It is with great pleasure that, on behalf of nurses at St Vincent’s Private Hospital Sydney (SVPHS), I submit our written documentation in support of our 2015 Magnet Recognition Program® Re-designation.

As Director of Nursing & Clinical Services, I am proud of the standards of care that nurses at SVPHS provide to our patients and their families.

We are truly committed to the Magnet Recognition Program® as a framework to continually improve quality and safety and create an environment for patients, staff, doctors and visitors that provide them with a great experience.

Since our initial Magnet designation in 2011, SVPHS has made significant progress to enculturate the Magnet principles and philosophy throughout the organization.

I am grateful for the talent, commitment and leadership of my team, the entire nursing workforce and support staff. Their attributes are reflected in the outstanding clinical outcomes achieved as well as the level of satisfaction, engagement and experience realised by patients, nursing staff and doctors.

Adjunct Professor Jose Aguilera OAM
RN, MNA, MCOM, FCN, AFACHSM, STTI
Director of Nursing & Clinical Services
Leadership achievement and initiatives 2013-2015

Our people leading from in front

Australian Council on Healthcare Standards ‘Team Gold Medal’

In 2014 SVPHS was delighted to be the inaugural recipient of this new award recognising the efforts of an entire team in setting and maintaining the highest standards in quality and safety of patient care. Out of some 600 hospitals SVPHS was singled out on the basis of over 30 years of continuous surveying with increasing levels of evidence that we take quality and safety to be of the highest priority.

Medal of the Order of Australia

In November 2014 Adjunct Professor Jose Aguilera was awarded a prestigious and nationally acclaimed Medal of the Order of Australia (OAM) by the Australian Government for his services to nursing and professional organisations. This remarkable achievement demonstrate not only José’s standing amongst his peers but also reflect very proudly on the 22 years of service he has given to SVPHS. In leading the Nursing and Clinical Services Directorate Jose has demonstrated unwavering commitment to excellence in each of the Magnet Model Components and he readily acknowledges that the sum is greater than any individual member of an organisation. To this end, José’s achievement is also one for all of us who work with him.
Magazine CEO of the year Award 2014

Also in November 2014 our Chief Executive Officer, Mr Robert Cusack was a finalist in the highly competitive and prestigious CEO of the year award. Robert’s compelling leadership is distinguished by daily and constant commitment to ‘living the values’ of SVHA; without exception he treats everyone respectfully and takes a holistic approach when working with internal and external stakeholders to achieve the highest levels of effectiveness. He is hard working, emotionally intelligent and an exemplary role model for his peers and subordinates; he leads with integrity, compassion, justice, trustworthiness and honesty. In the words of a colleague Robert is a ‘complete CEO’; as a leader of people who goes well ‘above and beyond’ his job description.

University Medal

Excitingly in 2015, one of our registered nurses who took out a first-class Bachelor of Nursing Honours degree (research focussed program leading to PhD studies) in 2014, is a recipient of the University Medal for excellence in scholarship across the undergraduate and Honours years. Only up to 2 of these awards are made in any year for each Faculty. Kelly Edwards is currently enrolled full-time with a government scholarship to support her PhD study into developing and testing a real-time patient experience measure.

National Health and Medical Research Council Translating Research into Practice (TRiP) Fellowship

In 2014 Recent PhD graduate, Dr Jed Duff, a senior research fellow and registered nurse at the hospital was awarded one of only 9 Fellowships which supports him to undertake a major research project over 2 years. The scholarship provides for 50% of his salary and substantial professional development funds to expedite his research career development. Dr Duff is conducting a multi-site translational research study to develop, implement and evaluate a ‘thermal care bundle’ to improve compliance with guidelines concerning the management of inadvertent perioperative hypothermia in our surgical patients.

UTas/SVPHS Healthcare Improvement Collaborative

The Healthcare Improvement Collaborative is a virtual entity that brings together a diverse range of researcher/scholars/students from a variety of disciplinary backgrounds with equally varied research knowledges, skills and expertise. Together the scholar-mentors and their learners, many of whom are also leaders in their respective disciplinary fields and workplace roles, form a ‘community of practice’ comprised of ‘researching professionals’ and ‘professional researchers’.

The Collaborative aims to produce a sustainable and committed cohort of ‘inquiry-driven leader- scholars’ who will be able to help transform the healthcare landscape by acting on it in ways that produce tangible benefits for consumers and producers alike while adding to the intellectual capital of the healthcare system itself and the broader knowledge economy beyond
Currently 15 senior, early, and mid-career health professionals are enrolled in research degrees with the following topics as the focus of their studies:

Three PhD studies exploring first: how to measure in ‘real time’ the patient experience in the acute hospital setting, secondly, what factors influence how men with prostate cancer make decisions concerning their treatment options and thirdly, how to diagnose ‘operational failures’, develop solutions and implement these in an attempt to improve workplace efficiency and effectiveness. All demonstrate the organisation’s commitment to improving patient and family centred care.

10 Professional doctorate studies exploring, but not limited to:

- Best practice clinical governance to enhance quality and safety of care;
- Emergency and disaster planning best practice;
- Development and piloting of a new advanced practice role for senior nurses to work closely with our VMOs to improve in-patient care and discharge processes;

Magnet Summit

In May 2013 SVPHS Nursing Executive, in collaboration with Colleagues from the other two Australian Magnet designated facilities agreed to host a Magnet Summit to further disseminate the advantages and challenges of the Magnet Recognition Program to our colleagues across the profession in Australia.
This event was very successful attracting over 100 delegates. Importantly it was held immediately following the International Council of Nurses quadrennial meeting in Melbourne thereby enabling some of our international colleagues to attend, as well as the then Magnet Program Director Dr Karen Drenkard and her senior staff who had also been in Melbourne.

The day was evaluated very favourably and most suggested it be a recurring forum to continue to promote the value of Magnet designation and to enhance the international uptake of the program.

**Attendance at the National Magnet Conferences**

Over the last several years, indeed before being designated ourselves, The Nursing Executive have actively encouraged and support our nurses (at all levels) to submit abstracts for potential presentation as either posters or podium presentations. To this end we have always had at least one or two accepted for same and the value of sending our staff to these important international meetings has been inestimable in respect of further.

**Net Promoter Score (NPS) at SVPHS**

![Patient Experience at SVPHS](image)
“Net Promoter Score” is a customer loyalty metric developed by (and a registered trademark of) Fred Reichheld, Bain & Company, and Satmetrix. It was introduced by Reichheld in his 2003 Harvard Business Review article “One Number You Need to Grow”. NPS can be as low as −100 (everybody is a detractor) or as high as +100 (everybody is a promoter). An NPS that is positive (i.e., higher than zero) is felt to be good, and an NPS of +50 is excellent.

Practice Environment Scale (Australia) (PES-AUS)

Results from this research were very encouraging and strongly indicated that the hospital was already perceived by the nurses as being ‘Magnet like’. This work was subsequently published in the International Journal of Nursing Practice in 2010. We then re-conducted the survey in the year post-designation to examine if we had been able to sustain the high levels of engagement. This was partly due to the concerns reported in the literature that hospitals score better in the lead-up to designation than they do after receiving it.

Our results were very pleasing in that we did indeed sustain the results (with one statistically significant exception in the sub-scale pertaining to nurse unit manager support) thus challenging the notion just voiced that there can be a fall-off in engagement. These results were published in the Journal of Nursing Administration in 2014. We then decided to conduct the survey for a third time in 2014 as we prepared for Magnet re-designation. This time our results returned to the high levels of engagement reported in our original survey in 2009. These serial data have been very helpful in respect of our Magnet submissions but also insofar as they provide local evidence against which to benchmark with Magnet data from the USA (and against which we outperform our US peers on every measure).
Master Classes for senior nurses

At SVPHS we recognise and are committed to the philosophy of ‘lifelong learning’. To this end we have initiated a series of ‘master classes’ for our mid and late career nurses to help keep them abreast of the ever changing healthcare landscape and the best ways in which to better sustain high levels of care delivery, improve staff and patient satisfaction and work in ever smarter ways. Topics covered to date include, but are not limited to:

11th March 2013:
Leading and inspiring people

21st August 2013:
Casemix, DRGs and Private health insurance funding

14th November 2013:
Evaluating the patient experience: Advancing towards person-centred care

14th May 2014:
The Dual Mandate:
Nursing’s role in ensuring organisational sustainability while advancing care quality

14th August 2014:
Engaging the Medical Staff

30th September 2014:
Hardwiring patient centred care: Turning data into action

Prof Kim Walker
Professor of Healthcare Improvement

Xanthe Jones
Magnet Program Manager
This bronze frieze in the hospital reception was commissioned by colleagues, friends and admirers as a memorial to three distinguished surgeons of St Vincent’s Private Hospital. It was conceived and executed by Ernesto Mungo, a Melbourne Sculptor. The eleven panels represent great men and events in the history of medicine.
CONTEXTUAL INFORMATION

1. A description of the applicant organisation in terms of:
   - History
   - Population(s) served

Include ethnicity of the nursing staff, client population and community served

History

St Vincent’s Private Hospital was founded by the Sisters of Charity in 1909. The ministry in private health care began in a humble manner with the dedication of twenty four beds in the newly opened St Vincent’s Private Hospital. These pioneering sisters and those who worked with them realised that providing care for private as well as public patients on the same campus in a spirit of compassionate care would strengthen and support the total mission of health care at Darlinghurst ensuring the best specialist doctors and professional nurses would want to be part of this endeavour. The founding principles instilled by these visionary women ensured that all people regardless of who they were or their background, were treated with dignity, respect and love and given the best possible compassionate care.

The commitment to service of the poor, especially the sick poor and the Sisters’ recognition of a variety of ways of being poor in our community is lived in a special way through the Private Hospital. Awareness of need is a hallmark of the outstanding care this hospital has provided to its patients who are brought face to face with the uncertainty and vulnerability that accompany illness.

St Vincent’s Private Hospital, Sydney (SVPHS) is situated in the inner city suburb of Darlinghurst, in Sydney’s eastern suburbs close to the famous Bondi Beach. Named after the New South Wales (NSW) governor Ralph Darling, cosmopolitan Darlinghurst or ‘Darlo’, is the heart of Sydney’s gay scene and the home of Mardi Gras. In the early days, however, Darlinghurst was more famous for its 1841 gaol, now the National Art School, and the Darlinghurst Court House built in 1835.
SVPHS is a 270 bed world-class tertiary level medical and surgical facility providing overnight and day only care across a broad spectrum of specialties for patients from the local community, rural areas, interstate and overseas. The Hospital is still conducted by the Sisters of Charity Australia; it is an unincorporated entity, operating under its own constitution. SVPHS is co-located on the Darlinghurst campus with St Vincent’s Hospital, Sacred Heart Hospice and St Vincent’s Clinic.

A centre of excellence in education and research, SVPHS is an associated medical and teaching hospital for the University of New South Wales and University of Notre Dame Australia and has partnership agreements with the Australian Catholic University, University of Tasmania and the University of Notre Dame Australia for undergraduate nursing students. The Hospital participates in campus-wide teaching programs and provides funding for the Sisters of Charity Outreach. SVPHS is also an active participant in teaching and research programs in partnership with the multiple research entities across the campus including the Victor Chang Cardiac Research Institute, the Garvan Institute of Medical Research and the Kinghorn Cancer Centre.

Over 350 specialist Medical Consultants are accredited to admit patients to SVPHS. Services are provided in major fields of medicine and surgery including cardiac, cancer, neurosurgery, orthopaedics, head, neck, and reconstructive surgery, as well as laser, laparoscopic and robot assisted surgery. Services are not provided in obstetrics or paediatrics. With the support of the consultants and through our continuous investment in modern facilities, the latest technological advances and specialised staff, SVPHS has become a leader providing many of its services at a tertiary level of complexity involving both technique (e.g. complex skull base surgeries) and technology (e.g. robotic and hybrid procedural surgery). The majority of visiting medical officers (VMOs) are resident in St Vincent’s Clinic which was built in 1990 as a joint venture between the Sisters of Charity and a number of specialists.

The current Hospital was built in 1976 and comprises 10 levels in the main building. Services located within the main building include the operating suite, patient rooms, car park, and a commercial sized laundry and kitchen which supplies food to the private hospital and also the adjacent St Vincent’s public hospital. Level 4 hosts the hospital reception and the patient services centre which includes admission and discharge services. Conveniently located on the same level, is the preadmission centre that has fully equipped examination rooms for anaesthetic and nursing consultation with six interview rooms. Approximately 75% of patients booked for admission are risk assessed and provided with education and information prior to admission.

On the patient care Levels 6 to 10 there are 188 beds in single and two bed rooms all with ensuites. St Vincent’s Hospital and SVPHS are linked via a corridor to the Xavier Wing. In the Xavier Wing there are 2 private wards, Sister Bernice Levels 7 and 8 with 25 single rooms each. Located also in the Xavier Wing is the Intensive Care Unit with 12 beds. The Young Adult Mental Health Service named Uspace is located in the O’Brien building and has 20 inpatient beds.

On Level 5, adjacent to the operating suite is the Same Day Centre. Booked patients for surgery on the same day are admitted in the centre, then after surgery or procedure are allocated a bed on the appropriate ward or discharged from the area. In the Operating Suite on level 5, there are 7 theatres and an 8th leased theatre (OR 10) in the Xavier building. There is a Post Anaesthetic Care Unit (PACU) with 12 beds and a dedicated theatre surgical sterilising unit (TSSU) to support the theatres. The Cardiac Catheter Lab (CCL) is located on level 5 in the Xavier building with direct access to the operating suite. The Cardiac Interventional service was expanded to two laboratories with equipment room,
control room and additional recovery trolley bays.

A Day Surgery Unit belonging to SVPHS is located on level 3 of St Vincent's Clinic. The unit has a secure admission and discharge area incorporating a patient interview room. The pre-operative area has 7 trolley bays and 4 pre-op chairs. There are 5 operating rooms and a 3-stage recovery with stage 1 having 12 beds; stage 2, 11 beds and stage 3, 18 chairs. Staff facilities comprise office space, a staff lounge and tutorial capacity.

**Governance**

SVPHS is one of the six private hospitals in the private facilities division of St Vincent’s Health Australia (SVHA) that forms one of Australia’s leading Catholic not-for-profit diversified healthcare providers. The health service is founded on a firm commitment to its Mission and Values, based on the Gospel and Catholic social teaching in the spirit of Mary Aikenhead, founder of the Sisters of Charity. A single Board now governs all SVHA facilities and replaced the former regional and national Boards on 1 October 2010.

**Restructure under SVHA**

In September 2013 it was announced that SVHA would move from a regional based management structure to a service-line structure. Rather than being structured by regions, SVHA is now divided into three service areas called Divisions. There is now a Private Hospital division, a Public Hospital division and an Aged Care Facility division each of which is led by a separate CEO who reports to the Group CEO.

Each Division aligns with the Group Support Services functions of Mission, Human Resources, Clinical Governance and Finance. This is in preparation for a longer term vision for operating and will enable SVHA to focus more resources in patient care.

**Corporate Governance & Planning**

The Corporate Governance and Planning Unit has responsibility for the oversight of legal and corporate governance matters across the organisation; the oversight of the service and capital planning projects in development & implementation across the organisation in accordance with the Mission, strategic and business objectives of SVHA. The Corporate Governance component of the unit is the provision of advice to the Chief Executive Officer on the structures and processes required to support the effective conduct of the organisation.

SVPHS Management Committee provides leadership, shares information, reviews performance, and implements strategy and business development.

**Clinical Governance**

Clinical Governance arrangements were revised at SVPHS in response to legislation, accreditation and contemporary health care requirements. As a result, a new clinical governance framework was developed. The framework enhances reporting, clinical review and enables more robust appointment and credentialing process.

The private hospital by-laws were reviewed and twenty six departments or divisions representing accredited practitioners are required to review clinical outcomes and identify strategies for reducing the risk of adverse outcomes. This provides a forum for accredited practitioners to meet and discuss clinical and administrative matters relevant to their speciality. Every department must meet at least twice a year for formal quality, morbidity and mortality review meetings.
The Nursing and Clinical Services Directorate (NCSD) is led and managed through a shared governance model, within a values-based approach to leadership. The shared governance is composed of six practice councils: The Nursing Executive Council (NEC); the Clinical Management Council (CMC); the Nursing Quality and Safety Council (NQSC); the Nursing Education, Training and Development Council (NETDC); the Clinical Policy and Procedure Council (CPPC) and the Practice Development and Research Council (PDRC).

This model encourages a learning environment and a shared sense of purpose among the staff. The Director of Nursing and Clinical Services (DONCS) fosters and promotes communication across different professional disciplines, and plays a key role in maintaining collaborative relationships with the visiting medical officers.

**Magnet Recognition**

SVPHS is the only private hospital in Australia to attain Magnet recognition in May 2011. An international and prestigious quality award, Magnet recognises excellence in patient care services, assuring patients of exemplary care, exceptional nursing and innovative nursing practices in line with the proud tradition and mission of the Sisters of Charity of providing excellence in compassionate care.

Magnet identifies healthcare organisations that attract and retain the best in the nursing profession and offer patients peace of mind, knowing that SVPHS is a world leader in patient care.

**Uspace - Young Adult Mental Health Unit**

The State-wide voluntary private mental health service for young adults aged sixteen to thirty, with early psychosis or mood disorders opened in March 2012. Uspace is integrated into the current health, support services and planning at SVPHS. The service includes a 20 bed purpose built inpatient unit on Level 7 of the O’Brien Centre, diagnostic specific day programs, an outreach service and outpatient consultation suites on Level 6 of the O’Brien Centre.

**Acute Stroke Service**

A 4 bed unit on Level 6 of SVPHS has been established for the care of acute stroke patients.

**Renal Transplantation Service**

Following successful discussions with renal, vascular, transplant and Intensive Care Unit (ICU) specialists regarding the possibility of commencing a renal transplantation program, SVPHS commenced a Renal Transplantation Service in late October 2011. SVPHS is the only private hospital in New South Wales (NSW) with a Live Donor Renal Transplantation Program. The first Live Donor Renal Transplant was conducted on 12 December 2011.

**SVPHS Redevelopment**

Looking to the future, SVPHS has recently secured approval from the Board to fund the redevelopment and expansion of the existing hospital which is thirty nine years old. A comprehensive Clinical Services Plan has been developed to ensure SVPHS remains relevant not only to our community needs but stays at the forefront in the provision of innovative health care services.
Consumer Advisory Group

A Consumer Advisory Group was established with the terms of reference ratified by the Chief Executive Officer (CEO) and the Quality and Safety Committee. Consumer members of the group received training from the Clinical Excellence Commission (CEC). Consumer members are involved in a number of activities e.g. involvement in the SVPHS redevelopment, working in Uspace, membership of the food services menu committee and membership of various committees, councils and focus groups.

Population served

Patient referrals and admissions represent a broad cross section of the New South Wales (NSW) state-wide and interstate population. Major ethnic groups account for approximately 10% of admissions.

The majority of patients fall within our catchment area of the eastern suburbs accounting for 36.72% of the referral base which has increased over the past two years. The number of patients from the northern suburbs has decreased slightly (13.54%-13.47%) while there has been an increase in patients from city / inner west (11.11% - 12.06%).

The catchment areas for patients in Uspace are predominantly the northern suburbs with 40.14% of the population; eastern suburbs 18.64%; southern suburbs 15.05%; city and inner west 14.34% and the south east NSW 3.76%.

St Vincent’s Private Hospital has no designated community catchment area as it is a Private hospital to which patients can come, from anywhere within Australia and indeed overseas to seek the Specialist of their choice and the high level care provided by SVPHS.

SVPHS cares for patients from all religions, all privately insured or self-funded patients that includes veterans affairs and patients covered by workers compensation.
As depicted in the graph above, the largest percentage of discharged patients comes from the Eastern Suburbs of Sydney at 37% followed by the Northern Suburbs at 13%.

The hospital is geographically located in the Eastern Suburbs of Sydney. The table below taken from the Australian Bureau of Statistics indicates the ethnicity of the total population of Eastern Suburbs of Sydney.

### Ethnicity of the total Eastern Suburbs population

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Sydney - Eastern Suburbs</th>
<th>%</th>
<th>New South Wales</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>134,767</td>
<td>54.04</td>
<td>4,747,372</td>
<td>68.6</td>
<td>15,017,847</td>
<td>69.8</td>
</tr>
</tbody>
</table>

**Other top responses**

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Sydney - Eastern Suburbs</th>
<th>%</th>
<th>New South Wales</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>13,613</td>
<td>5.5</td>
<td>227,524</td>
<td>3.3</td>
<td>911,593</td>
<td>4.2</td>
</tr>
<tr>
<td>China (excludes SARs and Taiwan)</td>
<td>6,861</td>
<td>2.7</td>
<td>156,035</td>
<td>2.3</td>
<td>318,969</td>
<td>1.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>6,434</td>
<td>2.6</td>
<td>114,232</td>
<td>1.7</td>
<td>483,398</td>
<td>2.2</td>
</tr>
<tr>
<td>South Africa</td>
<td>6,398</td>
<td>2.6</td>
<td>40,248</td>
<td>0.6</td>
<td>145,683</td>
<td>0.7</td>
</tr>
<tr>
<td>Ireland</td>
<td>3,875</td>
<td>1.6</td>
<td>21,919</td>
<td>0.3</td>
<td>67,318</td>
<td>0.3</td>
</tr>
</tbody>
</table>

In Sydney - Eastern Suburbs (Statistical Area Level 4), 54.0% of people were born in Australia. The most common countries of birth were England 5.5%, China (excludes SARs and Taiwan) 2.7%, New Zealand 2.6%, South Africa 2.6% and Ireland 1.6%. 
Ethnicity of the Eastern Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.

![Pie chart showing ethnicity distribution.]

Ethnicity of the Northern Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.

![Pie chart showing ethnicity distribution.]
Ethnicity of the City/Inner West Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.

Ethnicity of the South Eastern Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.
Ethnicity of the Southern Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.

Ethnicity of the South Western Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.
Ethnicity of the North Eastern Suburbs community population that attended St Vincent’s Private Hospital Sydney 2013/14.
Catchment area for the community served

<table>
<thead>
<tr>
<th>CATCHMENT AREA</th>
<th>FIN YEAR 11/12</th>
<th>FIN YEAR 12/13</th>
<th>FIN YEAR 13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Suburbs</td>
<td>8393</td>
<td>8712</td>
<td>8950</td>
</tr>
<tr>
<td>Northern Suburbs</td>
<td>3141</td>
<td>3195</td>
<td>3183</td>
</tr>
<tr>
<td>City/Inner West</td>
<td>2578</td>
<td>2860</td>
<td>2915</td>
</tr>
<tr>
<td>South East NSW</td>
<td>1769</td>
<td>1713</td>
<td>1770</td>
</tr>
<tr>
<td>Southern Suburbs</td>
<td>1354</td>
<td>1436</td>
<td>1441</td>
</tr>
<tr>
<td>South Western Suburbs</td>
<td>1320</td>
<td>1246</td>
<td>1323</td>
</tr>
<tr>
<td>North East NSW</td>
<td>798</td>
<td>795</td>
<td>768</td>
</tr>
<tr>
<td>South West NSW</td>
<td>639</td>
<td>697</td>
<td>685</td>
</tr>
<tr>
<td>Hunter Region</td>
<td>445</td>
<td>450</td>
<td>470</td>
</tr>
<tr>
<td>Hills District</td>
<td>439</td>
<td>414</td>
<td>417</td>
</tr>
<tr>
<td>Central Coast</td>
<td>433</td>
<td>387</td>
<td>409</td>
</tr>
<tr>
<td>North West NSW</td>
<td>415</td>
<td>344</td>
<td>375</td>
</tr>
<tr>
<td>Interstate</td>
<td>309</td>
<td>311</td>
<td>320</td>
</tr>
<tr>
<td>Overseas</td>
<td>305</td>
<td>293</td>
<td>245</td>
</tr>
<tr>
<td>Central West</td>
<td>262</td>
<td>269</td>
<td>199</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>260</td>
<td>247</td>
<td>297</td>
</tr>
<tr>
<td>Blue Mountains</td>
<td>148</td>
<td>173</td>
<td>184</td>
</tr>
<tr>
<td>Outer Western Suburbs</td>
<td>194</td>
<td>165</td>
<td>207</td>
</tr>
<tr>
<td>NSW Islands</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>23206</strong></td>
<td><strong>23711</strong></td>
<td><strong>24164</strong></td>
</tr>
</tbody>
</table>

English is the predominant language spoken at home with French the next most common language spoken. Other languages are: Italian, Russian, Greek, Cantonese, Mandarin, Spanish and Japanese

**Casemix Index**

The casemix index or patient complexity remains at a high level and for the 2012/2014 financial year based on the Round 11, 2006/2007 Private Hospital Cost Weights are represented in the table below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Fin 12/13</th>
<th>Fin 13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>0.63</td>
<td>0.55</td>
</tr>
<tr>
<td>Overnight</td>
<td>2.55</td>
<td>2.63</td>
</tr>
<tr>
<td>All Patients</td>
<td>1.83</td>
<td>1.85</td>
</tr>
</tbody>
</table>

**Separations by Age**

The majority of patients admitted during 2013 were aged between 65 to 74 years old. This age group accounted for almost 25.39% of admissions and has also increased compared to the last 2 years. Patients in the age group of 15-24 have increased from 2.29% to 4.69% with the opening of Uspace, the Young Adult Mental Health Unit.
## Ethnicity of Client Population

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>2011/2012</th>
<th>% Total</th>
<th>2012/2013</th>
<th>% Total</th>
<th>2013/2014</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>15,839</td>
<td>68.25</td>
<td>16,320</td>
<td>68.83</td>
<td>16,546</td>
<td>68.47</td>
</tr>
<tr>
<td>England</td>
<td>1,320</td>
<td>5.69</td>
<td>1,287</td>
<td>5.43</td>
<td>1,283</td>
<td>5.31</td>
</tr>
<tr>
<td>South Africa</td>
<td>496</td>
<td>2.14</td>
<td>487</td>
<td>2.05</td>
<td>538</td>
<td>2.23</td>
</tr>
<tr>
<td>Italy</td>
<td>479</td>
<td>2.06</td>
<td>499</td>
<td>2.10</td>
<td>498</td>
<td>2.06</td>
</tr>
<tr>
<td>New Zealand</td>
<td>491</td>
<td>2.12</td>
<td>517</td>
<td>2.18</td>
<td>494</td>
<td>2.04</td>
</tr>
<tr>
<td>Greece</td>
<td>223</td>
<td>0.96</td>
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2. The current chief nursing officer’s job description and curriculum vitae

Supporting evidence:

- Director of Nursing and Clinical Services job description
- Director of Nursing and Clinical services curriculum vitae
TRANSFORMATIONAL LEADERSHIP

3. Copies of the most recent
   - Annual Reports (nursing and organisation)
   - Quality plans
   - Patient safety plan
   - Strategic Plans for the organisation and nursing services

Supporting Evidence

- St Vincent’s Health Australia Annual Report 2012 - 2013
- St Vincent’s Private Hospital Sydney Annual Nursing Report 2013
- Patient Quality and Safety Plan
- St Vincent’s Health Australia, Strategic Plan 2014 – 2016
- St Vincent’s Private Hospital, Nursing and Clinical Services Directorate, Strategic Plan
- 2013-2016
4. **The administrative and nursing organisational chart(s). Describe the CNO’s structural and operational relationships to all areas in which nursing is practiced**

**Structural Relationships**

The Director of Nursing and Clinical Services, Adjunct Professor José Aguilera, Order of Australia Medal (OAM) holds the most senior staff position after the Chief Executive Officer (CEO) of St Vincent’s Private Hospital Sydney. José deputises and acts as CEO when the incumbent is on leave.

José functions within SVPHS as a senior executive in charge of the strategic direction and operations for the hospital and is a member of the hospital’s executive management team. As a member of this group, he is expected to be involved in the business planning and has stewardship for the assets and business of the Sisters of Charity.

Although he reports directly to the CEO, José liaises closely with the Executive of the private division of St Vincent’s Health Australia with their portfolios of People and Culture, Finance, Clinical Governance and also Legal Matters.

The Nursing and Clinical Services Directorate comprises all nursing services, health information services, quality and risk management and liaison with pharmacy services as well as patient services including reception, switch, bookings, admissions and discharges. Managers of these services report to José.

The Director of Nursing and Clinical Services (DONCS) is responsible for leading the nursing profession within SVPHS, enhancing practice standards and achieving excellence in nursing practice and patient outcomes.

The major area where nursing is practiced is within the clinical and surgical services. The Quality and Risk department has a designated Clinical Risk Manager and two Quality Managers that are all nursing positions reporting to the DONCS.

Within the Nursing Directorate are the positions of Clinical Services Manager and Surgical Services Manager. These two roles are responsible and accountable for the day to day operations of the inpatient care units (comprising 7 patient care levels including the Intensive Care Unit, Pre Admission Centre) and surgical services (including Operating Theatres, Day Surgery Unit, post Anaesthetic Care Unit, Same Day Centre, Cardiac Catheter Centre and the Sterilisation Services). Both of these roles report to the Director of Nursing and Clinical Services.

Direct reports to the Director of Nursing and Clinical Services include:

**Nursing:**

- Clinical Service Manager
- Surgical Services Manager
- Quality Manager – Australian Commission of Healthcare Standards (ACHS)
- Quality Manager – Magnet
- Clinical Risk Manager
- Manager Education Training and Learning
Manager Workforce Planning and development
Manager Discharge Planning
Manager Length of Stay, Documentation & Revenue Optimization
Clinical Nurse consultants in:
  - Infection Control
  - Wound Management
  - Stoma Therapy/Palliative Care
  - Breast Care
  - Haematology/Oncology
  - Nursing Informatics
Clinical Assistant Directors of Nursing (after hours x 4)
Professor of Healthcare Improvement

Non Nursing:
- Patient Services Manager
- Health Information Manager
- Executive Assistant

Operational Relationships
The Director of Nursing and Clinical Services is accountable for the provision of clinical services that meet and exceed patients' needs and expectations, minimising costs and maximising efficiencies to ensure improved patient care outcomes. It is imperative that these services are delivered within budget constraints and defined delegations and within exemplary professional, best practice standards.

José has overall responsibility for approximately 750 staff and a salaries and wages budget of $60 million. The total operational and capital budget that he is responsible and accountable for is circa $136 million per year.

Through the shared governance model adopted at SVPHS, José is well positioned to access, listen to and act on matters affecting the entire nursing and support services workforce within the hospital.

The Director of Nursing and Clinical Services supports and promotes the Mission and Values of the Sisters of Charity and St Vincent's Health Australia by facilitating the provision of both a comprehensive and compassionate model of care. This position serves as a role model for nursing and clinical leadership and one that is pivotal for the professional identity of nursing and clinical services and consequently the provision of high quality patient care.

José also develops leads and manages projects assigned by the CEO to achieve strategic initiatives. Furthermore he is a member of the senior leadership team of the Private division of St Vincent’s Health Australia as well as a member of the Risk Management Committee. As a member of these groups he advises the senior leadership on nursing professional and clinical services issues.

José has a strong relationship with the Visiting Medical Officers through their accreditation, reaccreditation, credentialing and allocation of privileges within clinical practice. José attends their speciality based clinical review meetings and contributes to the provision of clinical indicators data for their speciality based morbidity and mortality review meetings.
As demonstrated in the Nursing and Clinical Services Directorate, Organisational Structure, the Nursing and Clinical Services Directorate is led and managed through a shared governance model, with a values based approach to leadership. This model encourages a learning environment and a shared sense of purpose among staff. José fosters and promotes communication across different professional disciplines and plays a key role in maintaining collaborative relationships with the visiting Medical Officers.

The shared governance model comprises six Practice Councils:

- Nursing Executive Council
- Clinical Management Council
- Nursing Quality and Safety Council
- Nursing Education, Training and Development Council
- Clinical Policy and Procedure Council
- Practice Development and Research Council

José, as Chair of the Nursing Executive Council, provides sponsorship to all other Practice Councils. These Councils meet on a monthly basis and the meetings are chaired by a member of the Nursing Executive Council.

The Director of Nursing and Clinical Services meets formally with all his direct reports on a monthly basis and with all levels of nursing staff including night duty staff on a bi-monthly basis by visiting and meeting with nursing staff in each clinical and surgical area. The purpose of these meetings is to access direct care nurses, listen to their concerns and provide feedback, advice and advocacy leading to improvement in their practice environment. Sharing of information also takes place during these scheduled meetings.

José participates in monthly Nursing Grand Rounds where more than 75 nurses attend on a monthly basis and he informally visits all clinical areas frequently. José meets individually with all Nursing Unit Managers to negotiate and formulate their respective annual operating and capital budgets as well as negotiating and setting their respective targets contained within their unit based strategic plans.

The strength of the relationships built by the Director of Nursing and Clinical Services and members of the Nursing Executive Council is well demonstrated by the nurses’ feedback through Best Practice Australia survey and the Practice Environment Scale survey. Our culture of success attests to the investment made by José and his team in building open, productive, engaging and enduring relationships which are reflected in the excellent standards of patient care, outcomes, experience and feedback.

**Supporting evidence:**

- SVPHS Organisational Structure
- Nursing & Clinical Services Directorate Organisational Structure
5. The policies and procedures that govern/guide continuing professional development programs, such as tuition reimbursement; access to web based education; professional nursing certification; and participation in local, regional, national and international conferences/meetings.

Orientation, Induction and Annual Mandatory Training Policy

The Orientation, Induction and Annual Mandatory Training policy guides professional development. Each staff member receives education, training and learning activities in organisational topics and in areas specific to their particular position and to meet legislative requirements.

Study Leave

Study Leave is addressed in the SVPHS Leave Policy and addresses issues such as tuition reimbursement, leave available for programs and payment of fees. Study leave is available for the personal and/or professional development of staff members, where such development assists the hospital in achieving its strategic priorities and is relevant to the current or future position of the staff member.

Online Learning

The St Vincent’s & Mater Health Sydney online learning guidelines guides access to online learning. For online learning during work hours employees must obtain approval prior to any computer training. This ensures training activities during work are based on individual and organisational needs and will not disrupt priority work assignments.

Supporting evidence:

- SVPHS Orientation, Induction and Annual Mandatory Training Policy
- SVPHS Study Leave policy
- SVHAS Online Learning Computer Training Service
6. The learner assessment of the continuing education needs for nurses at all levels and settings, and the related education implementation plan

A hospital-wide Education Needs Analysis was conducted in 2014 via ‘survey monkey ‘(an online survey tool) to ascertain the needs of learners and from this the continuing education programs were updated. Using an online tool, the continuing education needs analysis for nurses at all levels are assessed on a regular basis.

Planning sessions are held annually with the SVPHS Nursing Education, Training and Development Council where the local continuing education calendar is developed and implemented.

The Learner Assessment for continuing education needs 2014, for clinical nurses was in the form of Survey Monkey that was distributed to all clinical nurses online for them to complete.
Clinical Nurses Education Needs Analysis 2014

**Question 1: In which area do you work?**

CSU

SBW 7 & 8

PAC

ICU

Level 6

SDC

Level 7

CCC

Level 8

Anaesthetics & Recovery

Level 9

Scrub/Scout

Level 10

DSU Anaesthetics & Recovery

DSU Scrub/Scout

USpace

Casual Pool

Patient Care General

**Question 1A: What is your clinical nurse position classification?**

RN

CNS

**Question 2: Do you predominantly work:**

Rotating Roster

Night Duty only

Weekends only

Monday – Friday

**Question 3: Have you attended a Night Duty Continuing Professional Development session? (for CN night duty)**

Yes

No

N/A

**Question 4: In 2014, do you think the number of Night Duty Continuing Professional Development sessions met your needs? (for CN night duty)**

Yes

No

N/A

**Question 5: Do you feel the content of these Night Duty CPD sessions were appropriate? (for CN night duty)**

Yes

No

N/A
Question 6: How often does your ward/unit conduct Continuing Professional Development sessions? (for CN on rotating, weekends only, Monday-Friday, excluding night duty)
Daily
Weekly
Fortnightly
Monthly
Other

Question 7: Do these Continuing Professional Development sessions allow you to sufficiently enhance your practice? (for CN on rotating, weekends only, Monday-Friday, excluding night duty)
Yes
No
Comments

Question 8: Are you aware of the 10 National Standards?
Yes
No

Question 9: Do the content of CPD sessions available, incorporate the 10 national standards?
Yes
No

Question 10: As a direct care nurse, clinical or non-clinical, can you suggest Continuing Professional Development sessions you are interested in/you believe there is a need for. Please think about the Magnet elements Transformational Leadership, Exemplary Professional Practice, Structural Empowerment and New Knowledge, Innovations & Improvements:
Answer

Question 11: What factors encourage/motivate you to attend education programs?
Answer

Question 12: What major continuing education activities/needs do you think are a priority?
Answer

Question 13: Which patients in your specialty area, do you feel least secure about caring for?
Answer
**Participant Numbers:**

There was a 70% response rate (325 responses out of 464 distributed) to the Needs Analysis that comprised 54% Registered Nurses and 16% Clinical Nurse Specialists.

The Clinical Education Needs Gap Analysis 2014 (sample below, contained in the original documentation) was developed from the responses provided by Clinical Nurses to the questions posed in the Survey.

---

**Learner Assessment for continuing education needs for nurses at all levels – CNO, Nurse Leaders and Nurse Managers**

**N.B** CNO is known in Australia as the Director of Nursing and Clinical Services (DONCS)

In 2013, the Education Team surveyed Nurse Leaders and Nurse Managers within the organisation that comprised the Director of Nursing and Clinical Services (DONCS), Clinical Services Manager (CSM), Surgical Services Manager (SSM), Nurse Unit Managers (NUMs), Clinical Nurse Consultants (CNCs), Nurse Educator and Clinical Nurse Educators (CNEs) to determine their educational needs.

**Participant numbers:**

There was a 75% response rate (27 responses out of 36 distributed) to the leadership needs assessment. Breakdown of the levels of senior nurse depicted below.

![Graph representing the participant numbers of the senior nurse level: DONCS, Nurse Leaders and Nurse Managers to the learner assessment for the continuing education needs for nurses at this senior level](image-url)
The Leadership education needs assessment asked respondents to rate the level of benefit to a series of questions under the topics of
- Communication
- Working with others
- Business skills
- Leadership
- Organisational Skills

Survey for Senior Nurses: DONCS, Nurse Leaders & Nurse Managers

Please circle as appropriate: DONCS, CMS, SSM, NUM, CNC, NE, CNE

Name

Leadership Needs Assessment

This survey is designed to help assess leadership needs in our organization. Please provide a response for each leadership topic. Please circle a number under “Level of Benefit” to tell us how much this skill would benefit you personally.

