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GUEST EDITORIAL: ‘From seedlings to flourishing saplings’

Professor Brendan McCormack, Prof of Nursing Research, Inst of Nursing Research/School of Nursing, Uni of Ulster; AdjProf of Nursing, UTS.

It is a pleasure to be asked to write the editorial for this Essentials of Care newsletter. Returning to NSW after almost 2 years, it has been wonderful to see the way that the programme has developed in that time. It is hard to believe that a project with it roots so firmly grounded in practice could grow so rapidly into the impressive programme of work that it is now. For the past three weeks I have been spending time with various aspects of the programme and the people involved with it, and it is very satisfying to see what is happening and the large number of hospitals and units involved in it.

The commitment and dedication to the process by the Area Health Services is impressive and the leadership shown by NAMO to be commended. However, any programme like this faces challenges as it grows, develops and becomes embedded in the everyday fabric of practice settings. The Essentials of Care programme is established on some well developed emancipatory principles. Put simply, these principles rely on the winning of individual and team ‘hearts and minds’ in becoming aware of the need for change, becoming empowered to embrace those changes and finally to make the changes. Working with these processes is slow and painstaking but the international evidence shows that to do so is worthwhile as it results in the processes being embedded in practice rather than being ‘yet another project’. However, at times the apparent slowness of such a process can cause irritations among strategists and planners who have pressures to produce outcome in short time frames. Whilst it is essential that the programme does show outcome for the investment, to rush these would be detrimental to the vision and values of the work. I am aware that individual units are already demonstrating outcomes from their work and over time these will have a cumulative impact on the programme at large, and will be illuminated through the evaluation framework. Another critical issue as the programme moves forwards is that of ‘freedom to choose’ to participate or ‘be told’ to participate!

“The EOC programme is established on some well developed emancipatory principles that, put simply, rely on the winning of team and individual ‘hearts and minds’ in becoming aware of the need for change, becoming empowered to embrace those changes and finally to make the changes.”
This is again a delicate balance for the programme leaders and coordinators to handle. It is my view that every unit should participate in the programme but the point of entry to the programme should be voluntary – for a team or a unit to enter the programme before they recognise/are helped to recognise the need for change and/or the programme benefits would be detrimental to its effectiveness. However, we should never underestimate the potential impact of the ‘seepage effect’ in change, i.e. how the learning from one setting seeps into another. The challenge for the programme leaders and coordinators will be to recognise when seepage is happening and be ready to support these new units in developing their involvement in Essentials of Care.

Overall, the programme has literally got off to a flying start and now is the time to tighten up on structures, clarify processes and develop more champions. The continuous development of facilitators who are embedded in organisations (in existing roles) will be critical to the sustainability of the programme long term. I can’t wait to see how it will be looking in 12 months time!

“EOC is enabling [nurses] to make the nursing care they provide explicit and visible... it is true that often much of the care nurses provide is somewhat hidden and, while obvious when it is not there, it is not necessarily actively noted when it is there.”

when it is not there it is not necessarily actively noted when it is there. EOC also assists in unit participation in a number of the strategies that are being implemented as a response to Caring Together – many of these relate directly to domains within EOC and we are developing a document that will make this clearer for staff and units. Ultimately we expect every unit to be participating and are considering the various strategies required to support a program of work of this magnitude.

The Evaluation Strategy is now well defined and it is timely to start gathering the evidence to clearly

REFLECTIONS ON A BUSY YEAR

Debra Thoms,
Chief Nursing and Midwifery Officer

It has been a busy few months for all involved with EOC. It has been wonderful to have Brendan visiting and his involvement with sites and staff around EOC has been very positive. Brendan has played an active role in EOC since we began this work and we will continue to liaise with him and seek his advice and support as we progress.

Recently I have had the opportunity to visit or hear from a number of units in HNEAHS and SESIAHS that have commenced EOC. They are at varying stages but in all cases it is truly inspiring to hear from staff and patients about the very positive changes that are being implemented. Congratulations to you all and I hope to visit other units in various AHS over the coming months. Across the State there are now over 130 units who have commenced on the EOC journey with a number more getting ready to commence early in 2010. At one of the recent visits a registered nurse indicated that one of the things that EOC was enabling them to do was to make the nursing care they provide explicit and visible – this I see as very positive as it is true that often much of the care that nurses provide is somewhat hidden and, while obvious when it is not there, it is not necessarily actively noted when it is there.
demonstrate the impacts that EOC is having for both patients and staff. Further work is being done to provide additional support to develop Facilitation skills and also for AHS. Strategies for broader multidisciplinary engagement are also being developed. The Domains have been sensitised now for Paediatrics, Mental Health and Midwifery and HNEAHS is leading work to sensitise the domains for Community Health. There is a lot happening and more to do – all in all it is very exciting to see the progress that’s being achieved.

