WELCOME TO THE JANUARY ESSENTIALS OF CARE (EOC) NEWSLETTER FOR 2015.

Happy New Year and welcome to the first Essentials of Care (EOC) Newsletter for 2015. As I look back on 2014 and focus on the outcomes that teams have achieved as a result of participating in the Essential of Care Program, I am excited about its future as an effective framework for teams to evaluate patient centred compassionate care and assist them in making changes that improve the experience of patients and the staff involved in the provision of our healthcare services.

Over the past 12 months the Nursing and Midwifery office has been focusing on key objectives to strengthen engagement and sustainability of the program in the networks and local health districts, in particular encouraging consumer participation in all phases of the EOC program, streamlining reporting process, and celebrating and sharing meaningful patient and staff outcomes.

Many changes in clinical practice and outcomes for patients and staff were highlighted in the Essentials of Care Showcase 2014, Cultures that Care and EOC Newsletter. There were 8 EOC initiatives that were recipients of LHD/Service Network Quality awards in 2014.

As a result of our focus on strengthening governance and reporting we saw the development of a state-wide database which is now complete and live with several pilot units entering data about their achievements across NSW.

The database acts a central reservoir where teams can store information and trend changes related to EOC improvements and projects that impact on patient outcomes, staff wellbeing, engagement and quality of care. It is our hope that the database will provide a systematic and effective way of communicating the ongoing value of the Essentials of Care to patients, carers, clinicians and managers in our healthcare system as well as assisting health services in meeting the National Safety & Quality Healthcare Standards.

I would like to acknowledge the work undertaken by teams working with the Essential of Care program in their pursuit of improving patient care and encourage them to reflect on and celebrate their achievements.

The articles highlighted in this issue are great examples of what this program has achieved I take this opportunity to thank them for their contributions.

Susan Pearce
Chief Nursing and Midwifery Officer
NSW Health
The Dubbo Health Service Aboriginal Liaison Unit was established in 2013 and aims to ensure that Aboriginal and Torres Strait Islander people from Country and official opening Unit was conducted by 3 returned soldiers. The Dubbo Health Service to promote their role further and plan to send out to rural and remote outreach in the near future.

The evaluations of the event provided very positive feedback for the team and they have begun planning another celebration for next year. They have also begun to disseminate their brochures and posters through the Dubbo Health Service.

Another important aspect of the day was the official opening of the Aboriginal Liaison Unit. The team felt to establish their units profile and identity in the community, it was important to official open their unit and create a new beginning for aboriginal health in their community. The NAIDOC theme this year was 'Serving Country Centenary and Beyond', honouring all Aboriginal and Torres Strait Islander people from Western NSW can access mainstream health care services and Close the Gap. The Unit provides a number of services and patient advocacy and cultural interpretation for both patients and health professionals on a one-on-one basis in each Ward in Dubbo Hospital from Monday to Friday.

The day commenced with a morning tea provided by one of the chronic care cooking groups. The official ceremony consisted of traditional welcome to country and smoking ceremony as well as address by key note speakers Lindsay Gough (Western NSW LHD Director of Operations), Ellen Sloan (Aboriginal Liaison Unit) and Debbie Beahan (Aboriginal Health Worker - Chronic Care). Other notable activities for the day included a performance by Riverbank Frank. A trade exhibition was also held with local health workers.

The evaluations of the event provided very positive feedback for the team and they have begun planning another celebration for next year. They have also begun to disseminate their brochures and posters through the Dubbo Health Service to promote their role further and plan to send out to rural and remote outreach in the near future.

The day commenced with a morning tea provided by one of the chronic care cooking groups. The official ceremony consisted of traditional welcome to country and smoking ceremony as well as address by key note speakers Lindsay Gough (Western NSW LHD Director of Operations), Ellen Sloan (Aboriginal Liaison Unit) and Debbie Beahan (Aboriginal Health Worker - Chronic Care). Other notable activities for the day included a performance by Riverbank Frank. A trade exhibition was also held with local health workers.

The Local Health District (LHD) EOC Steering Committee has identified a need to enhance the governance and strengthen the two-way communication between the committee and clinical teams who are working with EOC. Some facilities within this LHD have successfully integrated EOC within the local governance structure and operational framework. This has been well supported by the senior nursing team, their leadership and engagement as well as strong clinician engagement.

Some of the patient centred clinical performance outcomes achieved through clinician participation and facilitated critical reflection as well as the ability to recognise what works well and identify opportunities for improvement include: ward reconfigurations and infrastructure enhancements, the introduction of bedside clinical handover, interdisciplinary bedside discharge planning, safer medication administration practices, improved falls management, increase consumer engagement and improved ways of working.

Currently, there are three proposed EOC research projects supported by the School of Health & Human Sciences, Southern Cross University academics. These initiatives support the building of partnerships and enable clinical staff to develop a collaborative and supportive research culture. The staff are very excited to strengthen this partnership. Clinical staff values the opportunity to develop their research skills and knowledge.

