

VOLUME 1, ISSUE 3 - JUNE 2009

### WELCOME

Welcome to the third issue of the Essentials of Care Program Newsletter. There are some truly inspirational stories in this edition – demonstrating the powerful role that EOC can play in improving care for patients and the environment for staff. EOC is gathering momentum and I thoroughly enjoyed hearing some of the achievements at the Leading Care Forum on June 19. I also hope over the coming months to visit some of the Units that have started on this journey to hear first hand how you are implementing Essentials of Care and of the progress being made.

Congratulations to Emma Lutwyche, the winner of Newsletter naming competition!

*Debra Thoms,  
Chief Nursing and Midwifery Officer*

### FROM THE PROJECT MANAGER

I would like to congratulate the Area Health Services and, in particular the Essentials of Care Leaders in their ongoing commitment to successful implementation of this Program. It is clear in the messages from the wards profiled in this edition that people are exploring new ways of working together, using an approach that is truly facilitative and which enables individuals and teams to learn more about themselves, the environments in which they work and to identify how as clinical leaders we can make a real change in the way that we practice. I have had the opportunity to meet many of you at recent Facilitation workshops and am always encouraged by the passion and enthusiasm that people have in their involvement in the EOC and in improving patient care.

*Jacqui Cross,  
Program Manager Essentials of Care*

### AN ESSENTIALS OF CARE MESSAGE

The plane safely landed and passengers disembarked, a quick run through the terminal and out into the wind and rain to the taxi rank. A very friendly taxi driver heads us in the direction of the venue for the EOC Facilitation Development workshop we are about to facilitate. Making light conversation the question “and what are you ladies doing here today?” drew looks of bewilderment and panic from both of us. How long have you got, how far to the venue, how do we explain this program to someone who knows nothing about it in a few minutes without losing their interest and in a way that encourages them to ask more questions? As the program rolls out and more people hear about it, the question “what is the Essentials of Care Program?” crops up repeatedly. Because of this, an activity has been included in the Facilitation Development Workshops where the participants help each other develop an EOC message or ‘soundbite’ for use to tell people the main points and get them interested to seek further information about the program, its intention, why they should get involved and how they can get involved. We recited to the driver some of the key messages EOC leaders and participants use to describe it ...

The Essentials of Care is a program that’s been developed by nurses to bring the focus back to the fundamental aspects of patient care; the things necessary for a person to feel well cared for, valued as an individual and to have a positive health care experience.

“And how will you do this?” asked the taxi driver, a question you may well be asking yourself right now.

The approach used is vital to the success of the program and what makes it differ from

other practice improvement and change initiatives. Key to the program is the style of facilitation used which engages nurses in critiquing their own practice, to challenge assumptions and rituals, to acknowledge what works well and what needs to improve, and to own the necessary changes rather than change being imposed from external or hierarchical sources. Who knows better about improving person centred care than the nurses who deliver that care, are familiar with the environments in which this occurs and are part of the context in which improvements need to be sustained? So what's different; let's start with what EOC is not about:

- assuming to know what the issues are
- focusing only on what's wrong
- seeing things from limited perspectives
- blaming or shaming
- working in isolation
- focusing on systems approach only
- imposing solutions and actions
- prioritising technical data and outcomes
- project timelines, milestones, preset outcomes and endpoints.

The EOC Program is values based and driven, ie it asks people to be explicit about what they value as a nurse, a patient, a contributor to the health care journey, and to challenge practice in terms of what is espoused and what actually happens. It works *with* people rather than *on* people, does *with* rather than *to*. It is an ongoing process of critical assessment and discussion, action planning and re-evaluation that is facilitated at local level by staff who have developed the skills to work with teams in this way. The focus is on processes used to achieve this, that will be integrated into care environments and will become a way of working together to achieve the best outcomes for patients and staff. It

requires a person centred approach, not least towards patients and consumers, but also towards each other respecting the difficult job that everyone does and acknowledging how people at every level contribute to an effective workplace; to doing the best that can be done with available resources.

