

# Kaleidoscope Area Guidelines Community Needs Assessment Report

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# Executive Summary

## Background

A needs assessment was conducted in community settings throughout the three sectors of the former Hunter Area Health Service to assess current guidelines, to identify concerns/gaps with guidelines, to identify barriers to guideline implementation and to assess quality management/patient safety processes used to improve care. A total of 19 staff working in a variety of community settings were interviewed between December, 2004 and February, 2005.

## Results

### Current Guidelines

A wide variety of guidelines, policies and protocols are in place in all workplaces. Eighty-nine percent (n=17) of staff have concerns about current guidelines and state that gaps exist (58%), they are out of date (26%), difficult to access (11%) or unclear and open to interpretation (11%). One staff member (5%) stated there were too many while one (5%) stated that staff do not access them.

### Guideline Gaps

Seventy-four percent (n=14) of staff considered that there were gaps and these relate primarily to home visiting (n=5), care issues (n=4), referral/intake (n=2) and child protection (n=1). Staff stated they are currently working on guidelines relating to home visiting and referral/intake. Information relating to care issues and child protection has been forwarded by the Project Officer.

### Unit Specific Guidelines

Fifty-three percent of staff (n=10) have problems with effectively implementing unit specific guidelines. They have particular difficulties with the writing (n=4) and ratification (n=3) of guidelines. Two workplaces have never written any unit specific guidelines.

### Quality Improvement Processes

A variety of methods are used to ensure a quality service is provided including changing practice in response to incidents, keeping records of staff signatures when documents are read, keeping staff well informed by regular inservice education and meeting attendance, and by completion of quality improvement activities (such as audits, satisfaction surveys and quality projects).

### Areas of Concern

The main areas of concern for those interviewed relate to geographic isolation (especially in relation to hours spent driving each day to provide a service and lack of services for complex or mental health conditions), safety during home visits, policies being too acute focussed and the lack of computers and time to access them.

### Recommendations

Priority must be given to the completion of a home visiting guideline that includes risk assessment and travel limits. In addition, difficulties expressed with the writing and ratification of guidelines, the lack of a community focus within some policies and dissemination of new or updated NSW of HNE Health policies could be improved by more active involvement of community staff on guideline committees, mentoring of staff and the adoption of a formalised approach to communicating policy changes. The lack of computers, especially in Child and Family Health Centres, also needs to be addressed.

## Background

In June, 2004, a Project Officer was employed by Kaleidoscope on a 12-month secondment. The Project Officer with experience in quality management and research has been given the responsibility to identify, coordinate and develop area wide guidelines, standards and protocols relating to the care of children. Following consultation with senior managers, it was decided that a needs assessment was required throughout the three Hunter Health sectors, within both the acute and community setting. Results from the acute setting needs assessment have been described in an earlier report. The Project Officer, through discussions with members of the Northern Child Health Network and Kaleidoscope Management, identified key staff in the community setting.

The Project Officer made contact by telephone or email with the key staff members and appointments were made to visit them at their workplace. A brief needs assessment questionnaire was developed with input from both Northern Child Health Network and Kaleidoscope staff. Community staff considered that the questionnaire developed for the acute needs assessment was also suitable for use within their setting and no further changes were made. The data collection period was from December 2, 2004 to February 24, 2005. Two interviews were conducted by phone, while 17 were conducted in the workplace.

Apart from completion of a questionnaire and becoming familiar with key staff the visit also aimed to:

1. Assess what guidelines, policies and protocols were currently in use
2. Assess willingness for units to modify guidelines (both existing and future) to ensure they are suitable for area wide ratification and use
3. Identify concerns and/or gaps with existing guidelines, policies and protocols
4. Discuss actual/potential barriers to dissemination/implementation/use
5. Assess quality management/patient safety processes currently used to improve practice

A letter of introduction was given to staff outlining the aims of the visit and Project Officer's contact details. Staff were also informed that completed questionnaires would be identified by number only, and verbal permission was gained prior to commencing the interview. Interviews took approximately 50 minutes to complete but 90 minutes was allowed at each site (if required) to enable the Project Officer to review manuals, photocopy guidelines or meet with frontline staff. Several staff asked to be shown useful clinical practice guideline and fact sheet sites and these were added to their computers, in "favourites", to allow for quicker access.

