Safer Care Victoria

Wednesday 27 September 2023

Quality and Safety Leaders' Forum

Workforce and its impact on patient safety

VICTORIA State Government

Welcome and overview

Matt Sharp, Chief Executive, Goulburn Valley Health

Karrie Long, Chief Nursing and Midwifery Officer, Safer Care Victoria

A spot of housekeeping

Phones on silent / aeroplane mode

Restrooms

Exits

COVID Safety

Consent for photos to be taken

Working together

- Please be respectful in all communications
- Be patient and kind! We're all learning
- Technical issues
  - Please use the chat or
  - Email culture.capability@safercare.vic.gov.au

If you dropout just come back via the link provided

Forum overview

Time	Item/description
10.30-10.40am	Welcome to Country
10.40-10.50am	Welcome and overview of forum
10.50-11.15am	Department of Health's Overview of Workforce Strategy and Reform
11.15-11.45pm	Activity 1
11.45-12.10pm	Technologically Enabled At-home Care for Safe Early Supported Discharge of Cardiology patients
12.10-12.40pm	*Lunch break*
12.40-1.05pm	Echuca Health's maternity and rural perspective on midwifery workforce strategy
1.05-1.30pm	SCV's Healthcare Worker Wellbeing Program
1.30-2.40pm	Activity 2
2.40-3.10pm	Q&A panel • Sarah Miller, ED Care Coordinator Team Lead/Project Lead, Monash Health • Karen Taylor, Maternity Unit Manager, Echuca Health • John Elcock, Executive Director Medical Services and Chief Medical Officer, Goulburn Valley Health • Amy McKimm, Chief Digital Health Officer, Alfred Health • Andrew Wilson, Chief Medical Officer, Safer Care Victoria
3.10-3.25pm	Wrap up and what next?
3.25-3.30pm	Close

Department of Health's Overview of Workforce Strategy and Reform

Rebecca Meynel, A/Executive Director,
Workforce Strategy and Wellbeing,
Department of Health

Workforce Strategy & Reform Team

Workforce Strategy and Wellbeing Branch

2023

VICTORIA State Government | Department of Health

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Health Workforce Strategy: Purpose

Purpose: to provide strategic direction for the future of the whole of the Victorian health workforce

0-2 year horizon

Initiatives delivered immediately for a stronger health workforce, which is better able to respond to current challenges

3-5 year horizon

Initiatives delivered over the medium term, with actions being taken now to embed changes and deliver longer term solutions

6-10 year horizon

Initiatives which require consideration, development, and support for broader growth and change

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Overview of consultation activities

August – October 2022

- consulted a wide range of stakeholders via **face to face consultations, survey and written submissions**

200 + organisations

4800 + participants

February – April 2023

- targeted consultations to test strategy focus areas and priorities

890 + participants

Groups consulted

- Disciplines/ Workforce Groups
- Government agencies
- Health sector organisations
- Professional associations/ Unions/ Peak bodies

Total ~5,700 consultation points

Key themes identified from the consultation process

- Enabling more flexible and responsive rostering
- Enable increasing standardisation and portability of advanced clinical roles
- Support career transitions across roles, professions and workplaces

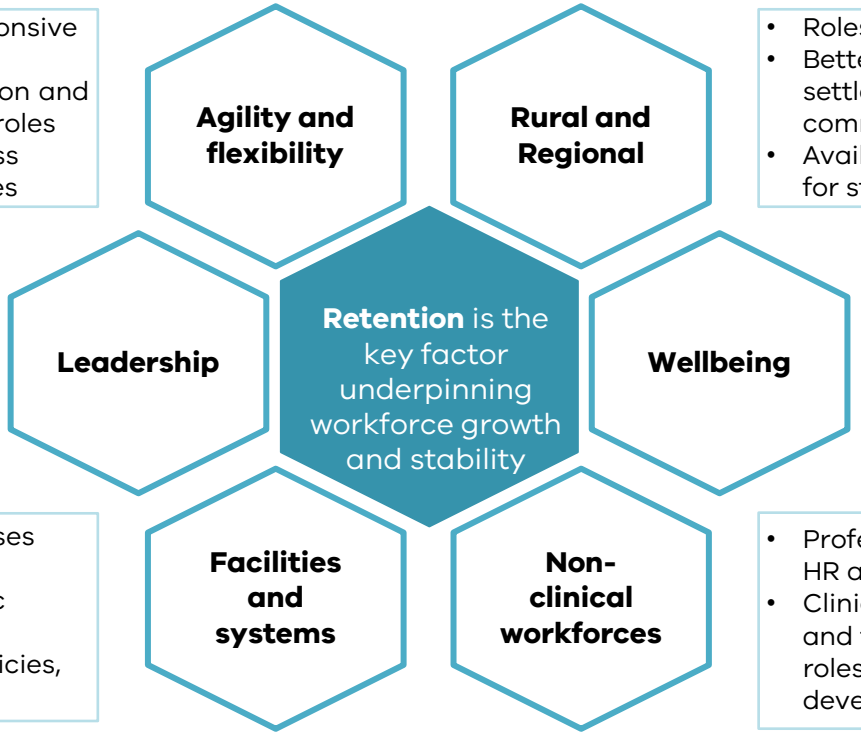
- Roles need to be better designed
- Better support people and families to settle and connect with local community
- Availability and cost of accommodation for student placements

- Support people to effectively transition to management roles
- Be aware of role creep with the amount expected to be delivered by any one role

- Intensity of work is creating escalating stress. Lack of time for mentoring, supervision, and education
- Informal expectations of overtime

- Improve basic back-end processes and systems
- Improve staff facilities and basic consumables
- Centralised or aligned IT, HR policies, onboarding processes

- Professional workforces e.g. IT, finance, HR are no longer competitive
- Clinical support workforces (assistant and technician roles, patient services roles) are under-supported to access development and career pathways



Focus areas

Increase supply of critical roles

Bring in new workforce supply –
Recruit and train new workers to support growth and a fit-for-purpose workforce

Strengthen rural and regional workforces

Improve capacity and distribution in rural and regional locations for equity in access to healthcare

Improve employee experience

Build a world-leading experience to retain the skilled workers we have and attract new people into healthcare

Build future roles and capabilities

Develop the workforce, roles, skills and models of care we need in future

Leverage digital, data and technology

Augment workforce capacity, patient experience and continued innovation through digital

Employee Value Proposition: Creating a world-leading employee experience

1. ***Purpose***
   Workers feel they make a worthwhile contribution at their work
2. ***Compensation***
   Workers underscored that they want better compensation for the work they do
3. ***Flexibility***
   Flexibility in rostering as a key area in need of improvement
4. ***Wellbeing and Safety***
   Appropriate workloads and eliminating OVA is vital.
5. ***Workplace***
   Physical amenities are a key aspect of the daily work experience
6. ***Co-worker quality***
   Workers feel positive about their colleagues
7. ***Leadership***
   Emerging leaders with appropriate training to build innovative skillsets.
8. ***Career Development and Agility***
   Greater career progression and ability to work at top of scope
9. ***Technology***
   Processes and services that are intuitive, integrated and convenient.

EVP Priority domains

Four initiatives are considered to be ‘key’ due to their ability to have a greater impact on the retention outcomes of our health workforce

Wellbeing & Safety

- Physically safe workplaces
- Workplaces that are psychologically safe with trustworthy and reliable leaders and peers
- Built environments that are comfortable

Flexibility

- Increased flexibility that provide contemporary work practices and environments
- Change in culture and attitude to support flexible approaches
- Reduced impact of competing responsibilities of home and work

Leadership

- Guidance on what good leadership looks like
- Different pathways and development opportunities for leaders
- Greater support for new and current leaders (i.e training, mentoring, networking, peer support)

Career Development & Agility

- Workforces that can adapt quickly to evolving models of care
- Defined career pathways and agility across roles
- Continuous learning, professional development and training programs

Priority areas of focus (1/2)

Critical roles	Future workforce	Demand areas
Clinical roles that require **immediate supply and retention interventions** to meet immediate needs and address forecasted shortage.	Roles with **significant growth opportunities** including assistant and advanced practice workforces.	**High demand growth** segments with significant volume, and **immediate and forecasted workforce needs**. For example: • Aged care • Mental health • Public health • Women's health

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Priority areas of focus (2/2)

Critical Roles	Future workforce	Critical Enablers
Forecast shortage and risk to service delivery	Potential for system improvement and efficacy in service delivery	Essential to the operational management of the health system
• Nurses • Midwives • Social Workers • Physiotherapists • Surgeons • Physicians • Emergency medicine specialists • Sonographers • Psychologists • Occupational Therapists • Radiation Therapists • Anaesthetists • Psychiatrists • General Practitioners • Theatre Technicians • Speech pathologists	• Nurse Practitioners • Paramedic Practitioners • Allied health advanced/extended scope of practices • Medical Assistants • RUSON/RUSOMs • Allied Health Assistants • Medical Rural Generalists • Rural Allied Health Generalists • Patient Transport Officers	• Health service management • Human resources professionals • Finance professionals • Information technology – systems management • Health Information Managers • Cooks and catering • Hospital Cleaners • Payroll officers • Recruitment specialists • Liaison services: Disability, Patient and Aboriginal Liaison Officers

