



## Working with the Essentials of Care Program: A Resource for Facilitators

*Providing Safe, Dignified and Compassionate Care*

2<sup>nd</sup> Edition  
January 2014



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<http://www.health.nsw.gov.au/nursing/projects/Pages/eoc.aspx>

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## Foreword



The enthusiasm demonstrated for the Essentials of Care (EOC) Program continues across all Local Health Districts and Specialty Networks, with over 700 teams currently implementing the framework. The NSW Health Nursing and Midwifery Office (NaMO) has supported this significant nursing and midwifery led body of work since 2008 and with the continued commitment of teams across the state, this program is now a major Practice Development Program which is growing from strength to strength.

One of the challenges that we have focused on in producing the 2nd edition of this resource is to simplify the language used and how you translate this for teams implementing EOC. We need to be able to effectively and clearly communicate the achievements of this work to all parts of the health system and to our patients and their carers.

In my role as the CNMO it is exciting for me to travel across the state and meet the motivated EOC teams in their local workplaces and see their achievements first hand. EOC has not only improved patient outcomes, it has also increased patient and staff satisfaction by facilitating improvements in collaboration, teamwork and communication. We cannot however, be complacent in our strive for improvement and in my view the provision of compassionate care is and should be our number one priority.

Celebration and sharing of these achievements is an important part of the work. Teams from both metropolitan and rural areas have shared some of their achievements at NaMO's state wide EOC Showcase, and in our 'Cultures that Care' publications. They are also presenting at both local and national conferences and their hard work is being recognised at facility, district and state quality awards. Excitingly, we are now beginning to see teams developing their EOC initiatives into research.

As you implement the EOC program I would strongly encourage you to focus on gaining greater consumer and carer involvement and feedback. At each step of this work we must ensure that the perspectives of those that we care for are heard and that we maintain a patient centred focus. It is fantastic to hear how this work can have a significant impact on the experience of our patients and families.

I take this opportunity to acknowledge the hard work of all those who are involved with implementing, supporting and developing the EOC program. It is a privilege to sponsor a program that has made such a wonderful contribution to safe, compassionate and dignified care for our patients and greater satisfaction for our staff.

I would like to leave you with a quote from an attendee at our 2012 EOC Showcase;

"If I was a nurse looking for work or starting my nursing career, I would want to work where EOC has been embraced and implemented. If I was a patient, I would want to be nursed in these wards"



**Susan Pearce**

**Chief Nursing and Midwifery Officer, NSW**

**Adjunct Associate Professor, University of Sydney & University of Wollongong**

# Essentials of Care

## A Resource Guide for Facilitators

### Acknowledgements

The 2nd edition of this resource is a significant body of work that has been informed by the continuous learning from research, evaluation and working with the Program. There has been a number of people who have contributed including:

- Kathleen Chapman Essentials of Care Program Manager and the staff of Nursing and Midwifery Office (NaMO), NSW Health.
- The Essentials of Care Program Development Team, Pauline Bergin, Claudia Green and Deborah Higgs for leading the revision of this resource.
- Members of the NSW Health Essentials of Care State Wide Committee.
- Essentials of Care Local Health District Coordinators and teams across the state who shared their stories and achievements.

### More information on the Essentials of Care Program

Contact information for Program Coordinators who support the Local Health Districts and further information regarding the Program can be found on the Nursing and Midwifery Office NSW Health website:

<http://www.health.nsw.gov.au/nursing/projects/Pages/eoc.aspx>

Other Practice Development resources at:

<http://www.fons.org/common-room/news.aspx>



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# Essentials of Care

## A Resource Guide for Facilitators

### Purpose of this resource

The purpose of this document is to provide a resource for Facilitators in planning, negotiating and facilitating the implementation of the Essentials of Care Program in clinical areas. All Essentials of Care Facilitators will be offered a comprehensive program of facilitation development over a period of 12-18 months and it is intended that this resource guide will complement the resources used in the facilitation program:

Facilitation Development Program: A Program Model and Curriculum Supporting Lifelong Learning and Development, NSW Health, (2010).

This resource is not designed to be prescriptive and components of it may need to be reviewed, changed or adapted to suit individual contexts. Elements of this resource will be updated, as a result of feedback and reflection. For the most up to date version of this document please refer to the Nursing and Midwifery Office website: <http://www.health.nsw.gov.au/nursing/projects/Pages/eoc.aspx>

### How to use this resource

This resource is organised into three sections:

**Section A** provides an overview of the Essentials of Care Program, Transformational Facilitation, and Practice Development.

**Section B** describes the purpose and what happens throughout each phase. At the end of each phase there is an evaluation that captures progress and achievements prior to moving to the next phase. This can be used to keep a record of progress through the Essentials of Care Program and will assist with the two year re-evaluation. A number of questions are included at the end of each phase that enable critical thinking and enhance understanding of the Essentials of Care Program in relation to the care environment and practice.

**Section C** is the appendices which include a collection of resources and tools that can be used throughout each phase to enable engagement and participation of all key stakeholders, and to support the Essentials of Care implementation process towards more effective workplace cultures.

**Throughout this resource we use the term patient to represent any person who utilises the services of NSW Health.**

## Glossary - Terms used in this resource

**Active learning** - a facilitated process which enables learning through active participation and reflection that results in action, change or transformation.

**Assumption** - an idea that is accepted as true without clarification.

**Co-facilitation** - a structured and planned process that enables two or more Facilitators to work collaboratively and effectively to enhance the learning of all involved.

**Collaboration** - working together to achieve a common goal with the expectation of equal participation.

**Collate** - organising information without making assumptions or judgements with the intent of making it user friendly.

**Consciousness Raising** - bringing underlying thoughts, feelings, ideas and assumptions into awareness.

**Context** - in Practice Development and the Essentials of Care Program the context refers to the environment in which facilitation and transformation is occurring. Context refers to the influences, constraints, challenges, cultural aspects, the organisational structures that support and impact, and the interaction and behaviour of people.

**Critical** - something which must be analysed and deconstructed for deeper insight into an issue or situation.

**Critical Social Science** - a school of thought which aims to explain and provide a method for understanding, explaining and changing the circumstances people live and work in, from their perspective. In the context of the Essentials of Care Program this refers to the workplace culture and care environment with the aim to increase staff enlightenment, empowerment and emancipation from the aspects of their culture that inhibit their practice and satisfaction with patient care.

**Culture** - the way things are done in the workplace; the rules, rituals, behaviours, and accepted norms and practices.

**Emancipation** - the freedom to take action which is informed and meaningful based on insight, reflection and dialogue.

**Empowerment** - to have the confidence and strength to do something through increased control of one's practice.

**Enablement** - helping others to gain insight and increase self-awareness, to take action.

**Engagement** - creating connection and involvement.

**Enlightenment** - continually increasing one's self knowledge to increase awareness of taken for granted assumptions of any given situation.

**Espouse** - to take on, to speak of, as one's own, to uphold, to champion and advocate.

**High Challenge and High Support** – creating an environment in which assumptions can be questioned, with the appropriate support so that it is safe to explore difficult situations.

**Inclusiveness** - creating the opportunity for individuals to take part in activities in a meaningful way.

**Intent** - in Practice Development and transformational facilitation 'intent' is used to refer to the meaning, the reason behind, and the principles underpinning the action or intervention.

**Nominal group technique** - a rating system to prioritise themes and actions.

**Participation** - willingly engaging in activity to achieve a common goal.

# Essentials of Care

## A Resource Guide for Facilitators

**Person-centred** - being aware of both self and others and engaging in ways which imply recognition, respect and trust (Kitwood 2008).

**Problematisation** - to reflect on work practices in a critical way to identify what is problematic and / or needs to change.

**Stakeholder** - any individual or group affected either directly or indirectly by decisions or with influence over the outcomes of those decisions.

**Themes** - individual pieces of information that relate and connect to each other.

**Transformational** - bringing about change towards improvement in line with the values of individuals, teams as well as defined/desired practice outcomes.

**Values** - what is at the heart of what we do and what motivates, drives, and is most important in a team's practice as well as how the team members work together.

**Vision** – an inspirational ideal that a team can aspire to and work towards.

# Section **A**

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## **Introduction**

### **To The Essentials Of Care Program**

# Introduction

## To The Essentials Of Care Program

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### What is the Essentials of Care Program?

The Essentials of Care Program (EOC) is a framework which aims to provide safe dignified and compassionate care by engaging staff in collaborative processes of values clarification, workplace learning, critical enquiry into practice, the utilisation of evidence to improve patient safety and to create positive cultures at the point where care is experienced. The EOC Program involves a facilitated process that allows healthcare teams to explore how they can improve the care or service they provide by evaluating their current workplace culture and practice. In this way, it gives healthcare teams a mechanism to actively participate in continuously improving patient care, both in terms of experiences of that care and the achieved outcomes. The EOC Program is underpinned by transformational Practice Development methodology (tPD), which has as its central intention the creation of person-centred cultures to achieve the best possible patient centred care.

The EOC Program was developed by Prince of Wales Hospital in conjunction with Professor Brendan McCormack and adopted by the Nursing and Midwifery Office (NaMO) NSW Health under the executive sponsorship of Debra Thoms (former Chief Nursing and Midwifery Officer). It has grown from strength to strength under the sponsorship of the incumbent Chief Nursing and Midwifery Officer, NSW Health, Susan Pearce. In November 2013, over 700 teams across NSW Health were reported to be engaged in the EOC Program. As we move forward the intention is that all teams will have the opportunity to implement the EOC Program with the support of skilled Facilitators.

#### The goals of EOC are to:

- Enhance the experiences of patients, families and carers, as well as staff involved in the delivery of patient care
- Establish more effective clinical environments that will result in better patient outcomes
- Recognise and celebrate excellence in care

### The Essentials of Care Program

Figure 1: EOC Cycle



The EOC Program has six phases (Figure 1) that occur over an approximate two year cycle:

1. Preparation: Engaging teams.
2. Assessment: Gathering information about care and culture.
3. Feedback: Critically reflecting and identifying themes.
4. Action planning: Prioritising and actioning themes.
5. Implementation: Implementing actions and evaluating results.
6. Re-evaluation: Gathering information about care and culture at the completion of each cycle.

In order to ensure the integrity of the EOC Program and to reach intended outcomes, movement through the phases of the Program needs to be progressive. However, it is likely that teams may need to revisit prior phases to reflect on and attend to aspects that were overlooked to inform future direction.

The Practice Development methodology underpinning this work ensures that the following occurs throughout all phases:

- Critical reflection resulting in clarity about the values and beliefs held about care.
- Recognition of any contradictions between the values and beliefs espoused and the actual practice.
- Awareness of the barriers within the workplace that prevent these values being practised, and
- The removal of the identified barriers in order to practice in a way that is consistent with espoused values and beliefs.

Given the above, it is not surprising that the successful implementation and sustainability of this work is dependent on staff engagement, local leadership and support of senior staff. The EOC Program enables teams to assess the way they work, and look for areas to improve and celebrate. This can only be achieved when the entire team is engaged, including the manager and the local executive team.

Securing executive support for the practical elements of implementation such as release of staff, organisation of resources and localised development of internal facilitators, is critical in ensuring that the EOC Program is embedded as the established way of working within the healthcare team.

Skilled facilitation is required to engage healthcare teams in reflection and critical dialogue, to challenge rituals and assumptions in a supportive manner, to facilitate action planning, and to provide environments where teams feel empowered to effect change. To this end the Facilitation Development Program (FDP) has been developed by NaMO with the purpose of enabling the ongoing development of skilled Facilitators.

In summary, by working through the phases of the EOC Program, healthcare teams gain clarity about their shared beliefs and values underpinning their practice, increase their understanding of their workplace culture, critically discuss the fit between the reality of their work and their espoused shared values and take action to bring the two closer together.

# Introduction

## To The Essentials Of Care Program

### What are the benefits of the Essentials of Care Program?

The results of the implementation of the EOC Program have shown that it improves communication and teamwork amongst healthcare teams resulting in improved patient outcomes. When teams take ownership of their issues we see the start of cultural change. When teams welcome feedback they recognise opportunities for effective discussion and facilitation of meaningful improvements.

A research study of the implementation of EOC in 20 units across 2 Local Health Districts over 3 years (2009-2012) produced evidence that engaging staff through patient stories, observations and clinical audits, facilitated feedback, critical discussion and, the awareness raising of ward related issues has led to the sustained implementation of local initiatives that have improved patient outcomes, safety, and experiences (Wilson & Cross 2012).

***“EOC has resulted in dramatic changes in the workplace culture. The change is especially evident in ‘newer’ and with junior staff. An increase in staff confidence is apparent, not only in relation to their work and to their patients, but also to the thoughts and opinions they now voice and the questions they ask. The once highly dominant fear of questioning and voicing opinion is diminishing.” EOC Facilitator***

***“Through the EOC Program, staff were better able to reflect on the proposed change, look at sensitising the process to their unit needs and context and were supported by their managers to look at ways of incorporating the change into their nursing processes.” EOC Facilitator***

We are also seeing teams that have engaged in the EOC Program becoming more open to change, where they are willing to accept different approaches to patient care by becoming energised and embracing the change process (Wright and McCormack, 2001). Research has shown evidence that implementing the EOC Program provides a focus for ward staff to re-engage in evaluating clinical practice and patient care, and provide a central point for staff reflection and discussion on patient care delivery through facilitated staff meetings, EOC information folders and visual displays, action plans, newsletters and forums (Wilson & Cross 2012).

***“The exciting thing is that through EOC, collaboration and inclusivity are becoming the standard for communication and policy development in the MHRU. Not only has EOC assisted with creating a team culture that encourages change and new ideas, it has also created a space for ongoing reflection within the team.” EOC Facilitator***

It is important to remember that cultural change does not successfully and sustainably happen overnight hence the reason why the EOC Program has an approximate 2 year cycle which keeps repeating and becomes just the way of working for teams. EOC is about *sustainable local workplace* cultural change where the ownership is with the team and their achievements are celebrated through their organisations.

