WELCOME TO THE FIRST ESSENTIALS OF CARE (EOC) NEWSLETTER FOR 2014.

The Nursing and Midwifery Office (NaMO) has supported EOC since 2008 and with the continued commitment of teams and support from their Local Health Districts (LHDs) and Networks across the state the program continues to grow in strength.

As the Chief Nursing and Midwifery Officer, I have travelled across the state to meet with many motivated EOC team in their local workplaces. It has been exciting for me to see how initiatives and changes resulting from this work are having a significant positive impact on patient and carer experiences and their satisfaction. As I talk to staff involved in the program I hear that EOC has not only improved patient outcomes, it has also facilitated improvements in teamwork, collaboration and communication.

Celebration and sharing achievements is an important aspect of communicating meaningful outcomes effectively to our patients, carers and all parts of the health system so it’s encouraging to see teams from both metropolitan and rural areas presenting outcomes locally and nationally at conferences as well as through our “Cultures that Care” publication; the annual EOC Showcase and newsletter communiques. It has been a pleasure to hear that a number of teams have been recognised at facility, district and state quality awards and that some EOC initiatives have informed research activities.

To strengthen the sustainability of the program there has been a greater focus on governance and reporting and ensuring each LHDs and Networks have access to resources and support from the EOC team at NaMO.

As teams begin or continue to implement the EOC Program this year, I strongly encourage seeking greater consumer and carer involvement and feedback at all stages of the program to ensure our improvements continue to be patient centred.

I would like to take this opportunity to acknowledge the contributions in this newsletter; they continue to add to our understanding of what the EOC Program can achieve and how it can be implemented successfully.

Susan Pearce
Chief Nursing and Midwifery Officer
NSW Health
ENGAGING TEAMS TO ACHIEVE EFFECTIVE WORKPLACE OUTCOMES MODULES

This eight-module program, has been designed in response to the research into implementing EOC, evaluation of facilitation development and an external review. All these reports identified the importance of leadership of EOC by leaders, managers and others who are in positions to positively influence those around them and the need to increase their knowledge and understanding of the program so they can genuinely support it.

The modules can be facilitated individually or clustered into a half, full, or 2-day workshop, this enables the modules to be delivered in a way that addresses individuals’ needs as well as increasing accessibility. The modules recognise the existing management and leadership skills of the target audience and aims to increase awareness about how these skills can be used to support teams involved in EOC to engage and to undertake the work required to achieve increasingly effective care environments. They enable the participants to identify how they can effectively influence and facilitate EOC in their context. The benefit of gaining the perspective of managers and leaders is paramount to the program’s success and its relevance.

The modules include an overview of the EOC framework and phases, the underpinning methodology and how this approach leads to an effective workplace culture, facilitation skills for leaders and managers, motivating teams through values and enabling techniques, plus a module for group - lead active learning. Participants who complete 2 or more modules are offered up to 4 hours follow up to assist them with their action planning.

To date approximately 70 people have participated in up to 4 modules. Participants have included N/MUMs, Senior Nurse Managers, Educators, DNM, CNCs, support services, allied health and quality/clinical governance staff. An additional number of workshops are scheduled across the state in the coming months. The evaluations are highly positive and indicate that there has been a high need in this area, as well as a readiness for engaging in both the content being presented and in the program itself.

There is increasing recognition about how this approach to engaging those at the care interface to collaborate and participate in care improvements will lead to better outcomes for all involved. There is also increasing recognition of the need for positive and active leadership of the work at all levels and a commitment to making this happen.

All modules are evaluated against the three objectives of the module and processes of facilitation and the learning objectives that the participants identify at the beginning of the session. They are also invited to share their thoughts about what worked for them in the workshop, suggestions for changes and their key learning.

The report is given back to the LHD and a collective report is to be presented to NaMO at regular intervals. Themes from key learning include:

- Greater understanding about the EOC Framework and phases;
- New understanding about the role of facilitation in the program and the facilitation development workshops;
- Clarification about their roles as well as others, particularly the facilitators role and the NUMs role;
- Understanding about how the work undertaken in EOC links to strategic goals, objectives, KPIs, national standards and other health initiatives;
- Understanding of the need for leadership and support for teams engaging in EOC.

Essentials of Care Development Team

“Each year I am surprised of how many of the solutions are so simple. EOC enables a team to make often small changes that have massive impact on staff, patients and carers.”

(Feedback from EOC Showcase 2013)
Following on from the success of the 2012 Christmas competition, the aim of the 2013 NBMLHD EOC Christmas competition was for teams engaged with the EOC program to create a Christmas decoration that demonstrated how they achieved Person Centred Care in their own individual ward/unit (McCormack & McCance, 2010).

