

*“The Essentials of Care Program has changed the way we work, improving our teamwork, and the communication between staff. It has led to a culture where open questioning and advocating for patients is welcomed”.*

## Resources

EOC is sponsored by the Chief Nursing and Midwifery officer of NSW and supported by the State-wide project manager and project officer, along with a State-wide facilitation support team.

Each LHN has a team who are managing the implementation of the program. Depending on the LHN these teams include EOC Leaders, Co-ordinators and Facilitators. The EOC teams are involved in organising and running of facilitation development workshops. These workshops are part of the facilitation development program. The external and internal facilitators will participate in the program which consists of an initial 2-day workshop followed by a 1 day workshop 3-6 months later.

Written resources available include the resource guide for facilitators, the evaluation and reporting guidelines and the facilitation development program model and curriculum.

These are available from local co-ordinators/facilitators along with other resource materials.

For more information about becoming involved in EOC, please contact:

**EOC Leader or local Co-ordinator**

or, go to the NSW Health website:

<http://www.health.nsw.gov.au/nursing/>



# Essentials of Care



## Essentials of Care

Essentials of Care (EOC) is a framework for the evaluation of the essential care provided at the clinical ward and unit level. Using transformational practice development methodologies clinical staff are engaged in the evaluation and development of the clinical care provided.

The aims of the project are to:

Improve patient safety and outcomes through the implementation of a NSW state-wide framework that focuses on the essentials of nursing and midwifery care, and to enhance the experiences of patients, families and carers as well as staff involved in the delivery of care.

This work is done through:

- Engaging clinicians in transformational practice development
- Evaluating the quality of essential care delivery
- Identifying opportunities for the development of practice
- Activating locally developed plans to improve practice
- Developing a culture of critical inquiry
- Celebrating excellence in practice

Essential care is a term used in this context to help health care professionals identify and articulate the aspects of care that are fundamental to patients' health and wellbeing. Effective essential care can only be achieved when patients and their carers are included in discussions and decisions, so the health care team understands their individual needs and works together in a person-centred way to achieve them. For the purposes of helping us to understand how, when and where aspects of care occur in day-to-day practice, they have been categorised into nine care domains.

These domains are:

- Documentation and communication
- Promoting self management
- Medications/IV products
- Privacy and Dignity
- Clinical Interventions
- Clinical Monitoring and management
- Preventing risk and promoting safety
- Learning and development culture
- Personal care

These domains have been sensitised for use in Mental Health, Maternity and Paediatrics and Community Health is currently occurring.

Care outcomes have been established for each domain as a basis for measurement.

## Transformational Practice Development

Transformational practice development underpins the work of EOC, the principles of which include:

- The use of **collaborative, inclusive and participatory** approaches
- **Being person centred:** Respecting and valuing individuals, and engaging with them in a way that promotes their dignity, sense of worth and independence
- **Values based:** Individuals and teams identify their values and beliefs around their clinical practice and themselves.
- **Enabling facilitation:** challenging teams to consider how the behaviours, systems and processes used in practice are consistent with the person centred values they have identified and to identify ways to achieve these in their everyday practice.
- **High challenge in a supportive environment** to enable staff to engage together in sometimes difficult conversations about difficult issues and achieve the goals set out by EOC.
- **Critical Reflection:** to critique, evaluate and support ongoing development.

The use of transformational practice development methodologies allows the identification of values and current practices at the ward/ unit level. This provides a basis to challenge practice and workplace cultures, enabling new ways of working that are values and evidence based.

This leads to sustainable practice change while providing an ongoing framework for evaluation.

## Role of the Facilitator

The central role of skilled facilitation is critical to the implementation of EOC using the PD methodologies.

The purpose of the facilitator is to **engage and enable** staff to work with the EOC program in evaluating their own practice and looking at ways of improving or celebrating that practice. This leads staff to become more empowered, to have ownership of the improvements being made and allows them to develop better ways of working together and with patients.

Each individual ward/unit will have an external facilitator and one or more internal facilitators.

These facilitators are members of staff who have expressed an interest in being a champion for the EOC program, and developing their facilitation and practice development knowledge and skills.

The facilitators are involved in supporting staff with the implementation of each of the phases of EOC (see program structure) and engaging with the N/MUM and senior clinical team of the ward/unit to ensure access, rostering and resources are available for the appropriate facilitation of the program.