Teams that have progressed through the EOC Program using the principles of Practice Development methodology have identified significant outcomes for patients and healthcare staff throughout the phases, including:

### Improved patient outcomes

- Wards have reported reductions in MRSA infections of 88%, reduction in pressure areas by 58% & reduction in falls by 55%. (Cultures that Care Ed.3)
- Changes in care practice e.g. in wards that undertook practice change around medication handling there was a 70% decrease in medication incidents (Wilson & Cross 2012).
- Identification of patient safety initiatives that are congruent with NSW Health priorities (Wilson & Cross 2012), including the National Safety and Quality Health Service Standards.

### Increasing person-centred care and effective partnerships

- Patient engagement in their care planning and case review (Cultures that Care Ed. 2).
- Patient and staff satisfaction (Cultures that Care Ed. 1 & 2).
- Positive patient feedback (Cultures that Care Ed. 1 & 2).
- Decrease in patient complaints reported by 58% (Cultures that Care Ed. 3).
- Focus on the value of nursing and midwifery care in the provision of safe patient care and positive patient experiences (Wilson & Cross 2012).
- Interdisciplinary collaboration and communication.

### Professional Practice

- Engagement in learning and development, increasing the study leave attendance.
- Innovation and research.
- Reflection on practice and team approach to care delivery (Wilson & Cross 2012).

### Transformational leadership

- Leadership development and support (Wilson & Cross 2012, Crisp et al 2013).
- Facilitation development (Crisp et al 2013).

### Resource efficiency

- Recruitment and retention.
- Cost savings (Cultures that Care Ed. 2).
- Streamlined processes (Cultures that Care Ed. 1 & 2).
- Increase awareness of occupational health & safety.
- Reduction in sick leave by 21%. (Cultures that Care Ed. 3).

### Health promotion

- Consumer information and education.
- Self-management.
- Admission, discharge and follow-up processes.

### Transformational Practice

- Staff Communities of Practice.
- Use of the change processes learned from the EOC Program to implement mandated changes e.g. bed-side handover (Wilson & Cross 2012).
- Staff taking ownership of changes within the clinical setting, resulting in active participation in the change process (Wilson & Cross 2012).

# Introduction

## To The Essentials Of Care Program

### Implementing and Supporting the Essentials of Care (EOC) Program- Facility Considerations:

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<b>What is the value in implementing the EOC Program in the Organisation?</b>	<ul style="list-style-type: none"> <li>• How does the EOC Program meet the objectives of the Organisations’s Strategic Plan?</li> <li>• How does the EOC Program align with other initiatives from the Ministry of Health and pillars ?</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Where is the EOC Program situated in the organisation’s governance structure?</li> <li>• What communication strategy needs to be in place to support the EOC Program?</li> <li>• How will advocacy for the EOC Program be role modeled?</li> <li>• Who is the best person/department to provide leadership for the EOC Program?</li> <li>• What are the ethical considerations associated with the EOC Program?</li> </ul>
<b>Capacity building</b>	<ul style="list-style-type: none"> <li>• What is the current knowledge base and skills related to Practice Development (PD)?</li> <li>• What is the knowledge and skills around Facilitation?</li> <li>• What developmental opportunities are available around PD and facilitation?</li> <li>• How would stakeholders access these opportunities?</li> </ul>
<b>What needs to be in place for the Program to be effective and sustainable?</b>	<ul style="list-style-type: none"> <li>• What resources are required?</li> <li>• What resources are available internally and externally for the EOC Program?</li> </ul>
<b>What challenges can we anticipate?</b>	<ul style="list-style-type: none"> <li>• How do we encourage communication about achievements and challenges?</li> <li>• How does the governance actively support team challenges?</li> <li>• What avenues exist to celebrate success?</li> </ul>
<b>Celebrations of achievements</b>	<ul style="list-style-type: none"> <li>• What opportunities are available for teams to showcase and demonstrate their achievements?</li> <li>• How would teams have access to these opportunities?</li> </ul>

## Considerations for Nursing & Midwifery Managers:

<b>What is the Essentials of Care (EOC) Program?</b>	<ul style="list-style-type: none"> <li>• Ongoing regular conversations with your local EOC Coordinators.</li> <li>• Networking with other managers engaged in the EOC Program.</li> <li>• For more information visit: <a href="http://www.health.nsw.gov.au/nursing/projects/Pages/default.aspx">http://www.health.nsw.gov.au/nursing/projects/Pages/default.aspx</a></li> </ul>
<b>Does the team understand the Program?</b>	<ul style="list-style-type: none"> <li>• How can team members be included and receive information regarding the EOC Program?</li> <li>• What information is provided and who is available to answer questions and to address concerns regarding EOC?</li> </ul>
<b>Who can facilitate the Program?</b>	<ul style="list-style-type: none"> <li>• Which team members show an interest in facilitation and supporting change?</li> <li>• What skills are present within the team?</li> <li>• How will team members be invited to participate in training and development?</li> </ul>
<b>What development support is required for Facilitators?</b>	<ul style="list-style-type: none"> <li>• Contact EOC Coordinators for information on the Facilitation Development Program.</li> <li>• Ensure time is allocated for potential Facilitators to attend 3 workshops and active learning prior to and during the EOC Program.</li> </ul>
<b>Who will form the local Essentials of Care support group and what role will this team take to support the Program?</b>	<ul style="list-style-type: none"> <li>• Consider who could be part of this group?</li> <li>• How will these member be invited to be part of the leadership group?</li> <li>• Explore roles and leadership styles and how this group can support the implementation of the EOC Program?</li> <li>• How will the members role model, mentor and support other team members?</li> </ul>
<b>How will the Program's progress, challenges and achievements be communicated and reported?</b>	<ul style="list-style-type: none"> <li>• Consider placing the EOC Program on team meeting agendas.</li> <li>• Discuss with EOC Coordinators local, organisational and reporting requirements?</li> <li>• What governance process is in place to discuss ongoing challenges?</li> <li>• How are the team going to celebrate and share their achievements?</li> </ul>
<b>What resources and support are required and are available for the Program internally and externally?</b>	<ul style="list-style-type: none"> <li>• Flyers,EOC program Facilitator resource folder.</li> <li>• How can time be allocated to implement the Program?</li> <li>• Have external Facilitators have been trained that you and your team can access?</li> <li>• What information is already collected by the organisation that can assist the team in assessment. How do you access this information?</li> </ul>
<b>How can team members be supported to work through the Program?</b>	<ul style="list-style-type: none"> <li>• How can the team members be supported to clarify values?</li> <li>• What training can be provided for team members in the assessment process?</li> <li>• How can support be given to teams working on improvements and measuring the change ?</li> </ul>

## Facilitating the Essentials of Care Program

Facilitation is the key element in enabling Practice Development to achieve its purpose and goals (Shaw et al 2008, Crisp et al 2013). Without the appropriate facilitation development, the EOC Program cannot be implemented and sustained in the intended way (Crisp et al 2013). Fundamental to this is the engagement in active learning throughout the life of the Program. Opportunities for active learning are provided by regular contact and engagement with the local EOC Coordinators and EOC support team.

The goal and purpose of the EOC Program is to develop effective workplace cultures that are person-centred. Facilitation enables the transformation of individuals and the context in which care is provided to improve the experience and outcomes for both patients and clinicians.

Through skilled facilitation teams can explore and clarify their shared values, challenge assumptions and identify areas for improvement which are owned, actioned and celebrated.

Successful facilitation within the EOC Program is achieved by creating a space, at local level, for both individuals and teams to (Crisp et al, 2013):

- Engage in collaborative, inclusive and participatory processes that support change and transformation.
- Gain a deeper insight into themselves, their values, beliefs and their practice through critical reflection.
- Take ownership of their practice and be self-directive in practice changes.
- Identify and celebrate achievements in implemented changes.
- Be enlightened, empowered, and emancipated.

## What is Transformational Facilitation?

**Transformational facilitation** has proven to be effective in engaging individuals and teams in practice development and provides a way of working that is consistent with the principles underpinning the Essentials of Care Program (Harvey, Loftus, Rycroft-Malone, Titchen, McCormack and Sears 2002).

The principles that guide how Transformational Facilitators engage teams include:

- Trusting and believing that people, if supported and safe, will naturally move towards greater awareness and better fulfilment of their potential
- The use of collaborative, inclusive and participatory approaches
- Being person-centred
- Working with people's values and beliefs about themselves and their practice
- Engaging in the level of support and challenge needed to achieve the goals of facilitating the EOC Program and other Practice Development work
- Working with the notion of life-long learning
- Role modelling, and
- The use of critical reflection



# Facilitation And Practice

## Development Methodology

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### The Role of the Facilitator:

Is to engage with and to enable teams to work with the EOC Program using collaborative, inclusive and participatory approaches. Throughout the EOC Program the Facilitators engage in a variety of activities including:

- Engaging the team to further their understanding of the EOC Program in a manner appropriate to their context.
- Facilitating discussions with teams to explore values and ways of working.
- Engaging and supporting the team to identify and engage key stakeholders.
- Supporting the team's preparation for each phase of the EOC Program.
- Providing opportunities for team members to develop a wide range of skills.
- Engaging their team in discussions about exploring and understanding the current culture (assessment).
- Facilitating discussions about the information gathered and how it relates to the team's values about their practice.
- Engaging the team leadership in developing and reviewing the implementation plan which includes governance, communication, reporting, support mechanisms and resources.
- Supporting teams to identify implement and evaluate action plans.
- Assisting teams to recognise and celebrate ongoing outcomes and achievements.
- Supporting teams to share their achievements, key learning and future direction.

Like any complex skill, the development of facilitation skills requires a commitment to ongoing learning and practice over time. Appropriate facilitation development and application is necessary for supporting teams to implement the EOC Program in the way it's intended, and to achieve the changes in workplace cultures and practices that it aims to achieve. It is vital that all stakeholders understand the role of the Facilitator in the EOC Program so that they can provide the necessary support (Crisp et al, 2013, Wilson & Cross 2012.).

#### **Facilitator Selection:**

Recruitment and selection of Facilitators is an important process that impacts on the engagement of the team and the implementation throughout all its phases. Potential Facilitators require a clear understanding of the EOC Program and their decision to take on the Facilitator role must be voluntary (Crisp et al, 2013). This decision can be supported when potential Facilitators reflect on the following list of attributes and interests:

- Do I like helping people to learn, achieve and be the best they can be?
- Have I some skills to be a leader in my clinical team?
- Do I see potential in others?
- Am I keen to influence the experiences of people who come in contact with health services - patients, families, carers and staff?
- Am I open to new ways of approaching changes in practice?
- Do I enjoy learning new skills and thinking outside the square?

#### **Facilitator Support:**

Once in the role, Facilitators require ongoing support to develop and expand their facilitation skills through active learning and practice. In addition to workshop attendance, and as a means to maximise learning, the Coordinator will collaborate with team members in key roles including managers, DONMs, educators and others to clarify the role of the Facilitator (Wilson & Cross, 2012). Local mechanisms need to be set up to support this learning and development and to ensure Facilitators have access to these mechanisms (Crisp et al, 2013). The EOC Coordinator(s) play a crucial role in facilitation development processes; regular meetings with the Coordinator, particularly in the early stages of Facilitator recruitment and development, are encouraged (Crisp et al, 2013). Facilitators are expected to participate in formal active learning strategies such as an Action

Learning Set, Clinical Supervision, Critical Companionship, Communities of Practice, Coaching, or any other strategies that are based on critical reflection and action. Consideration should be given to setting up local leadership groups within the ward/unit to provide direct support to the Facilitator and ward staff prior to commencing the EOC Program (Crisp et al, 2013).

## Questions to ask

- How can EOC activities be collaborative, inclusive and participatory?
- How can all key stakeholders be informed and involved in the EOC Program?
- How can Facilitators be supported to develop skills in facilitation

## What is Practice Development?

The EOC Program is underpinned by Practice Development (PD), which is

“A continuous process of developing person-centred cultures. It is enabled by Facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individuals and team practices. This is sustained by embedding both processes and outcomes in corporate strategy”.  
(Manley, K., McCormack, B. and Wilson, V. 2008).

The following nine principles support this definition and inform all Practice Development work:

1. PD aims to achieve person-centred and evidence based care that is manifested through human flourishing and a workplace culture of effectiveness in all health care settings and situations.
2. PD directs its attention at the micro-systems level - the level at which most healthcare is experienced and provided, and requires coherent support from interrelated mezzo- and macro-system levels.
3. PD integrates work-based learning with its focus on active learning and formal systems for enabling learning in the workplace.
4. PD integrates and enables both the development of evidence from practice and the use of evidence in practice.
5. PD integrates creativity with cognition in order to blend different energies, enabling practitioners to free their thinking and allow opportunities for human-flourishing to emerge.
6. PD is a complex methodology that can be used across healthcare teams and interfaces to involve both internal and external stakeholders.
7. PD uses key methods that are utilised according to the operational methodology principles and the contextual characteristic of the PD programme of work, such as:
  - Agreeing on ethical processes
  - Analysing stakeholder roles and ways of engaging stakeholders
  - Being person-centred
  - Clarifying the developmental focus
  - Clarifying shared values
  - Collaborative working relationships
  - Continuous reflective learning
  - Developing a shared vision
  - Developing critical intent
  - Developing participatory engagement
  - Developing a reward system

# Facilitation And Practice Development Methodology

- Evaluation
- Facilitating transitions
- Giving space for ideas to flourish
- Good communication strategies
- Implementing processes for sharing and disseminating
- High challenge and high support
- Knowing both self and participants

8. PD is associated with a set of processes including skilled facilitation that can be translated into a specific skill-set required, which is as near to the interface of care as possible.
9. PD integrates evaluation approaches that are always inclusive, participative and collaborative. (Manley, K., McCormack, B. and Wilson, V. 2008)

## Why use a Practice Development approach?

Practice Development as an approach to developing practice continues to show promise in the enhancement of workplace culture, its focus on genuine transformation of individuals and practice maximises the likelihood of its ongoing sustainability. This approach focuses on enabling individuals and teams to understand the context in which they work and thereby recognising the elements that enable effective practice and identify those that inhibit effective patient care. Practice Development engages teams in exploring values and raising an awareness of the context of care in order to take action and improve the care interface (McCormack, Dewing and McCance, 2011).