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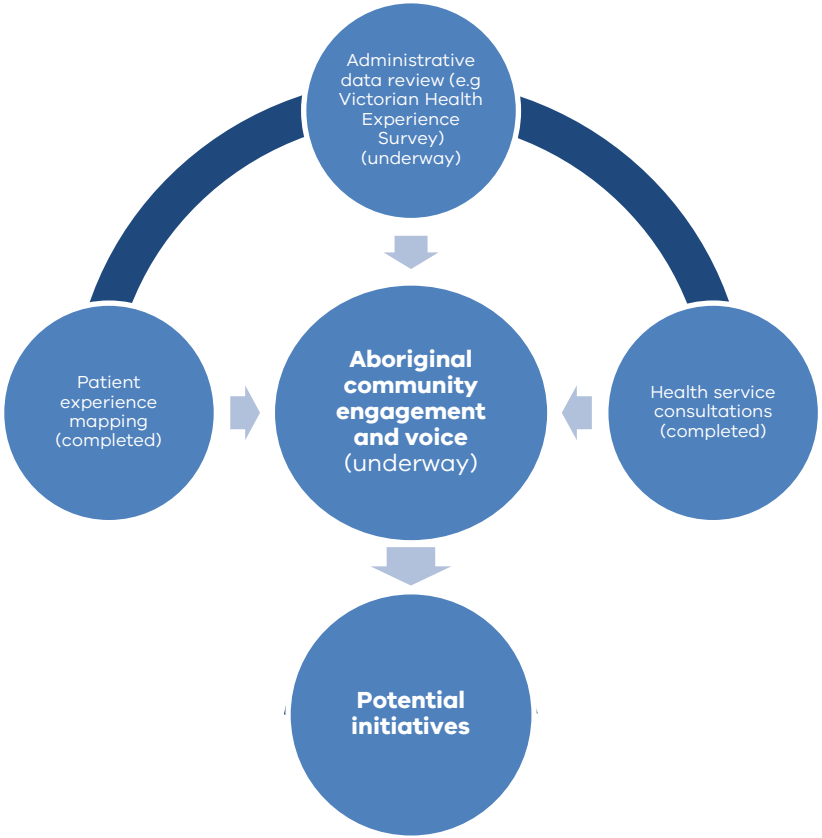
Aboriginal identification of issues and initiatives



Aboriginal patients, consumers, carers and families continue to report not feeling culturally safe in hospitals

The Department of Health committed to improving cultural safety for Aboriginal people at the National Aboriginal and Torres Strait Islander Health Roundtable on 7 October 2022.

Capturing the view of **Aboriginal community** on issues and solutions is **underway** and being led by Blak Wattle Consulting.

We will then begin with the **perspectives of Aboriginal** people at the core, and then incorporate any existing findings, removing ideas that aren't embedded in patient voice.

Design work has begun on select initiatives

While Aboriginal community consultation progresses, preliminary design work is helping to gather more detail on select initiatives

- **Leadership - Cultural safety and unconscious bias training**
  Create a culturally safe workplace with First Nations led mandatory all-inclusive cultural safety and unconscious bias training for senior leadership staff

- **Cultural safety training - Cultural Safety Training all staff**
  Improve cultural safety by embedding First Nations led mandatory Cultural Safety Training into the hiring, selection and induction of new staff and ongoing training of existing clinical and non-clinical staff, in addition to focus during NAIDOC week. This would include embedding cultural safety within existing training modules.

- **Aboriginal workforce - Improved AHLO awareness**
  Enhance role of AHLOs within health services by improving broader workforce understanding through training and education sessions about the role of AHLOs, cultural safety, and Indigenous health

- **Leadership - Elders in Residence program**
  Establish an Elders in residence program to provide cultural guidance, advice and support to the senior management team; act as a mentor to Aboriginal employees; and provide cultural protocols

- **Aboriginal workforce - Expanded AHLO cover**
  Improve Aboriginal outcomes of care by extending AHLO ED coverage to 7 days a week with hours beyond 9am -5pm providing cultural guidance to hospital staff, assisting Aboriginal patients in navigating the system, and advocating for their needs

- **Leadership - Aboriginal designated leadership roles**
  Establish a designated Aboriginal leadership position within the organisation - Chief Diversity and Inclusion Officer - to provide leadership on aboriginal cultural safety and improve Aboriginal patient outcomes

Activity

Bright spots and grumblings within your own workforce?

Technologically Enabled At-home Care for Safe Early Supported Discharge of Cardiology patients

Mark Horrigan, Virtual Care at Austin Health

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Cardiac HITH at Austin Health
Cardiac Surgical Patients
March – November 2022

A/Prof Mark Horrigan, Dr Lorelle Martin
Karen Patching RN, Carolyn Naismith RN
Michelle Topple RN

Austin HEALTH

Cardiac Hospital in the Home (cHITH)

- HITH Expansion Grant DHHS
- Virtual Care is a Central Component of the service
  Overseen by Virtual Care Committee
- Multidisciplinary staff (nursing, pharmacy, medical)
- Technology to enable Virtual Care
- Integration with IT systems and EMR
- CRM development – the friendly interface for all users

Transition to Virtual Cardiac HITH

Operational Virtual Ward Environment

Transition to Discharge

Referral Sources

Early Supported Discharge (ESM)

- **Post Cardiology Cath Lab procedures**
  - PCI, PPM, TAVI, *EPS/RFA*
- **Post Cardiac Surgery**
  - CABG, Valve replacement/repair
- *Arrhythmia (no haemodynamic compromise)*
- *Chronic Heart Failure*
- *Endocarditis*

Admission Avoidance (AA)

- **STAY AF patients**
- *Established Heart Failure Programs*

Access Criteria

- ***Risk stratification criteria*** **satisfied** *
- **48-hour goal of care**
- **Patient consents to being treated by cHITH team**
- **Patient contactable at all times**
- **Patient has safe and supported accommodation in Victoria**

EMR referral to cHITH completed

Patient accepted by treating cHITH team

Daily virtual cardiac consultant ward rounds and on-call support to cHITH

Ongoing surveillance and care of patient by cardiac nurse according to the 'condition specific' clinical pathway

Collaboration with vHITH services for surveillance, ambulatory nursing and allied health support

Escalation pathways for clinical deterioration

Electronic *transition care plan* * documented by cHITH with discharge destination identified

General Practitioner

Community programs: Palliative Care, Heart Failure, Rehabilitation Services

Outpatient services

General HITH

Digital Environment

★★☆ **Digital platform to support the virtual ward environment, implementation of new surveillance technologies, and data collection**

Analysis of evaluation metrics for quality, safety, efficiency and access to inform reporting structures and QI framework