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Level of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>1 Communicating for impact and influence</td>
<td>1</td>
</tr>
<tr>
<td>2 Effective writing skills</td>
<td>1</td>
</tr>
<tr>
<td>3 Listening skills</td>
<td>1</td>
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<tr>
<td>4 Presentation skills</td>
<td>1</td>
</tr>
<tr>
<td>5 Developing feedback-rich environment</td>
<td>1</td>
</tr>
<tr>
<td>6 Giving positive and negative feedback</td>
<td>1</td>
</tr>
<tr>
<td>7 Handling difficult conversations</td>
<td>1</td>
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</tbody>
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<thead>
<tr>
<th>WORKING WITH OTHERS</th>
<th>Level of Benefit</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>8 Building relationships</td>
<td>1</td>
</tr>
<tr>
<td>9 Conflict management</td>
<td>1</td>
</tr>
<tr>
<td>10 Valuing diversity</td>
<td>1</td>
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<tr>
<td>11 Effective delegation</td>
<td>1</td>
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<tr>
<td>12 Creating win/win/wins</td>
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<tr>
<td></td>
<td>Business Skills</td>
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<td>13</td>
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<td>Energizing people</td>
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</table>
36 Accountability – taking ownership of challenges
37 Dealing with ambiguity
38 Learning best practices
39 Aligning behaviours with goals
40 Developing a leadership pipeline

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<tr>
<th>ORGANISATIONAL SKILLS</th>
<th>Level of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate/community citizenship</td>
<td>None</td>
</tr>
<tr>
<td>Customer focus</td>
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Results:

Communication

![Communication graph]

Working with others

![Working with others graph]
Business skills

Leadership

Organisational skills
From the results of the survey for DONCS, Nurse Leaders and Nurse Managers within the organisation felt that it would be most beneficial to have education session focussing on

1. Communication
   - developing feedback rich environments
   - handling difficult conversations
2. Working with others
   - conducting high, middle & low performer conversations
   - working through barriers/solving problems
   - conflict management
3. Business skills
   - project management
   - evaluating people and performance
   - measuring progress and performance
4. Leadership
   - aligning behaviours with goals
   - creating an environment of continuous improvement
5. Organisational skills
   - customer focus
   - corporate/community citizenship
Education Plans related to assessment for DONCS, Nurse Leaders and Nurse Managers

Senior Nurses Education Plan 2014
DONCS, Nurse Leaders and Nurse Managers

Clinical Management Meeting
Venue: Level 4 Function Room SVC
Time: 14:00 – 15:00

Nursing and Clinical Services Forum
Venue: Level 4 Lecture Room SVC
Time: 14:00 – 15:00

Middle Managers Forum
Dates: Monday 2nd February, Wednesday 8th April, Monday 1st June, Monday 17th August, Monday 11th October, Monday 7th December
Venue: Function Room
Time: 15:30 – 17:00

Nursing Executive Council
Dates: February 5th, March 5th, April 2nd, May 7th, June 4th, July 2nd, August 6th, September 10th, October 8th, November 5th, December 3rd
Venue: Lecture Room, Level 10 SVC
Time: 14:00 – 15:30

International Nurses Day Week
Dates: Tuesday 12th May – Night Duty Breakfast & Nursing Grand Rounds, Wednesday 15th May – Award Ceremony, Thursday 14th May, Friday 15th May
Venue: Level 4 Function Room & Lecture Room SVC
Time: 07:00 – 17:00

Foundation Day Awards
Date: Wednesday 7th October
Venue: Level 4 Function & Lecture Rooms SVC
Time: 14:00 – 16:00

Senior Nurse Masterclasses

Root Cause Analysis workshop
Date: March 10th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Who am I as a leader?
Date: Mar 11th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Sigma Theta Tau International XI
Venue: Research Office
Time: 08:00 – 17:00

The Dual Mandate
Date: May 14th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Engaging the Medical Staff
Date: August 14th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Private Health Insurance Funding
Date: August 21st
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Patient Centered Care workshop
Date: September 30th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

Elevating the Patient Experience
Date: November 14th
Venue: Level 4 Function Room SVC
Time: 08:00 – 17:00

St Vincent's Health Australia Executive Leadership Course
Date: November 14th
Venue: SVHA Boardroom, Bondi Junction
Time: 08:00 – 17:00

St Vincent's Private Hospital Strategic Planning Day
Date: February 18th
Venue: The Sebel Hotel
Time: 08:00 – 17:00
### SVPH - EDUCATION TRAINING & DEVELOPMENT STRATEGY MAP 2013–2016

<table>
<thead>
<tr>
<th><strong>CUSTOMERS</strong></th>
<th><strong>Objective</strong></th>
<th><strong>Measures (KPIs)</strong></th>
<th><strong>F/Y 13-16 Targets</strong></th>
<th><strong>Initiatives</strong></th>
<th><strong>Responsibility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achieve a great Customer Experience</td>
<td>Educate, train &amp; professionally develop our staff</td>
<td>Staff CPD hours</td>
<td>Develop yearly calendar of professional development programs</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support lifelong learning, role development and career advancement</td>
<td>% of nurses with tertiary qualifications</td>
<td>NETDC develops learning opportunities for staff – nursing grand rounds</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promote professional engagement and empowerment of nurses</td>
<td>BPA survey</td>
<td>Encouragement for nurses at all levels to participate in NETDC activities &amp; programs</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support the delivery of exemplary professional practice</td>
<td>Press Ganey overall patient satisfaction with nursing</td>
<td>Second yearly needs analysis of educational programs to be developed and deliver</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td>Perspective</td>
<td>Objective</td>
<td>Measures [KPIs]</td>
<td>F/Y 13-16 Targets</td>
<td>Initiatives</td>
<td>Responsibility</td>
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</table>
| **INTERNAL PROCESS**        | Achieve Operational Excellence  
• Provide orientation, Mandatory competence & CPD programs  
• Promote the teaching and learning role of nurses  
• Set expectations and goals for formal nursing education SE EO & SE 4EO  
• Facilitate ongoing learning through career counselling  
• Facilitate effective transfer of new graduates | Attendance rate  
% of preceptors and facilitators  
Expectations set  
Practice Environment Survey (PES)  
Retention rate | 100%  
80%  
70%  
5%  
80%  
50% | Deliver and evaluate effectiveness of the programs  
Facilitate the development and training of all learners  
Support staff to achieve set target for each unit  
Increase uptake of CNS & MPPP  
Schedule career counselling sessions with staff  
Oversee implementation and evaluation of the New Graduate Program | MEDT, NE |
| **LEARNING & GROWTH (PEOPLE)** | Being a Great Place to Work  
• Develop CNEs & nurses knowledge, leadership & management skills  
• Provide organisation wide professional development programs and Mandatory Training  
  o Enable nurses to participate in professional organisations at local, state & international levels  
• Support clinical placements & serve as preceptors, facilitators, adjunct faculty members | % of nurses with tertiary qualifications  
Attendance at events on educational calendar  
Professional organisation membership rates  
Number of placements of student clinical placement days (CPD)  
*ACON  
*New Grads  
*Post Grads  
*TVET  
*Cadets | 80%  
100%  
30%  
1500 CPD per annum | Facilitate access and encourage CNEs and nurses at all levels to attend appropriate leadership and management programs  
Develop, implement & evaluate professional development programs as per Magnet requirements  
Encourage nurses at all levels to pursue membership of relevant clinical professional speciality groups  
Facilitate access to preceptor programs, Liaise with university partners, TAFE, ACON to provide students, new and post grads with clinical placements | MEDT, NE |
<table>
<thead>
<tr>
<th>Perspective</th>
<th>Objective</th>
<th>Measures [KPIs]</th>
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</tr>
</thead>
<tbody>
<tr>
<td>FINANCIAL</td>
<td>Grow our Mission &amp; achieve our Vision</td>
<td>EBITDA %</td>
<td>16%</td>
<td>Monitor compliance with hospital policy &amp; procedures as well as set clinical competencies</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td></td>
<td>• Increase margin by improved quality outcomes, patients, staff &amp; VMO satisfaction &amp; experience</td>
<td>Vacancy rate</td>
<td>0%</td>
<td>Monitor and evaluate retention rate and new graduate satisfaction and experience with program and clinical experience</td>
<td>MEDT, NE</td>
</tr>
<tr>
<td></td>
<td>• Reduce vacancy &amp; turnover rates by growing our own nurses</td>
<td>Turnover rate</td>
<td>8%</td>
<td>MEDT, NE</td>
<td>MEDT, NE</td>
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<tr>
<td></td>
<td></td>
<td>Retention rate</td>
<td>92%</td>
<td>MEDT, NE</td>
<td>MEDT, NE</td>
</tr>
</tbody>
</table>
An action plan that includes a target and demonstrates evidence of progress toward 80% of registered nurses obtaining a baccalaureate or graduate degree in nursing by 2020. Include an assessment of the current status; an evaluation of methods and strategies to increase the educational level of the workforce; and an appraisal of established realistic targets to meet the organisation’s strategy to increase the number of registered nurses with a degree in nursing (baccalaureate or graduate degree)

As part of the Nursing and Clinical Services Directorate Balanced Scorecard 2013-2016, Targets have been set that indicate a goal of 85% of registered nurses having a Bachelor in nursing by 2016
**Action Plan**

**Strategy:** To reach target of >85% of Registered Nurses with a baccalaureate or graduate degree in nursing by 2016 (refer to appendix one)

**Assessment of current situation:** As of February 2015 85% of Registered Nurses have a baccalaureate or graduate degree in nursing (refer to appendix two)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies to increase the educational level of the workforce</th>
<th>Appraisal of targets</th>
</tr>
</thead>
</table>
| To achieve and maintain target of 80% (Registered Nurses with a baccalaureate or graduate degree in nursing) | • Maintain a culture that promotes and supports learning and discovery which is evaluated through BPA staff satisfaction survey and the Australian Practice Environment Survey (PES-UAS NWI) (refer to appendix three)  
• Incorporate targets in the hospitals and individual departments strategic plan  
• Promote opportunities for scholarship study with the University of Tasmania (UTAS)  
• Support hospital trained staff that are applying for recognition of prior learning with UTAS for post graduate study  
• Support post graduate study through hospital based scholarships  
• Provide paid study leave to support staff who are undertaking post graduate study  
• Facilitate discussion during the annual appraisal process enables managers to discuss educational opportunities for staff  
• Create a culture of clinical improvement evidenced in the Clinical Nurse Specialist pathway that supports post graduate study  
• Strengthen contemporary nursing practice by utilising the competency based rostering guide that supports post graduate study  
• Establish the requirements for mandatory baccalaureate or graduate degree in nursing in recruitment strategies  
• Recruit for management positions which target Masters prepared or working towards candidates | • Results of targets are reported annually in St Vincent's Private Hospitals Nursing Review  
• Reward and recognise those who have completed post graduate study |

**Assessment of current status**

Measurement of current status is from our Access data base where the percentage of nurses with tertiary qualifications is recorded monthly

**Evaluation of methods and strategies to increase the educational level of the workforce**

Currently 85% of registered nurses at SVPHS have a graduate nursing degree and this has been achieved by implementation of the following strategies:
• Opportunities for a scholarship with the University of Tasmania (UTAS) that enables nurses to undertake further study with no out of pocket expenses

• UTAS offers Recognition of Prior Learning for those nurses with hospital based certificates which allows them to commence their studies at a diploma level

• Paid study leave for a maximum of three to five days annually at the discretion of the Each unit has their own balanced scorecard indicating the targets for nurses achieving tertiary qualifications. This is one of the Unit Manager’s KPIs

• A strong culture that promotes and supports learning and discovery

• Strong leadership promoting further learning that is demonstrated by a number of the senior leadership team currently undertaking Professional Doctorate degrees

Appraisal of established realistic targets to meet the organisation’s strategy to increase the number of registered nurses with a degree in nursing

With 85% of nurses at SVPHS having a bachelor in nursing degree the current target of 80% of nurses having tertiary qualifications is realistic and in line with Magnet requirements.

**Supporting Evidence:**

• SVPHS Education Action Plan

• Tertiary Qualification Summary, assessment of current status

• Nursing and Clinical Services Directorate Strategic Plan 2013 – 2016 with Education Targets highlighted

• SVPHS Magnet survey 2014 results

• Study Leave approvals

• Nurse Unit Manager Position Description
EXEMPLARY PROFESSIONAL PRACTICE

8. A schematic of the professional practice model(s) and a description of the care delivery system(s) in use in the organisation

**SVPHS PROFESSIONAL PRACTICE MODEL**

- **Leadership**
  - Accessible
  - Open to change
  - Innovative
  - Communicative
  - Inspiring
  - Authentic
  - Contemporary

- **Mission**
  - Integrity

- **LEARNING & DEVELOPMENT**
  - Encouraged
  - Supportive
  - Evidence based
  - Relevant
  - Timely
  - Adapts to changing environment

- **Values**
  - Excellence
  - Compassion
  - Justice

- **Care Delivery**
  - Holistic
  - Professional
  - Compassionate
  - Seamless
  - Evidence based
  - Safe
  - Patient and Family centered
  - Mission and Values based
  - Regularly evaluated

- **Partnerships**
  - Families
  - Consumers
  - Doctors
  - Universities
  - Multidisciplinary Team
  - Community
  - St Vincent’s Health Australia
  - Other healthcare facilities
  - Health Funds

**Care Delivery System**

The care delivery system at SVPHS is a team-based care model developed by nurses. The system is evidence based and is process and outcomes driven. The model is predicated on working in partnership with all health professionals. Nurses work collaboratively and determine the way in which they organise and carry out the work on a shift by shift basis. Usually three nurses, at least two of them being a registered nurse or clinical nurse specialist, work in partnership looking after a cohort of patients and collaborate on every aspect of care and in doing so recognising and drawing on each other’s strengths and expertise.

To support patient care delivery, the web based deLacy clinical information system was developed in house and is used throughout the hospital. This patient focussed system enables nurses and health professionals to capture the patients’ clinical information and to plan, organise and document their care.
Access to the State’s Nurse Practice Act (s). It is sufficient to provide the web address(es) to access the most current version of the Act (s) available on the website. Otherwise, hard copy (ies) of the most current version of the Act (s) must be provided.

With the establishment of the Australian Health Practitioner Regulation Agency (AHPRA) the National Registration Body in 2012, the Nurses and Midwives Act 1991 No 9 was repealed and replaced by [theHealthPractionerRegulationAmendmentAct2010](http://example.com).

Nurses can access this Act on the St Vincent's Private Hospital, Sydney Clinical Web home page.
10. Evidence of the following documents for nurses at all levels (staff nurses up to and including the CNO):

- Self-Appraisal tools
- Peer feedback tools
- Performance Review tools

Supporting Evidence:

- St Vincent’s Private Hospital Sydney’s Registered Nurse and Enrolled Nurse self-appraisal / performance review tool
- St Vincent’s Private Hospital Sydney’s Nurse Leader / Nurse Unit Manager self-appraisal / performance review tool
- St Vincent’s Private Hospital Sydney’s Director of Nursing and Clinical Services self-appraisal / performance review tool
- St Vincent’s Private Hospital Sydney’s Registered Nurse and Enrolled Nurse peer feedback tool
- St Vincent’s Private Hospital Sydney’s Nurse Leader/ Nurse Unit Manager peer feedback tool
- St Vincent’s Private Hospital Sydney’s Director of Nursing and Clinical Services peer feedback tool
11. **A description of the process by which the CNO (or his or her designee) participates in credentialing, privileging and evaluating advanced practice registered nurses (APRNs) Include the frequency of reprivileging**

**Clinical Nurse Specialist classification and definition**

The St Vincent’s Private Hospital Sydney’s (SVPHS) Clinical Nurse Specialist application process is framed by a competency and evidence based matrix of criteria that allows for a Registered Nurse to achieve three distinct classifications of Clinical Nurse Specialist. Each classification builds on the requirements and expectations of the one preceding it and each is remunerated at a higher level accordingly.

Staff must demonstrate to a panel of reviewers that they meet the criteria by providing a portfolio of evidence as set out in the position framework document at the time of seeking appointment. The position framework is designed to articulate with other clinical classifications within the nursing career pathway (eg. Clinical Nurse Consultant, Clinical Nurse Educator). Classification 1, 2 or 3 is given for a period of 3, 4 or 5 years respectively and is subject to a satisfactory annual performance appraisal.

Clinical Nurse Specialist classifications 1, 2 and 3 are defined in the position framework, selection, assessment and process criteria document as follows:

On the horizontal axis of the matrix, the role is defined under four categories:

- Qualification / Professional Development
- Patient Centred Clinical Practice
- Clinical Management / Leadership
- Clinical Teaching

On the vertical axis of the matrix, four areas of competency intersect with the roles on the horizontal axis. They are:

- Learning and Development
- Critical Thinking
- Decision Making
- Effective Communicating

Applicants must supply evidence of their competency in the form stated in the matrix. Each classification of Clinical Nurse Specialist recognises an increasing level of advanced practice. Appointment and assessment is based around the applicant’s curriculum vitae as well as other evidence in the portfolio according to the position framework document and the Clinical Nurse Specialists Application Package.
Joan Bourke, Clinical Services Manager acts as Designee for CNO and is the Chair of this Committee

Supporting Evidence:

- Clinical Nurse Specialist Application Package

Magnet Professional Practice classification and definition

The Magnet Professional Practice Program is a professional career development model which combines the principles of the Magnet Recognition Program in conjunction with the Accelerated Progression Program. This program is designed to reward and recognise the contribution of Registered Nurses (RNs) in the delivery of patient care.

The Magnet Professional Practice Program allows SVPHS to provide RNs with the ability to develop and demonstrate competencies, which in return provides for the progression of professional recognition, fast tracked career development and acceleration of earning capacity far beyond the traditional years of service. The Magnet Professional Practice Program inter-relates with the annual performance appraisal process.

Key Principles of the Magnet Professional Practice Program:

- Recognition and Rewards – The Magnet Professional Practice Program is part of the SVPHS recognition and reward strategy.

- Employee Driven – The Magnet Professional Practice Program is primarily employee driven and is supported by collaboration between the employee, the educator and the manager.

- Magnet Professional Practice Program Levels –
  - Clinical Nurse II
  - Clinical Nurse III
  - Clinical nurse IV
  - Clinical Nurse V

Each level represents an increased level of complexity, accountability, professional and clinical skills which results in an increased level of remuneration.

- Eligibility Criteria – RNs are eligible to apply for the Magnet Professional Practice Program if they meet the following:
  - Employed on a permanent full time or part time basis
  - Employed on a fixed term contract of 12 months or more
    - All RNs employed on a permanent or fixed term part time basis are only eligible if their minimum contracted hours meet the hours required by the applicable Magnet Professional Practice Program level
Remuneration – Remuneration for each level of Clinical Nurse is paid at the applicable hourly rate for Registered Nurses set out in the relevant Private Hospital Nurses Enterprise Agreement. The applicable rates are as follows:

- **Clinical Nurse II** – Year 4 Registered Nurse
- **Clinical Nurse III** – Year 6 Registered Nurse
- **Clinical Nurse IV** – Year 8 Registered Nurse
- **Clinical Nurse V** – AU$1500.00 for Full time RNs or pro rata payment for part time RNs

- Clinical Nurse (CN) V – RNs who meet the criteria associated with Clinical Nurse V are eligible to apply for an annual bonus payment once each 12 month period of employment.

- Competency Based – RNs must be assessed as having attained “meets expectations” or “exceeds expectations” for each competency required by the applicable Magnet Professional Practice Program Level for their application to be successful.

- Approved Assessor – approved Assessors are responsible for assessing and evaluating RNs based on set competencies. An approved assessor may include the following:
  - Nursing Unit Manager (NUM)
  - Associate Nurse Unit Manager (ANUM)
  - Nurse Educator (NE)
  - Clinical Nurse Educator (CNE)

**Application process**

1. RNs discuss their interest in applying for the Magnet Professional Practice Program with their Nurse Unit Manager (NUM) in the first instance. Following this the RN obtains an “Initial application” form from their NUM / Clinical Nurse Educator (CNE) or via the Hospital’s intranet under HR services Nursing - Magnet Professional Practice.

2. The RN arranges for an approved assessor/s to assess their ability to meet the competencies.

3. After receipt of the application a discussion is held between the NUM and the CNE to assess the suitability to enter into the program prior to the NUM meeting with the RN.

4. The NUM must not be the Assessor who assesses the bulk of the competencies.

5. Once the RN has achieved “meets expectations” or “exceeds expectations” for all competencies associated with the Magnet Professional Practice Program level that they wish to apply for the RN must arrange for a meeting with their NUM to discuss their application.
6. The NUM completes all managers’ sections of the application form and signs either accepting or rejecting the application.

7. Accepted applications are forwarded to the Credentialing Committee prior to the Committee Meeting date.

**Credentialing Committee**

The Credentialing Committee will not accept applications that are incomplete, that do not have the necessary supporting documentation and/or that are late. All applications must reach the Credentialing Committee two weeks prior to the Committee meeting date.

The Credentialing Committee meet three times per year to review all applications for the Magnet Professional Practice Program (MPPP). Following committee discussion of an RN’s application form, assessment against the competencies, supporting documentation and joint approval of the manager and educator, the committee approves or declines the RN’s application.

Joan Bourke, Clinical Services Manager acts as Designee for CNO and is the Chair of this Committee

**Supporting Evidence:**

**MPPP Application Package**

**Peri-Operative Nurse Surgical Assistants credentialing and privileging**

The Peri-operative Nurse Surgical Assistant is a relatively recent development in Australia and there are currently four such nurses at SVPHS. A Master’s degree in clinical science may be undertaken by a Registered Nurse in order to qualify for this role.

The process of credentialing and privileging for ‘in training’ Peri-Operative Nurse Surgical Assistants:

Registered Nurses (RNs) interested in pursuing a Peri-operative Nurse Surgical Assistant qualification liaise with the Surgical Services Manager for support and endorsement to undertake the program.

A Surgeon Mentor is sought by the aspiring RN to assist with meeting this requirement and an application form is completed by the RN in training and submitted to the Director of Nursing and Clinical Services. The completed application is checked to ensure that professional indemnity insurance and New South Wales (NSW) Australian Health Practitioner Regulation Authority (AHPRA) registration are current. An accompanying curriculum vitae is also requested as part of the application.

Letters are then sent requesting written references – one to the prospective Head of Department of the specialty chosen by the applicant in training and another to the Director of Nursing and Clinical Services. Two additional nominated referees are sought for references. Once references are returned, the application form is added to the agenda for the next Appointments and Credentialing Committee meeting.

The application is then discussed and recommendations are made for approval when appropriate. Once approved, a letter is sent to the applicant in training informing them of
the decision. The approval is for temporary accreditation until the applicant in training completes the required 120 hours of practical surgical assisting.

When the applicant in training successfully completes both the theoretical and practical components of the program and becomes a fully qualified Peri-operative Surgical Nurse Assistant, he or she must apply for accreditation and privileging at SVPHS.

The process of credentialing and privileging for fully qualified Peri-Operative Surgical Nurse Assistants:

An application form is completed by the Peri-operative Surgical Nurse Assistant which is submitted to the Director of Nursing and Clinical Services.

The completed application is checked to ensure that the nurse is fully qualified and that he or she has professional indemnity insurance and current NSW AHPRA registration. An accompanying curriculum vitae is also requested as part of the application.

An interview meeting is scheduled by the Surgical Services Manager with the Nurse and with the Surgeon requesting and supporting his or her application. Letters are then sent requesting written references – one to the prospective Head of Department of the speciality chosen by the Nurse and another to the Director of Nursing and Clinical Services. Two additional nominated referees are sought for references. Once references are returned, the application form is added to the agenda for the next Appointments and Credentialing Committee meeting.

The application is then discussed and recommendations are made for approval when appropriate. Once approved a letter is sent to the applicant informing them of the decision. The approval is for a three to five year accreditation period depending on the surgical speciality need as well as SVPHS requirements.
2. The policies and procedures that address:

- Patient privacy, security and confidentiality
- Patient ethical issues and/or needs
- Promotion of a non-discriminatory environment for patients and families

The clinical policies and procedures that govern nursing practice at SVPHS are developed, disseminated and evaluated by the Clinical Policy and Procedure Council. This Council is chaired by a Senior Clinical Nurse and comprises nurse representatives from Surgical Services, the Intensive Care Unit and Clinical Nurses on the wards who meet on a monthly basis to review clinical policies.

**Patient privacy, security and confidentiality policies**

- SVPHS Privacy Policy
- SVPHS Confidentiality Policy
- Entry and Exit Systems: Uspace Policy

**Patient ethical issues and/or needs policies**

- SVPHS Ethics, Rights and Responsibilities Policy
- SVPHS Consent for Treatment Policy
- SVPHS Physical Restraint of the Patient Policy
- SVPHS Death and Dying Policy
- SVPHS Alcohol Withdrawal – Nursing Management of Patients Policy
12. The policies and procedures that address:

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Promotion of a non-discriminatory environment for patients and families

SVPHS promotes a non-discriminatory climate for patients regardless of their ethnicity, language, cultural background, age, (dis)ability, sexual orientation, health status, family role, socio-economic status, education or literacy.

SVPHS is a Catholic organisation geographically located in the heart of Sydney’s gay and lesbian community. Nearby we have the very affluent eastern suburbs which house some of Australia’s wealthiest people, also Sydney’s largest Jewish community. Equally near, but in the opposite direction we have the red light district of central Sydney, infamous for its criminal activity, alcohol and drug abuse. The fact that individuals from all these geographical pockets see SVPHS as their hospital is a tribute to the non-discriminatory climate we promote.

SVPHS is a not-for-profit private hospital founded for the benefit of the needy, where ‘needy’ is understood to embrace all those poor in material goods, as well as poor in the physical, spiritual, psychological, emotional and educational dimensions.

Our Mission is to respond to the needs of the communities we serve. Our Values are at the core of our Code of Ethics and Behaviour as identified below:

- **Compassion**: Caring for others with an openness that affirms life and healing
- **Justice**: Acting with courage and fairness in pursuit of what is right and just
- **Integrity**: Ensuring our actions and decisions are grounded in our values, reflecting both honesty and authenticity
- **Excellence**: demonstrating a passionate commitment to continuous improvement and innovation

Although the founding faith is Catholic, our approach is to be inclusive rather than exclusive. SVPHS does not discriminate against people of any faith and patients are able to access religious support and healing from any denomination. Patients receive regular visits by Jewish, Presbyterian, Uniting Church, Greek Orthodox, Salvation Army, Seventh day Adventist and Catholic French speaking chaplains. There is a non-denominational Chapel within the hospital grounds for anyone to attend and Pastoral Care staff offer a supportive service to all patients regardless of faith.

On admission all patients are provided with the booklet “Planning your stay with us” within which patients’ rights and responsibilities are discussed. Patients have a right to expect care that is respectful and reflects consideration of their personal values and beliefs to optimise their comfort and safety.

Patients are asked prior to admission to identify any special needs, e.g. the use of an interpreter or if they require companion animals with them during their admission as some patients are visually impaired and have a ‘seeing eye’ dog. Any special nutritional requirements are taken into consideration when planning meals with the nutritional assistants.
SVPHS also provides specialist medical treatment for patients from Noumea and to this end SVPHS employs French Interpreters to meet the needs of these patients. Other Interpreters are also available for patients of other nationalities who do not speak English.

Education sessions for staff are conducted that highlight the religious needs of patients in order that their religious customs are observed appropriately. Our policies and procedures following death are specific and detailed regarding the care of persons and bodies from a wide range of cultures and religions.

Relevant Policies:

- SVPHS Ethics, Rights and Responsibilities Policy
- SVPHS Care of Aboriginal and Torres Strait Islander Patients Policy
- SVPHS Death and Dying Policy
- SVPHS Diversity Health Policy
- SVPHS Food & Nutrition Service Policy
The policies and procedures that address the organisation’s workplace advocacy initiatives for staff including the following issues:

- Caregiver stress
- Diversity
- Rights
- Confidentiality

Policies
SVPHS Caregiver Stress Policy

Caregiver Stress Policy

1. Overview
Health Professionals frequently encounter situations at work that are physically and emotionally demanding. Chronic exposure to stress can sometimes have significant health and wellbeing implications for health professionals.

2. Scope and Application
This policy is a guide only and applies to all staff employed by St Vincent’s Private Hospital Sydney (SVPHS), St Vincent’s Clinic, and any other facility operated or managed by SVPHS.

3. Policy Statement
Through the provision of a caregiver stress policy and procedure, SVPHS aims to ensure that the work environment and conditions are safe and there is sufficient information and training provided for staff members in performing their role. Furthermore, this policy provides information on resources that staff can access in the event situations at work cause undue stress.

4. Responsibilities
All Operational Managers

5. References
- SVPHS Grievance Resolution Policy and Procedure
- St Vincent’s Health Australia (SVHA) Code of Conduct

6. Procedure
6.1 Identifying situations where caregiver stress is a High Risk
There are a number of factors that may contribute to stress, relationship problems at home or at work, mental health issues, organisational change, workplace conflict, health concerns or financial problems.

Consultation must occur where there are indications that stress is affecting the health and safety of health professionals.
6.2 Signs and Symptoms of stress

- tiredness, fatigue, disrupted sleep patterns
- increased pulse rate and blood pressure
- shallow rapid respirations
- muscular tension
- loss of appetite, overeating, indigestion
- constipation, diarrhoea,
- dry mouth
- excessive perspiration, clamminess
- nausea
- nail biting
- increased use of alcohol or other drugs
- irritability and impatience
- frequent worry and anxiety
- moodiness, feeling sad or upset
- loss of sense of humour
- poor concentration, memory lapses
- feeling overwhelmed by minor problems

6.3 Assess the contributing factors identified

The assessment process may involve consultation with managers, and must:

- Be undertaken fairly and impartially
- Maintain appropriate confidentiality
- Focus on gaining all relevant information
- Include appropriate documentation and records
- Ensure confidentiality of any related paperwork

6.4 Review Process

On the identification of a health professional experiencing caregiver stress it is desirable that a private “one to one” meeting be held between the manager and caregiver concerned in order that any issue related to work environment or conditions may be resolved and assistance can be provided for ongoing support

Ongoing support includes, but is not limited by, the following:

- Mediation
- Provision of information and training
- Administrative changes including minor variations to administration or work practices
- Employee counselling through the Clinical Psychologist
- Employee counselling through Pastoral Care
- Employee counselling through Access Employee Assistance Program

Human Resources Policies
Caregiver Stress Policy
Version May 2013
Review May 2015
SVPHS Grievance Resolution Policy

Grievance Resolution Policy

1. Overview

Maintenance of good working relationships between employees through the establishment of prompt, fair and effective grievance resolution processes and procedure.

2. Scope and Application

This policy is a guide only and applies to all staff employed by St Vincent’s Private Hospital Sydney (SVPHS), St Vincent’s Clinic, and any other facility operated or managed by SVPHS.

DEFINITIONS

• Complainant: The person initiating the grievance.
• Grievance: A grievance is a written or oral statement regarding a problem, concern or complaint related to work or the work environment. It may be about any act, omission, situation or decision that is thought to be unfair, discriminatory or unjustified.
• Malicious Complaint: A malicious complaint is instituted with the primary intent on of causing distress to another, usually the respondent.
• Mediation: The process whereby an appropriately skilled, neutral person acts as a ‘mediator’ to parties to bring about a resolution of a disagreement.
• Respondent: The person/s against whom the grievance is made.
• Support Person: An individual of the person’s choice who provides support to that person during any meetings attended as part of the grievance process, but does not advocate on their behalf. Examples include co-worker, friend, family member, union representative etc.
• Vexatious Complaint: A vexatious complaint is instituted without sufficient grounds and serving only to cause annoyance.

3. Policy Statement

Through the provision of a prompt, fair and effective grievance management policy and procedure, SVPHS aims to maintain good working relationships with all employees. Furthermore, the grievance policy aims to assist staff and managers understand the importance of identifying and resolving work based grievances in a timely, impartial, and confidential way. While the grievance procedure provides employees with a formal and/or informal process to initially resolve workplace grievance at the level at which it occurs with graduated steps for resolution at higher levels of authority.

SVPHS recognise the emotional nature of grievance and will apply the principles of natural justice and procedural fairness in each individual case. However, while grievance resolution may result in an improvement within the work environment, the nature of a grievance is such, that, employees may not always be completely satisfied with grievance outcomes.

4. Responsibilities

All Operational Managers
5. References

- Legislation or references to other Policies
- SVPHS Discipline Policy and Procedure
- St Vincent’s Health Australia (SVHA) Code of Conduct
- Anti-Discrimination Act (1977)
- Industrial Relations Act (NSW) (1996)
- Fairwork Act (Cth) (2009)

6. Procedure

KEY PRINCIPLES

- **Award or Agreement Provisions**: The Grievance Procedure is developed in accord with relevant Award and/or Agreement provisions and established procedures.
- **Code of Conduct**: Organisation’s Code of Conduct may be referred to/consulted during the grievance procedure.
- **Confidential**: Only people directly involved in making or investigating a complaint will have access to information about the complaint.
- **Documentation**: Managers and supervisors are responsible for recording the procedure undertaken to resolve a grievance. This information is held in strictest confidence and can be used to evaluate the procedure in the event of an unsatisfactory outcome.
- **Employee Assistance Program (EAP)**: Counselling service provided by SVPHS which is free, voluntary and confidential.
- **Formal and Informal Grievance Procedures**: All employees of SVPHS have access to a formal and/or informal grievance procedure to resolve work related grievances.
- **Free of Repercussions**: No action will be taken against an individual for making a complaint or helping someone make a complaint.
- **Impartial**: Both parties will have a chance to tell their side of the story. No assumptions will be made by those parties involved in the investigation and no action will be taken until all relevant information from all sources has been collected and considered.
- **Manager Responsibility**: Managers are responsible for preventing, and resolving potential grievances within the workplace.
- **Procedural Fairness**: Procedural fairness refers to a process where decisions are made and parties are given an opportunity to respond to any allegations or decisions made which relate to them.
- **Support Person**: An individual of the person’s choice who provides support to that person during any meetings attended as part of the grievance management process, but does not advocate on their behalf. Examples include co-worker, friend, family member, union rep etc.
- **Timely**: All complaints will be dealt with in a timely manner and investigations will commence within 14 days of complaint being lodged.

GRIEVANCE MANAGEMENT PROCEDURE

All employees of SVPHS have access to informal and formal grievance resolution procedures. As a first step, employees are encouraged to attempt to informally resolve a grievance, at the source. However, in the event that an informal approach does not lead to a satisfactory resolution, a formal
grievance procedure will be initiated. In the case of formal grievance procedures Human Resources will act as the facilitator of this process (Refer below procedure).

All matters should be assessed to determine that the grievance procedure is the most appropriate pathway for resolution. Serious matters, for example, incidents of violence, Work Health and Safety concerns and child protection related matter should not be dealt with under the grievance management system. Refer to the Human Resource Department for more information.

**Information Gathering**

If it is determined that it is appropriate to manage the compliant as a grievance, the facts of the matter need to be determined as far as possible. Information gathering should:

- Be undertaken fairly and impartially
- Maintain appropriate confidentiality
- Ensure both parties are given the full opportunity to have their say
- Speak to those identified as having information relevant to the grievance, if further information is required
- Focus on gaining all relevant information
- Include appropriate documentation and records
- Ensure confidentiality of any related paperwork

**Informal Process**

On the identification of a grievance within the workplace, it is desirable that a private “one to one” meeting be held between the two parties in order that the issue can be heard, dealt with, and resolved, as close to the source of the grievance as possible. At this stage:

- the full nature of the complaint,
- the needs of both parties in order to remedy the situation,
- and the strategy for grievance resolution are agreed

If the grievance can be resolved at this point it will remain informal.

Note: Both parties are able to invite a support person to attend the meeting with them, (a minimum of 24hrs. is required). Likewise, Human Resources can be invited to attend this process at any time.

**Formal Process**

In the event that the grievance cannot be resolved informally, formal written statement outlining the nature of the grievance, specific incidents and examples must be provided to the supervisor/manager in order for a formal investigation to be carried out. The complainant is required to give consent for the allegations to be provided to the respondent, to allow them the opportunity to respond to the allegations made.

The investigation process will involve; allowing both parties to respond to the allegations being made, giving both parties a minimum of 24 hours’ notice for attendance at a formal meeting, being given the opportunity to bring a support person, investigating evidence provided by the parties, including the manager collecting witness statements, being given the opportunity to provide additional information and considering any past history of incidents involving the parties.

**OUTCOME OF A FORMAL PROCESS**

After each formal meeting, the relevant manager/s in consultation with the Human Resource Department will consider the issues and responses provided in the meeting by both parties and inform the parties of the outcome. The investigator will not be the sole determinant regarding the solo outcomes of the investigation however may make recommendations.
Outcomes may include, but are not limited by, the following:

- Mediation
- Provision of information and training
- Administrative changes including minor variations to administration or work practices
- The issue or behaviour is modified or stopped
- Disciplinary action including a formal warning
- A stipulated period of performance monitoring
- Employee counselling
- Training or guidance including directive to include EAP

If the grievance still remains unresolved at this point, a further meeting may be organised. Resolution at a higher level of management will be attempted, (with an appropriate manager identified for attendance), at this meeting in order that the allegations can be investigated, and a course of action established. The meeting is formally documented. A copy is kept on the personnel file of the employee concerned.

APPEALS

On occasions where one or more parties to the grievance are not be happy with the process followed and/or the outcomes of the process, these parties are able access to an appeal mechanism.

The process for requesting an appeal should be based on the following:

- Sound reasons for appealing are identified. It should not be assumed that just because a party to the grievance may not accept the outcome, that there is an automatic right of appeal
- That the appeal focuses on the process followed to resolve the grievance e.g. was it impartial, fair, inclusive and appropriate
- That the initial grievance management process has been completed, and findings communicated to both parties
- That review of the grievance management process is requested within a reasonable time frame e.g. within two weeks of its completion
- That, where an appeal is warranted, it is conducted within an identified, and reasonable, time frame
- That the appeal is conducted impartially by someone who was not involved in managing the initial grievance
- That the findings of the appeal and their reasons are communicated in writing to the relevant parties.
Procedures
Access Employee Assistance Program (Access EAP)

Through the online clinical web and the Human Resources page, staff can access Access EAP and are advised how to do this by the Human Resource staff in their initial Orientation.

Click on ‘Employee Assistance Program’ on the Human Resources page of the clinical web.
Access EAP Program

Call us

Whatever the nature and extent of your concerns, feel free to call us.

Simply provide some basic details about yourself and your workplace and we will offer you a confidential appointment with a counsellor at a time that suits you.

We’re also available by telephone 24/7 to provide immediate help for urgent matters.

In Australia call
1800 81 87 28
(02) 8247 9191
In New Zealand call
0800 327 669

In all other countries dial your country code followed by
800 5004 0000.

Find out more
Visit our website to access a range of information, links and tips covering a wide range of topics.

www.accesseap.com.au

YOUR EMPLOYEE ASSISTANCE PROGRAM

How to seek support from your EAP service.

Your EAP

An Employee Assistance Program (EAP) is a voluntary and confidential counselling service paid for by your employer.

AccessEAP is an independent supplier who has been selected by your organisation to provide the service.

Our focus is on maintaining the mental wellbeing of employees. We can assist when personal, family or work issues are impacting on your health or quality of life. Through access to professionally qualified and experienced counsellors, you have the opportunity to identify problems and find ways of resolving them.

Confidentiality

The service is confidential from the moment you call in – your employer will not be informed that you have contacted us.

You can approach us direct via the freecall number in confidence that your privacy is guaranteed.

Our customer service team is available 24/7 and can arrange counselling in a variety of convenient locations and via telephone.

Our counsellors are independent of your organisation and are focused on helping you to deal with your problems or concerns. They will not disclose information you have shared unless you request it and authorise them to do so in writing.*

* Counsellors may be legally bound to disclose information in some exceptional cases, such as in the case of risk to self or others.

When to contact us

How you feel is always a good way of judging when you might need assistance.

Do you ever find yourself?

- Being distracted by problems at work or home
- Getting tired or sick
- Having days off
- Feeling emotional
- Running late
- Missing deadlines
- Being involved in conflicts
- Burdened by everyday concerns.

If so, you may benefit from using the service.

Some common issues people seek assistance for are:

- Relationship and family problems
- Grief and loss
- Conflict with fellow workers
- Gambling
- Alcohol and drug use
- Stress
- Emotional distress.

WORK/LIFE BALANCE • STRESS • ANXIETY • DEPRESSION • PARENTING • RELATIONSHIPS
1. Executive Summary

This report provides statistical information about the Employee Assistance Program and related services which have been provided to St Vincent’s Health Australia Limited by AccessEAP for the period 1 January 2015 - 31 March 2015.

The following is a summary of the key indicators for the period.

1.1 Key Indicators of Counselling

Usage of counselling services during the period

<table>
<thead>
<tr>
<th></th>
<th>No. of Sessions</th>
<th>No. of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>26.50</td>
</tr>
</tbody>
</table>

Clients who received counselling during the period

<table>
<thead>
<tr>
<th></th>
<th>New Clients</th>
<th>Continuing Clients</th>
<th>Total Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

Average counselling usage by clients during the period

<table>
<thead>
<tr>
<th>Average No. of sessions per client</th>
<th>Average No. of hours per client</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.25</td>
<td>02:12</td>
</tr>
</tbody>
</table>

Counselling Utilisation Rate* for the period

<table>
<thead>
<tr>
<th>No. of Employees</th>
<th>Utilisation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,428</td>
<td>0.84 %</td>
</tr>
</tbody>
</table>

*Counselling utilisation rate = clients/total employees x 100 = % rate

Counselling outcomes during the period

<table>
<thead>
<tr>
<th>Activity Status</th>
<th>No. of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>3</td>
</tr>
<tr>
<td>Open</td>
<td>9</td>
</tr>
</tbody>
</table>

This table presents the completed cases for the new and continuing clients who completed counselling during the reporting period. The number of clients includes both employees and family members.

- Closed: Refers to the number of clients who completed counselling.
- Open: Refers to the number of clients who are continuing counselling.
Counselling Services for staff

Debriefing sessions

In the event of work related situations that provoke undue stress to caregivers the organisation engages a Clinical Psychologist to work with staff in debriefing challenging situations such as the death of a long term patient or a violent or aggressive incident.

Most recently, the Clinical Psychologist was engaged to counsel nursing staff on a ward where one of the staff members passed away unexpectedly that was incredibly valuable in assisting the staff to work through their grief.

Pastoral Care

Members of the Pastoral Care team visit each clinical unit daily. Their role is to offer support for both staff and patients. Staff can easily approach them for support and guidance.

<table>
<thead>
<tr>
<th>Sr Edwardline O'Connell Pager 0825 or Supply</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22/9</td>
<td>23/9</td>
<td>24/9</td>
<td>25/9</td>
<td>26/9</td>
<td>27/9</td>
<td>28/9</td>
</tr>
<tr>
<td>Ms Barbara Ashwell Pager 0419</td>
<td>Level 6</td>
<td>Level 6</td>
<td>Level 6</td>
<td>Level 6</td>
<td>Level 6</td>
<td>Level 6</td>
<td>BA</td>
</tr>
<tr>
<td></td>
<td>EDC s/IB</td>
<td>BA</td>
<td>BA</td>
<td>BA</td>
<td>EDC</td>
<td></td>
<td>8.00-4.30</td>
</tr>
<tr>
<td>Mr Dennis Welfare Pager 0443</td>
<td>Level 7</td>
<td>Level 7</td>
<td>Level 7</td>
<td>Level 7</td>
<td>Level 7</td>
<td>Level 7</td>
<td>Level 7</td>
</tr>
<tr>
<td></td>
<td>DW 7.30-4.30</td>
<td>DW 7.30-4.00</td>
<td>DW 8.30-5.00</td>
<td>DW 8.30-5.00</td>
<td>DW 8.30-5.00</td>
<td></td>
<td>8.30-5.00</td>
</tr>
<tr>
<td>Mr James Gudelife Pager 0468</td>
<td>Level 8</td>
<td>Level 8</td>
<td>Level 8</td>
<td>Level 8</td>
<td>Level 8</td>
<td>Level 8</td>
<td>Level 8</td>
</tr>
<tr>
<td></td>
<td>JC 8.30-4.30</td>
<td>JC 8.30-4.30</td>
<td>JC 8.30-4.30</td>
<td>JC 8.30-5.00</td>
<td>JC 10.00-6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valerite Tucci Pager 0459</td>
<td>Level 9</td>
<td>Level 9</td>
<td>Level 9</td>
<td>Level 9</td>
<td>Level 9</td>
<td>Level 9</td>
<td>Level 9</td>
</tr>
<tr>
<td></td>
<td>MR orientation</td>
<td>VT 8.30-5.00</td>
<td>VT 8.30-5.00</td>
<td>VT 8.30-5.00</td>
<td>VT 8.30-5.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs Catherine Flynn / ICU Pager 0546</td>
<td>Level 10</td>
<td>Level 10</td>
<td>Level 10</td>
<td>Level 10</td>
<td>Level 10</td>
<td>Level 10</td>
<td>Level 10</td>
</tr>
<tr>
<td>Nenkovski Cmiko / ICU</td>
<td>CF 8.30-5.30</td>
<td>CF 10.00-6.30</td>
<td>CF 8.30-5.00</td>
<td>NC 10.00-6.30</td>
<td>NC 7.30-4.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Nino Deligero 0458</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
<td>Level 7&amp;8/b</td>
</tr>
<tr>
<td></td>
<td>ND 10.00-6.30</td>
<td>ND 25</td>
<td>ND 7.30-4.00</td>
<td>MR 8.30-5.00</td>
<td>ND 8.00-4.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An example of the Pastoral Care roster that indicates members of the Pastoral Care team and the clinical areas that they are assigned to each day.
Pastoral care also offer regular Wellness Programs for staff such as ‘The Gift’, Wellness Days and meditation sessions for staff as is indicated in the SVPHS Pastoral Care Services Procedure Manual below.
**Documentation in Patient Notes**

The Pastoral Care Team at SVPHS adheres to the NSW Health & Civil Chaplaincies Committee NSW Memorandum of Understanding in regard to Documentation in patient notes.

There are certain occasions in the delivery of spiritual and pastoral care where it is appropriate to document certain aspects of the care provided to the patient; for example, where the patient, family member, clinical staff or social worker has requested a visit from a chaplain, especially when this is to administer a spiritual ritual or intervention such as the Sacrament of Anointing (Catholic tradition) or the reading of the Quran (Islamic tradition).