## Using Creativity

***"...Essentials of Care and Practice Development are not processes that need to be run by some individual, it's a way of working every day to create a nicer person-friendly workplace..." EOC Coordinator 2011***

Within Practice Development the application of creativity is widely used as a process to enable critical thinking, self-awareness and to encourage the understanding of different perspectives of sometimes already familiar topics. This practice facilitates accessing cognitive processes that may not be in current awareness. The real value of using creativity is the narrative that emerges from engaging in the process rather than the final product.

Creativity is most affective when:

- The intent is transparent to all participants.
- It is voluntary.
- Different options are offered for example, reflective walk, collage, drama, song, drawing, poetry, creative writing, artefacts, and metaphors such as storytelling.
- It is in a safe and secure environment.
- The timing is appropriate.
- The intention is clear.

## Section *B*

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# WORKING THROUGH THE PHASES

## Of The Essentials Of Care Program

# Working Through The Phases Of The Essentials Of Care Program

## Phase 1: Preparation- Engaging Teams.

### The purpose of this phase is:

- To identify key stakeholders who will have influence and/or support the EOC Program.
- To engage teams in discussions regarding the EOC Program.
- To begin the exploration of shared values.
- To prepare for the assessment process.

### What needs to happen in preparation for this phase?

- An expression of interest to begin the EOC Program has been made.
- Facilitators have to have attended the EOC Facilitator Development Workshop 1.

**Ward Facilitator: The team needs time to understand the Program before they can participate. What helped our team was having as many information sessions as possible and having lots of colourful reading material around on notice boards, on the computer and in the tea room..... Everyone needs to know what is going on..**

### The specific goals of this phase are:

- To identify key stakeholders and enable conversations in relation to the roles and support required to implement the EOC Program locally.
- To develop a local implementation plan that outlines roles, timelines, activities and communication strategies required to implement the EOC Program.
- To engage teams in clarifying shared values and beliefs relating to their practice.
- To engage teams in conversations regarding the assessment of their current culture and practices.
- To engage individuals in developing the necessary skills for participation in the Assessment Phase.

### What happens during this phase?

This phase begins when the team has made an informed decision to commence and members interested in facilitating the Program have attended Workshop 1 of the EOC Facilitation Development Program.

To maintain the momentum throughout the EOC Program, the Facilitator initiates activities and conversations using a collaborative, inclusive, and participatory approach. At times this means some activities will be carried out by different members of the team with the support of the Facilitator.

The Implementation Log Template (Appendix p.73) is for the team to use to plan their activities, and for recording timelines and responsibilities throughout the different phases, when things will occur, what strategies will enable successful completion of processes, who is responsible, who else needs to be involved/ aware, what the intended outcomes of these activities are and how progress and learning will be measured.

#### 1. The steps in establishing the EOC support team (Crisp et al 2013) are as follows:

- Identifying a team who will support this work. This support team includes the Facilitator, the manager, and can also include educators, clinical leaders and any other interested party (include non-nursing).
- Clarifying the roles and responsibilities of the support team.
- Clarifying the mechanisms for securing ongoing active support for the Facilitators and the Program.
- Establishing an effective communication strategy and information sharing process by asking the team how they would like to be informed about what is happening with the Program.
- Identifying and securing time for the Facilitator/s ongoing training and development.
- Identifying times for team members to meet for discussion and participation in activities related to EOC.
- Developing a local action plan including timelines and necessary support.

**2. Information sessions - What the Essentials of Care Program is and what it means to us:**

- Information sessions that are organised to include as many team members as possible. It is useful to keep a log of who attends to ensure the majority of the team have access to information about the EOC Program.
- Information sessions can be supported and co-facilitated by EOC Coordinators and other local Facilitators.
- A variety of strategies can be used to help all team members understand the EOC Program:
- In-services
- One-to one conversations
- Teleconferences
- Emails
- EOC promotional material, brochures and posters
- Websites: Nursing and Midwifery Office <http://www.health.nsw.gov.au/nursing/projects/eoc.asp>,

***The Practice Development principles that underpin facilitation of information sessions:  
- Collaboration - Inclusiveness - Participation***

**3. Exploring and clarifying shared values and beliefs about current practice:**

- Plan with the EOC team how and when this is going to happen, clarify specific roles and support requirements.
- A variety of methods, consistent with Practice Development principles explored in the Facilitation Development Workshop 1 can be used to enable the team to clarify values.
- Facilitating shared values clarification can be supported by the EOC Coordinator as well as other local Facilitators and practice developers.
- Teams can continue to clarify their values as they move through the phases of the Program.

***The process of clarifying values and beliefs is fundamental to the EOC Program. This is a facilitated process which begins in the preparation phase and is used continuously throughout its implementation.***

***Staff: Talking about values was difficult but it did help us to realise we were all working towards the same goal good care for our patients.***

**4. Preparing to assess care and culture - Culture mapping:**

- Preparing for assessment involves facilitating conversations to help the team understand the processes involved in the Assessment phase, and to dispel any concerns they are likely to have.
- Obtain information regarding Assessment training from local EOC Coordinators and organise training for volunteer team members. At this training all templates and resources required to undertake the Assessment phase will be shared.
- Agreeing on what's going to happen, when it will happen and who's going to do it.
- Planning for when observations can occur, to provide an appropriate snapshot of what a day in this unit or ward looks and feels like. Similarly, the action plan needs to include other information sources and how these will be accessed, by whom, and when, as well as what's going to happen with that information.
- Developing and displaying timelines for Assessment to ensure the process is transparent.

# Working Through The Phases Of The Essentials Of Care Program

## 5. Reflecting on the outcomes and the team’s learning outcomes.

Answering these questions can be useful when team members are reflecting on the progress so far:

- What processes did the team use?
- What was the team’s key learning?
- How will this learning inform how they work together in the future?
- How did processes reflect the principles of practice development?
- What outcomes are visible for both patients and staff?

### Some critical aspects to be considered during this phase:

- How are key stakeholders engaged and informed of the progress and achievements of the EOC Program?
- What support strategies are in place to support Facilitators and teams engaged in the EOC Program?
- How effective is the communication strategy?
- How are the team members reflecting on their current engagement with the EOC Program to inform future engagement and sustainability?
- How are external Facilitators being accessed to assist with co-facilitation of conversations?
- How are the team documenting processes used and what are the key strategies, key learning and EOC Program outcomes, can they be measured?
- How will the experience of engaging in the preparation phase inform how the team works through the other phases in the EOC Program?

## Evaluating Phase 1

SUPPORT AND LEADERSHIP TEAM	
Has a support team been established?	
If not, what other support strategy is in place for the EOC Program?	
Who are the members of this team?	
Describe the purpose and role of this team?	
How often does this team meet?	
How is the team using the principles of collaboration, inclusiveness and participation?	
How does the support team communicate with all other team members?	

<b>INFORMATION AND COMMUNICATION</b>	
How many information sessions were conducted for the team?	
What is the strategy to keep all team members up-to-date with EOC information?	
How often does the team meet to discuss the EOC Program?	
<b>VALUES</b>	
What values are the team starting to identify or have identified?	
How do they align with the LHD and NSW Health values?	
What engagement strategies were useful in shared values clarification?	
How many staff members were actively involved in this process?	
<b>ASSESSMENT PREPARATION</b>	
How was the team prepared for the Assessment phase?	
How many observers have been trained?	
<b>CULTURE</b>	
What has changed for the team?	
Examples of key learning outcomes from the team	
Record of any comments from patients/carers	
Record of any other achievements	
What could we have done differently?	

# Working Through The Phases Of The Essentials Of Care Program

How did we work together?	
How did we share information and knowledge gained through this phase?	
<b>FACILITATION</b>	
Key learning outcomes?	
What worked?	
What were the challenges?	
What facilitation skills were developed?	

## Phase 2: Assessment - Gathering Information about Care and the Culture.

### The purpose of this phase is:

To gather information/evidence to assist the team members to better understand their context and practices. There is evidence that the culture of the workplace directly impacts on the health care given and received in that workplace. Looking at the workplace in depth allows the team to build a comprehensive picture of the team's culture.

Working ethically during this phase is imperative, although the EOC Program is not a research project the team can decide to research any aspect of their workplace and practice if they so choose. In which case they need to follow the appropriate processes to develop a research project and gain ethical approval.

This phase typically covers a 2 - 4 week period depending on the team's context.

The Facilitator's role is to enable the necessary number of team members to take part in the Assessment phase to allow for this to be done, in a timely and effective manner and in a way that reflects the team's shared values.

### What needs to happen in preparation for this phase?

- The whole team needs to prepare for the Assessment phase.
- The team members who have volunteered to assist with gathering information need to have participated in Assessment training and to have acquired all necessary templates.
- The key stakeholders need to have been consulted and included in conversations about this phase and the support required.
- Values clarification is currently progressing or has been completed.
- The Local Health District process for obtaining consent for the collection of patient stories and capturing information has been clarified.

### The specific goals of this phase are:

- To establish a baseline from which to critically evaluate the team culture and health care practices.
- To provide a basis to inform action planning.
- To provide opportunities for all stakeholders to be involved and to have a sound understanding of the processes involved.
- To ensure all information is gathered in an ethical manner.
- To promote learning and build capacity amongst the team.
- To create an environment in which person-centred approaches are utilised.
- To ensure that information collected is owned and acted upon by the team.
- To ensure that information is collected in alignment with privacy and confidentiality principles.
- To promote and share learning from critical reflection on the processes utilised to collect the information.

***“An important lesson learned is that staff are more likely to accept data that is not favourable when they have been involved in collecting the data. At times it is tempting for Facilitators just to collect all clinical audit data, however ward staff tend to challenge unfavourable results as they do not feel they have ownership of their data which results in limited engagement in clinical practice change improvement initiative.” EOC local Facilitator***

# Working Through The Phases Of The Essentials Of Care Program

## What happens during this phase?

In this phase information is gathered from multiple sources, which allows for a more comprehensive and multidimensional picture to emerge. Relying on one set of information, for example audits gives only a single dimension of what is really happening in the team's environment. A broader and deeper picture is obtained of a team and their culture when information is collected from a variety of sources. It is critically important that Assessment training be made available prior to commencing this phase, consult your local EOC Coordinator.

### **1. Engaging the team in culture mapping:**

Culture mapping is a process by which information from various sources is collected to provide a comprehensive picture of what the context is like at the beginning of the EOC Program.

This information forms a numerical baseline that can be used to track and trend the effect of any impact as a result of engaging with a cultural change Program. This information is already available within healthcare and may require that Facilitators engage the necessary stakeholders to ensure access. Team members discuss who's involved and how the information is collected, it can include:

- Workforce- vacancy rates, sick leave
- Patient data - Occupancy rate, unplanned readmissions, length of stay
- Incident Information Management System (IIMS) data - Falls, pressure sores, medication errors
- Audit information - Hand hygiene, National standards related audits
- Compliments and complaints
- Staff surveys and patient surveys- look for surveys that may already be taking place (eg. Your Say survey, patient satisfaction surveys). Are these useful and relevant to the ward? If not consult your local Coordinator for other options.

This information needs to be collected on a regular and ongoing basis (6 monthly) throughout the EOC Program (Appendix p.72).

It is also beneficial to facilitate a critical discussion within the team in relation to:

- Physical & aesthetic environment - What does our workplace look like, how is it set up, and what does it feel like to those who work there?
- The purpose of the team including roles and responsibilities.

### **2. Capturing stories of the care experience:**

Stories are a valuable way of collecting crucial information about patient's experiences and contexts of care. Following training, anyone can listen to the patient's story, however in this case it is more appropriate that these be gathered by someone who is not involved directly in the provision of care. This is because patients may not be inclined to explore all aspects of care openly and honestly when they feel this may impact on their care.

Stories are not conducted as a formal or constructed interview, but as a free flowing story, with the occasional prompt from open-ended questions that will be more engaging and meaningful. The rationale behind this is that in the EOC Program we are interested to hear about what is of interest and importance to the patient and their experience, rather than asking questions that are of interest to the story collector or organisation.

Note that the use of audio recording equipment and note taking may interfere with the story teller and the flow of the story. However, it may be helpful to jot down some notes along the way so that the main aspects of the story are captured.

The process for collecting these stories includes:

- The story teller giving consent according to Local Health District requirements,
- Candidates are chosen for stories being mindful of their current health situation and who provide a cross section of the usual population experiencing care, and

- The stories are collected, de-identified stored and managed within Local Health District guidelines.

### **3. Observations of the ward culture and health care delivery:**

Observations of the team's context and environment are an important feature in the Assessment phase. These observations capture what is seen to be happening and includes such things as routines, actions and interactions. The observations are based on what the observers see, hear, feel and smell.

The greatest challenge for observers is to remain objective, to manage assumptions, and to avoid imposing judgement on the information collected.

Prior to observations commencing, all observers have participated in an Assessment Training workshop to ensure the methodology is consistent and aligned to the principles of the Program. Team members should have a sound understanding of the observation process and are aware of how, when and what is being observed, and the opportunity to discuss any concerns has been given prior to the observation process.

It is important that the observation is meaningful and allows adequate time for observers to prepare beforehand and to reflect afterwards, as well as allowing enough time for ward staff to 'get used' to the observers presence. Evidence has shown that teams need to be mindful of the amount of information that is gathered so that it is meaningful and does not become an onerous task (Wilson & Cross 2012).

Hints when observing:

- Each observation involves an internal observer (member of the team) and an external observer (someone who is not directly linked with the team).
- During initial observation episodes it may be necessary to spend some time settling into the role of observer, being in the moment and heightening situational awareness particularly for an internal observer.
- An episode of observation can last anywhere from 20 to 60 mins and will depend on observer availability, activity during the episode and observers' ability to stay focused.
- Once observations have been completed the observers get together, compare notes and clarify assumptions with each other.