* See next page for risk stratification and transition care plan

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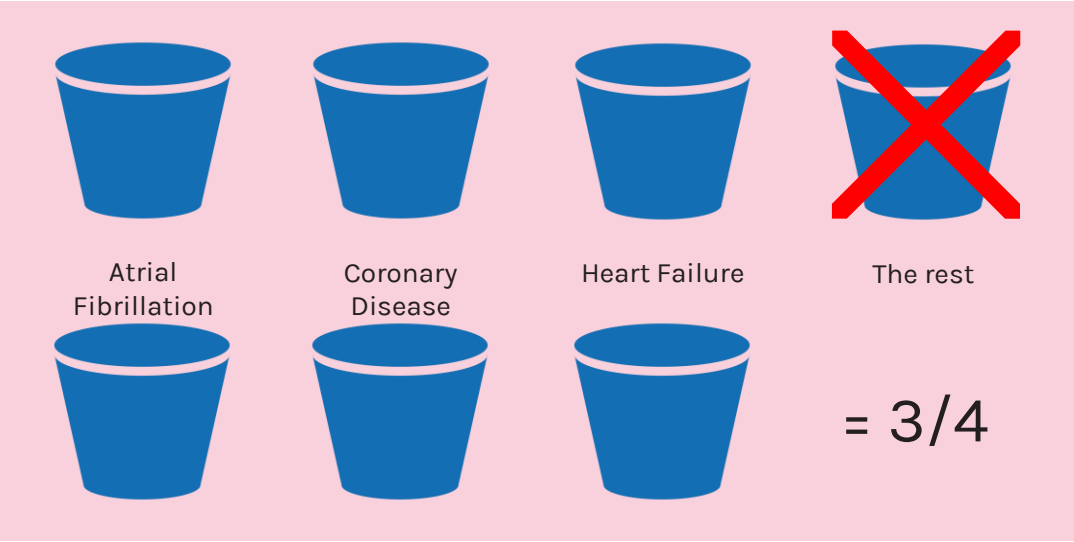
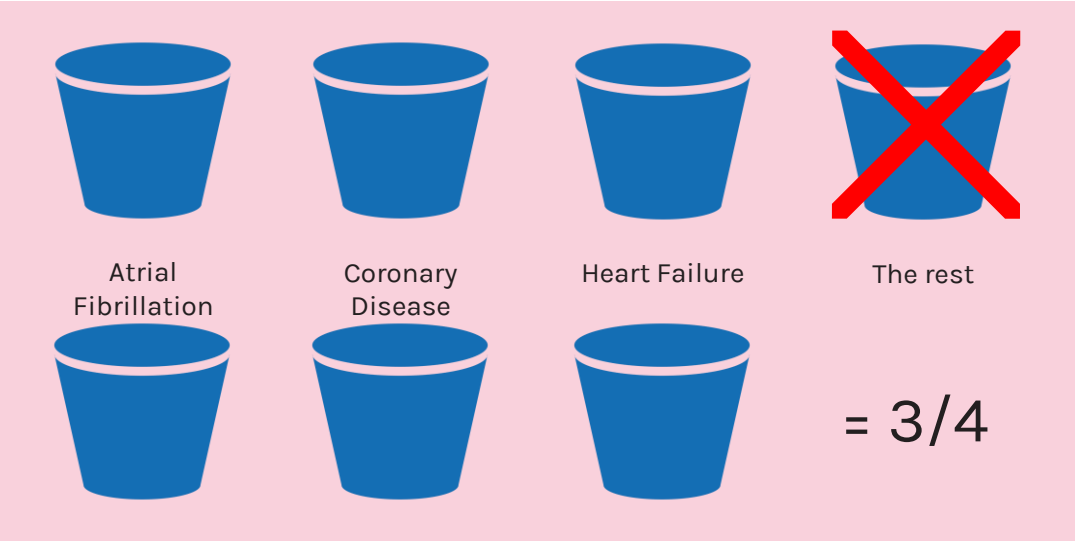
Cardiology: 4 Bucket analogy



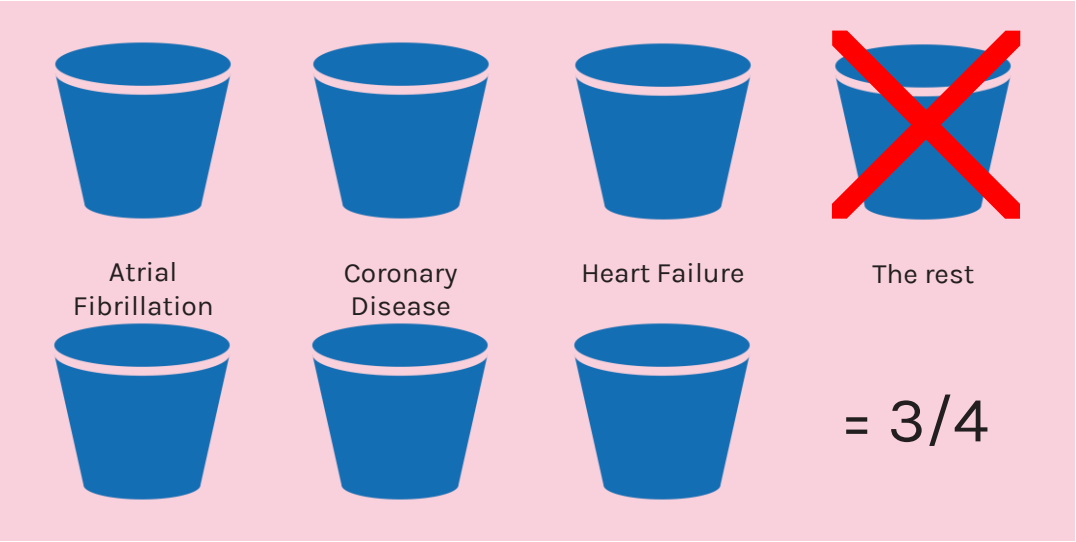
4 Bucket analogy



WHAT DEFINES 3 BUCKETS ?

- Common, high volume
- Comprehensive evidence bases and practice guidelines
- Practice variation and gaps in care
- Many high-risk patient cohorts

4 Bucket analogy



WHAT DEFINES 3 BUCKETS ?

- Common, high volume **Scalable**
- Comprehensive evidence bases and practice guidelines **Attractive VBHC target**
- Practice variation and gaps in care **Opportunity for Innovation**
- High-risk patient cohorts **Major outcome opportunity**

Virtual care in HITH

Daily virtual ward rounds

healthdirect Australia

Biobeat Patch/Watch:
Remote monitoring of cardiac rhythm; BP, SPO2, RR, temperature

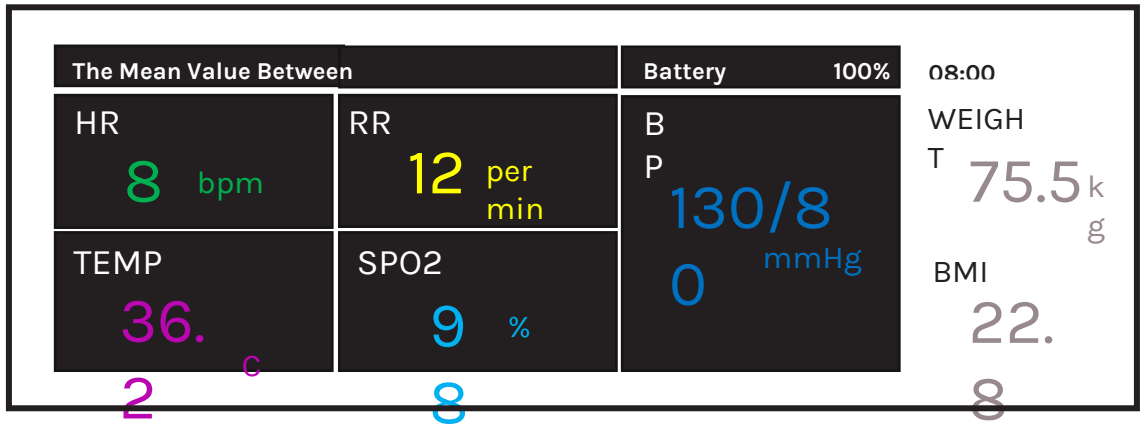
Scales:
connected to Cloud technology to upload patient weight

Hololens glasses:
Wound and/or access site checks

Multidisciplinary care – nursing, medical and pharmacy staff
Strong IT support and data analysis

cHITH: platform status

- Data warehousing in Tullamarine secure facility
- Current process:
  Register Biobeat/watch -> open EU portal, open EMR + HealthDirect
- CRM to bypass EU portal is live* (awaiting implementation)
  currently testing EMR links – data integration issues esp. UTC time

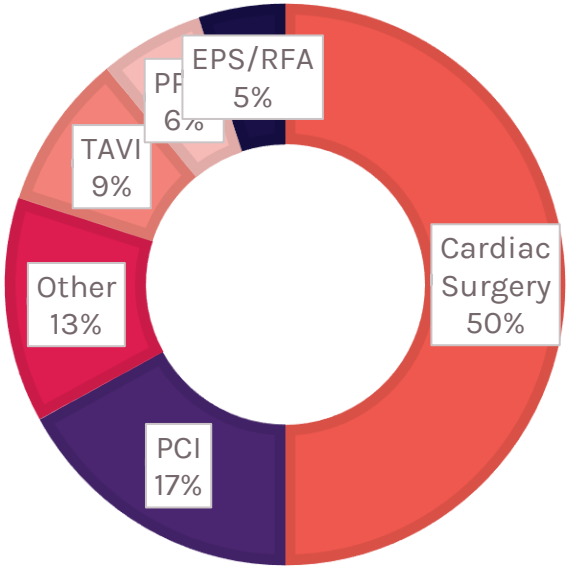


Entire cHITH Service (14/03/22 - 20/11/22)