Through the process that works with practical experience, craft knowledge and creativity, nurses can reengage with the science and art of nursing, and people will be seen as more important than the system. There are a number of phases to the program to support staff through it, including:

- preparation to undertake the program including interactive information sessions, facilitator and assessor training
- assessment where staff engage in observations of practice, patient stories and clinical audits
- Critical reflection on what's occurring in the care environment and how it matches the espoused values
- Prioritising and action planning for improvement in which clinical staff are actively involved
- Re-evaluation

Although as a guideline the whole process takes about 2 years, it does not come with preset timelines, outcomes and endpoints. Rather these are agreed upon by the teams using strategies to ensure everyone has an opportunity to participate and be included – not easy to achieve in a context of shift work, varying levels of skill and competence, rapid throughput and unpredictability, competing priorities, in a phrase the 'messy reality' of nursing and healthcare! Staff own the data which, through skilled facilitation is worked through to identify themes and prioritise actions. Therefore a thorough understanding of the Program, collaboration with key stakeholders (including patients, clinical staff,

managers and others) and commitment from management and executive teams is vital. Ongoing development of facilitators and consistent use of appropriate skills, processes and strategies are crucial to ensure its success and sustainability.

“That sounds very interesting and worthwhile”, said the taxi driver with a look of sincerity and interest. She knew what we were talking about and apparently how this could impact on her as a member of the public and a health consumer. We arrived at the Facilitation Development Workshop feeling enthused and cautiously confident. It’s this interest in and reaction to the program that reassures us of its value and the need to work hard to keep it rolling. More information about the program is available on the website at: <http://www.health.nsw.gov.au/nursing/projects/eoc.asp> or by contacting the Area Health Service EOC Leaders, details on page 12.

## PROGRAM PROGRESS REPORTS

### Update on Program Evaluation:

Evaluation is integral to any process where improvement is the intention; it’s a way of knowing whether the interventions and processes used are effective leading to desirable outcomes, as well as providing information about what’s not effective. With this in mind, the facilitators of the Essentials of Care Program are building evaluation in with each unit and team at local level, based on what staff value and would tell them their work environment and patient care is effective. This will include culture mapping data that is already being collected and available such as incident rates, recruitment

and retention, compliments and complaints, staff and patient satisfaction, as well as data collected during the assessment phase of the program when staff engage in observations, patient stories and audits. This data is used to develop an action plan that will identify outcomes of interest to many stakeholders. Also of interest is the effectiveness of the processes used to engage staff in critiquing their own practice and action planning towards improving care. In addition to ongoing monitoring and measuring, at the end of an eighteen to twenty-four month period the assessment phase is repeated to identify improvements as well as identifying new priorities for action. The requirements for implementing practice development and quality improvement initiatives are determined at AHS level.

A formal research framework to evaluate the effects of the Statewide EOC Program is being undertaken in two Area Health Services; Hunter New England and South Eastern Sydney Illawarra. A National Evaluation Assessment Form (NEAF) has been submitted and approved for this work to occur in these two areas and is being supported by an EOC Evaluation Working Group consisting AHS EOC Leaders, Professors of Nursing and Practice Development, NAMO EOC Manager and other stakeholder representatives. The research is progressing well with the first stage of data collection nearing its scheduled timeline in July. Baseline data includes a Person Centred Nursing Index (PCNI) to establish how person centred our practice really is and how staff feel about the care they provide. Having completed this and the assessment phase, staff are about to embark on identifying themes and action planning. Facilitators are keeping journals of the processes used, what works and what doesn’t, what impacts on EOC implementation and what strategies are used

to overcome some of the barriers and inhibitors to staff engagement in practice development and person centred care.

All inquiries about the formal research or other aspects of evaluation can be directed to the Program Manager at NAMO, Jacqui Cross at [CROSJ@doh.nsw.gov.au](mailto:CROSJ@doh.nsw.gov.au) who will be happy to answer your questions or direct you to the most appropriate person.

