



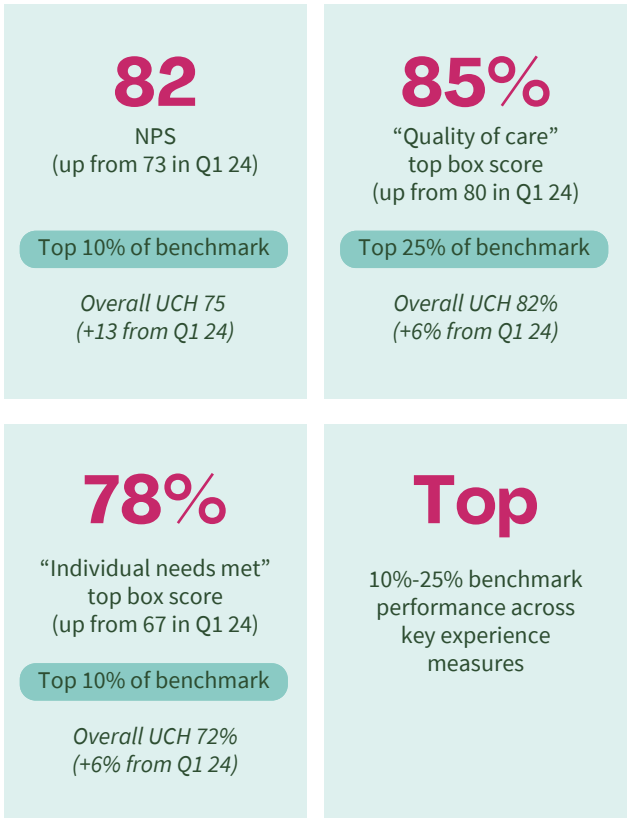
Translating operational excellence to patient experience: lessons from UnitingCare Queensland's top-performing wards

Overview

Exceptional patient experience results are often the visible outcome of something deeper: strong leadership, operational excellence, and a culture of continuous improvement. Patient experience feedback not only measures these outcomes but also helps health organisations identify the practices behind them, creating opportunities to learn from success within the organisation and to scale improvement across it.

UnitingCare hospitals have embraced this approach, using patient experience feedback to identify high-performing wards and better understand the practices contributing to their success. This approach led to significant improvements in inpatient experience performance. Within this broader progress, four wards stand out as exemplars, demonstrating both significant improvement and strong benchmark performance across key patient experience measures. In this case study, we examine the leadership practices, operational approaches, and everyday behaviours that Clinical Nurse Managers (CNM) identify as central to achieving such strong and sustained improvements in patient experience.

The results: four wards’ combined results, Q1 2026



Included UnitingCare hospitals’ wards: The Wesley Hospital Ward 2E (CCU/Acute Cardiology), Buderim Private Hospital Ward 3A (Rehabilitation), St Stephen’s Hospital Ingram Ward (Rehabilitation), and St Andrew’s War Memorial Hospital Ward 4F (Cardiology CCU Unit).

The challenge

Delivering outstanding patient experience in a high-acuity hospital environment is inherently challenging. Cardiac CCU and rehab wards see patients who are often frightened, in pain, and facing chronic or serious diagnoses. With large teams spread across multiple shifts, maintaining a consistent culture of care and translating that culture into measurable improvement requires both intention and ingenuity. Four CNMs across UnitingCare’s hospital network have excelled in doing exactly that.

Across all four wards, several common drivers consistently emerged: visible leadership, continuous feedback loops, shared accountability, behavioural reinforcement through recognition, and continuous learning.



What they're doing differently

1 Data that drives real conversations

All four leaders use data as a starting point for meaningful discussion. Patient experience results are shared at monthly ward meetings. Whilst the statistics are important indicators of progress at a hospital level, what truly motivates these high-performing teams are the verbatim patient comments. Printed out, highlighted, and posted in staff tea rooms; patient comments become a source of recognition and a catalyst for honest discussion and improvement. CNM Beatrice Wallis takes a particularly structured approach to leveraging data, openly sharing results with her team, and setting clear three- to six-month improvement windows to track progress.

Their success is driven by deep engagement with patient feedback and a disciplined commitment to continuous improvement. Leaders use feedback not only to celebrate success, but to identify opportunities, reinforce expectations, and drive action. Across all four wards, this commitment to learning and improvement is sustained over time, rather than driven by short-term fixes.



"My staff will really pore over the comments and look for those little nuggets of information that tells them they're either doing a good job or things we can work on. They are probably more meaningful to the staff than the numbers and statistics."

Rachel Moodley, CNM, Ward 2E · The Wesley Hospital

"Wherever I can, I try to build people up."

Beatrice Wallis, CNM, Ingram Ward · St Stephen's Hospital

2 Trust, respect and recognition

Strong relationships underpin these high-performing teams, with trust, mutual respect and recognition consistently reinforced by leaders. At St Andrew's, Amanda Brown places particular emphasis on building a team that deeply trusts one another and feels confident taking ownership, which fosters morale and unusually strong staff retention in such a high-pressure unit.