Collation of information:

To make the next phase easier, it helps if all the information gathered is collated for the team by the facilitator and other interested staff. Collation is bringing all the evidence together to make it useable, this does not include finding themes; that is best done in the next phase so that the team may develop ownership of the identified themes. The EOC Domains of Care are a useful tool for collation of information (Appendix p.64). Remember, evidence obtained may fit into more than one domain.

The collation is best done at the time of collection, e.g. the person collecting the patient story may divide it up into domains, and likewise those doing the observations are best placed to put the observations into the domains.

If information gathered does not appear to fit into a domain, park it and ensure that it is included somewhere in the discussions in the next phase.

### **Some critical aspects to be considered during this phase:**

- Have open and transparent processes been utilised throughout this phase?
- How have the team members been involved in deciding what information is to be collected, who is involved in the collection, and when is this to happen?
- How does the information collection phase reflect the team's shared values clarified in phase 1?
- What information is already being collected?
- What other information sources may be available?

# Working Through The Phases Of The Essentials Of Care Program

- What is the simplest way to collect this information?
- Are there others who may assist us in this phase?
- Once collected, how is information kept confidential, and how is privacy being maintained?
- How will the information be kept and stored?
- What person-centred approaches will be utilised to ensure reflection is done safely?
- What is the observer's role and responsibility if unsafe practices are observed?

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## Evaluating Phase 2

PROCESSES	
What processes were used to coordinate the collection of information?	
How were the team kept informed about the process of the assessment phase?	
What processes were used to collate the information?	
Who collated the information?	
How were the team members involved in collating the information?	
FACILITATION	
Key learning outcomes?	
What worked?	
What were the challenges?	
What facilitation skills were developed?	
INFORMATION	
What stories can be captured from the patients and the team?	
How do we share the information and knowledge gained?	

## Phase 3: Feedback - Critically Reflecting and Identifying Themes.

Quote from a Nurse involved in EOC pilot ward:

*"I thought this was just another project where someone would come in to tell us what we do wrong and how to fix it. But when we sat down to look through the assessment data and to discuss it, I realised that this is actually about us and helping us to improve our practice and environment. It's up to us and EOC helps us do this."*

Quote from a Nursing Unit Manager involved in EOC:

*"Staff are now more proactive in addressing issues that have been problems for ages; they no longer run to me with every issue or expect me to resolve every issue."*

### The purpose of this phase is:

To engage staff in structured critical reflection and discussions about the information they've gathered in their work area. Through this discussion the team can identify and develop themes from the information and reach agreement about priorities for action that will help them practice in ways that align with their shared values. It is best if this occurs as soon after the information is collected as possible, so that it is still relevant to that context.

### What needs to happen in preparation for this phase?

- **The information:** The observation and facilitation team will gather together to collate the information under the 'Domains of Care' heading, to remove duplications and unnecessary information from the observers' notes, and to collate the notes into a manageable and sensible form. However no theming or analysis occurs at this stage - theming and analysis is done in collaboration with team members.
- **The Facilitators:** Facilitators are to attend EOC workshop 2 as part of the Facilitation Development Program, to gain the necessary skills and tools. They are to prepare by heightening their awareness about their own feelings and assumptions, being aware of the content of the information gathered and how the team members may react. This Phase should be planned and implemented in collaboration with other Facilitators, observers and the EOC support team established in Phase 1.
- **The team:** Preparation of the team will have commenced during Phase 1: Preparation-Engaging teams and Facilitators will need to check that everyone is aware of what to expect. Engage team members in conversations about how and when information will be discussed and what will happen to that information. Consideration must be given to what support the team needs in order to develop data analysis and evaluation skills (Wilson & Cross 2013). Conversations should include opportunity for staff to raise any concerns, anxieties and questions that they may have about the process of reflecting on and analysing the information. The process of reflecting on the information gathered during Assessment can be challenging for staff and facilitators alike. Everyone will need to feel supported to engage in meaningful critical reflection and discussion and to be reassured that the information is confidential.

# Working Through The Phases Of The Essentials Of Care Program

## The specific goals of this phase are:

- To provide opportunities for teams to critique their individual and team practices using reflection and critical dialogue.
- To engage teams in gaining a better understanding of their care environment, and workplace culture by drawing on all sources of information available - observations, patient stories, audits, IIMS, compliments and complaints, patient and staff satisfaction or the results of other surveys.
- To support team members in the development of their skills in data analysis and evaluation (Wilson & Cross 2012).
- To enable teams to compare their practice and culture with the shared values they espouse, to bring their values to life, and to reflect on what this means to them as individuals and as a team (Wilson & Cross, 2013).
- To encourage ownership of, and responsibility and accountability for their care environment, and for the delivery of that care.
- To enable teams to identify and celebrate aspects of care that are done well and to gain insights into why this is so and what they can do to continue, repeat and to expand this positivity.
- To enable teams to identify areas for improvement so that their work can be more in line with their shared values and
- To reach a consensus on which themes to action, which may include the collection of more information/ data.

## What happens during this phase?

- **Transformational Facilitation:** The use of transformational facilitation approaches to share information, rather than using this as a 'giving feedback session', is vital to support the principles underpinning this Program (Pg. 16).
- **Facilitation Development and Co-facilitation:** Facilitators must engage in training related to working with information and critical feedback as outlined in the Facilitation Development Program (Pg. 57). During the numerous opportunities to actively facilitate, Facilitators can draw on the knowledge and skills developed during the EOC Facilitation Development Program. Using a co-facilitation approach is highly recommended as it will assist in ongoing facilitation development, enable use of appropriate processes and will add to the level of criticality used in the process.
- **Inclusiveness:** It is important to remember that individuals' readiness to engage in this work and in critical discussions will vary. The Facilitator can enable participation by keeping an open invitation to all staff and welcoming individuals when they choose to participate (Refer to Stages of Change in EOC Workshop 1). Meanwhile, strategies for keeping everyone informed need to be considered and agreed upon.
- **Critical Reflection:** At the heart of this phase is the skill of enabling team members to become more aware of 'taken for granted' ritualistic aspects of their workplace practice and to identify what's problematic about these practices. This is called "consciousness raising" and problematisation which is an important step towards the team taking ownership of the issues they need to take action on.
- **Identifying Themes for Action:** It can be challenging to reach agreement about emerging themes and which themes to prioritise. The process of identifying themes makes sense of what the information is telling the team about their practice and the care environment from many different perspectives (patients, internal and external observers, objective audit data, and critical discussions with staff), and then using this as evidence for the actions to be undertaken by the team members both in the short and long term. Following are some steps to help when "theming" the information gathered.

## Useful steps for identifying themes:

The intent of this activity is to enable the team to recognise common themes within and between the information that was collated into the domains of care (Adapted from Owen, W. F 1984 Interpretive themes in relational communication. Quarterly Journal of Speech, 70: 274-87).

1. Plan strategies to provide opportunities for all the team members to be involved in identifying themes. You may decide to focus on one or two domains during each session. This is a good strategy for minimising the risk of overwhelming them with large volumes of information all at once. **However, it is important that all domains are worked through before agreeing on priorities for taking action.**
2. Make enough copies of the collated information for the team members to read. The number of copies will depend on the approach you take and the number of participants. At the end of each session be mindful to collect all copies of the information and ensure it is stored in a safe and confidential place.
3. Allow team members sufficient time to read through the information and ask them to try to avoid interpreting or explaining it - you don't necessarily want them to interpret the information yet, just to get a sense of what it's about.
4. Invite the team to identify:
  - Repetition of key words or phrases.
  - Recurrence of common threads even though different words are used.
  - Association in meaning between different words, phrases and sentences used.
  - Strength of words, phrases or sentences used (eg, "I feel strongly..." or "I really think..."), use of exclamation points, questions arising, underlining and emphasising of words or phrases, very high or very low audit results, emotive language used in storytelling.

The use of underlining or circling anything of significance in different colours can be useful for identifying commonalities and themes.

5. Invite the team to reflect on what they've just read and check in with how they are feeling about it:
  - Do they recognise this from their care environment?
  - Do they generally feel good about it or have they got mixed feelings?
  - Describe these feelings, is it overwhelming, or is it manageable?
  - How does this information inform their own practice?
6. Invite the team to share any sense of what messages are jumping out at them and what they think might be going on.
7. Keep the open conversation going and avoid acting on the views of one or a small number of people. These steps can be repeated with other individuals or groups and then themes compared.
8. Work with the group to agree the final themes in a democratic process. This could be through nominal group technique where individuals rate each proposed theme for each set of collated information. Don't be surprised if you come up with a large number of themes. However you will need to be realistic about how much the team can work on at any one time. It may be possible to combine or condense a few themes, but be aware that when you condense the number of themes you may lose the meaning or strength of evidence to support that theme.
9. Even before you develop formal action plans around the agreed themes the team members may recognise actions that can be taken immediately to improve practice and the care environment. This is encouraged, however make sure that this is documented in your action plans or reports so that these important changes are not lost over time.

# Working Through The Phases Of The Essentials Of Care Program

## Critical questioning...

Purpose: To enable effective feedback, consciousness raising, problematisation and identification of themes for action.

*"I keep six honest serving-men  
They taught me all I knew  
Their names are What and Why and When  
And How and Where and Who  
I send them over land and sea  
I send them east and west  
But after they have worked for me  
I give them all a rest"*

From "The Elephant's Child" by Rudyard Kipling

The above verse refers to the importance of having a sense of inquiry and how open-ended questioning, prefacing with 'what, why, when, how, where and who', can enable greater insight and enlightenment about our world. This style of questioning can be experienced by some people as highly confronting and challenging. Hence, the verse also refers to the notion of there being a time and place for these questions and to 'give them all a rest' when a gentler approach is more appropriate.

## What is a critical question?

While everyone knows what a question is, not everyone may have the same understanding of what a critical question is or how critical questioning can be useful in gaining better insights and understanding.

Critical questioning and critical thinking are used to encourage and enable reflections on an issue, a viewpoint, a discussion etc. Its main purpose in the context of EOC is to help uncover and gain a better understanding of one's beliefs; what is true or real, what is false, what assumptions are being made and what these assumptions might be based upon?

Critical questioning is helpful in:

- Making meaning of a situation and any evidence or lack thereof, to support our beliefs
- Challenging assumptions, hidden values, taken for granted aspects of our practice
- Identifying potentials and options for change towards improvement
- Accomplishing actions.

## Samples of critical questions to raise your own self-awareness as facilitators:

- What are my intentions during this phase?
- How will I encourage collaboration, inclusiveness and participation? What strategies and processes can I use to encourage these principles?
- How do I feel about the information collected during the feedback phase-am I getting a sense of whether it is predominantly positive or negative?
- What are my assumptions about the information gathered? How will I manage these assumptions so they don't influence staff in their understanding and decisions?
- How can I encourage staff to take ownership of what the information is telling us about practice and the practice environment?
- Who will see this information and whose decision is it to share the information?
- What are the consequences of information being shared or used without seeking the team member's permission?
- How will other key stakeholders e.g. managers, clinical governance, executive team, be kept updated about emerging themes?

- What information might the staff find confronting? How can I prepare and support staff through this?

**Samples of critical questions to provoke reflection, critique and ownership within the team:**

- How do you feel as you read the information? Why do you think you feel this way?
- What are you becoming aware of about yourself and your practice?
- What was/is your intention now in relation to this awareness?
- What themes are emerging?
- What are you most proud of and what are you least happy about? What could be better?
- Does the data reflect your values as an individual and as a team?
- Why is this so? How do you feel about this?
- What assumptions might you be making about the information in terms of what it means and what's causing it?
- What additional information or other data sources will be helpful in better understanding your practice and care environment?
- What might be causing or contributing to some of the issues you are becoming aware of? And what part do you believe you play in this?
- Is this usual or normal around here? And is that ok, are you happy with the picture the information is painting?
- How would you like to see things change, what do you want more of and what would you like to improve?
- Who is in a position to change things? What do you see as your role? What do you think is outside of your sphere of influence?
- What are the consequences of not taking action on the issues you are identifying? What's the alternative?
- Who else needs to know about this and how can they be informed?

**Some critical aspects to be considered during this phase:**

- Establishing what resources are available and who can support the team in prioritising and identifying themes.
- Including and collaborating effectively with all stakeholders in ways that are meaningful to them.
- Using a variety of ways to actively involve all team members working in the area where assessment has been undertaken.
- Considering how, as a Facilitator and member of the team, you can contribute to the critical reflection and discussions without imposing your views.
- Enabling high challenge conversations with adequate support for this to occur safely and effectively.
- Enabling participation in ways and at a time that suits individuals and the team, as well as any demands from external sources.
- Harnessing positivity and engagement.
- Working with negativity, resistance, apathy, disinterest, and lack of ownership through reframing and reflecting.
- Working effectively with group dynamics and behaviours using suitable approaches, strategies, skills and tools as well as transformational Practice Development theory in a variety of often unpredictable situations.
- Maintaining confidentiality around the information.

# Working Through The Phases Of The Essentials Of Care Program

## Evaluating Phase 3:

### PROCESSES

What processes were used to engage the team in critical reflection?	
What was the impact of critical feedback on the team?	
What processes were used to theme information?	
What themes emerged?	
What process was used for prioritising themes?	

### FACILITATION

Key learning outcomes?	
What worked?	
What were the challenges?	
What facilitation skills were developed?	

### INFORMATION

What stories can be captured from consumers and the team?	
What communication strategies were put in place to keep the all team members informed?	
How do we share the information and knowledge gained?	

