

VOLUME 2, ISSUE 1 - MAY 2010

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EDITORIAL

Debra Thoms,
Chief Nursing and Midwifery Officer

The involvement of units in EOC is growing at an increasing rate and is not only exciting but inspiring to see. There are now a small number of units who are reaching the two year stage and the continued achievements are very positive. On visits to some of the units involved with EOC in recent months there are a number of very evident changes that were noticed not only by myself but by others who have not been as involved directly in the program of work. It was evident that the units seemed calmer and less chaotic than is often the case; patients were able to articulate the positive interactions they had with staff and on care; unit values were proudly on display often in very creative ways and staff spoke with great enthusiasm about their involvement. I was particularly humbled by staff who came in off duty to share their journey. It is great to see some of the stories shared in this newsletter as more and more units are engaged. Essentials of Care is making a difference both to patient care

“The Essentials of Care is making a difference both to patient care but also the work environment.”

but also the work environment. A new video has been uploaded to the NaMO website – see if you can make the time to hear from some of the staff who have been involved in Essentials of Care as well as ‘take the lead’. I look forward to visiting more units in coming months and hearing more about the work that is being undertaken. I would like also to take this opportunity to recognise the ongoing commitment of everyone involved and in particular the leaders in each of the Area Health Services – my thanks and congratulations on great work!

STATEWIDE PROGRAM UPDATE

Jacqui Cross,
EOC Program Manager, NAMO

Since the December 2009 issue work has been underway to develop a standardised reporting mechanism across the State so we can capture important information about progress and outcomes. We are excited to have finalised the Essentials of Care Evaluation and Reporting Guidelines. On a quarterly basis, all Area Health Services will produce a report outlining implementation and related patient outcomes. In addition to the qualitative feedback we hear about nurses feeling reengaged and excited about their role, empowered to advocate for patients, greater ease with challenging practices, a sense of being involved and valued, and better relations with other disciplines, this reporting mechanism will allow us to keep track of the broad high level objectives of the Program which NSW Health are expecting to meet by January 2011. These relate to improved patient and carer experiences and include:

- improvement in accuracy and completion of documentation in the clinical setting
- improvement in communication between the multidisciplinary team and patients
- reduction in medication errors

- reduction in all categories of falls within the clinical environment
- decrease in complaints within the clinical environment
- improvement in the reporting culture of the clinical environment
- increase in staff satisfaction
- increase in staff retention, and
- ensuring all patients receive adequate nutritional support

The Program continues to roll out at a steady pace and to date approximately 250 units are involved at various stages. 43% are in pre-preparation phase with staff engaging in information sessions, and collaborative decision-making about appropriate timing to commence the next stage. This phase is incredibly important for the successful implementation of the Program and allowing adequate time so that all staff have an opportunity to take the information on board and to have their questions answered. Another 29% are in preparation phase with staff attending Facilitation Development Workshops, Observer training and working out timelines and responsibilities. 7% of units are engaged in the Assessment phase. 20% are at various stages of feeding back data to clinical staff, action planning and implementing agreed changes. 1% is continuing the journey after completing the initial round of assessment and change implementation over an approximate 2 year period. You can read about some of the progress from two Areas – North Coast and Justice Health, in the following pages.

With the pace and intensity of the Program expanding the need for ongoing support is crucial. All Area Health Services now have a Leader appointed (see contact list on page 8) and supporting co-ordinators have also been appointed for the purpose of providing support locally on a day-to-day basis. 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 within everyday work. Facilitation Development Workshops are organised regularly at AHS level and to date 698 staff have participated in 33 workshops. Building facilitation capacity is occurring through a number of initiatives:

- newly appointed facilitation support positions operating across the State
- finalisation of the Essentials of Care Facilitation curriculum & evaluation
- development of an Essentials of Care Leaders Facilitation Master Class Program
- collaboration with the International Practice Development Collaboration to host an Essentials of Care Practice Development School in November 2010.

It's certainly been a busy start to a year that promises to be an important one for the Essentials of Care Program and I look forward with excitement to keeping you updated.

