

Next, the facilitators shared all of the assessment data with the staff, inviting them to identify key messages that stood out to them and questions that were forming in response to the data. The facilitators then themed the staff feedback and questions and then presented the themes back to the staff, including Justice Health and Corrective Service NSW staff who work in the health centre. Being in a Correctional Centre we recognise that we are limited in some of the changes we can make and recognise that we need to involve and work with Corrective Services NSW staff too. Interestingly, although Justice Health is a unique context for health care, our focus is on primary health care, including self management and health promotion, and the themes fell reasonably easily within the EOC Domains...

- patient self management
- health promotion
- privacy and dignity
- documentation and communication
- learning and development culture
- clinical services access
- clinical monitoring and management
- medications
- preventing risk and promoting safety

Now we have more structured thoughts which have been put on paper for all staff to think about and comment on so we can start to move on the next phase; problematisation. It has been a slow and long process so far but I think this is what has made it the success that it has been. It has allowed all the staff to absorb all the information in stages and think about the changes they have often thought about, but felt unable to action due to the 'red tape' or even just not knowing where to start. Now it has started there is no going back!

Staff have, from the beginning, been mostly positive and accepting of EOC and the work that is involved, but more recently we have seen a rise in the positive attitude towards EOC. I think this is because we can now see what we do and this gives us the opportunity to think about how we do it. I have found that staff have been discussing the process and how they could implement some of the issues raised in their daily work. For example, I have been thinking of ways to help the patients to self manage their condition/s and have found that a lot of the patients are willing to learn. This is a great empowerment tool for the patients, especially when they are in an environment where most of the self empowerment is taken from them. It can also be taken with them, as it may translate into their lives in the community, and who knows it might have a knock on effect with members of their own family, thus improving community treatment and outcomes. But that is getting a little far ahead of myself.

I have found that EOC has allowed the staff to question 'the norm' and possibly find a better way of doing daily tasks that in the past have been completed to 'tick the box'. Communicating as a team to work towards changing/improving all of the areas we have identified during the observation phase has given all the staff ownership which has increased morale. I think this alone has made EOC a success at MNCCC and anything else that we change/improve will be a bonus!

## IMPORTANT CONTACTS:

More information about EOC is available at:  
<http://www.health.nsw.gov.au/nursing/projects/eoc.asp>

Or by contacting your local EOC Coordinator:

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Please check your local intranet for your local Coordinators details or the NaMO website.  
<http://www.health.nsw.gov.au/nursing/projects/eoc.asp>



*And as we let our own light shine,  
 we unconsciously give other people  
 permission to do the same!*

Nelson Mandela



# THE ESSENTIALS OF CARE NEWSLETTER

## VOLUME 3, ISSUE 1 - MAY 2011

*Debra Thoms,  
 Chief Nursing and Midwifery Officer*

Welcome to another packed Essential Connections. The interest and engagement with Essentials of Care continues to grow and we are seeing and hearing about many positive achievements across the State. During this period of change it is very positive to see the continued engagement with Essentials of Care and I acknowledge the continued commitment of all engaged in and supporting this program of work. You will read in this issue about the recent celebrations at Prince of Wales who have now been four years on their Essentials of Care Journey and are where the initial work was done that we have since adapted across the State. Congratulations to all at Prince of Wales! The recent Practice Development Symposium in Melbourne included a number of presentations from NSW and demonstrated the significant work that is being undertaken. I am looking forward to hearing more at the upcoming Showcase and hope to see many of you there and join you in celebrating some of the successes that have been achieved.

### STATEWIDE EOC PROGRAM UPDATE

*Karen Bowen, EOC Program Manager, NaMO  
 Jocelyn Guard, EOC Project Officer, NaMO*

The Essentials of Care program continues to rollout across the State at a substantial rate. There are now 440 units engaged in the program, with an average of over 70 units engaging every 3 months. We are seeing a large number of units heading into the assessment phase of the program, so there is plenty of work going on out there and congratulations on what has already been achieved.

The EOC showcase is an opportunity for some of the units involved to share their stories and experiences with the program to a wider audience. We had a remarkable response to our call for presenters, with over 30 abstracts submitted for both oral presentations and posters. Unfortunately due to the time limitations of a one day showcase, not all presentations were able to be accepted.

However we are happy to announce that there will be in the coming months a publication of stories from EOC so far. This will be another opportunity for units and teams to share their experiences and showcase their hard work, their successes and some of the barriers they have met along the way.

As you will see from the report from Deb Higgs we were lucky enough to attend the Inaugural Practice Development Research and Theory Symposium held in Melbourne at the end of March. These were an amazing couple of days where the ongoing development of research into Practice Development was discussed and there was sharing of knowledge and experiences among the Australasian PD community.