Referrals to cHITH	260 patients **(>500)**
Accepted for cHITH	**191 patients**
% referrals accepted for cHITH	73 %
Inpatient LOS (M ± SD)	7.8 ± 2.6 days
cHITH LOS (M ± SD)	1.9 ± 0.1 days
Total LOS days (M ± SD)	9.7 ± 2.7 days
% LOS in cHITH	20 %

cHITH volumes by case condition

YTD November-20	N(%)
Cardiac Surgery	**96 (50%)**
Percutaneous Coronary Intervention	32 (17%)
Other: ACS, acute heart failure	24 (13%)
TAVI	17 (9%)
PPM	12 (6%)
EPS/RFA	10 (5%)
Medical: Heart failure, AF	0 (0%)
Total cHITH cases	**191 (100%)**



cHITH process for Cardiac Surgery

RISK/SUITABILITY ASSESSMENT

ONBOARDING

- Explanation of process and technology coaching
- Device application

TRANSITIONAL CARE

- Pre-Ward round check-in and review of monitoring data
- MD videoconference with patient/carers nursing, pharmacy and medical staff
- Option for in-person review
- Liaison with community care

DISCHARGE

- Is preceded by electronic discharge communications and in-person as appropriate

Characteristics of CSUR patients in cHITH

Baseline Characteristics	N=103
Age *(mean ± SD)*	62.1 ± 3.5
Male gender	84 (82%)
Male age *(mean ± SD)*	61.9 ± 3.5
Female age *(mean ± SD)*	56.6 ± 6.5
Heart Failure	12 (12%)
Hypertension	59 (57%)
Age 65-75	32 (31%)
Age > 75	13 (13%)
Diabetes	25 (24%)
Stroke/ TIA	3 (3%)
Vascular Disease	86 (84%)
Admission Creatinine	82 ± 5 mmol/L
Discharge Creatinine	83 ± 2 mmol/L
Isolated CABG	64 (62%)
Other Cardiac Surgery	39 (38%)

Outcomes	N=103
Total representations to Austin ED	11 (10.7%)
Representation only	3 (2.9%)
Readmission to Austin	**8 (7.8%)**
Returned for review in 5N (cHITH)	**5 (4.8%)**

Access and Efficiency of CSUR in cHITH
(Mar-14 to Nov-20)

	All	First 50	Second 53
Referral to cHITH / Total CSUR	123/197 patients		
Accepted for cHITH	**103 patients**	50	53
Referral efficiency	62 %		
% referrals accepted for cHITH	84%		
Inpatient LOS (M ± SD) *(including pre CSURx)*	9.3 ± 0.4 days	10.1 days	8.6 days
Post-operative LOS (M ± SD)	7.1 ± 2.4 days	7.08 ± 2.4 days	7.07 ± 2.4 days
cHITH LOS (M ± SD)	2.5 ± 0.1 days	2.3 days	2.7 days
Total LOS days (M ± SD) *(including pre CSURx)*	11.8 ± 0.4 days	12.4 days	11.3 days
% Postoperative LOS in cHITH	**35 %**	**32%**	**38%**

cHITH/Cardiac Surgery: Interim Conclusions

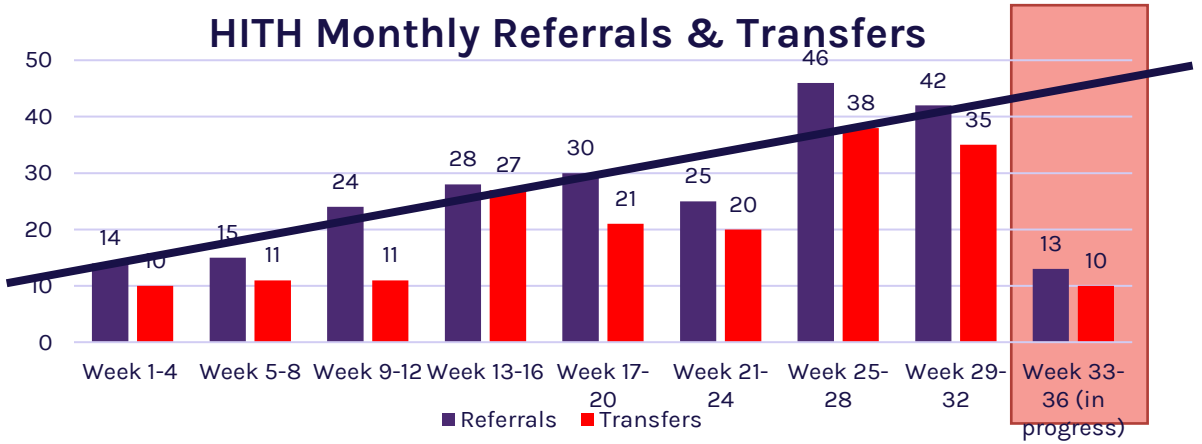
- Technologically enabled team-based care
- Multidisciplinary model of care: pharmacy, nursing and medical
- Distal inpatient and transitional care

- Cardiac Surgery accounts for 50% of cHITH volume
- At present over 35% of episodic care is delivered virtually
- Bed days in cHITH 259 | Readmission days 39 | Net gain 220 days
- Excellent patient acceptance
  NPS > 92%

cHITH Monthly Referrals Week 33 (Updated 31/10)

Admitted to cHITH
n=183

Screened for cHITH
n=237



PPM (YTD)
n=11

EPS/RFA (YTD)
n=10

PCI (YTD)
n=31

Cardiac Sx (YTD)
n=87

Structural (YTD)
n=17

Other (YTD)
n=27

UPDATE:

- Low risk Cardiac Surgery still at Warringal
- Monthly Average:
  - Referrals = 26
  - Transfers = 20

Data: Karen Page RN, Lorelle Martin PhD

cHITH/Cardiac Surgery: 2023 modelling

	Mar – Nov 2022	Mar – Nov 2022 annualized	Jan – Dec 2023 (indicative)
Surgical Volume	197 (9 months)	343 (12 months)	400 (12 months)
cHITH percentage	103 (62%)	165 (62%)	300 (75%)
Post-operative cHITH days	2.7 per patient	2.7 per patient	3.5 per patient
Total cHITH days	278	445	1050
Readmission days	39 (8% | 5 days)	52 (8% | 5 days)	75 (5% | 5 days)
Net annual bed day surplus	**239 days**	**393 days**	**975 days**

- Resourcing the increase will necessitate a modest increase in staff resource
- Aim for cHITH team to become more actively involved throughout episodes of care
- Clinical targets include:
  Rhythm management, anticoagulant management, surgical response and general medical issues