Documentation enables staff to know that a request has been responded to, and so that the health care record contains an accurate record of significant attendances and interventions that have occurred. This may be relevant to clinical care, and it can be especially important to patients and their families to know that the spiritual needs of patients have been attended to.

Clinical and health information staff should ensure that accredited chaplains and pastoral care workers are provided with appropriate access to patient health care records, in either written or electronic form, in accordance with local procedures.¹

**Dress Code**

All Pastoral Care Team members are required to be suitably dressed as is required of their ministry. Dress codes must also adhere to policies of the Hospital and St Vincent’s Health Australia in regard to infection control. Tidy and comfortable closed in shoes are allowed in consultation with the Coordinator of Pastoral Care.

**Education to Preadmissions and Ward Meetings**

To ensure patients are aware of pastoral care at SVPHS and to provide the opportunity for emotional, spiritual and religious support for patients and their families during their hospitalisation; the Pastoral Care team are required to provide an in-service with the preadmission teams and wards at least yearly.

Pastoral Care are also responsible to ensure that the Pastoral Care leaflet is available throughout the Hospital.

**Health and Well Being**

Members of the Pastoral Care Team promote the network of community and social relations that supports and sustains health, well-being and the full realisation of each person’s humanity. In conjunction with the Human Resources (HR) Department, Pastoral Care help support the health and well-being of staff by providing Wellness programs consisting of the Gift, Wellness Days, meditation for staff and as designated by the Mission Integration Manager of SVPHS.

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¹ NSW Health & Civil Chaplaincies Committee NSW Memorandum of Understanding, 19 Jan 2011, Reference 7.12
Human Resource support
The Workforce Planning and Development Manager conducts regular open forums in clinical areas where it is more difficult to leave the unit for staff to attend and raise any workplace issues as identified below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Venue</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th February</td>
<td>Wednesday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>24th February</td>
<td>Tuesday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>2nd March</td>
<td>Monday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>17th March</td>
<td>Tuesday</td>
<td>Operating rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>23rd March</td>
<td>Monday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>25th March</td>
<td>Wednesday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>7th April</td>
<td>Tuesday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>15th April</td>
<td>Wednesday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>21st April</td>
<td>Tuesday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>6th May</td>
<td>Wednesday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>14th May</td>
<td>Thursday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>20th May</td>
<td>Wednesday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>25th May</td>
<td>Monday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>11th June</td>
<td>Thursday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>15th June</td>
<td>Monday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>25th June</td>
<td>Thursday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>30th June</td>
<td>Tuesday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>6th July</td>
<td>Monday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>14th July</td>
<td>Tuesday</td>
<td>Operating Room</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>20th July</td>
<td>Monday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>22nd July</td>
<td>Wednesday</td>
<td>Intensive Care</td>
<td>12:30 – 14:30</td>
</tr>
<tr>
<td>4th August</td>
<td>Tuesday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>18th August</td>
<td>Tuesday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>19th August</td>
<td>Wednesday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>20th August</td>
<td>Thursday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>9th September</td>
<td>Wednesday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>17th September</td>
<td>Thursday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>23rd September</td>
<td>Wednesday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>28th September</td>
<td>Monday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>8th October</td>
<td>Thursday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>12th October</td>
<td>Monday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>22nd October</td>
<td>Thursday</td>
<td>Day Surgery</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>27th October</td>
<td>Tuesday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>2nd November</td>
<td>Monday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>17th November</td>
<td>Tuesday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>25th November</td>
<td>Wednesday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>8th December</td>
<td>Tuesday</td>
<td>Uspace</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>10th December</td>
<td>Thursday</td>
<td>Intensive Care</td>
<td>12:30 – 13:30</td>
</tr>
<tr>
<td>16th December</td>
<td>Wednesday</td>
<td>Operating Rooms</td>
<td>12:15 – 13:15</td>
</tr>
<tr>
<td>17th December</td>
<td>Thursday</td>
<td>Day surgery</td>
<td>12:15 – 13:15</td>
</tr>
</tbody>
</table>
14. The policies and procedures that permit and encourage nurses to confidentially express their concerns about their professional practice environment without retribution

Policies:
- SVPHS Grievance Resolution Policy
- SVPHS Bullying and Harassment in the Workplace Policy
- SVHA Code of Conduct
- SVPHS Substance Misuse by Employees in the Workplace
- SVPHS Compliant or Concern about the Competence of a Clinician Policy

15. The policies and procedures that address the identification and management of problems related to incompetent, unsafe or unprofessional practice or conduct

Policies:
- SVPHS Bullying and Harassment in the Workplace Policy
- SVPHS Grievance Resolution Policy
- SVPHS Discipline Policy
- SVPHS Complaint or Concern about the competence of a Clinician Policy
- AVPHS Performance Management Policy

16. The policies and procedures regarding interprofessional conflict

Policies:
- SVHA Code of Conduct
- SVPHS Bullying and Harassment in the Workplace Policy
- SVPHS Grievance Resolution Policy
- SVPHS Discipline Policy
- SVPHS Complaint or Concern about the Competence of a Clinician Policy
17. A description of the infrastructure, the organisational committees, and the decision making bodies specifically designed to oversee the quality of patient care

Infrastructure

Committees and Practice Councils comprise the decision making bodies within the organisation that ensure quality patient care.

SVPHS is structured to ensure compliance with the Private Health Facilities Act 2007. The hospital is required to meet its clinical governance obligations in relation to this legislation, as well as to meet hospital accreditation and contemporary healthcare requirements.

Visiting Medical Officers are not employed by the organisation and as such contract to us for their services but demonstrate their commitment to safety and quality by their participation in the clinical quality activities of the hospital and of their discipline, department and peer group. They are involved in and are members of hospital clinical committees such as the Patient Care Review, Pharmaceutical, Antimicrobial Stewardship, the Blood Squad, Infection Control and the Medical and Surgical Advisory Committees. They also participate in hospital projects such as the TOP 5 and multidisciplinary clinical research.

The Quality and Safety Program is designed to improve patient safety, reduce risk, adverse events and incidents. The plan has a systematic hospital wide approach that includes both clinical and non clinical activities contributing to the maintenance and improvement of patient safety and the provision of a quality service.

Leadership assumes a role in establishing a culture of safety that minimises hazards and patient harm by focusing on processes and outcomes of care. The leaders of the organisation are responsible for fostering an environment of safe patient care as an organisational priority.

SVPHS participates in a four yearly accreditation cycle including biannual onsite visits by the Australian Council on Health Care Standards that reviews the organisation for the provision of quality and safe care delivery.

Nurses are actively involved in councils and committees, working groups and projects to promote patient safety that include:

- Nursing Quality and Safety Council
- Nurse Associate Groups (infection control, wound care, patient safety, cardiopulmonary resuscitation, nursing informatics, work health & safety, endoscopy)
- Clinical Policy and Procedure Council for review and management of hospital policies and procedures
- Nursing Research and Practice Development Council
- Clinical Product Management Committee for the investigation and assessment of new equipment and or surgical instrumentation
Risk management within the organisation provides the framework to ensure patient safety with all the checks and controls within the Clinical Risk Register that is reviewed on an annual basis. Patient safety and management of potential risk is also enhanced by the pre-admission centre and in the day surgery unit where nursing staff identify early any potential patient safety issues.

**St Vincent’s Health Australia Quality and Risk Advisory Group**

This group is responsible for ensuring systems and processes are in place to continuously improve the safety and quality of care provided to patients and their families and comprises Quality and Risk Managers from across all St Vincent’s Health Australia facilities.

This consultative forum monitors and addresses the clinical quality, safety and other governance issues arising within the clinical services delivered and provides assistance in ensuring that the activities of SVPHS are aligned to the Group Mission and Strategic Imperatives.

**SVPHS Quality and Safety Committee**

**Aim:** This peak hospital committee demonstrates visible leadership by promoting a collaborative approach to quality improvement, safety and risk management activities throughout the organisation.

**Objectives:**

- To monitor and evaluate clinical outcomes and performance utilising review of reports from clinical committees, ensuring standards of care have been reviewed and responded to appropriately
- To ensure the needs and perspectives of patients and other customers within the organisation are regularly sought and appropriately recognised in the planning and operation of hospital services
- To ensure a high level of safety in the care of patients, staff and visitors is achieved at all times
- To ensure strong links with relevant committees within the organisation to enable appropriate systems for reporting relevant issues and the sharing of information in relation to risk management
- To consider matters referred to the Quality and Safety Committee with regard to clinical issues that are unable to be resolved by other committees
- To maintain accreditation status with the Australian Council on Health Care Standards
- To communicate and report quality improvement activities to Visiting Medical Officers, the Board and all staff within the hospital
Medical Advisory Group

Aim: The Hospital Medical Advisory Committee shall be advisory to the hospital Executive Director and be the formal organisational structure through which the collective views of the accredited practitioners of the hospital shall be formulated and communicated.

Objectives:

- To provide a forum for communication between the Hospital Executive, Hospital and Accredited Medical Practitioners to facilitate the patient care and safety throughout the Hospital
- To provide a means by which Accredited Practitioners can advise the hospital Executive of appropriate policies regarding the clinical organisation of the hospital
- To plan and manage a continuing education program for members of the junior Medical Staff where appropriate
- To monitor and review clinical services
- To assist in the identification of health needs of the community and advise the Hospital Executive on appropriate services that may be required to meet the needs
- To ensure that the delivery of patient care in the hospital is maintained at an optimal level based on current best practice and research
- To maintain a formal mechanism for review of clinical outcomes and clinical management, including a peer review process
- Pursuant to the Private Health Facilities Act 2007, No 9, provide advice to the Director General of NSW Health in relation to any persistent failure by the hospital to act on the advice of the hospital Medical Advisory Committee on matters for which the hospital Medical Advisory committee has responsibility

Surgical Advisory Committee

Aim: To discuss and address managerial and clinical issues pertaining to the co-ordination and provision of safe and efficient operative and peri-operative work practices so that the highest possible quality of patient care is delivered.

Objectives:

- To monitor and co-ordinate utilisation of operating suite services
- To ensure that there is optimal utilisation of facilities in the operating suite
- To contribute to the development, review and implementation of necessary standards, procedures and protocols for the operating suite
- To introduce systems that demonstrate best clinical practice in operative and peri operative care and to review significant incidents
To actively participate in any planning or structural alterations within the operating suite

To ensure strong links with relevant committees within the organisation to enable appropriate systems for reporting relevant issues and the sharing of information in relation to risk management

To make recommendations to the SVPHS Quality and Safety Committee with regard to any issues that are unable to be resolved by this committee

Appointments and Credentialing Committee

Aim: The Appointments and Credentialing Committee is a subcommittee of the Medical Advisory Committee.

Objectives:

• Compliance with the by-laws for the delineation of clinical responsibility

• Consideration of applications for appointment and re-appointment of the accredited practitioners of SVPHS and give due consideration as appropriate of the fitness and confidence held in any applicant for accreditation and make recommendations to the Hospital Medical Advisory Committee

• Recommend the delineation of clinical privileges commensurate with the training, experience, competence, judgement, current fitness, character and confidence held in the applicant for appointment or re-appointment as an accredited practitioner

• When requested by the Hospital Medical Advisory committee, investigate the demonstrated knowledge and skill, current fitness and confidence held on each applicant for appointment or re-appointment as an accredited practitioner. Following such consideration, recommend to the hospital Medical Advisory committee the nature and extent of clinical privileges that should be granted to the accredited practitioner

Patient Care Review Committee

Aim: The Patient Care Review Committee reviews all deaths and relevant complications occurring in the hospital. Clinical outcomes are monitored and evaluated with the use of clinical indicators. This committee supports the organisation’s safety and quality culture and advises on structures and processes to ensure that appropriate standards of patient safety are met.

Objectives:

• To review all hospital deaths by examination of the medical record, death certificate and any autopsy report

• To ensure compliance with legislation relating to the reporting of any death to the coroner
• To monitor and evaluate the incidence of complications according to disease and operations classification data and report on any particular evident trends which may require further action

• To monitor and evaluate clinical outcomes and refer results that are of concern to the relevant representative on the Medical Advisory Committee for feedback

• To report any issues of professional competence to the relevant responsible person

• To initiate any action and research as necessary to improve outcomes

• To ensure strong links with relevant committees within the organisation to enable appropriate systems for reporting relevant issues and the sharing of information in relation to risk management

• To make recommendations to the Medical Advisory Committee with regard to clinical issues that are unable to be resolved by the committee

• To ensure patient care is integrated across disciplines

• To provide a mechanism for the review of patient processes and outcomes

• To facilitate and support the development and promotion of strategies to minimise adverse outcomes and to improve the quality of care and treatment of patients

Campus Infection Control Committee

Aim: To oversee all infection control practices and to ensure the provision of effective prevention, surveillance and control of infection.

Objectives:

• To advise on all matters relating to infection and infection control

• To establish an effective, standardised program for infection control and regularly prepare and distribute reports pertinent to infection control

• To make recommendations and take appropriate action to limit the spread of infection from identified sources

• To ensure all personnel are instructed in the current practices of asepsis, standard and additional based precautions and New South Wales (NSW) Ministry of Health Policy Directives in their respective roles and responsibilities in the prevention and minimisation of nosocomial infections

• To regularly analyse data on infections, evaluate current trends in nosocomial infections and undertake such control measures as may be indicated

• To ensure periodical review of all written policies and procedures of each facility relating to infection control
• To conduct environmental inspections throughout the facilities where necessary for the purposes of making recommendations and reviewing policies and procedures relating to infection control

• To ensure that proposed building construction and new patient care equipment conforms to infection control standards

• To establish quality improvement procedures to monitor effectiveness of the infection control programs

• To ensure legal responsibility is taken in the prevention and control of nosocomial infections to provide a safe and healthy working environment for all staff, patients and visitors, in accordance with NSW Ministry of Health regulations

• To ensure strong links with relevant committees within the organisation to enable appropriate systems for reporting relevant issues and the sharing of information in relation to risk management

• To make recommendations to the Quality and Safety Committee with regard to issues clinical and non clinical that are unable to be resolved

**Pharmaceutical Committee**

Aim: To review all matters relating to therapeutic and related substances within the hospital and advise and assist in continually improving the standard of patient care in relation to therapeutic drugs.

**Objectives:**

• To formulate and review hospital drug policies

• To consider medication incidents, adverse drug reactions, and recommend methods of reducing the occurrence of these events

• To develop procedures on selection, distribution and the safe and effective use of drugs

• To ensure that therapeutic and related substances are administered accurately and adequate records of such are maintained

• To carry out research as necessary on any matters considered necessary in order to improve the service provided by the pharmacy

• To institute drug utilisation reviews and to promote quality use of drugs

• To ensure strong links with relevant committees within the organisation to enable appropriate systems for reporting relevant issues and the same sharing of information in relation to risk management

• To make recommendations to the Quality and Safety committee with regard to clinical issues that are unable to be resolved by this committee
Clinical Division Department Meeting

**Aim:** To communicate and provide feedback to various stakeholders as required and review clinical outcomes identifying strategies for reducing the risk of adverse outcomes.

**Objectives:**
- To review clinical indicators relevant to clinical speciality
- To review mortality and morbidity reports relating to speciality and make recommendations where appropriate
- To encourage Medical Officer participation in quality projects to improve patient outcomes
- To review adverse event trends related to clinical practice and make appropriate recommendations
- To review and make recommendations regarding new interventional procedures

Nursing Executive Council

**Aim:** The Nursing Executive Council provides leadership to the Nursing and Clinical Services directorate and is the decision making body accountable for the provision of high standards of safety and quality in the delivery of nursing practice and patient care. The Council is responsible for overseeing the implementation of the Nursing Directorate’s Strategic Plan. The work of this Council is guided by the St Vincent's Health Australia (SVHA) Code of Conduct and the strategic direction of SVPHS and SVHA.

**Objectives:**
- To lead, formulate and evaluate the strategic and business plans for the nursing directorate
- To discuss, debate and make decisions on operations and strategic matters related to nursing practice and patient care
- To function as the key clinical governance entity accountable for the implementation of SVPHS risk management framework
- To ratify any policies referred to the Nursing Executive Council
- To review recommendations from the Clinical Management Council that have implications for budgetary, legal and health department policy
- To endorse those activities of the Nursing Education Department that facilitate quality clinical practice, provide ongoing education and professional/personal development opportunities for members of the Nursing directorate
- To foster a culture open to critical reflection that promotes and stimulates creativity
- To ensure that the deLacy clinical information system continues to support and meet the needs of modern nursing practice, by providing a facility to plan, organise and document the delivery of patient care
Clinical Management Council

**Aim:** The function of the Clinical Management Council is to review and further develop clinical practice and nursing management to make decisions affecting clinical management with the exception of those with budgetary, legal and NSW Health Department policy implications.

**Objectives:**

- To review nursing practice and the delivery of nursing care
- To develop and advise on clinical nursing policy
- To advise on clinical quality issues

Nursing Education Training and Development Council

**Aim:** To lead the way in nursing professional education, training and development initiatives and innovations to support and transform nursing practice and patient centred care.

**Objectives**

- To develop programs of professional education, training and development that enhance the knowledge and skills of all level of staff
- To further develop relationships with preferred partner universities, training and further education facilities, professional colleges, community groups and other external agencies to develop innovative workplace/workforce opportunities to grow and develop our people (eg University of Tasmania, University of Notre Dame)
- Regularly review existing strategies and programs that recognise and reward our people (eg Clinical Nurse Specialist program, Magnet Professional Practice Program)
- Develop and implement new roles and opportunities to meet the multi-generational challenges of the future (eg Clinical Nurse Specialist Grade 3, Peri-operative Nurse Surgical Assistant, Nurse Mentors)
- Design and implement nursing informatics programs that continue to improve staff’s access to information and their ability to communicate across the team
Clinical Policy and Procedure Council

Aim: To develop, review and disseminate all policies and procedures that affect clinical practice.

Objectives:

- To develop, write and/or review all clinical policies and procedures in line with current needs and best available evidence such as Australian Standards, Ministry of Health Guidelines, Legislation and other relevant documents
- To translate all clinical policies and procedures across to the new IT system that are overseen by the Quality Manager. The Clinical Policy and Procedure Council have the primary responsibility for maintaining relevance and currency of clinical policies and procedures
- To develop and implement system to disseminate all clinical policies and procedures to all Nurse Unit Managers and their staff across all clinical areas of the hospital
- Using the IT system, audit and monitor compliance with clinical policies and procedures to ensure they are developed, reviewed within a designated timeframe and meet appropriate standards in order to ensure clinical practices are safe, effective and provide quality outcomes for patients
- Co-opt representatives from all areas as necessary to inform the Council of issues and concerns as relevant

Nursing Practice Development & Research Council

Aim: To develop, establish and regularly evaluate practice development and research activities throughout the clinical service areas of SVPHS.

Objectives:

- To consult with relevant experts and develop models of practice for the practice development and research units within the clinical services of SVPHS
- To review all nursing and related research for ethical and research governance in compliance with MHMRC National Statement on the Ethical Conduct of Research in Australia
- To oversee the conduct and evaluation of the practice development and research activities, and report to the nursing executive re the same
- To promote the activities and outcomes of the practice development and research activities to the wider staff of SVPHS, SVHA and the broader nursing and health professional community via publications, symposia, conferences and related activities
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

18. The organisation’s policies, procedures, charters or bylaws (including Institutional Review Board) that protects the rights or participants in research

Ethical and Scientific Review of Research in NSW Public Health Organisations Policy

Policy Objective

• To ensure that all human research that takes place in NSW public Health Organisations meets appropriate ethical and scientific standards through an effective and efficient system of review

SVPHS Quality Improvement (QI) Practice Development (PD) and Research Governance Policy

Policy Objectives:

• To provide a governance framework to support, monitor and prove the safety, ethical acceptability and feasibility of QI, PD and research projects
• To protect patients, carers and staff involved in QI, PD and research
• To protect the organisation from QI, PD and research matters that might pose a risk to the organisation or bring it into disrepute

Supporting Evidence:

• NSW Ethical & Scientific Review Policy
• SVPHS Quality Improvement, Practice Development and Research Governance Policy

19. The organisation’s policies, procedures, charters or bylaws designating that at least one nurse must be a voting member of the governing body responsible for the protection of human research participants and that at least one nurse votes on nursing related protocols

In alignment with our shared governance framework SVPHS formed a practice development and research council which is chaired by the Professor of Healthcare Improvement who is a senior nurse and researcher. Under the auspices of the National Health and Medical Research Council (Australia’s peak body that sets the standards for the ethical and safe conduct of research) the council is authorised to review all research proposals, including nursing related protocols, and assess the level of potential or actual risk to research participants.

The council is comprised of members of the multidisciplinary health team including six nurses. All council members vote on all research proposals that come before the council and the research cannot proceed until authorisation to do so has been given by the Council.

Supporting evidence:

• Practice Research and Development Council Terms of Reference
• SVPHS Quality Improvement, Practice Development and Research Governance Policy
• National Statement on the Ethical Conduct of Research
20. A table of ongoing or completed nursing research studies within the last 30 months

Supporting Evidence

• Nursing Research Studies Table
Ancient medicine: The sun takes shape and coming from it is Aesculapius the son of Apollo and the God of Healing. On the right is Hippocrates (440BC) the Greek Physician and Teacher of Medical Ethics. On his right is Galean (2nd century AD) the Greco-Roman Surgeon, Experimenter and Physician, whose teachings dominated medical thought for centuries.
STRATEGIC PLANNING

TL1EO Nursing’s mission, vision, values and strategic plan align with the organisation’s priorities to improve the organisation’s performance

➢ Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement in the nurse practice environment. Supporting evidence must be submitted in the form of a graph that clearly displays the data

AND

➢ Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement due to a change in clinical practice. Supporting evidence must be submitted in the form of a graph that clearly displays the data

Example A)
Background/Problem
One of the objectives within the Nursing and Clinical Services Strategic Plan 2013–2016 is to provide a safe work environment for our nurses. Lost time injuries impact on nurses’ physical and emotional wellbeing as well as on St Vincent’s Private Hospital Sydney’s (SVPHS) ability to provide continuity of care. The Nursing Directorate’s objective is to reduce our current Lost Time Injury Frequency Rate (LTIFR) amongst our nurses.

Goal Statement(s)
 To improve the existing injury management processes to reduce Nurses’ Lost Time Injury Frequency Rate (LTIFR).
 Measurement: Lost Time Injury Frequency Rate (LTIFR) within the Nursing Directorate at SVPHS.

\[
\text{LTIFR} = \frac{\text{Number of lost time injuries in accounting period}}{\text{Total hours worked in accounting period}} \times 1,000,000
\]

Description of the Intervention/Initiative/Activity(ies)
Initiatives introduced to reduce lost time injury frequency rate within the Nursing Directorate at SVPHS were:

2nd Quarter 2013:

 Fiona McGivern, senior/experienced injury management consultant was employed to facilitate employees return to work, workers compensation claims, coordinate injury management and manage the associated processes across SVPHS, including the Nursing Directorate.

2nd Quarter 2013:

 Improved reporting by all staff and investigation of hazards and injuries in the nurse practice environment by nurse managers and documented through Riskman™, SVPHS’s on-line risk management and incident reporting system.

3rd Quarter 2013:

 Improved Injury Management process introduced across SVPHS, including the Nursing Directorate, through the introduction of early intervention strategies in order to identify and/or minimise/eliminate barriers at the onset of injury, to reduce the LTIFR, such as:
- Injured nurse sustains work place injury meets with a member of the injury management team (during business hours).
- Injured nurse is sent via taxi to and from injury management and Medical Examinations (IMMEX) Occupational Rehabilitation Services, as per SVPHS Injury Management Flowchart (cab charged to employer).
- Injury management team discuss potential suitable duties and injury management strategies with injured nurse’s manager.
- Injured nurse returns (via cab) to injury management team to discuss suitable duties, return to work plan, treatment plan and support strategies.
- Injury management team discuss treatment options, suitable duties, diagnosis and prognosis with GP and treatment providers (e.g. physiotherapist etc).
- Frequent communication [twice weekly and face to face, in most cases] and support is provided to all injured nurses while they are recovering from a workplace injury.
- After hours injuries are managed by the Assistant Director of Nursing and handed over to the injury management team and nurse manager the next business day.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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<tbody>
<tr>
<td>Fiona McGivern</td>
<td>WHS</td>
<td>Return to Work Consultant</td>
<td>Human Res.</td>
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<tr>
<td>Kelly Stone</td>
<td>WHS</td>
<td>Work Health &amp; Safety Consultant</td>
<td>Human Res.</td>
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<tr>
<td>Sarah Coleman</td>
<td>Nursing</td>
<td>Manager Workforce Plan &amp; Dev</td>
<td>Hospital Wide</td>
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<td>RN, MN, MBA</td>
<td>Nursing</td>
<td>Nurse Unit Manager</td>
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<td>Tracey Anderson</td>
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<td>Julie Brooks</td>
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<td>Bridget Flynn</td>
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<td>Anna Meagher</td>
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<td>Wendy Campbell</td>
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<td>CarolAnn Hayes</td>
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<td>Sue Rossini</td>
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<td>Gail O'Grady</td>
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<td>Penny Woods</td>
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<td>Jeremy Gowing</td>
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<td>Eilish Hoy</td>
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<td>Nurse Unit Manager</td>
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</table>
Outcome(s)

Lost Time Injury Frequency Rate (LTIFR) in the Nursing Directorate at SVPHS September 2011 - December 2014

Intervention started: 3rd Quarter 2013
Example B)  
Background/Problem  
The principal aim of any pressure injury prevention and management program must be to reduce the number of patients who develop pressure ulcers. Implementation of best practice guidelines to influence the rate of pressure ulcers with a target of less than 0.08% prevalence is clearly identified as a key performance indicator within the nursing strategic plan 2013-2016 (please refer to Strategic Plan, page 13, 4th bullet point).

St Vincent’s Private Hospital Sydney (SVPHS) faced the problem that their historically low incidence of hospital acquired pressure ulcers is challenged by an increasing number of elderly and frail patients being admitted. Some of these frail patients are transferred from primary and sub-acute care in need of complex acute care at our hospital. An increase in pressure ulcer rate was noticed in January 2012 by Maria Ocampo Clinical Nurse Consultant (CNC) and her wound care associates.

Goal Statement(s)  
- To implement the Pressure Injury Point Prevalence Audit (PIPPA) and improve risk assessment compliance to further reduce the incidence of hospital acquired pressure ulcers.
- Measurement: Percentage of hospital acquired pressure ulcers (HAPU)

\[
\text{HAPU rate} = \frac{(\text{Number of HAPU in accounting period})}{(\text{Total patient days in accounting period})} \times 100
\]

Description of the Intervention, Initiative, or Activity(ies)  
January 2012:  
- The January increase in pressure ulcer rate was reported to the Nursing Quality and Safety Council (NQ&SC) who reviewed the strategies to prevent and manage pressure ulcers. The Council recommended to the Nursing Executive Council (NEC) that a Pressure Injury Point Prevalence Audit (PIPPA) be undertaken to determine the clinical practice changes required.

February 2012:  
- The Pressure Injury Point Prevalence Audit (PIPPA) was rolled out throughout all clinical units within SVPHS, to reduce the percentage of Hospital Acquired Pressure Ulcers. This intervention was led by Maria Ocampo, CNC and the wound care associates (Clinical Nurses) who were trained in the process of skin inspection and the way in which the data is to be collected and obtained.

This change in clinical practice resulted in the following improvements:
- Improved risk assessment compliance, vigilance, early intervention and reporting of HAPU by Clinical Nurses, documented through Riskman™ (SVPHS’s on-line risk management and incident management system).
- Planned mattress replacement program strictly adhered to by Nurse Unit Managers and Clinical Nurses in all clinical units.

Participants  

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
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<tr>
<td>Maria Ocampo</td>
<td>Nursing</td>
<td>Wound CNC</td>
<td>Hospital wide</td>
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<td>Emily Gates</td>
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Outcome (s)

**Percentage Hospital Acquired Pressure Ulcers (HAPU) in the Nursing Directorate at SVPHS January to May 2012**

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<tr>
<th>Month</th>
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<tr>
<td>Jan-12</td>
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<tr>
<td>Feb-12</td>
<td>0.042%</td>
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<tr>
<td>Mar-12</td>
<td>0.039%</td>
</tr>
<tr>
<td>Apr-12</td>
<td>0.033%</td>
</tr>
<tr>
<td>May-12</td>
<td>0.013%</td>
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Intervention started: February 2012
TL2 Nurse Leaders and clinical nurses advocate for resources to support nursing unit and organisational goals

- Provide one example, with supporting evidence, of a nurse leader’s advocacy that resulted in the allocation of resources to support an organisational goal

AND

- Provide one example, with supporting evidence, of a clinical nurse’s (or clinical nurses’) advocacy that resulted in the allocation of resources to support a nursing unit goal

Example A:

Nurse leader's advocacy in the establishment of an Acute Stroke Service at SVPHS

Organisational goal: Continue to improve the quality and safety of patient care by enhancing the care for patients suffering acute strokes (Nursing Strategic Plan 2013-2016, p13, bullet point 1).

Nurse leader advocate: Joan Bourke, Clinical Services Manager (CSM).

Resources allocated: New position of Stroke Unit Co-ordinator and $150,000 for building works and additional equipment.

Training and education of nurses: $5,000.


Following a health service review in early 2012, New South Wales Health determined that there was a deficit across the State in a coordinated effective approach to the provision of specific healthcare for members of the community affected by a stroke. In preparation for this pending review, in early-2011 St Vincent’s Private Hospital Sydney (SVPHS) started to investigate the feasibility of offering an acute stroke service.

It was felt there needed to be a dedicated networked speciality service to provide immediate care for stroke patients and there was a risk that the St Vincent’s Campus would be excluded from this provider network as it did not have the dedicated beds or specialised staff to provide this service.

In response to the pending State’s review a meeting was held 11th February 2011 with the Campus Executive team of which Joan Bourke is a member. The purpose of this meeting was to determine how SVPHS could become one of the key providers to protect the associated patient demand that comes from the treatment of stroke patients.

The Campus executive team determined that the Campus should be able to meet the immediate care needs for stroke patients with the establishment of dedicated stroke beds in both St Vincent’s Public and Private Hospitals in Sydney.

A review of infrastructure was undertaken in August 2011 with the view of upgrading the bathrooms and a bespoke four bed unit on Level 6 was created in SVPHS.

Nurse Leader, Joan Bourke Clinical Services Manager (CSM) as part of the SVPHS Executive Team advocated for the establishment of a four bed stroke unit on Level 6 of SVPHS. Joan advocated for additional equipment and for the additional resources for the new role of Stroke Unit Co-ordinator. She developed the Position Description and chaired the interview panel for this new dedicated role.

As well, Joan attended meetings with rehabilitation staff and had further conversations with allied health to establish treatment protocols within SVPHS for this cohort of patients. As a result in
March/April 2012, Campus protocols were developed to standardise the care of acute stroke patients across both the private and public sector. Joan Bourke played a leading role in the initial planning for this new unit but also participated in the service design that led to the opening of the new service in July 2012, when a 4 bed stroke unit was established on Level 6 of SVPHS and staff were educated in caring for patients who have sustained a cerebral stroke.

$150,000 of additional resources were allocated to build the 4 bed stroke unit which has bigger bathrooms and additional equipment to support the treatment of patients with acute stroke. Patients are transferred from within SVPHS and also from the emergency department in St Vincent’s Hospital to receive immediate and appropriate treatment for acute stroke on Level 6. The unit is now part of the dedicated networked speciality service provided to the community of New South Wales.

**Supporting Evidence:**

- 2011 email evidence x 2 of recruitment of Stroke Unit Co-ordinator for whom Joan Bourke, Clinical Services Manager advocated.
- August 2011 Minutes of Stroke Unit Planning meeting in which Joan Bourke advocated for additional equipment.
- Cost report demonstrating evidence of allocation of resources.
- Evidence of additional resources to train staff in the equipment for which Joan Bourke advocated.
Example B:
Clinical Nurse’s advocacy improving the practice environment through staff involvement and collaboration

Unit goal: Enhancing the practice environment by improving patient safety and staff satisfaction through the establishment of new Medication Rooms for Schedule 4D & Schedule 8 medications in Sister Bernice Wing (SBW) levels 7 & 8.


Resources allocated: $60,000 for building works plus equipment.

In November 2012, clinical nursing staff on SBW Level 7 and 8, at St Vincent’s Private Hospital Sydney (SVPHS) felt that the face of orthopaedic nursing was changing with increasing patient acuity and an increasingly aged population.

Clinical Nurses felt that staff morale and, in turn, patient safety were being adversely impacted by the practice environment and sought collaboratively to develop strategies and processes to find a solution to these issues through allocation of resources.

Staff were encouraged as a team to find solutions to the level of staff moral and patient safety and were canvassed as to their suggestions for an improved work environment. Suggestions that came from consultation included:

- Improve communication
- Delegate and prioritise better
- Improve team work
- Make changes to medication management to improve patient safety and staff time
As a result of this collaboration, several changes were implemented to achieve their goal of enhanced patient safety and increased staff satisfaction as follows:

- A communication board was developed for medication management that indicated who was holding the medication keys eliminating the need for Clinical Nurses constantly having to search for the nurse on the floor who was holding the keys.
- **Clinical Nurses advocated for the planning and development of a new bespoke Schedule 4 and Schedule 8 medication room constructed specifically for the management of these medications.**
- Continuing professional development sessions were conducted entitled ‘handling and recording Schedule 8 medications’ that focussed on the SVPHS policy and procedure medication management as well as the NSW Poisons Act to provide staff with a refresher on the handling and recording of Schedule 8 drugs.

The Nurse Unit Manager of SBW 7 & 8 along with the Clinical Nurse (Educator) consulted with the Clinical Nurses to effect these changes in work practice.

As a result of the Clinical Nurses’ involvement, other Clinical Nurses were more positive and open to the changes in practice that were implemented. In addition, the number of reported medication incidents dropped to well below the target and staff provided very positive verbal feedback on the changes to medication management implemented on SBW Levels 7 and 8.

**Supporting Evidence:**

- Meeting Minutes to demonstrate Clinical Nurse advocacy involved in project meeting 22/1/13
- Invoices of works undertaken to evidence resources obtained
ADVOCACY AND INFLUENCE

TL3EO The CNO influences organisation-wide change beyond the scope of nursing

- Provide one example, with supporting evidence, of a CNO-influenced positive change that had organisation-wide impact beyond the scope of nursing services. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Background/Problem
St Vincent’s Private Hospital Sydney (SVPHS) is in urgent need of expanding and upgrading its ageing infrastructure. A planned expansion and redevelopment of SVPHS is contingent in improving the overall financial performance of the hospital in order to borrow the necessary funds to undertake this expansion/redevelopment.

Achieving a reduced average length of stay (ALOS); improving clinical documentation and subsequently the coding of the inpatient episode of care would greatly assist SVPHS in achieving an improved financial performance.

Goal Statement(s)
- To reduce the ALOS; improve clinical documentation and coding of the medical record, to improve the overall financial performance of the Hospital (beyond the scope of nursing services).
- Measurement: Percentage of earnings before interest, tax, depreciation, amortisation and rent (%EBITDAR).

\[
\%\text{EBITDAR} = \frac{(\text{Total revenue in the accounting period})}{(\text{Revenue} - \text{expenses (excluding interest, tax, depreciation, amortisation and rent)})} \times 100
\]

Description of the Intervention/Initiative/Activity(ies)
- December 2013: Jose Aguilera (CNO), Director of Nursing and Clinical Services (DONCS) met with Robert Cusack, CEO with a proposal to establish a new role, a Manager length of stay, documentation and revenue optimisation.
- February 2014: Jose Aguilera, DONCS appoints Ms Nicole Draper as SVPHS’s Manager Length of Stay (LOS), Documentation and Revenue Optimisation.
- April 2014 the following organisational wide positive changes were implemented, to improve the financial performance of the Hospital:
  a. Nicole takes charge of the existing LOS task force.
  b. Nicole met with all doctors/medical heads of departments in relation to their LOS performance.
  c. Nicole met with all Nurse Unit Managers (NUMs) and their respective staff in relation to their LOS performance.
  d. Educations sessions regarding LOS management and awareness are conducted throughout all clinical units and medical departments.
  e. A documentation improvement strategy is developed including but not limited to: tick sheets, education sessions, daily round of inpatient units with manager discharge planning and NUMs, and enhanced monitoring and reporting. All of these to improve clinical documentation and the coding of the medical record.
g. Regular coding audits are introduced to track Diagnostic Related Group (DRG) severity split (A, B, C) and undertaken by Medical Records.

All of these initiatives led to a:

a) 5.6% reduction in average length of stay,
b) 2.4% decrease in occupancy, despite a 2.9% increase in admissions,
c) 1.5% increase in surgical activity,
d) 1.2% increase in revenue per bed day (RPBD),
e) 7% increase in EBITDAR or a YTD of 18.3%.

### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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<tbody>
<tr>
<td>Jose Aguilera</td>
<td>Nursing</td>
<td>DONCS</td>
<td>Exec Admin</td>
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<tr>
<td>RN, MNA, MCOM</td>
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<td>Nicole Draper</td>
<td>Nursing</td>
<td>Manager LOS, Doc &amp; Rev Opt</td>
<td>Hospital wide</td>
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<tr>
<td>Robert Cusack</td>
<td>Executive</td>
<td>CEO</td>
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<td>MBA</td>
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<td>Joan Bourke</td>
<td>Nursing</td>
<td>Clinical Services Manager</td>
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<td>Rosemary Sadowskyj</td>
<td>Nursing</td>
<td>Surgical Services Manager</td>
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<td>Thelma Delisser-Howarth</td>
<td>Nursing</td>
<td>Manager Discharge Planning</td>
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<tr>
<td>Andrew Spillane</td>
<td>Finance</td>
<td>Chief Financial Officer</td>
<td>Exec Admin</td>
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<tr>
<td>Astiness Bazos</td>
<td>Health Info</td>
<td>Health Information Manager</td>
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<tr>
<td>Anne-Marie Jimenez</td>
<td>Info Tech</td>
<td>Manager Info Tech</td>
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<tr>
<td>BSc IT</td>
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### Outcome(s)

**Percentage Earning before Tax, Depreciation, Amortisation and Rent (EBITDAR) at SVPHS January - November 2014**

- Pre Intervention
- Intervention
- Post Intervention

<table>
<thead>
<tr>
<th>Month</th>
<th>EBITDAR</th>
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<tr>
<td>Jan-14</td>
<td>0.7%</td>
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<tr>
<td>Feb-14</td>
<td>16.5%</td>
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<tr>
<td>Mar-14</td>
<td>17.3%</td>
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<tr>
<td>Apr-14</td>
<td>11.8%</td>
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<tr>
<td>May-14</td>
<td>20.4%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>16.1%</td>
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<tr>
<td>Jul-14</td>
<td>17.9%</td>
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<td>Aug-14</td>
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<td>20.2%</td>
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<td>Oct-14</td>
<td>19.4%</td>
</tr>
<tr>
<td>Nov-14</td>
<td>23.9%</td>
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</table>

Intervention started: April 2014
The CNO is a strategic partner in the organisation’s decision making

- Provide one example, with supporting evidence of the CNO’s involvement in the organisation’s decision making (not involving technology)

AND

- Provide one example, with supporting evidence of the CNO’s involvement in the organisation’s technology decision making

Example A: 
CNOs involvement in the establishment of Uspace – Young Adult Private Mental Health Service at St Vincent’s Private Hospital Sydney

Uspace is the name of the Young Adult Mental Health Service that was established to cater for the needs of young adults aged between 16 – 30 years of age experiencing psychosis, anxiety or mood disorders. The current public and private mental health system is not adequately resourced to deal with young people who have mild to moderate mental health issues and this often means that young people do not receive timely treatment or, they have difficulty finding a service that can respond appropriately to their needs.

The establishment of a private mental health service has been a strategic leadership imperative for St Vincent’s Private Hospital (SVPHS) for some time. As late as 2010, Dr Peter McGeorge, Medical Director for mental health in St Vincent’s Public hospital approached Mr Robert Cusack, CEO of SVPHS and Jose Aguilera, Director of Nursing and Clinical Services (DONCS) with the concept of establishing a young adult mental health unit to meet the needs of this specific cohort of the young adult population. The recent construction and commissioning of the O’Brien Centre on the Darlinghurst Campus of St Vincent’s Health Australia (SVHA) provided an opportunity to research and develop a business case to demonstrate the feasibility of such a service.

A Health Services Planner was engaged specifically to develop the Business Case that was developed in collaboration with the DONCS and other members of the Executive Team. The Business Case was approved by the Board that led to the establishment of the Project Control Group (PCG). The function of the PCG was to guide the project through its transition to the fully functioning unit.

Patient bedrooms in Uspace
The PCG consisted of members of the hospital executive and capital works team. Jose Aguilera was a strategic member of this group and led the facilitation and establishment of a communications strategy to inform staff and the wider community of plans to establish the new unit, participated in strategies and plans for revenue generation, consideration of clinical issues, the development of the infrastructure and also operations of the unit.

The DONCS worked closely with the newly appointed Nurse Unit Manager to develop the optimal staff profile to meet the service needs.

The PCG met regularly over the period of a year providing the clinical governance for development of the project until the unit opened in April 2012. Uspace now has a full complement of staff to provide both inpatient and outpatient care such as Day Programs that provide ongoing support for the young adults by promoting the use of relapse prevention strategies and consolidation of psychological and interpersonal skills.

Uspace has been an exciting and important initiative. The new service has been very successful in meeting SVHA’s commitment to quality, innovation and excellence in health care. SVPHS has demonstrated clear leadership in promoting the mission and values espoused by Mary Aikenhead and the Sisters of Charity.

All aspects of care are supported by a culture of interdisciplinary collaboration. There is a high level of collegial support, comprehensive clinical handover, regular case review, and maintaining a patient focussed model of care. The team are highly motivated and reported a 93% staff engagement and a culture of success in the last Best Practice Australia survey completed in March 2013.

Uspace will continue to lead the way in clinical innovation by expanding our services to include Outreach and tele-psychiatry. The unit is actively engaged with our research partners at the Brain Mind Research Institute (University of Sydney) and other professional bodies to maintain an adherence to a best practice model of care. It is also imperative that we continue to promote
strong relationships with the community we serve by ensuring that there is timely and comprehensive information provided to referrers in the form of clinical handover.

The challenge for the future is to remain focused on the needs of the patients by providing quality care as well as meeting and exceeding the National Safety and Quality Health Service Standards and the National Mental Health Standards. Uspace will strive to achieve financial and operational growth and sustainability in an ever changing political climate.