Following these two days was the Monash sponsored Practice Development Conference

Transforming Culture Transforming Care. EOC had an overwhelming presence with a total of 13 presentations. It was very evident, that NSW is leading the way with Practice Development work across Australasia, with the main body of that work coming from Essentials of Care.

### UPDATE ON EOC FACILITATION DEVELOPMENT PROGRAM

*Pauline Bergin  
 Facilitation and Support Team*

The Essentials of Care Facilitation Development Program (FDP) Curriculum is currently being utilised to support facilitators of EOC across the state. The EOC Coordinators working at Local Health District level have been engaged in action planning and reviewing workshop content to ensure curriculum implementation is achieved in a planned and coordinated way.

For those who had previously commenced their facilitation journey the focus is on following up with active learning opportunities and additional workshops 2 and 3 to enable ongoing development, so necessary for sustainability of the program and all the good work that has been achieved to date.

For units just getting involved in EOC, the curriculum provides a thorough introduction and pre-workshop preparation, which involves informed decision-making about who can best facilitate EOC work and how they will be supported in the role. As we all know, EOC is not the responsibility of one person; it requires collaboration, inclusion and participation of all staff involved in patient care. Hence the initial part of the FDP involves the full team while only those deciding to become facilitators will engage in the formal workshops and active learning activities. On completion of the pre-preparation phase, potential facilitators sign an agreement with their manager to ensure understanding of the facilitator role, commitment to all aspects of the program and identification of strategies to support ongoing development.

As well as adequate preparation of facilitators, the pre-preparation module aims to help managers understand their role in EOC particularly given they are usually not the one identified as the lead facilitator, an issue that has caused some confusion in the past leading to facilitators being overburdened and managers being left out of the loop with regard to where the program is up to and what actions are being pursued. In addition to the FDP workshops, a number of Manager workshops are being held across the state to enable effective decision-making and engagement in the program.

The EOC Facilitation Working Party continues to explore a range of outcomes of interest to different stakeholders and to identify evaluation approaches most suited to measuring and describing these outcomes. Additionally the working party is looking at ways to capture the experiences of facilitators who have been in the role and attending workshops over the past 3 years and to use their experiences to inform future work.

Implementing the curriculum continues to form a major part of the EOC teams' work this year. The EOC facilitation and support team will be, over the remainder of this year, re-focusing on how EOC Coordinators and clinical teams can be supported to imple-



ment the curriculum at local levels. The initial work have already begun with a new workshop program being finalised with emphasis on facilitators developing understanding and capacity to enable others, the first step in which is developing self awareness about our own abilities, strengths, weaknesses and intentions. This will be followed up by external support at workshops until all facilitators are comfortable with the new workshop format and content. Simultaneously, meetings will be occurring across LHDs to engage key stakeholders in discussions about the curriculum, expectations and local needs. The main aim of these meetings is to look at ways to support ongoing facilitation capacity building and embed the principles of EOC in the work of caring for people.

**PRACTICE DEVELOPMENT SYMPOSIUM AND CONFERENCE MELEBOURNE**

*Deb Higgs  
Facilitation and Support Team*

The NaMO EOC support team was recently invited to attend the Inaugural Practice Development Research and Theory Symposium held in Melbourne hosted and sponsored by members of Australian Practice Development Think Tank. The aims of this symposium were to

- Engage over matters of scholarship and research associated with practice development theory and methods and methodologies
- Connect and build capacity in Australian research and theory around contemporary practice development methods/methodologies
- Focus on strategic and operational advancement of practice development theory and research within Australian universities

The symposium included workshops and critical discussion groups around a wide range of topics which were generated and themed from contributions submitted by the participants prior to attending the symposium. Throughout the symposium Practice Development processes were utilised e.g. ways of working were agreed, evaluation carried out based on participants knowledge needs and facilitated critical dialogues and all these were carried out in an environment of very high challenge and support.

There was a large amount of interest in facilitation as the key element of Practice Development in practice and further opportunities were identified to develop facilitation practice and subsequent development of facilitation theory. Promotion of the connection between theory, research and practice was advanced alongside the discussions surrounding the involvement of different research methods that be utilised in different aspects of Practice Development research.

We had exposure to a very broad knowledge base and there was a generous and open sharing of this knowledge and various skills. It is hoped that the symposium will lead to the development of a wide and active PD community that will lead to greater communication between those utilising PD methodology and generate further work in PD and generate more interest.

The symposium was followed by the two day Practice Development Conference: Transforming Culture, Transforming Care. The Essentials of Care program had a strong presence at this conference including presentation from facilitators, coordinators and leaders, the NaMO support team and Deb Thoms, Chief Nursing and Midwifery Officer for NSW Health. Topics presented ranged from team dynamics (both unit based and network teams), clinical practice, transforming patient care, knowledge generation and lessons learnt, to strategic overviews of EOC.

