Integrated Community Nursing Implementation

Project Update 30 June2016

Message from the Chair of BOPALT

As sponsor/champion it is heartening to see this important and complex project progressing so well. We are being well served by the skills, knowledge and diligence of the Working Group assigned to the task of evolving this implementation plan. To my mind they are exhibiting the quality of Alliancing thinking and behaviour we will need to successfully deliver on the full benefits of the BOP Integrated Healthcare Strategy. July and August will see the trialling of the first small tests of change which will involve a wider group of our stakeholders. It is important therefore that we communicate well and provide the opportunity for review and feedback from all those involved in the BOP clinical network. The positive support of all Stakeholders is the vital ingredient for successful change. Everyone can opt to add or detract from the momentum and ultimate success of the endeavour, so we are particularly keen as a project team to involve as many of the BOP team as possible.

Robin Milne
Chair of Bay of Plenty Alliance Leadership Team

Project Overview

The integrated community nursing implementation project is making good progress with all of the work streams now established detail work commenced. Co-opted members with varied expertise and interest have joined the project to contribute to the detailed implementation plan. Project team members' background includes district nursing, Kaupapa Māori nursing, practice nursing, primary care nursing, nurse practitioners and general practitioner.

The detailed description of the community nursing services has highlighted the importance of accurately naming the work streams. As a result the following changes to a number of the work streams have been made.

- Routine care - *formerly referred to as routine chronic/continuing care*
- Acute response care - *formerly referred to as short term care*
- Complex care – *formerly referred to as complex chronic care*
- Information support - *Formerly referred to as information technology support*

Whānau Ora

The implementation project team was asked to look at strengthening the integrated community nursing model of care with whānau ora practices. The working group has made significant progress in describing the how community nursing practices will be directed by what matters to patient and whānau. We have made use of narratives to re describe the model of care.

Community Care Coordination

A key feature of the Integrated Community Nursing model of care is the concept of Community Care Coordination service. BOPALT has received a paper describing the vision, function and benefits of Community Care Coordination. We anticipate seeking feedback on this to wider stakeholders through

the BOPALT in July. Based on the feedback, BOPALT is expected to discuss implementation options for Community Care Coordination in August.

Baseline Information

We are pleased with the community nursing provider participation with community nursing data – phase one. We have compiled community nursing data related to intake, care activities/ clinical intervention, service duration and discharges. We now have some baseline information in relation to community nursing activities in the Bay of Plenty region which will inform the implementation planning.

Work in progress

All of the work streams are concurrently focussing on detailed work related to their deliverables. Following significant work in progress is worth noting;

- Development of a common community nursing assessment form. This takes into account patient and whānau/family focus; health, social and environmental indicators.
- Development of a common competencies, skills and knowledge framework for community nursing. This takes into account the integrated community nursing model of care requirements
- Description of complex patients, complex care and care settings
- Information support overview to enable the model of care practice and priorities. This has been presented to the Bay of Plenty Information System (BOPIS) group
- Two small test of change to commence in July and in August.

Planning

We have developed a detailed draft *(living)* document that brings together the detailed service design and implementation plans of the various components of the integrated community nursing model of care. This is shared with all the members of this project regardless of which work stream they are associated with. This gives us an opportunity to input to implementation planning of the model of care in full.

Presentations

We have been fortunate to present the integrated community nursing model of care and the implementation work to a number of groups including at the regional Primary Health Care Nursing Forum, the board of the Bay of Plenty District Health Board, BOPALT, BOPIS and district nursing team in Tauranga.

For further information on this project or access to draft implementation plan details, please contact Anushiya Ponniah, Independent Project Lead on mobile phone 027 565 4265 or email on anushiya.ponniah@bopdhb.govt.nz.

Integrated Community Nursing Implementation Working Group
30 June 2016