Once a person volunteers to become a facilitator, they will be involved in a comprehensive and ongoing facilitation development program over a 12-18 month period. The aim of the program is to extend the participants' knowledge and skills in facilitating in practice development methodology and introduce participants to a range of activities and strategies that can be used when working with their clinical units.



*“As a facilitator, I have been fortunate to see first hand the growth and the development of clinical nursing staff, especially as they discover that this process enables them to have some control over their everyday lives and the care that they provide to their patients”.*

## Program Structure

EOC is an ongoing process with a 2 year evaluation cycle; there are 6 phases to the program.

**Preparation:** the education and engagement of the staff in the informed decision to implement EOC using transformational processes, articulation of staff shared values, ways of working together, and exploring all claims, concerns and issues around implementing the program.

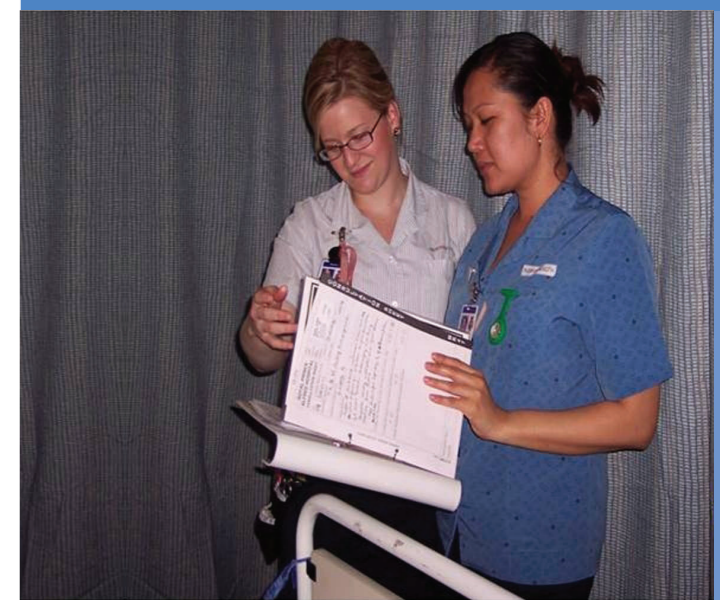
**Assessment:** the time period where the observation, auditing and patient /carer stories are collected by a team of internal and external staff. This data is used in conjunction with other available data, as a baseline assessment of clinical practice, care delivery and the care environment.

**Feedback/critique:** a facilitated process whereby the data that has been collected is collated and feedback to the clinical staff, enabling them to draw out the themes that are arising and prioritise the themes that need to be actioned in the short and long term.

**Action planning:** a facilitated process whereby the themes are discussed and action plans are devised identifying actions, timelines, responsibilities and how their impact will be evaluated.

**Implementation:** the period during which the action plans are implemented by staff on the ward/unit. During this time there is ongoing evaluation of the action plans and their impact on care and the care environment.

**Evaluation:** at approximately the 2 year stage the ward/ unit staff undertake a review of the work that has been done, by repeating the assessment phase. Any outcomes from the action plans implemented are collected, reported and celebrated. Opportunities for further improvements are identified by the clinical staff and the program continues through the cycle of phases outlined here with the intention of it becoming embedded in the way care is planned, delivered, evaluated and developed.



## Evaluation

Evaluation of the program occurs at several levels within the NSW healthcare setting.

### Ward/Unit level:

The outcomes as a result of the changes in clinical practice, care delivery processes and the care environment provide the basis for the evaluation strategy. The reporting of this data provides information about the outcomes of the EOC program.

During the assessment phase the ward/units identify the baseline data to be used in the measurement of the impact of EOC, and at the action planning phase identify the evaluation strategies for the implementation of the improvements that are to be made. The ward/ unit also look at strategies to capture the outcomes of the processes used eg change in the way staff are communicating, or engaging as a team.

### Organisation:

The progress of the implementation of the program across the organisation, including risks, 2 year evaluation reports and funding outcomes are regularly reported to NSW Health.

### A state-wide research project:

Is being conducted with 20 sites over three local health networks looking at the question: How effective is the EOC model in achieving workplace cultural change and sustained improvements in person centred outcomes?

The evaluation and reporting requirements are documented in the Essentials of Care evaluation and reporting guidelines.