**LOCAL HEALTH DISTRICT UPDATE**

*A "Presence" of Support.  
Brigid Barbaro and Chanel Connor  
EOC Coordinators, Sydney Local Health District*

As Essentials of Care Coordinators for Sydney Local Health District, we always knew that guidance and support was pertinent to a facilitator's development, in order for units to move through the EOC cycle. As facilitators, we needed to build relationships with unit facilitators, leadership teams and staff, to develop the type of guidance and support required. Manley, McCormack and Wilson (2008:254) state that "facilitation is made more effective by building relationships with the learners". However what that guidance and support looked like in our network, became clearer over time. Examples of this are units stalling within the EOC cycle, our own practice development learning, trained facilitators not engaging in the process and the way in which we as a team supported each other to guide our development.

To begin addressing these issues, we used PD tools like Claims, Concerns and Issues and we facilitated critical unit discussions with the team stakeholders. From this we were able to take on board more feedback, reflect, learn, and move forward.

As novice practice developers who had taken on board the roles of EOC coordinators, we had a steep learning curve to learn about PD methodology and facilitation skills. Once we had learnt some more about this area, we were able to focus on the internal and external facilitators of the units and be more effective in our roles. Being mindful of this, as we develop further, the type and level of support we provide may change again.

As the program was evolving and we received constructive feedback, we realised the importance of developing a support structure. This was imperative to enable facilitator's confidence when running sessions and moving their units through the EOC cycle. This was also important as EOC was being implemented in busy work environments.

Our presence within units is now a more visible one, which allows us a greater opportunity to support and enable facilitators and leadership teams of the units, in a timelier manner. This visibility and support structure includes weekly facility visits, regular facilitator support meetings, action learning sets, unit reflections with coordinator action plans, as well as the informal and formal conversations that occur regularly.

Anecdotally, we have observed that with this "presence" of support, the facilitators have become more comfortable with progressing through to the next EOC phase. Staff actively approach us for guidance and support, and we are forming more effective relationships with staff and managers. This support has to be balanced with providing the individual an environment to learn for themselves, without creating an overreliance on other facilitators, including the EOC coordinators. Manley, McCormack and Wilson (2008:254) state that the overuse of informative interventions can lead to dependence on the facilitator.

The next learning for us as coordinators is how we may continue to reflect, critique, evaluate, improve and provide the support and guidance that internal and external facilitators need. Like with any development, we've learnt that what works for us as coordinators in Sydney LHD may not always be as effective for others. It's a matter of working with people, not on them and engaging with staff by asking facilitators what their support structure looks like.

**PRINCE OF WALES CELEBRATES 4 YEARS OF ESSENTIALS OF CARE**

*Cailin Lowry  
EOC Coordinator  
SESLHD*

In celebration of International Nurses Day and the 4<sup>th</sup> anniversary of the commencement of the Essentials of Care program, a nursing staff forum and afternoon tea was held at the Prince of Wales Hospital to showcase some of their achievements with the program. Over eighty nurses attended the afternoon, they were welcomed by the Director of Nursing, Heather Walker. Invited guests included Kim Oleson SESLHD DON, Jocelyn Guard and Rosemary Dillon from the Nursing and Midwifery Office at the Department of Health and others from the South East Sydney Local Health District.



Suzy Murray, Nurse Educator Practice Development, was the first presenter of the day, a practice developer who has been involved with Essentials of Care since its

inception. She highlighted enabling factors which have been integral for the success of the program at this site including transformational leadership, facilitator development and support and embedding the program within the shared governance framework. Prince of Wales currently has 21 clinical areas engaged with the program, 11 units of whom have completed their 2-year evaluations and the 2 initial pilot units who have commenced their third cycle

**What EOC means to me:**

- 'I've been here 2 years and it is all I know. I love it here, there is great teamwork & great patients. Nursing care here is not just task orientated; we have the time to do the small things that really matter. I've worked at a lot of places and this is the best' - Maggie, RN
- 'EOC improves nursing care, patient outcomes improve & nurses job satisfaction improves' - Dieter A/CNC

Five presentations followed from various clinical units, all at different stages of their journey. Rachel Cooper, a Nurse Educator from ICU, described the extensive preparation that the intensive care unit has done to support the implementation of EOC in a large unit including the adoption of a team model of preceptorship and mentoring and CNS leadership and facilitation development.



Angela Evans, CNC for Neurosciences, described their unit's journey with Essentials of Care. Having recently completed their two-year evaluation, Angela discussed the successes, challenges and key learning from their EOC experience including the value of small wins, maintaining momentum and staff ownership of initiatives. One of their key achievements has been a medication management project in collaboration with CPIU which has resulted in a marked decrease in medication errors.