## Phase 4: Action Planning - Prioritising and Actioning Themes.

### Working together to take action on identified themes and priorities.

'A mountain is climbed one step at a time!' Anon

'Action is the foundational key to all success.' Pablo Picasso

Quote from Registered Nurse involved in EOC:

*"We started out with 48 themes over the nine domains – this was obviously too many to take action on so we were a bit overwhelmed! We worked through what the priorities were and ended up with 8 long term action plans which were manageable, and heaps of issues that could be improved straight away."*

Quote from EOC external Facilitator:

*"Initially I thought the team needed action plans for every issue they'd identified. I wondered what would happen to those that didn't make it into the action plans; would these remain unresolved and continue to be problematic? Then I realised that by taking the time to prioritise and work on the sometimes less obvious issues, many other issues faded away and if they continued to be problematic they would show up in the "Mapping Care and Cultures" phase 2nd time round. In many cases, as staff became aware of issues their practices and approaches changed so the issue was addressed anyway!"*

Quote from Enrolled Nurse involved in EOC:

*"Action planning sounded like a difficult task but we realised that we do this all the time with patient care, and everyday when we plan our shift – allocating patients, prioritising tasks, choosing the right intervention and evaluating its effect. The action plans helped us think about every aspect and step so nothing got forgotten, to share the workload and to identify other sources of support and resources."*

# Working Through The Phases Of The Essentials Of Care Program

## The purpose of this phase is:

To enable teams to successfully action plan around the themes identified from the information gathered during the Assessment; gathering information about care and culture phase.

Before you begin this phase you will have engaged with the team during the previous phases to:

- Include everyone in information sharing about the intent of the EOC framework and phases, what it means to them and what their role is in the Program.
- Plan for implementing the Program at a time and in a way that suits all the team and their local context.
- Enable all team members to contribute to and to critique the team's shared values.
- Identify assessors to participate in formal Assessment Training specific to the EOC Program.
- Gather information through observations, patient stories and audits to provide a 'snapshot' of what happens in this work area on an average day.
- Collate the information into the domains of care in collaboration with all assessors and Facilitators.
- Facilitators must engage in training related to working with information and critical feedback as outlined in the Facilitation Development Program workshop 3.
- Enable all team members to participate in and contribute to the critical discussion about the information gathered during Assessment, the themes identified, and the priorities for action.
- Plan a time, place and some processes to enable all team members to participate in and contribute to the action plans, including ways to include the Manager who must sign off on all action plans.

If you think you may have missed a step or a crucial aspect of the framework, get the facilitation and local leadership team together, with anyone else who has been actively supporting you in your Facilitator role, and critically review your progress to date.

## The specific goals of this phase are:

- To enable the team to plan action to realise and make more explicit their espoused values. At this stage, and through deeper understanding of how their values look in practice, teams are now often better able to articulate their shared values and to add to the values clarification process they commenced in phase 1 (Wilson & Cross 2012).
- To enable patient participation and contribution to action plans and to increase their voice in how care is planned, delivered and evaluated (Wilson & Cross, 2012).
- To enable the team to focus on ideas and to decide what steps are needed to achieve particular goals and outcomes (Wilson & Cross, 2012).
- To ensure key steps are not omitted and to provide a pathway to the future.
- To contribute to the building of strong relationships amongst team members and others.
- To develop a deeper shared understanding of what needs to be done to improve the team's performance, and the workplace culture and practices.
- To support the teams, to analyse their strengths and weaknesses, identify resources, and to gain ownership of changes that impact on them and their work.
- To provide accountability mechanisms necessary for ensuring actions are undertaken as agreed.

## What happens during this phase?

During this phase teams work collaboratively using the themes identified in the previous phase to come up with both short and long term actions plans. The short term action plans can lead to some quick wins which will motivate the team, demonstrate their capacity to influence their workplace and practice, and increase rates of participation and commitment to the EOC Program.

**The necessary components of an action plan are:**

- 1. Name the issue or problem to be addressed from the agreed themes.**
- 2. Evaluate the issue using the following structures:**
  - Background - Use evidence from the information gathered to describe the issue, and the need, for action planning.
  - Vision - How would team members like their workplace to look like in the future, and what needs to happen to achieve this? Use the team's shared values to help come up with the vision, encourage innovation and creativity.
  - Evidence - What already exists about this practice issue, how does the evidence support, and inform the action(s) being proposed?
  - Challenges - What's currently stopping or blocking this happening? Think about what can be easily overcome and what's likely to be more difficult.
  - Resources available - What resources currently exist that can help achieve the vision, who has access to them, and how can they be used?
  - Resources needed - What additional resources may be needed, who has them and how can they be accessed and negotiated?
- 3. Develop SMART Outcome Goal(s)** (Wilson & Cross 2012) - Describe what the team is aiming to achieve from the action plan. To encourage and promote success, these goals should be:
  - **Specific:** State specifically what is to occur.
  - **Measurable:** State, the extent to which the goal is to be achieved e.g. completed / not completed, 80% improvement/reduction, acquisition of equipment, staff or other resources.
  - **Achievable or Attainable:** Set out to achieve goals that are within the team members influence capacity, resource limitations, current policies, laws etc. Aiming for 100% in the first instance is rarely achievable and can lead to disappointment. Aiming for something more achievable will instil a feeling of ability and success.
  - **Realistic or Relevant:** Avoid setting goals too high, outside of team's influence, within too short a time-frame, or where resources are unlikely to be available. Is the action or intervention relevant to the context in which it will be implemented?
  - **Time-bound or Timely:** State a specific timeframe for achieving the desired goal eg in 3 months, 1 year. This may need to be reviewed and changed throughout the process and as circumstances change. In some circumstances you may decide that this is not the right time for a particular action or intervention because of other activities and initiatives.

You will find different meanings for the letters in the above acronym and some refer to an additional 2 steps:

  - Evaluate
  - Re-evaluate
- 4. Agree, on the action steps** - Break goals down into achievable actions to be worked through step by step.
- 5. Construct an action plan:**
  - What needs to be done, who will do it, when will they do it or have it completed, how will they do it, what resources will they use to do it, and an evaluation strategy - how will the team know it has been achieved?
  - An action plan is a living, working document. Although action planning is cyclical it is an organic living process where stages will overlap or goals may change along the way.

# Working Through The Phases Of The Essentials Of Care Program

6. Engage all stakeholders, including patients (Wilson & Cross 2014), in critical discussion about the actions planned, make any necessary adjustments and gain endorsement by key stakeholders of the action plan to ensure everyone is aware of their roles and responsibilities.
7. Reflect on the effectiveness of the processes used - how did the team work together, what worked well, what could have been done better, what was our key learning outcome, what new skills are we developing, how are the team members working more effectively together now?

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## Some critical aspects to be considered during this phase are:

- How achievable are the goals that have been set - are they SMART? (Wilson & Cross, 2012)
- How many action plans can be reasonably put into action?
- How can patients be included in action planning, and how will they have a voice?
- How does the action plan and the processes used relate to the team's values?
- How does the action plan reflect current evidence and existing policies?
- How have all stakeholders in the actions been afforded opportunities to participate in the action planning process?
- What resources exist/are required to enable the team to develop experience and skills in action planning?
- How can the team be supported in innovative practice?
- What strategies will enable the ongoing engagement of the team members and all stakeholders?
- How can the team discover and access existing resources that they may not be aware of?
- What approaches can the Facilitator(s) use to enable realistic expectations and goal setting?
- How can accountability be promoted and nurtured?
- How can the team be assured that the real issue has been identified and is being addressed?
- How will the actions enable the desired outcomes?
- How do we keep things moving, using motivation, perseverance, prioritisation, and realistic steps?
- What will happen around the areas of practice that have not been prioritised or put into action plans at this point?

### Example of an action plan:

The following is an example of an action plan outlining the theme being addressed and which domains it is relevant to, the evidence supporting the need to take action, how it links to other initiatives, the overall goal to be achieved, a number of steps that need to be followed through to achieve the goal. The timeframes, responsibilities, strategies and resources needed to enable these actions to happen, and how the specific actions will be evaluated.

Note it also requires the manager's signature to indicate that they have been part of the process and their commitment to supporting the team to achieve the plan. The action plan is a good record of how and why decisions were made and a valuable document to report on quality improvement activities and to act as evidence during the Accreditation process. The action plan log provides opportunity to record processes, learning and outcomes that occur along the way and is important evidence in support of the intended outcomes of the EOC Program evaluation at the end of the 2 year cycle.

## The Action Plan – with example of a plan:

<b>Theme being addressed:</b> 1. Patient Care Planning (Domains: Communication and Documentation, Clinical Interventions, Promoting Self Care)					
<b>Background and evidence</b> (from assessment information): Documentation data showed that care plans were not being completed consistently by nursing staff in 70% of cases. During observations it was noted that care plans were not referred to, or updated during care delivery by nurses and that no other disciplines (Allied Health and Medicos) referred to care plans during rounds or patient interactions. Patient stories revealed that patients are rarely included in documented care planning. Discussions with clinical staff revealed variations in use of care plans and expectations. Further discussions with the team members revealed that the current Care Plan is out dated and does not meet the current needs.					
<b>Goal Outcome Statement:</b> To improve documentation and the use of care plans to 90% within six months commencing 12/12/12.					
<b>Specific Action Steps - what needs to happen</b>	<b>Who will take the action?</b>	<b>When will the action be taken or by when will it be completed?</b>	<b>How - what specific strategies will they use to achieve this?</b>	<b>What resources will they use or need?</b>	<b>How will the outcome be recognised and measured? (Evaluation)</b>
1. Provide staff with information about project	Jane Doe, Clinical Specialist and Jack Spratt, Clinical Educator	Throughout the month of January 2013	In-services every Tue and Thur during Jan. Progress update in communication book Mon & Fri during Jan. Discussions with AH and Medical staff at Multidisciplinary Team Meeting.	Book Conference Room for every Tue and Thur in Jan. Seek Manager's support to use communication book. Book time to present to multidisciplinary team at Jan meeting.	List of attendees & evaluations of in-services. Check communication book weekly for staff signoff that they've read entries. Seek and document feedback from team members about presentation at meetings.
2. Review suitable care planning tools	John Doe RN, and Mary Smith EEN	By 30 Jan 2013	Seek guidance from Clinical Governance (CG) committee about available tools and processes for reviewing tools. Seek input from consumer rep. Change action plan accordingly.	Book slot at January CG committee. Book appointment with consumer group or representative.	Submit report on outcome of meetings to project group & reviewed tools 2 weeks post meeting.

Continued...

# Working Through The Phases

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3. Decide on most appropriate care planning tool for use	Jack Spratt to lead	By 18 <sup>th</sup> Feb 2013	Book in-service & venue to discuss with team. Notify all staff & encourage attendance	Flyers about in-service	Attendance lists, evaluation of sessions, level of agreement and commitment at least 80%.
4. Education for staff about any changes	Educators and Clinical Nurse/ Midwifery Specialists	By 29 <sup>th</sup> Feb 2013	Book in-service to discuss with team. Book venue. Notify all team members & encourage attendance	Flyers, email and note in Education Calendar and Communication Book	Attendance lists, evaluation of sessions, effective use of new care plan.
5. Commence use of new care plan	All staff overseen by clinical leadership team	By 30 <sup>th</sup> March 2013	Remove old care plans and replace with new stock.	New care plans. Flyers & reminders	Audit weekly for 1 month, then monthly for 3 months, then at 6 months and 12 months. Engage all team members in critical discussion about effectiveness of new tool. Observations of practice at 12 months.

Manager's Support: I \_\_\_\_\_ endorse the actions identified here and will support the team to implement them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Process and Outcomes Log:

<b>Theme(s)</b>	<b>Actions / Intervention(s)</b>	<b>Processes used</b>	<b>Team's Key Learning</b>	<b>Action Plan Outcome(s)</b>	<b>Other Comments</b>
1	Review of different available tools	Facilitated critical discussion	Allied health and medical staff don't use the care plans because they are not regularly updated and are not easily located during rounds.	<p>Commitment to update plans as changes occur.</p> <p>Evidence of increased documentation from, audits &amp; observations.</p> <p>Feedback from staff that new tool and process is more effective.</p>	<p>Two staff expressed interest in becoming facilitators.</p> <p>One staff member has agreed to lead the next action plan with support from the Educator and Manager.</p>

Reference for SMART goal setting:

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Nelson, B. & Economy, P. (2010) Management for Dummies (3rd ed) Part 11 Mastering Key Management Duties, Chapter 6 Goal Setting Made Easy. pp 101-117.

# Working Through The Phases Of The Essentials Of Care Program

## Evaluating Phase 4:

### PROCESSES

What processes were used to engage the patients in action planning?	
What processes were used to engage the team in action planning?	
How were action plans negotiated?	
What action plans were developed?	
What are the enabling factors that will support action plans?	
What are the inhibiting factors that may prevent implementation of action plans?	
What strategies were used to minimise inhibiting factors?	

### FACILITATION

Key learning outcomes?	
What worked?	
What were the challenges?	
What facilitation skills were developed?	

### INFORMATION

What stories can be captured from patients and the team?	
What communication strategies were put in place to keep team members informed?	
How do we share the information and knowledge gained?	

## Phase 5: Implementation - Implementing and Evaluating Actions.

“A vision without action is called a daydream; but then again, action without a vision is called a nightmare.”  
Jim Sorensen

### The purpose of this phase is:

To put into practice the action plans that have been developed, and endorsed by the team, and to evaluate the impact of these changes as part of the implementation process. A significant amount of work will have already been invested in engaging with the team members, collecting information, critically analysing this information and planning; it is now time to put these plans into action. This can be both exciting and challenging, and is often a time when teams become overwhelmed, lose momentum and find it difficult to maintain focus. Therefore it requires active facilitation, constant monitoring and positive leadership to support teams through to completion.

### What needs to happen in preparation for this phase?

- Key stakeholders have to have been consulted and included.
- All team members have been given an opportunity to participate.
- Action plans have been agreed upon.
- An evaluation strategy has been developed.
- Strengths and talents that exist within the team are being used.