This Newsletter contains many wonderful insights into the work that is occurring across the State. Congratulations to all of those involved and in the meantime I hope that you all have a happy, peaceful and safe Christmas and New Year and look forward to hearing of further achievements in 2010.

**PROJECT UPDATE**

*Jacqui Cross,*

*EOC Program Manager, NAMO*

It is difficult to believe that we are near the end of 2009. Looking back over the last 12 months, the implementation of Essentials of Care has gained momentum, with all Area Health Services now engaged in the program, we now have leaders working in all Area Health Services and have recruited additional coordinator positions in a number of Area Health Services to aid in the support of the program at the local level.

There have been many highlights throughout the year, the passion of nurses and midwives at local facilitation workshops has been so inspiring and I have enjoyed hearing the experiences of local facilitators and teams in how they are changing the ways they engage with one another to understand and change nursing practice.

We have heard from our allied health and medical colleagues about the changes that they are noticing as a result to the program, and most encouragingly from patients and carers. It is important that we all take the time to reflect upon and acknowledge our achievements; it is the small things that we sometimes miss that can be the most profound. The domains for Mental Health, Paediatrics, and Maternity have all been finalised and I would like to congratulate and commend the achievements of the working parties and individuals involved in that work. I take this opportunity to acknowledge the ongoing commitment and hard work of everyone involved in the program, I wish you all a safe and happy holiday and look forward to working with you all in 2010.

**Visit by NSW Chief Nursing and Midwifery Officer to Central Network**

*Paula McShane, Kim Olesen & Karen Patterson pictured with Debra Thoms during her recent visit to Garrawarra Centre.*

On Tues 10 November staff of the South Eastern Sydney Illawarra Central Network Hospitals welcomed the Chief Nursing and Midwifery Officer of NSW, Debra Thoms. Accompanying Debra was the SESIAHS Director of Nursing and Midwifery, Kim Olesen.
Their visit commenced at The Garrawarra Centre, Acacia Cottage where they were welcomed by the A/DON Paula McShane and Karen Patterson, SESIAHS Nurse Manager Practice Development. This cottage was one of the first sites in Central Network to implement the EOC Program.

During the visit a participant and a facilitator discussed with Debra and Kim the findings resulting from the assessment week and how the team is engaging in the action planning phase of the Program. The group moved on to Waratah Cottage who shared their progress in the values clarification stage of the Program. Morning tea was enjoyed with many staff and carers who have been involved in the Essentials of Care program.

The next stage of the visit was to Sutherland Hospital where Debra and Kim visited the Emergency Department, Mental Health and Paediatric Units.

A presentation was given by a number of Nursing Unit Managers who have been involved in the “take the lead” program. This program focuses on the development of the nursing and midwifery unit manager role and compliments the EOC Program. A luncheon provided a most enjoyable forum for the nurses of Sutherland to meet and talk to both Debra and Kim.

The St George Hospital visit commenced with a short presentation given by Sue Bunt on the implementation of Clinical Bedside Handover at St George Hospital. A tour was then taken of the Aged Care and Respiratory wards and the High Dependency Unit. Nursing Unit Managers, local facilitators of the EOC Program and clinical staff all contributed to giving an insight into the Program’s implementation, findings and subsequent interventions to improve patient care.

An afternoon tea in the rotunda followed, where staff had the opportunity to meet Debra and Kim. Debra expressed her appreciation of the opportunity to talk to clinicians who are involved in both the Essentials of Care and “take the lead” programs, both of which are sponsored by NSW Health Nursing and Midwifery Office.

**UPDATE ON THE EOC FACILITATION DEVELOPMENT PROGRAM**

**Pauline Bergin,**  
EOC Program Development and Support

The Essentials of Care Program was developed with the intention to change the cultures of clinical environments in which patient care occurs and to encourage critical inquiry amongst health care professionals. The methodology underpinning this work is emancipatory Practice Development which requires the support of facilitators using person-centred approaches to enable others. In recognition of this, the
implementation of EOC across NSW Health is occurring in unison with the development of facilitation skills appropriate to the needs of EOC participants and leaders. This is achieved through participation of all facilitators in an initial 2-day Facilitation Development Workshop and a follow up one-day workshop held 3 to 6 months later.

Between Sept 2008 and July 2009 ten 2-day Facilitation Development Workshops were conducted in six Area Health Services, with approximately 230 staff participating. The initial workshop program was based on an existing one created to support development of staff involved in facilitating change in practice at the Children’s Hospital Westmead and Sydney Children's Hospital. During August and September a review of evaluations from these first ten workshops was undertaken.

Congruent with the principles underpinning the EOC Program; collaboration, inclusiveness and participation, the evaluation method involves participants agreeing on workshop objectives of interest to them to be evaluated. Through articulation of the purpose of the workshops and the style of facilitation required to support the EOC Program, as well as the themes identified from these evaluations, a standard set of objectives are being establish to be evaluated at every workshop in future. This work is currently underway through the recently convened Facilitation Development Working Party.