Andrew Murray, Nurse Educator, described the rehabilitation ward's journey. He discussed how practice development principles including; "enable, engage and empower" sit very well within the rehabilitation nursing philosophy, applying both to patients and staff. An action plan for the rehab ward has been a health coaching and patient-centred goal setting project which has led to improvements in functional gain. Andrew proposed that an appropriate KPI for the rehabilitation team be 'how much we listen'.

Ngaire Murray, a Clinical Nurse Educator from an acute surgical ward, described how the EOC process was used to address a serious adverse incident due to hypoglycaemia. Staff participation and collaboration led to the implementation of multiple strategies to prevent such an incident from occurring again including; intensive staff education, improved communication within the multidisciplinary team, specifically the endocrine medical team; identification of diabetic patients through red bedside folders, the purchase of additional glucometers, as well as improved collaboration and communication with patients and families in regards to the management of their diabetes. Gemma Evans, CNC for acute aged care also described her ward's journey. Gemma

discussed her own growth and development as a facilitator. She shared the approaches she has used to enable inclusiveness and also maintain momentum; these included a monthly ward EOC newsletter which contained the minutes of meetings and action planning. One of the unit's great achievements is the use of a bell to locate the DD keys. Through data collected by observing the time nurses spent looking for the keys, Gemma estimates that this little bell will significantly reduce wasted time. Overall the afternoon was a wonderful opportunity for shared learning, networking and celebration.

**AN INNOVATIVE APPROACH TO ADMINISTERING MEDICATIONS TO CHILDREN USING LOCKED MEDICATION CABINETS.**

*Sonia Smith, NUM and Lorraine Daoud, CNE Variety Ward  
Sydney Children's Hospital Network, Westmead*

Variety ward is an Isolation/Oncology unit providing care for up to 17 patients all of whom require isolation. As part of the TLC/EOC program it was identified through the action planning data; Incident Information Management System (IIMS), audits and observations of practice, that medication practice is of a high priority requiring review. Hence we are now in the process of planning to review current practices and implement new practices to improve aspects of the medication policy.

A medication working party, consisting of Registered Nurses from the unit, Pharmacists, Educator, Consumer Participation Coordinator and Nurse Consultant in Research and Practice Development, has been convened and proposes to undertake a 6-month trial of medication cabinets in 2 patient rooms. These locked cabinets will contain the patients' own medications and supplies necessary for administration including medication cups, needles, syringes, alcohol pads and stickers for labelling. Smaller locked medication boxes will be used for medications requiring refrigeration. The remaining rooms will continue to have their medications stored in the medication room. With the intention of using the principles of collaboration, inclusion and participation, we are engaging staff, children and their families in every phase of the innovation; development, trialing and evaluation.

The goal of the project is to decrease the potential for error during medication administration by moving the entire process to the patient's bedside using medication cabinets. We anticipate this will limit distractions and promote patient safety. The medication cabinets will be in the patient's rooms thus eliminating the need for the registered nurse to make repeated trips to the medication room. It is anticipated that the overall outcomes of this project will include a reduction in medication administration errors and staff adherence to the medication policy as part of routine practice. As part of the project the intention is to involve the parents in the administration of their child's routine medications as per parent medication policy and implementation of sustainable change in practice within the unit.

**SMALL WINDOW, HUGE OPPORTUNITY; HOW OBSERVATIONS ARE ENABLING IMPROVEMENTS IN ONE CORRECTIONAL CENTRE**

*Amanda Cochrane  
EOC Facilitator Justice Health  
Mid North Coast Correctional Centre*

My name is Amanda Cochrane and I am the Clinical Nurse Educator, Northern Region and EOC Facilitator for Justice Health at the Mid North Coast Correctional Centre (MNCCC) Kempsey. At MNCCC we have recently completed the assessment phase of the program, including a series of workplace observations, audits and Corrections Officers stories and are looking at the issues and questions that arose from this and talking about what we would like to do about them.

Before we undertook the observations we did a lot of 'advertising' around the Health Centre in relation to what would happen throughout the observation phase, who would be observing and what would be observed. During the observations, we the observers wrote anything and everything we saw and any thoughts we may have had at the time. We then documented our combined observations on butchers' paper and put them on the tea room walls for staff to read and discuss. We left them there for a number of weeks.

With the help of Debbie Little, Nurse Manager Northern Region, Karen Patterson, Head Practice Development Unit, Jennifer Terry, Nursing Unit Manager MNCCC, Gillian Chapman, Registered Nurse MNCCC and Nadina Walker, Clinical Nurse Specialist 2 MNCCC, we were able to complete the observation phase with a minimal disturbance to the day-to-day running of the health centre.