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## AREA HEALTH SERVICES PROGRESS

### NCAHS

North Coast Area Health Service appointed to the position of EOC Leader in April (see profile on page 7). Nineteen staff recently attended a 2 day Facilitation Workshop held in Coffs Harbour. The majority of staff felt that they developed knowledge and a better understanding of Practice Development & the EOC Program, and feel confident in implementing the program in their clinical area. Workshop participants agreed that there is a real enthusiasm and commitment from clinical staff to improving patient care. Several staff within the NCAHS are currently involved in a number of practice development initiatives and have been addressing issues such as communication and teamwork. The EOC Program will support this ongoing work and help staff develop the processes and practice environments to engage in Practice Development and person centred care.

We look forward to reading about the wards and staff involved and their progress as the Program rolls out. Enquiries can be directed to Lily Fenech, NCAHS EOC Leader.

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### NSCCAHS

The first two day facilitation workshop for Northern Sydney Central Coast Area Health

Service was held at Gosford in April. Twenty six staff participated, 3 of whom were from Northern Territory, in preparation for EOC Program implementation. Participants comprised mostly Nursing Educators, Managers and CNCs, and, for the first time, a Medical Officer. The program was well evaluated with participants indicating that they had gained much learning and confidence to facilitate the Program, commenting that "EOC is a great idea" and they valued the opportunity to collaborate with others to learn and improve practice. Both sites (Wyong and Hornsby) have completed Assessment workshops and planning is underway to conduct Observations of Care, Patient Stories and clinical audits. All four units have commenced work to develop their shared values. More information sessions are being scheduled for units within the area in preparation for their participation. Allied Health staff are very supportive and participating at all sites and have agreed to be involved in the assessment phase.

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### SSWAHS

At Royal Prince Alfred Hospital the two initial wards - Acute Aged Care & Neurosciences / Acute Stroke Unit are well underway and progressing nicely. Neurosciences staff have completed their observations and are theming their data. Acute Aged Care staff have almost completed the process of identifying key issues using claims concerns & issues. Education has commenced on two other wards to start EOC soon – these are the Perioperative Unit (TPU) and 9E Transplant.

A recent call for expressions of interest at Canterbury Hospital elicited responses from a number of wards keen to be part of the next round, which is encouraging. Implementation has since begun on the two successful wards.

At Liverpool Hospital the two initial wards are also well underway. CCU will begin observations from the 1<sup>st</sup> June. Neurosciences /Acute Stroke Unit are progressing with developing their shared values, and stakeholder engagement to identify claims, concerns & issues.

The General Medical Ward at Campbelltown hospital has expressed an interest in EOC and work is currently being done to raise awareness about EOC across the facility and to identify staff interested to develop their skills as facilitators of the Program.

The AHS Program Leader, Emma, is busy engaging with other services and promoting the Program at every opportunity. A meeting is planned with the SSWAHS Drug Health Services to discuss implementation into the inpatient Drug Health units within SSWAHS . At the 'Leading Care Forum' held on the 19<sup>th</sup> June at the Australian Technology Park in Sydney, Emma presented with Karen Bowen (NUM 8W2, RPAH) on the 'Take the Lead' and 'Essentials of Care' programs.

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### SESIAHS

SESIAHS is progressing with the rollout of the program with 32 clinical units currently engaged in the program. The two pilot EOC wards at POW have just completed their two year assessment of the clinical environment. The staff will be commencing analysis of the data shortly. This will offer these clinicians a review of their clinical environment and the long term results of changes that were implemented as a result of their assessments two years ago.

Of highlight this month was the N/MUM Essentials of Care workshop in which 23 participants explored their role as leaders in the clinical areas that have or will be

implementing EOC. The day was evaluated as being highly successful in relation to what the N/MUMs wanted to achieve from the workshop, enthusiasm for the program along with networking and a lot of fun.

The SESIAHS is currently undertaking the development of an EOC DVD under the direction of Professor Jackie Crisp. This resource will be offered to facilitators across the state and will both explain the underpinning of EOC and the process of the program. In addition examples will be given of each phase from clinicians that have been involved in the program. Production commenced June 1<sup>st</sup>. We await the final product with much anticipation.

