**Welcome to the Spring Edition of the EOC Newsletter for 2016.**

As the new Chief Nursing and Midwifery Officer for NSW I am enormously proud of the achievements of the various teams engaged in EOC across NSW. I have been involved in the roll out of the program across NSW since 2009 and it is great to see how the program continues to flourish and is now being embedded in various units across NSW.

The EOC program has continued to build on its reputation as an effective framework for teams to evaluate patient centred care and assists teams in making changes that improve the experience of patients and the staff involved in the provision of our healthcare services.

I had a pleasure of opening the Essentials of Care Showcase this year, more than 520 delegates attended the showcase, with all Local Health Districts and Specialty Networks involved in submitting an abstract. It was great to hear and see the outstanding work from various teams across NSW. Some of the initiatives are highlighted in this newsletter.

I would like to thank the EOC Co-ordinators and facilitators for continuing to embed the EOC program and the Local Health District/Network Directors of Nursing and Midwifery and the Facility Directors of Nursing for their executive support and leadership in the continuing implementation of the Essentials of Care program. It is important that we do not lose the momentum of the EOC program. I am confident that with the continuing support and engagement of all levels of staff, the initiatives and outcomes as a result of EOC will continue to grow. And EOC will be very much a part of “how we do things around here”, so please keep up the good work.

I hope you enjoy all the articles in this edition of Essentials of Care Newsletter.

Jacqui Cross

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**Save the Date**

**essentials of care showcase 2017**

Cockle Bay Wharf
Darling Harbour

For more information about the EOC Program or the showcase contact:
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**Message from the Chief Nursing and Midwifery Officer**

**Co-ordinators CORNER**

Welcome to Jackie and Carla who are excited and committed to working with the principles of EOC and incorporating them into their workplace in a fun and engaging way. They look forward to enabling teams to make often small changes that can have a massive impact on the staff, patients and careers and focusing on key objectives to strengthen engagement and sustainability of the program in the Illawarra. In particular, encouraging participation in all phases of the program, and celebrating and sharing meaningful outcomes for patients and the staff.
**Project Chameleon**

**Introduction:**
E3H is an Orthopaedic/Vascular ward at Nepean Hospital. Communication and teamwork is a key priority of E3H’s core values. These values are embedded into how staff deliver patient centred care every day. The aim of this project was to improve teamwork on the ward. Staff had voiced their concerns during Essentials of Care (EOC) sessions that the current model of teamwork (patient allocation) was not effective in 1. Providing safe and quality care and 2. Effective for building a cohesive team. As there was a myriad for suggestions in what would be the best model for our unit it was decided to name the project ‘Project Chameleon’.

Staff were actively engaged in the project through sessions and utilisation of the EOC board. This resulted in the development of two models of care that the staff wanted to trial: the ‘Buddy’ model and the ‘Zone’ model. Both of these models were trialled separately for a period of two weeks, staff felt this was enough time for staff to experience the different models. Following evaluation the ‘Buddy’ was the chosen model.

**Background:**
Traditional nursing care models of patient allocation and team nursing were researched (Cioffi, & Ferguson, 2009) (Ferguson & Cioffi, 2011). It was identified by staff that due to the set-up of the ward and the range of skill mix within our ward that only an adaptation of two nursing care models could work. A variety of methods consistent with the principles of practice development were used to engage the staff (NSW Health, 2014).

Staff voted and prioritised data collected from active learning sessions on team work. From this two models were established by staff called the ‘Buddy’ and ‘Zone’. Each model was trialled on all shifts for two weeks each. During each trial a survey of mixed qualitative and quantitative questions were asked for each nursing shift to complete as well as feedback group sessions.

The ‘Buddy’ nursing model of care is based on the team nursing model where it involves a group of nurses who work as a team to deliver the care. This model utilizes the diversity of skill, education and qualification level of each team member. The team works collaboratively with shared responsibility. This model usually relies on a team leader who is a registered nurse. It is important that the team leader has effective communication and leadership skills.

The zone nursing model of care is based on one nurse who is allocated to a group of patients for that shift whilst working alongside two other nursing staff and patients are allocated on a shift-by-shift basis. Registered nurses (RN) or enrolled nurses (EN) may be allocated to total patient care, but an RN would usually oversee the care may be allocated to total patient care, but an RN would usually oversee the care.