Interest in EOC has increased significantly. More facilities are implementing EOC and follow up workshop attendance has improved. We achieved this through promotion of EOC activities through the CE’s newsletter, managers’ workshops and ongoing facilitator engagement and collaborating with other initiatives such as the workplace culture. This has seen a number of leadership and executive groups engage in their own values clarification and establish their ways of working. Presently the focus is to support clinicians to improve evaluation and reporting processes and to strengthen governance structure within each facility.

Helping Our Mob

Author: Jennifer Ramien, EOC Coordinator.

The Dubbo Health Service Aboriginal Liaison Unit was established in 2013 and aims to ensure that Aboriginal and Torres Strait Islander people from Western NSW can access mainstream health care services and Close the Gap. The Unit provides a number of services and patient advocacy and cultural interpretation for both patients and health professionals on a one-on-one basis in each Ward in Dubbo Hospital from Monday to Friday.

The unit involved became part of the Essentials of Care program in October 2013. One theme that was identified during their assessment phase was that they needed to build their units profile and provide more information to the community about their service. During feedback and action planning, the team decided that holding an official opening for their unit and NAIDOC celebration would meet their goals. They also identified the need to update their brochures and posters that would be available in the facility and to outreach rural and remote sites. The team planned a very successful NAIDOC celebration and official opening that was attended by over 100 people.

In partnership with the Chronic Care Aboriginal Health Workers, the team hosted the event that celebrated the history, culture and achievements of Aboriginal and Torres Strait Islander people, as well as providing information about Aboriginal Health Services at Dubbo Hospital. The day commenced with a morning tea provided by one of the chronic care cooking groups. The official ceremony consisted of traditional welcome to country and smoking ceremony as well as address by key note speakers

Essentials of Care Experience

Northern NSW Local Health District

Author: Lily Fenech, EOC Coordinator.

Many staff and patients have benefited from the Essentials of Care (EOC) program within the Northern NSW LHD. Through EOC, and the principles of inclusiveness, participation and collaboration staff have been enabled to work in a more cohesive way to enhance patient care. The number of EOC patient care improvement initiatives is a reflection of the positive impact EOC is having on patients.

A major achievement this year is having a consumer on our LHD EOC Steering Committee. Consumer input has been invaluable to gaining a consumer perspective on issues that are discussed. Some of the concerns highlighted by the consumer include the importance of patients knowing the name of their allocated nurse and the vital role of carers for inpatients. The consumer also stated that staff should be encouraged to ask patients what their values and beliefs are regarding their care. He believes that motivated nurses’ impact positively on patient care and care should not just be from the assigned nurse but other nurses should be able to be relied upon.

The Dubbo Health Service Aboriginal Liaison Unit was established in 2013 and aims to ensure that Aboriginal and Torres Strait Islander people from Western NSW can access mainstream health care services and Close the Gap. The Unit provides a number of services and patient advocacy and cultural interpretation for both patients and health professionals on a one-on-one basis in each Ward in Dubbo Hospital from Monday to Friday.

The unit involved became part of the Essentials of Care program in October 2013. One theme that was identified during their assessment phase was that they needed to build their units profile and provide more information to the community about their service. During feedback and action planning, the team decided that holding an official opening for their unit and NAIDOC celebration would meet their goals. They also identified the need to update their brochures and posters that would be available in the facility and to outreach rural and remote sites. The team planned a very successful NAIDOC celebration and official opening that was attended by over 100 people.

In partnership with the Chronic Care Aboriginal Health Workers, the team hosted the event that celebrated the history, culture and achievements of Aboriginal and Torres Strait Islander people, as well as providing information about Aboriginal Health Services at Dubbo Hospital. The day commenced with a morning tea provided by one of the chronic care cooking groups. The official ceremony consisted of traditional welcome to country and smoking ceremony as well as address by key note speakers

Essentials of Care Experience

Northern NSW Local Health District

Author: Lily Fenech, EOC Coordinator.

Many staff and patients have benefited from the Essentials of Care (EOC) program within the Northern NSW LHD. Through EOC, and the principles of inclusiveness, participation and collaboration staff have been enabled to work in a more cohesive way to enhance patient care. The number of EOC patient care improvement initiatives is a reflection of the positive impact EOC is having on patients.

A major achievement this year is having a consumer on our LHD EOC Steering Committee. Consumer input has been invaluable to gaining a consumer perspective on issues that are discussed. Some of the concerns highlighted by the consumer include the importance of patients knowing the name of their allocated nurse and the vital role of carers for inpatients. The consumer also stated that staff should be encouraged to ask patients what their values and beliefs are regarding their care. He believes that motivated nurses’ impact positively on patient care and care should not just be from the assigned nurse but other nurses should be able to be relied upon.