Tranquil waiting area for the Uspace Consultation Suites

Eating area in Uspace

Supporting Evidence:
- Clinical Operations Group Meeting Minutes Group Minutes 25th January 2012
- Project Control Group Minutes 19th August 2011
- Terms of Reference Clinical User Group
Example B: CNO involvement in the implementation of electronic patient journey boards

CNO: Jose Aguilera, Director of Nursing and Clinical Services (DON&CS)

Decision making re technology: Implementation of Electronic Patient Journey Boards

CNO Involvement in Decision Making: Project Sponsor

Timeline: December 2012 – March 2013

Patient episode data in respect to condition, acuity, clinical alerts, length of stay, referrals status, discharge dates and reasons for discharge delays are maintained in the web deLacy Clinical Information System (WDL-CIS). Previously all Patient Care Units in St Vincent’s Private Hospital Sydney (SVPHS) had a large whiteboard where patient details were manually updated as required. This caused duplication of information that was already available in the WDL-CIS. Nurse to Patient allocations are updated on a shift by shift basis in the WDL-CIS using the Roster and Staff Allocation. Again these were also previously handwritten onto the whiteboard then replaced prior to the next shift. Discrepancies between the CIS and the information displayed on the whiteboard sometimes occurred which could create confusion and room for error. On this basis it was decided to introduce the electronic Patient Journey Board (ePJB).

In December 2012, at the Nurse Executive Council’s meeting Jose Aguilera (CNO/DONCS) proposed the implementation of a patient electronic journey board. This decision was supported by the NEC and subsequently endorsed by the CEO of the Hospital. Jose Aguilera was the Project Sponsor who facilitated and led the transition to an electronic solution that would feed information from the Clinical Information System (CIS) in a uniform manner. Various stakeholders were also involved to determine appropriate information to be displayed.

This project aim was to replace the centrally located whiteboards on all patient care units and display information electronically by replacing the old messy handwritten whiteboards in the patient care units with an ePJB that displays data already stored in the CIS. This prevents replication of information and ensures accuracy in respect to patient referral status, alerts, bed management and patient flow. A 46” TV monitor was used to display this information on each patient care unit.

The ePJB displays patient clinical alerts (including allergies), actual and target length of stay, reasons for discharge delays, DRG data, discharge medication status, admitting and treating doctor contacts. Referrals are displayed using icons to indicate the status of orders including medical imaging requests, allied health, discharge planning and other nurse specialty consults.

The ePJB has proved to be an effective initiative in utilising the existing patient data and reducing duplication and errors when transcribing information.

A project team was established that comprised Jose Aguilera as the Project Sponsor, a Clinical Nurse Consultant and Clinical Nurse from the Clinical Information System’s team to inform and educate staff on the change in process, the two Nurse Unit Managers of the pilot units, a Clinical Nurse Educator and three members of the Information Technology (IT) team.

A partnership was also formed with a web designer to create a tool that would display information relevant to clinical decision making. Nursing Executive support was a vital element in the success of the ePJB implementation.
Data Display

<table>
<thead>
<tr>
<th>PatientID</th>
<th>Name</th>
<th>MRN</th>
<th>Room</th>
<th>Bed</th>
<th>Shift</th>
<th>Age</th>
<th>Sex</th>
<th>Alerts</th>
<th>Notes</th>
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<td>READER, J</td>
<td>123</td>
<td>101</td>
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<td>30</td>
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<tr>
<td>456</td>
<td>JOHNSON, M</td>
<td>456</td>
<td>202</td>
<td>3</td>
<td>3</td>
<td>40</td>
<td>M</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

- Allocated shift Nurses names
- Room - Bed Number
- MRN (medical record number)
- Patient Surname & First Name (same surname in blue)
- Treating Doctor Icon
- Admitting Doctor name
- Age (Male Female)
- Alerts icons
- Nil By Mouth

- Current Length of Stay (LOS days)
- Discharge Date (dd/mm)
- Reason for change in discharge date
- S8 Medication alert
- Predicted DRG code/ Target LOS
- Medical Imaging order (today only)
- Referral Status
  - Physiotherapy
  - Discharge Planning / Social Work
  - Infection Control / Stomal Therapist

Supporting Evidence:
- Minutes of Nursing Executive Council December 2012
- Note to File, Jose Aguilera meeting with Elizabeth English – 20th December 2012
- Magnet Conference presentation by Elizabeth English, October 2013
Example A:

**Unplanned change:** Replacement of Activated Partial Thromboplastin Time (APTT) reagent.

**Nurse leaders:** Ingrid Tartu, Clinical Risk Manager (CRM), Edel Murray, Quality Coordinator, Chris Robinson, Quality Coordinator.

**Timeline:** 10th September-9th October 2013

On Tuesday 10th September 2013, an email was received from the Pathology Department, SydPath, advising that the current reagent, used for the Activated Partial Thromboplastin Time (APTT) test for blood coagulation, was no longer being manufactured and a replacement reagent had been selected by the Pathology Service. The change of reagent would occur at 10am on Wednesday 9th October 2013.

The APTT blood test is used for patients who require the administration of the intravenous anticoagulant, Heparin. The therapeutic interval for intravenous Heparin changed from 50-75 seconds to 65-95 seconds. The registered nurses receive the pathology results and they are responsible for communicating the APTT results to the Medical Officers and adjusting the rate of infusion as per the protocol of the Intravenous Heparin Infusion Chart Procedure.

Ms Ingrid Tartu, CRM, Edel Murray and Chris Robinson, were informed by email of the unplanned APTT reagent change and they developed strategies to guide nurses through this unplanned change. As the reagent change affected the therapeutic APTT range parameters the following strategies were undertaken:

**Strategies used by nurse leaders:**
- Review and revision of relevant documentation; policy, posters, heparin chart conducted by Ingrid Tartu, (Clinical Risk Manager) Edel Murray, Chair of the Policy and Procedure Committee (Quality Coordinator) for use by nursing staff
- Communication – electronic, verbal and visual implementation of practice change facilitated by Ingrid Tartu, (Clinical Risk Manager)
- Changes made to the Intravenous Heparin Infusion Policy by Edel Murray, Chair of the Policy and Procedure Committee (Quality Coordinator) to effectively guide nursing practice
- Visiting Medical Officers (VMOs) informed of the changes by the letter from Dr Joanne Joseph sent to them by Chris Robinson, (Quality Coordinator)

**Strategy timeline:**
1. 10th September: - 2nd October: The Heparin policy and chart were reviewed and revised.
2. 26th September: Letters to Medical Officers were sent from the Staff Specialist Haematology at St Vincent’s Hospital.
3. 2nd October 2013: Emails to all Nurse Managers and Clinical Nurse Educators and also SVPH News (all staff) to communicate the change.
4. 2nd October 2013: Amendments were made to the Intravenous Heparin Policy and the Intravenous Heparin Infusion Chart were published.
5. 3rd October 2013: APTT Posters were hand-delivered by the CRM to all clinical units to communicate the change.
6. 4th October 2013: Intravenous Heparin Charts reprinted and delivered.
7. 5th October 2013: Old Intravenous Heparin charts were destroyed by the CRM.
8. 9th October 2013: An electronic message through the web de Lacy clinical information system was sent to each Clinical Nurse across all clinical units to communicate the change.

This unplanned change was successfully implemented and Clinical Nurses were guided and supported throughout this process.

Supporting evidence:

- Email from Ingrid Tartu, CRM to Quality Manager re: Dr Joseph’s letter advising change of Heparin protocol 26th September (Dr Joseph’s letter attached).
- Email to Nurse Managers and the Clinical Nurse Educators demonstrating communication strategy 2nd October.
- Email SVPHNews (to all staff) 2nd October.
- Copy of Intravenous Heparin Infusion Chart Procedure changes 2nd October
- APTT Posters 3rd October.
- deLacy messages to all Clinical Nurses demonstrating communication strategy 9th October.
Example B:

Planned change: Standardisation of clinical nursing shift to shift handover.

Nurses leaders: Edel Murray, Quality Coordinator; Professor Kim Walker, Professor of Healthcare Improvement and Dr Jed Duff, Clinical Research Fellow.

Strategies used: Staff survey; workshops; ‘spoke and hub’ model to facilitate communication; unit based education sessions; policy development and implementation.

Timeline: February-December 2012.

In 2012, The New South Wales (NSW) Clinical Excellence Commission reviewed Root Cause Analysis data and NSW Health Ministry’s Incident Information Management system data. They concluded that all types of clinical handover would benefit from standardisation, particularly clinical nursing staff shift to shift handover.

In February 2012 Edel Murray, Quality Coordinator; Prof Kim Walker, Professor of Healthcare Improvement and Dr Jed Duff, Clinical Research Fellow led this initiative using the following strategies:

- February 2012: Baseline Staff survey conducted;
- March 2012: Facilitating Clinical Handover Workshops for senior nurses
- March 2012: Developing a ‘spoke’ and ‘hub’ model to facilitate communication between clinical units. This model was intended to promote collaboration and encourage the spread of innovation, guiding nurses through this planned change in practice.
  Clinical Nurses from the clinical units who had already been engaged in baseline data collection formed the hub group and other participants were invited to group discussions as necessary (i.e. Doctors, Allied Health Professionals, Managers and Consumers). Each member of the initial ‘hub’ group formed a satellite ‘spoke’ group in their respective clinical units.
- July-August 2012: Unit based education sessions were conducted by nurse leaders who attended the workshops. Fortnightly unit based sessions were used to develop and test changes to shift to shift handover practices and data using qualitative and quantitative methods such as observations, audits, surveys or brain storming sessions. Data analysis was pragmatic in nature and no statistical certainty was required. Members of the groups reflected on the results of each practice change before undertaking further changes. The various ‘spoke’ groups reported back through the ‘hub’ group in monthly feedback sessions.
- August 2012: Policy development and implementation. A Clinical Handover Policy was circulated for comment.
- September /October 2012: Evaluation audits undertaken

Workshops participation

Senior key clinical nursing staff participated in clinical handover workshops

Nurse Leaders from the Practice Development and Research Council, Professor Kim Walker, Edel Murray and Jed Duff worked with assigned clinical units to support the key senior clinical nursing staff to assist with unit education and lead conversations regarding barriers to bedside handover shift to shift.

It can be demonstrated from the tables below how nurse leaders were involved in standardising the process of clinical handover throughout the organisation. Nurse leaders are identified in the Facilitator columns of the tables and as such worked collaboratively with each table of nurses at
the workshop to guide them through the process. They then facilitated various components of the workshops.

Supporting Evidence:

- Workshops participation
- Minutes from a Level 8 Ward Meeting highlighting the process for Clinical Handover
The CNO advocates for organisational support of ongoing leadership development for all nurses, with a focus on mentoring and succession planning.

Provide one example, with supporting evidence of each of the following activities

- Mentoring or successional planning activities for clinical nurses
- Mentoring or successional planning activities for nurse managers
- Mentoring or successional planning activities for nurse leaders (exclusive of nurse managers)
- Mentoring or successional planning activities for the chief nursing officer

**Example A:**
**Mentoring or succession planning activities for clinical nurses - Leadership development for all levels of nurse**

Leadership development with effective mentoring and succession planning will ensure nurses have the opportunity to feel a significant part of the organisation where they can make a difference in the delivery of excellent patient care.

Within the St Vincent’s Private Hospital Sydney (SVPHS) nursing structure there are several Clinical Nurse Consultant (CNC) positions that hold portfolios in speciality areas such as wound care, oncology, stomal therapy and palliative care, infection control and clinical informatics.

These CNC positions are held by advanced practice nurses who support the clinical nurse by providing education in their relevant speciality to improve the clinical outcome for the patient and act as a mentor for junior staff. The CNCs work closely with Clinical Nurses who have expressed an interest in the particular speciality and wish to further develop their knowledge and skills.

An example of succession planning in this instance is that of one of our Clinical Nurses, Shiu Tam, who was interested in furthering his knowledge in stomal therapy. Shiu approached Jose Aguilera, Director of Nursing and Clinical Services to request support in enrolling in a Stomal Therapy Course conducted by the New South Wales College of Nursing. The hospital agreed to support Shiu to attend this course by providing him with both study leave and financial support.

Shiu is currently undertaking the Stomal Therapy course and following completion of the course Shiu Clinical nurses will be in a position to work more closely with the Stomal therapy CNC on projects related to the speciality and also to relieve in times of leave or absence.

Supporting evidence:
- Evidence of application for funding/leave allowance
Example B:
Mentoring or succession planning activities for nurse managers

**Mentee:** Nurse Manager Brid Flynn  
**Mentor:** Nurse Leader Sarah Coleman  
**Timeline:** December 2012 – December 2014

Leadership development with effective mentoring and succession planning ensures nurses have the opportunity to feel that they are a significant part of the organisation and that they can make a difference in the delivery of excellent patient care.

When new Nurse Unit Managers (NUM) are appointed they are given a comprehensive induction and are encouraged to take on a mentor/s. In December 2012 Brid Flynn was appointed as the NUM of level 8, and she approached Sarah Coleman, Workforce Planning and Development Manager to be a mentor for her, as Sarah had previously been the NUM on level 8, from October 2005 till October 2010.

Since early 2013, Brid and Sarah have met on an ad hoc basis to discuss different topics such as leave management, roster management, staff management, budget management having difficult conversations; and to debrief about different events and discuss what was managed well and what could have been managed better,

During this time Sarah has been a trusted advisor to Brid, advising or training where needed.

**Supporting evidence:**

- Brid Flynn induction plan
- Calendar Dates for mentor meetings from Sarah’s Diary
- Diary notes from mentor meetings Brid Flynn
Example C: Mentoring or succession planning activities for nurse leaders (exclusive of nurse managers)

St Vincent’s Health Australia (SVHA) recently established an Executive Leadership Program (ELP) and invited leaders from across the SVHA facilities to apply to participate in the program. The ELP program offers opportunities for senior leaders within the organisation to develop their leadership capabilities in a rapidly changing world to create stronger pathways for future leadership within SVHA.

Following this invitation, two nurse leaders from St Vincent’s Private Hospital Sydney (SVPHS) expressed their interested in undertaking the ELP program. The selection process involved a period of formal assessment in which the applicant was asked to complete a range of psychometric and behavioural assessments as well as receive feedback through a combination of online, telephone and face to face interviews. Their application was supported and endorsed by the Director of Nursing and Clinical Services.

As part of the program the successful participant was asked to choose a Mentor from within the organisation with whom they proceeded to work and had regular mentoring sessions throughout the course.

Two nurse leaders, one from Workforce Planning, Development and Management and the other from Special Projects, Magnet, were successful in completing the ELP

Supporting Evidence:

- Executive Leadership Program Information pack
- Executive Leadership Program Acceptance letter
- Executive Leadership Program Certificate of completion
Example D: Mentoring or succession planning activities for the chief nursing officer

The Director of Nursing and Clinical Services (DONCS) role at St Vincent’s Private Hospital Sydney (SVPHS) is responsible for acting as CEO when the incumbent is absent or on any type of leave. Therefore, it is essential that the CNO’s leadership development, mentoring and succession planning opportunities are made available.

The CNO was sponsored by SVPHS’s CEO in 2013 to undertake the program ‘Leading High Performance Healthcare Organisations’. This focused program explores the diverse and complex challenges that confront healthcare executives around the world. This program as depicted below aims at enhancing participant's skills and knowledge in the following areas:

- Evaluate new care delivery models and understand how they could affect your organisation
- Apply selected management best practices to healthcare delivery to assist your organisation sustain competitive advantage
- Capture and implement innovations in order to achieve organisational excellence and improve financial outcomes

The main topics covered during the program included:

1. Leading in a complex and changing environment
2. Designing a healthcare system that improves value
3. Fostering a climate of learning and innovation
4. Improving operations design and process management
5. Increasing expectations around quality, safety and service

This was a truly exceptional program designed for senior executives of healthcare organisations, including providers, insurers, information suppliers and others who support care delivery.

The CNO significantly benefited from this amazing experience by establishing contacts with colleagues from other healthcare system in US, Canada, Singapore and Australia.

Supporting evidence

- Program title and venue
- Program outline/content
- Certificate of attendance/completion
- Photograph of the attendees and faculty
Nurse leaders, with clinical nurse input, use trended data to acquire necessary resources to support the care delivery system(s)

- Provide one example, with supporting evidence, where a nurse leader, with clinical nurse input, used trended data to acquire necessary resources to support the care delivery system(s)

**Nurse leader:** Bernadette Crawford, Clinical Nurse Consultant (CNC) Infection Control.

**Clinical nurses:** Tara Bista (L9), Donna Fairleigh (CCL), Mary Anne McInerney (L6), Lyndy Carolan (L9), Julie Cardno (ICU), Kitty Lees (L8), Sue Djukanovic (DSU), Rose Gachihi (L6), Maryanne Hough (SBW), Patrick Valente (L10), Margaret Bennett (DSU), Kyra Girard (DSU), Rowena Gong (PACU), Jishna Shrestha (SBW), Catherine Wright (PAC), Stephanie Crittenden (PACU), Rachael Hallam (L7), Gabby Mathen (ICU), Jennifer Grayling (L7), Rebecca Pereira (L8).

**Trended data:** SVPHS doctor compliance with hand hygiene.

**Acquired resources:** Stickers, posters, staffing, training, audits.

**Timeline:** 2011-2014.

St Vincent’s Private Hospital Sydney (SVPHS) has over 350 Visiting Medical Officers (VMOs). When the rate of VMOs hand hygiene compliance was first benchmarked SVPHS VMOs were 20% below their peers. VMOs are rarely available to attend education sessions beyond their own speciality and especially on topics such as hand hygiene education.

**Clinical nurse input**

Based on this information the Clinical Nurses approached Bernadette Crawford, Infection Control Clinical Nurse Consultant (CNC) proposing the development of a multi model campaign to support and improve VMO’s hand hygiene compliance.
This initiative raised nurses’ awareness and created a high level of compliance with the national patient safety goal.

Resources used in the multi modal campaign:
- Presentations of the trended data at various forums
- Hand hygiene training provided by Clinical Nurses for VMOs
- Hand Hygiene posters developed by Clinical Nurses
- Hand Hygiene Stickers developed by Clinical Nurses
- Post hand hygiene campaign implementation audits conducted by Infection Control CNC and Clinical Nurses

Bernadette Crawford communicated the VMO trended data at various hospital multidisciplinary committees, such infection control committee, medical advisory committee, quality and safety committee and surgical advisory committee.

VMOs were approached by Clinical Nurse Infection Control Associates as part of the awareness campaign and asked to be Hand Hygiene Champions. They were provided with hand hygiene training and photographed performing hand hygiene for a poster developed by the clinical nurses that featured patient focussed hand hygiene messages such as:

“I look after you with clean hands” and “I’m Doctor Germ buster”
The posters were placed prominently throughout the wards.

Concurrently, eye catching hand hygiene stickers were attached to the VMOs daily list of patients. The stickers featured messages such as:

“Their health is in your hands”

A mixed-methods approach was used to evaluate the intervention. Post intervention hand hygiene audits conducted by the Clinical Nurse Infection Control Associates were reviewed by the Infection Control CNC and used to assess VMOs hand hygiene compliance. Qualitative research methods were used to evaluate clinicians’ perceptions of the intervention and their hand hygiene compliance.

In the post intervention hand hygiene audit, VMOs’ compliance had increased from 44% to 63%. The VMOs themselves also perceived their hand hygiene had improved. Clinical Nursing staff reported that they had noticed the hand hygiene culture in VMOs was changing. Participating VMOs commented that “Every time I see my photo it reminds me to do my hands’ and ‘All Doctors should be part of the Campaign’. One Doctor wanted to take his poster to another hospital as well.

Placing VMOs into a personal multi-modal campaign had a positive impact on hand hygiene compliance. Using VMOs as role models was a pivotal component of the strategy to improve their hand hygiene practice and perceptions. This also highlighted the importance of hand hygiene amongst their peers and the impact that nurse leaders with Clinical Nurse input can have when using empirical data and positive relationships to change practice and deliver better patient outcomes.
Supporting evidence

- Surgical Advisory Meeting Notes – 12th August 2011
- Minutes from meetings where trended data was used to highlight VMO compliance – 3rd May 2012
- Stickers
- Posters
- Post campaign implementation audit results 1st November 2011 – 31st March 2012
VISIBILITY, ACCESSIBILITY AND COMMUNICATION

TL8 The CNO uses various methods to communicate, be visible and be accessible to nurses throughout the organisation. Choose two of the three below:

➢ Provide one example, with supporting evidence, of communication between the clinical nurse(s) and the CNO that led to a change in the nurse practice environment

OR

➢ Provide one example, with supporting evidence, of communication between the clinical nurse(s) and the CNO that led to a change in the patient experience

OR

➢ Provide one example, with supporting evidence, of communication between the clinical nurse(s) and the CNO that influenced a change in nursing practice

Example A:
Clinical nurses’ discussions with the CNO in unit meetings and the clinical management committee regarding the inadequate patient gowns and the insufficient number of blankets for patients and how this discussion led to improvements in the quality and provision of patient linen and a change in the nurse practice environment

The provision and cleaning of patient laundry is undertaken in-house. From January to April 2014, Clinical Nurses began to notice that there were problems in the provision of patient laundry as patients were experiencing more problems with the quality of their gowns and the supply level of blankets had also reduced. This was reflected in patients’ level of satisfaction with the care they received whilst in hospital.

The Clinical Nurses felt they needed to take some action to remedy the situation and so brought the issues to the attention of the Director of Nursing and Clinical Services, José Aguilera (CNO) and the Clinical Services Manager, Joan Bourke during their regular unit meetings where there is the opportunity to exchange information and discuss issues that might arise in the provision of care to our patients.

Clinical Nurses discussed the issue of the poor quality of the patient gowns and how they did not provide the patient with the level of privacy and dignity expected. It was felt that the quality of the gowns was sub-standard as the buttons securing the garment frequently ripped or melted in the driers. This was clearly not satisfactory and Clinical Nurses also found they were wasting valuable time searching for blankets for the patients when they were being transferred from one department to another and that the regular supply of linen was inadequate.

The problems with the laundry supply were added to the Agenda for the Clinical Management Council, the Environmental Services Manager and the Laundry Manager was invited to come and discuss the issues with the Nurse Unit Managers (NUMs) to resolve the issue.

As a result of these discussions it was proposed that a special travel blanket be procured that would be easily identifiable by being a different colour and size that would accompany the patient in the event of any transfer to another department. It was felt that this strategy would go some way to reduce the number of large blankets lost when there are being used for the patients’ comfort during transfer from one department to another.
The Environmental Services Manager was also made aware of the problems the Clinical Nurses had identified with the reduced quality of the patient gowns. As a result of this a much improved new design of the gown was developed that promoted patient privacy and dignity.

Resolution
As highlighted in the CMC meeting minutes dated the 11th September 2014, feedback from Patient Care Levels indicated that the issue regarding the supply and quality of the travel blankets and gowns was resolved. This improvement led to an increase both in the patient and nurses satisfaction as it resulted in less nursing time wasted in dealing with linen issues and an increase in the provision of appropriate resources leading to improved patient care.

Supporting Evidence:
- Minutes from the Level 9 Unit Meeting 11th April 2014
- Minutes from the Clinical Management Meeting 8th May 2014
- Minutes from the Level 8 Unit Meeting 23rd June 2014
- Minutes from the CMC Meeting 11th September 2014 as evidence the issue was resolved
- Email from Nazzareno Diomedi, SVPHS Laundry Supervisor as evidence the issue was resolved
TL9EO Nurse Leaders (exclusive of the CNO) use input from clinical nurses to influence change in the organisation. Choose two of the three below (examples must be different from those provided in TL8)

- Provide one example, with supporting evidence, of a change in the nurse practice environment that was influenced by the clinical nurses’ communication with a nurse leader. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

OR

- Provide one example, with supporting evidence, of a change in the patient experience that was influenced by the clinical nurses’ communication with a nurse leader. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

OR

- Provide one example, with supporting evidence, of a change in nursing practice that was influenced by the clinical nurses’ communication with a nurse leader. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

**Example B:**

**Background/Problem**

Early in December 2013, nursing staff on Level 8 found in their review of their Press Ganey patient satisfaction results, there had been a decrease in patient’s satisfaction with nursing care, reflected in the question ‘effort to include you in decision making’.

Clinical Nurses found there was a lack of a framework to provide consistent and structured transfer of information between the patient and the nurse. These issues were discussed in the ward meeting and a group of Clinical Nurses developed the concept of having whiteboards placed in each of the patient’s room as a communication tool to improve communication between nurses and patients.

Late in January 2014, Clinical Nurses discussed the findings with Joan Bourke, Clinical Services Manager at a scheduled ward meeting, and explored the proposal of white communication boards being placed in each of the patients’ rooms to assist in improving communication with patients. The communication white boards contained information such as the name of the nurse caring for the patient each shift, the patient’s dietary requirements and the care plan for the day.

**Goal Statement(s)**

- To improve communication with patients to enhance their experience of being included in decision making.
- Measurement – Level 8 Press Ganey Patient Satisfaction survey results March – August 2014. Question asked: “Effort to include you in decision making”.

**Description of the Intervention, Initiative, Activity(ies)**

December 2013: Press Ganey results reviewed by Level 8 Clinical Nurses and proposed the introduction of patient communication boards.
January 2014: Clinical Nurses met with Joan Bourke, CSM at scheduled ward meeting to discuss the introduction of patient white boards. Approval was granted.

March 2014: Installation of patients’ communication boards was completed.

**April 2014:** Patient white boards operational, to improve communication with patients and to enhance their experience of being included in decision making.

**Participants**

**Name & Credentials**
- Joan Bourke, RN, BHA
- Irene De Jesus, RN, BN, Grad Dip
- Stacey Franks, RN, BN, Grad Dip
- Samantha Ryan, RN, Dip, Grad Cert
- Karen Dewsnop, RN, Dip, Grad Cert
- Wai Yan Lee, RN, BN, Dip
- Ceniza Ryan, RN, BN,

**Discipline**
- Nursing

**Title**
- Clinical Services Manager
- Clinical Nurse
- Clinical Nurse
- Clinical Nurse
- Clinical Nurse

**Department**
- Hospital wide
- Level 8
- Level 8
- Level 8
- Level 8
- Level 8
SVPHS Level 8 Press Ganey Patient Satisfaction results March/August 2014
Response to question: "Effort to include in decision making"

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<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
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<td>Effort to include you in decision making</td>
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<td>89.1%</td>
<td>95.8%</td>
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Intervention started: April 2014
**Example C:**

**Clinical Nurses:** Barbara Spiteri, Susan Bowen, Mark Sarmiento, Patrick Valente  
**Nurse leader:** Sue Rossini, RN, Patient Liaison Manager.

**Change in nursing practice** Patient post-discharge phone calls.  
**Measure:** Level 10 Press Ganey, Patient Satisfaction survey results July – December 2014.  
Question asked: “Patient Satisfaction with Nursing Care”.  
**Intervention date:** September 2014.

**Background/Problem**

Late August 2014, Clinical Nurses on Level 10 (Neuro-surgical/medical unit) approached nurse leader Sue Rossini, RN, Patient Liaison Manager to volunteer Level 10 as a pilot site for the planned change in nursing practice to conduct patient post-discharge phone calls. Upon the successful implementation of the pilot project, it was envisaged that this program will be rolled out throughout St Vincent’s Private Hospital Sydney (SVPHS).

This request was motivated by Level 10 patient satisfaction with nursing care was consistently lower than the mean of all other clinical units within SVPHS.

Mr Terry Grundy, General Manger Press Ganey in Australia had recently conducted a workshop at SVPHS and clearly stated that hospitals undertaking patient post-discharge phone calls are outperforming those that do not. He indicated that there is strong evidence worldwide that this initiative increases patient satisfaction and experience with nursing care.

**Goal Statement(s)**

- To undertake a pilot program of patient post-discharge phone calls on Level 10, to improve patient satisfaction with nursing care.

**Description of the Intervention, Initiative, Activity(ies)**

July – August 2014:

- Sue Rossini appointed as a Patient Liaison Manager
- Clinical Nurses discussed with their Nurse Unit Manager how they may improve the patient satisfaction with nursing scores
- Clinical Nurses on Level 10 approach Sue Rossini and offer Level 10 to be the “Pilot site for the project
- Sue Rossini develops the proposal and project plan
- Sue works with IT services to develop the IT program to capture and report on the program
- Sue Rossini present the project plan to the Nurse Executive for endorsement

September 2014- Pilot program commenced

- Patient post-discharge phone calls are conducted by Sue Rossini, RN, Patient Liaison Manager, for all discharged patients on Level 10, to improve patient satisfaction. These calls take place 48 hours following discharge.
- A record of these phone calls are captured in the electronic patient record.
### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
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<tbody>
<tr>
<td>Sue Rossini RN, Grad Dip</td>
<td>Nursing</td>
<td>Patient Liaison Manager</td>
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<tr>
<td>Barbara Spiteri RN, BN, Grad Cert</td>
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<td>Susan Bowen RN, Cert</td>
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<tr>
<td>Mark Sarmiento RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
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<tr>
<td>Patrick Valente RN, Grad Cert</td>
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</tr>
<tr>
<td>Anne-Marie Jimenez Info Tech</td>
<td>Info Tech</td>
<td>Manager Info Tech</td>
<td>ITSC</td>
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### Outcome(s)

- **SVPHS Level 10 Press Ganey Patient Satisfaction results July/December 2014**
- **Patient Satisfaction with Nursing Care**

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<th>Post-Intervention (%)</th>
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<td>Jul-14</td>
<td>83.3%</td>
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<td>Sep-14</td>
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<td>Oct-14</td>
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Intervention started: September 2014
William Harvey, Discoverer of the circulation of the blood: Harvey the Lumleian Lecturer on anatomy and surgery holding his famous silver pointer. On his right a reproduction of his book “On the Circulation of the Blood” with his observations on the veins of the forearm. On his left is a copy of the “Circulation of the blood” a lithograph by Neils Stensen, Paris 1671. The front of the desk features the title of his treatise.
PROFESSIONAL DEVELOPMENT

SE1EO: Clinical nurses are involved in interprofessional decision making groups at the organisational level (Examples include organisational quality councils, budget review committees, equipment selection committees, mortality and morbidity committees, pharmacy and therapeutics committees, blood utilisation committees, safety committees and bioethics committees)

Provide two examples, with supporting evidence, of improvements resulting from the contributions of Clinical Nurses in interprofessional decision making groups at the organisational level. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data

Example A:
Establishment of the Patient Blood Management Squad at St Vincent’s Private Hospital Sydney affecting change in blood management/wastage

Background/Problem:
Within the National Safety and Quality Health Service Standard 7 ‘Blood and Blood Management’ (Australian Commission on Safety and Quality in Health Care (ACSQHC) 2012) - it states:

“Clinicians of healthcare organisations implement systems to ensure the safe, appropriate, efficient and effective use of blood and blood products.”

In addition The National Health and Medical Research Council of Australia issued Clinical Practice Guidelines on the use of Blood Components. This, combined with the ACSQHC imperative, led to the establishment of the St Vincent’s Private Hospital Sydney (SVPHS) Blood Squad, an interprofessional committee that formed in May 2013 to ensure the appropriate and safe management of blood and blood products.

The Blood Squad works to develop, educate and implement blood and blood products policies to ensure safe, appropriate, efficient and effective use of blood and blood products and to this end implemented a blood awareness campaign to reduce blood wastage at SVPHS.

The Blood Squad is chaired by the Clinical Nurse Consultant (CNC) of Haematology and Oncology and includes Clinical Nurse membership from the clinical areas that administer blood and blood products. Medical Officers are represented by Anaesthetists, Vascular Medicine and Intensive Care. The Blood Squad receives monthly reports of blood and blood product wastage from the Senior Scientist (TM Lab, Sydpath St Vincent’s Hospital) The SVPHS Quality Manager reviews the reports for incidents, near misses and breaches of policy.

The Blood Squad provides reports to the SVPHS Quality Committee chaired by the Chief Executive Officer (CEO) and to the SVPHS and St Vincent’s Hospital Campus Blood Committee chaired by the Head Consultant Haematologist. The Blood Squad meets bimonthly.

Whilst SVPHS usage of red blood cells is considered reasonable, there is a requirement to further reduce the percentage of red blood cell wastage.
Goal Statement(s)

- To introduce a blood awareness education campaign to reduce the percentage of Red Blood Cell wastage.

\[ \%	ext{ of Red Blood Cell Wastage} = \left( \frac{\text{Number of Red Blood Cell Wastage in accounting period}}{\text{Total patient days in accounting period}} \right) \times 100 \]

Description of the Intervention/Initiative/Activity(ies)

2\textsuperscript{nd} Quarter 2013

- In May 2013 Gail Manning - CNC Haematology, convened SVPHS Blood Squad, an interprofessional committee that to ensure the appropriate and safe management of blood and blood products.
- Blood and blood policy and procedure are reviewed and revised by the blood squad committee.
- An education program and campaign is developed to be implemented throughout SVPHS.

3\textsuperscript{rd} Quarter 2013:

- Blood awareness education campaign introduced by the Blood Management Squad, across SVPHS, to reduce Red Blood Cell wastage. The Blood Management squad developed an education program that included best practice blood management guidelines and presentation of current wastage figures to all clinical areas. This included use of posters, the Blood Safe eLearning program, and one on one education.

Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
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<tr>
<td>Gail Manning</td>
<td>Nursing</td>
<td>Haematology CNC</td>
<td>Hospital wide</td>
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<tr>
<td>RN, Grad Cert</td>
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<tr>
<td>Dr Abdullah Omari</td>
<td>Medicine</td>
<td>Doctor</td>
<td>Vascular Medicine</td>
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<tr>
<td>Dr Joanne Joseph</td>
<td>Medicine</td>
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<td>Haematology</td>
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<tr>
<td>Rosemary Marando</td>
<td>Medicine</td>
<td>Senior Scientist</td>
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<td>Edel Murray</td>
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<td>Robyn Williams</td>
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<td>Sinead Keane</td>
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<td>Fiona Mulholland</td>
<td>Nursing</td>
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<td>Day Surgery Unit</td>
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<tr>
<td>RN, BSN</td>
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</table>
Aoife Connolly  Nursing  Clinical Nurse  Day Surgery Unit
RN, BN
Christabel Miller  Nursing  Clinical Nurse  Day Surgery Unit
RN, Cert
Alice Byrne  Nursing  Clinical Nurse  Surgical Services
RN, BN, Grad Cert
Georgia Magnus  Nursing  Clinical Nurse  Level 8
RN, BN, Grad Cert

Outcome(s)

SVPHS - Percentage of Red Blood Cell Wastage:
1st Quarter 2013 - 4th Quarter 2014

Intervention started: 3rd Quarter 2013
Example B:
Clinical Nurse involvement in the 3Rs (rapid response and rescue) Steering Committee to improve early intervention in the event of a medical emergency.

Background/Problem
The ‘Between the Flags’ program addresses the Australian Commission on Safety and Quality in Health Care 2012 National Safety and quality Health Services Standard 9 ‘Recognition and Responding to Clinical Deterioration in Acute Health Care’.

Between the Flags was introduced into New South Wales (NSW) Public Health System in January 2010, in response to Recommendation 91 of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals, chaired by Peter Garling (published November 2008). The Inquiry strongly recommended that a State-wide system for improving recognition and response to deteriorating patients be implemented across NSW.

As a result of the mandatory Between the Flags program implemented within the NSW Public Health system in 2010, St Vincent’s Private Hospital Sydney (SVPHS) followed suit with the implementation of a similar systematic escalation to activate appropriate responses for the clinically deteriorating patient.

Goal Statement(s)
- To implement the 3Rs program to reduce the incidence of Cardiac Arrests.

\[
\text{Percentage of Cardiac Arrests} = \left( \frac{\text{Number of Cardiac arrests in accounting period}}{\text{Total patient days in accounting period}} \right) \times 100
\]

Description of the Intervention/Initiative/Activity (ies):
- July-December 2011: A rapid response and rescue program (3Rs) was designed to assist with the early identification of patients who are clinically deteriorating. The 3R program sets in place appropriate interventions to prevent the patient’s further deterioration and decrease the number of cardiac arrests.
  - A Steering Committee comprising both nursing and medical staff was formed in July 2011 to oversee the 3Rs program. The Committee initially reviewed the existing patient observation charts in order to customise and modify the chart.
- January –June 2012:
  - A trial of the modified 3Rs observation chart was carried out by Clinical Nurses from each unit, and processes were implemented and evaluated in the first half of 2012.
  - Hospital wide education for clinical nurses was conducted by Anissa Noor (Clinical Nurse Project Facilitator)
- July-December 2012: 3Rs program implementation hospital wide by 3Rs Steering Committee. This involved the implementation of the SVPHS Deteriorating Patient – Rapid, Response and Rescue Policy and the, introduction of the new 3Rs observation chart hospital wide, to reduce the incident of Cardiac Arrests.
<table>
<thead>
<tr>
<th><strong>Participants</strong></th>
<th><strong>Discipline</strong></th>
<th><strong>Title</strong></th>
<th><strong>Department</strong></th>
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<tr>
<td>Jose Aguilera, RN, MNA, MCOM</td>
<td>Nursing</td>
<td>Director of Nursing and Clinical Services Manager</td>
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<tr>
<td>Joan Bourke, RN, BHA</td>
<td>Nursing</td>
<td>Clinical Services Manager</td>
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<tr>
<td>Kim Walker, RN, PhD</td>
<td>Nursing</td>
<td>Professor of Healthcare Improvement Project facilitator</td>
<td>Hospital wide</td>
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<tr>
<td>Anissa Noor, RN, BHA</td>
<td>Nursing</td>
<td>Clinical Nurse Manager</td>
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<tr>
<td>Ingrid Tartu, RN, MN</td>
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<td>Clinical Risk Manager</td>
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<td>Edel Murray, RN, Grad Dip, MN</td>
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<td>Anne Fallon, RN, M.Ed</td>
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<td>Richard Gallagher, Dr</td>
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<td>Megan Joyce, RN, MN</td>
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<td>Sarah Mott, RN, BN</td>
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<td>Jed Duff, RN, BN, PhD</td>
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<td>Emily Gates, RN, BN, Grad Dip</td>
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Outcome(s)

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<th>Name</th>
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<tbody>
<tr>
<td>Tracey Owen</td>
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<tr>
<td>Christabel Miller</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>Stephanie Barford-Cubitt</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>Annabel Boyers</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Main theatre</td>
</tr>
<tr>
<td>Alice Byrne</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Main theatre</td>
</tr>
</tbody>
</table>

**Outcome**

**SVPHS - Percentage of Cardiac Arrests: January 2011 to December 2014**

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2011</td>
<td>0.038%</td>
</tr>
<tr>
<td>Jul-Dec 2011</td>
<td>0.065%</td>
</tr>
<tr>
<td>Jan-Jun 2012</td>
<td>0.027%</td>
</tr>
<tr>
<td>Jul-Dec 2012</td>
<td>0.055%</td>
</tr>
<tr>
<td>Jan-Jun 2013</td>
<td>0.010%</td>
</tr>
<tr>
<td>Jul-Dec 2013</td>
<td>0.043%</td>
</tr>
<tr>
<td>Jan-Jun 2014</td>
<td>0.025%</td>
</tr>
<tr>
<td>Jul-Dec 2014</td>
<td>0.018%</td>
</tr>
</tbody>
</table>

**Intervention started: Jul-Dec 2012**
SE2EO: The healthcare organisation supports nurses’ participation in local, regional, national or international professional organisations.

- Provide two examples, with supporting evidence, of improvements in nursing practice that occurred because of clinical nurse involvement in a professional organisation. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
Clinical Nurse involvement in the Australian College of Critical Care Nurses, resulting in the introduction of Patient Story Boards in the Intensive Care Unit, resulting in the improvement of ‘explanation and involvement in care’ of patients.

Clinical Nurse: Orla Nesdale.
Professional organisation: Australian College of Critical Care Nurses (ACCCN).
Change in nursing practice (Intervention): Introduction of Patient Story Boards in ICU.
Intervention date: September 2014.

Background/Problem
In the Intensive Care Unit (ICU) setting communication between the patient, their family and staff is often challenged with patients’ compromised ability to communicate when they are sedated and/or intubated.

In early 2014, Orla Nesdale, Clinical Nurse, learned of the use of patient diaries in ICU in a journal article published in Australian Critical Care, the official journal of the Australian College of Critical Care Nurses (ACCCN) of which she is a member (‘ICU Survivors utilisation of Diaries post discharge’, p28-35, Vol 27, Issue1, 2014).

Patient diaries were described in the journal article as tools to record the patient’s journey in ICU and to enhance communication between patients/relatives and nurses.

In a ward meeting when reviewing the level of patient satisfaction in ICU Orla Nesdale discussed the diaries with the nursing staff in ICU; subsequently the nurses decided explore the possibility of using patient story boards as an adaptation of the diaries to record the patient’s information in ICU and enhance communication between patients, their families and the nursing staff.

Goal Statement(s)
- To introduce patient story boards, to improve patient communication and satisfaction and to enhance their perception of involvement in their care.

Description of the Intervention, Initiative, Activity(ies)
- July 2014: Review of ICU patient satisfaction results demonstrated a lower than expected score in patient’s perception of ‘explanation and involvement in care’ compared to previous results.
- August 2014: Discussion was held with Clinical Nurses to explore options to improve this result. Orla Nesdale shared her knowledge of the use of patient diaries in ICU from her involvement in the ACCCN. A decision was made to modify the diaries into patient story boards. A couple of prototypes were developed and the final version was chosen by the Clinical Nurses.

- **September 2014**: Patient story boards were introduced and placed where the patient could see the board to improve patient satisfaction.

### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orla Nesdale RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>ICU</td>
</tr>
<tr>
<td>Kimberly Stanford RN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>ICU</td>
</tr>
<tr>
<td>Louise Sellers RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>ICU</td>
</tr>
<tr>
<td>Kathy Murphy RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>ICU</td>
</tr>
</tbody>
</table>

### Outcome(s)

**ICU Patient Satisfaction results August-December 2014**

"Explanation and Involvement in Care"

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Aug-14</th>
<th>Sep-14</th>
<th>Oct-14</th>
<th>Nov-14</th>
<th>Dec-14</th>
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</thead>
<tbody>
<tr>
<td>Expl. &amp; Inv. in Care</td>
<td>90.0%</td>
<td>92.0%</td>
<td>96.0%</td>
<td>94.0%</td>
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</table>

Intervention started: September 2014
Example B:
Clinical Nurses, (who are also Infection Control Associates) involvement with the Australian Infection Control Association that led to an improvement in hand hygiene compliance.