AREA HEALTH SERVICES IN FOCUS 1

NORTH COAST AREA HEALTH SERVICE

Lily Fenech, NCAHS EOC Leader

The NCAHS Essentials of Care Program continues to gain momentum and is progressing well. Currently, eight facilities involving 13 units are at various stages of implementation: 7 units are in the preparation phase, 4 units in the assessment phase and 2 in action planning phase.

Following a lull over the Christmas period in some areas, a team meeting to reflect on progress and achievements and a commitment to further improve patient care, renewed the staff's interest in EOC activities. One creative facilitator utilised the De Bono Hats (also known as the 'six thinking hats') as a means of engaging the ward staff to explore clinical handover practices from multiple perspectives. The activity raised interest and enthusiasm in actioning clinical handover and

several strategies were identified to progress changes to handover.

The Nursing Workplace Satisfaction Survey completed by the majority of staff within participating units provides nursing staff with a baseline understanding of staff satisfaction and is a great tool in developing a better understanding of workplace culture. The survey findings and factors that may impact on the results are discussed in a facilitated feedback session with the ward staff. A variety of enabling questions are used and responses made available to all staff. The staff appreciated the opportunity to reflect on the survey findings as indicated in the following comments: 'it is good to have open, frank discussions and identify practical solutions to make improvements' whilst another nurse stated, 'I appreciate the attempt to build staff morale through EOC activities'.

A NCAHS EOC website has been established and an email list developed so facilitators can share experiences and challenges on line. It is exciting to see facilitators developing their skills and supporting their team through the EOC process during what has been a very busy time.

Other thrilling news is the appointment of the EOC co-ordinator, Michael Parrey, Nurse Educator at Port Macquarie Base Hospital. Michael will be providing additional support to facilitators and clinical staff within the Hastings/Macleay and parts of the Coffs/Clarence networks.

FEATURED UNIT: SURGICAL UNIT COFFS HARBOUR HEALTH CAMPUS

By Joanne Rowley, Research Nurse, CHHC

Coffs Harbour Hospital Campus (CHHC) Surgical Unit is a busy, rural 48 bed general surgical unit incorporating orthopaedic and urology surgery, with a four bed high dependency unit. Internal facilitators include the NUM III Janette Mills, Clinical NUM I Corrine Hayward, Acting Clinical

Nurse Educator Jennie Helisma, Les King RN and Margaret Lappin RN.

The unit had previous experience in implementing the processes of practice development and had formed an active group of nurses who carefully planned and implemented bedside clinical handover in early 2009 with the hospital nurse researcher. Part of this included developing sustainability strategies such as enhancing ward communication methods and building handover into staff orientation. Staff suggested a unit-specific handover checklist would be helpful and requested the purchase of new and improved bedside chart holders that were incorporated into the practice change. Through a process of audit, utilisation of staff suggestions and group reflection bedside handover has now been refined to the point where other units in the hospital are utilising the handover tools and visiting the area to view the practice change in action.

The Surgical unit's history of involvement in practice development is assisting the nurses to implement the assessment phase of the Essential of Care program. To date the unit has been engaging in various activities including; facilitation workshop attendance, (that staff evaluated positively), identifying key issues, developing a timeline for data collection, completing and receiving feedback on the staff satisfaction survey, collection of clinical audit data and patient story collections. The observations of care are currently in progress.



Staff from Coffs Harbour Surgical Unit engaging in action planning using data collected using audits, observations and patient stories.

Essentials of Care has gained a profile on the surgical unit with audit results being displayed, staff are becoming more familiar with the terminology and ward meeting communications are being influenced by a person-centred care philosophy. Staff are identifying and acknowledging their team strengths and collaboratively working towards changes that will enhance patient care.

In a busy surgical environment the challenges have included breaking through the workload issues to empower nurses to take ownership of practice change and become engaged in moving forward on those issues within their power to address. Essentials of Care has assisted staff to acknowledge the importance of teamwork in their unit with a staff member commenting, “we work as a team because the ward is mad busy and we pull together as a team because that is important to us, as it is for the patients”.