The Dubbo Health Service Aboriginal Liaison Unit was established in 2013 and aims to ensure that Aboriginal and Torres Strait Islander people from Western NSW can access mainstream health care services and Close the Gap. The Unit provides a number of services and patient advocacy and cultural interpretation for both patients and health professionals on a one-on-one basis in each Ward in Dubbo Hospital from Monday to Friday.

The unit involved became part of the Essentials of Care program in October 2013. One theme that was identified during their assessment phase was that they needed to build their units profile and provide more information to the community about their service. During feedback and action planning, the team decided that holding an official opening for their unit and NAIDOC celebration would meet their goals. They also identified the need to update their brochures and posters that would be available in the facility and to outreach rural and remote sites. The team planned a very successful NAIDOC celebration and official opening that was attended by over 100 people.

In partnership with the Chronic Care Aboriginal Health Workers, the team hosted the event that celebrated the history, culture and achievements of Aboriginal and Torres Strait Islander people, as well as providing information about Aboriginal Health Services at Dubbo Hospital. The day commenced with a morning tea provided by one of the chronic care cooking groups. The official ceremony consisted of traditional welcome to country and smoking ceremony as well as address by key note speakers

Essentials of Care Experience

Northern NSW Local Health District

Author: Lily Fenech, EOC Coordinator.

Many staff and patients have benefited from the Essentials of Care (EOC) program within the Northern NSW LHD. Through EOC, and the principles of inclusiveness, participation and collaboration staff have been enabled to work in a more cohesive way to enhance patient care. The number of EOC patient care improvement initiatives is a reflection of the positive impact EOC is having on patients.

A major achievement this year is having a consumer on our LHD EOC Steering Committee. Consumer input has been invaluable to gaining a consumer perspective on issues that are discussed. Some of the concerns highlighted by the consumer include the importance of patients knowing the name of their allocated nurse and the vital role of carers for inpatients. The consumer also stated that staff should be encouraged to ask patients what their values and beliefs are regarding their care. He believes that motivated nurses’ impact positively on patient care and care should not just be from the assigned nurse but other nurses should be able to be relied upon.
HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

COMMUNITY TO CHANGE
BRINGS RESULTS

Ellie Mayton & Leah McLean, Ward 4B Calvary Mater Hospital

The 4B Surgical team at the Calvary Mater Hospital in Newcastle were awarded the August “team of the month” as a result of the improved team culture and patient outcomes they are achieving. This EOC team have implemented many innovative changes that have increased patient outcomes, patient satisfaction, and team culture.

As the patient outcomes have improved, the team have seen a dramatic improvement in their team culture. In 2011, the team had a culture of “blame” and through the team coming together to work on EOC projects they were surveyed in 2013 and had dramatically improved to a team of “success” (Best Practice staff survey results, 2013). This shift in team culture has seen the team present at the recent NSW EOC Showcase in Sydney and their Cultures that Care article will be available to read in the upcoming 3rd edition.

The NUM, along with the clinical facilitators from within the nursing team, used a combination of mainly transformational but also some transactional leadership skills to engage the team in EOC. The NUM and three facilitators focussed on engaging and enabling the team rather than dictating the change in practice. It is this inspiring approach to change that has enabled the team to allow EOC to become a way of working in process change initiatives rather than a program. They concede their success hasn’t been easy and a strong relationship between the facilitators and the NUM has been essential in supporting each other when things became difficult. They are proud of their achievements and encourage all teams that are just starting out with EOC to stick with it and the results will follow.

WESTERN SYDNEY LOCAL HEALTH DISTRICT

HUNGRY TO BE HEARD: THE NUTRITIONAL IMPROVEMENT STRATEGY

Vidya Chand (NUM), Rajwinder Kaur (RN) & Serobin Yu (RN), Transitional Care Unit, Auburn Hospital

The Transitional Stay Unit (TSU) in Auburn Hospital is a 30 bed non-acute ward where elderly and frail patients are at risk of inadequate nutritional intake. Inpatient malnutrition is recognised as a significant risk which may increase length of stay and adverse outcomes (1). Auditing identified a number of issues around patient nutritional intake. Using the Essentials of Care processes multidisciplinary discussions occurred around the barriers to patient nutrition and a number of strategies were implemented. Data post implementation and patient/carer stories have shown an improvement in patient’s nutritional intake.

The aim of this project was to improve patient’s nutritional intake in TSU by identification of the barriers and implementation of solutions to facilitate patient’s nutrition.

It was identified that patients who were transferred to TSU were not routinely assessed for their nutritional status or assistance needed in relation to nutritional intake. This was presumed to have been undertaken prior to their transfer. Whilst the patient weight may have been collected on their initial admission it was frequently not rechecked and patients were not routinely weighed on transfer to TSU. Patient/carer complaints identified a number of issues including: the wrong meal being given to the patient; staff assuming a patient was independent with eating; cold meals or meals going back to the kitchen untouched due to staff inability to assist at meal times. Observations of the ward during meal times identified that nursing staff had competing priorities such as medication rounds and meal breaks that were scheduled to occur at patient meal times.

