

The Essentials of Care Program Newsletter

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EDITORIAL

There has been some change since the last newsletter with Jacqui Cross returning to a new role within South Eastern Sydney Illawarra. Jacqui has provided excellent leadership to EOC during her time with NaMO and we will miss her greatly. I am please to report thought that Jacqui will be continuing her relationship and involvement with EOC. We have now welcomed Jocelyn Guard into the role as the Project Officer and Karen Bowen as the Project Manager for take the lead and EOC. Jocelyn comes from Prince of Wales and the unit of which she is the Nursing Unit Manager has been a key leader in EOC. Jocelyn's 'on the ground' experience in implementing EOC in a unit will no doubt provide her with a good basis from which to work in her new role. Karen joins us from Royal Prince Alfred Hospital and also brings with her unit level experience of implementing EOC and also her involvement with take the lead. I am very pleased to welcome both Jocelyn and Karen to the team in NaMO and know they will make and excellent contribution to both programs. We continue to see growth in the program with over 270 units now participating and a significant number in the preparation phase who will

commence active participation in the next few months. Pauline Bergin has been finalising the Facilitation Curriculum which will add further support and strenght to that component of the EOC program. A number of participants will be travelling to Ireland in September to attend the International Practice Development Conference. A number will be speaking and it is really exciting to know that NSW nurses will be sharing the good work that has been undertaken. I am also pleased to have been invited to speak at one of the sessions on the implementation of EOC from my perpective so am looking forward to not only sharing some of what I have learnt but gaining some insights from other speakers and participants at the Conference. Without the work that everyone across the system is undertaking as we implement EOC though I would have little to discuss so thank you for your engagement and commitment to EOC and I look forward to hearing of more achievements in the coming months.

*Debra Thoms,
Chief Nursing and Midwifery Officer*

STATEWIDE PROGRAM UPDATE

*Jocelyn Guard,
EOC Project Officer, NAMO*

The program continues to roll out across the State, to date 280 wards/units are engaged at different phases of the program.

In this newsletter we hear from Sydney South West and Greater Western Area Health Services, and how it is rolling out in their areas.

The domains for Paediatrics, Maternity and Mental Health have been finalised and sent out, and we are happy to say we are seeing our first units coming on board.

A workshop in Hunter New England has been held with community health to start looking at sensitising the domains for community, and encouragingly agreement was met that EOC could work in a community setting.

Since the last newsletter along with a changing of the guard here at NaMo, we are happy to welcome Claudia Green and Deborah Higgs as the statewide facilitation support team, who are working with and supporting the area health leaders and coordinators in their facilitation development.

As has been recognised the sustainability of the program depends on the capacity of a critical mass of clinicians working across all health care contexts to facilitate Practice Development activities within their own settings, that is to have Practice development processes embedded into everyday work.

For this end, the facilitation development workshops continue, to date 42 two day workshops have been run with a total of 885 clinicians attending. Following evaluation of the workshops a standardised curriculum for the program has been developed and finalised.

NAMO EOC TEAM

Karen Bowen, Project Manager for EOC, NAMO

What an extraordinary privileged position I find myself in. As the Project Manager of Essentials of Care I can continue the exemplary work that has happened before me and thank Jackie Cross for her continued inspiration and guidance.

As a Nurse of 15 years I am constantly motivated by what is unfolding as a result of EOC and relish in the re-engagement of our profession. This is no mean feat and the dedicated work of all the leaders, coordinators, organisations and clinical environments is to be acknowledged and celebrated.

What I am most looking forward to is the chance to get out and about across the state and see for myself the emerging EOC stories and the Nurses and Midwives who are responsible for them.



Karen Bowen, Erin O'Brien, Jocelyn Guard

Jocelyn Guard, EOC Project Officer, NAMO

Jocelyn was the Nursing Unit Manager of one of the pilot wards of EOC at Prince of Wales Hospital and has seen first-hand how EOC can change the way a ward works for the better. That by using transformational practice development; you can see nurses being empowered to take responsibility to improve the conditions for patients and for themselves. Jocelyn looks forward to continuing to see this empowerment be rolled out across the state.

Erin O'Brien

Erin provides the background support to the Essentials of Care program. Joining the EOC team in 2009, she has a great affinity for practice development and looks forward to increasing her skills.

We are also happy to introduce the Facilitation Support Team, whose role is to support EOC Leaders and Coordinators across NSW to enable them to develop their own facilitation skills and leadership roles. The role also extends to internal and external facilitators working with EOC in hospitals and facilities across the state. Supporting the development of facilitator

support groups to ensure all facilitators have access to reflective practice and ongoing professional development in facilitation.

