transforming your experience

NSW GOVERNMENT Health
South Western Sydney Local Health District

‘CLOSING THE GAP’ WITHIN OUR ABORIGINAL TEAM

Acknowledgements: Alison Holderness (NUM BG/AMIHS), Anne McKenzie (CNC Child and Family Health), Jo Goulding (District Child and Family Program Co-ordinator, Aboriginal Programs) and Heidi Duncan (BG AHW) and the teams involved in this process. South Western Sydney Local Health District, New South Wales.

Introduction and background

The Bulundidi Gudaga (BG) program is a sustained home visiting program for Aboriginal babies and their families within the Macarthur area. It aims to provide holistic culturally centred child and mother healthcare from pregnancy until the child’s second birthday.

BG is based on the Maternal Early Childhood Sustained Home-visiting (MECSH) program. This is a structured multidisciplinary program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers. This model of sustained multidisciplinary care in BG requires regular case review and this process is embedded into the program.

Aim – To close our gap

BG has always been delivering valuable and important care to the families it services. However, it was clear that there was a gap in what was being done compared to where BG should be. The aim was to identify the gap and find a solution that would improve outcomes for our client families and the work environment and experience for team members.

Evaluation – gap identification

To deliver sustainable and repeatable services in BG, models of care need to be systematic ensuring repetition and consistency. Consequently to identify a gap we considered the procedural elements critical to the delivery of the programme.

Case review is fundamental to the monitoring and care provision and it was here that we focused on identifying the gap we needed to close. Through interviewing staff, engaging clinical and managerial oversight and investigating activities, we identified 2 factors that were identified as “the gap”.

The first gap found was that the case review meetings were not supportive of team members and discouraging open participation. The second gap was that clinical components of care dominated case review reducing the input from the cultural perspective.

The combined effect of the gaps meant that BG;
- missed the cultural centeredness it targeted,
- created an undesirable working environment for staff &
- limited team effectiveness in achieving client outcomes.

Approach – towards a solution

Between 1/5/2018 to 29/1/2019, 487 families were case reviewed using a new structure. The case reviews were now conducted by one of each of the following; Child and Family Health Nurse (CFHN), Aboriginal Health Worker (AHW), Social Worker, Nurse Unit Manager (NUM) and Tier 2 providers and other health professionals. Previous case review meetings included all CFHNs and AHWs. Anecdotally in the previous case reviews, staff were reluctant to share knowledge in a large group setting. This change gave staff the opportunity to discuss cases in a ‘safe’ setting focussed on the client. It also necessitated that all factors written in the new case review process were addressed. Elements such as the family’s cultural connectedness and working in a family partnership model of care were implemented consistently.

Staff wellbeing required enhancement and was addressed effectively using Leader staff rounding as well as the smaller focused case review model. This is a technique provided in the transforming your experience model and is implemented monthly to review staff wellbeing and efficacy.

A qualitative staff survey was conducted during this period and showed an increase in staff satisfaction with the case review process. The NUM has also reported an increase in motivation and feelings of empowerment within the team due largely to leader staff rounding. This in turn increased job satisfaction due to better communication and transparency and service delivery.

EMPOWERING CULTURAL CHANGE

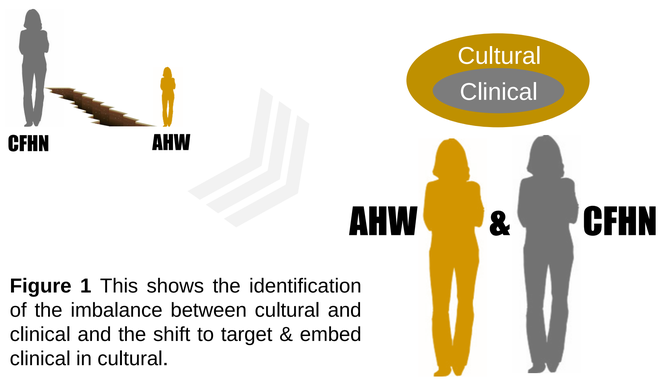


Figure 1 This shows the identification of the imbalance between cultural and clinical and the shift to target & embed clinical in cultural.

TRANSFORMING YOUR EXPERIENCE
Leader-staff Rounding

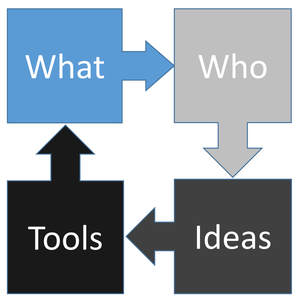
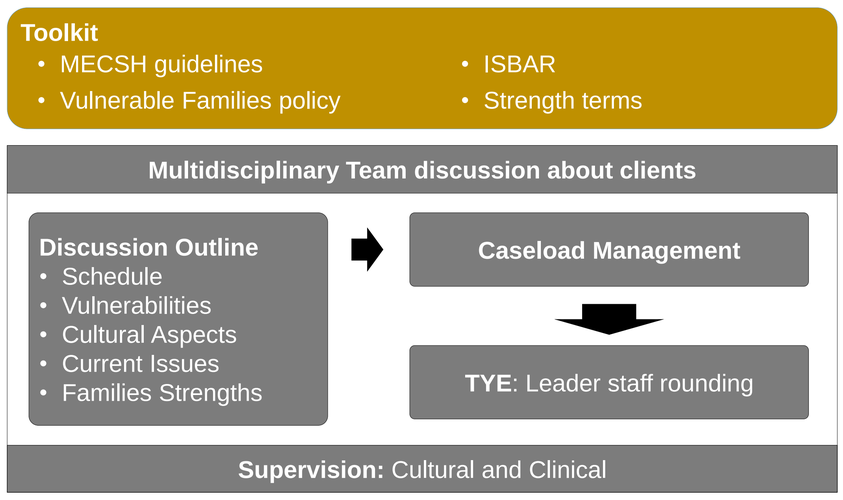


Figure 2 Case reviews were amended to be only one AHW and one CFHN at a time. This allows Leader-staff rounding to be used every time improving focus on each team members wellbeing personally and professionally.

Each box represents a question;
→**What** is working well in our area?
→**Who** (what staff member) would you like to acknowledge for doing a great job? Why?
→Do you have any **Ideas** on how we can do things better?
→Do you have all the **Tools** (equipment) and information you need to do your job well?

Bulundidi Gudaga
Aboriginal Home Visiting Program

CASE REVIEW PROCESS



Produced by Alison Holderness (Nurse Unit Manager Bulundidi Gudaga) and Anne McKenzie (Clinical Nurse Consultant Child and Family Health) 12th October 2018

Figure 3 This diagram shows the new case review process. It embeds the solutions identified in Figure 1 and Figure 2 into our procedures and ‘closes the gap’ within our Aboriginal health team. It is being implemented now and is a dynamic structure allowing improvement and growth.

Opportunities for improvement

BG applies evidence based healthcare in a cultural context and this is a complex and challenging proposition. Continuous efforts to embed the MECSH model in a cultural context are required and it will likely be an ongoing process of renewal and improvement.

Bulundidi Gudaga
Healthy pregnancy, healthy baby
Dharawal language

Conclusion

The case review process is central to the procedural and systemic approach within Bulundidi Gudaga. This ensures the welfare of families and staff is monitored closely and reviewed monthly. Significantly, we identified that the cultural context of care must be embedded and empowered in our activities ensuring that medical needs are encased in cultural context. This is an ongoing challenge that we are focused upon addressing effectively. We are experiencing a positive change in team moral and performance due to this and the regular implementation of leader staff rounding.