

## Integrated Community Nursing Implementation Project Update October 2016

### Project Status

The integrated community nursing implementation planning work is drawing to a close with a detailed planning document anticipated to be presented to the Bay of Plenty Alliance Leadership Team (BOPALT) in November.

Project Working Group and co-opted members came together in August and re-described the integrated community nursing model of care with a particular focus on Whānau Ora practices. The group has come up with a picture that captures the essence of patient and whānau directed care. We will publish a draft of this once it has been drawn along with a narrative of patient and whānau centred community nursing care.

### Community Care Coordination

Following wide stakeholder feedback process, the BOPALT considered the implementation options for Community Care Coordination Service at its meeting in October. They took into account current Bay of Plenty Health Services Plan development which indicates a preference to introduce system wide care coordination. We are pleased to announce that the BOPALT have agreed to implement a single place for community nursing referrals and triage as the first building block. What does this mean? Patients, referrers and wider communities can access community nursing services through a single place that will process the referrals, direct or redirect as required, identify priorities and coordinate where required to access community nursing services. It will also be a place to source community health service related information. Initial stages of implementation can commence once BOPALT has confirmed implementation resources.

### Supporting Primary and Community Nursing Workforce

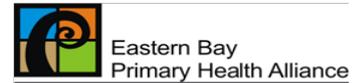
The project team is expected to seek a long term commitment from the BOPALT to the development of a cohesive and consistent primary and community nursing workforce that is fully supported to deliver an integrated community nursing care in the Bay of Plenty.

Strategic workforce plan for primary and community nursing workforce is required that supports succession planning including student placement in practice and primary care settings. We believe that true integrated health system will support equal access to professional development at every level from competent Registered Nurse to Nurse Practitioners. Consistent availability of right resources and visionary leaderships is essential to integrated care.

The project team has concluded its work and will look to recommend a common competency, skills and knowledge framework for primary and community nurses with consistent access to professional development.

### Implementation 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. We expect this to be finalised and presented to the BOPALT with recommendation in November.

### **Engagement**

We continue to present at various forums on request on the progress made to date. We encourage primary, community, Kaupapa and district nurses to contact us if you are interested to know more or want to contribute your thoughts.

For further information on this project or access to draft implementation plan details, please contact either Anushiya or Sarah. Please see their contact details below.

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**Integrated Community Nursing Implementation Working Group**  
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