### The specific goals of this phase are:

- To ensure underpinning person-centred approaches are maintained.
- To ensure stakeholders are engaged during the implementation process.
- To monitor progress with action plans.
- To evaluate effectiveness of the action's being implemented.
- To modify action plans as guided by evaluation results.
- To critically analyse effects/results of action plan.
- To ensure that information is captured about processes used and the outcomes achieved to add to the team's body of knowledge.
- To share any new knowledge that is generated in implementation with others.

### What happens during this phase?

#### Engagement:

Teams members can have the unrealistic expectation that someone else will put their action plans into practice, so this is a perfect time for everyone to be part of improving the workplace culture and practice.

Strategies to engage the team can include:

- Identifying an individual's strengths and working with these.
- Recognising opportunities for professional development and the learning of new skills.
- Providing opportunities for participation at different times.
- Encouraging individuals to volunteer rather than feeling change is being imposed.
- Rewarding people for their efforts and participation.
- Celebrating successes.
- Providing high level support, particularly in the early stages of implementation, so individuals don't feel overwhelmed or set up to fail.
- Sharing efforts and achievements with others, including managers.

# Working Through The Phases Of The Essentials Of Care Program

## **Critical Discussion:**

Assumptions can be made about how action plans are realised and failure can result in disappointment for the team.

Some assumptions are:

- An action plan will be implemented simply because the plan has been developed.
- An action plan will work perfectly.
- Everyone agrees with and supports the action plan.
- Actions will result in positive outcomes.
- Everyone knows about the action plan.

The purpose of critical discussion is to engage team members in constantly thinking about what is happening during implementation. The team 'keep a finger on the pulse' and taking responsibility for implementation so that contingencies can be identified and managed before they cause too much damage to the plan, the team and morale.

Critical discussion enables the team to be aware of their assumptions and to be realistic about their actions and may involve such aspects as:

- How has the team ensured all stakeholders know what is happening?
- What processes will be used to ensure stakeholders are kept informed along the way?
- How has the rationale of the innovations been explained to all stakeholders?
- What communication strategies will work best for each stakeholder e.g. agenda on meetings, information sheets, and communication books?
- What evidence tells us that this is the right action?
- How will we measure this?
- What other options are available?
- Why choose this option?
- What resources are available and what other options are available if resources cannot be provided?
- How will the action impact on stakeholders including patients?

## **Continual review and evaluation:**

Maintaining momentum and motivation can be challenging and a decrease of these results in a lapse in action and, failure to progress which further damages motivation and morale. It is important that the team regularly come together and engage in meaningful communication about the challenges, achievements and to identify where further support may be required. These discussions will initially require skilled facilitation, the identification of others who can provide support, expertise, information, co-facilitation and input technical skills. A variety of evaluation strategies, consistent with PD methodology and principles and agreed upon within the team can be used to inform the effectiveness of the action plans such as mini observations, audits, stories and surveys.

## **Being adaptable:**

The best laid plans can often prove to be ineffective, if not impossible to implement, in some circumstances. The ongoing evaluation will enable the team to identify when something is not working or requires some fine-tuning. For this reason it is important that teams remain open to being adaptable and making changes as needed. These may come about through the processes of critical discussion, continual review as described above during which the balance between challenge and support is vital. Skilled facilitation of these discussions will be necessary in keeping with the principles of PD methodology, any changes need to be discussed with the team and consensus reached in order to avoid negative feelings and/or impact on the team as a whole.

### Some critical aspects to be considered during this phase are:

- How have patients and carers been included in the implementation of the actions?
- How have all the team members been given the opportunity to participate in implementing the action plan?
- How have all stakeholders in the action been involved in its implementation?
- What may be the consequences if the above has not happened?
- How is the team measuring the outcome of the implementation process?
- How is this information being kept and shared with the stakeholders?
- How will this information inform ongoing implementation?
- How will this information impact on other action plans?
- How will the team know when the action has been embedded in practice?
- How have person-centred approaches been demonstrated during the implementation process?
- What challenges have team members faced and how have these been met?
- What impact has this action had on patient care/effective workplace culture?
- How will the team celebrate their success?
- What is the next step?

### Examples of strategies for evaluations:

#### **Mini- observation:**

A mini-observation is similar to that described in the Assessment Phase but on a smaller scale and is usually focused on one aspect of care or one particular domain. Such a structured observation may be helpful for evaluating the action where appropriate e.g. action plans that may involve 'quiet time' may benefit from an observation during a designated quiet time. Mini-observations may be done as a single observation or a number of short observations.

1. To prepare for mini-observation:
2. Identify the purpose and focus of the observation.
3. Identify what information should be looked for but do not exclude general cultural information as this may be helpful to other action plans or in future planning and reporting.
4. Identify the times observation are to occur and the length of time involved, 10-15 minute observations may suffice.
5. Identify who will carry out the observation. Consider the benefits / challenges of an internal vs external observer.
6. Ensure all stakeholders are aware of the purpose of the observations (refer to Assessment phase).
7. Identify any critical feedback strategies.

#### **Audits:**

During action planning, implementation and evaluation it may become obvious that additional information is needed to better inform an action or make changes to a plan. Examples of actions that may require such mini-audits include documentation, mealtime preparation, personal care, handover, learning and development. Mini-audits can also be a useful strategy for evaluating an intervention that has already been implemented.

# Working Through The Phases Of The Essentials Of Care Program

To prepare for audits:

1. Engage the team members in decisions about what to audit.
2. Can an existing audit be used, or suitably modified to fit the intended purpose?
3. Agree how many audits to undertake.
4. Agree who will do the auditing.
5. Agree who will collate the audit.
6. Identify critical feedback strategies.

## **Stories and Surveys:**

Similarly, additional stories and surveys may be required to increase insight and awareness about a particular practice or experience, or to evaluate the effect of an intervention. Preparation will be similar to that described for mini observations and audits above.

## Evaluating phase 5

<b>PROCESSES</b>	
What processes were used to engage the team in implementing the action plans?	
How many action plans were implemented?	
What evaluation methods were used?	
What challenges were encountered?	
What strategies were used to work with challenges?	
<b>FACILITATION</b>	
Key learning?	
What worked?	
What were the challenges?	
What facilitation skills were developed?	
<b>INFORMATION</b>	
What stories can be captured from consumers and team members?	
What communication strategies were put in place to keep the team informed about progress and changes?	
How do we share the information and knowledge gained?	

# Working Through The Phases Of The Essentials Of Care Program

## Phase 6: Re-evaluation / Re-gathering information about Care and Culture at the end of each cycle.

### The purpose of this phase is:

To establish what is working?

For whom it is working?

In what circumstances is it working?

It is important to realise that the team does not need to wait for 2 years before evaluating individual actions and can undertake evaluations anytime they wish to gauge how things are going or the outcome of a completed action, as discussed in the previous section. If evaluation has to wait until all actions have been fully implemented, it is very likely that much of the evidence of an intervention's success or otherwise will have been lost and is difficult to re-identify.

### The specific goals of this phase are:

- To establish what changes are occurring within the team and in practice as a result of engaging in the EOC Program.
- To communicate this information to all stakeholders.
- To inform the future direction of the EOC Program, the team members and their practice and to enable planning for the next cycle of the EOC Program.
- To identify, share and celebrate achievements for the consumer, the team and the organisation as a whole.
- To develop skills in evaluating practice and processes.
- To report information about processes and achievements that have been collected along the way to managers, Local Health Districts, NaMO and other relevant stakeholders.

Re-evaluation involves re-collecting information that was first gathered in Phase 2- Assessment consisting of:

- Culture mapping
- Audit data
- Patient stories
- Observations of care

So in a sense, the re-evaluation phase is the Assessment Phase for the second cycle of the EOC Program. This new set of information should be compared to that collected 2 years earlier and this will give valuable evidence about how the culture of the workplace and practice is changing and will provide evidence for critical discussion to inform new action plans.

## What happens during this phase?

- Ensure that all team members and stakeholders are informed that this phase is commencing.
- Gather information about actions that have been or are being implemented.
- Provide opportunities for the team to engage in critical reflection and dialogue about what has happened to date and aspects that need to be considered in the next cycle.
- Consider any aspects of the preparation phase that need to be revisited.
- Commence reassessment to establish what has worked and what issues are emerging now for the team to take action on.
- Generate a report which includes improvement in patient care and outcomes, increase in person-centredness, stronger partnerships, leadership development, resource efficiency, professional practice and anything else that contributes to an effective workplace culture.
- Ensure that from this point on the team progresses through the phase in a similar pattern to cycle 1 of the EOC Program.
- Consider using the evaluations from each section in the resource guide to inform the 2 year re-evaluation process and report (appendix p69).

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# Section C

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## APPENDICES

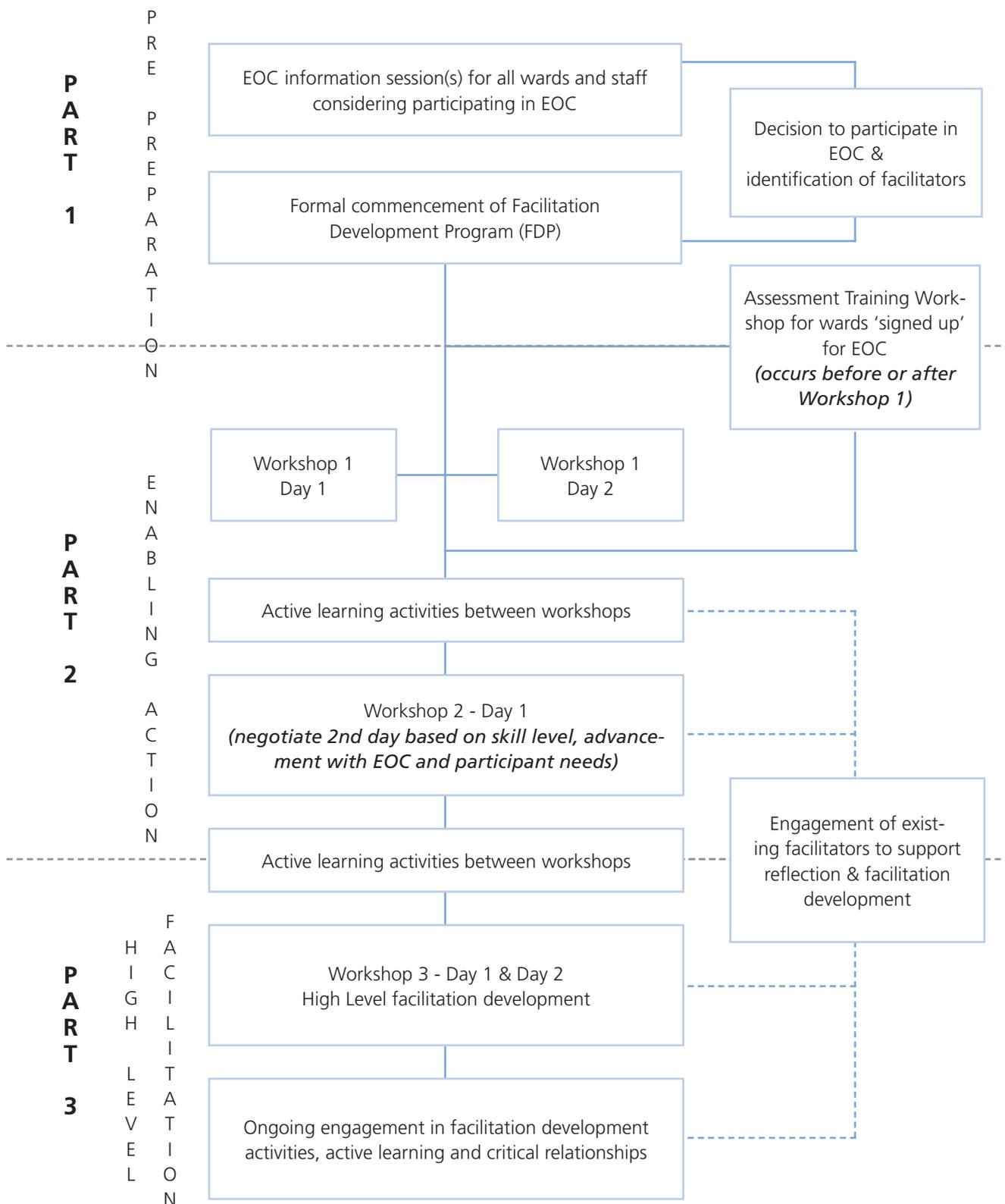
# Appendices

## Appendices

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## Facilitation Development Program Map

