

VARTA Guidance on Person-Centred Care Detailed self-assessment tool

Victorian Assisted Reproductive Treatment Authority

Clinics are invited to use this tool to reflect on current strengths and opportunities for improvement within their organisation to deliver high quality person-centred care.

How to use this tool

- 1. Review the VARTA Guidance on Person-Centred Care, including Good Practice Tips.
- 2. Identify current strengths and opportunities for your clinic (for providers that operate in more than one location, it is recommended that this assessment is undertaken by each individual clinic).
- 3. Where opportunities for improvement have been identified, develop next steps, responsibility, and timeframes for desired change.
- 4. Identify key priorities your clinic will focus on in the next 12 months to improve person-centred care.
- Note that this tool is intended to assist with reviewing internal processes. You are not required to report to VARTA your findings or implementation steps / plans.

Patient decision making and access to information

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
When patients are considering treatment, provide written information as well as verbal information so they can absorb the complexities of ART and think about their options. Printed information should cover: the available treatment options the likely prospects of success, considering the patient's circumstances the high chance that multiple cycles may be needed to achieve a pregnancy comprehensive information about the full cost of treatment (clearly stating likely out-of-pocket costs) the evidence base for novel treatments or add-ons, if offered possible risks associated with treatment procedures (including side-effects) who patients can contact with questions during treatment how to provide feedback or make a complaint; and how to access support.				
Allow enough time for consultations so patients can thoroughly discuss their needs, priorities and preferences. Patients should not feel rushed. Encourage patients to ask questions to confirm they understand their options, including potential risks and benefits. Ensure there is a mechanism for clinic staff to follow up with patients after their consultation with the treating specialist to resolve questions which may arise.				

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Make education materials readily available in a range of formats such as brochures, illustrated guides, diagrams, flowcharts, and audio and video tools, so that patients can understand and follow treatment steps or confidently administer required medication.				
Contact patients after treatment so that: if a pregnancy has been achieved, patients are offered pregnancy related health information and referrals; or if treatment has been unsuccessful, patients are sent written correspondence which sets out options to discuss next steps with an offer of at least one free counselling session.				

Attitude and competence of clinic staff

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
Make person-centred care an integral component of all staff KPIs. Set clear expectations that all staff establish and maintain respectful, supportive, and positive relationships with patients. Provide staff with feedback and opportunities to undertake relevant training aimed at continuous improvement, at least annually.				
Listen to patients' questions and concerns and act on them within reasonable timeframes. Staff ratios should allow for the time needed to cater for individual patient's needs.				
Ensure clinicians stay up to date with the latest evidence for gold standard practice, including an awareness of the evidence base for treatments and add-ons offered.				
Demonstrate a high level of attention to detail to minimise the risk of errors occurring and ensure staff are trained to act promptly and transparently to resolve errors when they occur.				

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nclude training in person-centred care in induction programs for new staff which is appropriate to that staff member's skills, work history and experience level. Before new staff interact with patients independently, ask them to perform several patient sessions with their trainer present to ensure they have reached an appropriate evel of competency.				
Ensure all staff hold membership of their elevant professional organisation and participate in at least 4 hours of continuing professional development each year on opics relevant to enhancing their understanding and delivery of personmentred care.				
Survey patients at least annually to neasure their experience and changes in taff and clinic performance over time. Use natient feedback to improve processes and practices and build staff capability.				
Priorities for next 12 months				

Coordination and continuity of care

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
Appoint at least one senior member of staff with appropriate skills and expertise (e.g. a senior health professional or manager) to: manage a cohesive approach to person-centred care provide leadership on person-centred care within the clinic review patient management practices and identify areas of strengths, challenges and opportunities oversee clinic systems to ensure they are coordinated and responsive to patient needs; and discuss and resolve complaints from patients and take steps to address system or staff issues.				
Create a system where all patients are assigned one or two key points of contact, such as a case manger, patient liaison officer or dedicated nurse, who can oversee their treatment and is available in person, by phone or email to respond to questions or concerns within reasonable timeframes. Ensure that patients are provided with clear process for contacting this person (for example by direct email and through an online booking system which allows a patient to schedule a call ahead of time). If a key contact person is not available within a reasonable timeframe to respond to a query, systems and processes allow for other staff to review patient records and appropriately respond to urgent queries.				