# Results

## Demographics

Nineteen interviews have been conducted throughout the three sectors of the former Hunter Area Health Service. Interviews have been conducted with Nurse Managers (n= 4), Clinical Nurse Consultants (n=4), Nursing Unit Managers (n=3), Service Managers (n=2), Clinical Nurse Specialists (n=2), Social Workers (n=2), Service Director (n=1) and Speech Pathologist (n=1). Figure 1 shows the number of interviews conducted across the three sectors.

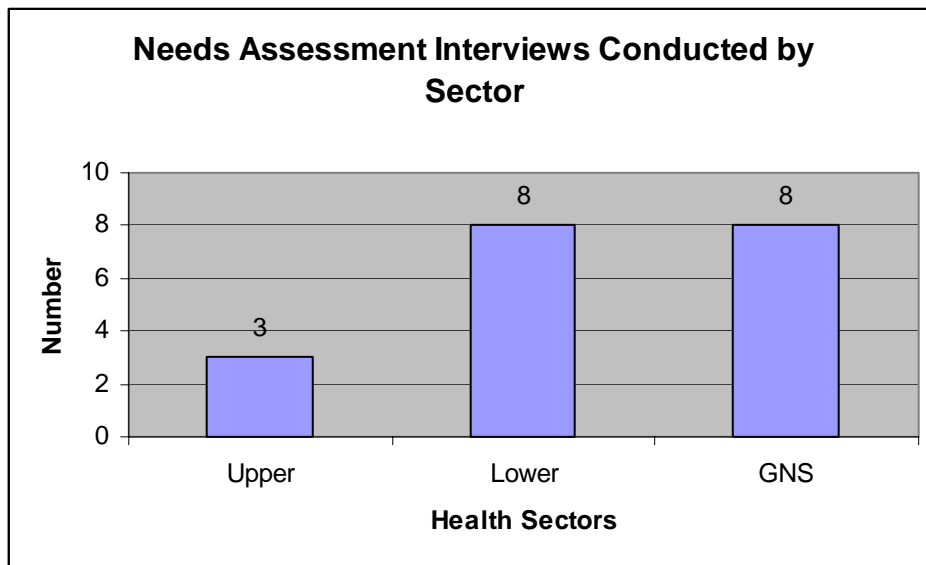
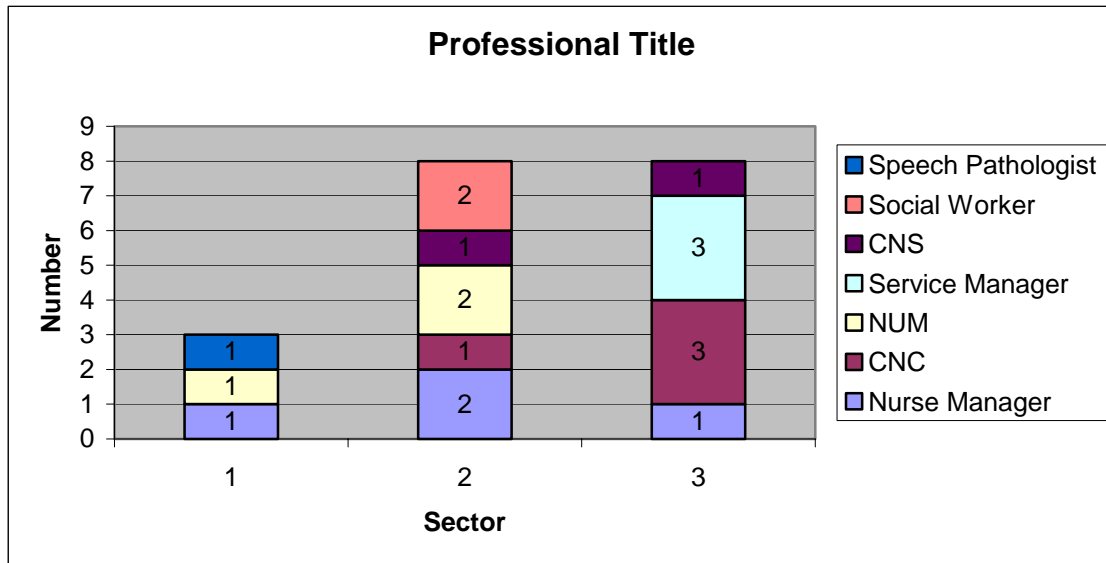