Clinical Nurses: Patrick Valente, Barbara Marino, Jacinta Vanderpuje, Kitty Lees, Jennifer Grayling, Ron Teng, Rachel Hallam, Belinda Hindmarch, Maryann McInerney, Catherine Wright, Emer O’Connell, Helen Tsnonis, Maryanne Hough, Lisa Jericevic, Michelle Mellor.
Initiative: Introduction of Hand Hygiene Auditing and Awareness campaign.
Professional Organisation: Australian Infection Control Association (AICA)

Background/Problem
In 2010, Hand Hygiene Australia was engaged by the Australian Commission on Safety and Quality in Health Care (ACSQHC) to develop a national hand hygiene culture change program that will standardise hand hygiene practice and placement of alcohol-based hand rub in every Australian hospital.

In March 2011, The Australian Infection Control Association Newsletter Issue 39 invited hospitals to take action and be part of the global movement.

“WHO SAVES LIVES: Clean Your Hands” global annual campaign

Goal Statement(s)
- To improve hospital-wide compliance with Hand Hygiene (HH), to reduce the incidence of Hospital Acquired Methicillin Resistant Staphylococcus Aureus (HA MRSA)
- Measurement: HA MRSA Rates

HA MRSA Rate= \frac{(\text{Total number of Patients with HA MRSA in the accounting period})}{\text{Total number of patient days in the accounting period}} x 100

Description of the Intervention, Initiative, Activity(ies)
- March 2011: Bernadette Crawford, the Infection Control Clinical Nurse Consultant (CNC) and the Clinical Nurses who are also Infection Control Associates led the implementation of the Hand Hygiene Initiative at St Vincent’s Private Hospital Sydney (SVPHS) in response to the “WHO SAVES LIVES: Clean Your Hands” global annual campaign promoted by the AICA.
- May to June 2011: Clinical Nurses, who are also Infection Control Associates, undertook training conducted by Hand Hygiene Australia to become Gold Standard Hand Hygiene auditors and as such, conducted Hand Hygiene Compliance audits and participated in the promotional activities around Hand Hygiene.
- After the initial audits in 2011, the Infection Control CNC and the Clinical Nurses who are also Infection Control Associates, reviewed the results and introduced the below interventions, to try and improve SVPHS’s Hand Hygiene compliance.
**January 2012:** A multi-model campaign to support and improve hand hygiene compliance began:

- Posters and stickers, developed by Clinical Nurses who are also Infection Control Associates, that were placed in all clinical areas.
- Quarterly Hand Hygiene Audits were conducted by Clinical Nurses who are also Infection Control Associates, who attended the Hand Hygiene Australia Auditing Training, followed by dissemination of data to all areas. This promoted awareness and created a sense of competition amongst the clinical areas.
- Visiting Medical Officers were approached by Clinical Nurses who are also Infection Control Associates and asked to be Hand Hygiene Champions.

### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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<tbody>
<tr>
<td>Bernadette Crawford, RN, BN, Grad Dip</td>
<td>Nursing</td>
<td>Infection Control CNC</td>
<td>Hospital wide</td>
</tr>
<tr>
<td>Patrick Valente, RN, BN, Grad Dip</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 10</td>
</tr>
<tr>
<td>Barbara Marino, RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 10</td>
</tr>
<tr>
<td>Jacinta Vanderpuje, RN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 9</td>
</tr>
<tr>
<td>Kitty Lees, RN, Certificate</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 8</td>
</tr>
<tr>
<td>Jennifer Grayling, RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Ron Teng, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Rachel Hallam, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Belinda Hindmarch, RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Maryann McInerny, RN, BHA, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 6</td>
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<tr>
<td>Catherine Wright, RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>PreAdmission Centre</td>
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<tr>
<td>Emer O’Connell, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 9</td>
</tr>
<tr>
<td>Helen Tsonis, RN, BN, Grad Cert</td>
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<td>Clinical Nurse</td>
<td>Sister Bernice Wing</td>
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<tr>
<td>Maryanne Hough, RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Sister Bernice Wing</td>
</tr>
<tr>
<td>Lisa Jericevic, RN, Certificate</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>Michelle Mellor, RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Same Day Centre</td>
</tr>
</tbody>
</table>
Outcome(s)

SVPHS Hospital Acquired Methicillin Resistant Staphylococcus Aureus (MRSA) Rates November 2011 to June 2012

Intervention started: January 2012
E3EOa: The organisation supports nurses’ continuous professional development

- Provide one example, with supporting evidence, illustrating that the organisation has met a targeted goal for improvement in professional nursing certification. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data AND
- Provide one example, with supporting evidence, illustrating that nursing has met a targeted goal for improvement in professional nursing certification by unit or division (e.g. cardiac-vascular, gerontological, medical-surgical, nursing informatics, paediatrics, psychiatric-mental health). Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data

Example A:

The intention was to increase St Vincent’s Private Hospital Sydney’s targeted professional nursing certification goal for CNS set in the baseline year 2012 from 12% to 13%, reflecting a 1% increase. This 1% was to be added to the actual Baseline Year 2012 result of 15%. Therefore the correct organisational goal for Year 1, is 16%, which has now been corrected and SVPHS surpassed the organisational goal for Year 1 2013 of 16% by achieving 16.6%.

Subsequently, it was intended to increase the organisational targeted professional nursing certification goal for CNS from 13% in Year 1 to 15% in Year 2, reflecting a 2% increase (see previous submission). This 2% was to be added to the targeted Year 1, 2013 goal which should have been 16%. Therefore the correct organisational targeted goal for Year 2, 2014, is 18%, which has now been corrected and SVPHS reached the organisational goal for Year 1 2013 of 18% by achieving 18%.

Despite our previous and obvious misunderstanding of the requirements of this SOE, it is clear that St Vincent’s Private Hospital Sydney has achieved and demonstrates ongoing improvements in the actual percentage of CNS certification.

Outcome(s)
Example B:

The intention was to increase the Level 6 – Surgical Unit targeted professional nursing certification goal set in the baseline year 2012 from 6% to 12%, reflecting a 6% increase. This 6% was to be added to the actual Year 1, 2012 actual result of 6.8%. Therefore the correct Level 6 goal for Year 1 is 12.8%, which has now been corrected and Level 6 surpassed the Level 6 goal for Year 1, 2013 of 12.8% and achieved 16.75%.

Subsequently, it was intended to increase the Level 6 targeted professional nursing certification goal from 12% in Year 1 to 16% in Year 2, reflecting a 4% increase (see previous submission). This 4% was to be added to the targeted Year 1, 2013 which should have been 16.8%. Therefore the correct organisational targeted goal for Year 2, 2014, is 16.8%, which has now been corrected and Level surpassed the Level 6 goal for Year 1, 2013 of 16.80% and achieved 19.80%.

Despite our previous and obvious misunderstanding of the requirements of this SOE, it is clear that St Vincent’s Private Hospital Sydney has achieved and demonstrates ongoing improvements in the actual percentage of CNS certification.

Outcome(s)

<table>
<thead>
<tr>
<th>Year</th>
<th>% of CNS</th>
<th>Certified Nurses CNS</th>
<th>Level 6 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline, Year 2012</td>
<td></td>
<td>6.80%</td>
<td></td>
</tr>
<tr>
<td>Year 1, 2013</td>
<td></td>
<td>16.75%</td>
<td>12.80%</td>
</tr>
<tr>
<td>Year 2, 2014</td>
<td></td>
<td>19.80%</td>
<td>16.80%</td>
</tr>
</tbody>
</table>
SE4EO Nurses participate in professional development activities designed to improve their knowledge, skills and/or practices in the workplace. Professional development activities are designed to improve the professional practice of nursing or patient outcomes or both. May include interprofessional activities. Does not include orientation activities

➢ Provide one example, with supporting evidence, of nurses’ participation in a professional development activity that demonstrated an improvement in knowledge, skills and or practices for professional registered nurses. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

AND

➢ Provide one example, with supporting evidence, of nurses’ participation in a professional development activity that was associated with an improvement in a patient care outcome. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
Implementation of a Safe Handling of Intraoperative Medications Program for professional registered nurses to improve knowledge and nursing practice

Background
Following investigations by New South Wales (NSW) Ministry of Health into drug related incidents in operating theatres in some NSW hospitals, there was a national recommendation to review practice associated with the safe handling of intraoperative medications. This led to the development of a Safe Handling of Intraoperative Medications program (SHIM) at St Vincent’s Private Hospital Sydney (SVPHS) that provided nurses with the opportunity to increase their knowledge level and improve their associated practice.

Goal Statement(s)
- To implement the SHIM program to reduce the incidence of intraoperative (IO) medication error rate in the Surgical Services.
- Measurement: IO medication error rate in Surgical Services

\[
\text{IO medication error rate} = \frac{(\text{Number IO medication errors in accounting period}) \times 100}{(\text{Total procedures in accounting period})}
\]

Description of the Intervention, Initiative, Activity(ies)
In January 2012, the Surgical Services Nurse Educator, Practice Development Facilitator and the team of Clinical Nurse Educators developed the Safe Handling of Intraoperative Medications (SHIM) program that comprised of a 1 day workshop. This was followed by nursing staff completing assignments to assess their increase in knowledge base and change in practice. Based on evaluation feedback from the workshop, it is now conducted four times a year.

SHIM Program consists of;
- Session 1: Overview of Legislation
- Session 2: Drugs used in the OR
- Session 3: Medication Error Case Studies
- Session 4: Error Theory & Communication strategies
- Session 5: Medication on sterile fields: Practice issues & Discussion
January – June 2012:
21st January 2012: First SHIM program attended by the following clinical nurses from Surgical Services; Phyllis Phua, Marion Gage, Stephanie Larsen, Yvonne Inwood, Kerry-Anne Cobbe, Suzie Curran, Melanie Robertson, Jennifer Brown.
2nd June 2012: Second SHIM program attended by the following clinical nurses from Surgical Services; Winnie Teo, Yeni Sunarto, Frank O'Neil, Sue Pople, Astrid Stribny, Nishu Makaju, Hannah George, Katherine Lavin, Jane Wiggers de Vries, Alison Lewis, Lin Tan, Alexandra Matkevich, Joanne Cummings, Joanne Cuskelly.

<table>
<thead>
<tr>
<th>Participants Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robyn Williams, RN, BN, MN</td>
<td>Nursing</td>
<td>Practice Development</td>
<td>Surgical Services</td>
</tr>
<tr>
<td>Margot Shearer, RN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Surgical Services</td>
</tr>
<tr>
<td>Edwina Blanin-Ferguson, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Surgical Services</td>
</tr>
<tr>
<td>Stephanie Holmes, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Surgical Services</td>
</tr>
<tr>
<td>Milica Gajic, RN, Cert</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Surgical Services</td>
</tr>
<tr>
<td>Christabel Millar, RN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Surgical Services</td>
</tr>
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</table>

Outcome(s)

<table>
<thead>
<tr>
<th>SVPHS - Intraoperative Medication Error Rates 2011 -2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Intervention</td>
</tr>
<tr>
<td>0.0218%</td>
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Intervention started: Jan-Jun 2012
Example B:
A reduction in the hospital acquired incidence of patient acquired skin tears in the Day Surgery Unit as a result of nursing attendance at educational session on skin tear prevention and management.

Background/Problem
In May 2014, the Wound Clinical Nurse Consultant (CNC) noticed an increased incidence of hospital acquired skin tears in the Day Surgery Unit (DSU) reported in RiskMan™ (the online risk reporting tool used at St Vincent’s Private Hospital Sydney (SVPHS)).
The Clinical Nurses in DSU, who are also Wound Care Associates, developed an educational program for the DSU clinical nurses, to raise awareness on the prevention and management of skin tears.

Goal Statement(s)
- To enhance awareness, prevention and management of skin tears to reduce the incidence of hospital acquired skin tear rates in the DSU.
- Measurement: Hospital acquired skin tear rate

Skin tear rate = \(\frac{\text{Number of DSU hospital acquired skin tears in accounting period}}{\text{Total procedures in accounting period}}\) \times 100

Description of the Intervention, Initiative, Activity(ies)
- 1st July 2014: Una Spillane and Maria Maloney (DSU Clinical Nurses) met to discuss implementation of the Skin Integrity awareness campaign. The campaign included Posters, Educational Sessions and pre-made skin tear management packs.

- 19th August 2014: Education was provided to all DSU Clinical Nurses, by Una Spillane (Clinical Nurse) and Maria Maloney (Clinical Nurse) who are the Wound Care Associates, from the DSU. The aim of the education was to increase the knowledge and understanding of DSU nurses to prevent and manage skin tears and thereby reduce the incidence of skin tears in the DSU.
The education included a power point presentation defining skin tears, risk factors, classification of skin tears, prevention of, and management of skin tears. Clinical Nurses were also made aware of the resources available to them that included the Wound Care Associates, the Wound Care CNC and the pre-made skin tear management packs.

Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Ocampo</td>
<td>Nursing</td>
<td>Wound CNC</td>
<td>Hospital wide</td>
</tr>
<tr>
<td>RN, BN, MN</td>
<td></td>
<td></td>
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<tr>
<td>Maria Maloney</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>RN, BN</td>
<td></td>
<td></td>
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<tr>
<td>Una Spillane</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
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<td>RN, BN</td>
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<td>Margaret Young- Whitford</td>
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<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
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<tr>
<td>RN, Certificate</td>
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<tr>
<td>Kim Bailey</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>RN, BN, MN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Outcome(s)

Intervention started: 19th August 2014
SE5 Nursing Education opportunities are provided for those interested in a nursing career

- Provide one example, with supporting evidence, of a career development opportunity provided by the organisation for non-nurse employees or members of the community interested in becoming a registered nurse. This example may include community partnership activities

Example:
A demonstration of the St Vincent’s Private Hospital Sydney (SVPHS) school based nursing traineeship program (TVET). SVPHS implemented a school-based nursing traineeship program to provide nursing education opportunities for senior school students interested in pursuing a nursing career upon completion of their Higher School Certificate (final school exams). This career development opportunity has allowed school-based trainees the opportunity to attain a nationally recognised qualification, their higher School Certificate, and gain valuable work skills and experience in nursing.

‘Growing our own’ has long been one of SVPHS’ strategic imperatives with the aim of recruitment and long term retention of staff with experience in the organisation. The objectives of this imperative was to:

- Promote nursing as a profession and as a career choice
- Develop and retain competent nurses
- Involve the community in the promotion of nursing and nursing education
- Grow partnerships with other education providers

The students must complete a total of 306 theory hours over two years. To complement the theory, students are required to complete 100 clinical shifts at SVPHS within the same period. The program is competency based including basic competencies for the first year and more complex clinical skills for the second year. Upon successful completion the Students receive a Certificate III in Health Services Assistance.

Trainees are preceptored by Assistants in Nursing who have undergone preceptor training and the program is facilitated and supported by the Education department’s Nurse Educator. The Clinical Nurse Educators, Nurse Unit Managers and all ward nursing staff offer support to the trainee when working on the ward.

<table>
<thead>
<tr>
<th>Year</th>
<th>Starting Numbers</th>
<th>Completion numbers</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4</td>
<td>2</td>
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</tr>
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<td>2012</td>
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</tr>
<tr>
<td>2013</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
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</table>

One of the graduating trainees is expected to become a new graduate in the SVPHS graduate registered nurse program for 2015

Supporting Evidence:
- TVET PowerPoint presentation
- TVET Scope of Practice
TEACHING AND ROLE DEVELOPMENT

SE6 The organisation provides opportunities to improve nurses’ expertise in effectively teaching a patient or family

➢ Provide one example, with supporting evidence, of an educational activity provided by the organisation focussed on improving nurses’ expertise in teaching

Example:
Educational activity in the stroke unit that improve nurse expertise in effectively teaching patients and family

Goal: Enhance nurses’ opportunities to improve their expertise in order to effectively teach patients and family members in the stroke unit.

Intervention: Nurse attendance at an Australian Centre for Innovation – Stroke Network webinar that involves an educational session on how to improve Nurses expertise in teaching stroke patients and their family.

Nurses: Sam Shepard, Kit Siew, Adilson Da Silva, Leanne Woods, Rebecca Nightingale, Emily Gates, Rasna Paruji, Miru Sivendra, Tracey Anderson.

Date: 25th March 2014

In 2011, a specialised 4 bed stroke unit was established in St Vincent’s Private Hospital Sydney (SVPHS) Level 6 for the provision of acute and specific stroke care. Specialised stroke units are advocated as they provide improved outcomes for stroke patients. Being a new speciality, it was identified that Nursing staff would require initial and ongoing education in order to competently care for and educate patients and their families.

The Stroke Coordinator was responsible for establishing the initial staff education program. One of the goals highlighted in this program was to improve the expertise of Nurses in teaching patients and families.

Ensuring that clinical knowledge is maintained and current is a major consideration for nurses. The Stroke Coordinator overcomes this by ensuring relevant professional connections are maintained such as involvement with the Australian Centre for Innovation – Stroke Network. This organisation is involved in current research and advises on best practice.

On the 25th March 2014, Clinical Nurses participated in the Australian Centre for Innovation – Stroke Network webinar which offered education sessions on how to improve nurses’ teaching ability with regards to stroke patients and their families.

Participants
Name & Credentials | Discipline | Title | Department
--- | --- | --- | ---
Tracey Anderson RN, BN, MN | Nursing | Nurse Unit Manager | Level 6
Sam Shepard RN, BN, Grad Cert | Nursing | Clinical Nurse | Level 6
Kit Siew RN, BN, Masters Health Law | Nursing | Clinical Nurse | Level 6
Adilson Da Silva RN, BN | Nursing | Clinical Nurse | Level 6
<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
<th>Title</th>
<th>Level</th>
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<tbody>
<tr>
<td>Leanne Wood</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 6</td>
</tr>
<tr>
<td>RN, BN, Grad Cert</td>
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**Supporting Evidence**

- Stroke education program for nurses
- Nurse attendance list for the Australian Centre of Innovation – Stroke Network Webinar
The organisation facilitates the effective transition of registered nurses and advanced practice registered nurses into the work environment.

Choose two of the four below:

- Provide one example, with supporting evidence, of how the organisation facilitates effective transition of new graduate nurses into the nurse practice environment. Describe and demonstrate how the transition process is evaluated for effectiveness

OR

- Provide one example, with supporting evidence, of how the organisation facilitates effective transition of newly hired experienced nurses into the nurse practice environment. Describe and demonstrate how the transition process is evaluated for effectiveness

OR

- Provide one example, with supporting evidence, of how the organisation facilitates effective transition of nurses transferring within the organisation from one speciality care area to a different speciality care area. Describe and demonstrate how the transition process is evaluated for effectiveness

OR

- Provide one example, with supporting evidence, of how the organisation facilitates effective transition of advanced practice registered nurses into practice within the organisation. Describe and demonstrate how the transition process is evaluated for effectiveness

Example A:
The effective transition of new graduate nurses into the nurse practice environment.

St Vincent’s Private Hospital Sydney (SVPHS) has a well-established new graduate program for nursing staff that began in 1989 and has graduated approximately 600 nurses to date. This competency based new graduate program is facilitated by members of the Nursing Education Training and Development Council. The program is planned and developed to guide the beginning practitioner’s professional development.

As part of the program, new graduate nurses are assigned to a unit or department for two rotations over a twelve month period. During this time and for the duration of their rotation, they buddy with a preceptor as well as the Clinical Nurse Educator of their unit.

The effectiveness of the program is demonstrated through:

- Evaluation of the new graduates to ensure they have attained the objectives of the program.
- Successful completion of the clinical competencies
- Ongoing informal evaluation on a daily basis as the new graduates interact with ward staff
- Formal evaluation at 6 weeks at the end of each rotation

Any deficiencies in the program’s effectiveness in the preparation of the new graduates for their role become evident during the formal evaluations.
New graduates formally evaluate the program after their orientation period, after each study day and at the end of their program. If any issues are raised, they are addressed and incorporated into the next program.

Ward and/or unit staff also provide feedback on any aspects of the program that could be modified to enhance effectiveness. An example of this would be the move of the preceptor workshop from the end of the program to the middle of the program to prepare graduates in the role of a preceptor for the second half of the year when student numbers are particularly high.

Staff involved in the implementation and evaluation of the program are as follows:
- Members of the Nursing Education Training and Development Council,
- Manager of Education Training and Development,
- Nurse Educators,
- Clinical Educators and Preceptors in each unit,
- Nurses throughout the hospital and New Graduates

![New Graduate Nurses 2012 Retention rate 73%](image1)

- Graduates commenced
- Total no graduates completed
- Accelerated graduates
- Total number re-employed

![New Graduate Nurses 2013 Retention rate 57%](image2)

- Graduates commenced
- Total no graduates completed
- Total number re-employed
Example C:

The effective transition of a nurse transferring from Level 8 (the gastroenterology ward) to the Intensive Care Unit (ICU).

The example provided here is the transition of an experienced Clinical Nurse in 2014 from the gastroenterology ward to the Intensive Care Unit (ICU), at their request and identified in her Annual Appraisal on level 8.

Transition Process:

- Workforce Planning and Development Manager (WFPDM) liaises with the Nurse Unit Managers (NUM) of the unit the nurse is leaving (Level 8) and the unit they are going to (ICU) regarding the appropriate time for the transfer, considering rostering, leave etc.
- NUM in the receiving unit liaises with the Clinical Nurse Educator (CNE) of the area to ensure full support for the transitioning Clinical Nurse.
- The WFPDM then completes the Transfer/Reclassification Form, and forwards this form to payroll for processing.
- Completion of comprehensive ICU competency based booklets by the transferring clinical nurse is mandated to demonstrate professional development and to ensure confidence in the safe delivery of care.

Evaluation of the process within the organisation:

- Successful completion of the competency booklets with comments on the clinical nurse’s progress by the Clinical Nurse Educator.
- Retention of the Clinical Nurse in the ICU unit after her transfer.

Supporting evidence:

- Clinical Nurses Appraisal on Level 8, indicating Goal to go to ICU
- Staff Transfer/ Reclassification Form indicating transfer from Level 8 to ICU
- ICU Competency checklist stages 1 - 4
The organisation provides educational activities to improve the nurse’s expertise as a preceptor

- Describe the organisation’s preceptor educational program(s) and how each program is evaluated on an ongoing basis

Example: A description of the St Vincent’s Private Hospital’s preceptor program.

A preceptor program to support novice nurses is facilitated by the St Vincent’s Private Hospital Sydney (SVPHS) Education Department for Clinical Nurses interested in becoming a Preceptor. Preceptors are required to demonstrate high level verbal communication and documentation skills as well as advanced problem solving, critical thinking and decision making skills to ensure the preceptee receives a high level of supervision and are provided with a great learning experience.

Preceptors provide real time education, working alongside the novice nurse whilst they are carrying out their nursing role.

The education department conducts three separate one day preceptor workshops for nurses.

- Preceptor Workshop 1: For Registered Nurses with greater than one year’s experience. Staff who have not attended a workshop in the last five years are encouraged to attend to update their skills.
- Preceptor Workshop 2: For Registered Nurses on our New Graduate Program. This ensures that our largest recruitment of nurses are all provided education and are ready to precept more junior nurses.
- Preceptor Workshop 3: Every two years we facilitate a preceptor workshop for the Assistants in Nursing.

Each program is evaluated using a standard evaluation form designed by the education department. The feedback is analysed by the facilitator of the workshop and changes are made in accordance with this feedback.

SVPHS currently has 274 trained Preceptors.

Supporting Evidence:

- Preceptor Course Evaluation Form
- Preceptor Workshop Evaluation Report
- Preceptor Day Program
COMMITMENT TO COMMUNITY INVOLVEMENT

SE9 The organisation supports nurses’ participation in community healthcare outreach

- Provide one example with supporting evidence, of organisational support for clinical nurse involvement in community healthcare outreach

AND

- Provide one example with supporting evidence, of organisational support for nurse leader involvement in community healthcare outreach

Example A:
St Vincent’s Private Hospital Sydney’s (SVPHS) support for Clinical Nurses to participate in “Dragon Abreast” Dragon Boat Race 2014, to promote awareness of Breast Cancer.

Clinical Nurses: Andrea Fernandez, Rasna Parajab, Laura Hunter, Emma Bosher.

Organisational Support:

- Financial support of the team registration fee: $1100
- Financial support of the training costs: $330
- Financial support of the uniforms: $593
- Poster developed by SVPHS inviting participation and support of Clinical Nurses

The Dragon Abreast Festival is a healthcare outreach program that is held every year and is run by Dragons Abreast, a national organisation comprised of breast cancer survivors of various ages from a great variety of backgrounds. Dragon Abreast members provide a ‘face’ for the breast cancer statistics whilst spreading the message of breast cancer awareness through participation in the wonderful and strenuous sport of dragon boat racing.

SVPHS supports the participation of nursing, medical and support staff in this event by funding the registration, training and race uniform fees. This all goes towards raising awareness and funds for breast cancer in community healthcare outreach.

<table>
<thead>
<tr>
<th>Participants Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xanthe Jones RN, MClinN</td>
<td>Nursing</td>
<td>Quality Manager Magnet</td>
<td>Hospital-wide</td>
</tr>
<tr>
<td>Andrea Fernandez RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>SBW</td>
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<td>Jeremy Gowing RN, BN, Grad Cert HR, MN</td>
<td>Nursing</td>
<td>Nurse Unit Manager</td>
<td>CSU</td>
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<tr>
<td>Rasna Parajab RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 10</td>
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<tr>
<td>Nicole Draper RN, Dip Nursing, MHA</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Hospital-wide</td>
</tr>
<tr>
<td>Laura Hunter RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Pre Admission</td>
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<tr>
<td>Emma Bosher RN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
</tbody>
</table>
Supporting evidence:

- Organisational support for team registration, team training and purchase of uniforms
  – Dragonboat invoices
- Poster developed by SVPHS inviting participation and support of Clinical Nurses
Example B:
St Vincent’s Private Hospital Sydney support of Nurse Leaders’ involvement in the Asylum Seeker Centre (ASC)

Nurse Leaders involved: Sarah Coleman, Gabrielle Mathen, Elizabeth English, Sue Rossini, Xanthe Jones, Edel Murray, Ingrid Tartu, Joan Bourke, and Nicole Draper.

Organisational Support:
- Financial: Approximately $11,000
- Time: staff are released from duties to go to the centre as well as have time during their normal hours to organise and facilitate equipment and programs.
- Endorsement of programs by St Vincent’s Private Hospital Sydney (SVPHS) Executive.
- The ‘Food for Life” Campaign conducted by the Nurse Leaders

SVPHS support community healthcare outreach with the ASC by providing:
- a pharmacy program
- facilitation of medical specialist support
- medical imaging services
- provision of primary health education
- procurement of medical equipment
- provision of meals

Nurse Leaders’ involvement in healthcare outreach:
- 2012 Sarah Coleman (Nurse Leader) established a primary healthcare outreach education program in which Nurse Leaders and Clinical Nurses from SVPHS visited the ASC on a monthly basis to carry out primary health education.

- June 2014, Sarah Coleman (Nurse Leader) introduced a Lunch Program (approximately $1000 per visit), Medical Equipment Program (approximately $4000 of equipment supplied) and Linen Program (at a cost of $6000 per year). These programs were supported by Robert Cusack (CEO) and Darryl Mackie (Director of Mission), in the form of time and financial resources

- SVPHS supports Nurse Leaders to assist in the lunch program by ensuring they are able to be released from their work duties to attend.

- “Food for Life” Campaign conducted by Nurse Leaders requesting donations from staff of food/toiletry packages to ASC.
St Vincent’s Private Hospital Executives, Nurse Leaders and Food Services staff hosting lunch at the ASC.

**Supporting Evidence:**

- Executive rotation roster for the ASC
- Email evidence of financial support for the ASC Lunch program
- Email evidence of request for food and toiletry donations
SE10EO: Nurses participate in the assessment and prioritisation of the healthcare needs of the community

- Provide one example with supporting evidence, of an improvement in an identified healthcare need that was associated with nurses’ partnership with the community. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example
Nurses identification of the need to improve diabetes assessment and the opportunity to improve patient education on their risks regarding diabetes, within the Pre Admission Centre (PAC), and their partnering with the community through Diabetes Australia and Community General Practitioners to do so.

Improvement: Assessment of patients’ risk of developing Diabetes, and increased patient awareness of the risk factors of Diabetes and prevention strategies.

Partnership with the Community: Diabetes Australia and Community General Practitioners.

Background/Problem
Healthcare providers are expected to provide effective interventions in an effort to prevent chronic diseases such as Type 2 diabetes and St Vincent’s Private Hospital Sydney (SVPHS) pre-admission centre (PAC) did not have a diabetes screening program to detect and raise patients’ and community awareness through referral of positive patient screened for diabetes to their General Practitioners (GPs).

Goal Statement 1
- To improve diabetes assessment, education and awareness of the risk factors of diabetes by screening patients attending the pre-admission centre (PAC).
- Measure: Diabetes Screening Rate

PAC Diabetes Screening Rate = \( \frac{\text{Number of patients screened in accounting period}}{\text{Total number of patients attending the PAC in accounting period}} \) x 100

Goal Statement 2
- To enhance SVPHS partnership with our community, through the referral of positively screened patients for diabetes to their GPs.
- Measure: Patient referral rate to GPs

Patient Diabetes Referral Rate to GPs = \( \frac{\text{Number of patients referred to GPs in accounting period}}{\text{Total number of patients screened in accounting period}} \) x 100

Description of the Intervention, Initiative, Activity(ies)
- 4th Quarter 2011 Eilish Hoy, Nurse Manager of Pre Admission contacted Diabetes Australia to establish a partnership in promoting the health of our patients coming through the Pre Admission Centre.
- Diabetes Australia provided Eilish with the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK tool) for use when assessing patients to increase their awareness of Type 2 Diabetes and also to provide education on how they can reduce their risk of developing the disease.
1st Quarter 2012: The AUSDRISK diabetes risk assessment was introduced in the PAC. The assessment was targeted at patients who had not previously been diagnosed with diabetes. Relevant questions were asked to identify risk factors for type 2 diabetes and then referral to the Community General Practitioner was made if they were found to be at risk. This was documented and numbers of patients referred then recorded.

In improving the education for patients on reducing their risk of developing Type 2 diabetes, the Pre Admission staff also gave written and verbal information on lifestyle modifications and referred patients to some of the following community web links for more information:


**Participants**

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<tr>
<td>Eilish Hoy</td>
<td>Nursing</td>
<td>Nurse Unit Manager</td>
<td>Pre Admission Centre</td>
</tr>
<tr>
<td>RN, MN</td>
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<td>Pamela Lowbridge</td>
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<td>Clinical Nurse Pre Admission Centre</td>
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<td>Laura Hunter</td>
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<td>Yvonne Cowell</td>
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<td>Natalie Hallinan</td>
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Outcome(s)

SVPHS - Pre-Admission Diabetes Screening & Referral Rates to General Practitioners
4th Quarter 2011 to 1st Quarter 2013

Intervention started: Quarter 1, 2012

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<td>Diabetes Screening Rates</td>
<td>0%</td>
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Intervention started: Quarter 1, 2012
RECOGNITION OF NURSING

SE11: Nurses are recognised for their contribution in addressing the strategic priorities of the organisation

➢ Provide one example, with supporting evidence, of recognition of a clinical nurse for his or her contributions(s) in addressing the strategic priorities of the organisation

AND

➢ Provide one example, with supporting evidence, of recognition of a group of nurses for their contributions(s) in addressing the strategic priorities of the organisation

The strategic priorities or themes of the hospital are identified in the Nursing and Clinical Services Directorate Strategy Plan 2013-2016. This document is available on the clinical web home page for all staff to view and is set out in clear language so that everyone can understand it.

The strategic plan for St Vincent’s Private Hospital Sydney (SVPHS) contains three strategic themes:

![STRATEGIC THEMES]

Example A;
Recognition for the Clinical Nurse Educator in Urology for Clinical Excellence and Innovation

Nurses at SVPHS are encouraged to strive to improve care for our patients and are supported in their endeavours to provide innovative solutions to issues they may face.

Although it is a common reason for nursing staff to consult with a doctor, there is often inconsistency in describing and discussing abnormally coloured urine which can in turn lead to misinterpretation and ultimately inconvenience for the patient.
Continued Clinical Excellence and Innovation
The aim and purpose of this project was to develop a urine colour scale with a set of succinct instructions that could be used by staff, patients and carers to facilitate objective description of urine colour and the context in which the urine is being observed.

An innovative Urine Colour Scale (UCS) was developed by the Clinical Nurse Educator and her team on Level 9 that arose from a perceived need to have more consistency in the nurses’, patients’ and doctors’ interpretation, documentation and communication of urine colour. For example, one person’s ‘frank haematuria’ could be another’s ‘light rose’; therefore a phone conversation about haematuria can fail because the speaker and the listener disagree on definitions. The UCS is also an effective tool for patients from diverse culture and linguistic backgrounds.

The UCS also serves an educational function as it gives prompts on the flipside, about other factors which may be of significance when management decisions are being made by doctors relating to urine colour.

Operational Excellence
This Practice Development Project was undertaken in the Urology ward of St Vincent’s Private Hospital Sydney (SVPHS). The project was patient focussed involving a multidisciplinary team of doctors and nurses not only from the Urology ward but also from the Operating Rooms, Recovery Unit and the Intensive Care Unit creating a positive team-building effect.

Outstanding Customer Service
The Urine Colour Scale:
- Empowers patients and carers to give an accurate description of urine colour
- Ensures communication and treatment of macroscopic haematuria is effective

Following discharge there is also phone communication between patients, local doctors and community nurses concerning urine colour. Indeed, Urology patients are asked to phone their Urologist if they see ‘blood in their urine’, however, as previously explained, this term means different things to different people.

This innovation has been recognised in a variety of forums
- HESTA Award 2010 for Nursing Innovation – award winner – Innovation in Nursing May 2010
- NRI 2010/2011 Best Research Paper
- SVPHS CNE Master Class 2013 – presented
- SVPHS Magnet Symposium presentation – May 2013
- SVPHS Research Symposium September 2013
- Catholic Health Australia Symposium (CHA N&W Symposium October 2013) – presented
- SVHA Awards 2014 – Finalist for Exceptional Care – excellence in clinical education training and Research

Supporting Evidence:
- Hesta Award
- SVPHS CNE Master Class program
Example B:

**International Nurses Day Award – Nursing Team Excellence**

In celebration of International Nurses Day, clinical nurses throughout the hospital each year are asked to nominate individuals or teams of nurses for the International Nurses Day Awards in recognition of outstanding achievements in the delivery of patient care.

The awards comprise the following:

- Nurse Preceptor Award
- Nurse Unit Manager Award
- Nursing Clinical Excellence Award
- Nursing Leadership Award
- Nursing Professional development award
- Nursing Team Award

In 2014 nursing staff nominated the Pre Admission Centre for the Nursing Team Excellence award in recognition and acknowledgement of the care the nursing team provided to our patients in the Pre Admission Centre (PAC).

**Outstanding Customer Service**

Nominations commented on how the care provided to our patients is personalised and of very high quality that only serves to enhance the patient experience and ensures outstanding customer service.

**Continued Clinical Excellence**

Furthermore, it was recognised and acknowledged that effective collaboration between nursing staff in PAC with Visiting Medical Officers (VMOs), nursing specialists and allied health professionals enhanced VMO/nursing partnerships to ensure the care provided was patient centred.

With thorough pre-screening work undertaken by the PAC nursing staff, VMOs can be reassured there will be no major issues that may arise on the day of surgery as they would have been identified preoperatively in the pre admission visit.

**Operational Excellence**

Through speciality specific education provided by PAC nursing staff, there is an opportunity to manage patient’s expectations regarding their stay in hospital in a respectful and educational manner. Having an appropriate length of stay positively impacts on access to beds and has a positive effect on patient outcomes.

**Supporting evidence:**

- Group of Nurses recognition
The Sisters of Charity founded St Vincent’s Hospital in 1857: A tribute to the Sisters of Charity and St Vincent’s Hospital. On the left is the front of the old hospital and on the right the new Private hospital. The Sisters are depicted tending the sick.
PROFESSIONAL PRACTICE MODEL

EP1: Clinical nurses are involved in the development, implementation, and evaluation of the professional practice model

- Redesignating applicants: Provide a description, with supporting evidence, of the ongoing evaluation of the nursing professional practice model and how clinical nurses are involved

Example: Clinical nurses’ evaluation of the St Vincent's Private Hospital Sydney's (SVPHS) Nursing Professional Practice Model.

The SVPHS nursing professional practice model (PPM) was first developed in 2004 and has had various iterations since that time. The PPM is a patient centred model and the Mission and the Vision of the Sisters of Charity serve as a constant to anchor our model in such a way as to help us to focus more acutely on the outcomes we want to deliver.

The SVPHS PPM was then revised by clinical nurses in 2008 and in trying to elicit a better understanding of how nurses at all levels interpreted and understood the model, clinical nurses were first surveyed using the SVPHS Practice Environment Survey in 2009. Results from the survey found that 71% of clinical nurses agreed that a clear philosophy of nursing exists at SVPHS that pervades the patient care environment and 72% agreed that nursing care at SVPHS is based on a nursing as opposed to a medical model.

Overtime varied methods of evaluation have been used by clinical nurses to evaluate the PPM and in 2014 the Practice Environment Survey was once again conducted to evaluate how clinical nurses felt the Professional Practice Model underpinned their nursing practice. The results demonstrated the following:
The Nursing Executive wanted to make sure that the PPM is contemporary and truly reflects nursing practice, communication, collaboration and professional development and that clinical nurses feel the PPM has relevance and underpins their nursing practice.

A focus group was held with Magnet Champions to review the structure of the PPM to ensure clinical nurses felt it truly reflected how they practice nursing each and every day.

As a result of the focus group, Clinical Nurses did not feel the need to radically change the structure of the four perspectives of Leadership, Learning and Development, Partnerships and the Care Delivery System within the PPM but wanted to change how the perspectives were defined so that it had more meaning for them. The model was then refined using their own words they felt more accurately reflected the four perspectives.

In late 2013, St Vincent’s Health Australia (SVHA) underwent a re-structure which resulted in many organisational changes. One of these changes was the reduction in the number of organisational values. Clinical nurses felt this should be reflected in the professional practice model and so the model was adapted yet again to align nursing practice with the new values.

In order to enhance and increase awareness and understanding of the PPM, swing tags were developed with a diagram of the PPM on it that included the revised values. The swing tags which can be work by all nursing staff alongside their staff identification tag were provided to all nurses. Supporting Evidence:

- Magnet Champion Meeting – September 2014 Agenda
- Practice Environment Survey (PES) vs St Vincent’s Private Hospital Sydney (SVPHS) Professional Practice Model (PPM)
- PPM diagram
EP2EO: Clinical nurses are involved in the development, implementation, and evaluation of the professional practice model

- Provide one example, with supporting evidence, of an improvement in clinical practice as a result of clinical nurses’ involvement in the implementation or evaluation of the professional practice model. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example:
A practice change in the Day Surgery Unit following a patient experiencing an episode of hypotension related to positioning in the beach chair position for arthroscopic shoulder surgery.

Background/Problem
Hypotension is not uncommon in patients undergoing surgical procedures whilst in the beach chair position (upright position). Despite this fact, up until 2011, there were no best practice guidelines world-wide for the appropriate management of hypotension in patients undergoing surgical procedures in the beach chair position.

In late 2011 at St Vincent’s Private Hospital Sydney (SVPHS), a patient experienced an episode of severe hypotension related to positioning in the beach chair position for arthroscopic shoulder surgery.

Clinical Nurses’ implementation of the professional practice model (PPM) is demonstrated in the strategies developed and implemented to ensure effective nursing practice in the Day Surgery Unit (DSU).
Goal Statement(s)

- To develop and implement a “Beach Chair Guideline” to reduce the incidence of patient hypotension whilst in beach chair position.

- Measure: Hypotension rate in beach chair position in DSU.

Hypotension rate in beach chair = \[
\frac{\text{Number of hypotensive episodes in beach chair position}}{\text{Total number of patient's procedures in beach chair position}} \times 100
\]

Description of the Intervention, Initiatives, Activity(ies)

- July -December 2011: Clinical nurses met to discuss strategies to prevent further episodes of severe episodes of hypotension in the beach chair position.

- Preoperative phone calls made to patients by the Patient Liaison Clinical Nurse were modified to include discussion with the patient on fasting instructions, when exactly to stop drinking, when and if to take anti-hypertensive medications (following instruction from the Anaesthetist) and advising the patient not to undertake any form of exercise on the day of surgery.

- Changes were made to the Day Surgery Checklist to include documentation of patient administered medications, dose, date and time taken preoperatively. The new Day Surgery Record was introduced that records measurement of the distance between mid-bicep to the top of the head providing a guideline for the patient’s mean arterial pressure.

- A guideline for patients undergoing surgery in the beach chair position was developed to include for the allowance in hydrostatic pressure gradient and allowance for incremental elevation of the chair. Day Surgery Clinical Nurses assist the Anaesthetist with EQUANOX oximetry monitoring for patients undergoing shoulder surgery and document the same.

- January-June 2012: Beach Chair guideline implemented

Participants

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<thead>
<tr>
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<th>Discipline</th>
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<tbody>
<tr>
<td>Renata Di Staso, RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>Stephanie Barford Cubitt, RN, BN, MN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>Susan Djukanovic, RN, Cert</td>
<td>Nursing</td>
<td>Patient Liaison Clinical Nurse</td>
<td>Day Surgery Unit</td>
</tr>
<tr>
<td>Ingrid Tartu, RN, MN</td>
<td>Nursing</td>
<td>Clinical Risk Manager</td>
<td>Hospital wide</td>
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Outcome(s)

SVPHS - Hypotension Rate in the Beach Chair Position in DSU: July-December 2011 to July-December 2013

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<tr>
<td>Hypotension Rate</td>
<td>22%</td>
<td>20%</td>
<td>0.0%</td>
<td>3.0%</td>
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Intervention started: January-June 2012
EP3EO: Unit or clinic level nurse (RN) satisfaction data outperform the mean or median of the national database used.

Note: Benchmark used must be one to which the organisation contributes data

- Provide unit-based, national benchmarked nurse (RN) satisfaction data from the most recent survey administered within the previous 30 months before documentation submission.

- This SOE becomes effective April 1, 2016. Until that time the 2008 EP3EO is in effect. 2008 Application Manual EP3EO. Nurse satisfaction or engagement data aggregated at the organisational, clinical groups of like-units or unit level outperform the mean, median or other benchmark statistic of the national database used. Submit data for the most recent nurse satisfaction survey within the previous 30 months before document submission. Include participation rates, analysis and evaluation of the data.

Background/Problem
St Vincent’s Private Hospital Sydney (SVPHS) conduct staff satisfaction surveys every 2 years through the vendor Best Practice Australia (BPA) which is the national database. The most recent survey was conducted in March 2013 and the results were released in July 2013 and are depicted in the following graphs.