The domains and process are currently being reviewed by a group of Midwives. A further draft will be presented at an EOC Midwifery forum and a report to the State EOC Advisory Committee.

The Essentials of Care website for the SESIAH has gone live with a link to NaMO s EOC page, minutes of local steering committee meetings, workshop dates and contact persons. It is intended that this link will evolve over time.

In summary, the program is gaining momentum and lot of enthusiasm. We plan for this to continue.

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### HNEAHS

Units are slowly but steadily progressing with work and teams are developing a better understanding of the process and way of working. Participants in the 2-day Facilitation Development Workshop at Inverell evaluated it well and were enthusiastic about commencing EOC at their units.

A follow up day 3 workshop, to further develop facilitation skills and competence for those who have already attended workshops

last year, was held in Newcastle last week, but unfortunately a second one had to be cancelled due to unplanned leave and high levels of ward activity. Further Facilitator's workshops are being planned for September in Newcastle and November in Tamworth.

The first Facilitator's Support Group meeting provided an opportunity to share experiences and ideas for facilitating groups. This area wide teleconference links facilitators, especially those working in isolation.

Funding applications for 2009-2010 financial year have been submitted in the hope of increasing funds to support the initial roll-out to more facilities within HNE over the next year. Expressions of interest to participate in EOC have been received from Cessnock, Kurri Kurri and Dungog and JHH HDU to date.

In the Greater Newcastle Cluster, 5 units are currently participating. In John Hunter Hospital units F1 and H3 have commenced feedback of patient stories and observations of care to teams.

At the Royal Newcastle Centre, 2 units have commenced feedback of observations of care team. They are also involved in the roster project, which involves staff interviews.

Belmont is in the action planning phase and have developed an orientation brochure for patients on admission to the unit.

In the Lower Mid North Coast /Manning Rural Referral Hospital 3 units are involved; Level 3 are commencing values clarification, Level 4 are feeding back observations of care to the team and Level 6 are currently undertaking observations of care and patient stories.

In the Lower Hunter Cluster/ Maitland Hospital, three units are at various stages. In Singleton, units are completing values clarification and Maitland have completed

collation of data for feedback to the team. In Narrabri, Tamworth and Armidale staff are working through the preparation phase attending information sessions and developing their shared values.

Moree, Warialda, Inverell and Tenterfield have had a number of facilitators complete the facilitation development workshop at Inverell in May. They left the workshop with action plans for the next six months and clear action points to support implementation of EOC in their units.

The Mental Health EOC working party will be presenting their work on sensitising the care domains and processes to Mental Health at the next State Advisory Committee in August.

### GSAHS

A very successful 3-day Practice Development and Facilitation Development Workshop recently held in Wagga Wagga had 25 staff attend. Participants came from as far afield as Bega and Griffith and consisted clinical nurses, educators, managers and Directors of Nursing. It was very well evaluated with participants indicating that they gained a better understanding of PD and EOC, saw great value in the Program and were beginning to identify their role in supporting this work.

Notwithstanding the challenges of distance, time, resources and skilled facilitators, staff are keen to commence the Program as soon as possible with many securing commitment from Nicole Tate, GSAHS EOC Leader, to support them during the early stages – a busy time ahead for Nicole! Action plans for implementation were definitely evident by the end of day 3 with most identifying ways to continue the conversation with key stakeholders and get information to staff to assist their decision-making to participate. We eagerly anticipate the next update.

### NEWSLETTER NAMING COMPETITION

Numerous original and appealing entries were submitted from across the state, making the selection of a winner very difficult. The final choice is 'Essential Connections', a modified version of the name submitted by Emma Lutwyche. This name



reflects the intent of the EOC program - to involve and hear from Program participants and to bring people together to share ideas and experiences about the essential aspects of care. Emma will receive a bottle of Champagne and a gift voucher.

Congratulations Emma!

Thanks to all for taking the time to submit your clever ideas, our only regret is that we can't make you all winners.