The EOC Facilitation Support team at present includes:

Deborah Higgs

Deb has been involved in Practice Development work since 2005. She is particularly interested in working in regional and rural areas and the challenges smaller facilities face in utilising Practice Development methodologies. She truly admires and respects the high standard of clinical skills, depth of knowledge and dedication all nurses have in the face of increasing pressures. The Essentials of Care process recognises this and she is grateful to be able assist the EOC teams throughout the state to work with their teams to celebrate and advance person-centred care.

Claudia Green

In 2007 Claudia attended Practice Development School which embarked her in an exciting and life changing journey into emancipatory Practice Development and Facilitation. She expressed an interest in becoming a facilitator for the Teamwork Learning and Change Program (TLC) in the Neuroscience Unit at the Children's Hospital at Westmead (CHW). Claudia became increasingly interested in facilitator development and as part of her own journey she became involved in critical companionship and facilitation of "The Facilitation in Clinical Practice Program" at CHW in 2009 and 2010. Claudia has presented at several conferences including the International Practice Development Conference in Holland in 2008.

Amendment:

In the May 2010 issue of Essential Connections the article by the Forensic Unit at Long Bay Gaol identified an EOC facilitator as Sal Turner EN. The facilitator is Sally Turner, an Endorsed Enrolled Nurse. Our

apologies to Sally for the misprint and any misunderstanding.

AREA HEALTH SERVICES IN FOCUS 1

SYDNEY SOUTH WEST AREA HEALTH SERVICE (SSWAHS)

Robert Bavcevic, SSWAHS EOC Leader

Fondly known as "Balmain to Bowral", Sydney South West Area Health Service is the most densely populated area health service with the most diverse socio-economic and culturally diverse area in the state. Recent figures suggest that the area increases in population by the size of Dubbo every 2 years.

'Essentials of Care' has been a feature of SSWAHS since early 2009, and currently has 35 ward/department areas engaged in the process covering many different clinical disciplines from Maternity to Aged Care. It has recently expanded to non-nursing clinical areas and departments such as Radiotherapy at the Cancer Therapy Centre at Liverpool Hospital. Currently EOC is established at all major SSWAHS hospital, including Royal Prince Alfred, Concord Repatriation and General Hospital, Liverpool Hospital, The Canterbury Hospital, Fairfield Hospital, Balmain Hospital, Campbelltown Hospital, Bowral Hospital, Braeside Hospital, Bankstown Hospital and Community Services. In total, this includes approximately 700 clinicians, with 70 facilitators supporting these departments and wards.

Since February 2009, SSWAHS has held a total of 6 Facilitator Development Workshops. These workshops, particularly recently, have engaged a large number of clinicians, and have been evaluated very positively. The following comment gives an insight into the extent of learning participants engage in and the feelings they come away from workshops with:

“Interactive & everyone was involved. Knowing that in time with the support and assistance from me and the team I work with, we can make a difference to our working environment for staff, patients, allied health, visitors, etc.”

A feature of these workshops is the pre-preparation involved in the lead up to the workshops. The EOC team attempts to contact each participant before the workshop to immediately engage in critical conversation about EOC and Facilitation.

“I liked the challenge of doing things differently, although 2 days contained a lot of info, it was challenging that it wasn’t structured! This lecture, that lecture between these times etc....is the norm. It was refreshing to be engaged and learn in a new more flexible format.”

Opportunities are provided for those who’ve expressed interest in the workshop to utilize facilitators within their organization and become “Facilitator Companions”. This provides the participant an opportunity to attend EOC sessions, and get a taste of facilitation, and encourages critical questioning of their peers to establish whether facilitation is a skill they want to pursue. Participants at this time are also provided further resources which they are invited to utilize before the workshop if they wish to.

“Gained tremendous insight. Recognised I facilitate without knowing that was part of facilitation. Provided avenues for discussion and insight into my own learning style.”

Using this approach we have found that numbers at our workshops have increased, with a more positive early engagement into the process. We have also found that more participants on completion of the workshop commit themselves to EOC Facilitation, seek further ongoing support from their key stakeholders, and develop their own organizational peer network to maintain encouragement and sustainability. Currently

further work is being done by the EOC team, in developing regular ongoing support meeting and workshops for the facilitators, a critical reflective practice tool for future ongoing support and reflective practice evaluation, and ultimately local network self-run facilitator support structures.