Correct Patient: Correct Meal

Following implementation of identification of patient for meal delivery rather than bed number, the incidence of “blame” and through the team coming together to work on EOC projects they were surveyed in 2013 and had dramatically improved to a team of “success” (Best Practice staff survey results, 2013). This shift in team culture has seen the team present at the recent NSW EOC Showcase in Sydney and their Cultures that Care article will be available to read in the upcoming 3rd edition.

Observations and data collection prior to the implementation of the change was compared post implementation. The patient is now at the centre of all care now delivered within in TSU.

Correct Patient: Correct Meal

<table>
<thead>
<tr>
<th>Meals Delivered to Correct Patient</th>
<th>% Success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Correct Patient: Correct Meal

Following implementation of identification of patient for meal delivery rather than bed number, the incidence of correct patient: correct meal improved from a baseline of 65% to 95%. Ongoing education for the PSA’s has been necessary due to staff turnover and compliance issues.
Assessment of the patient and their needs

Patient assessment of weight on admission to TSU has improved from 0 to 100%. Assessment of patient’s assistance requirements is now carried out on a continuous ongoing basis with staff. Feedback from patients/carers has been positive with the changes instituted in nursing work practices which now ensure that patient’s nutritional requirements are met in a timely manner.

Sustaining change

Providing patient with quality care is one of the values that TSU has espoused via the Essentials of Care values clarification process. The sustainability of this quality improvement process aligns with this value.

Within TSU ongoing audits and observations are occurring, with drops in performance investigated and actioned as appropriate. Stakeholders (Carers/patients/nursing/ allied health staff) engagement in the process is ongoing with regular meetings and review of audits continuing. Patients/carers are included in conversations regarding their care needs and goals with this information communicated to the multidisciplinary team for further management. Feedback from patients and carers has shown improved satisfaction with the nutritional care that is received.

The nutrition project is transferable to any clinical area. The importance of addressing patient’s nutritional needs is especially important in any area with an aging, cognitively impaired patient group. The concept of Correct Meal is a simple process to embed within the meal delivery staff. The valuing of patients nutritional and care needs is the heart of health work. Providing patient with quality care is one of the values that TSU has espoused via the Essentials of Care values clarification process.

OUTCOMES AND EVALUATION

Development of a patient/carers information pamphlet: the draft pamphlet has gone through two reviews with patients and their carers to ensure that the information that the patient requires has been incorporated in language that they understand.

Evaluation that has occurred with patients and carers during the development of the pamphlet has shown that the patient and their carers/families report improved knowledge of MRSA and the reasons for isolation.

Education to all staff, leader role modelling with clinical rounding and discussion at ward meetings has stressed the importance educating patients, their carers and families about MRSA – the staff are using the pamphlet as a prompt to carry this out and then leaving the pamphlet to reinforce what they are saying with the patient. Many staff were unaware of the feelings of isolation and depression that patients in contact precautions experience. The education and discussions that have occurred have highlighted this to the staff who are now more aware of the need for frequent rounding on isolated patients.

The development of an information pamphlet will allow improved patient and carer understanding of MRSA and its implications in their care. Many patients do not follow up post collection of microbiology and are therefore unaware of their positive status or the implications of this. With the increasing incidence of community acquisition of MRSA (Gosbell 2012) more patients will be cared for requiring contact precautions. Whilst staff needs to discuss MRSA status and implications with the patient and their family / carers much of what the staff says is forgotten.

The pamphlet is written in non-medical terminology and can be translated to many languages as required. The pamphlet is a valuable adjunct to facilitate patient and family / carer understanding of MRSA. It can be used as a prompt not only to discuss MRSA status but also the importance of hand hygiene. Feedback from patients/carers has been positive on the information in the pamphlet with a greater understanding of the reasons for their isolation. Staff have reported greater understanding of the negative feelings of isolation that patients report and are working on alleviating these feelings with the hourly rounding that occurs on the Surgical ward.

Reference list:

Australian Commission on Safety and Quality in Health Care (September 2011, National Safety and Quality Health Service Standards, ACSQHS, Sydney.


Riki Richards - NUM & Xiao Zhang, CNE - Surgical Ward

The Surgical Ward at Auburn Hospital utilise the Essentials of Care (EOC) process to critically reflect on all aspects of their patient’s journey and through this reflection identify areas for improvement. During clinical rounding it was observed that patients in isolation due to their past history of a positive Methicillin Resistant Staphylococcus Aureus (MRSA) microbiology result had a poor understanding of the reasons for this isolation precaution. On consultation with patients and carers a number of issues were identified: the patient and their family/carers were unaware of their positive MRSA status; why this required them to be isolated and the consequences of a positive MRSA result. Staff reflected on the issues identified and began developing a simple information pamphlet in consultation with the patients and their carers, the staff of the Surgical Ward at Auburn Hospital and Infection Control to address the patient’s information needs. The information pamphlet aligns with the National Safety and Quality Standards including Standard 2 (Partnering with Consumers) Standard 3 (Preventing and Controlling Health Care Associated Infections) and Standard 12 (Provision of Care).