### PROGRAM STAFF PROFILES

#### Lily Fenech – NCAHS EOC Program Leader



Lily was appointed to the position and commenced at NCAHS in April 2009. Lily's extensive nursing career spans a variety of clinical, management and

educational roles. Her most recent was that of Nurse Educator at Prince of Wales Hospital, Sydney where she was involved in the early stages of EOC implementation as well as supporting many other Practice Development initiatives across the hospital. During this time

Lily participated in PD and Facilitation Masterclasses facilitated by Prof Brendan McCormack. She has participated in the Australian Research Council Leadership and Research Project (ALARP) conducted at the University of Sydney and is currently participating in coaching sessions which is an integral part of the leadership project. Lily brings with her vast experience in facilitation of individuals and small groups using principles of Practice Development as well as effective management skills to lead EOC across the NCAHS.

In Lily's words, "I believe the program has many benefits and I like the systematic approach used to identify opportunities for improvement and what clinicians do well. I believe the program enables nurses to fundamentally focus on patients' needs which will ultimately lead to better outcomes for patients and staff satisfaction. I look forward to working with such an enthusiastic team in a supportive environment and networking with other EOC leaders. "

### NEWS FROM THE GROUND:

#### Royal Prince Alfred Hospital, Sydney.

#### Wise words from EOC facilitators:

Instead of profiling a ward SSWAHS wanted to share the following quotes from facilitators within the Area on what facilitation means to them. These provide a powerful way to demonstrate the value of the EOC Program and using a person-centred approach to engage staff in practice development.

*"Being a facilitator means learning a whole new set of skills. Skills that I thought would help others but have found help myself. At*

*first I was very nervous, now only slightly so. With support from motivated and positive people, you are not on your own. Working with staff that were initially foreign to me has been such a rewarding experience”.*

Nadia Schweizer, Stroke Case Manager.

*“It has become apparent to me that the more EOC sessions I have with my nursing colleagues, the more I realise the substance and importance of this program in the context of professional nursing here in Australia and worldwide. This programme is in its infancy, but its potential is limitless. Thanks.”*

Chris Helms, RN, MSN, T-NP, Transitional Nurse Practitioner Cardiothoracic Surgery.

*“My overall professional development has been enormously enhanced through my participation in the EOC program, both within RPAH and at POWH during its early evolution. As a facilitator, I have been fortunate to see firsthand the growth and development of clinical nursing staff, especially as they discover that this process enables them to have some control over their everyday working lives and the care that they provide to their patients. It is through facilitation that you can become a true clinical leader and mentor, skills that are certainly developed through this program. I can honestly say that the EOC program has made me believe in the power of nursing and the value it has for patients and the community at large...”*

Aaron Jones, Clinical Emergency Coordinator.

Endocrine and Rheumatology. Clancy Ward became involved in TLC (Teamwork Learning Change) & Essentials of Care (EOC) as we are keen to use these frameworks to enable us to examine our culture and promote sustainable person centred care utilising practice development principles. An excerpt from our application process within CHW, explains why we were keen to become involved is as follows:

Clancy Ward has identified that they are ready to facilitate change in many areas of their current practice. We believe that it is essential that sustainable change needs to be coordinated as a group. The ward recognises that previous attempts to implement and evaluate change have seen a disjointed process that was not able to be maintained. Staff identified that the TLC/EOC project will “enable people to feel that their ideas do count and empower them to implement their ideas”.

Historically there has been a fear of change on the unit but we have identified that this coordinated approach will benefit the unit and change this culture for our team and families.

The unit identified that an active effort needs to be made to change Clancy Ward and build our level of professionalism within the unit and the organisation.

It will be a very exciting and challenging process to analyse our ward culture. We would like to celebrate the things we do well (and determine how we can do more of it!) and identify sustainable areas of growth / development. Staff will develop their understanding of the change process and how to implement sustainable change into their future practice. This will directly affect our staff satisfaction and productivity.

Improved teamwork will facilitate continuity of person centred care.