Figure 1: Number of Completed Interviews by Sector

Although, the majority of interviews have been conducted with nurses (72%), other professions such as Social Work, Occupational Therapy, Speech Pathology and Aboriginal Health have been represented. The varying roles of interviewees are outlined below.



Upper = 1, Lower = 2, GNS = 3

Figure 2: Professional Role of Staff Interviewed

## What Guidelines are in Current Use?

All workplaces have guidelines available for staff. A wide variety of resources were in use and included the following:

- Policies relating to Child Protection, Domestic Violence and Zero Tolerance
- Service specific manuals (eg for child and family health nurses, community nurses, physiotherapists and speech pathologists)
- Competencies
- School screening and immunisation policies
- Unit specific guidelines relating to intake and safety within and out of the office
- Risk assessments
- Guidelines from organisations such as Beyond Blue, FPA Health, WHO, SIDS, First Steps and NH&MRC
- Pathways
- Fact sheets

## What Are the Major Concerns with Current Guidelines?

Eighty-nine percent (n=17) of staff expressed concerns about current guidelines. The main concerns are:

- Gaps exist (58%)
- They are out of date (26%)
- They are difficult to access (11%)
- Unclear, open to interpretation (11%)

Figure 3 outlines all the concerns expressed by those interviewed regarding current guidelines.

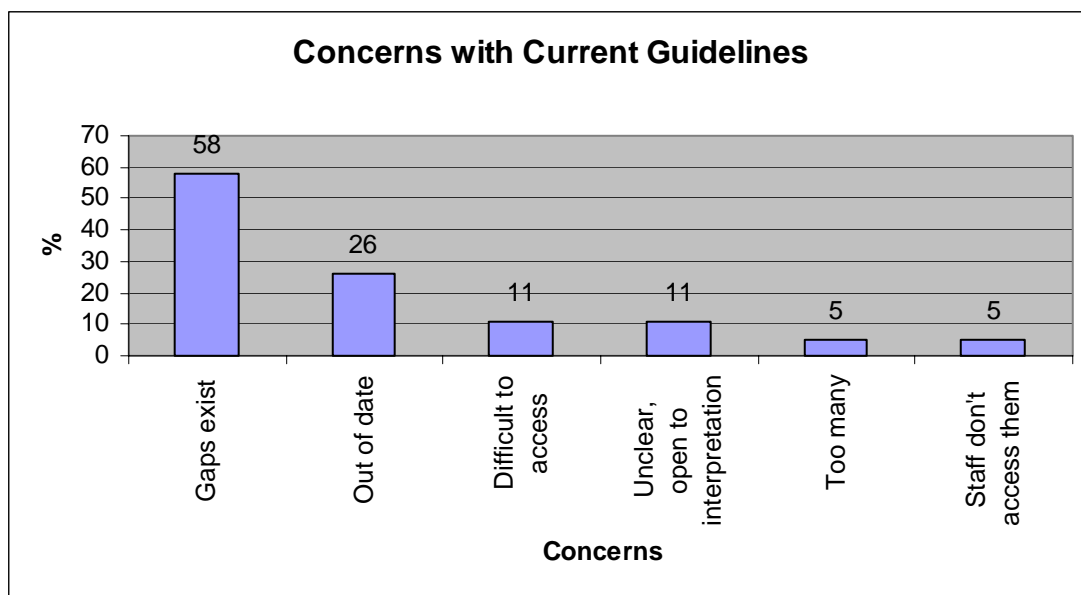


Figure 3: Concerns Expressed with Current Guidelines

## What Gaps Exist?

When asked if they considered there were gaps in policies, guidelines, standards or protocols, 74% (n=14) answered in the affirmative, 16% (n=3) replied in the negative and 11% (n=2) were unsure. The identified gaps relate to:

- Home visiting (36%)
- Referral/intake (14%)
- Complex care in the community eg tracheostomy care, wound and medication management (14%)
- Parenting issues (14%)
- Management of acute conditions such as gastroenteritis and fever (7%)
- Transport safety (7%)
- Post-natal depression (7%)
- Growth and Development (7%)
- Breastfeeding Management (7%)

The following figure identifies all the gaps expressed by staff.