The EOC team is also currently planning future research into the evaluation of Critical Reflective Practice and its impact on Facilitation Sustainability and development of ongoing support structures. The year ahead will be very busy. The EOC team itself comprises of myself, Brigid Barbaro (Coordinator), Chanel Connor (Maternity Coordinator), with the support of Claudia Green (NaMO Facilitator Support). The team regular engages in critical discussion and team building. This has enabled all team members to further develop themselves, and also encourages passion and role-modelling behaviours.

What have been some of the outcomes from those ward areas engaged in EOC? We have found that many areas have engaged in the process very positively. Some in their early stages have already addressed a number of concerns, and has shown how the process can be used quite fluidly. A few examples include, the development of a Nursing Care Plan that better address patients care requirements, development and discussion of a Clinical Handover tool, development of regular feedback mechanisms in relation to IIMS reporting, improving communication structures between management and floor staff, and putting a pager on DD keys, to name just a few. Many ward areas are also preparing presentations on their achievements, to share with their peers and the organization, both locally and internationally.

The year ahead will be a very challenging one, but we feel as a team that we are well equipped. None of this would be possible without the

passion and commitment from all of the Facilitators from “Balmain to Bowral”.

REFLECTIONS OF A FACILITATOR:

By Sandra Krpez, CNE and Facilitator, Brain Injury Rehabilitation Unit, Liverpool Hospital

I had no idea what the facilitation role would bring. Having had a year’s exposure to EOC, I can now say it continues to excite me. Why you ask? Each day brings new light to what I can explore about myself and how I portray myself to my colleagues. Each day makes me think even more outside the square about how I can inspire and be a role model to others. What we already know about ourselves is now more so challenged and questioned. It has opened my eyes up to how my colleagues think, feel, what drives and motivates them to do what they do. We learn more about ourselves through a variety of activities we participate in and enables acknowledgement of everyone’s ideas and personal feelings. The more creative, the more the sense of interaction. Onward and upward I say.

AREA HEALTH SERVICES IN FOCUS 2

GREATER WESTERN SYDNEY AREA HEALTH SERVICE (GWAHS)

By Linda Peel, GWAHS EOC Leader

Australia fell in love with MasterChef, and one of the reasons is that it takes ordinary people who have a passion for cooking and provides them with the opportunity to have expert guidance and learning to shape their food journey. There are many different elements to the show, mystery boxes, team challenges, celebrity challenges and master classes. Each of these elements carries a different challenge for the contestants, but provides them with great insights into their own development.

I like to think the Essentials of Care program in Greater Western Area Health Service (GWAHS) is not unlike Master Chef. Like the show, at our commencement we began with a road show which took in the far stretched arena that is our area health service. We educated and provided staff with resources to begin to think about what implementing the Essentials of Care Program would be like for them, to join the show. After a month of travelling and some 15000km’s an expression of interest was distributed for willing participants. The call was answered with the first brave participants chosen for the first half of the year. Like the first season of master chef there was some speculation around what the program could offer, but as the word around experiences and results are getting out there, more interest is being generated.

As we move to the end of the first year of EOC in GWAHS, we have seen great momentum gather for the program and the demand for inclusion is now beginning to outweigh the capabilities of the 2-man team. At the end of this calendar year we will have 18 units at various stages of the program, from pre-preparation to action planning. We will have run three workshop 1’s and two workshop 2’s, as well as a significant number of observer training workshops.

Like the MasterChef contestants the team have had to work strategically in planning and promoting the program. The logistics of our area health service have meant that, like a mystery box, you never quite know what ingredients you will get/ or the challenge you will face, but you need to work with them all the same. The nursing staff and their managers in Greater Western have played an enormous part in the successes achieved so far and we hope this will continue.

Masterclass, in the form of facilitation teleconference meetings have provided the internal facilitators opportunities to further extend their knowledge and to take part in action

learning activities. Feedback from this has been extremely positive and participants feel that it is a safe environment to discuss their issues or problems.

So as the second season of MasterChef comes to a close, we become hopeful for its continuation. As we work further into the future with EOC we hope it will become a way of working.

FEATURED UNIT– BLAYNEY HEALTH SERVICE

Blayney commenced the Essentials of Care Program as one of our pilot groups. It is a small multipurpose facility with 28 beds. Their external facilitator, Kathy Teague had this to say about EOC.

“I met with Blayney Health Service nursing staff at a recent Essentials of Care meeting during which I was told a great story about the Essentials of Care Program. Staff stated that since the program started in March 2010, staff are communicating with each other more and are working more as a team respecting each other and valuing each other’s input to patient care.