The aim of this project was to enable patients and carers to understand the reasons for being placed in contact precautions and to improve their knowledge regarding MRSA and its impact on them.

The incidence of community acquisition of MRSA is rising (Gosbell 2012) which leads to more patients requiring contact precautions during their stay. Data is not routinely collected on the number of patients admitted to the Auburn Surgical Ward with MRSA; however minimum 1-2 patients per week are admitted with a history of MRSA. Over a two week period five patients (MRSA positive) and four carers were interviewed to gain an understanding of the issue. A review of the current infection Control Policy by staff led to the development of an information pamphlet for patient use. Patients and Carers have been consulted by the staff on the information in the pamphlet to ascertain if this covered their knowledge needs and modifications have been made following this feedback, this process is continuing.

Acknowledgement:

The authors would like to acknowledge all the staff in TSU Auburn and the support of Kate Murphy (DoN &M), who is the Executive Sponsor for this initiative.

Reference list:

NSW Health (2011) Nutrition Care PD2011_078

Development of a patient and carer MRSA resource pamphlet via the Essentials of Care process.
On Thursday 3rd July 2014, the Perioperative and Short Stay Unit at The Sutherland Hospital enjoyed a memorable celebration of the journey the team has been on over the last two years. Bernadette Woods Nurse Unit Manager organised the celebration to acknowledge both the personal and professional achievements of individual team members and highlight the many collaborative achievements the team has made. This was also an opportunity to launch the teams values and mission statement and celebrate the completion of the first phase of Essentials of Care.

Celebrations commenced with a powerpoint presentation by Bernadette highlighting each achievement made in the last two years, followed by a buffet lunch, dessert, and a custom made cake. In order to ensure complete inclusion and participation of all team members as well as the prioritisation of patient care, staff from other parts of the hospital were recruited to care for patients while the celebrations took place. The Nursing Co-Director of Surgery and Perioperative Services Deb Cansdell participated in the celebration as did a staff member currently on maternity leave.

The Perioperative and Short Stay Unit’s Mission Statement reads as follows:

“This service is dedicated to meeting the changing needs of our patients and providing personalised patient care in a professional and caring environment.

Working together, we strive to embrace ingenuity, pioneer innovations and provide quality care for the good of our patients and their families.

We are committed to promoting Respect, Positive Communication and Collaboration.”

The team selected three core values and include an explanatory statement for each to ensure that staff and patients are always clear on what these values look like in practice.

The team of the Perioperative and Short Stay Unit have now commenced the Assessment Phase of Essentials of Care. Observations of the care environment have been conducted, with patient story collection and other key data collection activities to follow.

The team of the Perioperative and Short Stay Unit are committed to ensuring their care delivery is patient centred and in line with their core values.
DEVELOPING DB3N’S VALUES STATEMENT AND ITS IMPACT ON WORKPLACE CULTURE

Dickinson Building 3 North

The team of Dickinson Building 3 North commenced their current cycle of Essentials of Care in February 2014. Sinead Carroll CNC presented the achievements made in preparation phase. Encouraged by their attendance at the Essentials of Care Showcase on May 1st 2014, the leadership team (NUM, CNC, CNE) took the first step of meeting together to define their shared values and their vision for the ward for the year ahead.

This process assisted with building knowledge and support for Essentials of Care in order to move forward with implementation, and created awareness of the values that staff wanted to underpin this work. These values aligned with the core values of the Ministry of Health and were turned into a visual display that represented both the uniqueness of the teams and the specialised nature of the setting.

Cardiology Nursing to occur are …
- If I was a patient in DB3N I would want …

This process also included the engagement of staff in a ‘claims, concerns and issues’ activity in which staff were supported to identify their strengths as a team; identify areas they felt they could improve on as a team; as well as some key questions about the journey ahead.

The work undertaken so far has had a positive impact on the workplace culture with the increased engagement of staff; greater awareness of specialty nursing practice; a greater sense of pride and recognition; engagement of new staff; the opportunity to develop a workshop for Clinical Nurse Specialists; a willingness of staff to engage with the next steps of Essentials of Care; and an increase in the number of Facilitators for Essentials of Care.

The next steps for the team of DB3N is the Assessment Phase of Essentials of Care which involves capturing and collating audit data, conducting observations of the care environment and the collection of patient stories about their healthcare experience.

The leadership team reflected on the strengths of the team and the key achievements from the previous year. This reflection led to the identification of their best hopes for the year ahead and some reflection on the values that would guide the process for achieving them.