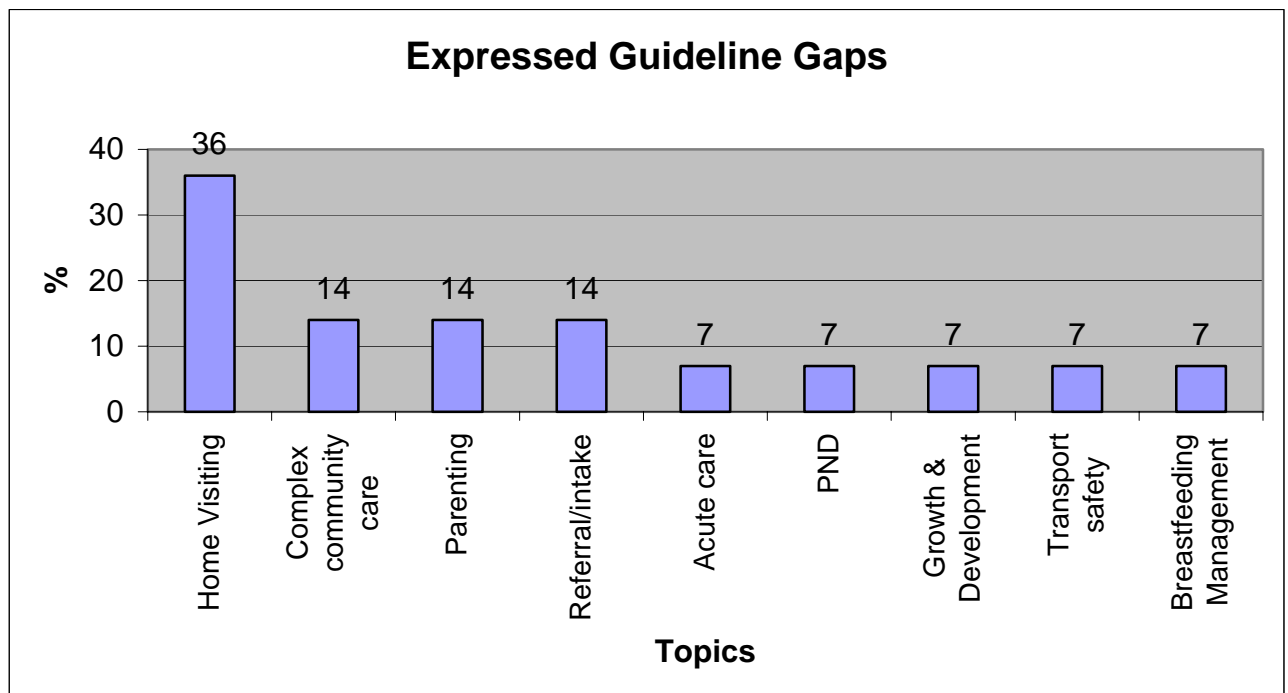


Figure 4: Topics of Expressed Guideline Gaps

## How are Staff Informed of NSW DOH and HNE Health Policy Changes?

Staff were asked to describe how they were made aware of new or updated policies, circulars or bulletins from NSW DOH or HNEAHS. All staff (100%) could describe the process, but 2 staff considered that the system was “hit and miss” and one stated that their Manager only “sometimes” informed them of changes. Figure 5 describes the various ways in which staff are made aware of new/updated policies.