Overall, the workshops have been evaluated very favourably and participants are excited about the Program and the positive impact it can have on patient care and nursing. The focus of the workshop is to develop participants’ facilitation skills, specifically within the EOC Program but also generally within their work roles. However, a gap in pre-workshop preparation results in some participants having expectations including the need to gain a fundamental understanding of the EOC program and the step-by-step plan for its implementation. This frequently presents a challenge to workshop facilitators requiring adaptations to the program sometimes at the expense of facilitation skill development. Nonetheless, at the end of the 2-day workshop, participants identify their key learning in areas including understanding the principles underpinning the Program, tools and strategies to support implementation and their own personal learning and self awareness of their facilitation ability. Facilitators commented on participants’ enthusiasm for the EOC Program and the energy they bring to their learning. Other areas facilitators valued include the use of a co-facilitation model to support skill and confidence development, fundamental to the Program’s ongoing implementation, as well as linking PD theory to phases and approaches used in the EOC Program. Ongoing facilitation development strategies have not been documented over the period of the evaluation and to date has not been articulated in the program model or curriculum. As Professor McCormack points out in his guest editorial, “...continuous development of facilitators who are embedded in organisations (in existing roles) will be critical to the sustainability of the program long term.” Echoing this, recommendations generated from the review of workshops focus heavily on facilitation development as an ongoing program rather than being limited to a two-day workshop, and identification of existing facilitation ability within Area Health Services.

Significant learning about the needs of EOC facilitators and the challenges they face in this
role has been gained through the process of evaluating workshops individually and collectively. It is through the commitment to emancipatory, person-centred facilitation that the workshops and facilitation skill development have continued to evolve and improve over the past year and continue to do so now.

Facilitators are reflective and critical in their approach to this work and aim to support participants’ facilitation skill development to a high standard, which will require a significant level of input from the EOC Leadership team.

In response to this collective evaluation of ten workshops, a number of recommendations have been proposed and a Working Party has been formed to drive these. Most are in recognition of the need for a standardised Facilitation Development model and curriculum, workshop program and an evaluation strategy, and setting up regular opportunities to support ongoing facilitation development. The purpose of this work is to build capacity to facilitate changes in clinical practice settings using emancipatory Practice Development approaches.

Facilitation Development Workshops continue to be evaluated by both participants and facilitators using standardised program and evaluation templates. Development of an appropriate Facilitation Development model and curriculum is underway in preparation for workshops commencing early February 2010.

Details about Facilitation Development Programs planned for 2010 are available from Area Health Service EOC Leaders – contact details on page 16.

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**AREA HEALTH SERVICES UPDATE**

**NORTH COAST**

*By Lily Fenech, NCAHS EOC Leader.*

I am pleased to report that the NCAHS has achieved significant progress in the implementation of EoC Program. Currently, there are seven units within five hospitals involved in EoC activities. Staff from Port Macquarie Base Hospital have expressed strong interest to participate in EoC in early 2010.

The EoC team has been busy preparing and facilitating data feedback workshops for the two initial participating wards. Staff were extremely keen and anxious to receive feedback and to commence action planning. The patient stories have had quite an impact on staff. Clinical staff realise the value of these stories in order to improve patient care and workplace culture.

Through the EoC process strengths identified and to be proud of include caring and friendly staff, discharge planning and sound clinical judgement. Issues identified include interruptions during medication administration, patients in outdoor area without a call bell system, poor compliance with fluid balance documentation, shared mobility aids and mixed gender rooms. The issue of the call bell was easily resolved when the NUM bought eight large colourful bells for patient use. Many other actions have also been initiated.

*Staff from Coffs Harbour Surgical Unit developing their shared values*
Both wards have finalised values statements and staff appreciate the true meaning of words such as teamwork, support and respect particularly during data analysis. Staff are currently engaged in prioritizing and developing actions.

Grafton Base Hospital Medical/Palliative ward is progressing with the development of their shared values and has commenced data collection. Murwillumbah’s Assessment and Rehab Unit has revised their group’s values, developed an EOC Newsletter and will commence data collection in the New Year when the ward is fully functional and facilitators return from leave. Information sessions have commenced at Casino Hospital.

For some staff it’s taken a while to understand the concept of facilitation and EOC. However, the excitement displayed when they ‘get it’ is very encouraging and infectious. One staff member stated ‘it’s great that there is team involvement and the data is so interesting. It’s good that we have a chance to talk and an opportunity to address the issues’. The workload is a major challenge for facilitators in enabling them to maintain momentum. However, their interest and commitment to improving patient care has not faded. To date, 2 Facilitation Development, 1 Day 3 follow up and 5 Assessment Workshops have been conducted.

Ward Profile: Hartley House (Medical)
Bellinger River District Hospital

By Sonja Munnelly, NUM

Having moved to the North Coast and straight into the NUM role 12 months ago, Essentials of Care has been an effective way for me to really get to know the nursing staff here.