**Results/Outcomes:**
At the end of the trial to promote a collaborative and fun approach a voting booth was created to engage staff to have their say in which nursing model of care will be adopted. It was a unanimous decision that the buddy system was the winner. A collaborative approach where by each nursing shift was encouraged to have their say and partner with consumers to improve patient care on E3H

- Project Chameleon was a successful project that improved communication, teamwork and the delivery of nursing care on E3H.
- It has improved outcomes for patients and health care delivery by utilising the diversity of skill, education and qualification level of each team member.
- 76% of E3H nursing staff surveyed stated as a result of using the buddy system that communication and teamwork has improved.
- From a patient’s perspective 100% surveyed felt more included in their overall care.

**References:**
Nepean Blue Mountains Local Health District: Strategic plan 2012-2017
New South Wales Health Essentials of Care: A Resource for Facilitators
(2014) 2nd e.d
Ward Clean Wednesday

Strategies aimed at reducing infection rates are always a high priority for healthcare organisations. Vancomycin Resistant Enterococci (VRE) is one infection that occurs within healthcare settings. There is always a strong correlation between environmental cleanliness and infection outbreaks. This project aimed to not only address environmental hygiene compliance but also develop other strategies to reduce the rate of VRE infection.

The Essentials of Care program (EOC) was a catalyst for change in E3H a 30 bed Orthopaedic/Vascular unit. There was a unified team response to developing strategies and implementing changes in infection control practices. The team not only consisted of staff members within the unit but included members of the domestic team, infection control team and medical staff.

This project builds on the existing VRE prevention strategies already embedded in current practice on E3H. The overall outcomes reduced and sustained the incidence of VRE outbreaks and improved environmental cleanliness on E3H over a nine month period.

Background:
The environmental strategies established by the E3H team will build on the existing VRE prevention strategies already embedded in current practice on E3H. Through regular screening process on E3H in July 2015, 8 new cases of VRE were detected. Hand hygiene compliance was meeting the national standard of 80% however the environmental cleaning audit was below the national standard of 100%. Environmental cleaning audit was conducted and the results showed that dust was a major environmental problem and the results for July 2015 were at 59%.

Assessment of the ward of the environment revealed the following:
- Patient shared equipment was a contributing factor.
- There was no evaluating measure in place to ensure that patient shared equipment was being regularly cleaned.
- The Personal Protective Equipment (PPE) stations outside patient’s room needed routine cleaning.
- Clutter in corridors from equipment were all large contributing factors.
- Patient shared equipment e.g. commode chairs, frames, observation machines, IV poles etc. Needed regular cleaning.

Results/Outcomes:
The projects aim was to reduce the incidence of VRE on E3H by collaboratively engaging staff in thinking about their clinical practice.

Strategies implemented included:
- To have one day designated and a designated time as a team, clean all patient shared equipment on the ward. Titled Ward Clean Wednesday.
- Established a protected cleaning time in the afternoon. Infection control CNC and Nurse Manager of Surgery were invited to participate on a Ward Clean Wednesday.
- Systematic cleaning process where all staff start at one end of the ward and work together to clean the entire ward environment.
- Cleaning of all areas of the ward and patient equipment. Including cleaning of patient shared equipment e.g. observation machine, commode chairs, over toilet aids, frames, MET trolley, ECG machine etc.
- Replacing disposable curtains (when required).

Through the EOC program the innovations were:
- Empower staff through EOC approaches, as this would enable staff to identify strategies and solutions; collaboratively which they could implement and improve the environmental cleaning audit and overall infection control practices on the ward.
- Increase all staff awareness on infection control and gain better understanding about the importance and prevention of VRE incidences on E3H.
- Include all members of the health care team in the project including Nurse Managers, Nurse Unit Managers and Infection control Clinical Nurse Consultant and domestic staff.
- Collaboration from all key stake holders from Infection control CNC, Nurse Manager surgery, Nurse Unit Manager and all the staff of E3H. Facilitated by EOC Facilitator’s active learning session were used to capture potential solution and discuss strategies.

Rankin Park Centre: Rehabilitation Specific Patient Care Boards

In Hunter New England Local Health District, the Rankin Park Centre, a 40 bed inpatient rehabilitation facility has introduced rehabilitation specific Patient Care Boards with the aim of delivering patient centred care and to improve communication between patients, family, carers and the health team.