Learnings and challenges

Initial use of technology for at-home pts

CHANGE MANAGEMENT

Steep learning curve resolving technical issues

ONGOING

Connectivity to Bluetooth and Network

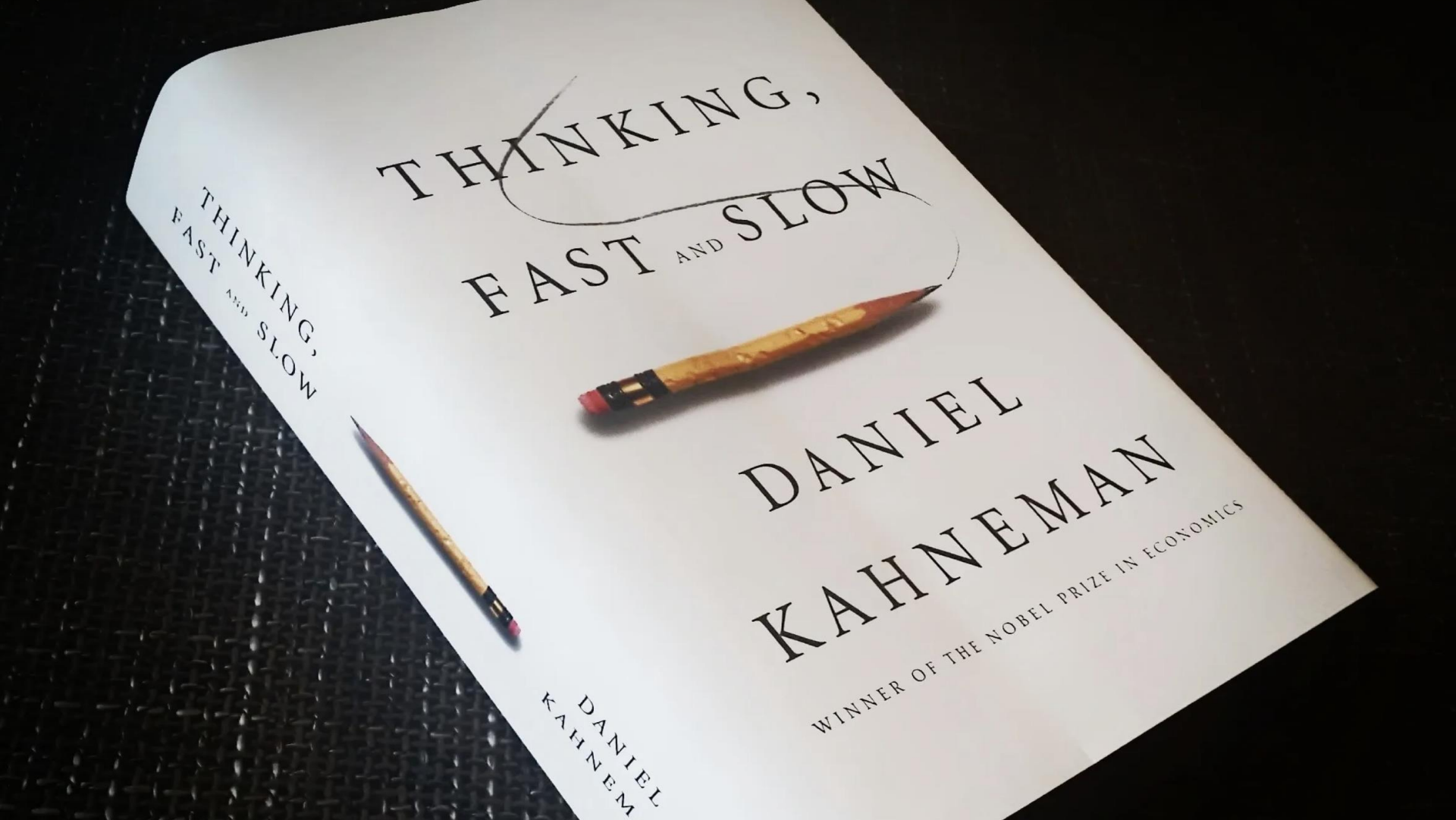
Battery life of Devices

Modifications of Biobeat Platform i.e no retrospective ECG capacity

Patient anxiety around technology

Language around virtual monitoring vs continuous monitoring

Expectations of external vendor service level response to device/ technical issues


THINKING,
FAST AND SLOW
DANIEL
KAHNEMAN
WINNER OF THE NOBEL PRIZE IN ECONOMICS
THINKING, FAST AND SLOW
DANIEL KAHNEM

Digital Platforms: Huge Potential for Evidence based Behavioural Economics design features

Clinician behavior is a major factor

Potential to modify behavior according to BE principles

- prescribing/service gaps have major adverse potential
- type 2 thinking is fatigable – minimize it!
- present bias and loss aversion support the status quo

New MOC should be designed

- For simplicity
- To reduce friction
- Provide incentives
- To incorporate nudges and practice support

EB BE LEVERS (NHS UK)

EASY

- Defaults
- Simple messaging
- Friction

ATTRACTIVE

- Salience
- Incentives
- Agency | control | endowment

SOCIAL

- Social Identity Priming
- Messenger effect
- Relative ranking

TIMELY

- Hot/Cold states
- Prompts and Nudges

Conclusions:
Innovative Models to Deliver High Value Healthcare

- Why new models?

  Traditional MOC no longer seems fit for purpose
  Potential for more patient-centred transitional care (patient comfort/acceptance)
  Addresses capacity issues and reduces readmissions

- What does this look like?

  Multidisciplinary care, delivered using digital platforms that incorporate data collection as part of the workflow

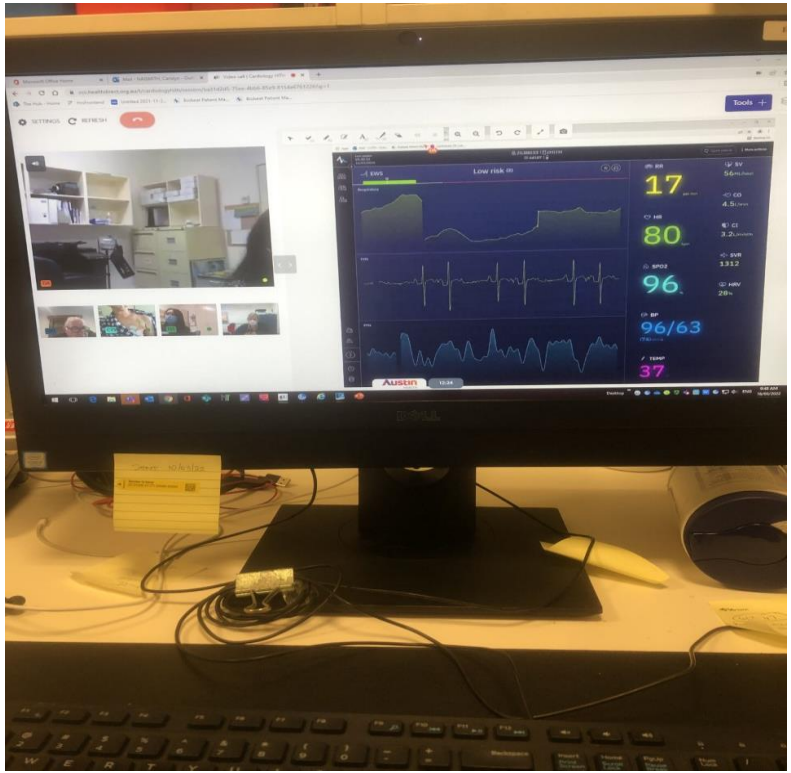
- How to determine value?

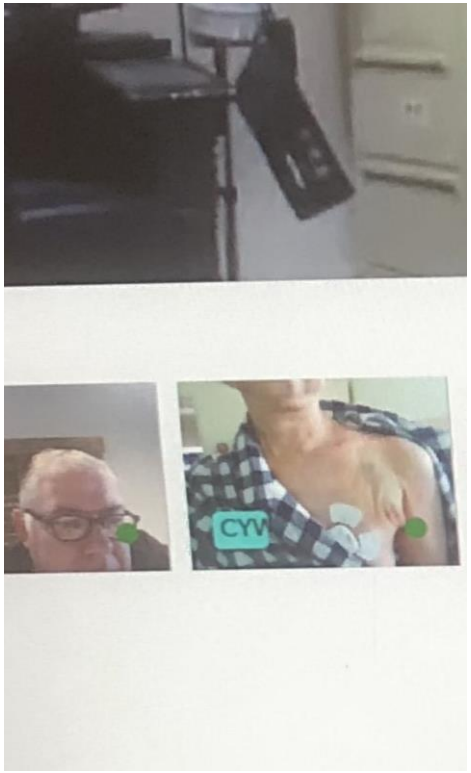
  Requires a systematic approach – digital data collection and analysis
  Meaningful data for relative value determination and benchmarking

Other Virtual Care Projects

- Atrial fibrillation (digital platform in development)
- Heart failure management in HITH
- Monitoring of patients at risk of febrile neutropaenia in HITH
  (ID, Haematology, Oncology)
- Elective surgery in HITH
- 'Virtual Care Environment' project – aims to create seamless care for all patients
  Main challenges
  - Prescribing
  - Pathology
  - Software development and interoperability
- NLP to extract useful clinical data from medical records (investigate 2023/4)

THANK YOU





Australian Government
Department of Health and Aged Care

Safer Care Victoria

Have your say on the future of Australia's nursing workforce

Australia's first National Nursing Workforce Strategy

We are travelling around Australia to capture views on nursing workforce issues and ideas for a bold and innovative Strategy

To register and for further details please visit:

www.health.gov.au/national-nursing-workforce-strategy-consultations

Echuca Health's maternity and rural perspective on midwifery workforce strategy

Karen Taylor, Maternity Unit Manager,
Echuca Health

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Echuca Regional Health

Rural Perspective on the Midwifery Workforce

Karen Taylor
Maternity Unit Manager

Diploma of Applied Science, Graduate Diploma of Midwifery, Masters of Nursing (Child, Family & Community) & Nurse Immuniser

Echuca Regional Health

Echuca Regional Health

Echuca Regional Health

ERH Maternity Ward

- Level 3 Maternity Service, Level 2 Neonatal Service
- 8 post-natal beds, 2 birth suites, 1 assessment room.
- Paediatric ward - overflow of medical and surgical patients.
- Shared care maternity model- Director of Obstetrics and Shared Care with GPO

ERH Maternity Ward

- 31 PPT midwives
- Grad Dip Mid Students- currently 2 students
- 8 casual midwives
- Roster- self rostering on excel open for 2.5 weeks, closed for 1.5 then released

Echuca Regional Health

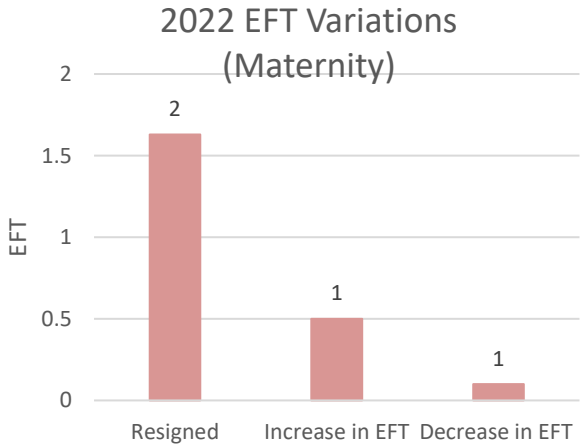
ERH Maternity Ward

- Roster Manager/ MUM
- No written rule- just accepted practice
- FWA
- On call roster for evenings, nights and weekends.