The journey has made it clearer as to what we need to do to make our workplace even better for our patients and ourselves. We are currently in the process of receiving feedback from the staff surveys, patient stories and observations of care, and commencing some positive actions as a direct result. Our mission statement, ‘to provide the best care for our patients whilst showing respect and support in a safe and positive environment’ reflects our commitment to the patient and the team effort.

As NUM, I have a much better awareness of the dynamics of the staff as a group and a better understanding of their values and strengths! Of course, it has not been entirely smooth sailing. There was some resistance to the program and we still experience varying degrees of participation. However, through collaboration and team effort we are making progress. The message from EOC rings through and the general consensus is that our patients are worth every effort. It has created an opportunity to pull together our unit of hard working devoted nurses, caring for mostly older, frail people with more life experience than any of us, and who deserve a great deal.
From the feedback we will get to have a really good look at:

- how we see ourselves
- how we look on paper
- how we look to an outsider
- how it is from a patients’ point of view

To anyone unsure about EOC - relax, be positive, and join in ... the good vibes will start flowing!

**SYDNEY SOUTH WEST**

*By Robert Bavcevic, SSWAHS EOC Leader*

The word definitely is spreading throughout SSWAHS with more units expressing an interest in the program, which is exciting, and those involved in the program are seeing the fruits of their labour. At present there are 24 units involved in different phases of the program across eight hospitals and services and ranging from Medical, Surgical, Drug Health, and CCU. Units are at various phases with the most recent volunteers, Concord and Bankstown-Lidcombe, along with Drug Health at Corella, engaged in preparation of units to participate. Bowral, Campbelltown and Canterbury are preparing to commence assessment. At Liverpool and RPA some units have completed assessment and are getting ready to theme and action plan. A big well done to those facilitators and leaders out there who have facilitated and supported those units, it’s a big achievement, we can all be proud of.

Most exciting is the commencement of the EOC Coordinator, Brigid Barbaro. Brigid, who was the New Graduate Nurse Coordinator at RPA, will assist with the rollout of EOC, provide support for facilitators and clinical staff in its implementation, as well as to those already involved in the program.

The October Facilitation Development Workshop held at Rozelle Hospital was well attended and very well received, many walking away saying they were “re-invigorated” and “excited”.

**Quotes from workshop participants:**

“It was honestly the best workshop I have ever attended”

“Everyone should be involved in this, I can see the benefits”

“I remember why I became a nurse, thank you”

Thanks go to Chris Helms who came along to the Oct Facilitation Development Workshop to share some of the challenges he has encountered as a facilitator. Participants appreciated Chris’ honesty and the opportunity to hear firsthand what it’s like. Workshops for 2010 will be announced soon.

*Participants engaging in group activities during the October Facilitation Development Workshop at Rozelle*

Other exciting news, in early 2010 EOC will be introduced into all three ICU’s at RPA, starting with the Cardiothoracic ICU, and representing an FTE of 150 staff. Bankstown Emergency has also commenced, which is our first ED to take part.

**JUSTICE HEALTH**

*By Joanna Rogers, Justice Health EOC Leader*

Jo Rogers has moved into the Program Leader position full-time since November 2009 and is supported by Debra Pittman who continues as Project Officer one day a week.

The program has been introduced to eleven ambulatory health centres across the State. One health centre received information via a teleconference and has requested a follow-up face-to-face.
As of December 2009, ten of the ambulatory health centres have elected to proceed with the Essentials of Care program in early 2010. The response to the introduction to EOC has been very positive. Another facilitation workshop is scheduled for February and staff members from each of the health centres will be participating in that workshop.

A team of facilitators is currently introducing EOC to all staff on one of the wards in the Forensic Hospital. Staff in this ward work 12-hour shifts rotating through night and day duty. Finding both a block of time to get staff together and accessing all staff in this environment is challenging and the facilitator team has been innovative in its approach. Firstly, they recognised the need for additional facilitators and there are now four of them, with a potential fifth coming on board soon. Two of the facilitators, a CNC and a Nurse Educator, are taking a more supportive role whilst the other two, who are ward based nurses, are more involved with engaging staff directly.

Rather than introduce EOC to staff in groups, the team has emailed all staff, provided flyers and is then following up with individual introductions to EOC. Once they have spoken to each staff member they are giving each a ‘post it’ note and asking them to write ‘yes’ or ‘no’ and place in a designated folder. The team will know by Christmas whether or not EOC will go ahead on their ward and are over-all optimistic that it will proceed. They are currently working together to devise a way to bring staff together early in the new year to clarify their claims, concerns and issues and to work through their values.

It is an exciting time for Justice Health. We believe that 2010 will be a challenging and stimulating time for staff. Because of the high number of Community Health Services associated with Justice Health, Jo has also offered to work with Hunter New England AHS in developing the community health domains of care.