Questions asked in the staff satisfaction survey under the four pillars of:
- Engagement
- Leadership
- Values and Behaviours
- Quality & Innovation

Goal Statement(s):
- Continue to improve staff satisfaction at SVPHS, outperforming the BPA benchmark at the organisational level
- Measure: Best Practice Australian Staff Survey at the organisational level

Participation rates, Analysis & Evaluation
- The participation rate across the Nursing Directorate was 87%.
- 77% of nurses responded to the question stating that SVPHS was a truly great place to work
- The staff survey result was:
  - 67% of the staff engaged
  - 28% swinging voters
  - 5% disengaged
- A Culture of Success, that was first achieved in 2007 and has been maintained and improved since.

Each Unit Manager is provided with their staff satisfaction survey results and discussed with the Director of Nursing and Clinical Services, Workforce Planning and Development Manager and the Clinical and/or Surgical Services Manager as appropriate.

Each Manager presents the results to their staff and action plans are developed to address any issues that may have arisen from the survey.
Questions asked in the Engagement Pillar

1. People are optimistic about the organisation's future
2. There is high trust in Executive Management
3. There is high trust in middle management
4. There is a strong sense of success and achievement
5. There is a ‘Can Do’ attitude
6. Better things to come for me
7. There is a strong sense of purpose and direction
8. People want to improve the way things work in the organisation
9. There is a climate of trust and respect
10. People are proud of the successes and achievements of the organisation
11. My organisation is truly a great place to work
12. The organisation consistently meets my most important expectations of it
13. The organisation provides flexibility in work hours/shifts
14. The organisation provides a climate of recognition
15. The organisation provides an environment that promotes employee well being
16. The organisation addresses job security issues
17. The organisation addresses moral issues
18. The organisation addresses moral issues
Questions asked in the Leadership Pillar

1. The organisation ensures management get to know staff
2. The organisation addresses communication issues
3. The organisation ensures management listen to staff
4. The organisation ensures high standards of leadership
5. The organisation addresses manager competency issues
6. In my workplace the managers are competent
7. In my workplace the managers are professional
8. In my workplace the managers are trustworthy
9. In my workplace the managers are supportive
10. In my workplace the managers are good communicators
11. Managers consistently meet my most important expectations of them
12. Managers for my unit clearly communicate to me what they expect from me
13. Managers for my work unit measure how well I perform against these expectations
14. Managers for my work unit give me constructive feedback on my performance
15. Managers for my unit help me to set realistic performance objectives
16. Managers for my unit help me to plan how to improve my performance
17. Managers for my work unit help me to plan my personal/professional development
18. Managers for my work unit provide coaching and guidance to achieve my objectives
19. Managers for my work unit review my progress in achieving my objectives
20. Managers of my work unit conduct an annual performance review with me
21. Managers for my work unit are role models I look up to and learn from
22. Managers for my workplace provide appreciation for good performance
23. Managers for my workplace provide support and guidance for performance shortfalls
24. Managers for my work unit address poor performance constructively
25. Managers for my work unit address workplace conflict fairly
Values and Behaviours Pillar

SVPHS Nursing Values and Behaviours Pillar - July 2013

% Mean Satisfaction

<table>
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<tr>
<th></th>
<th>SVPHS Mean</th>
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<tr>
<td>23</td>
<td>80</td>
<td>0</td>
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</tbody>
</table>
Questions asked in the Values and Behaviours Pillar

1. I think there is something special and unique about working in my organisation
2. People who come into our care are treated with dignity and respect regardless of their circumstances
3. People who are disadvantaged and marginalised are treated with dignity and respect
4. People in our care have adequate access to pastoral care services
5. Staff go out of their way to create an environment that is inclusive of all people who are vulnerable and/or disadvantaged
6. Staff make an effort to ensure the disadvantaged and marginalised people have the support they need whilst in our care and on discharge
7. I see regular examples of advocacy for the rights of the disadvantaged and marginalised within my workplace
8. I understand the role I play in delivering the Mission of our workplace
9. We always consider and discuss how decisions made in the workplace impact on our Mission
10. The organisation provides a climate of honesty and trust
11. The organisation provides a climate of respect
12. The organisation addresses personal safety issues
13. The organisation addresses standards of fairness and equality
14. The organisation addresses bullying and harassment issues
15. The organisation puts its values into practice
16. In my workplace I am treated with respect
17. In my workplace I am treated with honesty
18. In my workplace I am treated with fairness
19. In my workplace I am treated with equality
20. Everyone in my workplace demonstrates genuine compassion for the circumstances of others
21. Everyone in my workplace demonstrates a strong desire to ensure quality, fairness and justice for others
22. Everyone in my workplace demonstrates genuine integrity in all the ways they interact with others
23. Everyone in my workplace demonstrates a strong desire to strive for excellence and to be the best they can be
Questions asked in the Quality & Innovation Pillar

1. The organisation provides a team orientated environment
2. The organisation provides good development and career opportunities
3. The organisation provides a climate that supports innovation and finding new ways of doing things
4. The organisation addresses staffing issues
5. The organisation addresses training and skills issues
6. The organisation recruits quality staff
7. The organisation retains quality staff
8. The organisation addresses professional quality standards
9. The organisation provides a good physical working environment
10. The organisation addresses change management issues
11. The organisation addresses equipment issues
12. The organisation provides a supportive work environment
13. Everyone in my workplace demonstrates high ethical standards of behaviour
14. Everyone in my workplace demonstrates high quality standards of work
15. Everyone in my workplace demonstrates high quality standards of service to clients
16. Everyone in my workplace demonstrates high quality standards of work health and safety
17. In my work place most of the team members know each other well
18. In my work place most of the team members are quick to step in and help each other
19. In my work place most of the team members are clear about what other team members expect from them
20. In my work place most of the team members have confidence and trust in the managers/team leaders
21. In my work place most of the team members never leave the job half done
22. In my work place most of the team members work to fix any mistakes rather than cover them up
CARE DELIVERY SYSTEMS

EP4: Nurses create partnerships with patients and families to establish goals and plans for delivery of patient centred care

➢ Provide one example, with supporting evidence, of nurses partnering with patients and families to develop an individualised plan of care based on the unique needs of the patient.

AND

➢ Provide one example, with supporting evidence, of nurses partnering with patients and families to improve systems of care at the unit, service line or organisational level.

Example A;
Patient Centred Care in a Young Adult Mental Health Unit – ‘Uspace’ to meet the unique needs of the patient

HT a 22 year old, single female who normally resides with her parents, was bed bound and required full nursing care that involved being fed, toileted and washed in bed. HT is an only child. She completed her secondary education and went to university but was unable to complete her studies. She had previously worked as a model and had worked overseas. HT had appointed her parents as her Power of Attorney in May 2012. She completed a medical directive and appointment of enduring guardianship at the same time.

HT had a number of health professionals attending her home to provide psychological and physical support. This had had limited benefit and her condition had continued to deteriorate. There were serious concerns for her mental and medical well-being and this required comprehensive assessment in hospital. HT had previously been reluctant to come to hospital but she was aware that her condition had deteriorated to such a point that she required admission and so was eventually persuaded to be admitted to hospital.

HT was admitted to St Vincent’s Private Hospital Sydney (SVPHS) under the care of a Specialist Neurologist with a diagnosis of cachexia, history of anxious avoidant personality disorder with low mood and a complex eating disorder.

On assessment the neurological and medical examinations were normal but HT was unwilling to mobilise. Vital observations were satisfactory and an MRI and EEG were ordered. Immunology, Rehabilitation and Endocrine Specialists were consulted and the patient was recommended for intensive rehabilitation in the Sacred Heart Rehabilitation Unit.

HT was reviewed by rehabilitation specialists, endocrine and cardiac physicians. Comprehensive full nursing care planning was conducted that included strategies to prevent pressure injury, to assist with toileting and feeding and there was a gradual elevation of the back of the bed to sit HT up from 20% to 45%. Case reviews were conducted that included both the patient and her family members. An individualised care plan was developed to progressively address mobility, nutritional and activities of daily living (ADLs).

When HT was discharged her discharge diagnosis was that of a left lid ptosis, simple anisocoria, chronic fatigue and debilitation, sever hypostatic osteoporosis.

HT was then admitted to the rehabilitation unit for intensive rehabilitation under the care of a Rehabilitation Specialist. At this stage HT was unable to ambulate and barely able to raise her head or sit and so the aim for admission was for her to increase ability to sit up, ambulate and feed
herself so that she could be transferred to the mental health unit. HT indicated that she thought this would take six weeks.

On admission to the rehabilitation unit HT’s diagnosis was that she had weight loss, amenorrhoea, severe asthenia, fatigue (glandular fever age 15), and severe hypostatic osteoporosis and on assessment there was significant muscle wasting, no sign of peripheral neuropathy, all reflexes were normal but HT was highly anxious. HT refused physical examination but was noted to be significantly deconditioned with severe limitation in exercise tolerance and low cardiopulmonary fitness. Contractures of calf and hamstrings preventing heel strike in attempted walking.

Whilst a patient in the rehabilitation unit HT was seen by an endocrinologist and also a psychiatrist who organised further endocrine investigations, Occupational Therapy and Physiotherapy to increase activity and assist with ADLs.

After a month of treatment in the rehabilitation unit HT was deemed medically fit to be admitted to Uspace the new Young Adult Mental Health Unit, for ongoing physical and psychological rehab intervention.

On assessment in Uspace HT was found to be a young woman with complicated somatoform disorder with prominent fatigue symptoms and prolonged period of minimal activity on a background of somatic symptoms and anxiety in childhood and social anxiety and avoidance in adolescence. She has an obsessional and perfectionistic personality style and appears to be a depressed and debilitated young woman whose physical condition has severely limited her activity to function in the world.

Staff both in the rehabilitation unit and the Young Adult Mental Health unit needed to work closely with both the parents and the patient communicating effectively in order to meet this young lady’s unique needs.

Plans of care in Uspace, are discussed with both the patient and their family and require that the patient signs the care plan to ensure that the patient agrees with and is willing to be involved with their plan of care. HT agreed to attend her own activities of daily living (ADL) and follow prescribed activity program that encourages self-care and promotes socialization. It was also agreed that she would attend the group behavioural program that aims at increasing exposure and tolerance for activity and cognitive stimuli.

A weekly schedule was planned for her with twice daily Occupational Therapy and Physiotherapy. She was expected to start attending at least one group per day and the medical registrar met with her two-three times per week for supportive counselling. A Psychiatrist review was planned for 2-3 times per week.

Due to complexity of HT’s case it was imperative that a collaborative multidisciplinary approach be undertaken with regular case reviews with all stakeholders including wherever possible the patient and her parents. The Nurse Unit Manager, Associate Nurse Unit Manager and Primary Nurse were also present at these meetings.
Example of a Multi-Disciplinary Team (MDT) Case Conference (8/8/2012)

Dr Liz Scott (Consultant Psychiatrist), Dr Shari Parker (Rehab Consultant), Dr Lyn Chiem (Psychiatric Registrar), Dr Emma Synnott (Rehab Registrar), Dr Lisa Parker (Senior Clinical Psychologist), Dr Marilyn McMurchie (GP), Diana Fong (Occupational Therapist), Kate Pallister (Physiotherapist), Jenny Hamlyn (Dietician), Hugh Clark (Registered Nurse) in attendance.

History revisited. Progress on Uspace noted.

Issues include:

1. Pushing of boundaries due to new treating team, staff and environment
2. Ongoing complaints from HT of exhaustion and concern that activity schedule is too much for her current state
3. Disordered eating - gluten/wheat/dairy intolerance, highly restrictive, ongoing consumption of nut butter (which is contributing to her high selenium)
4. Low BMI
5. Whether current level of OT and physio intervention is sustainable

Management approaches:

1. Graded exposure behavioural management
2. Externalising the chronic fatigue syndrome and disordered eating
3. Continue two sessions of OT and physio per day - more active session in the morning, light exercises/stretching in the afternoon
4. Need for consistency amongst the team
5. Need to rewards for positive gains - dying hair, pedicure, clothing
6. Minimise negotiations - utilise activity schedule as the expert opinion
7. Parents to only visit afterhours
8. HT requires assertive management to comply with the program
9. Weekly meetings with her parents to reinforce program and progress

Long-term management considerations:

- Length of admission - six weeks
- Discharge destination - local apartment with outpatient rehabilitation

Plan:

1. Occupational Therapy (30mins) at 0830 for activities of daily living training and second session at 1215 for lunch in dining room
2. Physiotherapy (45mins) at 0900
3. Continue attendance at group therapy session at 1030. Give HT the option of attending two group session on Thursday and Friday
4. Dietician and medical team to discuss reintroduction of flour
5. Continue to encourage selection of additional food from buffet with a view to transition to this
6. Repeat magnesium, selenium, vitamin B6, EUCs, urine iodine
HT was initially prepared to engage in a plan for recovery however she became increasingly resistant to the graded exposure and rehabilitation plan. HT was then reviewed by another psychiatrist on the 25th August who felt that HT had severe Chronic Fatigue Syndrome (CFS) and depression and had made significant improvement in last 6 weeks but was now suffering a relapse. It was determined then that the treatment plan needed to be reviewed to take a step back and rebuild. The challenge was to engage her in doing her basic functions for feeding and toileting herself; and then move forward.

HT continued to be managed on the unit with regular case review and intensive support from the MDT team. Her parents also required significant support from staff to work together in striving for recovery.

The patient was an inpatient for 57 days. HT made some progress during this time and was discharged home into the care of her parents and visiting health professionals. She was offered readmission when she felt ready to continue her recovery.

Supporting evidence:
- An extract from the patient notes
Example B: A description of partnering with patients and families, on Level 7, to improve systems of care

Nurses: Sharon Graves, Belinda Hindmarch, Janet Evatts Gale

Evidence of nurses partnering with patients and families:

- Pre Implementation Family Member/Significant Others Survey
- Post implementation Patient/Family Members Survey Results

Nursing research has identified that family members’ experience significant anxiety during the hospitalisation of their loved ones with the wait during procedures as the most anxiety producing time.

Patients, relatives & significant others are often told conflicting information about estimated procedure times and this can contribute to significant anxiety or distress and create confusion during the hospital stay. Level 7 Clinical Nurses often found they were trying to manage family concern as about where their relative was and when they would return to the ward following cardiac or cardiothoracic procedures.

Providing consumers with accurate, comprehensive and clear information can help to ensure they are able to participate more actively in their care and treatment. This collaborative relationship benefits all parties and is likely to increase both clinician and consumer satisfaction.

Clinical Nurses therefore sought to reduce the level of anxiety experienced by the family members by partnering with patients and their families to develop a health information resource that would inform family members or significant others, of expected procedural times and resources available to them while they wait.

The project team brainstormed informational content for the brochure and then sought input from all stakeholders including family members. Over a three month period, nurses partnered with family members waiting for patients to arrive on the ward following cardiac procedures by asking them to complete surveys and the information gained was used to develop a prototype brochure. The brochure was then sent to all remaining stakeholders: Pre Admission Centre, Same Day Centre, Cardiac Catheter Unit and Level 6. Nurses from these departments were invited to review the brochure and offer suggestions for additional content or areas for improvement.

The completed Family Information Brochure provides information for family members on the expected length of time for procedures, the availability of services that are available to them whilst they are waiting, identify staff who can assist with any concerns or queries and additional information on what to expect when the patient returns from the procedure and on discharge from the hospital.

This standardised approach assists staff from all relevant departments to provide consistent and clear information to patients and their families. It also aims to empower family members and acknowledge them as an important support to patients. It reduces patient and family member anxiety and increases patient satisfaction in the services and the care we provide.

In addition the nurses have further partnered with the patients and their families, by surveying them post discharge to see if the brochures met their needs.
Supporting evidence:

- L7 Cardiac Brochure
- Example of L7 Implementation Family Member/Significant Others Survey March 2014
- Post implementation Patient/Family Members Survey Results
EP5: Nurses are involved in interprofessional collaborative practice within the care delivery system to ensure care coordination and continuity of care

➢ Provide two examples with supporting evidence, of nurses' involvement in interprofessional collaborative practice that ensures care coordination and continuity of patient care

Example A:
Stroke Care Coordinator/Nurse’s role in care coordination and continuity of patient care in the Stroke Unit


Involvement:

 Weekly Interprofessional Team Meetings (MDT) coordinated and attended by Stroke Care Coordinator Emily Gates that ensures care coordination and continuity of patient care.

Interprofessional Team:

 Dr Romesh Markus (Neurologist)
 Dr John O’Neil (Neurologist)
 Dr Ian Sutton (Neurologist)
 Professor Bruce Brew (Neurologist)
 Dr Steven Faux (Rehabilitation Specialist)
 Dr Shari Parker (Rehabilitation Specialist)
 Occupational Therapist
 Physiotherapist
 Speech Therapist
 Stroke Care Coordinator/Nurse – Emily Gates / Simone Senior / Kati Hatherley
 Tracey Anderson (Nurse Unit Manager)
 Discharge Planners/Clinical Nurses - Alysia Woodman, Nicola Barsby, Grace Martin, Thelma DeLisser Howarth, Kati Hatherley

The team meet each Thursday for an Interprofessional Team (Multi-Disciplinary Team - MDT) meeting, to discuss the various patient cases. The Rehabilitation Physicians attend this meeting to facilitate prompt transfer to rehab for the benefit of the patient, in addition to Physiotherapists, Occupational therapists, Speech Therapists, the Neurologists and the Stroke Care Coordinator/Clinical Nurse.

The role of the Stroke Care Co-ordinator/Clinical Nurse in this situation is to ensure care coordination and continuity of patient care. The clinical nursing care we provide is guided by the National Stroke Foundation best practice guidelines that can be found at:

The guidelines advocate that there is a dedicated Stroke Care Coordinator to coordinate services, conduct weekly MDT meetings, early patient discharge to rehabilitation to ensure optimal outcomes and the provision of educational literature obtained from the “Stroke Foundation.”
After attending the MDT meeting, the Stroke Care Coordinator/ Clinical Nurse documents the outcomes in the patients electronic Record.

Supporting evidence:

- De-identified record of MDT meeting regarding a patient

Example B:
Interprofessional collaborative practice in the Preadmission Centre

Nurses Involved: Eilish Hoy, Sangita Gurung, Helen Gannis, Janet Skehan, Thelma DeLisser Howarth, Clodagh Rees, Grace Martin, Nicola Barsby, Laura Hunter, Deborah Jeffries

Interprofessional Team:

- Eilish Hoy, Pre Admission Nurse Unit Manager
- Pre Admission Clinical Nurses; Laura Hunter, Deborah Jeffries
- Thelma DeLisser Howarth, Manager Discharge Planning
- Discharge Planning Clinical Nurses; Clodagh Rees, Grace Martin, Nicola Barsby,
- Orthopaedic Ward Clinical Nurse Educators; Sangita Gurung, Helen Gannis, Janet Skehan,
- Diana Fong, Occupational Therapist
- TSP Physiotherapy
- Dr Roger Pye, Anaesthetist
- Dr Marie Mckell, Anaesthetist
- Professor Michael Neil, Orthopaedic Surgeon

Our Pre Admission Centre (PAC) is often seen as the gateway to the hospital for our patients through which they are connected to other people and departments in their journey through St Vincent’s Private Hospital Sydney (SVPHS). The PAC nursing staff assess patients pre-operatively and refer to specialist clinical nurse consultants, allied health and anaesthetists for follow up on any medical issues prior to the patients being admitted into hospital.

The PAC was originally developed as part of the best practice project ‘Towards a Seamless Continuum of Care.’ The PAC has expanded at a rapid pace to meet the needs of our patients coming to SVPHS for their planned surgery. The Centre is run by a Nurse Unit Manager and six to eight registered nurses work in PAC. On any given day, they see 70-80% or 1,500 patients of the patients booked for admission each month.

The role of the PAC is to review patients prior to admission and to ensure care coordination and continuity of care of the patients and thereby quality and safety during the pre, peri and post-operative period.

The pre admission appointment is arranged in a number of different ways to meet the needs of our diverse patient population as follows:

- through the medical officers’ consultation rooms
- through patient phone call as a result of information sent when the hospital booking form is received by the bookings department (automated letter run)
- through telephone calls from the PAC clerical staff.

Following the pre admission interview conducted by the PAC nurses, patients are referred to various Clinical Nurse Consultants (CNCs) such as the Wound or Breast Care CNCs as required
for further follow up and consultation. This efficient referral process also includes referral to discharge planning and infection control as early intervention is paramount to ensuring a positive patient experience and quality patient care.

The PAC nurses also work very closely with the anaesthetists who see the patient in the preadmission phase to ensure that the patient is attended in a timely manner should he or she require further investigation.

Group education sessions are conducted for patients undergoing cardiac and orthopaedic surgery. Clinical Nurses provide information for patients and their families on what to expect during their hospital stay. The physiotherapist advises on the mobility plan pre and post operatively and the occupational therapist discusses practical matters of managing activities of daily living offering advice on mechanical aids that may be required. The social worker addresses any personal or financial concerns and the discharge planner informs patients and their families on support they can expect to receive upon discharge from the hospital.

**Supporting evidence:**

- Email: Interprofessional team of Discharge Planners, Occupational Therapist, Nurse Educators and Physiotherapy, collaborating to ensure care coordination.
- Email: Interprofessional collaboration with Surgeons rooms regarding orders of theatre list and names of anaesthetist who will review the patient at Pre Admission appointment to ensure care coordination and continuity of patient care.
- Emails: PAC nursing staff collaborating with anaesthetists to ensure care coordination and continuity of patient care.
EP6: Nurses incorporate regulatory and speciality standards/guidelines into the development and implementation of the care delivery system

Provide one example, with supporting evidence, of nurses incorporating speciality standards/guidelines into the delivery of care

Example: The use of the Australian College of Operating Room Nurses (ACORN) Standards and Guidelines to guide practice in Laser Safety.

Lasers are capable of producing intense beams of light at specific wavelengths and the hazard potential for eyes and skin can be significant. Laser safety is the safe design, use and implementation of laser safety standards to minimise the risk of laser accidents, especially those involving eye injuries.

Following reports of an eye injury to a member of staff working in an operating theatre at another hospital, nurses at SVPHS looked into how the incident occurred. It became apparent that the laser safety glasses distributed for use at the facility where the injury occurred were inappropriate for the laser being used.

Laser safety in surgical services at St Vincent’s Private Hospital (SVPHS) is governed by Australian Standards, Australian College of Operating Room Nurses (ACORN) recommended practices and the SVPHS Laser Safety, Class IV Laser policy.

In light of this incident and the need to protect staff from any similar injury, nursing staff undertook an evaluation of laser safety glasses used at SVPHS to ensure compliance with ACORN standards and SVPHS policy. Staff assessed the appropriateness of the glasses for the different lasers in use and given the imperative for glasses to be worn appropriate to the type of laser, it was decided there needed to be a clear process of easy identification of the glasses.

Interventions

- A review of monthly laser audits of glasses and goggles to determine correct numbers of glasses in use and legibility of labels
- Review information on the incident presented by the Medical Officer involved
- Review current guidelines on Laser Safety eyewear in Standards and Policies and incorporation of the same into practice changes
- Review Curley’s paper ‘Challenges of a Medical Laser Safety Officer’ on colour-coding laser products and plan implementation of this system within Surgical Services
- Labelling of all patient and staff eyewear for simple identification by all staff
- Development of charts identifying glasses and correct number of pairs using colour photographs and colour coded charts
- Inform all nurse laser operators of changes at meetings and by messaging systems
- Evaluation of compliance by monthly audit and feedback from nurse laser operators

The selection of colour for the colour coding of glasses was determined by various wavelengths used in Surgical Services and availability of colours from printing suppliers. It was decided that:

- Holmium laser wavelengths of 2100 nms would be blue
- KTP laser wavelengths of 532 nms would be yellow and
- CO2 laser wavelengths of 10.600 nms would be grey
Information on the new labelling was discussed in both OR and DSU Laser Operator meetings, and nursing staff were informed of the changes via deLacy message system. All laser operators were reminded of the importance of laser glasses being checked against list prior to, and at conclusion of the laser procedure.

Charts depicting pictures of glasses, the optical density required for each wavelength and the number of pairs required were compiled, and attached to each laser trolley.

The SVPHS Laser Safety – Class IV Laser policy was modified to include additional information on the new label, the colour coding of laser equipment and the increased Optical Density (OD) requirements.

Changes to labelling of laser safety eyewear in the Surgical Services at SVPH are consistent with national standards and have been adapted to meet evidence-based practice standards outlined at the International Laser Safety Conference in 2013.

Future changes to the additional labelling of laser safety eyewear will include the addition of the Optical Density (OD) rating to ensure staff are confident the glasses meet the increased manufacturers requirements of an OD6 for 180 watt Greenlight KTP laser.

The colour-coding system was initiated from this project, and will be implemented throughout the laser safety program where appropriate.

Laser Operators reported that checking laser safety glasses before and after laser procedures is easier using the photo guides on each trolley. There were no reports of inappropriate laser glasses being placed on incorrect laser trolleys.

Further evaluation will be continued through the monthly audit system currently in place, and from reports at Laser Operator meetings.

Supporting evidence:
- Example of audit
- Copy of the ACORN Standard 8
- Surgical Services Laser Safety – Class IV Policy - Section 6 Eye Protection
EP7EO: Nurses systematically evaluate professional organisations’ standards of practice, incorporating them into the organisation’s professional practice model and care delivery system

➢ Provide one example, with supporting evidence, of a change in clinical practice resulting from the application of professional organisations’ standards of nursing practice. The example provided may be at the unit, division, or organisational level. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example: An example of nurses using ACORN standards to change clinical practice in response to an increased specimen incident rate

Background/Problem
Specimens are routinely collected in the Day Surgery Unit (DSU) and sent to the pathology company for testing. It became apparent in May 2013 that there had been an increase in the number of incidents related to specimen collection.

Goal Statement(s)

➢ To improve the DSU specimen identification, collection and handling process, to decrease the specimen handling error rate.
➢ Measurement: DSU specimen handling error rate

DSU specimen handling error rate = \( \frac{\text{Number of DSU specimen handling errors in accounting period}}{\text{Total number of DSU specimens in accounting period}} \) \times 100

Description on the Intervention, Initiative, Activity(ies)

Mid May 2013:

➢ DSU Nurses met to discuss incidents related to specimen collection and to brainstorm strategies for improvement. They reviewed the Australian College of Operating Room nurses (ACORN) Standard: Specimen Identification, Collection and Handling to ensure the process for specimen handling adhered to the ACORN Standard.

Late May 2013:

➢ The role of the Floor Coordinator was changed to ensure they are responsible to follow up on any missing specimens.
➢ Education was provided to all nursing staff regarding their responsibilities in relation to handling the specimens.
➢ The Specimen Register was modified to include a section identifying the nurse responsible for ensuring the specimen was deposited in the pick-up area and collected by the pathology company.
<table>
<thead>
<tr>
<th>Participants Name &amp; Credentials</th>
<th>Discipline</th>
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<tr>
<td>Celine O’Malley</td>
<td>Nursing</td>
<td>Acting Nurse Unit Manager</td>
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**Outcome(s)**

![SVPHS - DSU Specimen Handling Error Rate: March to August 2013](image)

*Intervention started: Late May 2013*
EP8EO: Nurses use internal and external experts to improve the clinical practice setting.

- Describe one improvement in the clinical practice setting that occurred as a result of the use of internal experts. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

OR

- Describe one improvement in the clinical practice setting that occurred as a result of the use of external experts. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example:

Improving shift-to-shift handover: Implementing ‘best practice’ principles for more effective clinical communication through leadership of the Research and Practice Development Council – Internal experts in practice change

Initiative: Introduction of bedside handover in clinical areas

Timeline: February 2012 – August 2012

Background/Problem

Inadequate communication of important information, at the time of transfer of care, can contribute to adverse incidents (Garling, 2008). The NSW Clinical Excellence Commission (April 09) reviewed Root Cause Analysis and NSW Health’s Incident Information Management System data (Jan ’08 – April ’09) and concluded that all types of clinical handover would benefit from standardisation, particularly nursing staff shift-to-shift handover (Garling, 2008).

Goal Statement(s)

- To improve shift-to-shift clinical nurse handover practice, to reduce the percentage adverse events.
- Measurement: Percentage of adverse events (Patient Falls, Medication Incidents and Pressure injury).

\[
\% \text{ of Adverse Events} = \frac{(\text{Number of Adverse Events in accounting period}) \times 100}{(\text{Total patient days in accounting period})}
\]

Description of the Intervention, Initiative, Activity(ies)

Kim Walker, Jed Duff and Edel Murray, as our internal experts on the Research and Practice Development Council, implemented the following initiatives and intervention.

- January-June 2012: Baseline Staff survey conducted to determine Clinical Nurses perception of the effectiveness of handover.
- Developing a ‘spoke’ and ‘hub’ model was used to facilitate communication between clinical units. This model was intended to promote collaboration and encourage the spread of innovation, guiding nurses through this planned change in practice. Nurses from the clinical units who had already been engaged in baseline data collection formed the hub group and other participants were invited to group discussions as necessary (i.e. Doctors, Allied Health Professionals, Managers and Consumers). Each member of the initial ‘hub’ group formed a satellite ‘spoke’ group in their respective clinical units.
Changes were introduced to nursing bedside clinical handover. In the twenty four hour period at each standard nursing shift change, there will be at least one bedside clinical handover. For nonstandard shift times the team leader is responsible for patients’ handover.

The purpose of bedside clinical handover is to provide a structured environment to facilitate safe and effective clinical handover of patient care needs from one shift to another at the patient’s bedside, thereby making the patient feel more included in the decision making process and keeping them informed in their care.

Changes to bedside handover:
- Identify leadership - The nurse on the outgoing shift is the leader of the bedside clinical handover.
- Value Handover
- Identify Handover Participants
- Agree Handover Time
- Agree Handover Place - Bedside clinical handover is to be conducted at the patient’s bedside

Note: It may be inappropriate to conduct bedside clinical handover for each patient on night shift
- Use Handover Process
  All participants must use the ISBAR tool:
  I - Introduction
  S - Situation
  B - Background
  A - Assessment
  R - Responsibilities, Risks and Recommendations.

July-December 2012: Unit based education sessions conducted by senior nurses who attended the workshops. Fortnightly unit based sessions were used to develop and test changes to shift to shift handover practices and data was collected that included qualitative and quantitative data such as observations, audits, surveys or brain storming sessions.

Nurse shift-to-shift handover implemented

<table>
<thead>
<tr>
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<th>Name &amp; Credentials</th>
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<th>Title</th>
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<tr>
<td></td>
<td>Professor Kim Walker</td>
<td>Nursing</td>
<td>Professor of Healthcare Improvement</td>
<td>PD&amp;R Council</td>
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<td></td>
<td>Jed Duff</td>
<td>Nursing</td>
<td>Research Fellow</td>
<td>PD&amp;R Council</td>
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<td>Edel Murray</td>
<td>Nursing</td>
<td>Quality Manager</td>
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Outcome(s)

**SVPHS - Percentage of Adverse Events: January-June 2011 to July-December 2014**

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<td>% Adverse Events</td>
<td>0.16%</td>
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<td>0.13%</td>
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Intervention started: July-December 2012
STAFFING, SCHEDULING AND BUDGETING PROCESSES

EP9: Nurses are involved in staffing and scheduling based on established guidelines, such as ANA’s Principles for Nurse Staffing, to ensure that RN assignments meet the needs of the patient population.

Provide two examples, with supporting evidence, from different practice settings when input from clinical nurses was used to modify RN staffing assignments and/or adjust the schedule to compensate for a change in patient acuity, patient population, resources or redesign of care

Example A: Clinical Nurses modifying the staffing assignment to compensate for a change in patient acuity on the theatre list

Change in patient acuity: The acuity of the patients on Dr Chang’s theatre list was greater than originally predicted.

Redesign of care by Clinical Nurses: The Floor Co-ordinator Katherine Turner (Clinical Nurse) with the Head and Neck scrub nurse Julia Haege (Clinical Nurse), reviewed theatre list and made changes to the staffing assignment to compensate for patient acuity.

Date: 28th January 2015 (For shift on the 29th January 2015)

Specialist head and neck surgery requires specialist staff to provide care for optimal patient outcomes and because of the nature of this specialised tumour surgery, changes in the multi-disciplinary team are often required at relatively short notice.

The period of time from when the patient’s pathology is determined and the date for surgery is scheduled is usually relatively short and so the peri-operative Clinical Nurses who are experienced Registered Nurses (RNs), specialising in Ear Nose and Throat and Plastic surgery are often required to change their roster schedule in order to assist with these patients. This may require swapping the days they work, changing shifts or working longer days than originally rostered. Specialist equipment is often required to care for these patients and Clinical Nurses are actively involved in organising this. Often the surgery is not routine in its procedure as it depends on each patient’s individual pathology. The team works closely and collaboratively in the planning process to ensure the patient has the opportunity for the best surgical outcome.

Nursing staff work together, and in accordance with the St Vincent’s Private Hospital Sydney (SVPHS) Best Practice Rostering Policy, and ACORN Standard: Staffing Requirements (2014-15), to ensure there is appropriate skill mix in all operating theatres. Modifying the staffing assignments is often necessary to ensure optimal surgical outcomes.

28th January 2015: Katherine Turner, Floor Coordinator/Clinical Nurse, and Julia Haege, Clinical Nurse, reviewed Dr Chang’s theatre list for the next day, as there was a removal of an acoustic neuroma scheduled, a very complex acuity case. They determined they needed additional nursing resources to compensate for this increase in patient acuity and contacted Clinical Nurse Megan Tarbox (who was previously scheduled for a day off) via telephone, to
come in and work from 07:00 – 15:30. Katherine Turner then adjusted the schedule accordingly.

Nurses at SVPHS modify Clinical Nurse staffing to meet the needs of the patients on a shift by shift basis, they do not need to seek higher approval to do this, however do need to inform their managers through the rosters that this has been done.

Supporting evidence:

- Screen Shot of the Roster in deLacy being changed at 08.29hrs on the 28th January 2015, by Katherine Turner to have Megan Tarbox work on the morning of the 29th January 2015, to compensate for the acuity of Dr Chang’s List that day.
- Staff Allocation showing Megan Tarbox working on the morning of the 29th January 2015.
- Dr Chang’s Theatre list, highlighting his patient who is scheduled for Removal of an acoustic Neuroma, a complex acuity procedure.
Example B:
The introduction of a new live donor renal transplantation service to SVPHS Level 8 and the impact on staffing.

Redesign of Care by Clinical Nurses: Clinical Nurse, Samantha Ryan, was in charge on the morning shift. She arranged for the schedule to be modified in order for the renal patient to have one on one nursing overnight, and a reduced patient load for the nurse looking after the renal patient on the following morning shift.

Date: 13th October 2014

Level 8 is a surgical unit that cares predominantly for patients undergoing gastrointestinal and vascular surgery. With the introduction of this new renal transplantation service, staffing assignments required some review and readjustment to deal with the redesign of care.

Clinical Nurses were involved in the redesign of staffing assignments by reviewing the normal staff-patient ratio of one registered nurse to six patients during the day on Level 8. Those Clinical Nurses who expressed interest in developing their renal knowledge and had elected to undertake the renal nursing course, initially cared for the renal transplant patient on a one to one basis, or with a reduced patient load.

On the morning of the 13th October 2014, Samantha Ryan (Clinical Nurse allocated in charge of the ward) noted there was a renal transplant patient booked for surgery and due to return to the ward in the late evening. Samantha contacted the staffing Coordinator to arrange for an agency nurse to be booked, to allow Sharon Foster (Clinical Nurse) to nurse the renal transplant patient one on one. She also reviewed the staffing for the following morning, and arranged for the staffing coordinator to arrange for an extra nurse, to allow Sara El-Behaihy (Clinical Nurse) to take a reduced load with the extra nurse taking some of Sara’s patients. This was in accordance with the St Vincent’s Private Hospital Sydney Best Practice Rostering Policy.

Supporting evidence:
- Staffing Allocation on Level 8 to indicate that Samantha Ryan (Clinical Nurse) in charge on a morning shift, and therefore responsible for determining staffing needs on following shifts.
- Staff Allocation of extra Nurses to special or facilitate a reduced load for the care of the Renal Transplant patient.
EP10: Nurses use trended data in the budgeting process, with clinical nurse input to redistribute existing nursing resources or obtain additional nursing resources

Provide two examples, with supporting evidence, from different practice settings where trended data was used during the budgeting process, with clinical nurse input, to assess actual-to-budget performance to redistribute existing nursing resources or to acquire additional nursing resources. Trended data must be presented.

Example A:
A demonstration of how clinical nurses acquire additional nursing resources to meet the increase in acuity and throughput in the Day Surgery Unit (DSU)

Day surgery is growing at a faster rate than in previous years. This is as a result of less invasive surgery and new treatment modalities, as well as the transfer of cases traditionally undertaken in main theatres to the Day Surgery Unit (DSU).

DSU consists of five operating theatres and one procedure room. It performs approximately 10,700 cases per year and around one third of the patients are planned overnight cases. DSU is geographically separate from the main theatre block. At times due to theatre capacity constraints, St Vincent’s Private Hospital Sydney (SVPHS) has had to use some of the DSU theatres as an extension of the main theatres. Over the last few years, a significant number of cases have been transferred from main theatres to DSU. DSU performs a mix of complex cases including orthopaedic, urology and neurosurgical cases that are not usually undertaken in stand-alone day surgery facilities.

February 2011: DSU has seen a sustained increase in activity over the past few years as a result of a global trend towards minimally invasive procedures. In response to this, Rosemary Sadowskyj, Surgical Services Manager, Vicki Waghorne, Nurse Unit Manager and Denise Christopherson, Clinical Nurse who is also the Associate Nurse Unit Manager, as part of the annual budgetary process, examined trended data related to the number of cases, operating minutes and FTEs deployed over the past four years. They also reviewed the activity and complexity assumptions made for 2014-2015 financial year.

In addition to the increase in activity demonstrated by the number of cases, there was also a noticeable increase in the operating minutes, reflecting the transfer of cases from Level 5 main theatres to the DSU.

At the unit meeting on the 11th February (see meeting minutes attached) Rosemary Sadowskyj, Surgical Services Manager, Vicki Waghorne, Nurse Unit Manager and Denise Christopherson, Clinical Nurse who is also the Associate Nurse Unit Manager discuss the trended data with the Clinical Nurses. With the input provided by the Clinical Nurses at this unit meeting an operating budget was formulated based on the assessment of actual to budget performance data from previous year.

The ongoing monitoring of activity and complexity within the DSU is undertaken by Clinical Nurses and their managers to assess the adequacy of staffing resources to meet the increasing demand on this service; this is regularly discussed at unit meetings.

Additional and suitable staffing resources had to be recruited as well as up skilling the existing staff to cater for the increase number and complexity of cases being undertake in DSU.
The proposed budget was negotiated with the Director of Nursing and Clinical Services to allocate appropriate/ additional nursing resources based on trended data and growth assumptions for the next financial year.

As a result of this review, additional nursing resources of two (2) Full Time Equivalents (FTEs) were budgeted to accommodate for the projected activity and complexity growth, as demonstrated in the graph above, and evidenced by the 2014-2015 Salaries and Wages Budget report below.

Supporting Evidence

- DSU trended data – operating minutes, number of cases and salaries and wages 2011-2014
- Ward Meeting Minutes from the 11th February 2014
- 2014 – 2015 Salaries and Wages Budget

DSU trended data DSU Operating Minutes
Example B: Acquisition of additional nursing resources in the St Vincent’s Private Hospital Sydney’s (SVPHS) young adult mental health unit, Uspace.

November 2014: Marie Brady, Clinical Nurse (Educator), Uspace returned from Maternity Leave. Kate Harel, Nurse Unit Manager and Pesh Moya, Clinical Nurse who is also the Associate Nurse Unit Manager took this opportunity with Marie to review the education plan for the unit for the next 12 months. They reviewed the trended data regarding their Mandatory training, as well as reviewing the growth in occupancy (patient days) and the number of additional FTEs required to meet this growth and the salaries and wages budget increase.

At the ward meeting on the 10th December 2014, Clinical Nurses discussed the decreasing trend in Mandatory training compliance rate. It was suggested that a proposal be submitted to Jose Aguilera requesting additional nursing resources to allow for an extra 8 hours of Clinical Nurse (Educator) each week. This was supported by the Clinical Nurses in the unit. The proposal was presented to Jose Aguilera, Director of Nursing and Clinical Services and to the Upspace Clinical Governance / Operations Committee meeting which was approved on the 12th December 2014.

As a result of this review, an additional 8hrs per week were budgeted to accommodate for the projected needs of the unit.

Supporting Evidence:
- Uspace Mandatory Training, trended data, Uspace trended data – overnight patient days and salaries and wages 2012-2014, Uspace 2014 – 2015 Salaries and Wages Budget
- Uspace Meeting Minutes October
- Uspace Meeting Minutes December
- CNE Role Proposal to Jose Aguilera and Uspace Clinical Governance / Operations Committee
- Uspace Clinical Governance / Operations Committee meeting minutes with approval

Uspace trended data, Mandatory Training rates 2014
EP11EO: Nurses participate in recruitment and retention assessment and planning activities

- Provide one example, with supporting evidence, of clinical nurses’ participation in nursing recruitment activities and the impact on vacancy rates. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data

OR

- Provide one example, with supporting evidence, of clinical nurses’ participation in nursing retention activities and the impact on turnover rates. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data

Example B:
An example of Clinical Nurses’ participation in retention activities for staff

Background/Problem
In February 2010 the Nursing Executive of St Vincent’s Private Hospital Sydney (SVPHS) decided to take a more focussed look at their reward and recognition (R&R) program and specifically look at what would best meet the needs of each of the generational groups; Gen Y, Gen X, and Baby Boomers/Traditionalists. Prior R&R programs had focussed predominantly on the needs and preferences of younger generations and a more inclusive and balanced R&R was required.

Goal Statements(s):
- To enhance SVPHS reward and recognition program to reduce RN turnover rate.
- Measurement: RN turnover rate.

RN turnover rate = \( \frac{\text{Number of registered Nurses who terminated from SVPHS}}{\text{Total of number of nurses employed}} \) x 100

Description of Intervention, Initiative, Activity(ies)
- January - June 2010: Literature review of Reward and Recognition for multi-generational workforce presented to the nursing executive, by the Workforce Planning and Development Manager.

- July - December 2010: email and deLacey message sent to all staff asking for volunteers to participate in focus groups. SWOT analysis to be carried out with each of the generational groups to determine where SVPHS was positioned with their current reward and recognition program, and ideas for improvements to be discussed.