Each ward that participated in the competition was given either a Christmas star or wreath to decorate. A request came from the teams to include a wider audience from patients, visitors and staff in judging their Christmas displays. As a result their decorations were displayed in one of the main hospital foyers for a week in December. Ten wards/units participated in the competition and Blue Mountains hospital had their own competition.

Each team was asked to choose one of the inner petals from the Person Centred Nursing Framework as their focus for the decoration. The most popular displays represented:

- Having a sympathetic presence;
- Engagement;
- Shared decision making, and
- Providing holistic care.

With over 400 votes from the public and staff members, the winner was decreed by the largest number of votes. This went to the Ambulatory Procedure Centre (APC) who chose shared decision making in their decoration.

The key themes in their decoration represented:

- New partnerships
- Teamwork and the primary care team – overcoming obstacles
- Autonomy
- Patient involvement in shared clinical decision making
- Changes to clinical handover to include the patient
- Integrating the patient’s values and goals in including the patient in decisions regarding their health

Utilisation of McCormack & McCance (2010) Person Centred Nursing Framework allowed the facilitators to capture the importance of the framework and to reflect back on their own practice and engage the staff members on their achievements. This leads to transformational nursing culture and person centred nursing care that is evidence based (Sackett et al 2000). My challenge now as a coordinator of Essentials of Care is to continue to engage teams in new visionary ways for teams to reflect back on their practice.
Cancer Care and Haematology Unit, The Tweed Hospital

Cancer Care and Haematology (CCHU) is a 10 chair, 2 bed ambulatory chemotherapy day treatment unit. It also incorporates 3 outpatient clinic rooms for patient consultations.

Through the EOC assessment phase it was evident that a handover process had not been established. There was inconsistency, no set structure, no regular staff engagement and several interruptions were noted during the observation of care. Not all staff were aware of patient's pathology orders or results. In some situations this resulted in unnecessary delays or cancellation of treatment for the day. The need to implement change to the handover process in the day only unit was identified as being important to staff to improve patient care delivery.

A major contributing factor to the improved handover process is the utilisation of the electronic medical record system, MOSAIQ. MOSAIQ, an oncology information management system, holds all patients records including scans, blood results, correspondence and patient progress notes. It is also capable of organising patient bookings for consults and treatment and is also responsible for calculating, ordering and scheduling chemotherapy. The electronic system also aids cost coding and bills Medicare for patient treatments. All this information is accessible to the multidisciplinary team.

Initially some staff had difficulty navigating the MOSAIQ system which resulted in further training as well as the development of a flow chart to assist staff in the navigation as well as in the process of giving a more structured handover.

The information contained in MOSAIQ is essential to the standardised process of handover utilised by CCHU nursing staff. The nursing staff engages every morning in a standardised process of "handover" discussing all patients to be seen by the Unit during the day.

Since the new handover format, evaluation has occurred through observations of care, a repeat claims, concerns and issues activity and group discussion. Refinements have been made as necessary. There is an improvement in practice development as well as a more positive team culture.

Sue Brooks (NUM) successfully secured a grant from the Cancer Institute of NSW to apply to the handover project. The grant will be utilised to run a project that meets objectives made by the Institute in their NSW Cancer Plan 2011-15. The EOC facilitator, Brendan Esposito, is supporting the team in the project to achieve the objectives.

To meet the objectives of the Institute we aim to demonstrate, using quantitative and qualitative data, the impact the change in handover practice utilising MOSAIQ has had on patient care delivery and patient outcomes.

Preliminary data shows significant staff satisfaction with the process of utilising MOSAIQ for handover. This data also points toward improved role definition and allocation of nursing staff and their duties. Preliminary data shows the process has also improved accurate communication of valuable patient data needed to address patients’ haematological status and to reduce clinical incidents. Anecdotal evidence suggests improved patient bookings, better utilisation of nursing hours, less wastage of chemotherapy and improved patient safety.

Communication seems to be more effective and thus the handover process has now been extended to include the nurse in the oncology clinic in another facility within the LHD whereby the nurse links in via teleconference on the day that the clinic operates.