Staff are encouraged to address issues openly and directly, knowing they always have leadership support. This established trust enables genuine autonomy, with Amanda emphasising her absolute confidence in her team's ability to run the ward smoothly in her absence. Sharing positive patient feedback further reinforces the culture, with patients commonly mentioning the friendliness and quality of care from all staff.



"The collaboration and the camaraderie that we've been able to build on our ward, is protected, we protect it a great deal. We're very open, friendly, engaging and supportive."

Amanda Brown, CNM, Ward 4F · St Andrew's War Memorial Hospital

Placing particular emphasis on staff recognition, Rachel Moodley's team participates in "Wesley Stars," where staff are nominated for going above and beyond in both delivering positive patient experiences and supporting colleagues. While winners are recognised publicly, Rachel also personally calls each nominee to recognise and celebrate their contribution.

Beatrice Wallis weaves recognition into the fabric of everyday work, from guaranteed birthday leave and meal cards to tailored award nominations that highlight specific contributions.

3 Authentic patient rounding

Across the wards, leaders prioritise daily rounding where possible, with a non-negotiable of being visible and accessible to patients. There is a key emphasis on not letting patient interactions become transactional or robotic. Their rounding is patient-led, organic, and focused on building trust from the moment a patient arrives. Rachel Moodley focuses on early and consistent connection with new patients. Beatrice Wallis makes a point of visiting every patient each day. She intentionally brings humour and lightness into each interaction to put patients at ease. Just as importantly, leaders bring the same authenticity and personality to connecting with their team members, using humour and relatability to build connection and trust.

"I very purposefully try and see as many patients as I can on a daily basis. As soon as there's a new patient on the ward, I introduce myself. You can put small problems out very quickly before they become a much bigger issue."

Rachel Moodley, CNM, Ward 2E · The Wesley Hospital

Authentic, intentional patient rounding by leadership is commonly seen to significantly improve patient experience. It helps patients feel valued, builds connection, and supports proactive care. When possible, CNMs address concerns in real time, preventing small issues from escalating and reassuring patients that leadership takes their concerns seriously.



"If someone comes to me and says bed 10 wants to talk to you, if I'm available then and there, I'll go talk to them straight away...I try not to send a message back saying I'm too tied up...I know I'd want to be dealt with straight away and not ignored."

Catherine Watson, CNM, Ward 3A · Buderim Private Hospital

4 Non-negotiable shared responsibility

Across the wards, there is a strong culture of collaboration and shared accountability. Every patient is seen as a shared responsibility, regardless of formal staff allocation. If a patient comes to a team member with an issue, there are two options: solve the problem or identify the person who can and ensure appropriate follow-up. This shared sense of responsibility creates a more seamless experience for patients.

"We don't just stick to our allocated patients. If someone needs help, we step in or make sure someone else does."

Catherine Watson, CNM, Ward 3A · Buderim Private Hospital

This is not limited to the nursing staff; effective collaboration between nursing, medical, and allied health teams was consistently identified as a key lever in delivering patient-centred care.

5 Communications tools that put patients in the picture

Each CNM has developed their own approach to engaging patients, but all share a clear focus on communication that is both personalised and actively involves patients in their own care. Examples include bedside handovers that actively include patients, communication boards that invite patients to write their own questions, feedback cards that are reviewed and responded to as soon as possible, and innovative tools such as the Sunflower, a personal profile sheet for patients with delirium. Each tool helps staff connect even the most vulnerable patients to their sense of self.

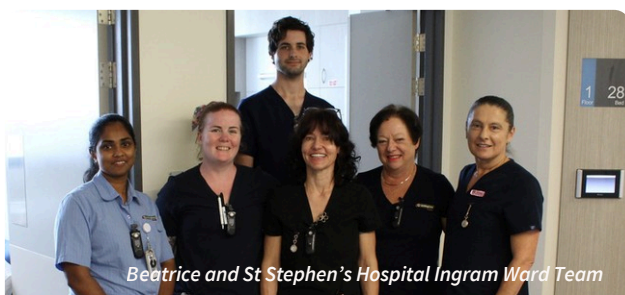
"We write in [the Sunflower] what their interests are, what their hobbies are, what music do they like, what do they like to eat, have a pet...we can draw on those little clues about their lives to try and help them feel a little more oriented or connected"

Rachel Moodley, CNM, Ward 2E · The Wesley Hospital

While the approaches vary, the underlying principles remain consistent: reduce uncertainty, strengthen trust, and enable patients to become active participants in their care.

6 Leading by example

A defining feature across all four wards is that leadership is highly visible and values driven. Leaders do not simply set expectations; they model behaviours, reinforce standards, and remain actively engaged in day-to-day care delivery. The CNMs maintain a strong presence on the floor through active engagement with patients and staff whenever possible. Catherine Watson and Beatrice Wallis reinforce this by regularly stepping into frontline care, from assisting patients with meals to supporting bathroom visits and transfers, ensuring alignment between expectation and behaviour. High performance is consistently underpinned by accessibility and visibility; patients and staff know exactly how and when they can raise concerns.