  - 3rd November 2010: Focus group with Gen X; Paru Rangarjaran (Clinical Nurse), Natalie Hallinan (Clinical Nurse), Maria Ocampo (Nurse Leader), Brid Flynn (Clinical Nurse), Carolyn Tynan (Clinical Nurse).

  - 27th November 2010: Focus group with Gen Y; Megan Quin (Clinical Nurse), Helen Devenish (Clinical Nurse), Lee Wood (Clinical Nurse), Kimberly Stanford (Clinical Nurse).
5th November 2010 and 28th November 2010: Focus Group with Baby Boomers/Traditionalists Focus Group; Wendy Campbell (Nurse Manager), Denise Christoffersen (Clinical Nurse), Debbie Maguire (Nurse Leader), Belinda Summers (Clinical Nurse), Violet Le Forest (Clinical Nurse), Joan Bourke (Nurse Leader), Ingrid Tartu (Nurse leader), Elizabeth English (Nurse Leader).

17th December 2010: Data and recommendations made by Clinical Nurses and others who participated in the focus groups presented by the Workforce Planning and Development Manager to the Director of Nursing, and feasibility discussed.

January–June 2011: Steps were carried out to ensure all interventions would be able to commence on the July-December 2011.

**July-December 2011**: The following interventions were implemented in July 2011, as a result of the feedback from the focus groups, including Clinical Nurses

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<th>Action</th>
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<td>Group delay / SVPH news sent with winners of awards; including</td>
<td>BPA survey</td>
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<td>Personal letter / card from NEC</td>
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</table>
| Ground Rounds | Y | Introduce question / comments box at Ground Rounds for Q&A with DON and NEC | Increase in number of comments / questions asked at ground rounds | WFPDM  
| | | Catering at Ground rounds | Increase attendance at GR | WFPDM to look at costs |
| Greater promotion of APP CNS | Y | Increased promotion of APP / CNS by NUM’s and CNE | Increased uptake of APP and CNS | NETDC |
| Recognition for Overtime | Y | A more standardised approach for recognition of overtime | | Follow up with ADON’s by WFPDM |
| Hospital Discount | Y / BB | Promote hospital gap waiver policy ? Corporate discount with health funds | | WFPDM to discuss with GM HR |
| Recognition / reward for associates / project work | Y | Time in lieu Points for red balloon Framed boards in each area | | WFPDM |
| DON Visibility | Y / X | More spontaneous rounds by all NEC | | NEC |
| Diversified Rewards | X | Social rewards Gift / movie tickets Woolworths gift vouchers Red Balloon | | WFPDM |
| Financial Advice | BB | Through HESTA / HIP | | WFPDM |
| Opportunity for expression of different cultures in the work place | X | Diversity Day Reconciliation program | | Jeremy Gowing |

**Participants:**

<table>
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<tr>
<td>Sarah Coleman RN, BN, MBA, MN</td>
<td>Nursing</td>
<td>Workforce Planning &amp; Development Manager</td>
<td>Hospital wide</td>
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<td>Paru Rangarjaran RN, BN, Grad Dip</td>
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<td>Natalie Hallinan RN, BN</td>
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### Outcome(s)

**SVPHS Registered Nurses Turnover Rate: January-June 2011 to July-December 2012**

- **Pre Intervention**
  - Jan-Jun 2011: 4.9%
  - Jul-Dec 2011: 4.9%

- **Post Intervention**
  - Jan-Jun 2012: 2.5%
  - Jul-Dec 2012: 3.7%
  - Jul-Dec 2012: 3.2%

**Intervention started:** July-December 2011
INTERPROFESSIONAL CARE

EP12: Nurses assume leadership roles in collaborative interprofessional activities to improve the quality of care

➢ Provide one example, with supporting evidence, of a nurse-led (or nurse co-led) collaborative interprofessional quality improvement activity

Example: The establishment of the Acute Pain Service at St Vincent's Private Hospital Sydney

Patients in acute care facilities are increasingly being subjected to interventions by the multidisciplinary team that cause discomfort and pain. Pain however is subjective and patients’ reality of pain and clinicians’ perceptions of that person pain are often mismatched. Assessment of pain is more complex when patients become seriously ill during their hospital stay. National and internationally pain management is considered as a patient centred care priority. Identifying and reducing barriers to pain care and to explore individualised approaches to diagnosis and treatment of pain is key to this.

Pain is subjective thus it is imperative that the patient and where appropriate significant others are involved in pain assessment and reassessment with the multidisciplinary team. A standardised assessment and pain scale increases communication and has been acknowledged nationally and internationally as a high level patient safety priority and is embedded in many of the mandated national standard by the Australian Commission on Quality and Safety in Healthcare for all acute care hospitals.

To ensure successful implementation, this project uses a systematic improvement science methodology to engage key stakeholders in the development of a change plan that addresses local barriers and enables to the effective assessment of a patient’s pain. This change model integrates current effective practices with international best-practice to develop a tailored pain tool and assessment policy.

A Steering Committee was established with Terms of Reference with the aim to lead the development, extension of care and evaluation of the Acute Pain Service. This Steering Committee was chaired by the Director of Nursing and Clinical Services and comprised of the following:

Chair: Mr Jose Aguilera Director of Nursing and Clinical Services
Secretary: Edel Murray Quality Coordinator
Membership: 
Ms Joan Bourke Clinical Services Manager
Ms Anne Fallon Manager, Education, Training and Development
Dr Jennifer Stevens Anaesthetist
Dr Steven Faux Director of Rehabilitation Services
Ms Jackie Johnston Clinical Nurse Consultant Stomal therapy and Palliative Care
Over the past several months, the Steering Committee have undertaken the following:

• developed the Acute Pain Service implementation plan
• established Terms of Reference for the Acute Pain Service
• developed referral criteria
• determined the scope of practice for the Acute Pain Service
• gathered baseline quantitative and qualitative data
• developed an implementation and education plan
• conducted a six month pilot test for the Acute Pain Service
• review pilot data and made modifications to the implementation plan as appropriate

In conclusion this service aims to improve the acute pain management of patients in SVPHS. Such a service would be of great benefit to patients, the referring doctors and the hospital.

**Supportive Evidence:**

• Acute Pain Service Steering Committee Terms of Reference
• Agenda for Acute Pain Service meeting 19th March 2013
• Acute Pain Service Implementation Plan
INTERPROFESSIONAL CARE

EP13EO: Nurses participate in interprofessional groups that implement and evaluate coordinated patient education activities

➤ Provide one example, with supporting evidence, of an interprofessional patient education activity that was associated with an improved patient outcome. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example: An example of interprofessional patient education in the Pre Admission Centre (PAC)

Background/Problem
Following initial consultation with their Surgeon, patients coming in for elective surgical procedures are invited to attend the Pre Admission Centre (PAC). Here they meet with the Pre Admission Nurse who checks their admission history, their Anaesthetist reviews their medical history and any anaesthetic considerations. Patients attend an educational session provided by Nursing staff, the Discharge Planners, Physiotherapist and Occupational Therapist.

The reported patient’s satisfaction with preadmission instruction had decreased in the Press Ganey Patient satisfaction survey from 87.4% in Q3 2013 to 84.8% Q4 2013

Goal Statement(s)
- To enhance the PAC interprofessional patient education program, to increase patient’s satisfaction with preadmission instructions.
- Measurement: Patients’ level of satisfaction from Press Ganey Patient satisfaction survey question: “How well did the preadmission (PAC) information/instruction prepare you for your hospital stay”

Intervention, Initiative, Activity(ies)
- 3rd Quarter 2013 - The interdisciplinary team, listed below, met to discuss the education/instruction being provided to patients in line with the comments obtained from the patient survey.
- The interprofessional patient education program provided to patients in preadmission was reviewed and the patient education format was modified to include more information on:
  - What to expect after surgery
  - Follow up phone call after pre-admission appointment
- 4th Quarter 2013 – The revised interprofessional patient education program was implemented.
### Participants:

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<td>Eilish Hoy</td>
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<tr>
<td>Katie Mackin</td>
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<td>Dianna Fong</td>
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<td>Simon Adamo</td>
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### Outcome(s)

**SVPHS - Patient Satisfaction Rating of Pre-Admission Instructions: 3Q 2013 - 3Q 2014**

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<td>88.10%</td>
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**Intervention started: 4th Quarter 2013**
ACCOUNTABILITY, COMPETENCE AND AUTONOMY

EP14: Resources such as professional literature are readily available to support decision making in autonomous nursing practice

➢ Provide two examples, with supporting evidence, of how resources are used to support evidence based clinical decision making in autonomous nursing practice

Example A:
An example of the use of professional literature to inform clinical decision making in wound management.


Responding to the needs and requests of the Clinical Nurses, Maria Ocampo, Clinical Nurse Consultant, Wound Care, conducted a review of the literature to determine the best methods to prevent and manage pressure injuries. Using evidence from the literature review she compiled a power point presentation to be a resource that nurses could refer to when determining the plan of care for their patients with pressure ulcers.

The power point is stored on the clinical workstation that is the home page on all computers in clinical areas. Clinical Nurses can access this information at any time.

By accessing information in the power point presentation Clinical Nurses can autonomously determine what actions should be taken in each situation i.e. order pressure relieving mattresses, bed cradles, barrier creams etc. or determine what dressings and treatment plan to use.

Autonomous nursing practice is demonstrated in the case where a lady was admitted for investigations into back pain and it was noted by the clinical nurse on admission that the lady had a small sacral pressure injury. The clinical nurse, with knowledge of the fundamentals of pressure injury management and of the resources available educated the patients about the pressure injury and organised for an air mattress to be provided for the patient

Supportive evidence:

- Clinical Workstation – Clinical Resources / Nursing Information / Wound Management
- Wound Management Documents and Files / Pressure Ulcers – Prevention and Management
- Power Point Presentation
- Flow Chart for identifying patients at risk
- References used in Power Point Presentation from the professional literature
- Example of clinical nurses autonomy in planning care for patient’s pressure injury
Example B:
An example of the use of professional literature to inform clinical decision making in management of constipation during palliation.

Resources used: ‘Symptom Management in Palliative Care’ by Jackie Johnston (2010)

How they are used: Accessed through the clinical workstation

Responding to the needs and requests of the Clinical Nurses, Jackie Johnston, Clinical Nurse Consultant, Stoma Therapy and Palliative Care, conducted a review of the literature to determine the best methods to manage the constipation symptoms of palliative patients. She compiled this in the form of a report so that Clinical Nurses can access it at any time on the clinical workstation.

Clinical Nurses, using the evidence in the literature, determine what actions should be taken to treat palliative patients who are constipated. All the medications on the chart can be autonomously administered by Clinical Nurses.

Autonomous nursing practice was demonstrated in the case where a lady was admitted for radical neck surgery and removal of a nasal tumour in July and within a month her condition had deteriorated to a point where she was documented ‘Not for Resus’. The clinical nurse caring for this patient was aware that the lady had become constipated and so based on her knowledge of symptom management in palliative care from the report on the clinical workstation and of medications that can be nurse initiated, she determined that the best course of action would be to give a fleet enema. This proved successful in relieving this patient’s discomfort.

Supportive evidence:

- Clinical Workstation – Clinical Resources / Nursing Information / Palliative Care
- Symptom Management in Palliative Care Report
- Constipation Management
- Screen shot of patient’s notes demonstrating autonomous nursing practice
EP15: Nurses at all levels engage in periodic formal performance reviews that include a self-appraisal and peer feedback process for assurance of competence and continuous professional development

- Provide one example, with supporting evidence, of clinical nurses using periodic formal performance review that includes a self-appraisal and peer feedback process to enhance competence of professional development. 
  AND
- Provide one example, with supporting evidence, of nurse leaders using periodic formal performance review that includes a self-appraisal and peer feedback process to enhance competence of professional development.

Example A:
Clinical Nurses use of periodic performance review.

Clinical Nurse Self-Appraisal
Clinical Nurses undertake annual self-appraisals with their manager or associate manager. Both the manager and Clinical Nurse review the previous year's performance and establish future goals at the time of completing the performance appraisal tool. This review process provides feedback on clinical practice, communication, interpersonal skills and professional development.

Clinical Nurse Peer Review
Peer Review is also conducted at this time that involves selecting two peers by both the nurse and the manager undertaking the performance review. The manager distributes 4 forms to the reviewers, collects them once complete and summarises the reviews. The manager meets with the nurse to carry out the appraisal and provide peer feedback.

Supporting evidence:
- RN Self-Appraisal/performance review
- RN Peer review tool

Example B:
Nurse leader’s use of periodic performance review

Nurse Leader Self- Appraisal
Nurse Leader’s undertake annual Self Appraisals with their line Manager. The Nurse Leader’s self-appraisal is based on the Balanced Scorecard that focuses on Key Performance Indicators (KPI) and assesses performance in relation to these KPIs.

Nurse Leader Peer Review
Nurse Leader Peer Review is voluntary and is a 360° process whereby the nurse leader selects a number of their peers to review their performance.

Supporting evidence:
- Nurse Leader self-appraisal/performance review
- Nurse Leader peer review tool
EP16: Nurse autonomy is supported and promoted through the organisation’s governance structure for shared decision making

➢ Provide one example, with supporting evidence, of clinical autonomy that demonstrates the authority and freedom of nurses to make nursing care decisions (within the full scope of their practice) in the clinical care of patients

AND

➢ Provide one example, with supporting evidence, of organisational autonomy that demonstrates the authority and freedom of nurses to be involved in broader unit, service line, organisation or system decision making processes pertaining to patient care, policies and procedures or work environment

Example A:
Clinical nurses’ titration of medications in the Intensive Care Unit (ICU)

As a result of the nature of the nursing care required in the ICU, clinical autonomy surrounding the titration of intravenous drug infusions is necessary to ensure the optimal clinical care of patients.

Patients requiring infusions of drugs receive the appropriate doses via an infusion pump. These infusions are administered safely and therapeutically according to the procedure for each particular drug.

Intravenous infusions which have vasoactive properties, for example Glyceryl Trinitrate, are titrated by the clinical nurses to maintain a mean blood pressure within limits prescribed by the Intensivist. This demonstrates the authority and freedom of nurses to make changes to infusion rates (via an electronically programed intravenous infusion pump), utilising their skill and experience within their scope of practice to ensure optimal second by second clinical care.

All clinical nurses in the intensive care and acute care settings, once experienced and following supervision by the Clinical Nurse Educator are able to titrate intravenous medications within the prescribed guidelines set out in the medical orders.

Supporting evidence:

• Administration of Drug Infusions in the Intensive Care Unit Policy
Example B:
Organisational Autonomy: The role of the Assistant Director of Nursing after hours

In the absence of the Director of Nursing and Clinical Services after hours there needs to be ongoing leadership and management of the hospital with the same level of autonomy for decision making and the Assistance Director of Nursing (ADON) fulfils this role.

The ADON leads and manages the delivery of patient care after hours. The role is multi-faceted and totally autonomous providing support to the entire hospital. There are four such positions at St Vincent’s Private Hospital Sydney (SVPHS) to cover the hospital after hours.

The ADON holds organisational responsibility for staff and patients after hours. Their practice is guided by SVPHS policies and procedures in maintaining and improving high standards of patient care.

The ADON is responsible for and executes complete autonomy when making decisions and managing the following areas after hours:
- Admission and Discharges
- Pharmacy
- Stores and supplies
- Communication with the Visiting Medical Officers (VMOs)
- Security
- Catering and cleaning
- Work Health and Safety
- Quality Improvement
- Recruitment and retention of staff
- Performance management
- Clinical leadership
- Clinical care
- Complaints handling
- Strategic planning and development
- Communication and interpersonal skills
- Rights of individuals and groups
- Personal performance and development

**Supporting evidence:**
- Assistant Director of Nursing (ADON) Position description
ETHICS, PRIVACY, SECURITY AND CONFIDENTIALITY

**EP17: Nurses use available resources to address ethical issues related to clinical practice and organisational ethical situations.**

- Provide one example, with supporting evidence, of nurses using available resources to address ethical issues related to clinical practice

OR

- Provide one example, with supporting evidence, of nurses using available resources to address an organisational ethical issue

**Example A:**
**Nurses using resources to address ethical issues in clinical practice**

Clinical Nurses from all clinical units participate in Nursing Grand Rounds, a monthly forum, to present an actual case history that always incorporates an ethical component.

On Tuesday 14th August 2012 the Clinical Nurses on Level 8 presented the case history of a lady facing the prospect of a leg amputation.

“To chop or not to chop, THAT is the question”

Utilising the resources of the Plunkett Centre for Ethics, Clinical Nurses contacted Associate Professor Bernadette Tobin, Director of the Plunkett Centre, who attended their meetings to plan for the presentation and to assist with the ethical considerations in the case. Professor Tobin assisted in the development of the presentation by encouraging the nursing staff to consider the issue of informed consent and guardianship.

Supporting evidence:
- Nursing Grand Rounds Terms of Reference
- Presentation Planning Meeting Minutes
- Level 8 presentation “to chop or not to chop, THAT is the question”
- Email from Anne Fallon, Manager of Education to all staff promoting the focus of Nursing Grand Rounds
CULTURE OF SAFETY

EP18EO: Workplace safety for nurses is evaluated and improved.

➢ Provide two examples, with supporting evidence, of workplace safety for nurses resulting from the safety strategy of the organisation. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
Background/Problem
One objective defined in the St Vincent’s Private Hospital Sydney (SVPHS) Nursing and Clinical Services Directorate Strategic Plan 2013 – 2016 is to provide a safe working environment for staff. Nurses’ sick leave rates during the winter months traditionally increases despite the available flu vaccine offered to our nurses.

A decision was made by SVPHS to increase the uptake of the flu vaccination amongst nurses by 10% in 2014.

Goal Statement(s)
- To increase the percentage of nurses receiving the flu vaccine, to reduce their sick leave rates during the winter months.
- Measurement: Nurses’ sick leave rates

\[
\text{Nurses’ Sick Leave Rate} = \frac{\text{Number of nurses’ sick leave hours in accounting period}}{\text{Total of number of nurses’ worked hours in accounting period}} \times 100
\]

Description of Intervention, Initiative, Activity(ies)
- November 2013: Bernadette Crawford, Infection Control Clinical Nurse Consultant (CNC) placed an order of Flu vaccines to mitigate risk of supply problems when national demand is at peak in pre-winter months.

- February 2014: Bernadette commence recruitment of additional accredited nurse vaccinators to assist with Influenza Vaccination Clinics

- March 2014: commenced Influenza multifaceted promotional campaign in all departments including use of posters advertising

- April 2014: Vaccination program implemented leading to an increase of 10% in the vaccination rate amongst nurses (compared to the rate in 2013).

Participants:

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<td>Bernadette Crawford</td>
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Intervention started: April 2014
Example B:

Background/Problem

One of the objectives within the Nursing and Clinical Services Strategic Plan 2013–2016 is to provide a safe work environment for our nurses. Lost time injuries impact on nurses’ physical and emotional wellbeing as well as on St Vincent’s Private Hospital Sydney’s (SVPHS) ability to provide continuity of care. The Nursing Directorate’s objective is to reduce our current Lost Time Injury Frequency Rate (LTIFR) amongst our nurses.

Goal Statement(s)

- To improve the existing injury management processes to reduce Nurses’ Lost Time Injury Frequency Rate (LTIFR).
- Measurement: Nurses’ Lost Time Injury Frequency Rate (LTIFR)

\[
LTIFR = \frac{\text{Number of lost time injuries in accounting period}}{\text{Total hours worked in accounting period}} \times 1,000,000
\]

Description of Intervention, Initiative, Activity(ies)

2nd Quarter 2013: Fiona McGiven, senior/experienced injury management consultant was employed to facilitate employees return to work, workers compensation claims coordinate injury management and manage the associated processes across SVPHS, including the Nursing Directorate.

Improved reporting by all staff and investigation of hazards and injuries in the nurse practice environment by nurse managers and documented through Riskman, SVPHS’s on line risk management and incident reporting system.

3rd Quarter 2013: Improved Injury Management process introduced across SVPHS, including the Nursing Directorate, through the introduction of early intervention strategies in order to identify and/or minimise/eliminate barriers at the onset of injury, such as:

- Injured nurse sustains work place injury meets with a member of the injury management team (during business hours)
- Injured nurse is sent via taxi to and from injury management and Medical Examinations (IMMEX) Occupational Rehabilitation Services, as per SVPHS Injury Management Flowchart (cab charged to employer)
- Injury management team discuss potential suitable duties and injury management strategies with injured nurse’s manager
- Injured nurse returns (via cab) to injury management team to discuss suitable duties, return to work plan, treatment plan and support strategies
- Injury management team discuss treatment options, suitable duties, diagnosis and prognosis with GP and treatment providers (e.g. physiotherapist etc)
- Frequent communication [twice weekly and face to face, in most cases] and support is provided to all injured nurses while they are recovering from a workplace injury.
- After hours injuries are managed by the Assistant Director of Nursing and handed over to the injury management team and nurse manager the next business day.
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<tr>
<td>Fiona McGiven</td>
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<td>RTW Consultant</td>
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<td>Kelly Stone</td>
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<tr>
<td>Sarah Coleman</td>
<td>Nursing</td>
<td>Manager Workforce Planning &amp; Dev</td>
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</table>
Outcome(s)

Lost Injury Frequency Rate *(LTIFR) in the Nursing Directorate at SVPHS: 
4th Quater 2012 to 4th Quarter 2014

<table>
<thead>
<tr>
<th>Quarter</th>
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<tbody>
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<td>8.0</td>
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<tr>
<td>1Qtr 2013</td>
<td>4.2</td>
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<tr>
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<tr>
<td>3Qtr 2013</td>
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Intervention started: 3rd Quarter 2013
EP19EO: Nurses are involved in the facility- or system wide approach focused on proactive risk assessment and error management

- Provide one example, with supporting evidence, of an improvement in patient safety that resulted from nurses’ involvement in facility or system wide proactive risk assessment or error management. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example:
Nurses’ involvement in proactive falls risk assessment.

Background/Problem
Clinical Nurses conduct perform risk assessments on patient’s admission to St Vincent’s Private Hospital Sydney (SVPHS) to alert staff of patients at risk of falling and to initiate strategies to reduce patients’ falls rate. Risk assessment levels had dropped and needed to improve to put strategies in place to minimise patients’ falls incidents.

Goal Statement(s)
- To enhance patient’s falls risk assessments to reduce the incidents of patient falls at SVPHS.
- Measurement: Patient falls rate

\[
\text{Patients falls rate} = \frac{\text{Number of falls in accounting period}}{\text{Total patient days in accounting period}} \times 100
\]

Description of Intervention, Initiative, Activity(ies)
- December 2011 – Nurses at the quality and safety council reviewed the patients’ fall data and noticed that risk assessment for patients’ falls could be improved.
- January 2012 – Patient falls risk assessment tools were reviewed and modified in an upgrade of the electronic medical record that made compliance easier to attain and so increase the number of risk assessments completed that in turn improves patient safety.
- April 2012 - The Clinical Information Clinical Nurse Consultant provided in-service education sessions to all nurses on the upgrade to the patient’s electronic medical record to demonstrate how and when to complete the risk assessments. Nursing staff use the electronic patient record to document any potential risk of the patient sustaining a fall using the falls risk assessment tool.

Participants:

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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<tbody>
<tr>
<td>Elizabeth English</td>
<td>Nursing</td>
<td>Clinical Information CNC</td>
<td>Hospital wide</td>
</tr>
<tr>
<td>Pamela Buckley</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 10</td>
</tr>
<tr>
<td>Justine Jones</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Astro Tam</td>
<td>Nursing</td>
<td>Clinical nurse</td>
<td>Level 9</td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td>RN, BN, Grad Cert</td>
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<td>RN, BN, Grad Cert</td>
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Outcome(s)

SVPHS Patient Falls Rates March to July 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Pre Intervention</th>
<th>Post Intervention</th>
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<tr>
<td>Mar-12</td>
<td>0.250%</td>
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<tr>
<td>Apr-12</td>
<td>0.260%</td>
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<tr>
<td>May-12</td>
<td>0.190%</td>
<td>0.240%</td>
</tr>
<tr>
<td>Jun-12</td>
<td>0.240%</td>
<td>0.200%</td>
</tr>
<tr>
<td>Jul-12</td>
<td></td>
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</table>

Intervention started: April 2012
EP20EO: Clinical nurses are involved in the review, action planning and evaluation of patient safety data at the unit level

- Provide two examples, with supporting evidence, of an improvement in patient safety that resulted from nurses' involvement in the evaluation of patient safety data at the unit level. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
An example of an improvement in the number of medication incidents on Level 10 following review of the number of medication incidents on ScoreTrak™.

Background/Problem
In reviewing the ScoreTrak™ data in the unit meetings, it became apparent there had been an increase in the number of medication incidents in February 2013. This was discussed with the Clinical Nurse Educator (CNE) and the Clinical Nurses and it was decided that this should be highlighted. Education sessions were devoted to the 5Rs (Right Patient, Right Time, Right Medication, Right Dose, Right Route) of medication management to try to mitigate/eliminate the problem.

ScoreTrak™ is a tool used by all clinical units to record, monitor and report NSIs and other relevant patient safety data. This example describes the improvement in medication error rate on Level 10, a neurosurgical unit.

Goal Statement(s)
- To strengthen the medication safety education program to reduce the incidence of medication errors on Level 10.

\[
\text{Level 10 Medication Error Rate} = \frac{\text{Number of medication incidents in accounting period}}{\text{Total patient days on level 10}} \times 100
\]

Description of Intervention, Initiative, Activity(ies)
- 4th February 2013 – Clinical nurses reviewed ScoreTrak™ and identified an increase in reported medication incidents.
- 7th February 2013 – Clinical nurses met with Wendy Campbell, NUM and Barbara Spiteri, CNE and discussed the increase in medication incidents and the need to provide additional education amongst clinical nurses
- 12th February 2013 – Barbara Spiteri, CNE reviewed and revised the medication safety education tools to conduct the 5Rs for all clinical nurses on Level 10
- **March 2013** – The planned medication safety education program was delivered to all clinical nurses within Level 10.
### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
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<tr>
<td>Barbara Spiteri</td>
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<td>RN, BN, Grad Dip</td>
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<tr>
<td>Susan Bowen, RN</td>
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<td>Mark Sarmiento</td>
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<td>RN, BN, Grad Cert</td>
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<tr>
<td>Patrick Valente</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
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<tr>
<td>RN, Grad Cert</td>
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<tr>
<td>Padma Kurukulasooriya</td>
<td>Nursing</td>
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<td>RN, BN, Grad Cert</td>
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<tr>
<td>Katherine Murphy</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
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</tr>
<tr>
<td>RN, BN, MPH</td>
<td></td>
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</tbody>
</table>

### Outcome(s)

**Level 10 Medication Error Rate: February 2013 to February 2014**

- **Pre Intervention:**
  - Feb-13: 0.21%
  - Mar-13: 0.29%
  - Apr-13: 0.0%
  - May-13: 0.0%
  - Jun-13: 0.1%
  - Jul-13: 0.0%
  - Aug-13: 0.0%
  - Sep-13: 0.0%
  - Oct-13: 0.0%
  - Nov-13: 0.0%
  - Dec-13: 0.0%
  - Jan-14: 0.0%
  - Feb-14: 0.10%

- **Post Intervention:**
  - Feb-13: 0.21%
  - Mar-13: 0.29%
  - Apr-13: 0.0%
  - May-13: 0.0%
  - Jun-13: 0.1%
  - Jul-13: 0.0%
  - Aug-13: 0.0%
  - Sep-13: 0.0%
  - Oct-13: 0.0%
  - Nov-13: 0.0%
  - Dec-13: 0.0%
  - Jan-14: 0.0%
  - Feb-14: 0.10%

**Intervention started:** March 2013
Example B:
An example of an improvement in the number of risk assessments conducted in the Intensive Care Unit as a result of reviewing patient falls data.

Background/Problem
The risk assessment tool is used by all Clinical Nurses and aims to improve patient safety. The example provided explains the Intensive Care Unit Clinical Nurses’ involvement in the evaluation of patient safety data both on a shift by shift basis and hence updating the risk assessment (via computerised risk assessment) and also reviewing the data on a monthly basis via ScoreTrak™ through the ward meetings.

In July 2013, there was a spike in patient falls raising questions about the adequacy of patient risk assessments and the appropriate interventions implemented.

Goal Statement(s)
- To enhance risk assessment and implement appropriate interventions to reduce the incidence of patient falls in ICU.
- Measurement: Patient falls rate in ICU

\[
\text{ICU Patient Falls Rate} = \frac{\text{(Number of patient falls in ICU in the accounting period)}}{\text{(Total patient days in ICU)}} \times 100
\]

Description of Intervention, Initiative, Activity(ies)
- **July 2013**
  - Clinical nurses reviewed ScoreTrak™ and identified an increase in patient falls data at the regular monthly ICU staff meeting.
  - Clinical nurses met with Megan Joyce, NUM, Orla Nesdale, clinical nurse and Anita Maitra, CNE discussed how to enhance the ICU patient falls management and prevention program.

- **August 2013**
  - An awareness campaign related to patient safety and falls was implemented, consisting of visual material, education sessions and discussions with clinical nurses at Unit based meetings.
  - Risk assessment compliance was monitored by the in-charge the morning shift and recorded.
  - Interventions for patients identified at falls risk were strictly adhered to, such as cot-sides up at all times; patients always accompanied by nurses when ambulating and closely observe when sitting out of bed.

Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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<tbody>
<tr>
<td>Kate Baker</td>
<td>Nursing</td>
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<tr>
<td>Natasha Barrett</td>
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<td>Josette Bull</td>
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<td>Sharna Campbell</td>
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<td>Lisa Heathcoate</td>
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<td>Kate Hughes</td>
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<td>Megan Joyce</td>
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<td>Michelle Liuwireonkij</td>
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<td>Anita Maityra</td>
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<td>Orla Nesdale</td>
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<td>Arren Ocampo</td>
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<td>Louise Pankhurst</td>
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<td>Prue Pearson</td>
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<tr>
<td>Nicole Power</td>
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<td>Kimmerlyne Ricketts</td>
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<td>Farida Saghafi</td>
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<td>Louise Sellars</td>
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<tr>
<td>Melissa Smith</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>ICU</td>
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</tbody>
</table>
Kimberley Stanford  Nursing  Clinical Nurse  ICU
RN, BN, Grad Dip
Cliff Wilson  Nursing  Clinical Nurse  ICU
RN
Sharon Winther  Nursing  Clinical Nurse Specialist  ICU
RN, BN, Grad Cert
Aiden Wood  Nursing  Clinical Nurse  ICU
RN, BN
Amy Woodyatt, RN, BN, Med  Nursing  Clinical Nurse  ICU

Outcome(s)

**SVPHS - ICU Patient Falls Rate: July to December 2013**

<table>
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<tbody>
<tr>
<td>Falls Rate</td>
<td>1.93%</td>
<td>1.01%</td>
<td>0.00%</td>
<td>0.42%</td>
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</table>

Intervention started: August 2013
EP21EO: Nurses are involved in implementing and evaluating national or international patient safety goals

- Provide one example, with supporting evidence, of nurses’ involvement in activities that address national or international patient safety goals that led to an improvement in patient safety outcomes. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example: Background/Problem
The Australian Commission on Quality & Safety in Health Care (ACQSHC) developed and mandated 10 National Standards to be implemented throughout the Australian healthcare system to improve the delivery of patient safety outcomes.

Standard 3 of the ACQSHC, relates to “Preventing and Controlling Healthcare Associated Infections”. Nurses in the cardiac unit, ICU and operating theatres are involved in surgical site infection surveillance, as part of the ongoing evaluation of and implementation of this standard. During this process, an increase in the incidence of deep surgical site infections (SSI) in Coronary Artery Graft Surgery (CAGS) sternal wounds was noted.

An internal investigation was conducted followed by and external Consultancy firm, named Healthcare Infection Control Management Resources (HICMR).

Goal Statement(s)
- To implement HICMR recommendations, to reduce the rate of deep surgical site infections in CAGS patients with sternal wounds.
- Measurement: Deep SSI Rate in CAGS Sternal Wounds.

Deep SSI Rate in CAGS = (Number of deep SSI in CAGS Sternal Wounds in accounting period) x 100
Sternal Wounds (Total of number of CAGS procedures in accounting period)

Description of Intervention, Initiative, Activity(ies)
Quarter 4, 2013 – Nurses in the cardiac unit, ICU and operating theatres met to discuss the increase in incidence of deep SSI in sternal wounds.

Quarter 1, 2014:
- January 2014, Bernadette Crawford, Infection Control CNC and Rosemary Sadowskyj, Surgical Services Manager undertook and extensive internal investigation that found no cause for an increase incidence of cardiothoracic deep SSI.
- February 2014, HICMR, and external infection control Consultants were engaged to conduct the following:
  - review of perioperative cardiothoracic procedures, including pre-op, intra op and post op procedures
  - review outcome of internal investigation
  - conduct observational audit of cardiothoracic surgical practices
- March 2014, the following suite of interventions were recommended by HICMR for implementation:
  - set up room for cardiothoracic theatre was decommissioned
  - purchase of new storage cupboards for operating theatres
  - Trans Oesophageal Probes
  - reschedule preoperative clipping timing to day of surgery, instead of night before
### Participants

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Bernadette Crawford RN, RM, BA, Dip Mngt</td>
<td>Nursing</td>
<td>CNC Infection Control</td>
<td>Hospital wide</td>
</tr>
<tr>
<td>Rosemary Sadowskyj RN, BHA</td>
<td>Nursing</td>
<td>Surgical Services Manager</td>
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<tr>
<td>Gail O’Grady RN, BN</td>
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<td>Nurse Unit Manager</td>
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<td>Sue Armstrong RN, Grad Dip</td>
<td>Nursing</td>
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<td>Operating Rooms</td>
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<td>Celine O’Malley RN, MN</td>
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<tr>
<td>Robyn Williams RN, BN, MN</td>
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<td>Education &amp; Practice Development Facilitator</td>
<td>Surgical Services</td>
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<td>Sinead Keane RN, BN</td>
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<td>Kim Bailey RN, BN, MEd</td>
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<td>Jess Bendeich RN, BN</td>
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<td>Clinical Nurse</td>
<td>PACU</td>
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### Outcome(s)

**SVPHS - Rate of Deep Surgical Site Infections in CAGs Sternal Wounds:**
3rd Quarter 2013 to 4th Quarter 2014

<table>
<thead>
<tr>
<th>Percentage</th>
<th>3Qtr 2013</th>
<th>4Qtr 2013</th>
<th>1Qtr 2014</th>
<th>2Qtr 2014</th>
<th>3Qtr 2014</th>
<th>4Qtr 2014</th>
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</thead>
<tbody>
<tr>
<td>SSI Rate</td>
<td>2.1%</td>
<td>4.7%</td>
<td>3.1%</td>
<td>1.5%</td>
<td>1.5%</td>
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**Intervention started: 1st Quarter 2014**
EP22EO: Unit or clinic level nurse sensitive indicator data outperform the median of the national database used

- For an acute care organisation with or without ambulatory/outpatient services, six nurse sensitive clinical indicators are required. The required indicators for both include falls with injury, hospital acquired pressure ulcers stages 2 and above, central line associated bloodstream infection and catheter associated urinary tract infection. The remaining two nurse-sensitive clinical indicators must be selected from the list in Table 5. For organisations with ambulatory/outpatient services only, two nurse sensitive indicators are required which must be selected from the list in Table 5.

St Vincent's Private Hospital Sydney's Nurse Sensitive Indicators as agreed upon by email with Magnet Senior Analyst, Christine Curto and Director Magnet Operations, Jan Moran in November 2014.

<table>
<thead>
<tr>
<th>EP22EO</th>
<th>SVPHS: Nurse Sensitive Indicator</th>
<th>National Benchmark</th>
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<tbody>
<tr>
<td>Patient Falls with injury</td>
<td>Patient Falls with Injury</td>
<td>Australian Council of Health Care Standards</td>
</tr>
<tr>
<td>Hospital acquired pressure ulcers stage 2 and above</td>
<td>Nosocomial Pressure Injury</td>
<td>Australian Council of Health Care Standards</td>
</tr>
<tr>
<td>CLABSI – Intl Alternative</td>
<td>Post-operative infection for patients undergoing total hip replacement</td>
<td>Australian Council of Health Care Standards</td>
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<tr>
<td>CAUTI – Intl Alternative</td>
<td>Surgical site infection in knee prosthesis procedures</td>
<td>Australian Council of Health Care Standards</td>
</tr>
<tr>
<td>CORE MEASURE (1) or Quality Measure – Intl Alternative</td>
<td>Adverse drug reaction reporting</td>
<td>Australian Council of Health Care Standards</td>
</tr>
<tr>
<td>CORE MEASURE (2) or Quality Measure – Intl Alternative</td>
<td>Adult patients being appropriately treated for VTE prophylaxis within 24hrs of ICU admission</td>
<td>Australian Council of Health Care Standards</td>
</tr>
</tbody>
</table>
The National Benchmark used for all the following Nurse Sensitive Indicators is the Australian Council of Healthcare Standards (ACHS) Clinical Indicator Program, the vendor organisation to which SVPHS sends the clinical data.

Links to ACHS:


1. Nurse Sensitive Indicator: Hospital Acquired Pressure Ulcers stages 2 and above per unit:

No data for Intensive Care Unit, Cardiac Catheter Lab, OR, Uspace, PACU, Day Surgery Unit or Pre Admission Centre as these are procedural units and the pressure ulcer rate is not benchmarked nationally.

St Vincent's Private hospital

![Hospital Acquired Pressure Ulcers, stages 2 and above, St Vincent's Private Hospital Sydney](image-url)
Level 10 Pressure Injury Rate

Hospital Acquired Pressure Ulcers stages 2 and above, Level 10, Surgical Unit

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nosocomial Pressure Injury L10</td>
<td>0.09%</td>
<td>0.03%</td>
<td>0.03%</td>
<td>0.03%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

Level 9 Pressure Injury Rate

Hospital Acquired Pressure Ulcers stages 2 and above, Level 9, Surgical Unit

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Nosocomial Pressure Injury Level 9</td>
<td>0.13%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.11%</td>
<td>0.13%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.13%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
Level 8 Pressure Injury Rate

Hospital Acquired Pressure Ulcers stages 2 and above, Level 8, Surgical Unit

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Nosocomial Pressure Injury Level 8</em></td>
<td>0.00%</td>
<td>0.02%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.02%</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.00%</td>
</tr>
<tr>
<td><em>Benchmark</em></td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

Level 7 Pressure Injury Rate

Hospital Acquired Pressure Ulcers, stages 2 and above, Level 7, Surgical Unit

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Nosocomial Pressure Injury Level 7</em></td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.07%</td>
<td>0.05%</td>
<td>0.00%</td>
<td>0.06%</td>
<td>0.00%</td>
<td>0.05%</td>
</tr>
<tr>
<td><em>Benchmark</em></td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.06%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
Level 6 Pressure Injury Rate

Hospital Acquired Pressure Ulcers, stage 2 and above,
Level 6, Surgical Unit

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Nosocomial Pressure Injury Level 6</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2012</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q4 2012</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q1 2013</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q2 2013</td>
<td>0.04%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q3 2013</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q4 2013</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q2 2014</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

SBW Pressure Injury Rate

Hospital Acquired Pressure Ulcers, stages 2 and above,
SBW, Orthopaedics, Surgical

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Nosocomial Pressure Injury SBW</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2012</td>
<td>0.02%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q4 2012</td>
<td>0.01%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q1 2013</td>
<td>0.02%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q2 2013</td>
<td>0.02%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q3 2013</td>
<td>0.00%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Q4 2013</td>
<td>0.00%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>0.01%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Q2 2014</td>
<td>0.00%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
2. **Nurse Sensitive Indicator: Patient Falls with Injury per unit**

No data for Intensive Care Unit, Cardiac Catheter Lab, OR, Uspace, PACU, Day Surgery Unit or Pre Admission Centre as these are procedural units and the falls rate is not benchmarked nationally.

St Vincent’s Private Hospital, Sydney

**Falls with Injury, St Vincent's Private Hospital Sydney**

<table>
<thead>
<tr>
<th>Incidence % per 100</th>
<th>Q3 2012</th>
<th>Q4 2012</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Q4 2013</th>
<th>Q1 2014</th>
<th>Q2 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVPHS Patient falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

**Level 10**

**Falls with Injury, Level 10, Surgical Unit**

<table>
<thead>
<tr>
<th>Incidence% per 100</th>
<th>Q3 2012</th>
<th>Q4 2012</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Q4 2013</th>
<th>Q1 2014</th>
<th>Q2 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>L10 Patient falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>
### Level 7

**Falls with Injury, Level 7 Surgical Unit**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>L7 Patient falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

### Level 6

**Falls with Injury, Level 6, Surgical Unit**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L6 Patient falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.04</td>
<td>0.04</td>
<td>0.07</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>
Sister Bernice Wing

### Falls with Injury, Sister Bernice Wing, Orthopaedics, Surgical

<table>
<thead>
<tr>
<th>Incidence % per 100</th>
<th>Q3 2012</th>
<th>Q4 2012</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Q4 2013</th>
<th>Q1 2014</th>
<th>Q2 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBW Patient falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>
3. Nurse Sensitive Indicator: Post-operative infection for patients undergoing total hip replacement:

No data for Intensive Care Unit, Cardiac Catheter Lab, OR, Uspace, PACU, Day Surgery Unit or Pre Admission Centre as this benchmark is specific to the orthopedic ward, Sister Bernice Wing (SBW).

Post-operative infection for patients undergoing hip replacement is deemed nurse sensitive as nurses implement specific actions to reduce the risk of post-operative infection as follows:

- Pre Admission Centre nursing staff provide Triclosan 1% washes to the patient and instruct them to wash with Triclosan 1%, 5 days prior to their admission to prevent the risk of infection
- Post operative wound dressings
- Post-operative management of intravenous infusions and drains
- Medication management
- Attending to patient's personal hygiene needs

![Post operative infection for total hip replacement](image)
4. Nurse Sensitive Indicator: Surgical site infection in knee prosthesis procedures:

No data for Intensive Care Unit, Cardiac Catheter Lab, OR, Uspace, PACU, Day Surgery Unit or Pre Admission Centre as this benchmark is specific to the orthopedic ward, Sister Bernice Wing (SBW).

Surgical site infection for patients undergoing hip replacement is deemed nurse sensitive as nurses implement specific actions to reduce the risk of surgical site infection as follows:

- Pre Admission Centre nursing staff provide Triclosan 1% washes to the patient and instruct them to wash with Triclosan 1%, 5 days prior to their admission to prevent the risk of infection

- Post operative wound dressings

- Post-operative management of intravenous infusions and drains

- Medication management

- Attending to patient’s personal hygiene needs
5. Nurse Sensitive Indicator: Reporting of Adverse Drug Reactions:

No unit specific data as this benchmark is organisation wide.

