

Innovation Poster Session  
HRT1310 – End Of Life  
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# Regional Nursing Teams within NAPS

Presenter: Michele Biggs

Hospital Code Name:

# Increased Geographical Area

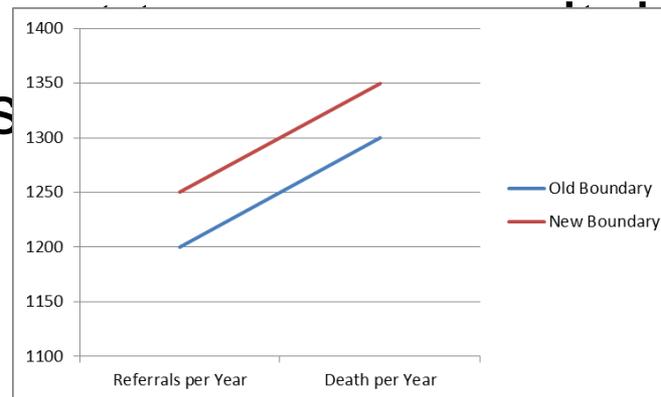
- ▶ NALHN boundaries for Palliative Care – realigned with the LHN.
- ▶ Amalgamation of Northern Services in line with the Palliative care Plan 2009-2016.
- ▶ Led to an increase in patient load for Community Nurses (one round in particular).

# Aim: Equitable and sustainable care for all patients

- ▶ To improve and sustain efficiency in the delivery of patient care.
- ▶ Ensure equitable service for all patients.
- ▶ Ensure patients receive the care they need when they need it.
- ▶ Ensure KPI's for home visits met given the increased geographical areas and working from one central point.

# BASELINE DATA

- ▶ Recently surfaced due to boundary changes
- ▶ Impact without making any changes would have been one nurse's caseload increasing from the low 20's to in excess of 50.
- ▶ Low socio economic area, this means high resources such as social work are required in addition to nursing needs.
- ▶ Boundaries were across all regions



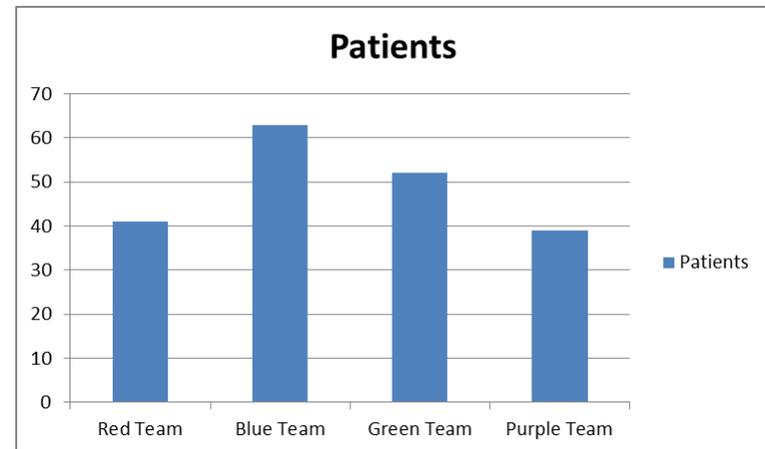
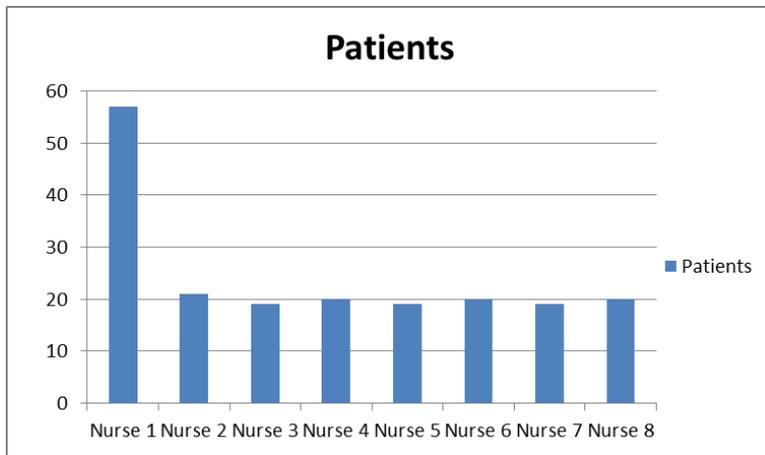
le referral rates

# KEY CHANGES IMPLEMENTED

- ▶ New Northern Adelaide Palliative Service divided into 4 geographical regions.
- ▶ Each new area assigned 2 RN 3 – CPC
- ▶ Ability to utilise RN 2 – CN as required across all regions (training role for 12 months).
- ▶ I Pads issued to allow for longer time on the road and the sending and receiving of emails.
- ▶ Mobile phones with ability to receive emails obtained (back up system).
- ▶ Working within a team allowed for flexibility of visits and efficiency of service.

# OUTCOMES SO FAR

- ▶ Graphs reflect inequitable level of patients per nurse, prior to the implementation.
- ▶ Do not reflect total number of patients in service (e.g OPD's only, GHS and country).
- ▶ Does not include the introduction of a triage nurse to support community nurses, being on the road more.



# LESSONS LEARNT

- ▶ Patients receive sustainable and equitable care
- ▶ Nurses feel supported by each other.
- ▶ Response times improved due to shared workload.
- ▶ Introduction of I Pads and access to messages via email on mobiles has allowed for nurses to undertake the required number of visits.
- ▶ To continue to be reviewed over the next 6 months (early days yet as an amalgamated service).