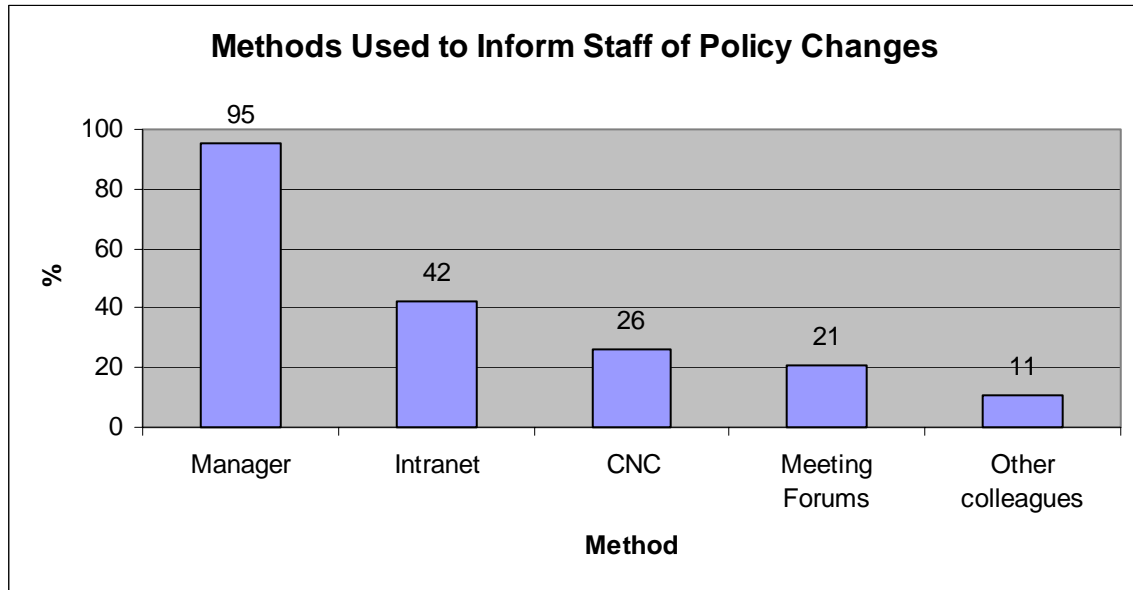


Figure 5: Methods Used to Inform Staff of NSW and HNE Health Policy Changes

## How are Responsibilities Allocated?

With regards unit specific guidelines or procedures, staff were asked to describe how responsibilities were allocated within their unit for the following:

- Writing
- Ratification
- Dissemination
- Implementation
- Evaluation
- Revision

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### Upper Hunter Sector

ID	Writing	Ratification (Committee)	Dissemination	Implementation	Evaluation	Revision
01001	CNC	Sector Quality	NUM	NUM	NUM/CNC	CNC
01002	CNC	Sector Quality	NUM	NUM	NUM/CNC	CNC
01003	Team Senior	Area Allied Health Managers	* Not stated	*Not stated	*Not stated	*Not stated

### Lower Hunter Sector

02001	SW	Integrated Care	SW	SW/NUM	Not done	SW
02002	NUM	Clinical/Quality	NUM	NUM	NUM	NUM
02003	Team Senior	Sector Seniors/Management	Delegated	*Not stated	Cluster SW meetings	*Not stated
02004	CNS/RN	Patient Safety/ Quality	NM	NM	NM	NM
02005	CNC	Unsure	CNC	CNC	CNC	CNC
02006	CNC	*Not stated	*Not stated	*Not stated	*Not stated	*Not stated
02007	CNC	Unsure	Unsure	Unsure	Unsure	Unsure
02008	CNC	*Not stated	*Not stated	*Not stated	*Not stated	*Not stated

### Greater Newcastle Sector

03001	CNC	Clinical Practice	CNC	CNC	CNC	CNC
03002	CNC	CNS meeting	CNC	CNC	CNC	CNC/ delegate
03003	Team Leader	OH&S	Team Leader	Team Leader	Team Leader	Team Leader
03004	Team	Team meeting	Team Leader	Team Leader	Not done	Team Leader
03005			** Not applicable			
03006	Team Leader/ delegate	TL meeting/GNS Quality	Team Leader	Team Leader	TL/Director	Team Leader
03007	NM/CNC	Executive/CNS meeting	NM/CNC	NM/CNC	NM/CNC	NM/CNC
03008			** Not applicable			