Overall, staff within the CCHU have embraced the opportunity to influence clinical practice through the EOC framework. Several other patient care improvement activities are in progress. A valuable lesson has been the need to collect baseline data so that the impact of changes made can be measured and reported.
BRIGHT SPOTS ENGAGED IN EOC

by A. McGinty Nurse Manager Essentials of Care

Two bright spots engaged in the EOC program at St Vincent’s Health Network are Immunology B Ambulatory Care Unit (IBAC) also known as Saint Therese of Lisieux from St Vincent’s Hospital and the Palliative Care Unit (PCU) also known as Saint Camillus from St Joseph’s Hospital. Both these teams are at polar opposites of the EOC 2 year evaluation framework, the former IBAC is currently completing its first cycle in evaluation whilst the latter PCU has commenced its first cycle and is in Preparation. These two teams have a commonality in that they have both achieved visible outcomes through the program.

One of IBAC’s key achievements of which they are very proud of being able to offer an internet wi-fi password to their patients on their request. Whilst this service would not be appropriate in all clinical settings it emerged from listening to their consumer’s values and beliefs through the medium of a patient story. This achievement came to fruition through working systematically through the framework and the IBAC team working as a cohesive team whilst forming meta-networks within the hospital. This may increase consumer satisfaction and lead towards greater person-centred care.

PCU proudly displays their values butterfly poster known as Camillus in the foyer of their ward so it is clearly visible to all stakeholders. The outcome of this initiative is twofold with PCU has stating that relatives are often seen contemplating “Camillus” and comment to staff that they find the image and wording very calming and reassuring. PCU staff as professionals are reminded and reflect on a daily basis when entering the ward why they chose to work in such a challenging but rewarding work place, and this can put everything into perspective on those difficult days.
MY ESSENTIALS OF CARE JOURNEY AT A GLANCE.

SLHD Essentials of Care Coordinator - Mal Pheng

It is a year since I commenced as EOC Coordinator for Sydney Local Health District, and I am a proud witness to the extraordinary work by staff in improving patient care experience, clinical practice and effective workplace cultures. My journey so far has been rewarding and also challenging, as EOC and change are not easy to achieve.

I got involved in EOC as a Facilitator in the Renal/Endocrine ward at Royal Prince Alfred Hospital in 2010. I remember my reaction to Workshop One to be of ‘resistance’ and ‘confusion’ because the program is so different to what I was exposed to as a Registered Nurse on the frontline. With time and practice I facilitated staff to complete our Values, then worked through to the Implementation Phase in 9 months. This was not easy as organising meetings, group discussions, activities and maintaining motivation whilst having a patient load can take its toll. This is where support from management and Coordinators became valuable. They acknowledged the work that was happening, coached and helped where they could in moving the process forward.

I had to learn fast as coordinator of what was happening in the district, my role, Practice Development and EOC, who is who and how I could support. There are days where I felt my brain was melting, but that is part of learning and I have developed so much as a person. What I noticed as coordinator was whatever facilitators were feeling and experiencing, was also felt by coordinators. As a facilitator, I wanted my ward to move forward and see changes for the better. As coordinator, I want the district experience the same. Any program that enhances workplace cultures comes with its challenges; hence I wanted to share my learning and coordinate the program on a district level to the best of my ability and within my values.

My work continues to evolve with the program and I have gained lifelong learning from this experience. I am very appreciative to work with Amy, who I share this supportive role of Coordinator and surrounded by managers and facilitators who are doing amazing work in EOC. A lot of my motivation comes from working with these clinicians who are positive, innovative and caring people. I have since witnessed great work by staff, played part in their development, heard patient stories and received amazing feedback that I feel very humbled by.

My journey continues and I am eager to see what 2014 will bring.

WESTERN SYDNEY LOCAL HEALTH DISTRICT

ESSENTIALS OF CARE DRIVES INNOVATION AT MOUNT DRUITT

The team at the Mount Druitt Operating suite used the Essential of Care process to improve patient outcomes.

In an effort to find ways to decrease and eliminate surgery delays/cancellations, the Mount Druitt Operating suite team found that a number of delays were due to micro-holes on kimguard wrap.

Utilising EOC process and practice development methodologies, the collaborative team engagement empowered theatres staff to look critically at their current environment and practices and make some innovative changes. This has had tremendous outcomes on the patient's theatre journey and has decreased theatre cancellations and delays.

The EOC Program is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care.

The project carried out by the Mount Druitt Operating Suite team was recognised at the WSLHD Quality Awards last year, receiving the Chief Executive Award for the innovative program. This program is all about caring for patients. Its success is because of collaborative effort and team work.

This program has also been successfully submitted to the EOC Journal. The article will be published this year in the “Cultures that Care” 2014.

Tracy Naidoo & Janet Masters - WSLHD EOC Coordinators
HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT EOC TEAM

The EOC team for Hunter New England Local Health District (HNELHD) coordinates the EOC Program for an area that is approximately the size of England.