Staff will recognise the importance of teamwork and display it in their daily practice, acknowledging that all levels of staff have

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## The Children’s Hospital Westmead

### Clancy Ward:

Clancy Ward is a Paediatric Sub Speciality Medical Unit consisting Liver and Gastroenterological conditions including liver transplantation, renal disease and renal transplantation, Oncology, Haematology,

value to add to the team to promote family focused care. By implementing project groups it will provide a common area of interest, with staff motivating each other to promote positive change.

A number of staff both within the unit and across the organisation have agreed to become observers. The ward has an existing philosophy (see below) that was developed a few years ago. This has been revisited and key issues to be addressed identified using a key stakeholder engagement strategy, Claims Concerns and Issues. This information will be presented back to the unit as part of the culture mapping. We are now gathering data through a variety of methods for use as part of our culture mapping in readiness for action planning in July.

Having an internal facilitator within the unit, who is one of the general nursing staff, has enabled the unit to own the process from the beginning and demonstrates leadership from within; working with the staff, not on them.



## Prince of Wales Hospital, Sydney

### Acute Stroke Unit.

Being one of the first wards to introduce EoC, the staff in the Acute Stroke Unit saw this as providing them the ability to have a good look at how we do things and how we might do things better. Involvement was well supported by the staff, they understood that this would ultimately improve patient care.

We are one year on now and can see how time gets away from you. The initial momentum is hard to maintain, but having a strong action plan assists in ensuring there is a reference point alongside the values clarification. Considering that it's supposed to be a two year cycle we feel satisfied with our accomplishments and are still keen to move forward and achieve our intended outcomes.

We have achieved about half of the 12 actions we identified; one of the most satisfying was related to the Preventing Risk & Promoting Safety Domain; the issue identified was in relation to the avoidable pain and suffering associated with shoulder subluxation. The identified issues around Clinical documentation & handover are probably the biggest we are yet to address fully. The goal to facilitate a culture of experiential learning has led to the inception of the concept of the "10 minute tutorial" a bedside examination of best practice promoting practice development on-the-go.

EoC was not as arduous as anticipated, there were a lot of unknowns so it's a bit more about being open to the process and taking the advice and support of the EoC team members, and taking time to praise the staff for their progress and patience. The staff are now more motivated to identify and express

their opinions on practice improvement issues. EoC could be said to have given them 'more of a voice'.

### Parkes 4 East – Radiology Medical Oncology & Pal Care.

P4E was one of the pilot wards in POWH for EOC. A new NUM had recently started and as we were a small unit it was felt that this would be an excellent opportunity to look at the way things were being done, and what if any improvements in patient care we could make. It was also a way to bring our team together and look at the way we communicate with each other and the way we work. We started this process in 2007 and are now coming up for our 2 year review in May.

*Pictured below is some of the staff on a team outing to the Blue Mountains...*



*...and demonstrating the importance of working together as a team!*



An interim evaluation in August/September last year, we demonstrated... ..

- Reduction in staff vacancy rates from 5 prior to commencing Essentials of Care in May 2007 to 0 FTE vacancies in August 2008, and this continues as of April 2009.

- Improvement in the use and review of Nursing Care Plans from an overall rate of 76% to 92%. 10 components of the care plans were evaluated with an improvement in 9 of the 10 sections by an average of 50.8% (Range 23 – 67%).
- Improvement in vital signs monitoring as frequently as specified on the nursing care plan from 70.6% to 96%
- Improvement in overall fluid balance assessment. 9 parameters assessed showed an average of 27% (Range 0 – 70%) improvement in compliance. 2 parameters showed no improvement. These both related to total fluid balance calculation.
- Downward trend in Medication incidents relating to nursing practice

A staff survey about their thoughts on taking part in the EOC programme elicited the following responses from the question "What changes do you feel have come about in the way patient care is delivered?"

- More even workload
- More patient education
- Patients appear happy
- Teamwork
- Stable staff
- Increase in medication safety
- Increase in patient advocacy
- Increase in staff confidence

The EOC programme has changed the way we work on P4E, improving our teamwork and the communication between staff. It has led to a culture where open questioning and advocating for patients is welcomed. There is better support for junior staff and if errors do occur that they are openly discussed and possible changes sought to improve care and prevent further errors. EOC has become part of the way we work and we look forward to the next stage of this program.