**SOUTH EASTERN SYDNEY ILLAWARRA**

*By Janine Bothe, EOC Leader SESIAHS*

The Essentials of Care program in the SESIAHS continues to build momentum. There are now 39 clinical units engaged in the program process with another 13 in pre-preparation phase who will shortly be deciding if they commence in the New Year. Information sessions will begin in 2010 to some of the Midwifery and Mental Health units around the Area.

Presentations of Essentials of Care work by staff of Milton Ulladulla Hospital, St George Hospital High Dependency Unit and Prince of Wales Oncology Unit were given at the recent Area Executive forum. These units represented a broad cross section of the types of clinical areas engaged in the program and the amount of time since they began their journeys. Presentations were both thought provoking and inspiring.

This update draws from the experience of staff at Wollongong hospital. C4 (neurosciences) and 4 East (surgical) were the first two wards at Wollongong Hospital to be involved in EOC starting in May this year. Both wards are currently exploring their data from their assessment weeks held in September. In-service time is limited at Wollongong Hospital, with only a one hour overlap for staff to hand over patients and participate in EOC sessions. So generally only one observation or patient story is analysed in each session. The majority of staff are keen to be involved in this process. Whilst longer sessions would be useful in moving through the data faster and identifying themes more readily, it does demonstrate how the program is adaptable in varying contexts and can be run with the existing resources and time limitations of the clinical environment.

Toni Wonson (RN) and Alana Ljubicic (EEN) took over the internal facilitator role for Essentials of Care in November after the previous facilitator left the ward. Here are some of Toni’s
comments: “C4 had developed our values statement and completed the initial assessment phase and we were ready to launch into the reflection phase of the program when the baton of essentials of care facilitator was handed over to Alana & myself. So we were whisked away to Garrawarra for a 2 day Facilitators workshop, where we left feeling a little overwhelmed about our new roles. But with the support of our external facilitator and Essentials of Care CNC, we have managed to pick up the ball and now feel confident to run at full pace with it!”

C4 has now entered this reflective phase, which we have found to be a slower process than the assessment and observation phase.

NORTH SYDNEY CENTRAL COAST

By Natalie Irwin, NSCCAHS EOC Leader.

Rollout and implementation of EOC across the Area continues to progress at a steady pace. To date, eighteen units have commenced and are at various stages of implementation; twelve are engaged in preparation with some, who recently attended the Facilitation Development Workshop, hosting information sessions to help staff decide when and how to progress to the next phase. Others are developing their shared values as a foundation to undertaking assessment and critical reflection of current practices. Four units are at various stages of assessment with another two preparing to feedback assessment data to staff who are looking forward to collaboratively identifying themes and prioritising areas of practice for action towards improvement. A broad mix of units are involved; medical, surgical, Aged Care, Rehabilitation and Critical Care Areas including Cardiac, Emergency Medical Units, Intensive Care and an Emergency Department.

A Facilitation Development Workshop, held at Hornsby Hospital in November, had 22 participants ranging from RN, C/NES, CNCS and M/NUMS from Acute Care and Midwifery units. The overall evaluation indicated that the purpose of the workshop was achieved; participants obtained a greater understanding of the role of the facilitator within EOC. Participants also indicated that they developed practical facilitation skills to assist them in their workplace with the implementation of EOC.

The importance of preparing participants prior to the workshop with either pre-reading or an introduction to EOC and /or PD education session was highlighted by many participants and
facilitators. To address this, Ryde Hospital is including EOC Information in annual Mandatory Training for nursing staff.

WARD PROFILE: SOUTH WING 4 – MANLY

By Susie Brennan, NUM

South Wing 4 at Manly Hospital is a mixed surgical ward. The unit agreed to engage in the EOC Program and key staff attended a Facilitation Development Workshop in November. Prior to the decision to participate in EOC, SW4 staff had identified the need to change their current handover practices and a project had commenced. Staff identified as leaders for the EOC Program felt it was important to continue this project as some preparatory work had already been undertaken and staff were ready for its commencement. As a result of gaining an understanding of the approaches used in the EOC Program, changes were made to the handover project so it is more inclusive using similar Practice Development principles to those underpinning the EOC Program. This process allowed all staff to have equal say in the changes that would be made around handover and to ensure that the clinical staff had ownership of the process. The project to change handover also introduced staff to the ways of working that they would encounter during the EOC program. To date the unit is currently trailing the different handover models that staff identified during the project, the outcomes of which will be evaluated collaboratively by the team. Within the EOC framework, staff have recently agreed their shared values and are planning, with much enthusiasm, to undertake the Assessment phase in early 2010. This way of introducing the Program provided numerous opportunities:

1. It sent a message to staff that the work they had already commenced is valued and participating in EOC does not mean all other activities aimed at improving practice have to stop; rather EOC can enhance this work.

2. It engaged staff in a different way to tackle a clinical issue and change practices, so they got hands-on experience of the benefits of this approach themselves.