Staff Demographics

26/31 Midwives completed the Roster survey. Results reveal the following demographics:

- 96.2% work part-time
- Average of 64 hours F/N = 0.8 EFT
- Age = 26-40 (46.1%)
- 30% staff have worked as a midwife > 20 years
- 42.3% staff have worked at ERH between 6-20 years,
- 23.1% have worked at ERH > 20 years



- Almost 60% have responsibilities or commitments that impact staff roster availability eg. Childcare, caring for others, work elsewhere
- All Midwives understood the rostering request system on ERH Maternity Ward

Rostering

- Approached to pick up additional shifts 1-2 times per week via FB or phone/text
- 50% like the option of short shift 9-3pm
- Like 9.5 hour NS (don't want to do 12 hr ND)

Echuca Regional Health

Rostering Process

68.9% Satisfaction with Roster

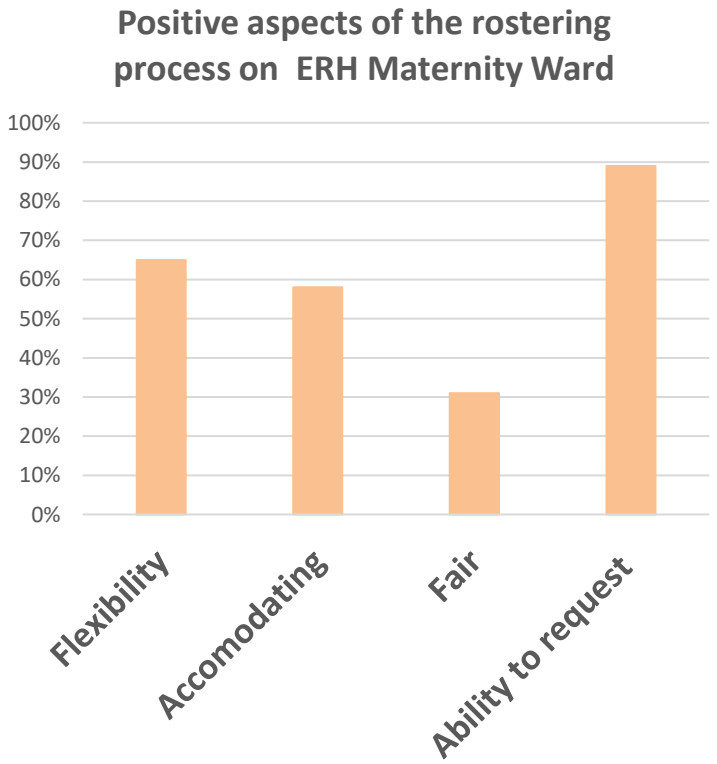
Roster requests are usually supported 50% of time

19% have taken personal leave due to the roster resulting in fatigue

Skill mix is adequate each shift

73% staff say manager is very flexible depending on circumstances

Successfully swapped shifts over 6 month period 67% of time



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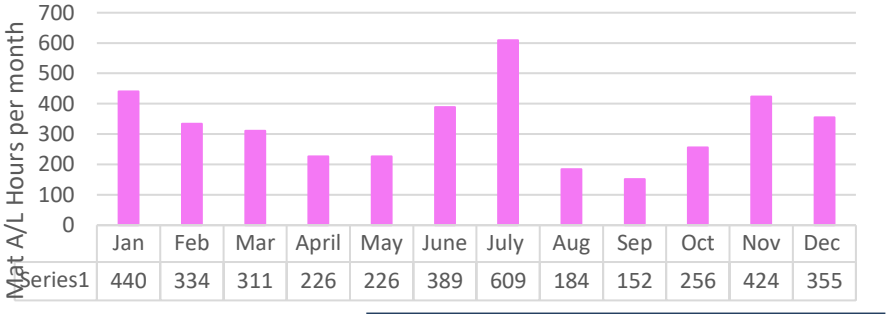
2022 Monthly Annual Leave (Maternity)

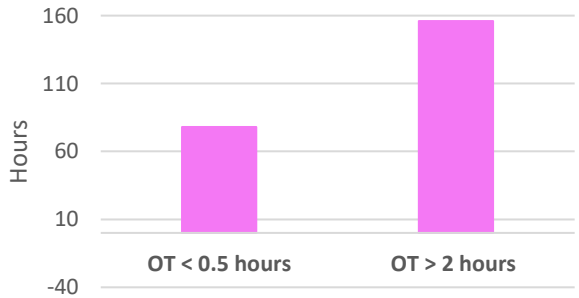


	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Series1	440	334	311	226	226	389	609	184	152	256	424	355

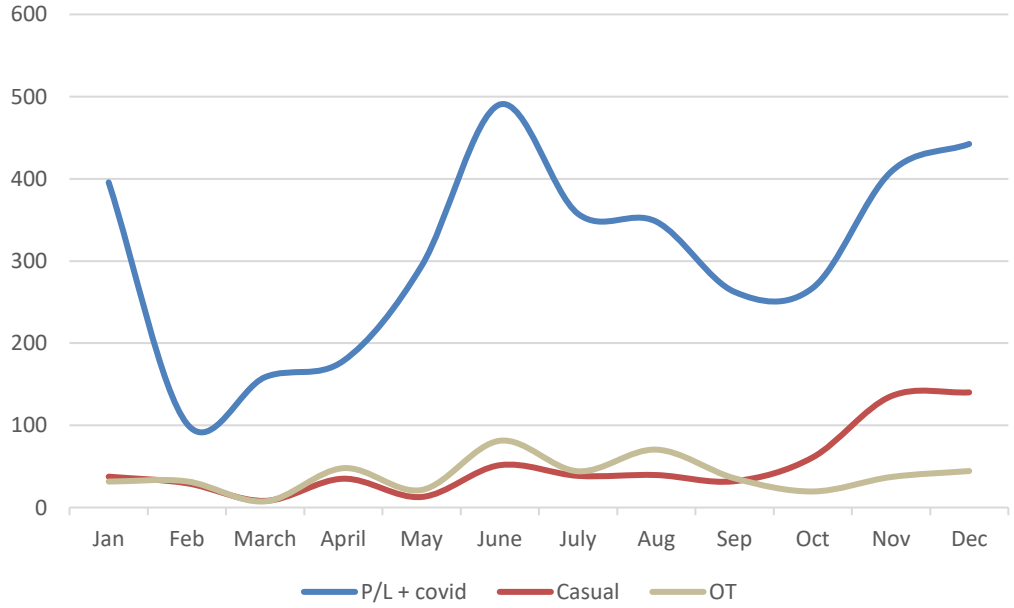
A/L Goal = 1.53 FTE per week

265 hrs per month (rounded to whole #)

Over Time - Maternity



Monthly Hours P/L + Covid, Casual Staff & OT – Maternity 2022

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What annoys staff

- Re-deployment to other wards
- On Call – being called for non maternity/neonatal escalation
- Medical outliers
- Ratios

Why such good results in our Maternity ward?

- Excellent team environment with strong commitment to provide a high standard of care & to remain abreast current practice
- Maternity Educator 1 FTE. Prompt, FSEP, neonatal resus embedded
- Commitment to grow our own- grad dip & double degree grad program

Echuca Regional Health

PEOPLE MATTER SURVEY 2023

Nursing - Maternity

RESPONSE RATE	ENGAGEMENT INDEX	SATISFACTION INDEX	HIGH - SEVERE WORK RELATED STRESS	PATIENT SAFETY INDICATOR	INCLUSION
26	79%	96%	8%	82%	97%
2022 - 14 ↑	2022 - 93% ↓	2022 - 83% ↑	2022 - 14% ↓	2022 - 80% ↑	2022 - 90% ↑

MOST IMPROVED:

- My manager gives me feedback that helps me improve my performance 92%.
- The workload I have is appropriate for the job that I do 92%.

MOST DECLINED:

- I feel a strong personal attachment to my organisation 77%.
- I believe the promotion processes in my organisation are fair 62%.

OTHER INDICATORS:

- 96% of us feel happy and 77% feel enthusiastic.
- 0% of us feel worried (14% in 2022).
- 0% of us feel miserable (14% in 2022).

Negative Behaviours	2023	2022
Bullying ↓	0%	14%
Sexual Harrassment ↑	4%	0%
Violence and Aggression ↓	4%	29%
Discrimination ■	0%	0%

% OF STAFF WHO RESPONDED POSITIVELY TO:

MEANINGFUL WORK	MANAGER LEADERSHIP	SENIOR LEADERSHIP	WORKLOAD	BURNOUT	SAFETY CLIMATE
100%	100%	95%	83%	27%	72%
2022 - 100% ■	2022 - 86% ↑	2022 - 74% ↑	2022 - 57% ↑	2022 - 40% ↓	2022 - 61% ↑

Why such good results in our Maternity ward?