### Milton-Ulladulla Hospital

Milton Ulladulla Hospital (MUH) offers a unique and dynamic Public Health Service on the South Coast of NSW and is a member of the Rural Health Directorate and the Southern Hospitals Network of SESIAHS. The service has developed a capability to respond to large population swings, particularly in spring and summer due to the area being a popular holiday destination.

To meet the demands of the variable requirements staff have developed a skill set that can be used in a variety of settings which include an Emergency Department, a 27 bed inpatient Medical/Surgical ward which also houses a two bed delivery suite, Operating Theatres for planned and emergency theatre, Day Oncology in a purpose built facility, a Day Care Centre to assist with respite for carers in the community, access to a range of Allied Health Services and TACT services. Because of this wide diversity and advanced skill set of the nurses, the Site Manager and Director of Nursing and Midwifery Services, Judy Nelmes, saw the opportunities that the EOC Program would bring to this hospital.

Four workshops were held in April and May for nursing staff to receive information regarding the program and have their concerns heard and questions answered about how the program would be implemented in their setting. These three hour workshops were made possible through some creative rostering so that all but two nurses were able to attend and allowed the nurses to fully engage with each other in the Practice Development process and make an informed decision to be involved. Following these sessions the nurses at MUH almost

unanimously (and anonymously) elected to become involved in the Program.

Assessment week has just been completed with audits tailored to suit the facility. Fifteen hours of observations occurred in the numerous settings to reflect the variable requirements of the hospital and community. Support of the MUH nurses for the assessment week has been from varied healthcare professionals including the Social Worker, Hotel Services Leading Hand, Nurse Manager from an outside agency, Network CNC and staff from the Practice Development Unit based in Wollongong.

The facilitators, Bronwynne Chisholm and Teresa Redmond, have found the role to be very challenging but has offered an exciting learning curve. "It will be great for the nurses to have the autonomy to assess our own workplace and to make changes in consultation with administration" Teresa said. Bronwynne added "We were surprised at the overwhelming positive response. We have stayed focussed on the progress of the program and have achieved the goals we have set out to achieve so far."

### Wyong Hospital, NSW Central Coast

#### Acute Stroke Unit

In December 2008 the primary focus of the unit changed. We were a 15 bed general medical ward and a 15 bed Rehabilitation unit. We are now a 30 bed general rehabilitation unit as a result of the reconfiguration of Rehabilitation inpatient beds on the Central Coast. We felt that the EOC program would help us to manage this change and to determine the best model of care to ensure we are providing person-centred multidisciplinary care.

The three lead facilitators have attended facilitation training and clinical observers have attended the Assessment workshop. We are now ready to begin our values clarification and scheduling of Assessments.

## Paediatric Teamwork- Learning-Change & EOC

### Children's Hospital Westmead

There are 2 units participating in the program. They are gearing up for the second phase of the program which is the "culture mapping" or data collection phase to build a picture of what life is like in their ward. The second unit (mixed medical) had already developed a ward philosophy more than 12 months ago so they have been evaluating whether their philosophy is "shared" by all staff and how they are demonstrating the values within this philosophy in practice. They have been evaluating this by facilitating Claims, Concerns & Issues sessions with all of their staff. They have also moved excitedly into the "culture mapping" or data collection phase: staff interviews, child, young person and parent interviews, observations, ward profile data collection, audits.

### John Hunter Children's Hospital

In the paediatric medical ward the internal facilitator has been facilitating many values clarification sessions with the multidisciplinary team to develop their shared philosophy for their service which is now complete. In Paediatrics the program is also a research project to critically evaluate the program, so we are awaiting ethics approval to move forward.

### Mona Vale

The Mona Vale paediatric ward is part of the same research project that's underway at John Hunter Children's Hospital. Currently, the work done by the staff in developing their shared philosophy, is being themed.

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*"Though no one can go back  
and make a brand new start,  
anyone can start from now and  
make a brand new ending"*

Carl Brand 1892-1981