\* Not stated – time constraints did not allow further questioning

\*\* Not applicable- these units have not written unit specific guidelines or procedures

Table 1: Allocation of Responsibilities

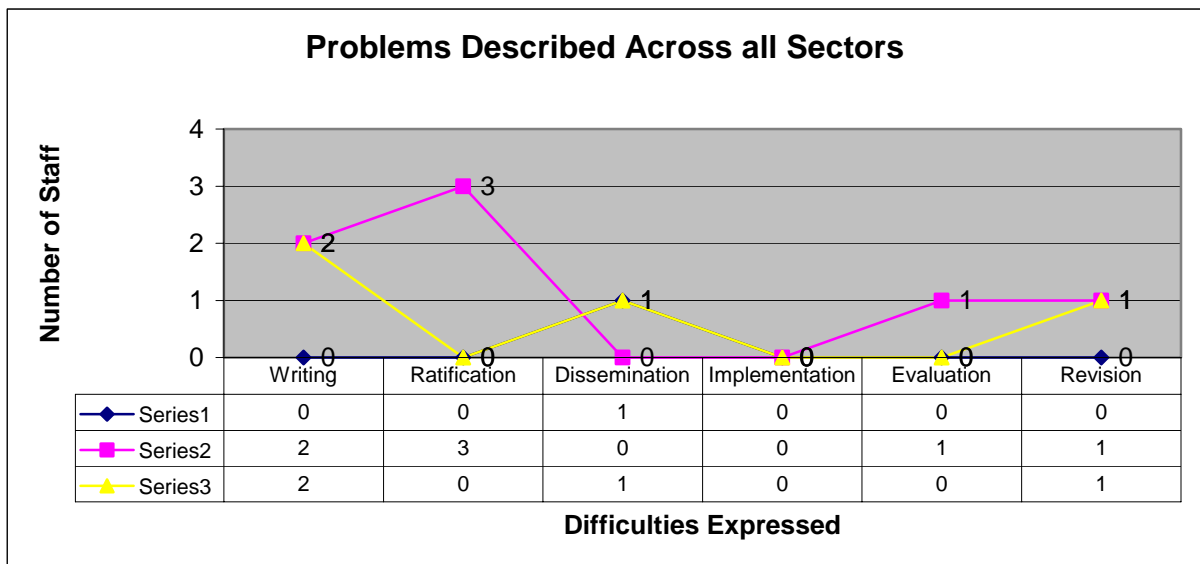
## What Problems Exist with Unit Specific Guidelines?

Staff were asked if they had any problems with carrying out the steps involved in developing and implementing effective unit specific guidelines or procedures. Responses indicate that the majority of units do have some problems, and are as follows:

- Have problems- 53% (n=10)
- Have no problems- 21% (n=4)
- Problems not stated- 16% (n=3)
- Not applicable- 10% (n=2)

Across the sectors the main problems relate to the writing and ratification of guidelines. Of those who stated they had problems, 40 % have difficulties with guideline writing while 30% do not know how to ratify the completed guideline. Figure 6 describes the particular problems that staff have with unit specific guidelines. Additional comments included:

- “Staff have information overload, so dissemination is hard”
- “It’s hard to identify who you should consult when writing guidelines”
- “It’s hard to get consensus on content”
- “We have staff rotating daily and it’s hard to keep them all informed”
- “My main problem is waiting for feedback and then re-drafting”
- “I would like to have training in how to write and revise a guideline”



Series 1= Upper Hunter

Series 2= Lower Hunter

Series 3= GNS

Figure 6: Problems Expressed by Staff

## What Guidelines Do Managers Consider are Appropriate for Area Wide Use?

Staff were asked if they considered that any of their current guidelines, standards, procedures or protocols should be made area wide and if so, would they be willing to have them modified (if needed) to enable them to be used area wide. Forty-seven percent of staff (n=9) considered that their guidelines could have an area wide application and all were willing to have them modified (if required) to ensure that they able to be used area wide. The topics identified are:

1. Home Visiting (currently in draft form)
2. Anaphylaxis Management at School
3. Opportunistic Immunisation
4. Correction of Age in Premature Infants
5. Maintenance of Vaccine Fridges
6. Use of Cleaning Agents
7. Child Safety in Child Health Clinics
8. After Hours Access for Staff Debriefing
9. Management of Post Natal Depression
10. Use of the Edinburgh Depression Scale

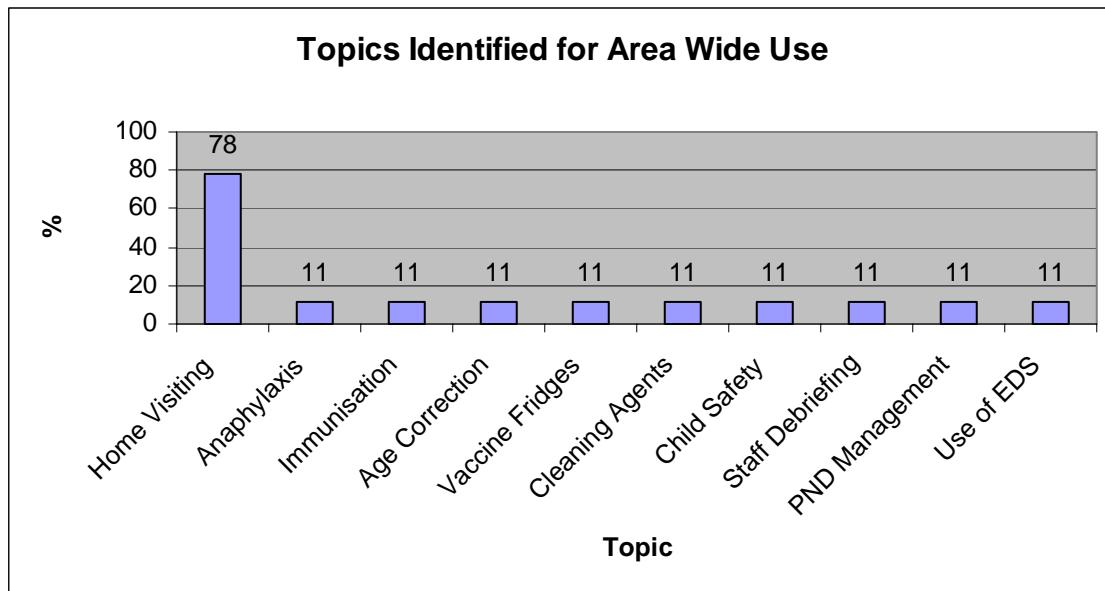


Figure 7: Proportion of Staff and Topics Identified

## **What Quality Improvement Processes are in Place?**

All staff could describe quality improvement processes within their units, though some units have more robust systems than others. A variety of methods are used to ensure a quality service is provided including changing practice in response to incidents, ensuring that staff provide signatures when they have read policies or guidelines, keeping staff well informed by regular inservice education and meeting attendance, and that quality improvement activities (such as audits, satisfaction surveys and quality projects) are undertaken. Two staff (11%) were not aware of policies such as complaints management, adverse events reporting, reportable incident briefs or mandatory training, and information was provided by the Project Officer on these subjects.

## **What are Other Issues for Staff?**

Some staff expressed concerns about the acute focus of policies (such as OH&S and Infection Control) and the AIMS system. Other issues of concern related to computers (lack of computers/internet access, computer downtime and lack of time to access information). Staff in rural settings also stated that it was difficult for clients with complex or mental health related problems to access services. One staff member also stated that there is a lack of choice for clients due to the rural isolation.

## **Recommendations**

Priority must be given to the completion of a home visiting guideline that includes risk assessment and travel limits. In addition, difficulties expressed with the writing and ratification of guidelines, the lack of a community focus within some policies and dissemination of new or updated NSW of HNE Health policies could be improved by more active involvement of community staff on guideline committees, mentoring of staff and the adoption of a formalised approach to communicating policy changes. The lack of computers, especially in Child and Family Health Centres, also needs to be addressed.