The journey towards this vision commenced with a team values clarification team (NUM, CNC, CNE) took the first step of meeting together to define their achievements made in preparation phase. Encouraged by their attendance as some key questions about the journey ahead.

A co-facilitation model was used to support the action plan development phase of the EOC cycle. The authors aim to improve practice (Rolfe et al, 2001).

The leadership team reflected on the strengths of the team and the key achievements from the previous year. This reflection led to the identification of their best hopes for the year ahead and some reflection on the values that would guide the process for achieving them.

The journey towards this vision commenced with a team values clarification exercise. A collaborative approach was adopted through facilitated discussions with all staff on the unit. Key points of reflection were posed to prompt staff to examine their own values. Points included:
- I believe the purpose of Cardiology Nursing is …
- I believe my role as a Cardiology Nurse is to …
- I believe the factors that enable a high standard of

A PERSON-CENTRED APPROACH TO INFECTION CONTROL AND PREVENTION IN ISOLATION SETTINGS

Dickinson Building 4 Respiratory and Infectious Diseases Unit

Kristine Miller CNC, Sarah Dunn A/CNE and Kama Stokes NUM, from Dickinson Building 4 presented the collaborative processes and outcomes of a patient safety initiative to prevent the transmission of pathogens between patients in their care.

DB4 has 26 beds of which 8 are in single rooms for the care of patients with infectious diseases that require them to be isolated from other patients.

Dickinson 4 Values Statement

Staff had raised concerns regarding the practice of sharing observation equipment between all patients regardless of their isolation status. The key concerns were: there may be increased risk of transmission of infection, the frequency of terminal cleaning was time consuming and observation equipment was not always readily available when required.

In addition, the sphygmomanometer was attached to the wall and this often presented access issues due to a height mismatch between the equipment and the patient. A number of approaches were used to gather evidence to inform the teams actions regarding these concerns. A literature review on isolation procedures, infection control and prevention practices highlighted that the best practice approach was to have observation equipment in every isolation room. The Nursing Staff were surveyed regarding ease of access to equipment, cleaning practices, time impacts and their thoughts about the best practice recommendations.
Continence and incontinence pose huge challenges for patients and nurses in many hospital wards, and particularly in aged care. Patients are admitted with existing continence problems; previous problems women and new problems develop as part of acute illness. Patients are distressed and much nursing time is taken managing this. Yet continence care is low status ‘dirty work’ and doesn’t often get prioritised. The authors describe how a collaborative project, part of the Essentials of Care (EOC) program in the Aged Care Rehabilitation Unit at Prince of Wales Hospital (PoWH), led to best practice change in continence management. Practice Development principles and processes are evident, with staff working in a collaborative, inclusive and participative way, engaging in reflective practice and critical inquiry, using evidence based practice and skilled facilitation.

Using Critical Inquiry and Reflection.

The team used critical reflection as part of their evaluation of practice. Guided critical reflection enables practitioners to expose their existing knowledge and understanding of the context (in this case continence management) and critically evaluate it (Hoogwerf, Frost & McCance 2008, p45). Critical reflection is a way of looking ‘systematically and rigorously at our own practice’, to enable learning and deeper understanding with the aim to improve practice (Rolfe et al, 2001).

A co-facilitation model was used to support the action plan development phase of the EOC cycle. The authors worked together to support each other: one an ‘insider’, the other an external facilitator. The facilitators’ role was enabling critical reflection and inquiry, which was essential during the feedback and action planning phases. The facilitators supported reflective practice, learning in and from practice, enabling and capturing the clinical nurses’ thoughts and ideas as the action plans developed.

The aged care team (Figure 1) share values that state their purpose as, ‘to support and empower residents and their families to flourish’. The team use critical reflection to ‘identify, explore and understand current care processes and their effects’. The team viewed self-care; discharges are subsequently not timely’. The questions the nurses then asked were: ‘What resources are available to manage continence in the rehabilitation setting? What influence do we have over this? How did our Nursing Person Centred Shared Governance Framework enable further critical inquiry towards best practice?’

These nurses shared their huge concern in relation to how they could better promote dignity and self management of care for aged care patients with continence problems and promote best practice hospital wide. These nurses shared their huge concern in relation to how they could better promote dignity and self management of care for aged care patients with continence problems and promote best practice hospital wide.

Reflecting further, it was recognised there were no education resources or practice guidelines available to ensure that all patients admitted to hospital were screened for symptoms of incontinence, appropriately referred for specialist assessment and had appropriate management plans instituted and monitored. If they wanted to have any influence on this, they would need to understand current care processes and their effects.

What is Best Practice?