A multidisciplinary working party audited current care boards and collected patient stories. Data was then collated and portable patient centred care boards were developed which focused on relevant communication to maximise patient safety, progress and reaching their personal goals.

Early project auditing has demonstrated positive patient feedback and the working party will continue to evaluate the efficacy of the boards of the next 12 months.
Pressure injury Prevention for ICU patients

Sydney Local Health District

Green Intensive Care Unit (GICU) is a general intensive care unit at Royal Prince Alfred Hospital and has been involved with Essentials of Care (EOC) since 2011 (Figure 1). Their current EOC initiative aims to decrease pressure injuries and improve pressure injury prevention. A review of the incident information management system (IIMS) data highlighted that a significant number of patients in GICU are acquiring pressure injuries and this rate has increased dramatically since 2013. GICU collects monthly patient stories and the results from the patient stories also indicate their concerns regarding pressure injuries (Figure 2). The facilitators implemented a pressure injury committee across the intensive care services. The committee has implemented the use of heel pressure relieving devices on all immobile patients, the application of prophylactic sacral dressings and revision of the pressure injury management guideline for intensive care patients. These measures have all contributed to a significant reduction in ICU acquired pressure injury rates. This has been confirmed via much improved IIMS data (Figure 3).

Outpatient Services for children and family

Gumnut is a paediatric ward at Canterbury Hospital that provides an outpatient service known as Gumnut Outpatient Service (GOS) (Figure 4). GOS provides limited, ward based outpatient service to selected children and healthy newborn babies who require a simple review, assessment, investigation or procedure by a member of the paediatric nursing and or medical team. The service has helped to facilitate the transition from hospital to home and enabled families to be discharged sooner by giving clinicians the ability to follow up their patients in a timely manner, with access to a multidisciplinary team. Due to the success of this service there has been an increase in the referrals from Canterbury Hospital and the community, and this has raised a number of challenges for the clinicians the ability to follow up their patients in a timely manner, with access to a multidisciplinary team. Due to the success of this service there has been an increase in the referrals from Canterbury Hospital and the community, and this has raised a number of challenges for the

Using the patient experience to drive a front-line service restructure

STG CFH Essentials of Care Facilitators: Nicky Cooley, Samantha Hillier, Jackie Robinson, Carlie Harrison, Donna Lohmeyer and Pamela Hobbs

SESLHD STG Child and Family Health commenced their first EOC cycle at the end of 2012. Evaluating the effectiveness of the Universal Home Visit (UHV) was prioritised by the team in line with many recently implemented requirements of the NSW Health/Families NSW Supporting Families Early Package Safe Start Policy. The latter influenced an approach to front-line service delivery that has seen resources redirected to prioritise the provision of a Universal Home Visit (UHV) as the best way to engage with families with a newborn baby. Balancing this requirement with the mental health and the groups enabled discussion on topics important to them, including safe sleeping practices to reduce the risk of sudden unexpected death in infancy. Additionally, evaluation data demonstrated an exclusive breastfeeding rate of 58.6% compared with a pre pilot snap shot of 41% and the New South Wales average of 39%.

(NDMRC Infant feeding Guidelines, 2012) This indicates that the groups have a positive impact on exclusive breastfeeding rates in line with the recommendations of the World Health Organisation regarding infant feeding practices. Key learning for the team includes that they have the capacity to respond effectively to and embrace change within the EOC framework, enabling the ongoing evaluation of the client’s needs, effective collaboration with clients, and the provision of better education, support and the empowerment of families.

Gumnut Outpatient Service (GOS) (Figure 4)

Figure 1: GICU team

Figure 2: GICU Pressure Injuries

Figure 3

Figure 4: Gumnut Ward
Having had the opportunity to attend the EOC Showcase for 2016, from my experience there were a couple of highlights/stand-out presentations of the day. The first was that of the Keynote addressed by Val, titled ‘Courage doesn’t always roar’. This was truly a moving, touching, engaging and genuine reflection on what defines courage within nursing and practice development. The second presentation by Wendy Brown, a breast cancer patient survivor told her story through indigenous art. It was another engaging and honest encounter which captured the audience participant’s hearts. It reflected beautifully the essence of what it is to be person-centred and the power of art as an expressive media and creative platform.