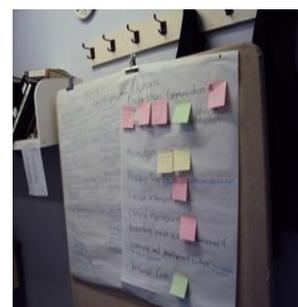
Below: Values statement exhibited in main ward area



According to staff, the relationships among each other have flourished. With these new relationships, staffs are solving many problems. In fact since Essentials of Care has commenced at Blayney Health Service staff are meeting on a regular basis to talk about a range of important issues. Staffs feel that the implementation of

Essentials of Care has made a huge impact in relation to staff working together and they are very keen to continue working within the Essentials of Care framework as a positive way forward for the future.

Pictured below: the beginning of data theming; Notice boards have been used to display themes giving staff, who were unable to attend meetings, the opportunity to add their comments



Having recently completed Observer Training, Blayney staff are currently engaged in the assessment phase and beginning to theme the data. They are looking forward to identifying priorities for action planning in the next few weeks.

CRITICAL SOCIAL SCIENCE

The Theory behind the program

By Janine Bothe, Surgical CNC South Eastern Sydney Illawarra Area Health Service

The Essentials of Care program is a body of work which is framed by critical social theory. The theory assumes that our social structures and collective culture shape the community and society in which we exist. Within the social structures and culture there are things that impede free and equal participation in society.

What does this mean for healthcare? Within our health system there are cultures that either “invite” or “impede” participation from practitioners and clients (read patients) to discuss

and, in turn, make decisions to improve patient care. Of course there are many varieties in between these two cultural situations. The non participation scenario is said to be to be a product of strategic rationality (Habermas, 1987). The rationality of money and power (read economics and politics) dominate and examples can be seen in decision making at high levels driven by the need to maintain cost effectiveness.

To challenge and change societies Habermas (1987) subscribes to the democratic participation to set up communication that is unconstrained and undistorted by power. Thus, all participants have an equal opportunity to participate in meaningful speech - a necessary element of Action Research.

Action research evolved from critical social theory and is useful to groups through the process of constructing and using their own knowledge to plan actions. A range of characteristics of action research are evident in Practice Development and thus Essentials of Care. Some of these are the meaningful communication and collaboration between the facilitators and practitioners; shared goals, the need to find solutions to practical problems; and, the changing of practices. Practitioners become active participants in knowledge generation and the continuous change process. The process to achieve this have been described by Meyer (2000) and encompasses negotiation (to commence the program in individual ward/units), assessment (i.e. observation, patient stories and auditing), planning (i.e. data analysis, and action planning), actioning, evaluation (i.e. mini evaluations and the two year reassessment) and withdrawal (by the facilitator once the practitioners have the knowledge, skills and confidence to act as change agents).

Essentials of Care gives permission for people to have an equal opportunity to participate in

meaningful conversations about practice and environment thereby understanding, challenging and changing the culture to improve patient care.

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IMPORTANT CONTACTS:

EOC website: <http://www.health.nsw.gov.au/nursing/projects/eoc.asp>

EOC Program Manager, NaMO: Karen Bowen - KABOW@doh.health.nsw.gov.au

EOC Project Officer, NaMO: Jocelyn Guard - JGUA@doh.health.nsw.gov.au

EOC Facilitation Support Team:

Claudia Green - claudia.green@sswahs.nsw.gov.au

Deb Higgs - Deborah.Higgs@gwahs.health.nsw.gov.au

EOC Program Development and Support: Pauline Bergin - pauline.bergin@hnehealth.nsw.gov.au

SWAHS EOC Leader: Elaine Buggy - BuggyE@wahs.nsw.gov.au

HNEAHS EOC Leader: Leigh Darcy - leigh.darcy@hnehealth.nsw.gov.au

SESAHS EOC contact: To be advised

SSWAHS EOC Leader: Robert Bavcevic - Robert.Bavcevic@sswahs.nsw.gov.au

NSCCAHS EOC Leader: Robyn Brigden - rbrigden@nsccahs.health.nsw.gov.au

Justice Health EOC Leader: Joanne Rogers - Joanna.Rogers@justicehealth.nsw.gov.au

Children's Hospital Westmead TLC & EOC Coordinator: Rachel Primrose - RachelP@chw.edu.au

NCAHS EOC Leader: Lily Fenech - Lily.fenech@ncahs.health.nsw.gov.au

GSAHS EOC Leader: Eric Daniels –
Eric.daniels@gsahs.health.nsw.gov.au

GWAHS EOC Leader: Linda Peel –
LPeel@gwahs.health.nsw.gov.au

“Great things are not
done by
impulse, but by a series
of small
things brought
together.”
Vincent Van Gogh