HNELHD provides care for approximately 840,000 people - about 12% population of NSW. Hunter New England Health is unique, in that it is the only Local Health district in NSW with a major metropolitan centre (Newcastle/Lake Macquarie) as well as a mix of several large regional centres, many smaller rural centres, MPS (multi-purpose centres), and remote communities within its borders.

The EOC team sits within the District Nursing and Midwifery Service and the members are – Kelley Lennon, Acting Nurse Manager Clinical Practice, Coordinators Penny Cummings, Kim Glashoff, Jennifer Lamb and Martin Lau have encountered many changes and consequently challenges over the past 12 months. In order to maintain cohesion and the authenticity of EOC within HNELHD the following has been achieved:

- Annual team planning days, with the formation of Team Goals for the following 12 months
- Completion of a District Executive Governance Structure for EOC
- An executive report attached to the Quarterly report with linkages to National Standards that has been well received by managers
- Regular collaborative meetings with the Nursing & Midwifery Research Group to ensure the potential for research stemming from EOC is recognised
- Regular collaborative meetings with the HNELHD Excellence Coaches with the intention of providing managers and staff clear, consistent guidance to meet organisational requirements
- Presentations at conferences and seminars by both EOC Coordinators and teams
- Promoting EOC across HNELHD through electronic message boards, distribution of EOC Newsletters, links in Organisational publications and presentations in hospital Orientation Programmes.

The EOC team is committed to working with the principles of Practice Development, role modelling and reflective practice, incorporating them in to all workplace interactions. Participation in Action Learning Sets and ongoing self-directed learning ensures all members of the team continue in professional growth.
WESTERN NSW LOCAL HEALTH DISTRICT

TEAM NURSING MODEL OF CARE BENEFITS PATIENTS OF G WARD

Staff and patients in Dubbo Hospital’s General Ward (G Ward) are reaping the benefits from the Essentials of Care program.

According to Sue McNicol, Dubbo Hospital Endorsed Enrolled Nurse and facilitator of the program, Essentials of Care was adopted at Dubbo last year to assist with the pressures and responsibilities of a very busy ward. “G ward is a 30-bed acute medical ward mostly occupied with complex patients who require a lot of care by our nurses,” said Mrs McNicol. “We had attempted to implement Essentials of Care in our ward several years ago but at that time it wasn’t very successful and so it petered out”. “The process of implementing the program began with us assessing the culture of the ward and how to improve this”.

Staff completed a job satisfaction survey and then brainstormed ideas to address areas of dissatisfaction and how to improve their working environment and their morale. The staff began by redefining the culture in the ward through values clarification, which were printed, framed and placed in a prominent position near the nurses’ station for all staff and visitors to see. Next saw the implementation of a “WOW” board where positive notes among the nurses are shared expressing thanks to each other for assistance throughout a shift, news of birth of children or grandchildren or for notification for a coffee date or night out. The “WOW” board aims to encourage positive feedback and camaraderie among staff. An “Appreciation Board” displaying thank you cards and letters of appreciation show staff how patients and their families appreciate the care that was provided for them. Both the WOW board and the appreciation board strengthened the team and helped them move forward with their action plan.

The team wanted to implement a new model of care which would alleviate some of the stress, noise and often chaotic atmosphere of the ward so that the nurses could provide a better quality of care to their patients”. Mrs McNicol said they also needed to find a way to improve the satisfaction and morale of staff so that they could provide better care for their patients. The process of change called on staff to be open-minded and although the team have faced challenges, our values helped us reconnect with the purpose and intent of our initiative. Improvements occurred within 3 months of starting the program and patients are stating that they are happier with their care and do not wait as long for assistance. EOC has allowed us to become a cohesive unit again with every member of our team playing a vital role in patient care.

Nurses Jody McDonnell and Sue McNicol in front of the Essential of Care values board on display in G Ward

EOC COORDINATORS UPDATE

A BIG WELCOME TO THE NEW EOC COORDINATORS

- Emma Harrington and Clara Lou  (Justice Health & Forensic Mental Health Network)
- Heidi Chubb  (Mid North Coast LHD)
- Cathy Henessy  (Northern Sydney LHD)

To find out more about the Essentials of Care Program visit the NSW Nursing and Midwifery Office (NaMO) website at http://www.health.nsw.gov.au/nursing/pages/default.aspx or contact

Michael Peregrina
Prinicipal Advisor- Nursing Leadership and Culture
email: MPERE@doh.health.nsw.gov.au