Integrated Community Nursing Implementation Planning

Bay of Plenty Alliance Leadership Team Meeting Outcomes

30 November 2016

The Bay of Plenty Alliance Leadership Team (BOPALT) endorsed the implementation planning work at its meeting on 30 November 2016.

The implementation planning work was presented in two key documents which provided a detailed service description of Integrated Community Nursing care and a schedule of implementation plan activities deliverable over 6, 12 and 18 months.

The implementation work is ambitious. The Alliance Partners have made a long term commitment to achieving our vision by 2018 of implementing an integrated community nursing services that meets the patient and family/whānau needs. There is also the commitment to build a cohesive and consistent primary and community nursing workforce that is fully supported to assist with attaining, retaining and restoring family/whānau wellness.

The BOPALT has agreed to move forward with the planned implementation activities.

Engagement

The Alliance Partners are keen to engage with the wider stakeholders to present the implementation work to date. An overview of the implementation work is presented below. Stakeholder engagement presents an opportunity to expand on the service description and anticipated implementation activities.

We encourage Primary, Community, Kaupapa Maori and District Nurses to continue to participate and contribute your thoughts to the implementation work.

A series of open engagement forums will be organised and we will publish the details of these once arrangements have been made through the Alliance partners.

Integrated Community Nursing Implementation Project Team
30 November 2016

We acknowledge the contribution of the project team.
Anne Dallison, Anushiya Ponniah, Ellen Walker, Jeanette Chisam, Julie Cowley, Marama Tauranga, Mike Agnew, Myra Pourau, Pamela Barke, Pare O'Brien, Pat Cook, Philippa Jones, Robin Milne, Sarah Craven-Jones, Sarah Nash, Yvonne Boyes Anne Hishon, Annette Bradley-Ingle, Caroline Steens, Caroline Vanstone, Cindy Harper, Cushla Waites, Dr Richard Jones, Hinepuarangi Loughlin, Jane Wilson, Jessie Tamihana, Kathy Marshall, Kim Anderson, Mii Keelan, Rozanne Young, Russell Ingram-Seal, Ruth Haynes, Shelly Moloney, Shelley Pakoti, Sue Matthews, Theresa Ngamoki, Tracey Morgan, Vanessa Roguski, Wendy Dillon, Angela Neil, Charille-Ann Schoeman, Graham Cameron, Janet McLean, Sally Llewellyn, Simon Everitt, Steven Radford-Basher.

ONE PAGE SUMMARY

IMPLEMENTING AN INTEGRATED COMMUNITY NURSING SERVICES IN THE BAY OF PLENTY

An Alliance Leadership Team Initiative

The Integrated Community Nursing Model of Care will be implemented within the context of two key strategies; Integrated Healthcare Strategic (IHS) 2020 and Pae Ora.

IHS 2020

Pae Ora

The implementation planning acknowledges existing Kaupapa Māori nursing pathways and services and will safeguard their continuation

Our Vision

By 2018, we will implement an integrated, well coordinated and timely community nursing services that meets the patient and family/whānau needs. A cohesive and consistent primary and community nursing workforce is fully supported to assist with attaining, retaining or restoring family/whānau wellness.

The implementation project work is ambitious and requires long term commitment from the Alliance partners.

It is an integrated work plan with clear activities, deliverables and outcomes.

MODEL OF CARE applies the following **Guiding Principles**

- Partnership
- Achieving Equity
- Triple Aim
- Whānau Ora
- Whānaungatanga
- Alliance Values

EIGHT CHANGE CONCEPTS with anticipated **outcomes**:

- Patient and Whānau Empowerment
- Whakawhānaungatanga
- Consistent Care Experience
- Greater Equity
- Supported nursing workforce
- Avoid hospital or ARC admissions

Phased Implementation Plan of ACTIVITIES over six, 12 and 18+ months

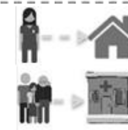
Work has STARTED

- Common Competencies, Skills and Knowledge
- Professional Development
- Shared Information
- Smart Technologies
- Funding follows patient
- Engagement

Supported by **KEY ENABLERS**

Key Factors for **CARE SETTING**

1. Clinical Need
2. Contextual Risks
3. Staff Safety



Community Nursing **SERVICE DELIVERY**

Care Coordination

- Single Place for referral and info
- Triage and Allocation

Initial Care
Routine Care
Acute Response
Complex Care