One of the lessons learnt in gathering data in the assessment phase would have been to conduct the observations of care concurrently with other data collection, as this may have resulted in reducing the delays for action planning. However acknowledging unforeseen delays will help strengthen the nurses understanding of the complexity of making change in a health environment and assist them to strategise for unplanned events in the future.

Although the unit is in the assessment phase, critical conversations are already occurring to clarify information, identify themes and collaborate on those issues for further investigation. Changes are planned to be evaluated inclusive of examining the processes of implementation as well as the impact on service delivery and patient safety. The success of implementing and sustaining bedside clinical handover within the unit can be credited to the application of practice development principles that introduced the change incrementally over time using collaborative processes. It is

anticipated that future practice changes initiated within an Essentials of Care framework will build on this success. Lead facilitators are being supported by external facilitators Lily Fenech NCAHS Essential of Care Leader and Joanne Rowley Nurse Researcher.

AREA HEALTH SERVICES IN FOCUS 2

JUSTICE HEALTH STATEWIDE SERVICE

By Joanne Rogers, Justice Health EOC Leader

Planning for implementation of Essentials of Care in the Justice Health environment has been underway for about a year and is being actively implemented in a number of units. This lead in time is necessary given the uniqueness of this Statewide Service. So let’s start with a brief introduction to the services we provide.

Justice Health is a statutory health corporation constituted under the *NSW Health Services Act 1997*. It cares for over 28,500 inmates and detainees annually, a health community that is unique in NSW. The majority of people in custody in NSW are located in gaols, police cells, periodic detention centres and Juvenile detention centres across the state. Others are located in transitional centres, local courts, community forensic services and maximum security, mental health services and drug treatment programs.

Adults in custody are under the care of the Correctional Services NSW and young people are under the care of the Department of Juvenile Justice (DJJ). Justice Health works in partnership with both of these agencies across all of these custodial environments to provide health care to patients. Patients who have a mental illness and require a secure civilian inpatient care in NSW reside in the Forensic Hospital.

Much of the work in a custodial environment is invisible work to the community at large. Patient care takes place behind walls and barbed wire. Justice Health manages significant numbers of

patients with a mental illness and/or drug and alcohol issues. Care is often complex for those patients with multiple chronic diseases.

The introduction of the Essentials of Care program into a custodial environment is an exciting time for Justice Health. Staff may not previously have had the opportunity to engage in a systematic review of patient care in the manner in which the Essentials of Care program allows. There are, however, a number of challenges.

- Close working relationship with Correctional Services NSW can limit access to patients with unscheduled “lock-downs” occurring on a regular basis. As a result EOC activities, such as observations, may have to be cancelled.
- With access limited, necessary patient care gets priority during access periods.
- The health centres are busy, ambulatory care environments with demand for health care is as high as the rest of the public health sector.
- Remote location of rural correctional centres means using staff from metropolitan areas as external facilitators will be challenging.

However, these challenges will not prevent Justice Health staff from embarking on this journey. We currently have seven health centres and one in-patient unit in the preparation phase of the EOC program. It is anticipated that the mental health and community health domains will have significance for Justice Health, given the nature of the patient profiles and health services.



A group of Justice Health EOC Facilitators engage in critical discussion with EOC Leader Jo Rogers.

What does the Essentials of Care Program mean to nurses working in Justice Health? A group of participants in the last Facilitation Development

Workshop held in February came up with a two-minute sound bite which reflects their thoughts:

“The Essentials of Care Program is a grass roots program allowing us to take ownership of improvements that need to be made in our work place. The focus is to achieve a more functional workplace delivering better health care and an improved working environment for staff and patients. We begin this by identifying and working with our shared values. Positive change is enabled by working together as a team to observe and identify what we currently do well and where improvement could be made. We use this to create opportunities to change practices and the ways we do things. It is hoped to support team building and create an environment that individuals will wish to work in and patients will remember as a positive experience.”



Enabling reflection and action in learning triads during a recent Workshop held at Long Bay Gaol.