Lead Facilitators, Collette Terry and Alison Gergenson, both CNEs, are being supported by external facilitator Norma Jarman, NE.

SYDNEY WEST

By Elaine Buggy, SWAHS, Nurse Manager.

SWAHS conducted its first Facilitation Development Workshop in October, which was co facilitated by Jacqueline Apps, Val Wilson and NaMO staff. Staff from facilities who will be participating, Nepean and BMDH, attended. These staff members will support the multi-disciplinary team in its implementation. Participants evaluated the workshop as being very worthwhile in terms of gaining knowledge and skills in processes, tools and strategies to support implementation. Experiences from the Children’s Hospital Westmead were also assessed as being a valuable exchange.

The EOC teams will be supported locally by the Operation Nurse Manager positions. Time has been allocated with each team to discuss anticipated direction and achievements over the next 4-6 weeks. The Nursing and Midwifery Directorate will continue to oversee the implementation and offer support and guidance as required. The EOC teams will report through to the Essentials of Care Steering Committee that is governed by the N&M Leadership Committee. The seven Essentials of Care wards; four at Nepean & three at Blacktown Mt Druitt Hospital are each at various levels of implementation with some nearing the completion of their Values Clarification. The EOC wards are engaging with Allied Health staff, some a little more successfully than others, with the aim of ensuring EOC is an interdisciplinary process and is governed by the TEAM First principles. Medical Officers are invited and encouraged to participate. The
enthusiasm and creativity of the staff is enlightening. BMDH December 09 Nursing Grand Rounds were privileged to have as their guest speaker the State-wide EOC Program Leader and Manager Jacqui Cross who provided an overview of EOC which was received enthusiastically.

**GREATER WESTERN**

*By Linda Peel, SWAHS EOC Program Leader*

November saw the kick off of Essentials of Care Program for the Greater Western Area Health Service, with the appointment and commencement of the Program Leader, Linda Peel and Program Co-ordinator, Kathy Teague. Linda comes to EOC from the DDON position at Dubbo Base Hospital and Kathy from the ICES position at Forbes. Both have varied history’s that include project management, senior management and education backgrounds.

Following orientation to the program, the team commenced information sessions across the southern and eastern regions of Greater Western, with enormous interest expressed from those sites visited. An extensive travel schedule is planned over the next month to continue to provide information to the rest of Greater Western, in preparation for a call for expressions of interest for units to ‘come on’ in Feb 2010. To date the response to these information sessions has been very positive and we are expecting to receive a large response to the EOI. Preliminary planning for facilitation workshops has commenced, with the first one to be held at Orange in March 2010. Further dates have been scheduled for July and October 2010.

**HUNTER NEW ENGLAND**

*By Leigh Darcy, HNEAHS EOC Program Leader & Catherine Turner, NM Clinical Practice & Policy*

There are now 35 units involved in EOC across the HNE Area ranging from General, Medical, Surgical, Aged Care, Critical Care and Paediatric Units. The recent increase in momentum of EOC roll out has been enabled by the appointment of 5 part-time CNCs to help coordinate its implementation. As a result, a high number of units have recently signed up and are in preparation phase with information sessions and discussions with staff about the program, development of shared values and agreeing timelines and responsibilities for commencement of the assessment phase. The remainder are at various stages along the path towards identifying key themes and implementing changes to improve patient care. Six units are actively involved in action planning and implementing changes. A number of significant actions have been identified and include strategies to increase provision of education for patients and staff, assist in identifying and responding to patients’ needs, improve IIMS reporting, reduce falls, promote self management of diabetes, protect patient dignity and ensure safety of patients and their property during transfer and whilst undergoing procedures. Other actions around work practices and the care environment include role clarification, rostering for patient care, supervision of junior staff, increasing reflective practice and communicating more effectively within the multidisciplinary team. All the teams involved are very enthusiastic and, despite the usual challenges of time and staff availability, are enjoying participating in EOC. The ‘can do’ approach of staff is inspiring. Recent visits to sites in the upper clusters and anecdotal conversations with facilitators revealed positive engagement with the program and progress through the phases even though they had minimal support at that time. Implementation is on hold in 3 units due to resignation of key staff and staff shortages. In two wards where progress has slowed or EOC activity has been temporarily suspended, staff participated in workshops to identify barriers and ways to overcome them, and to reinvigorate staff to continue this work.
This was highly successful and a lot of progress has been achieved since.

The exciting news for the EOC Leadership team is the appointment and orientation of five part time CNCs to support implementation at local level across all the clusters. These are Di Targett, for Mehi, Tablelands, Peel and McIntyre clusters, Liz Newham who is based in Newcastle, Maria Relf in Taree, Penny Cummings at Tamworth and Kim Glasshoff at Singleton. Since commencement, activity has increased with the convening of a Leadership group for Peel, McIntyre, Mehi and Tablelands, bringing the number of Cluster based Leadership groups to 4. There is ongoing engagement with stakeholders, and the identification and preparation of units who will commence in early 2010. With the commencement of the CNC’s we will now be able to more effectively work with the teams at the local level and plan workshops and ongoing rollout of EOC to the needs of the local areas. We will also anticipate provision of more effective support to the individual teams as well as reviewing how we can provide regular support for facilitators. A planning session was held in October to discuss ongoing development of the program and provision of more targeted workshop days for local units facilitated by the relevant CNCs.