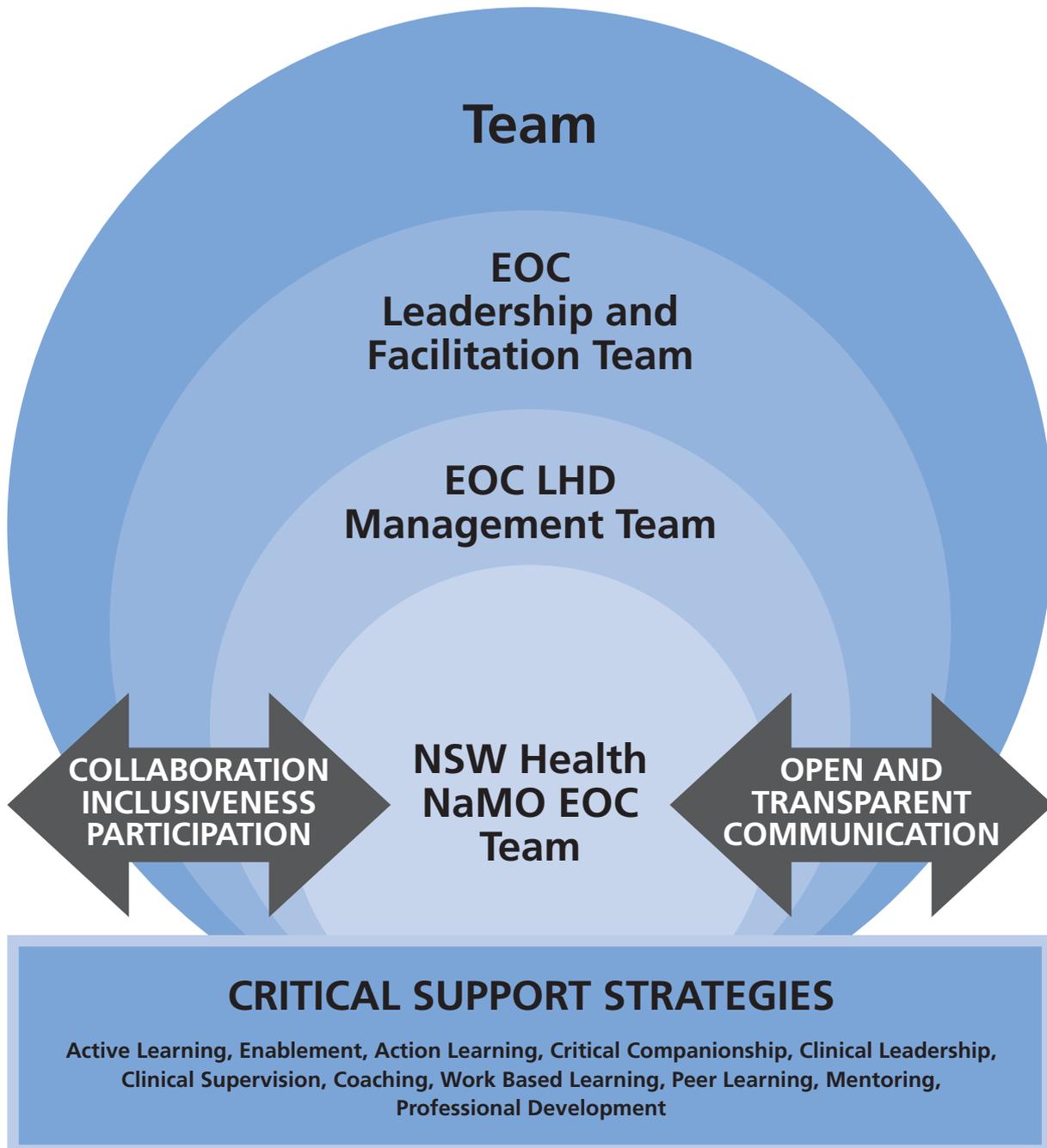
Figure 2: Map of significant workshops and linked activities



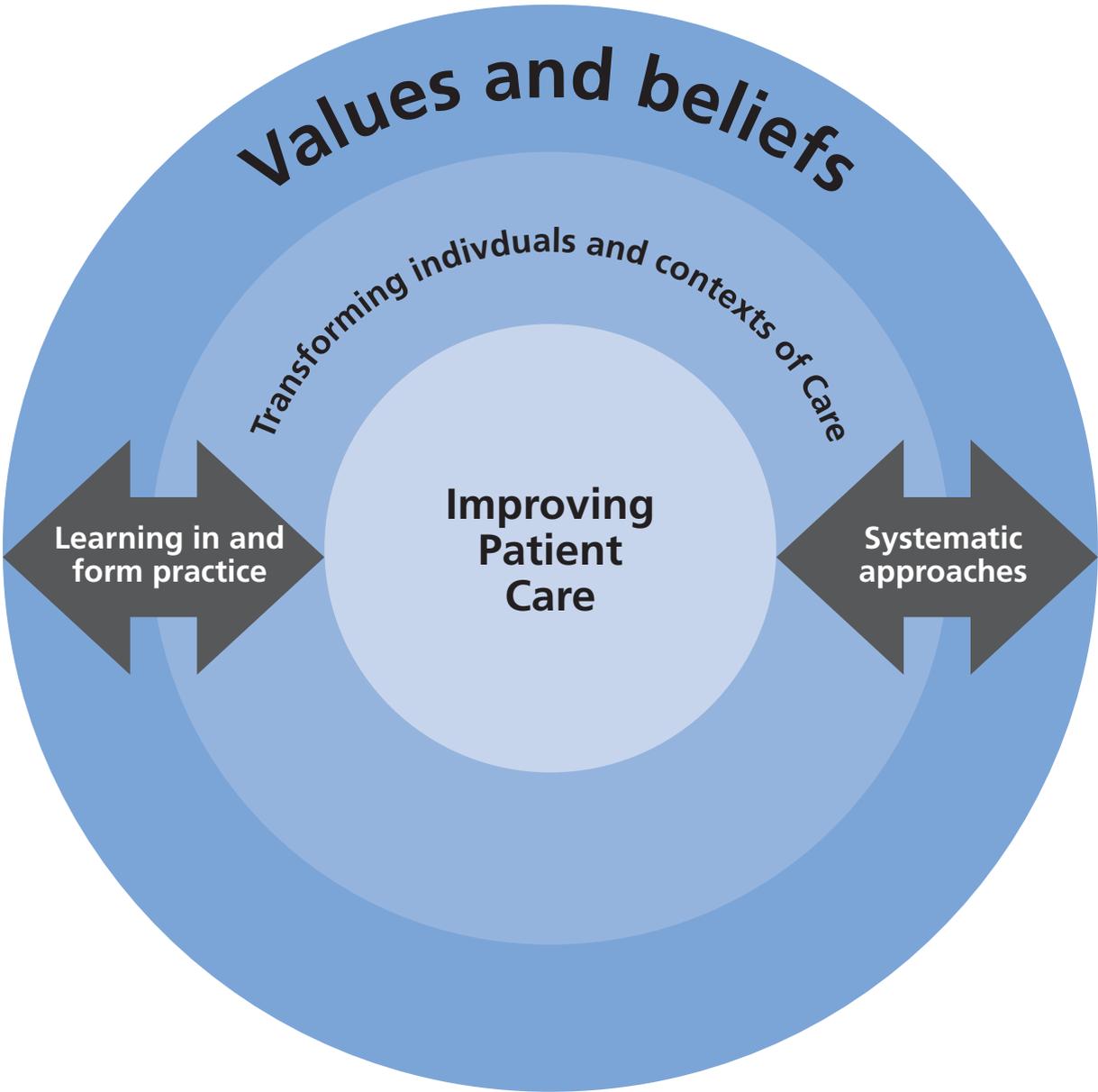
## EOC Support Map

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NSW Health • Working with the Essentials of Care Program



PD CONCEPTUAL FRAMEWORK



Adapted from Manley, McCormack and Wilson 2008  
International Practice Development in Nursing and Health care, p. 337.

## Facilitation Styles

In the Essentials of Care Program, the purpose of facilitation is for...

...the development of deeper understanding and learning through critical reflection and cooperative participation, leading to active learning and change for improvement.

The style of facilitation used is of vital importance and must aim to enable others to achieve holistic, person centred care. The Resource Guide has a section dedicated to facilitation and some of the approaches and skills required are outlined here:

### Doing for others ← → Enabling Others

<ul style="list-style-type: none"> <li>• Episodic contact</li> <li>• Practical/technical help</li> <li>• Didactic, traditional approach to teaching</li> <li>• External agents</li> <li>• Low intensity - extensive coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained partnership</li> <li>• Developmental</li> <li>• Adult learning approach to teaching</li> <li>• Internal/external agents</li> <li>• High intensity - limited coverage</li> </ul>
---	--

### Task / Doing for others ← → Holistic / Enabling

<ul style="list-style-type: none"> <li>• Project management skills</li> <li>• Technical skills</li> <li>• Marketing skills</li> <li>• Subject/technical/clinical credibility</li> </ul>	<ul style="list-style-type: none"> <li>• Co-counselling</li> <li>• Critical reflection</li> <li>• Giving meaning</li> <li>• Flexibility of role</li> <li>• Realness / authenticity</li> </ul>
---	---

(Harvey et al 2002 J of Adv Nursing)

### Model 1 behaviour:

<ul style="list-style-type: none"> <li>• Strong leadership equates to always being in control</li> <li>• Demonstrate behaviour that produce results - human weakness problematic</li> <li>• Focus on +ve feelings, -ve feelings = lack of control</li> <li>• Objectivity, suppression of emotions in decision-making</li> <li>• Lack of openness in dev. of organisational culture</li> <li>• Desire to appear confident that leader is in control</li> </ul>
---

### Model 11 behaviour:

<ul style="list-style-type: none"> <li>• Open communication networks, ideas shared, practice constructively challenged</li> <li>• Emancipation of individuals</li> <li>• Increased internal commitment to individual decision making &amp; common goal of organisation</li> <li>• Shared organisational control within supportive hierarchy</li> <li>• Interdependence</li> <li>• Emotional self-awareness and freedom to express feelings in observable</li> </ul>
---

(Argyris & Schon 1989 in McCormack 1995)

## Easy 10 minute Reflection

1. Identify the issue- name it.
2. Describe the experience- write a few descriptive lines to describe what the issue is / was like? What are / were the key issues?
3. How do you feel about the experience? Think about your own feelings now / at the time- and think about the feelings of others.
4. What options do / did you have in the situation when it was happening? What options do you have now? What would / will you do?
5. What influenced your decision?
6. What kind of things would those actions lead to?
7. What would the consequences be?
8. Have the results been positive or negative or are they ongoing?
9. What happened as a result of those actions that you took? For you? For the situation? For the other person/people?
10. How do you make sense now of the whole experience? What assumptions have you made? What bits are clear? What bits are fuzzy? Has it led to you asking other questions? Has it left you wanting to explore more doubts / feelings?
11. What have you learned about your practice from this experience? Consider the issues that stand out for you from the previous stages? What strikes you as being of most significance? Is what you have learned, about the way you practice everyday? Has it raised any ethical issues? Have you learned about ethical issues? What have you learned about yourself- of how you reacted and did things the way you did?
12. Which aspect of this reflection would you like to concentrate on? Act on? Have you gained new insights that you want to work on further? Is there an issue emerging that you want to take to a reflective group to work on further? Is there reading/evidence I need to source? Is there someone else I can discuss the issue with?

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# Appendices

## Values Clarification Exercise

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I believe the purpose of <	> is
I believe this purpose can be achieved by	
I believe my role as a <	> is
I believe the factors that enable <	> to occur are
I believe the factors that inhibit <	> are
Other values and beliefs about <	> that I have are

## Principles Guiding the Facilitation of a Values Clarification Exercise:

**Principle 1: Enabling contributions and valuing them.** The actual exercise is best undertaken in small buzz groups – ideally with no more or less than 4 people. This is because small group participation enables everyone to say something and also a greater breadth of ideas and clarity from sharing results. This is preferable to the individual undertaking the exercise on their own as it is from the mutual sharing of ideas that a common vision develops. If there are many wishing to participate in this exercise at one time, then several buzz groups would need to be established and some time will need to be allocated for feeding back.

**Principle 2: Capturing Common Ground.** One person in each buzz group will need to document the ideas coming out from their group, thus representing the group's shared beliefs and values – those that everyone can sign up to. It is more important to capture key ideas, words and the spirit of these, rather than detailing specific sentences. It is important that group members use 'I' when making contributions to their group, thus encouraging participants to own their own values and beliefs. There is always temptation to state what textbooks and documents state or use jargon. To minimise this the role of each group member is to help each other to explain what they mean, use simple language and take ownership of their values and beliefs, yet enabling everyone to contribute.

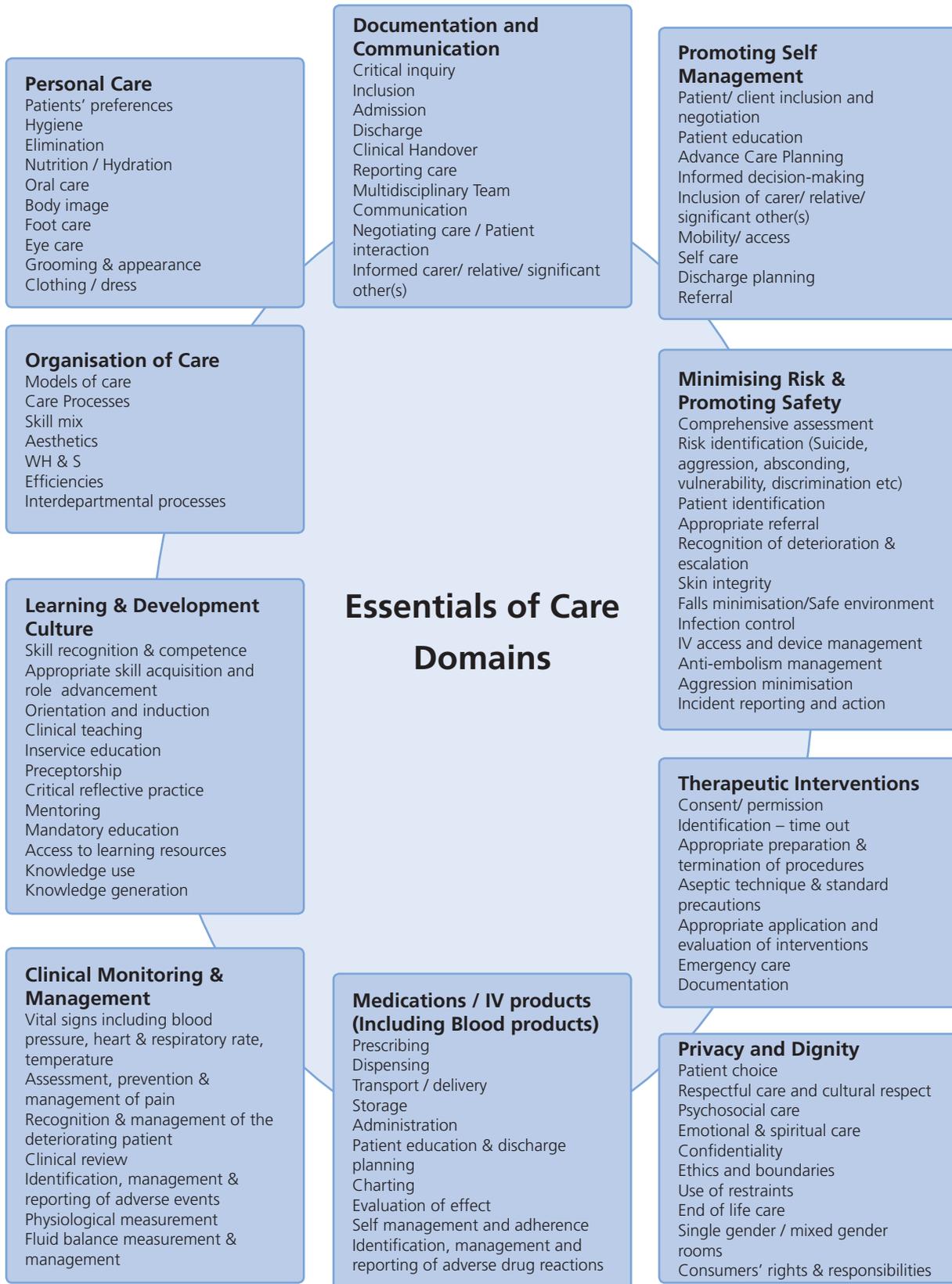
**Principle 3: Managing Disagreement.** The purpose of the exercise is to identify common values and beliefs – things we can all sign up to rather than those we can't. If there is fundamental disagreement on any areas (this is rare usually) then this could stop the exercise from being completed. Therefore a strategy for handling this is to highlight where the disagreement is rather than have a major discussion about it at this stage. Such areas will need to therefore be noted and explored in more depth by the organisation at a later date.