This year Recovery unit at SCH represented the Sydney Children’s Hospital Network at the showcase with their poster which was presented by Kate Chellew and Shanti Briggs. It showcased a tremendous initiative founded through EOC process where an anaesthetic training program was developed and piloted to increase the confidence and clinical competence of recovery nursing staff providing anaesthetic nursing care. The poster displayed the nurse-led initiative from concept through to implementation and evaluation.

These presentations honestly connected with each person listening and transformed us to another place. It left one feeling inspired by the possibilities of nursing and innovated to be a part of change. Indeed they encompassed the true meaning and theme of the 2016 showcase; ‘Transform…Inspire…Connect…Innovate.’

Shaun Thompson: EOC Nurse Manager and EOC Facilitators at Sydney Children’s Hospital, Randwick.

“Story telling” an Indigenous patient’s journey expressed through art.

In Early 2015 the Shoalhaven Cancer Care Centre began the Essentials of Care Program facilitated by four staff members from different job professions; Samantha Lewis (Radiation Therapist), Stephen Dowdell (Medical Physicist), Leonie James & Courtney Vaccari (Radiation Oncology Nursing Staff). In collaborating together they began the journey of creating a positive space to help everyone who walks through the doors of the centre to have a positive experience.

Their first project: One Patient’s Journey

The purpose of the project:

• How we can better our cancer service by reaching out to patients and learning their cancer journey.
• How can we reach the Indigenous Community; and educate on cancer treatments.

The title of patient Wendy’s journey: “I choose Life over Tits”

Background:

As a cancer service we deal with extremely anxious patients on a daily basis. We decided through our Essentials of Care team, to start collecting patient journey stories to find ways of making our service to our patients better, so we can make them feel more comfortable with the treatment they will be receiving.

The first patient we made contact with was an Indigenous woman, Wendy Brown. Wendy is going through breast cancer and was receiving chemotherapy at the time. Wendy’s way of dealing with her emotions was to express her breast cancer journey through art, as opposed to a sit down interview to collect her story. The art piece Wendy painted throughout her chemotherapy sessions now hangs on the wall of our reception area of our cancer centre, along with a beautiful plaque outlining what the artwork represents.

As part of team Values work for the Essentials of Care program, our centre engaged Wendy to paint our collective values and shared vision statement using Indigenous art. Wendy accepted and embarked on a journey which led her to the desert, reuniting her with some traditional Indigenous women. Wendy returned having painted our values along with a key for their meaning which also hangs in the reception of our centre for all to see.

Results/Outcomes:

New patients now enter the centre and view the artwork; it inspires new patients to gain the strength to go through their own cancer journey. Through our patient we have also been able to reach out to the local Indigenous community and educate on cancer treatments they may never have actually considered before.

By collecting patient stories we are also making patients feel that their opinions and emotions matter to the staff members, they can then be confident they are receiving the best care possible and helping to improve our service.
Reflection to Recovery on the Aged Care Psychiatry Neurosciences Unit

Jhoan Gianan CNS and EOC Facilitator

The first cycle of the Essentials of Care (EOC) Program in Aged Care Psychiatry and Neurosciences Unit (ACPNU), St Joseph’s Hospital commenced in 2013. As part of the Culture Care and Mapping phase 10 patient stories were collected by the EOC Nurse Manager Amy McGinty. Through analysis and critique of the patient stories, a recurrent theme identified by the staff was the mirror availability on the unit. Consumers especially women discussed in their stories the challenge of making themselves presentable in the morning including doing their hair and makeup without the availability of mirrors in their rooms. Mirrors were available in the bathrooms although these proved to be inaccessible on occasion as they were in use the majority of the time especially in the morning peak times. Glass mirrors were not appropriate for our unit as deemed a risk and as such consumers were impacted by not being allowed to keep their own hand held mirror. An audit of the mirrors on the unit highlighted that there were only 5 mirrors available to use in bathrooms. These mirrors were not easily accessible as the bathroom doors are kept locked as per ward policy.

Self-care is promoted on our unit and can be an indicator (along with other behaviours) that a patient is recovering as they start to look after themselves and take pride in their appearance. With this knowledge we as a team felt this should be encouraged and we reflected on the conundrum. We prioritised the promotion of consumer self-care as our goal on our action plan-with an action to be the installation of a non-glass mirror in the patient’s own bed space.