It is an exciting time as we embark on this Essentials of Care voyage. The program offers a tangible opportunity to our organisation to make a real difference to the experience of health care in a correctional facility for patients and staff.

FEATURED UNIT: ESSENTIALS OF CARE ARRIVES AT THE FORENSIC HOSPITAL

By John Knight, Endorsed Enrolled Nurse

The Essentials of Care program is being implemented at Clovelly ward in the Forensic Hospital, a 27 bed unit catering for patients with mental health issues. It is staffed by 30 nurses who are all Mental Health trained and work 12 hour shifts on a rotating roster. Staff are keen to participate in a framework that supports clinicians to enhance their practice and engage in

ongoing evaluation using principles of effective, person-centred practice. The distinguishing and most important aspect of Essentials of Care for us is that all ward staff can identify areas which require improvement as well as acknowledging things that are done well. Staff can then propose, plan and implement the necessary changes. The whole process is run by staff with relevant support where needed. This translates into initiatives that are relevant, meaningful and ultimately sustainable.



Clovelly nurses, John Knight (EEN), Sal Turner (EN), George Economou (RN), pictured above, and social worker Jane Talty are the facilitators for the program with assistance from Debra Pittam, Nurse Manager EOC. They are liaising with a unit at Prince Of Wales Hospital, who also work twelve-hour shifts, to share experiences about implementing the program. To start things off, each staff member was introduced individually to the program by one of the facilitators and a secret ballot was held to ascertain staff support for the program. This method was chosen because 12 hour shifts make it difficult to gather groups of staff together for discussion. This ballot reassuringly resulted in overwhelming support for its implementation. 'A fantastic endorsement' according to Sal Turner, 'after all the programs underlying philosophy is that the people who work in an area are the best qualified to make relevant and sustainable changes to improve its functioning as distinct from others telling us what we should be doing'.

The initial process for Clovelly staff involved collectively reflecting on their values and to formulate a statement that articulates the essentials of the culture, philosophy and mission of Clovelly. As John Knight remarked, 'the values exercise is critical to the program since it will define, inform and guide the type of care we want to provide on this ward and consequently what areas of our current practice we need to look at'. To enable all staff to participate and ensure the values were developed collaboratively it's been necessary to schedule 3 sessions and devise a way of ensuring the final values resonate with **all** staff. This could not have been achieved without the support of our Nursing Unit Manager John Pitchford, who will be attending one of the sessions as a participant in recognition that he too is an important team member.

The next phase involves identifying areas of practice and the care environment that can be improved using a number of clinical audits, observations of the care setting and patient stories. Everyone is encouraged to have their say about the data and to make suggestions about what and how to improve. From the large number of suggestions that will no doubt be proposed, a democratic process will identify those that are achievable and connect with the ward's values. Staff can be as ambitious or as conservative as they see fit with the expectation that over time and as staff become more confident of the process ambition will soar!

Though we expect challenges along the way, some unique to the forensic setting while others are more common such as a 12 hour roster and staff movements, the enthusiasm of Clovelly staff bodes well for the success of the program. Capturing the sentiment of Clovelly staff Sal Turner says, 'Essentials of Care provides a great opportunity for us to create an environment where our patients receive the best possible care as well as making this an even greater place to work; we're all behind it'.

CULTURE MAPPING

... finding the strengths within your organisation, unit and team, and using them to sustain success.

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

Have you ever thought about an organisation or unit in terms of whether the place functions well or not, whether it's a nice place to work or one to be avoided, whether staff get on well together or simply 'work' to get the job done with as little interaction as possible, whether the unit takes on change with a 'can do' attitude or they are trapped in their old ways and rituals, whether good things happen or it's afflicted by failures and mishaps? This is the culture of a unit or organisation, and it is an entity that can make or break an organisations purpose, introduction of changes and new ideas, and how it is perceived by others inside and external to the organisation.