Reporting of Adverse Drug Reactions is deemed nurse sensitive as nurses are responsible for assessment of every patient on admission taking a full medical history and are responsible for communicating any known drug reactions to other health professionals to safeguard against any future adverse drug event. The nurse must document any adverse drug reaction or allergy on the St Vincent’s Private hospital medication chart and record in the deLacy patient notes.

Nurses are also directly involved in the provision of medications to patients, responsible for the administration of medications and reporting of any adverse drug reactions.

**Reporting of Adverse Drug Reactions**

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Q1 &amp; 2 2012</th>
<th>Q3 &amp; 4 2012</th>
<th>Q1 &amp; 2 2013</th>
<th>Q3 &amp; 4 2013</th>
<th>Q1 &amp; 2 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse drug reaction reporting</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.01</td>
</tr>
<tr>
<td>Benchmark</td>
<td>0.05</td>
<td>0.05</td>
<td>0.08</td>
<td>0.08</td>
<td>0.07</td>
</tr>
</tbody>
</table>

**Supporting evidence:**

- ACHS Medication Safety Clinical Indicator 3.2
- St Vincent’s Private Hospital Medication Chart
6. Nurse Sensitive Indicator: Adult patients being appropriately treated for VTE prophylaxis within 24hrs of ICU admission:

No data for any other unit as this benchmark is specific to ICU.

Appropriate VTE prophylaxis is deemed nurse sensitive as nursing staff implement specific actions to reduce the risk of VTE as follows:

- Pre Admission Centre nursing staff provide patients with education and written documentation on VTEs at the Pre Admission interview prior to surgery.
- ICU nursing staff conduct VTE risk assessment on every patient to determine the patient’s risk of sustaining a VTE and then are responsible for communicating that risk to medical staff for chemical treatment as appropriate.
- ICU nursing staff apply calf compressors as mechanical prophylaxis to reduce the risk of VTE.

### Appropriate VTE treatment within 24 hrs of ICU admission

<table>
<thead>
<tr>
<th>% of appropriate treatment</th>
<th>Q1 &amp; 2 2012</th>
<th>Q3 &amp; 4 2012</th>
<th>Q1 &amp; 2 2013</th>
<th>Q3 &amp; 4 2013</th>
<th>Q1 &amp; 2 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate VTE treatment</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>95.64%</td>
<td>96.48%</td>
<td>94.81%</td>
<td>95.86%</td>
<td>97.22%</td>
</tr>
</tbody>
</table>
QUALITY CARE MONITORING AND IMPROVEMENT

EP23EO

- Provide 8 quarters of inpatient, paediatric, and ambulatory/outpatient patient satisfaction data at the unit- or clinic-level collected within the previous 30 months before documentation submission. Select and report data for four of the nine categories listed below. 1. Patient engagement/patient-centred care, 2. Care coordination, 3. Safety, 4. Service recovery (may be ambulatory), 5. Courtesy and respect, 6. Responsiveness, 7. Patient education, 8. Pain, 9. Careful listening. Note: Pediatric and ambulatory patient satisfaction data are required for organizations with these services in place.

The National Database Vendor used to analyse all our patient satisfaction data is Press Ganey.

During the period of the 8 quarters presented from Q4 2012 to Q3 2014 the questions that were asked in the patient satisfaction surveys were modified as a result of organisational changes and a renewed contract between St Vincent’s Health Australia (SVHA) and Press Ganey.

As part of the new contract, the survey questions were reviewed to ensure that they would applicable to all of the 28 health facilities within SVHA.

This modification explains why there are two questions identified for each of the selected categories.

Selected categories:
1. Patient engagement/patient-centred care
2. Courtesy and respect
3. Pain
4. Care coordination
EP23a: Patient engagement/patient centred care
Section D: Nursing Care
Q8: Nurses include you in decisions about your care (Q4 2012 – Q3 2013)
Section D: Nursing Care
Q2: How well the nurses kept you involved in your care (Q4 2013 – Q3 – 2014)

Levels 10, 9 & 8

Levels 7, 6 & Sister Bernice Wing
EP23b: Courtesy and respect
Section D: Nursing Care
Q1: Friendliness and courtesy of the nurses (Q4 2012 – Q3 2013)

Section D: Nursing Care
Q3: courtesy and respect of the nurses (Q4 2013 – Q3 2014)

Levels 10, 9, & 8

Levels 7, 6 & Sister Bernice Wing
EP23EOc: Pain
Section I: Personal Issues
Q1: How well was your pain controlled (Q4 2012 – Q3 2013)

Section J: General issues and overall care
Q1: How well was your pain controlled (Q4 2013 – Q3 2014)

Levels 10, 9, & 8

Levels 7, 6 & Sister Bernice Wing
**EP 23EOd: Care coordination**

Section J: Overall assessment

Q4: How well staff worked together to care for you (Q4 2012 – Q3 2013)

Q6: Communication and coordination between all the staff looking after you (Q4 2013 – Q3 2014)

**Levels 10, 9, & 8**

**Levels 7, 6 & Sister Bernice Wing**
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Surgery of the Future: The final panel looks into the future of surgery from the artist’s perspective. The three scalpels bear the names of the three Surgeons the sculpture commemorates.
RESEARCH

NK1EOThe organisation supports the advancement of nursing research.

➢ Provide one completed IRB-approved nursing research study

INTRODUCTION

Research question Has the Magnet Recognition Program had a sustained effect on the practice environment at St Vincent’s Private Hospital Sydney (SVPHS)?

Research Hypothesis That Magnet designation has impacted positively on the practice environment at SVPHS.

Study rationale
The Magnet Recognition Program requires evidence that the nursing practice environment supports staff to provide optimal care, access professional development opportunities and participate in hospital affairs. This research aimed to assess clinical nurses’ work environment at SVPHS Australia (first designated in May 2011) and compare results with baseline data collected in 2009 for a ‘gap analysis’ prior to application to the program.

Literature review
The concept of the Magnet hospital was first developed in the 1980s by the American Academy of Nursing during a period of severe nurse shortages. It was noted that some hospitals were better able than others to recruit and retain nurses and a study to examine characteristics of systems impeding and/or facilitating professional nursing practice was conducted; as a result 41 hospitals were identified and dubbed ‘reputational’ Magnet hospitals because of their successful recruitment and retention of quality nursing staff (Aiken, 2008). These characteristics included: the head nurse being a member of the highest decision-making body of the hospital; decisions regarding staffing and care of patients were made at the unit level by staff nurses; nurses and doctors communicated well and; the organisation was relatively flat with few levels of hierarchy (Hannigan & Patrick, 2009). In the early 1990s the American Nurses Credentialing Centre’s Magnet Recognition Program was developed to recognise healthcare organisations that provide nursing excellence, quality patient care and innovations in professional nursing practice. Currently 398 hospitals carry the Magnet brand and only 6 are outside the USA (Walker & Aguilera, 2013); notably, uptake of the program has increased exponentially since the mid-2000s. This indicates that the program is now well validated and reliable marker of excellence in terms of quality and safety of patient care and a differentiator of superior nursing services. Magnet recognised hospitals are required to demonstrate a healthy nursing culture, evidenced by features such as the ability to recruit and retain high quality nursing staff; high levels of staff engagement and satisfaction; high levels of patient satisfaction; a strong ethos of commitment to professional development amongst staff; and above benchmark outcomes for major nursing sensitive indicators such as pressure ulcer prevention, patient falls, healthcare acquired infections and medication safety (Lake, 2007).

The practice environment is strongly indicative of nursing culture and it greatly affects those who work within an organisation. Understanding the practice environment, however, has inherent difficulties due to it being an abstruse construct to conceptualise and measure (Lake, 2007).
Despite this, nurses’ practice environments have been explored to better make sense of and influence nurse job satisfaction and turnover (Hinshaw & Atwood, 1983).

The Practice Environment Scale of the Nursing Work Index (PES-NWI), designed to measure characteristics within the nursing practice environment (Lake, 2007), was a modification of the original NWI developed by Kramer and Hafner (1989). The NWI was based on the original Magnet hospital characteristics described by McClure, Poulion, Sovie and Wandelt (1983). These researchers explored common attributes of hospitals that were successful in recruiting and retaining nurses during a severe nursing shortage in the 1980’s. In 2002, Lake revised the original NWI using a five-stage approach to shorten the scale from 66 to 31 items (Lake, 2007). The PES-AUS is a modified, 30 question version of the PES-NWI, developed by Middleton et al which has been refined for the Australian context (Middleton, Griffiths, Fernandez, & Smith, 2008).

PARTICIPANTS
Principal investigator: Dr Kim Walker PhD, RN, Professor of Healthcare Improvement
Co-Investigator: Dr Jed Duff, PhD, RN, Senior Research Fellow
Co-Investigator: Ms Katherine Fitzgerald, MPH, RN, Research Assistant

METHODS

Study design

This research comprised an on-line survey design using a version of the Practice Environment Scale of the Nursing Workforce Index (PES-NWI) modified for the Australian context by Middleton et al (2008) and re-named the Practice Environment Scale - Australia (PES-AUS).

Study timeline: Start date: October 24, 2012 Completed date: November 30, 2012

IRB approval date (expedited review), September 14, 2012 (see attached)

Research sample
The eligible sample (n=522) comprised registered nurses, enrolled nurses and assistants in-nursing. Nurse unit managers (n=17) and full-time clinical nurse educators (n=12) were excluded from the study as many of the items pertained directly to their role and function in the practice environment. As this was a survey design there was no requirement for a sampling plan as all the aforementioned nurses were included in the sample.

Data collection methods
Data were collected via the online software program ‘Survey Monkey’ (Survey Monkey, Palo Alto, CA, USA). This was made available to all nurses through a specially designed portal available on the clinical workstations of the hospital’s information technology system to which all nurses had access during their working hours. Staff could also access the survey via this portal from their home computer and nursing unit managers were given the survey link which could be forwarded to staff on extended leave to ensure that they had the opportunity to complete it.’
RESULTS
A total of 492 nurses from all clinical areas in the hospital completed the survey (94% response rate). There were 430 (85%) female nurses and 62 (12.3%) male nurses. The largest represented age group was those aged 21-40 years (64.2%). Nearly three-quarters of nurses were educated to the level of bachelor degree or above (74.3%) and this accounted for a 5% increase since 2009 (Walker, Middleton, Rolley, & Duff, 2010). Employment status was primarily full-time (66.6%). All respondents were employed as clinicians (100%). The nursing classification of respondents included, 384 (75.9%) registered nurses, 69 (13.6%) clinical nurse specialists, 4 (≤ 1%) enrolled nurses and 35 (6.9%) assistant-in-nursing. The median length of time employed on the study units was 4-8 years (Table 1).

The Practice Environment Scale
Mean scores and standard deviations of the five PES-AUS subscale items and the composite scale from the study hospital are depicted in Table 2 where they are compared with the reported means from the 2009 baseline data and Magnet hospital data in the USA. Mean values were above 2.5 for all five of the subscales: Nurse Participation in Hospital Affairs (Mean=3.01), Nursing Foundations for Quality of Care (Mean=3.18), Nursing Unit Manager Ability, Leadership and Support of Nurses (Mean=3.09), Staffing and Resource Adequacy (Mean=2.88) and Collegial Nurse-Doctor Relations (Mean=3.05), as well as the composite scale (Mean=3.04). These results affirm that each of the subscale items were present in the current work environment.

The mean score for Nurse Participation in Hospital Affairs (Mean=3.01) was comparable with the score at baseline (Mean=3.06), (p=0.20). In addition the mean score for Nursing Foundations for Quality of Care (Mean=3.18) was identical with baseline data (Mean=3.18), (p=0.76). The mean score for Nursing Unit Manager Ability, Leadership and Support of Nurses (Mean=3.09) was significantly below (p=0.04) the baseline (Mean=3.17). The Mean score for Staffing and Resource Adequacy (2.88) was identical with baseline (2.88), (P=0.94) while the mean score for Collegial Nurse Doctor Relations (3.05) was comparable with baseline (3.01). The mean score for the composite scale (3.04) was comparable with the baseline (3.06), indicating that Magnet recognition has had a sustained positive impact on the practice environment.

The mean scores on all subscales were significantly higher than Magnet hospitals in the USA except for Staffing and Resource Adequacy which was identical with them and Nursing Unit Manager Ability, Leadership, and Support of Nurses which was not statistically significant.
DISCUSSION

Summary of key findings

Analysis of the findings

Measuring the practice environment of nurses working in an acute care, primarily surgical hospital eighteen months post inaugural Magnet recognition provides an opportunity to evaluate the effect of the program on this facility and, in particular, on clinical nurses’ perception of it. The study’s purpose was to obtain practice environment data for Magnet redesignation in 2015 and compare results to baseline data. The mean composite scale scores for 2012, as reported above, were comparable to baseline and indicate that although this recently recognised Magnet facility was operating off a high platform even prior to undertaking the program, it is now setting the benchmark in relation to maintaining a healthy culture post Magnet recognition.

Our results are by no means isolated in respect of other measures of quality. They are augmented by other tools used by the hospital over the last few years, including but not limited to, the following internal and external measures: in 2013 the hospital was rated as having a ‘Culture of Success’ by Best Practice Australia, which is a national benchmarking organisation for public and private hospitals in Australia. The subsequent results which were derived from a hospital-wide survey (of which over 75% of respondents were nurses) illustrated that staff cite high levels of engagement within the organisation with 76% of respondents describing the hospital as ‘a truly great place to work’. Importantly, these results have been sustained since 2007 when the culture was first classified as one of ‘success’.

In addition, the Staff Patient Safety Culture Survey was administered in May 2013. This tool enables benchmarking across all 27 facilities of St Vincent’s Health Australia, a national Catholic hospitals health system of which ours is one, and provided rigorous supplementary evidence of the perceptions of all personnel (nursing and non-nursing) in relation to the systems within the
organisation that strengthen their ability to provide services to patients which ultimately result in improved patient outcomes. A healthy response rate of 87.5% was obtained demonstrating a positive patient safety climate, with favourable scores in 4 of the 6 factor analyses. A further benchmarking exercise to which the hospital subscribes is the Press Ganey Patient Satisfaction surveys which are sent out on a continuous monthly cycle. At time of writing the most recent six month’s scores have placed the hospital on the 96th percentile when compared with peer hospitals within Australia.

The only sub-scale which demonstrated a significantly lower than baseline result however, Nursing Unit Manager Ability, Leadership and Support of Nurses, is somewhat perplexing in light of the sustained results in each of the remaining subscales and the composite score. We suggest it might mean that staff nurses have perhaps even more heightened expectations of their managers now that Magnet recognition has been achieved. Indeed, while clearly performing well against US Magnet hospitals, and well above the 2.5 score which indicates agreement with the items in the subscale, there is no cause for alarm with this result but perhaps a redoubling of the effort on the managers’ part might be required to ensure staff perceptions continue to endorse the good work managers do to ensure staff are well supported in their work.

Importantly, this study provides robust research evidence that organisations post Magnet Recognition can maintain high levels of staff engagement and satisfaction which are comparable to pre-Magnet Recognition baseline data. The findings of this study challenge therefore, recent research that suggests that the journey to Magnet recognition has a pronounced impact on nurse perceptions of the practice environment and perhaps more so than arrival at such a destination (Hess, DesRoches, Donelan, Norman, & Buerhaus, 2011).

There are two predominant limitations of this research: firstly, there is scant data available for comparison within the Australian context and, secondly, the published Magnet hospital data is now nearly thirty years old. Limited comparison data available in Australia restricts the researchers’ ability to benchmark the practice environment against both the other two Australian Magnet hospitals and all other non-Magnet hospitals in Australia. As well, surveys of self-reported satisfaction (both those for patients and staff) are prone to bias. That said, other, arguably more objective measures of the practice environment and satisfaction of staff and patients with it, have yet to be devised.

Implications of the findings

Sustaining a culture of success and ensuring high levels of nursing staff engagement and empowerment are notoriously difficult, particularly in these times of increasing complexity of patient care and potential for adverse events, the fiscal pressures on health care facilities to do more with less and a somewhat pernicious focus on the economic ‘bottom line’. At our hospital we were concerned to measure whether Magnet recognition had more than a ‘passing effect’ on what was already a high performing culture. We were rewarded with very pleasing results three years out from baseline when we first measured the practice environment as a strategy to analyse any gaps in preparedness for undertaking the Magnet Recognition Program.
References:

Are “Magnet” Principles Relevant In An Australian Setting?

Perceptions of Nurses in Magnet® Hospitals, Non-Magnet Hospitals, and Hospitals Pursuing Magnet Status. Journal of Nursing Administration, 41(7/8), 315-323.

Nursing staff turnover, stress, and satisfaction: models, measures, and management. Annual review of nursing research, 1, 133-153.


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The nursing practice environment: Measurement and evidence. Medical Care Research and Review, 64(2 SUPPL.), 104S-122S.


Construct validity and reliability of the Practice Environment Scale of the Nursing Work Index for Queensland nurses. International Journal of Nursing Practice, 16(4), 352-358.

The international Magnet® journey. Nursing Management, 44(10), 50-52.

Nurses report a healthy culture: results of the Practice Environment Scale (Australia) in an Australian hospital seeking Magnet recognition. International Journal of Nursing Practice, 16(6), 616-623.
NK2 Nurses disseminate the organisation’s nursing research findings to internal and external audiences

➢ Provide one example, with supporting evidence of how clinical nurses disseminated to internal audiences knowledge obtained through the organisation’s nursing research

AND

➢ Provide one example, with supporting evidence of how clinical nurses disseminated to external audiences knowledge obtained through the organisation’s nursing research

Example A:
Dissemination of the Magnet Survey (Practice Environment Survey) results by a Clinical Nurse to the Nursing and Clinical Nurses forum

Clinical Nurse: Katherine Fitzgerald, Clinical Nurse Level 10.

Nursing research: Magnet Survey (Practice Environment Survey) results.

Dissemination to internal audience: Senior Nurses and Clinical Services Forum.

Every six weeks the Nursing and Clinical Services Forum is convened by the Professor of Healthcare Improvement with an agenda that showcases current or recently completed research undertaken by Clinical Nurses.

Nurses are invited to attend and we ask those Clinical Nurses undertaking research to present their work and the findings thereof. One example of this is on the 19th of June 2013 Clinical Nurse, Katherine Fitzgerald, presented the results of the Magnet Survey via a Power Point presentation to the audience of the Forum. Katherine is a Clinical Nurse who works on the Neurology, Head and Neck and Oncology unit, and has an interest in research.

Following the presentation the audience was invited to pose questions and comments to Katherine to clarify and expand on the presentation.

Supporting Evidence:

- Agenda of the Senior Nurses and Clinical Services Forum June 19, 2013
- Magnet Survey 2012 Results PowerPoint Slides
Example B: Dissemination of nursing research by a Clinical Nurse to an external audience.

Clinical Nurse: Katherine Fitzgerald, Clinical Nurse Level 10.

Nursing research: Magnet Survey (Practice Environment Survey) results.

Dissemination to internal audience: 2013 ANCC National Magnet Conference.

In October 2013 an abstract of the results of the 2012 Practice Environment Survey –Australia (PES-AUS) discussed in NK1EO and NK2a (also known as the Magnet Survey) was submitted to the National Magnet Conference in Los Angeles, USA and was accepted as a podium presentation. Katherine Fitzgerald, a Clinical Nurse who was seconded to the research office two days a week, to conduct the research, successfully applied for a travel grant to fly to California to present at this prestigious event.

Importantly, the research was also worked up as a scholarly manuscript by the Clinical Nurse in collaboration with the researchers which was accepted for publication in the Journal of Nursing Administration in December 2014, further ensuring the external dissemination of nursing research conducted at SVPHS.

Supporting Evidence

- Practice Environment Survey –Australia (PES-AUS (Magnet Survey) 2012 Results PowerPoint
- Journal of Nursing Administration Dec 2014 Manuscript
NK3 Clinical nurses evaluate and use evidence-based findings in their practice

➢ Provide one example, with supporting evidence of how clinical nurses used evidence-based findings to implement a practice new to the organisation

AND

➢ Provide one example, with supporting evidence of how clinical nurses used evidence-based findings to revise an existing practice to improve care

Example A:
Implementation of clinical nurses’ use of the Urine Colour Scale on the urology ward (Level 9) as a means to objectively describe urine colour and the context in which the urine is being observed.

Clinical Nurses: Jacinta Vanderpuije, Arnulfo Pan, Lizamma Sunny, Yvonne Flynn, Franziska Ferguson

In November 2011 Clinical Nurses on Level 9 noticed that there had been problems when verbally communicating the colour of a patient’s urine post-operatively to the VMO as the nurse’s reported rose coloured urine did not necessarily mean the same to the VMO and had resulted in the VMO asking the nurse to remove the in dwelling catheter prematurely. The end result of this subjectivity in reporting the colour of urine meant that the patient had to have the catheter reinserted because it was removed too early.

To improve patient outcomes, Clinical Nurses realised they needed to find an objective way to communicate patient’s urine colour with the VMO’s and so began by undertaking a literature review to determine what had already been done in relation to this matter.

The Clinical Nurse (Educator) on Level 9 then involved the Clinical Nurses in a practice development project undertaking the following activities

- Collecting and photographing actual urine samples
- As part of a focus group describing 10 samples of urine demonstrating varying degrees of haematuria and concentration, without the assistance of any prompts

Evidence based findings

- The literature review revealed the following:
  - ineffective communication was a significant factor in medical error and suggested use of a visual assessment scale to reduce the risk of error
  - the description of the colour of urine is dependent on observer’s visual acuity and upon lighting – crucial to maintain consistency
- Results from the focus group revealed that not only is the term ‘haematuria’ poorly described and understood, but the term ‘rose’ was used to describe a variety of colours that were all shades of haematuria
**Practice change**

A urine colour recognition scale (UCS) was developed based on the range of photographs previously taken. A numerical value was attributed to the range of colours of 1 to 8 with 8 representing heavily bloodstained urine.

Education on the urine colour scale was provided to both medical and nursing staff by the Clinical Nurses so that they could use the UCS to effectively communicate the colour of urine especially during telephone conversations.

Swing tags were developed for easy reference and provided to all nursing staff with a set of succinct instructions to be used by staff, to facilitate objective description of urine colour and the context in which the urine is being observed.

Evaluation of the implementation of the UCS tool was conducted to determine its successful implementation by the Clinical Nurse Educator to reveal the following:

**AUDIT RESULTS - SUMMARY**

1. Is the UCS being documented in the delacy notes? **Yes**
2. Are words being used to describe the colour of urine INSTEAD OF the UCS number? **No**
3. Is the rate of irrigation being documented in the delacy notes for EVERY patient who has a 3way catheter insitu? **Yes**
4. Was the UCS rollout successful in terms of it being adopted by staff to document the colour of urine? **Yes**

**Supporting Evidence:**

- Urine Colour Scale swing tag
- Evaluation of implementation
Example B: 
**Improvements to Clinical handover – Revised Practice**

**Clinical Nurses:** Susan Bowen, Barbara Spiteri, Helen Borgstrom, Bridget Flynn, Samantha Butcher, Anita Maitra, Janet Evans Gale, Belinda Hindmarsh, Jacinta Vanderpuije.

**Evidenced Based findings:** Garling Report (2008); Observational Audits carried out by Clinical Nurses at St Vincent’s Private Hospital Sydney; Standard Key Principles of Handover, NSW Health.

**New Practice to the organisation:** Bedside Clinical Handover

Inadequate communication of important information, at the time of transfer of care, can contribute to adverse incidents (Garling, 2008). The NSW Clinical Excellence Commission (April 09) reviewed Root Cause Analysis and NSW Health’s Incident Information Management System data (Jan ’08 – April ’09) and concluded that all types of clinical handover would benefit from standardisation, particularly nursing staff shift-to-shift handover (Garling, 2008).

The primary aim was to improve shift-to-shift nursing handover at St Vincent’s Private Hospital Sydney (SVPHS). Specifically to:

- Reflect on current practices and identify areas for potential improvement;
- Test and implement changes to shift-to-shift handover that address local problems and concerns;
- Share lessons learnt and spread innovation throughout SVPH;
- Monitor and maintain improvements in practice over time;
- Reduce adverse events through improved clinical nurse handover practice.

In 2012/2013 a major whole of nursing plan was developed to introduce ‘beside handover’ whereby each team of off-going nurses would conduct a handover with the on-coming team either with the patient or in close proximity of them at each change of shift (0700, 1330 and 2130). Previously nurses had conducted the change of shift handover in meeting rooms or in the corridor.

Senior Clinical Nurses from each unit were recruited for the project. They attended workshops and underwent training to ensure methodological rigor and inter-observer reliability. Clinical Nurses observed clinical handover on their units over a week. Once the data about clinical handover was collected, the researchers worked with the Clinical Nurses involved in the project, to review the findings of the observations against the evidence based Standard Key Principles (See attached) published by NSW Health. Numerical data was analysed and all the information was compared to the Standard Key Principles. The Clinical Nurses involved in the project and the Researchers then identified the areas not meeting the Standard Key Principles and requiring process improvements.

July 2012: Based on the evidence based findings from the observational surveys carried out by Clinical Nurses, the following changes were made to revise clinical handover practice:

- In the twenty four hour period at each standard nursing shift change there will be at least one bedside clinical handover. For nonstandard shift times the team leader is responsible for handover of patients.
Changes to bedside handover:
- Identify leadership - The nurse on the outgoing shift is the leader of the bedside clinical handover.
- Value Handover
- Identify Handover Participants
- Agreed Handover Time
- Agreed Handover Place - Bedside clinical handover is to be conducted at the patient’s bedside (Note: It may be inappropriate to conduct bedside clinical handover for each patient on night shift)
- Use Handover Process
  All participants must use the ISBAR tool:
  - I - Introduction
  - S - Situation
  - B - Background
  - A - Assessment
  - R - Responsibilities, Risks and Recommendations.

August 2012: Unit based education sessions conducted by Clinical Nurses involved in the project. Fortnightly unit based sessions were used to develop and test changes to bedside clinical handover practices and data was collected that included qualitative and quantitative data such as observations, audits, surveys and brainstorming sessions.

Nurse bedside clinical handover implemented

Supporting evidence
- SVPHS Observations Handover Survey Results 2012-2013
- Standard Key Principles of Handover, NSW Health
INNOVATION

NK4EO Innovation in nursing is supported and encouraged

➢ Provide two examples, with supporting evidence, of an improvement that resulted from an innovation in nursing. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data

Example A:

Background/problem
St Vincent’s Private Hospital Sydney (SVPHS) has a case mix index (CMI) of 1.7, which is 70% higher than most acute public and private hospitals. Consequently, the Hospital overnight average length of stay (LOS) is higher commensurate with the high level of complexity of the casemix. However, there was a need to reduce the relative stay index (RSI) of 1.06, which was 6% higher than the peer group comparison.

An innovation in nursing at SVPHS was designed and implemented with the introduction of a new role to drive change in clinical practice to reduce the overnight average Length of Stay (LOS).

Goal Statement
 To implement an innovative change in practice to reduce SVPHS overnight ALOS
 Measurement: Overnight average LOS

Overnight Average LOS = Number of overnight inpatient days
Number of overnight admissions

Description of the Intervention/Initiative/Activities

4 Qtr 2013: a new innovative role is proposed by the Nursing Directorate to drive practice change in order to reduce SVPHS overnight average LOS.

1 Qtr 2014: Nicole Draper is appointed as the Manager length of stay, documentation and revenue optimisation.

2 Qtr 2014: the following organisational wide positive changes were implemented, to reduce the overnight LOS:

 Nicole took charge of the existing LOS task force.
 Nicole met with all doctors/medical heads of departments in relation to their LOS performance.
 Nicole met with all Nurse Unit Managers (NUMs) and their respective staff in relation to their LOS performance.
 Commenced rounding with the discharge planning team to focus on LOS issues
 Conducted educations sessions regarding LOS management and raised awareness throughout all clinical units and medical departments. Education sessions completed by June 30, 2014.
**Participants**

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Discipline</th>
<th>Title</th>
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<tbody>
<tr>
<td>Jose Aguilera</td>
<td>Nursing</td>
<td>DONCS</td>
<td>Exec Admin</td>
</tr>
<tr>
<td>RN, MNA, MCOM</td>
<td></td>
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<tr>
<td>Nicole Draper</td>
<td>Nursing</td>
<td>Manager LOS</td>
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<td>RN, MN</td>
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<tr>
<td>Robert Cusack</td>
<td>Executive</td>
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<td>MBA</td>
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<tr>
<td>Joan Bourke</td>
<td>Nursing</td>
<td>Clinical Services Manager</td>
<td>Nurse Admin</td>
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<td>RN, BHA</td>
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<td>Rosemary Sadowskyj</td>
<td>Nursing</td>
<td>Surgical Services Manager</td>
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<td>RN, BHA</td>
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<td>Thelma Delisser-Howarth</td>
<td>Nursing</td>
<td>Manager Discharge Planning</td>
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<td>RN, BHA, MN</td>
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<tr>
<td>Andrew Spillane</td>
<td>Finance</td>
<td>Chief Financial Officer</td>
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<td>B Bis, CPA</td>
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<tr>
<td>Astiness Bazos</td>
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<tr>
<td>Anne-Marie Jimenez</td>
<td>Info Tech</td>
<td>Manager Info Tech</td>
<td>ITSC</td>
</tr>
<tr>
<td>BSc IT</td>
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**Outcome(s)**

**SVPHS - Overnight Average Length of Stay (LOS): 4th Quarter 2013 to 1st Quarter 2015**

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<tr>
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<th>4Qtr 2013</th>
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Intervention started: 2nd Quarter 2014
Example B: An example of improvements in nursing research opportunities for new graduate nurses

Background/Problem

We initiated a novel new pathway in the new graduate nurse program. The Bachelor of Nursing (BN) (Hons) preliminary program affords new graduate nurses the opportunity to learn the ropes of research and open up a potential research career pathway for them.

Our innovation enables recent entrants into the profession to explore the opportunities of doing so in a supportive and gentle way, and thereby enhancing our nurse’s experience.

Goal Statement(s)

- To offer a research focussed career pathway for our Clinical Nurses, to increase the number of nurses undertaking research.
- Measurement: number of nurses who have undertaken Bachelor of Nursing (BN) (Hons) preliminary program continuing on to Bachelor of Nursing (Hons) degree and PhDs.

Description of the Intervention/Initiative/Activities

**April 2011:** An expression of interest is sought by the Nursing Research Centre from new graduate nurses seeking to enrol in the research Honours preliminary program.

**July 2011:** New graduate nurses are accepted into the program.

**July-December 2011:** Graduate nurses work alongside the research team acquiring research knowledge and skills and developing a topic for the BN (Hons) research study and proceed to undertake the BN (Hons) degree program. Successful first class Hons degree recipients apply for PhD program and commence studies thereafter.

Participants

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<tr>
<td>Dr Kim Walker RN, PhD</td>
<td>Nursing</td>
<td>Professor of Healthcare Improvement</td>
<td>Nursing Research</td>
</tr>
<tr>
<td>Dr Jed Duff RN, PhD</td>
<td>Nursing</td>
<td>Senior Research Fellow</td>
<td>Nursing Research</td>
</tr>
<tr>
<td>David Bayliss RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Operating Rooms</td>
</tr>
<tr>
<td>Kelly Edwards RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 7</td>
</tr>
<tr>
<td>Katherine Murphy RN, BN, MPH</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 10</td>
</tr>
<tr>
<td>Kimmie Purukamu RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Operating Rooms</td>
</tr>
<tr>
<td>Ciara Rafferty RN, BN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 6</td>
</tr>
<tr>
<td>Leanna Woods RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Level 6</td>
</tr>
</tbody>
</table>
Outcome(s)

SVPNHS Number of RNs commencing Pre Honours, Honours & PhDs 2010 - 2014

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<tr>
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<td>1</td>
<td>2</td>
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Intervention started: 2011
Nurses are involved with the design and implementation of technology to enhance the patient experience and nursing practice

- Provide one example, with supporting evidence, of an improvement that occurred due to a change in nursing practice resulting from clinical nurses’ involvement with design and implementation of technology. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

AND

- Provide one example, with supporting evidence, of an improvement in the patient experience that resulted from clinical nurses’ involvement with design and implementation of technology. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
Improvement in nursing practice that occurred due to a change in nursing practice that resulted from Clinical Nurses’ involvement with design and implementation of technology.

*Note:* in an email communication from Christine Curto (which was reinforced at a teleconference with Christine Curto and Jan Moran on Friday August 7, 2015) the following statement was provided to us when we sought clarification of what was meant by nurses’ involvement in the design and implementation of technology: ‘The reference to “design” is not meant to be interpreted literally, i.e. nurses involved in designing a certain technology. For instance, the example can address this by describing how nurses were involved in designing the “roll-out” or implementation of a technology to improve nursing practice in the organisation.’

**Background/Problem**
Intravenous administration of medicines is error-prone and a cause of serious preventable harm to patients. Action was needed to replace old infusion pumps at St Vincent’s Private Hospital Sydney (SVPHS). Studies by the Australian Health Informatics Research Centre showed that 70% of intravenous administrations had at least one clinical error and 25.5% of these were serious. Wrong-rate and bolus-dosing error severity increased with frequency of nursing task interruption.

SVPHS decided to implement a comprehensive and sustainable hospital-wide wireless update-capable intravenous (IV) drug infusion pumps with dose error reduction software (DERS®).

**Goal Statement**
- To implement a hospital-wide wireless update-capable intravenous (IV) drug infusion pumps, to reduce medication error rate in Inpatient Units (IU). Measurement: medication error rate in Inpatient Units

\[
\text{IU IV Medication Error Rate} = \frac{\text{Number IU IV medication errors in accounting period}}{\text{Total IU patient days in accounting period}} \times 100
\]
May 2011: A multidisciplinary project team including Clinical Nurses was assembled to design the implementation of the new technology, including: the change management process to take place, the programing required of the new technology to ensure it met SVPHS policy and the education program to be carried out.

For example Sue Keats, Clinical Nurse from the Clinical Support Unit, entered all the data set requirements for the pump programing, with information provided to her from Clinical Nurses in the patient care areas, after consulting with the pharmacists and ensuring they met the requirements in the Drug Handbook.

June 2011: A comprehensive program of staff education and orientation to the pump was undertaken prior to introduction.

**July-December 2011**: Implementation of the Alaris Pumps rolled out throughout SVPHS.

**Participants**

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<th>Name and Credentials</th>
<th>Discipline</th>
<th>Title</th>
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<tbody>
<tr>
<td>Belinda Johnston</td>
<td>Pharmacy</td>
<td>Director</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Vincent Cox, RN, Cert</td>
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<td>CSSD</td>
</tr>
<tr>
<td>Patricia Manusu RN</td>
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<td>Clinical Nurse Consultant</td>
<td>SVH</td>
</tr>
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<td>Maureen Heywood</td>
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<td>Pharmacist, eMedicines</td>
<td>SVH</td>
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<td>Sue Keats, RN, MN</td>
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<td>Clinical Support</td>
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<td>Kieran Bains</td>
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<td>Ramesh Pullela</td>
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<tr>
<td>David Roffe</td>
<td>IT</td>
<td>Chief Information Officer</td>
<td>Hospital wide</td>
</tr>
<tr>
<td>Tommy Ng</td>
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<td>Technical Serv Manager</td>
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</tr>
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<td>Edward Yip</td>
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<tr>
<td>Ingrid Tartu, RN, MN</td>
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<tr>
<td>Samantha Marshall, RN, BN, Grad Cert</td>
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<td>Clinical Nurse (Educator)</td>
<td>Level 6</td>
</tr>
<tr>
<td>Emily Gates</td>
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<tr>
<td>Kim Castledine, RN, BN, Grad Cert</td>
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<td>Janet Evetts Gale, RN, Grad Cert</td>
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<td>Samantha Ryan, RN, Grad Cert</td>
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<td>Irene deJesus, RN, BN, Grad Dip</td>
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<tr>
<td>Jacinta Vanderpuije, RN, Grad Cert</td>
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<tr>
<td>Barbara Marino, RN, BN, MN</td>
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<tr>
<td>Kathryn Murphy, RN, BN Grad Dip, Med</td>
<td>Nursing</td>
<td>Clinical Nurse (Educator)</td>
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</tr>
</tbody>
</table>
Outcome(s)

Intervention started: July-December 2011
Example B:
Improvement in the patient experience due to nurses’ involvement in the design and implementation of technology

Background/Problem
The hospital beds were more than 20 years old and contained safety hazards including four separate brakes, no battery backup and no mechanism to steer the bed, all of which didn’t meet Australian Standards. It was proposed to buy new beds with up-to-date technology. Patients’ experience was being compromised by the ageing beds.

Goal Statement
- To implement a hospital-wide bed replacement program, to enhance patient satisfaction and comfort with accommodation.
- Measurement: Press Ganey patient satisfaction and comfort with accommodation

Description of the intervention/Initiative/Activity(ies)
2nd Qtr 2010: A bed replacement committee including Clinical Nurses was established to conduct the bed replacement project. The committee was responsible for determining the specification requirements for the new beds and then choosing the new beds.

3rd Qtr 2010: A comprehensive training program for staff was organised prior to the introduction of the new beds in each clinical unit.

1st Qtr 2011: A major capital investment was made and new Arjo-Huntleigh Enterprise 8000 and Enterprise 9000 beds were ordered.
3rd Qtr 2011: Pre-implementation education and advanced operation of beds was conducted with Clinical Nurses from all inpatient care units.
The new beds were installed in all clinical units

Participants

<table>
<thead>
<tr>
<th>Name and Credentials</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Tsinonis, RN, BN, Grad Cert</td>
<td>Nursing</td>
<td>Clinical Nurse Educator</td>
<td>Sister Bernice</td>
</tr>
<tr>
<td>Cheryl Szeto, RN, Grad Dip</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Sister Bernice</td>
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<tr>
<td>Lynne Donohoe, RN, BN</td>
<td>Facilities</td>
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<td>Walter Doring-Filho</td>
<td>Nursing</td>
<td>Patient Orderly</td>
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<tr>
<td>Bernadette Crawford, RN, BN, Grad Dip</td>
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<tr>
<td>Jeremy Gowing, RN, Grad Dip</td>
<td>Nursing</td>
<td>Nurse Unit Manager</td>
<td>Clinical Support</td>
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<tr>
<td>Bernadette Mottram, RN, M</td>
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<td>Nurse Unit Manager</td>
<td>Sister Bernice</td>
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<td>Russell Mills, RN, BN</td>
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<tr>
<td>Joan Bourke, RN, RN, BHA</td>
<td>Nursing</td>
<td>Clinical Services Manager</td>
<td>Hospital wide</td>
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</tbody>
</table>
Outcome(s)

**SVPHS - Patient level of Satisfaction and Comfort with Accommodation: 2Quarter 2011 - 3Quarter 2012**

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<tr>
<th>Year Q</th>
<th>Percentage</th>
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<td>83.9%</td>
</tr>
<tr>
<td>3Q 2011</td>
<td>82.7%</td>
</tr>
<tr>
<td>4Q 2011</td>
<td>82.9%</td>
</tr>
<tr>
<td>1Q 2012</td>
<td>84.5%</td>
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<tr>
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<td>84.7%</td>
</tr>
<tr>
<td>3Q 2012</td>
<td>85.0%</td>
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*Patient Satisfaction & Comfort with Accommodation*

**Intervention started: 3rd Quarter 2011**

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**Participants:**
- Vincent Cox, RN (Nursing, Nurse Unit Manager, CSSD)
- Julian O'Mara (RN, BN, Grad Cert, Nursing, Clinical Nurse, PACU)
- Joanne Cuomo (Nursing, Facilities, OHS Officer, Hospital wide)
- Peter Bourdoulis (Facilities, Environmental Manager, Hospital wide)
- Bridget Flynn (Nursing, Clinical Nurse, Level 8)
- Julian O'Mara (RN, BN, Grad Cert, Nursing, Clinical Nurse, PACU)
- Joanne Cuomo (Facilities, OHS Officer, Hospital wide)
- Peter Bourdoulis (Nursing, Environmental Manager, Hospital wide)
- Bridget Flynn (Clinical Nurse, Level 8)
- Sharon Grave (Nursing, Clinical Nurse, Level 7)
- Sue Keats (Nursing, Clinical Nurse, CSU)
- Peter Bourdoulis (Facilities, Environmental Manager, Hospital wide)
- Karen Taylor (Nursing, AIN, Level 9)
- Susan Bowen (Nursing, Assoc Nurse Unit Manager, Level 10)
NK6EO Nurses are involved in the design and implementation of work flow improvements and space design to enhance nursing practice

- Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work flow that resulted in operational improvement, waste reduction, or clinical efficiency. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

OR

- Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work space that resulted in operational improvement, waste reduction, or clinical efficiency. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example A:
An example of nurse involvement in the design and implementation of bedside handover that resulted in saving time enhancing clinical efficiency

Background/Problem
Clinical handover is a national mandated standard. Level 10 local clinical handover audits and observations demonstrated that clinical handover was taking excessive amounts of time.

Goal Statement(s)
- To redesign and implement a new shift-to-shift nursing handover process to improve nurses’ efficiency.
- Measurement: Average Nursing shift-to-shift handover time on Level 10.

Description of the Intervention/Initiative/Activity(ies)
February 2014: Level 10 Clinical Nurse Specialists and Clinical Nurse Educators convened unit meetings to discuss strategies to reduce the time taken to conduct the handover. They decided that they would act as handover champions, taking on the role as “leader”, during Bedside Clinical Handover. They would ensure that one of them was present at every shift-to-shift handover.
March 2014: Education sessions were conducted with all levels of nursing staff to inform them of this strategy for improving the time taken to conduct handover.

April 2014: Full implementation of the new strategy for reducing handover time.

Participants

<table>
<thead>
<tr>
<th>Name and Credentials</th>
<th>Discipline</th>
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<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Bowen RN, MN</td>
<td>Nursing</td>
<td>Assoc Nurse Unit Manager</td>
<td>Level 10</td>
</tr>
<tr>
<td>Wendy Campbell RN, MN</td>
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<tr>
<td>Barbara Spiteri RN, BN, MN</td>
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<td>Padma Kurukulasooriya RN, BN, Grad Cert</td>
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<td>Edel Murray RN, MN</td>
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Outcome(s)

**SVPHS - Average Nursing Shift-to-Shift Handover Time on Level 10 February-July 2014**

<table>
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<tr>
<th></th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
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<tbody>
<tr>
<td>Average time in minutes</td>
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<td>40</td>
<td>20</td>
<td>15</td>
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**Intervention started: April 2014**