One potential solution was to source non-glass mirrors and install them in the patient wardrobes in each bed space. To promote patient safety we undertook a risk assessment of this action and were able to progress with it as it was low risk. We were able to source non-glass mirrors and negotiate a budget to purchase them with our Nurse Unit Managers assistance.

In April 2016, we evaluated our action plan with both an audit and patient survey on the mirrors. Our audit results indicated that 100% of the 15 patient bays had a mirror installed in the wardrobe.

The patient evaluation survey results indicated:
- 64% of our consumers were aware of the mirrors.
- 60% used them on a daily basis or more frequently.
- 64% found the mirrors beneficial.
- 36% were not aware that the mirror was in the wardrobe.

The survey results showed that these non-glass mirrors are beneficial to our patients in helping them maintain their self-care and promote independence. We also now ensure we inform the patients of the existence of the mirrors during their room orientation when they are first admitted to the ward. The installation of the non-glass mirrors has overall proven to be a successful program for our patient journey in ACPNU.

“Essentials of Care Sketch Video Launch”

The Mid North Coast LHD EOC team recently launch an exciting new resource they have developed...”That’s Essential” a sketch video which provides the main points of information around the EOC program. The launch was attended by the Chief Nurse and Midwifery Officer, Jacqui Cross who commented that she wished she had this resource when she was the state lead for EOC. It is likely that the resource will become available to all EOC Co-ordinators and become a part of the EOC resource kit.

Lorraine Brown and Tania Arnott will speak about the resource at the next state EOC Co-ordinators meeting.
Showcase Snapshot

Our 2016 Oral and Poster Presenters

People’s Choice Winner of the Photo Competition

Lorraine Brown, EOC Co-ordinator MNCLHD
EOC teams within the NNSW LHD have undertaken some amazing work to improve clinical practice. There are many highlights to share. Grafton and Maclean Hospital staff engaged in a facility wide medication summit to improve medication administration practices, resulting in a 26% reduction in medication errors. Staff continue to work on a range of projects. The CNEs are working collaboratively with staff to improve staff engagement and satisfaction with a Rapid Response and Clinical Review training initiative. The Children’s and Adolescent team is currently examining data collected from welfare call back checks.

A multi-disciplinary team is looking at ways to embed a more rigorous safe discharge process from Casino ED. Recent data shows there is improved communication with ongoing care providers, 90% of GPs are receiving discharge letters, improved patient discharge information being given and a significant reduction in re-presentations.

A more transparent process for evaluating and prioritising applications to residential aged care has been developed by Kyogle staff. This research project has resulted in waiting list applicants who were placed out of town being returned to their local community. Previously these patients were disadvantaged as their status may not have been identified if it changed e.g. if they were in crisis. Staff no longer feel vulnerable to criticism. Requests for transfer of patients from base hospitals and other facilities are more efficiently managed.

Urbenville MPS is using EOC framework to explore a clinical leadership program project on enabling residents living in an MPS to have a choice on active or symptom management pathways.

The newly opened Byron Central Hospital, has combined staff from two facilities into one so it is timely that they worked on values as a new team. They are in the process of finalising shared values and associated behaviours as well as working on improved discharge planning.

Lismore Base Hospital teams are working on a number of initiatives; Endoscopy Unit is working on improving patient handouts for pre and post procedure instructions. Misinterpretation of instructions by patients was identified as a concern in an EOC data feedback session.

The medical/respiratory ward at Lismore has implemented a number of initiatives to improve compliance with the observation plan. Results show a 45% improvement in patients having a plan documented and 56% improvement in the patients’ plan being in compliance with the LHD procedure guideline.

Nursing and administration staff at the Tweed, Cancer Care and Haematology Unit, are exploring ways to improve the patient scheduling process. Activities undertaken to engage staff include the establishment of ways of working, claims, concerns and issues and exploration of a patient journey.

The recent introduction of eMR2 has resulted in a LHD EOC approach to addressing patient engagement and clinical bedside handover compliance whilst utilising eMR2. Numerous key staff throughout the district are participating in this initiative.

There seems to be more staff awareness on shared values determining the way forward to achieving quality, safe and compassionate care. More collaboration is influencing change for the better.