The team’s next action was to evaluate their current practice. A single day snapshot audit of incontinence, indwelling catheter and survey of nurses’ documentation and knowledge were conducted to determine this (Hooker et al 2011). Results showed 50% patients who are incontinent , present with constipation; 50% have had a urology attended; 60% have had mid stream urine (MSU) attended; 50% had a catheter inserted during admission; 25% of patients who were continent on admission were incontinent one week later; overall nurses had a knowledge gap around bladder & bowel continence.

Results provided evidence to support the need for practice improvement. The outcomes were in line with those of Ostaszkiewicz et al (2008) who suggested that suboptimal continence care in acute healthcare settings in nursing assessment and management is influenced by lack of knowledge, time or supportive cultures, conflicting priorities, and patients’ acceptance of the condition. Incontinence, bladder symptoms and assisted toileting are also risk factors for falls (ACSQHC, 2009). This reinforced the importance of the issue, as at PoWH in 2010-11 at least 360 reported falls, including serious fall events, were related to toileting practice; at least 10% involved episodes of incontinence.

How did our Nursing Person Centred Shared Governance Framework enable further critical inquiry towards best practice?

Shared governance is a structural model through which nurses can engage and manage their practice with a higher level of professional autonomy (Porter-O’Grady, 2003). Since 2006 PoWH has and is being developed using a Nursing Person Centred Shared Governance Framework. This enables and supports strategic planning; quality improvement and professional development through a series of Councils and Communities of Practice (CoPs), with the purpose to empower staff at all levels to accomplish effective evidence-based, person centred care. How it looks today is presented in Figure 2. The PoWH and Community Services Nursing Shared Vision is ‘for nursing to embrace a culture that enables all persons to flourish’.

Within this Framework CoPs provide a dedicated space for clinical nurses who share a passion for a specialty area of nursing to meet regularly, discuss, learn and make decisions together about clinical practice issues. Their purpose is to enable engagement of clinical nurses in critical inquiry and dialogue around current challenges and successes within the specialty. The Community Health, Aged Care & Post Acute Care Services (CHAP COP) meets monthly and is facilitated by skilled facilitators to enable engagement of all, working in a collaborative, inclusive and participative way. Should there be a need for further support and governance around particular clinical challenges, this is available through CoPs access to the Clinical Practice Council, one of the five topic Councils (see Figure 2). Each nursing Council has representation from CoPs and every level of clinical nurse in the organisation. A summary of the continence challenges were presented to the CHAP COP. It was agreed that a wider consultation be sought from the Clinical Practice
Council, the PoWH Falls Advisory Group and the Nursing Education & Research Unit (NERU). These key stakeholders were provided with the collated evidence and further critical inquiry and reflection occurred. Figure 3 represents the process of critical inquiry and reflection enabled and supported by PoWH Nursing Shared Governance Framework. The evidence that good continuity management in hospital is crucial for effective and efficient care and patient safety was supported by key stakeholders, and the need for best practice guidance and education for staff.

Acknowledgements:
The Aged Care Team for their dedication to the work, NaMo for the Innovations Scholarship, and the academic contribution of Professor Lin Perry.

References:

Figure 3. Critical Inquiry & Reflection Process within Shared Governance Framework

To move towards best practice a successful grant application was made to the 2012 Nursing & Midwifery Innovations Scholarship. With no ‘off the peg’ up to date resources for continence management in acute care readily available, this funded dedicated time for a Nurse Educator position to develop and implement educational resources and an evidence-based Clinical Business Rule to support development of knowledgeable and skilled clinicians to competently manage patient-centred continence care.

What happened?
Positive observation feedback through the EOC process enabled a group of aged care clinical nurses to progress towards best practice with continence management hospital wide. The Clinical Business Rule is near complete after a process of collaborative review by the key stakeholders; educational resources are progressing. Together these will be valuable learning tools for all clinical nurses in in patient settings.

EOC provides a framework to engage clinicians in critical inquiry around nursing practice; to enable teams to reflect on present practices and systematically evaluate data to promote evidence based care. This EOC project involved a long journey of critical inquiry and critical dialogue resulting in resources and practice changes to support quality care for patients. Leadership and skilled facilitation enabled critical inquiry by collaboration, inclusiveness and participation, by reflective practice and working with the team’s values and beliefs.

Evaluating Patients through the Nephron News Newsletter (Liz Tamlinsson RN)

Renal Ambulatory Care (RAC) is a 17 chair dialysis unit set in St Vincent’s Public Hospital, Sydney. The majority of our patients consist of outpatients who present from the community to receive haemodialysis 3 times per week consisting of 4-6 hour sessions. A lesser percentage of our patients are acute inpatients who attend the unit for dialysis.

Through the units Essentials of Care journey and framework specifically themes RAC, patient satisfaction survey and staff discussions, various themes emerged. The main theme was access to information. Patients expressed a desire to be kept informed across a wide range of areas and issues and also the ongoing struggles of maintaining fluid and diet restrictions. The RAC team realised a flow of information is required across all levels of care to meet these consumer needs.