**Principle 4: Time for the exercise.** If one group of 4 people were undertaking this exercise then the minimum time required is 30 minutes. It will be important that all the stems have been explored and that if groups get stuck on one item they proceed to the other items and return later to the one causing difficulty.

One piece of paper with key words and ideas should reflect the shared values and beliefs of the four people in the group (with any area of disagreement highlighted).

If several groups of four are undertaking this exercise then up to a further 30 minutes may be required for feedback. Facilitation of the feedback will aim to capture all of the groups' shared values and beliefs in one place for example on a flipchart. This can be achieved by asking group 1 to give feedback on their values and beliefs in response to the first stem, then asking subsequent groups to add only items which the group had not identified, thus avoiding duplication.

For democratic reasons, when proceeding to stem 2, feedback would be invited from group 2 first, so each group has a chance to initiate the feedback process on at least one stem. This system would be continued until all the stems had been captured, It would be important to double check at the end of the session that all participants from all groups could sign up to the 'spirit' of what was on the flipchart. Areas where there is major disagreement will need to be highlighted.



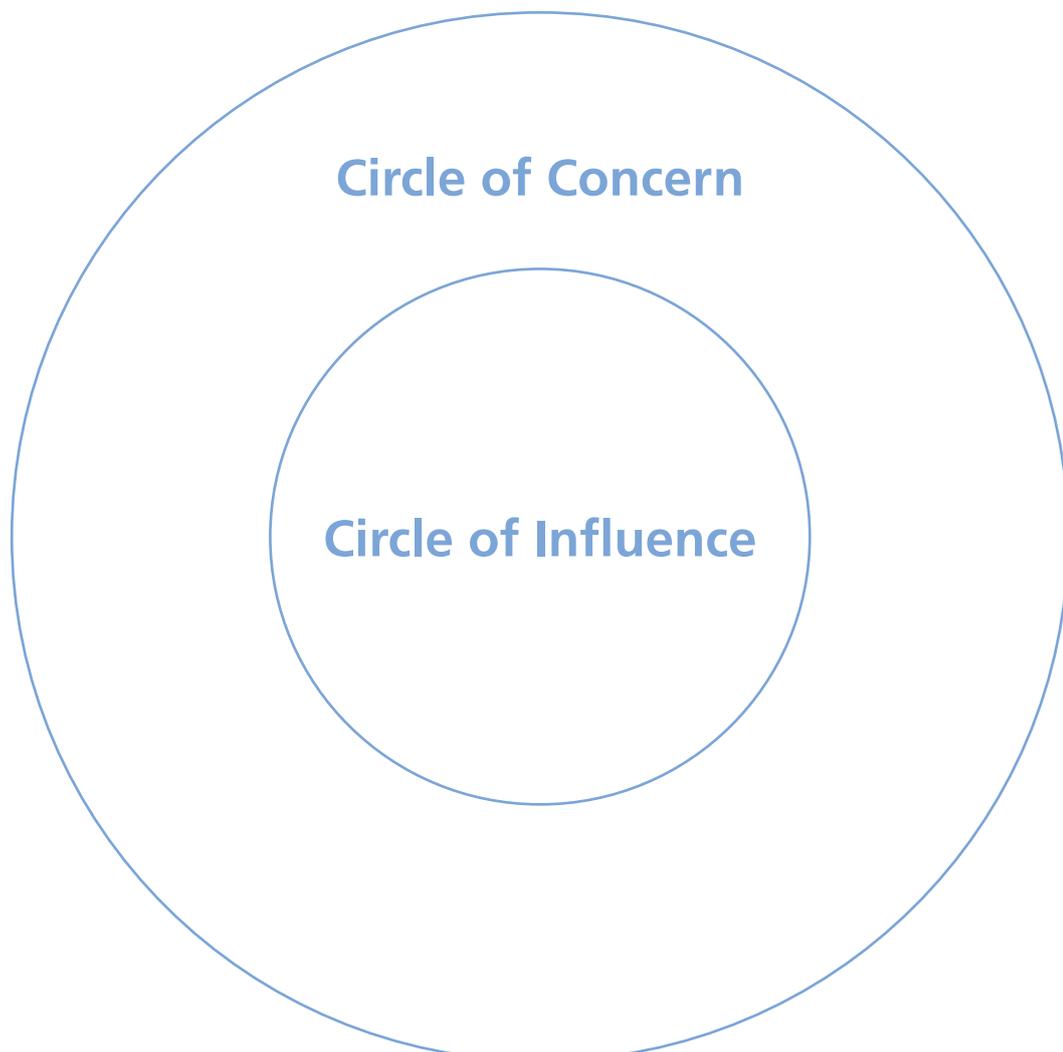
## Circle of Concern and Influence

Self awareness is vital in the process of change and development. One aspect of our behaviour is our own degree of pro-activity – where do we focus our time and energy, which changes the effect we have. This tool is based on Stephen Covey's (1992) model devised as a means of identifying where our energies lie, so we can understand what needs to happen to increase our effectiveness.

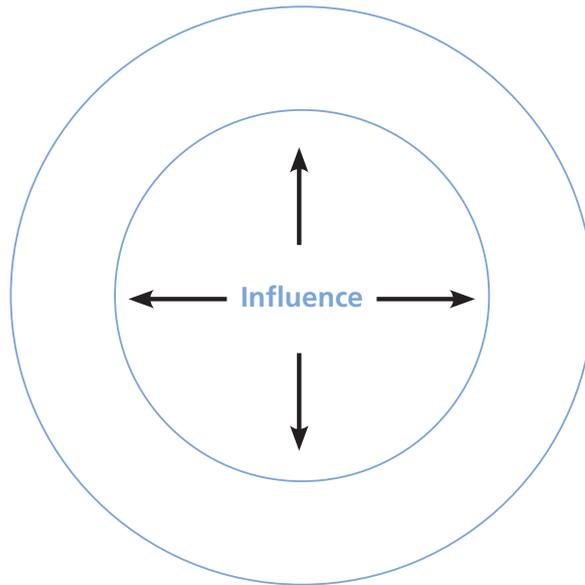
We each have a wide range of concerns – the circle of concern: our health, relationships, our children's future, money, problems at work, the national debt, threat of nuclear war, etc. Some of these concerns we have no real control over. Reactive people focus their attention and efforts on the issues in this circle of concern, focusing on the weaknesses of others and on circumstances over which they have no control. This is negative in nature as it results in blaming, defensiveness, reactive language and behaviour that can lead to aggressiveness or passiveness – persecutor or victim type reactions.

Those issues within the circle of concern which we can do something about are set in a smaller circle, called the circle of influence.

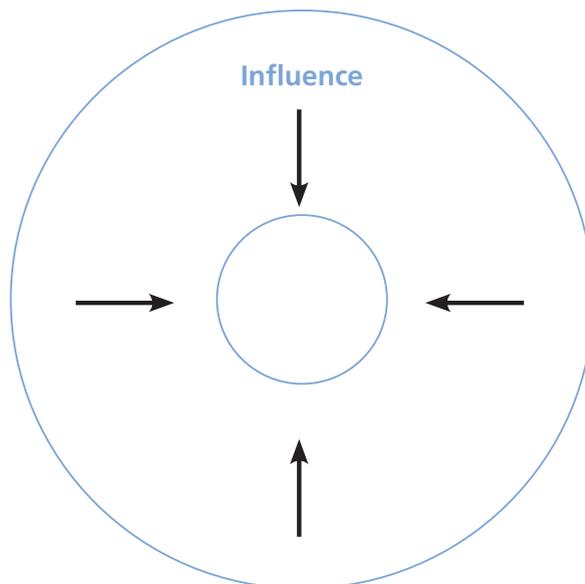
Covey, S. R. (2004 revised ed) *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. Simon & Schuster, London UK.



**Proactive** people focus on issues within their circle of influence. They work on things they can do something about. The nature of their energy in doing this is positive, enlarging and magnifying, so increasing their circle of influence. This is adult behaviour, non-blaming and developmental. This proactive approach affects the things that we have no control over, our circle of concern by enabling us to genuinely and peacefully accept those problems and issues whilst focusing our efforts on things we can affect. So we learn to live with them even if we don't like them.



**Reactive** people find that those issues that are under their control and influence are neglected and underdeveloped, as their focus is elsewhere, and so the circle of influence shrinks. Positive change will not occur for someone who is working in their circle of concern.



On a flipchart, the presenter draws a circle in which they depict all the issues of concern related to the main issue they presented to the group. The group contributes by probing and questioning, thereby identifying any other underlying concerns or facts relating to the issue.

The presenter can then transcribe onto a second flipchart, with the two circles, those issues that are in their circle of concern and those which are in their circle of influence (Covey, Stephen 1989).

## Action Plan

<b>Theme number and title</b>						
<b>Background and evidence</b>						
Links to EqUIP, National Standards, Strategic Objectives etc.						
<b>Goal Outcome Statement:</b>						
<b>Specific Action Steps</b> - what needs to happen	<b>Who will take the action?</b>	<b>When will the action be taken or by when will it be completed?</b>	<b>How - what specific strategies will they use to achieve this?</b>	<b>What resources will they use or need?</b>	<b>How will the outcome be recognised and measured? (Evaluation)</b>	

Manager's Support: I \_\_\_\_\_ endorse the actions identified here and will support the team to implement them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Process and Outcomes Log:

Theme(s)	Actions / Intervention(s)	Processes used	Team's Key Learning	Outcome(s)	Other Comments

## Essentials of Care End of Cycle Re-Evaluation of Care and Culture Report Template – Part 1

From Assessment Phase 2	Re-Evaluation
<p><b>Month/Year:</b></p>	<p><b>Month/Year:</b></p>
<p><b>Patient stories</b></p> <p>Number:</p> <p>Themes:</p>	<p><b>Patient stories</b></p> <p>Number:</p> <p>Themes:</p>
<p><b>Observations of Care</b></p> <p>Number of hours:</p> <p>Themes:</p>	<p><b>Observations of Care</b></p> <p>Number of hours:</p> <p>Themes:</p>
<p><b>Audit Information</b></p> <p>Audits collected/results:</p>	<p><b>Audit Information</b></p> <p>Audits collected/results:</p>
<p><b>Culture Map:</b></p> <p>Summary of findings:</p>	<p><b>Culture Map:</b></p> <p>Summary of findings:</p>

## Essentials of Care End of Cycle Re-Evaluation of Care and Culture Report Template – Part 2

### Action Plans Evaluation

Actions	Outcomes	Links to Standards	Future Actions

# Essentials of Care End of Cycle Re-Evaluation of Care and Culture Report Template – Part 3

## Evaluation Summary

<b>Issues still outstanding from last cycle</b>
<b>Themes emerging from re-assessment information</b>
<b>Significant Learning and cultural change</b>
<b>Focus for future improvements</b>

## Essentials of Care Culture mapping record template

(The purpose of this document is to help teams keep relevant data in one place and to ease the process of culture mapping in your workplace; it is not a reporting document or process although the information may be used when reporting progress and outcomes)

Indicators ↓	EOC phase ↘	Pre-commencement	6 months in	12 months in	18 months in	24 months in (reassessment)
	Month/year ↗					
<b>IIMS (top 3 or 4 priorities based on relevance and applicability):</b>						
Falls						
Medication						
Hospital Acquired infection						
Clinical Deterioration						
<b>Service Performance Indicators (based on applicability to service, e.g. NEAT/NEST, LOS):</b>						
<b>Workforce data (based on relevance, accuracy and usefulness of data, e.g. Sick Leave, Vacancy rate, Agency staff):</b>						
<b>Satisfaction (based on availability &amp; relevance of data, e.g., Pt Surveys, Workplace Culture Surveys):</b>						
<b>Learning &amp; Development Culture (e.g., Mandatory training attendance, In-service records)</b>						
<b>Other relevant cultural indicators (e.g. Awards, Presentations, Publications and Innovations)</b>						

## Implementation Log Template

Manager's Support: I \_\_\_\_\_ endorse the implementation plan and will support the team to achieve EOC activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

EOC Phase Goals	Activities to achieve goals	Proposed time frame	Date achieved	Responsibility	Other stakeholders engaged	Resources required
Establishing EOC leadership support team and local governance structure						
Information about EOC, processes and facilitation made available to the team						
Values Clarification						
Preparing assessment						
Assessment training						
Culture map						
Observations						
Patient stories						
Audits						
Collation of information						
Feedback						
Critical analysis and theming						
Prioritising and Action Planning						
Evaluation of Actions						
Re-evaluation of culture						

# Notes

## NOTES

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