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Advise patients of the key health professionals who are likely to be involved in their care at the start of treatment, including their names and roles. Tell patients ahead of time if someone other than their treating specialist will be performing procedures such as egg collections or embryo transfers.				
Ensure systems and processes allow patients to access information about their treatment plan, appointments, medication and test results in a timely and streamlined manner.				
Priorities for next 12 months				

Effective and inclusive communication

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
Demonstrate effective communication and inclusiveness in policies and processes.				
Train staff to communicate in a way that conveys high levels of knowledge and empathy and can respond sensitively to patients' emotions when they receive bad news.				
Ensure that clinic processes and practices recognise and mitigate the real or perceived power imbalance between patients and care providers.				
Make sure there are comprehensive clinic guidelines around handling complaints from patients with clear timelines for acknowledging complaints, updating patients on the status of internal reviews, and resolving complaints.				

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Appoint staff champions to liaise with key patient groups (single people, LGBTQIA+ patients, people from a diversity of cultural, ethnic and linguistic backgrounds). Wherever possible, staff who are members of the LGBTQIA+ community or have culturally or linguistically diverse backgrounds are appointed to relevant staff champion roles, in order to allow such staff members to bring their lived experience to interactions with patients, and to improve clinic engagement with diverse communities. The role of staff champions is to: provide support to individual patients when needed coordinate patient support groups advise and assist other members of staff in complex cases; and review and tailor clinic processes and practices to meet the needs of diverse patient groups.				
Ensure information for single people, members of the LGBTQIA+ community and patients from a diversity of cultural and linguistic backgrounds is appropriate to their circumstances. This includes tailoring forms and correspondence to the needs of specific user groups, as well as the partners of those seeking treatment.				
Provide regular gender and sexual diversity training to ensure staff competence in LGBTQIA+ identities and care.				

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Consult community experts and organisations to enhance cultural understanding and competence, provide cultural awareness training for staff.				
Offer interpreter services to linguistically diverse patient groups during consultations. Provide patient information in relevant languages.				
Priorities for next 12 months				

Providing a comfortable physical environment and protecting patient privacy

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
Review the clinic environment to ensure it is comfortable for all patient groups, including those returning after failed cycles, single people, and LGBTQIA+ patients.				
Protect patients' privacy in clinic processes. Ask staff to ensure that: the comfort and privacy of patients is protected before and during treatment; conversations about treatment and the outcomes of an egg collection or treatment cycle are discussed with patients in private spaces where others cannot hear the discussion; and all calls with patients about treatment or test results are scheduled ahead of time (e.g. by text message or email) to allow discussions to occur in private.				

Emotional support for patients

Good Practice Tip	Strengths	Opportunities	Next Steps	Responsibility and timeframes
	What is your organisation doing well?	Are there opportunities to do this better?	If opportunities have been identified, what steps / actions are required to make the necessary changes or improvements?	Who will be responsible for implementing the changes / improvements identified? When will this be done by? What resources will be required?
Offer patients emotional support at key stages of the treatment cycle and proactively check-in after adverse outcomes or when ending treatment. Ensure information is available about internal and external resources and support options to help them feel empowered. Provide appropriate referral pathways in complex cases, including advice about obtaining a mental health plan from a patient's GP if required.				
Give patients the option of working with a counsellor to develop an individual written plan of support before the start of treatment which can be recorded and updated as required to reflect their changing support needs.				
Create a "duty counsellor system" where a counsellor is available quickly if a patient needs to speak with a counsellor urgently. Patients who wish to access support can make an appointment to speak with a counsellor within 24 hours of contacting the clinic or be referred to an appropriate external support service out of hours.				
Ensure access to support is provided as needed and is not limited to a single session of counselling within treatment cycles, and counselling remains available to patients for up to 12 months after treatment is completed.				

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Provide staff with appropriate training to keep up to date with best practice. Give staff access to in-house or external experts to discuss strategies to manage complex cases.				
Priorities for next 12 months				