The ongoing challenge for patients with chronic end stage renal failure is to maintain many diet and fluid restrictions imposed to achieve optimal treatment and health. Nurses are challenged to keep patients engaged in their healthcare and well educated on a long term basis.

Enter Nephron News. A regular newsletter aimed at sharing information with all patients. Topics to be included are identified by patients and staff are dietary information and recipe sharing, staff and patient changes, tips on fluid control and regular articles by members of the multi-disciplinary team. We are hoping that the content will evolve over each publication to become a fun and creative way of sharing valuable health information with our consumers. Our first Patient newsletter is due to be published in November and we are looking forward to improving communication and educating our consumers in a creative manner.

CALL FOR ABSTRACTS FOR THE ESSENTIALS OF CARE SHOWCASE MAY 21ST 2015 “Cultivating and Sustaining Change”

Essentials of Care Showcase 2015:
Date for Showcase – Thursday, 21st May 2015 at the Australian Technology Park Sydney
Call for abstracts out – Thursday, 4th December 2014
Final submissions accepted – Friday, 13th February 2015
Notification of successful presentations – Friday, 13th March 2015
Themes for the Showcase 2015:
Person Centred and Compassionate Care – Abstracts are encouraged that describe how the EOC program enables initiatives that clearly demonstrate the provision of person centred and compassionate care to patient, staff and carers.
Workplace Culture – Abstracts are encouraged that describe how the EOC program has changed work practices and achieved collaborative and integrated care processes that have resulted in positive outcomes relating to patient, staff and the organisation.
Clinical Practice – Abstracts are encouraged that describe how the EOC program has enabled evidence based clinical practice that improves outcomes for patients and health care delivery.

EOC Showcase abstracts need to:
• Directly relate to the Essential of Care program and framework.
• Clearly demonstrate the use of Practice Development principles and processes.
• Include evaluation of processes and outcomes.
• Follow format, word limit and submission instruction.

Abstract information:
All abstracts need to include a brief description of:
• The issue/concern/focus identified for improvement/change
• The evidence that led to this change
• The aims/objectives and goals
• How improvement/change links to organisational or health objectives
• Engagement processes
• Results and outcomes
• Conclusion/Future focus
• References (not included in abstract word limit)
3 Ways you and your team can present:

**Oral Presentation:**
Presentations will be a maximum of 15 minutes long; creative and interactive presentations are encouraged. Maximum slide will be 12-15.
Presentations will be shared post conference on the Essentials of Care web pages so consent to appear on the Ministry of Health web pages will be required prior to showing for all persons appearing on videos/photographs.

**Poster presentations:**
Posters can be created in any size, shape or format; posters will be presented on a Black Poster board 1.65M high and 1.35M wide.
Pictures of Posters post conference will be shared on the Essentials of Care Web pages so consent to appear on the Ministry of Health web pages will be required for all persons appearing in photographs.
An A4 copy of the poster will be required to be submitted by the 30th April 2015.

**Multimedia Presentations:**
Multimedia presentations will be viewed in between sessions. Presentation should be in video format. They are to be a maximum running time of three minutes.
Presentations will be shared post conference on the Essentials of Care Web pages so consent to appear on the Ministry of Health web pages will be required for all persons appearing in photographs/videos/power point.

**Abstract submission Instructions:**
- Submitted via your EOC Coordinator and Local Health District/Service Network Director of Nursing and Midwifery and emailed to EOC State Wide Program email by **13th of Feb 2015**.
- mpere@doh.health.nsw.gov.au
- Late submissions may not be considered.
- Edit and proof read using local resources – successful abstracts will be published on web.
- Word limit 250 (excluding references)
- Provide up to 3 references using Harvard referencing
- Font Calibri 12, 1.5 spacing
- Must be saved as a Word document labelled only with LHD_Title_of_presentation e.g. NSLHD_celebrating_outcomes

If accepted:
- Presenters will work in collaboration with the LHD EOC Coordinators.
- Consent for anyone who appears in photos/videos must be obtained stating they consent to appear on the Ministry of Health Website.
- Copyrighted material should not be used in presentations unless approval obtained in writing.

Oral, Poster (A4 copy) and Multimedia presentations need to be submitted in their final form to by **Thursday 30th April 2015**.
Posters will be brought on the day, Velcro dots to hang posters will be provided (please note that an A4 copy of the poster will be required to be submitted by the **30th April 2015**).

**EOC COORDINATORS UPDATE**

**A BIG WELCOME TO THE NEW EOC COORDINATORS**

- **Rodney Hyland**
  (Northern NSW LHD)

- **Sharon Morgan**
  (Illawara Shoalhaven LHD)

- **Megan James**
  (Sydney Children's Hospital Network)

or contact

**Michael Peregrina**
Principal Advisor- Nursing Leadership and Culture
email: MPERE@doh.health.nsw.gov.au