Our frame of reference for culture incorporates familiar aspects from our own background and upbringing, places we have visited, language use, hierarchies, power structures and the respect they command, rituals and traditions, acceptable behaviours and customs, and what it feels like to be part of that culture. Central to the context of Practice Development and the Essentials of Care Program is the notion that to deliver patient centered care we need to create person centered cultures. In other words we need workplaces where we work *with* people, not do things to them, are sensitive to people's beliefs and values, where people are informed and involved in decision-making, and the things we say and do are critiqued and challenged in a way that is supportive and respectful, there are opportunities to learn and develop, to take risks, be creative and innovative, everyone has a voice and communication is open, practice is based on the best available evidence and outcomes are formally and rigorously evaluated and where we

learn about the processes used to achieve these outcomes so we can keep on achieving.

Given that it is such a powerful thing, it is helpful to have an understanding of what is meant by 'culture'. It is a complex and multifaceted view

"The most immediate culture experienced and /or perceived by staff, patients, users and other key stakeholders. This is the culture that impacts directly on the delivery of care." Manley et al 2009.

of organisations, systems, resources, people, behaviours, attitudes, experiences, memories, personalities, values, beliefs and workstyles. It is sometimes referred to as the 'glue' that holds a place together, the way things are done around here, or *"a set of basic assumptions that members of an organisation possess and which tend to cause them to act in certain ways"* (Schein 2004). Often described as something other than an objective tangible or measurable aspect of an organisation, where a leader's role is not to impose a culture on an organisation, but to create the conditions to build on the existing energy, capacity and momentum within the system (Casida 2008).

In the context of healthcare and hospitals Kim Manley et al (2009) describes culture as *"...the most immediate culture experienced and/or perceived by staff, patients, users and other key stakeholders... that impacts directly on delivery of care. It both influences and is influenced by the organisational and corporate culture as well as other idiocultures"*. This notion of idiocultures suggests that it exists at many levels and is made up of several subcultures which we all contribute to and live within. Therefore we must recognise that we are all responsible for it, whatever it is, and take action to ensure it manifests itself in the way we want it to be perceived and experienced.

Because of the influence culture has on our work, and the knowledge that every organisation and unit is different, getting a clear view of the culture we are dealing with can help us make

changes appropriate to our local context. How can we do this? Culture mapping involves activities to recognise, record, celebrate, conserve and use the various elements of an organisation. Used in the right way it's purpose is to maximise outcomes for all stakeholders, to share knowledge and resources and to create new opportunities. It can reveal complex relationships between different entities; help explicate gaps and provide a foundation for critical questioning; act as a means of tracking successes and their impact so they can be repeated; be an early warning system to address issues before they become major problems; a way of continuously monitoring the effectiveness of a service; enable effective and meaningful conversations, especially about difficult topics. And it can help develop a plan for ongoing effectiveness and continued success.

The phases and activities of EOC are geared towards better understanding our workplace cultures and enabling us to take appropriate actions to make them more effective. There's a wealth of information already available to assist us with culture mapping: the number of incidents that occur, compliments and complaints received and staff recruitment and retention rates. Staff and patient satisfaction survey results can be very revealing. Much of this information is collected routinely but we don't necessarily have ready access or use it to help us make and measure the improvements we desire. Cultures are dynamic and unpredictable. As such scrutinising the culture at one point in time will only produce a subjective snapshot of what's going on at that particular time. It is important for us to undertake this process repeatedly and include qualitative as well as quantitative data, to ensure ongoing improvement and effectiveness. Hence the EOC framework consists of a number of different ways of finding out – audits, observations, patient stories and dialogue with staff, in an attempt to paint a true picture of the workplace culture from many perspectives.

References:

- Casida, J (2008) *Leadership-organizational culture relationship in nursing units of acute care hospitals. Nursing Economics*; retrieved from ZDnet.co.au.
- Manley, K., Titchen, A., Hardy, S. (2009) *Work-based learning in the context of contemporary health care education and practice: a concept analysis. Practice Development in Healthcare. 8(2): 87-127.*
- Schein, E. H. (2004) *Organisational Culture Leadership (3rd Ed) San Francisco, CA. Jossey Bass.*

IMPORTANT CONTACTS:

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*"Learn from yesterday,
live for today,
hope for tomorrow."*
Albert Einstein