Meanwhile we have been busy with Facilitation Development and Observation workshops during September and November all of which have been well evaluated. The November workshop in Taree targeted a number of Oncology units, some of which had already commenced EOC. This was a valuable way to share experiences and strategies for implementing person-centred change in this unique setting. Discussions are continuing regarding the rollout of EOC in Community Health, which is being lead by HNE and a reference group has been set up to support this work. Academic support will be provided from The University of New England. Work with Mental Health EOC continues to progress with staff preparing to pilot the Mental Health Care Domains, recently reviewed and sensitised by a group of key Mental Health staff from across the state. The facilitators attended the Facilitation Development Workshop in September and some also participated in the recent International Practice Development School in Canberra. All are keen to commence and we look forward to their progress in 2010.

A recent visit by NSW Chief Nursing and Midwifery Officer, Debra Thoms, to Newcastle’s John Hunter Hospital provided many units an opportunity to showcase their wonderful work and some significant changes being implemented to improve practice and patient care. Positive feedback has been flowing in ever since!

The program has also been presented to the HNEH Area Exec Team and the Innovation Support Advisory Committee who are keen to understand the synergies between this and the other activities occurring across the area. The team were commended for their visible collaboration with a range of staff and have been invited back to present again in 2010.

WARD PROFILE: NARRABRI HOSPITAL.

By Suellen Stove, NUM

Essentials of Care started at Narrabri Hospital in early 2009. The hospital provides services including General Medical and Surgical, ED, Midwifery and a Day Unit–Operating Theatre.

A two day course away from the ward where we could learn - sounded good at the time and encouraged the staff to get involved in Essentials of Care. Only after attending the facilitator workshop were we enlightened on how this could improve our facility, as well as patient care and outcomes. To get started we ran information sessions for staff on how EOC could help us as a team to identify and work towards change. Our first step was to discuss what values and group
rules are important to us as a team. These are now proudly on display in the form of poster flowers for all to see; patients, visitors, doctors and other staff, with the added benefit of a bit of colour in a very plain hallway! Many have commented on the values and it has started some interesting conversations. To identify key issues of concern to all staff we used a process called Claims, Concerns and Issues which was very effective in engaging staff. Whilst not everyone could attend the activity in person staff had ample opportunity to contribute by way of a box into which individuals posted claims and concerns and, after one week, the box was overflowing! Staff appreciated the opportunity to get a lot off their chest, following which a meeting was organised to identify key issues. To our great satisfaction we realised that if we truly believe in the values we share and follow our agreed rules as we work together we can maximise on our claims, and most of our concerns become less problematic. This left us with a handful of issues to work on. Our first issue is to look at ways to introduce a walk-around component as part of our regular clinical handover – a huge undertaking! As this is a Garling recommendation we saw it as a good place to start.

Commencing clinical walk around handover was a big step for our facility as we are in a rural and close knit community where everyone knows everyone. Traditionally, handover took place in the nursery where we could all sit to discuss the patients at length and add a bit of social chit chat, it was pretty laid back. So, the biggest obstacle was to leave the nursery. Our nurses were familiar with the concept of walk around handover, encouraging them to persist and not return to the nursery where they felt comfortable was the biggest hurdle. Standing at the bedside in front of a patient and carers was different and challenging for some, confidentiality was a huge concern for our staff as all our wards are two bedded and many felt this could be breached if the next patient could hear all about their room partner. The Garling recommendation states “at the bedside where appropriate” so all staff are responsible for maintaining confidentiality using other means of communicating with each other, such as written documentation, in addition to verbal handover. The change process includes regular information sessions so that staff understand the rationale for this change in practice – to improve communication and patient outcomes - rather than seeing it as change for change sake. These sessions also include opportunities for staff to raise their concerns and talk through their issues about walk around handover. We are also working out how to evaluate the effective of the change. Our goal is to value our Clinical Handover as an important component of patient care, a means to communicate important information in a coherent and effective way, and to engage the patients where possible.