Beatrice and St Stephen's Hospital Ingram Ward Team

"What I say to you, I do myself. I don't do anything differently to what I expect you all to do"

Beatrice Wallis, CNM, Ingram Ward · St Stephen's Hospital

7 A culture of psychological safety

Amanda Brown's approach is grounded in trust, autonomy and mutual respect. She sets clear expectations around addressing issues directly while giving experienced staff the confidence and space to lead. She sees the strength of this culture reflected in the ward's staff retention and stability, with an experienced team that understands both the clinical environment and what is expected of them.

Beatrice Wallis attributes her team's strong communication outcomes to the environment she deliberately cultivates each day. Rather than relying on formal structures alone, she invests time in light-hearted, genuine conversation with every member of her team.



Beatrice and St Stephen's Hospital Ingram Ward Team

"When people feel equal and happy, they are happy to talk and happy to confide. Creating that kind of network within our unit makes people want to stay and makes people want to achieve more."

Beatrice Wallis, CNM, Ingram Ward · St Stephen's Hospital

8 Investing in education

All four leaders prioritise development as a driver of both confidence and quality of care. Education is viewed not as a standalone activity, but as a mechanism for building capability, strengthening collaboration and continuously improving care. In Ingram Ward, Beatrice Wallis actively encourages her team to work across other areas of the hospital, believing that cross-ward experience benefits both the individual and the organisation.

Amanda Brown takes a similarly resourceful approach, turning operational challenges into learning opportunities. When staffing gaps emerged in the cardiac catheter lab, she arranged rotations for her ward nurses — supporting the cath lab while giving her team practical exposure to the procedures their patients experience. She links this deeper clinical understanding to nurses' ability to confidently explain treatment and keep patients informed, which she sees as an important contributor to patient experience.

"Giving staff more knowledge and practical exposure to the procedures that patients are going through, will ensure greater understanding overall. By feeling more informed, staff can confidently provide invaluable education and reassurance to our patients. Greater exposure and understanding for our nurses, supports smoother and more positive delivery of care."

Amanda Brown, CNM, Ward 4F · St Andrew's War Memorial Hospital

What makes this sustainable

These results are not the product of a single initiative or short-term campaign. Across all four wards, success is driven by a consistent set of behaviours role modelled by leadership and embedded into everyday practice:

- Intentional leadership that reinforces expectations through visible actions
- Proactive and strategic use of patient feedback to both celebrate success and identify opportunities for real-time improvements
- Frequent, authentic staff recognition, both public and personal, and often peer-driven
- Clear accountability for patient care across the entire team, regardless of role or seniority
- Ongoing refinement of practical, repeatable approaches that can be sustained over time through deliberate reinforcement

Together, these behaviours create a culture where positive patient experiences are consistently reinforced and continuously improved.

The result

The four exemplar wards achieved an average NPS score of 82, up 10 points in two years, and benchmark scores in the top 10%-25% for care quality and individual needs.

This performance reflects sustained improvement over time and demonstrates that exceptional patient care outcomes are rarely driven by isolated initiatives. Instead, they emerge through the cumulative effect of intentional leadership, shared accountability, continuous learning, and everyday behaviours that consistently reinforce high standards of care.

“Nurses come to work wanting to give great care. As a leader, it’s about providing the environment and the resources for them to do so.”

Rachel Moodley, CNM, Ward 2E · The Wesley Hospital

While each ward employed different tactics, their success was underpinned by a remarkably consistent operating model: leaders remained visible, feedback informed improvement, accountability was shared, recognition reinforced desired behaviours, and learning was continuous. Together, these practices created the conditions for sustained performance improvement and exceptional patient experience.

In the patient’s own words

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“The people who work here, all staff, were amazing. Kind, caring in all things. Ready with a smile and short chat, giggle at all interactions. Their kindness was a blessing on some of the more painful days.”

Patient, Ingram Ward · St Stephen's Hospital

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“The overall quality of care received from Wesley Hospital is the best I've experienced from all hospitals exposed to in my life.”

Patient, Ward 2E · The Wesley Hospital

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“The people, they were some of the nicest people I have ever encountered, nothing was too much trouble, they interacted kindly and with information requested. If they didn't know they went and found out, and they came back promptly.”

Patient, Ward 4F · St Andrew's War Memorial Hospital

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“At all times, I felt that the staff really cared about my health and my progress... Their dedication to their job seems to give them self-satisfaction, they enjoy coming to work, and doing everything they can to assist the patients. It is a happy work environment. That environment seems to assist patients in their healing.”

Patient, Ward 3A · Buderim Private Hospital

We gratefully acknowledge the contribution of the UnitingCare hospitals' executive leadership, patient experience team, and Clinical Nurse Managers who participated in the interview process. Their time, perspectives and commitment to sharing their learnings were invaluable in enabling this work.

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