- Unwritten rules re nightshift, weekends
- Contracts offered to grad dips
- Regular morning teas/storytelling/information sharing/reflection
- Solutions focus to rostering
- Leadership development
- Involvement in Collaborations/Portfolios

Why such good results in our Maternity ward according to the team?

- KIT days are utilized well
- No blame culture- rather supportive environment
- Manager supports adequate breaks
- Manager regularly has breaks with team

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Questions?

SCV's Healthcare Worker Wellbeing Program

Briana Baass, Chief Allied Health Officer,
Safer Care Victoria

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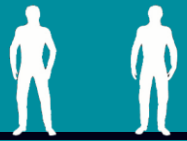
Safer Care Victoria



Healthcare Worker Wellbeing Centre

Est. 2021

Reducing healthcare worker burnout and improving joy

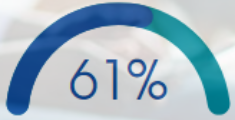
VICTORIA State Government

Smallwood et. al national survey

In 2020 researchers conducted a national survey of 9000 Heathcare workers to understand their wellbeing through the pandemic

85% RESPONDANTS WERE VICTORIAN HEALTHCARE WORKERS

Burnout is associated with increased medical errors, poor patient health outcomes, decreased patient satisfaction, reduced self-confidence in communication skills and greater staff turnover workforce attrition



REPORT BURNOUT

REPORT DEPRESSION

Given these adverse impacts on care providers, patients, and health system performance, there is an urgent need to tackle this issue and achieve sustainable improvements in health care worker wellbeing.

Healthcare Worker Wellbeing Centre - *Streams of work*

Wellbeing for healthcare workers Initiative

Phase 1: By Dec 2022, we will improve the wellbeing of Victorian healthcare workers in participating teams by reducing reported burnout and increasing reported joy by 10%

Phase 2: By June 2024, we will improve the wellbeing of Victorian healthcare workers in participating teams by reducing reported burnout and increasing reported joy by 10%

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The Joy in Work framework

The **WHAT**

Outcomes: ↓ Burnout ↑ Wellbeing
↑ Patient satisfaction
↑ Organisational performance

4. Use improvement science to test approaches to test approaches to improving joy in your organisation

3. Commit to making *Joy in Work* a shared responsibility

2. Identify unique impediments to *Joy in Work* in the local context

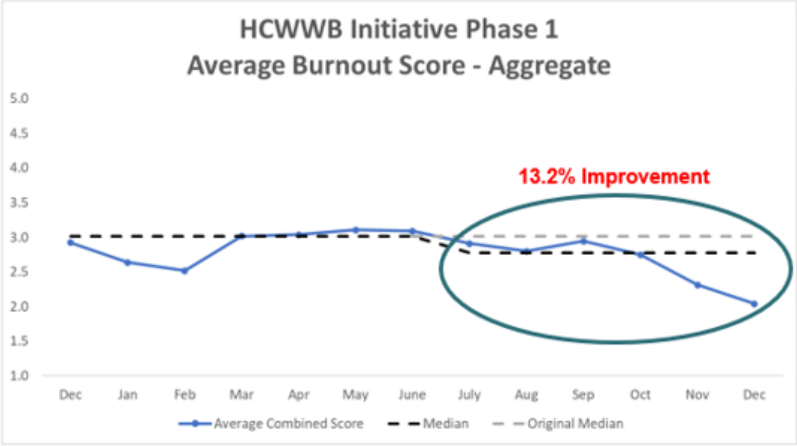
1. Ask staff "what matters to you?"

The **HOW**

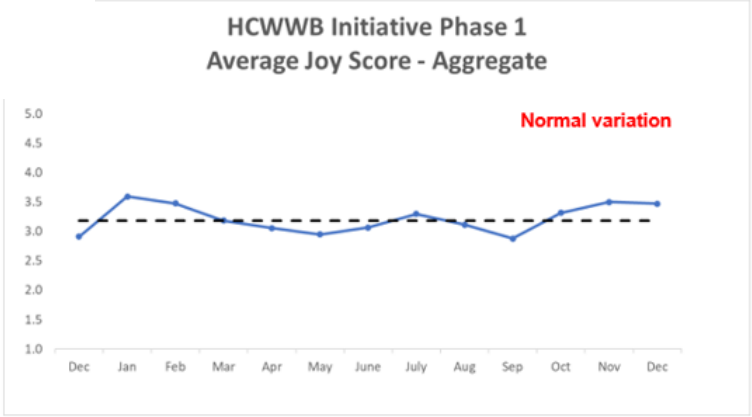
Victorian Wellbeing for Healthcare Workers Phase 2 Initiative
THEORY OF CHANGE

AIM	DRIVERS	SECONDARY DRIVERS	CHANGE IDEA EXAMPLES
By June 2024, we will improve the wellbeing of healthcare workers in participating teams by reducing burnout and increasing joy by 10%	Camaraderie and Teamwork	Build and support multidisciplinary teams/teamwork Optimise communication within and between teams	• Establish a buddy system to support new staff • Implement a short daily team huddle to support communication, collaboration and problem solving around daily priorities • Implement "Schwartz Rounds"; a rounding intervention shown to improve teamwork, interdisciplinary communication, decrease stress and isolation, and improve compassion towards patients
	Meaning and Purpose	Foster a culture of transparent communication that enables understanding of individuals' motivations Create a shared purpose and line of sight to the organisation's mission, vision and values	• Ask team members 'What Matters to You' to understand what contributes to their sense of meaning and purpose • At all levels of the health service, continually focus the work on those who are served (patients) • Make space in meeting discussions for linking the daily work of staff with organisation/service level strategic goals and values • Create opportunity for staff to pursue professional and personal development that aligns with goals and interests
	Autonomy and Control	Optimise team composition and assure adequate staffing Design workflows for efficiency and eliminate wasteful work practices Create flexible work policies	• Identify opportunities to optimise team composition allowing people to spend more time on what they are uniquely qualified to do and provide needed upskilling to do so (i.e., work at the "top of their license") • Provide training on relationship-centred communication skills • Provide protected time for staff to complete training and CPD • Conduct a "break the rules" campaign that invites staff to offer solutions to issues that impact experience for staff or patients • Explore and test alternative work arrangements/scheduling for staff to provide greater flexibility • Institute IT/EHR system upgrades targeting specific areas of frustration or re-work • Identify and eliminate waste in daily work that contributes to staff feeling undervalued or frustrated (e.g., duplicative steps/processes, contributors to rework, work that does not directly contribute to patient wants/needs etc.)
	Wellness and Resilience	Demonstrate commitment to wellbeing by embedding wellbeing supports in workplace policy and strategy Signal that mental health matters from the top	• Have local leaders talk regularly with their teams about mental health including their own experiences • Implement 'staff resuscitation trolleys' with food, drinks, and other essentials to keep team members going through their shift • Establish processes for reviewing scheduling rosters to ensure rosters mitigate occupational fatigue • Create comfort corners and wellbeing spaces to provide space and opportunity for staff to unwind and decompress • Conduct a policy review/audit and correction process to ensure that wellbeing is considered in all organisational pursuits and ensure that systems do not negatively impact on staff wellbeing at the expense of other priority areas • Conduct timely debrief sessions with staff involved in adverse events to understand impacts and ensure staff have support • Provide mental health days and establish processes for covering work so that these days may be utilised
	Physical and Psychological Safety	Model fallibility and invite input from staff Destigmatise failure and contribute to a Just Culture by highlighting learning gained through challenges in work Build a physically safe work environment to enable staff to provide quality care	• When staff speak up (e.g. offer an idea, share a concern, disclose an error) leadership ensure it is a positive experience (e.g., staff member is thanked, learning is highlighted) • Encourage those with more power to set the tone for open communication and valuing the opinion of all • Establish an embedded process to quickly attend to the emotional needs of health care workers involved in an adverse event, victimised by bullying, or involved in workplace violence episodes • Create a peer support network in which staff can connect, debrief and establish social connection with their peers • Train managers, peer leaders, and dept heads in peer-to-peer communication to address disruptive or unprofessional behaviours • Take action to ensure cultural safety, diversity and inclusion; for example, establish processes for aboriginal staff to connect • Include a wellbeing measure as part of the evaluation of any change initiative to understand impacts on staff • Ensure all staff have access to de-escalation training (beyond offering via an asynchronous LMS platform
	Participative Management	Create space to listen, understand and involve staff in decisions Co-design and deliver work with members of the team Distribute leadership responsibilities	• Provide framing for the work that articulates why the work is important • Leaders model the way – share WMTY with staff and identify opportunities to be vulnerable with the team; for example, leaders facilitate conversations with teams on what is required in the next 24 hours to enable a good day • Invite input from and participation of staff in important decisions regarding the service • Structure opportunities for team members to be involved and heard • Create and be personally involved in opportunities that allow team members to learn together • Deploy a shared leadership model that includes all team members and dedicates non-clinical time for clinicians to successfully engagement • Provide leadership training that builds in those behaviours that matter most to staff (based upon WMTY conversations)