**Orientation of new EOC Coordinators**

EOC Coordinators attending orientation in Sydney: Pauline Bergin (Facilitator), Penny Cummings (HNE), Liz Newham (HNE), Pauline Best, (SESI), Leigh Darcy (HNE Leader), Catherine McDonald (GSAHS), Kim Glasshof (HNE), Di Targett (HNE), Maria Relf (HNE) & Jacqui Cross (EOC Manager, NAMO)

**GREATER SOUTHERN**

GSAHS is in the process of recruiting for two EOC Coordinators to assist with implementation and the AHS Plan has been updated to reflect current capacity and commitment to implementation. Meanwhile planning and promotion of the Program continues with information currently
being provided for staff at Goulburn and Wagga Base Hospitals. In preparation for commencing soon, observation training has been provided at Wagga Wagga. In Young and Boorowa Nurse Managers have been backfilling clinical staff to enable staff participation in information and planning sessions. Alongside this, implementation of the Caring Together recommendations continues and where appropriate the EOC program will be complementing this. In addition to face-to-face information sessions, information about EOC has been posted on the GSAHS intranet pages so all staff can keep updated.

PAEDIATRICS:

By Rachael Primrose, Paediatric TLC/EOC Leader

Currently the TLC/EOC program is underway in four Paediatric units at The Children’s Hospital at Westmead, John Hunter Children’s Hospital and Mona Vale. Two additional units at CHW, who started TLC in late 2007, will be able to map their repeat data collection to EOC. Preliminary plans are underway to expand the program at CHW in 2010. I would like to congratulate Commercial Travelers, Variety, Clancy and Camperdown teams at CHW, H1 team at John Hunter Children’s Hospital and Paediatric ward at Mona Vale for their work and ongoing commitment in implementing the TLC & TLC/EOC programs. I would also like to acknowledge the great work that is being done by the staff who are facilitating this work with their teams.

The program has been steadily progressing over this year, slowing down during the winter period due to increased hospital activity and the swine flu outbreak. The majority of teams have developed a shared vision / philosophy / values for their teams. A shared vision should answer the question – “what do we want to create”? As well as offering a vision for the future it also offers a base in the here and now from which to evaluate current practices and workplace culture. The first step in doing this is to make our values and beliefs explicit so that we can work towards making them a reality in our practice and workplace and then ensuring that what we say we believe is actually what we do. Clancy ward who had previously developed their shared values evaluated how and if this “lived” in practice using facilitated Claims, Concerns & Issues sessions. The evaluation was very positive with staff agreeing that there were many areas of their practice in which there were great examples of how they were “living” their values in practice and also some areas were identified where there could be some improvement.

Currently some of the teams are in the middle of or have completed their data collection period which involves collecting a range of data so that the team can create a picture of the culture in which they work “how things are done around here”. The data that has been collected includes:

- Nursing, medical & allied health staff stories
- Children, young people and parent stories
- Observations of care
- Workforce data (skill mix, sick leave etc)
- Patient data (top 5 DRGs, length of stay etc)
- Compliments & complaints
- PCNI – Person Centred nursing index survey
- IMMS (looking for patterns)
- Audits (med charts, FBC, obs & hand washing)

Two of the teams who have completed their data collection are now feeding back the wards’ data to all staff members and looking at what they think they are doing well, where they are providing excellent care and recognising/celebrating this and also identifying what areas of practice might concern them and that they would like to target for development. Some examples of the themes from data collected have been about: medication safety; communication during handover, ward rounds and with children, young people and parents; patient confidentiality; teamwork; team nursing; skill mix; patient assessment and documentation; family centred
care and delivery of care; learning culture and change etc.

A Big Thank You to all the staff who have helped the wards involved in TLC/EOC complete their observations of care.

WARD PROFILE: CHILDREN’S WARD, MONA VALE HOSPITAL

By Kathy Chapman, NUM

Whilst listening to Liz Gaynor discussing Practice Development principles a few of us had an “Ah Ha” moment. We then heard Anna Thornton talk about changing the culture of an entire Hospital based on PD principles. We also had various staff members visiting the PD Twilight sessions at Westmead Children’s Hospital and heard about how using Practice Development principles and methods can enable wards to develop effective person-centred cultures where care is family centred. We also realised that we need more resources to move forward so we raised our hands and said “pick Mona Vale!!!!” when The Children’s Hospital at Westmead were looking for expressions of interest to become involved in the TCL/EOC Program. Hence we are now part of the TCL /EOC Research project and program and have the “tools” and support we need to get started.

We have facilitated sessions for staff about the TLC/EOC program (+ research project) and PD principles so we could ensure that all staff were included and able to participate. We have had 3 information/training sessions on Observations of Care (2 more planned) and we are actively recruiting internal and external observers - our strategy is asking nursing staff from the adult wards to come and assist us and then when they start EOC we will go and help them – Teamwork!

In December we started staff interviews and we have also had our 1st patient story collected. We have trained 3 Facilitators, 2 of whom have completed a 10 month Facilitation in Clinical Practice Program which was facilitated by The Children’s Hospital at Westmead and Sydney Children’s Hospital. We’re networking with CHW TLC/EOC teams and Northern Beaches EOC teams. Watch this space for our progress.

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“To accomplish great things, we must not only act, but also dream, not only plan, but also believe.”

Anatole Frances (1844 – 1924) French poet, journalist and novelist