with consumers to design, implement and sustain improvements

- Work with consumers to ensure a diverse range of perspectives, expertise and experiences are considered to understand the local problem.
- Regular consumer feedback should be sought to enable meaningful continuous quality improvement for those most affected by the change.

Align with other projects and standards of work

- Consumer partnerships that incorporate consumer-involved care delivery already exist at multiple levels within the healthcare system and documented [standards of care](#). FACT therefore provides a structured approach to partnering to maximise these existing contributions in a way that is front of mind for staff and consumers.
- Consider how aligning FACT principles to existing processes, projects/ideas and guidelines may support consumer-engaged care. Leveraging existing programs or funding structures where appropriate, may support executive leader buy-in and sustainability of

interventions, accelerate changes and be more resource efficient.

Define and understand your target population

- Explore and consider the general demographics, cultural and care requirements of the patient cohort to plan appropriate change ideas. This includes when to trial improvements, such as pre-admission compared to discharge care planning.

Consider measures and methods of monitoring and reporting success

- Remain flexible in ways to receive consumer feedback such as via informal feedback, develop or use existing health service surveys, or conduct focus groups.
- Carefully select and review local quality indicators as part of baseline data collection to identify the problem you want to improve. This may include clinical incidents or hospital acquired complications, and service activity data such as referrals and care plan documentation. Choosing local measures for success will help to drive engagement and buy-in.
- Note, if multiple sites/health services are involved, align measures wherever possible to enable grouping and comparison.

Resources

National Safety and Quality Health Service Partnering with Consumers Standard

[This standard](#) outlines the requirements for your health service to review how you engage and partner with consumers to be involved in their own care. This standard underpins all other standards.

National Safety and Quality Health Service Comprehensive Care Standard

[This standard](#) outlines the requirements for your health service to deliver care that is assessed and delivered based on the individual needs of the patient, in collaboration with patients, carers and families.

Safer Care Victoria Partnering in Healthcare Framework

This [framework](#) will help you improve healthcare and outcomes for Victorians by better involving consumers and their families.

Appendix

Read [Lucy's supportive journey](#) with the FACT program. Lucy's story is an example of how family-involved care during Lucy's inpatient stay helped to address Lucy's emotional and practical care needs. This left Lucy feeling more confident and empowered to return home.

To receive this publication in an accessible format phone 03 9096 1384, using the National Relay Service 13 36 77 if required, or [email Safer Care Victoria](mailto:info@safercare.vic.gov.au) <info@safercare.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
© State of Victoria, Australia, Safer Care Victoria, December 2024
ISBN 978-1-76131-725-5 (pdf/online)
Available at the Safer Care Victoria website <<https://www.safercare.vic.gov.au>>

Appendix

Lucy's Journey with the FACT Program

Lucy is a young consumer who has struggled with anxiety and challenging hospital experiences in the past. Lucy reported feeling anxious and down, and even talked about leaving the hospital before her treatment was finished.

When Lucy and her mother were introduced to the FACT program on the 9West ward at Austin Health, they found a supportive approach that made a big difference:

- Lucy's mother became a key part of her care, helping with things like setting up meals and offering emotional support. She also joined the medical ward rounds to advocate for Lucy.
- The program allowed Lucy's mother to visit any time they wanted, so they could often be together and support each other.
- They got to use a kitchenette and were given a thorough tour of the ward, which helped them feel more at home and comfortable in their surroundings.
- Lucy's mother could stay overnight if Lucy needed extra comfort, depending on how anxious she was feeling.

How the FACT Program Helped:

- The emotional support Lucy received from her mother made a huge difference in calming her nerves before and after procedures, helping Lucy feel more at ease.
- Lucy went from being withdrawn to actively engaging with the hospital staff. Lucy started asking questions, joining in on care team discussions, and reported feeling more in control.
- Lucy's mother says "Lucy has a better mental state leaving the hospital than when she arrived which has not happened in past

admissions". Both Lucy and Mum felt well-prepared to go home and manage care at home.

The FACT program was designed to integrate smoothly with existing routines, so staff members reported minimal additional workload. The support provided by Lucy's mother and the program's structure allowed staff to focus on medical care without extra strain.

The FACT program made Lucy's hospital stay more supportive and personalised. By addressing Lucy's emotional and practical needs, the program made her hospital experience more positive and empowering. Lucy and her mother left feeling confident and ready to handle care at home.