Example of a regional service results

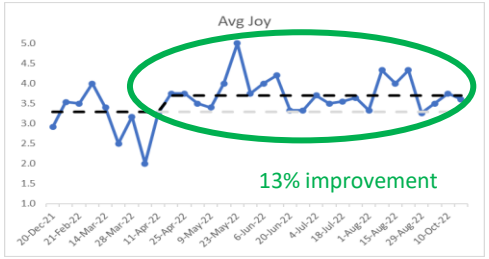


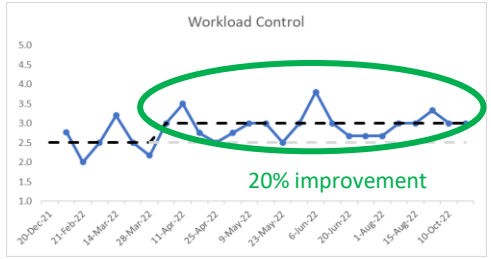
Direction of Goodness

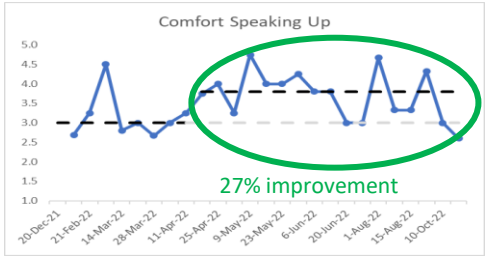


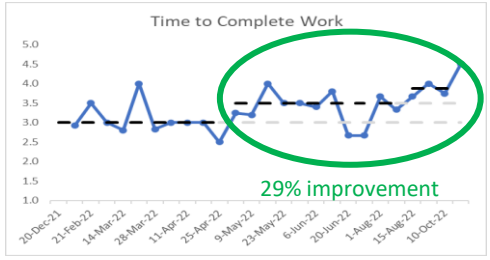
Direction of Goodness

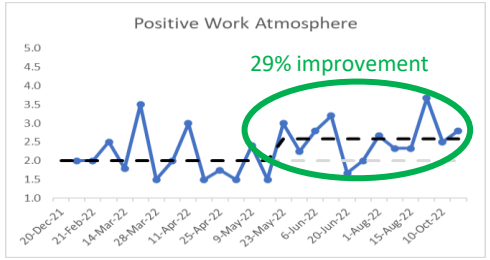
Example of a regional service results

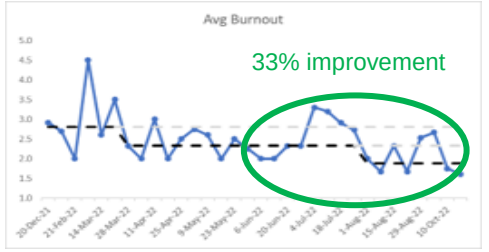


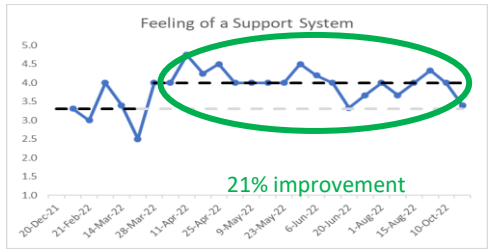


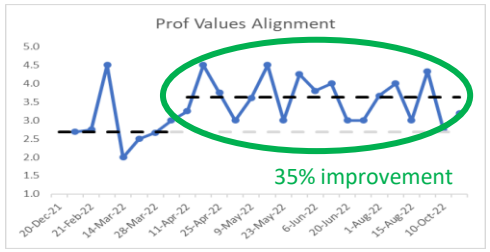








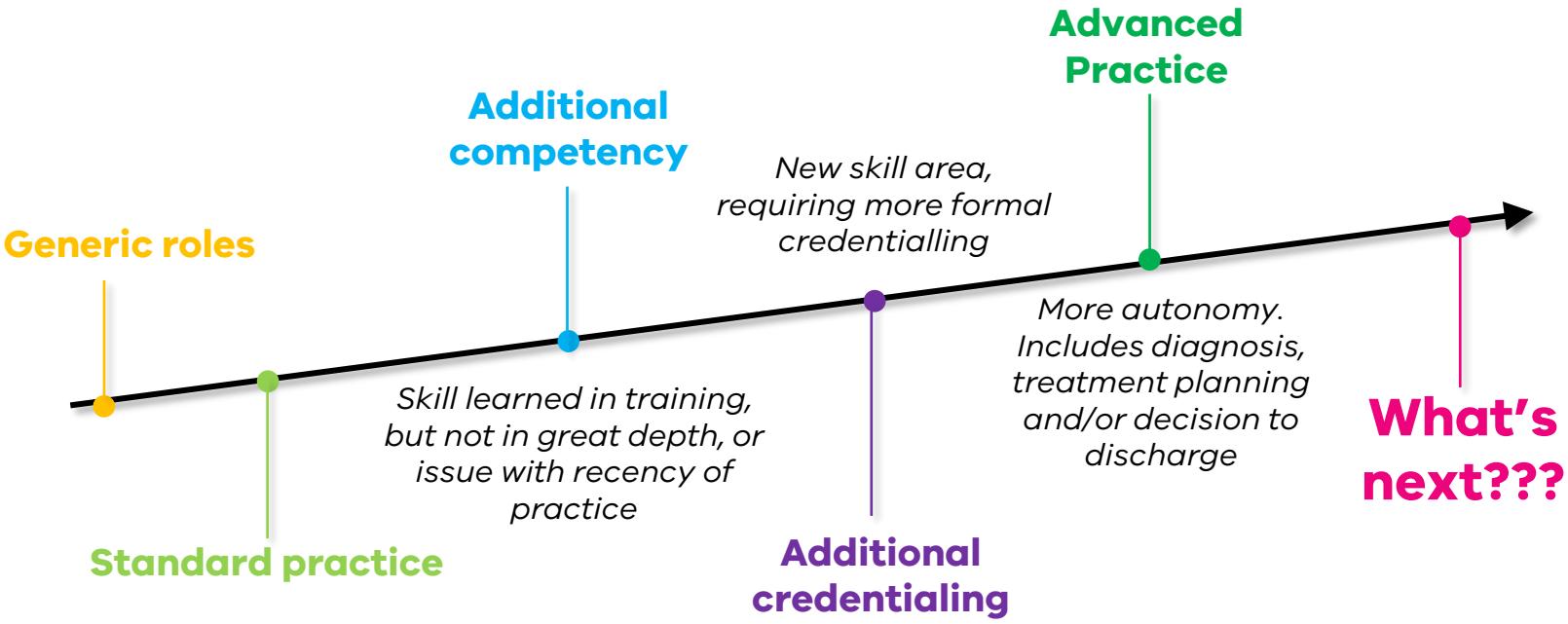




Desired direction

All medians set based upon data from Feb-Apr

Advancing practice



What matters to you

Activity

Innovative ways to strengthen your workforce

Q&A panel

- Sarah Miller, ED Care Coordinator Team Lead/Project Lead, Monash Health
- Karen Taylor, Maternity Unit Manager, Echuca Health
- John Elcock, Executive Director Medical Services and Chief Medical Officer, Goulburn Valley Health
- Amy McKimm, Chief Digital Health Officer, Alfred Health
- Andrew Wilson, Chief Medical Officer, Safer Care Victoria

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Wrap up and next steps...

Karrie Long, Chief Nursing and Midwifery Officer, Safer Care Victoria

Future Quality and Safety opportunities

Go to www.safercare.vic.gov.au to access further information.

Registrations for the **2024 Quality and Safety Leaders forum will open soon!**

Keep in the loop by joining our **Quality and Safety Leaders contact list** http://eepurl.com/hq2kHD.

Look out for our email with a link to a recording of today's session, presentations and post forum resources.

Please provide **feedback** and volunteer projects here: https://forms.office.com/r/xsJq7vwUX1.

SCV Safety training: the **online Root Cause Analysis and Action (RCA2)** workshops are designed for health service workers and consumer representatives who will lead or participate in an adverse patient safety event review using RCA2 methodology with sentinel events and serious adverse events. Register your expression of interest for the upcoming workshop here https://www.safercare.vic.gov.au/events/root-cause-analysis-and-action-rca2-workshop-4.

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