



Nursing and the Health of Older People

College of Nurses Aotearoa Symposium

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Presentation Overview

– community provider perspective



- Healthcare of New Zealand
- Funding, contracts, service specifications
- Observations from the community
- Clinical Risk
- Hidden value of nursing work
- Wider Context
- Survey
- Blueprint for the future



**Better, Sooner,
More Convenient
Healthcare**

For whom?

Yeah right.



NZAG and ACNZ conference 7 - 9 Oct



Positive Ageing Strategy

Professor Alan Walker (Director of
the New Dynamics of Ageing
Programme, UK)

“ageing is good news!”

“are resources allocated
sufficiently to match the
rhetoric?”

“Focused on later life not life
course.”



Healthcare NZ



- 20 years in community-based health services
- 40 branches throughout NZ
- + 6000 staff
- Deliver +17,000 clients month
- 800 physical and intellectual disability clients
- We deliver the following services:
 - Mental Health
 - Home based support services
 - Community Nursing
 - Intellectual and physical disability services
 - Community outreach services

Funding



HealthCare is a private company

... but we do some “not for profit” work

Clinical Risk Management

- not recognised in service specifications



- .. Registered nursing oversight and support of the non - regulated work force
- “registered nursing workforce to support the clinical (support) workforce”



Service Specifications



Contracts – Medication Management

- The majority of contracts did not specify medication management as a service component. The language and description is variable. Some service specifications refer to:
 - Verbal prompting – listed under complex care
 - Non-specific personal care tasks – Client supervision and assistance “not limited to that list”
 - Prompt, observe and educate
 - Support clients to self-manage medications
 - Provide flexible responsive service options based on child and family/whanau need
 - Safety and efficiency – “assistance with medications”
 - DHB Nursing: medication administration, oral, topical, enteral or subcutaneous

Service Specifications



- Advanced personal care
- Recognition of RN oversight with some NASC referrals: eg:
 - Complex bowel evacuations
 - Support with dialysis
 - Invasive medications to be negotiated on a case by case basis
- Clinical Governance review of service offering
- Individual negotiations



Clinical Oversight of “personal care”- requests from NASC/providers/primary care/clients/families



- Administration of morphine elixir
- Insulin administration
- Catheter care
- Bowel care
- PEG feeding
- Stoma care
- Prescription cream to skin
- Numerous medication administration requests



“Taking the financial high ground”



- Financial Models
 - Cost and risk shift
 - Services contracted
 - Viable services
 - Sustainability
 - Recognising value of work
 - Training
 - Fair wage rates
 - Quality & Risk



The value of nursing work - nursing codes



Code #	Brief Description	Description
1	Assessment & Care Plan	Client Specific but will be coded against only the specific contract
2	Training	Using the Nurse to deliver some training to Community Support Staff
3	Clinical Supervision - Client	Client Specific but will be coded against only the specific contract
4	Clinical Supervision - SW	Nurse time on verification of Support Workers work
5	Advice & consultation	Advice & consultation to Community Support Team
6	Discharges of Clients	Nurses time to complete Discharge of Client
7	Phone Calls to GPs & Clients	Nurses time for Phone calls to GPs & Clients

Wider Context



Greater number of older people with high and complex needs
being supported at home



Requires a more skilled workforce



To achieve this

- Skill mix of staff
- Greater supervision and training → qualified workforce
- Pay Rates that fairly reflect nature of the work
- Sustainable models



Peer Survey

“the practice reality” n = 6 + 20 DHB's



Questions:

1. What are the biggest challenges for your service in supporting over 65's?
2. Has the strategy had an impact on “aging in place”
3. Do DHB's and NASC's understand the reality of supporting people live in the community?
4. What 2 things would you change about the service specifications?
5. What 1 thing would you advise workforce planning?
6. What's the best thing your DHB has done to enable your service to improve the health of the older person?
7. Any other comments?

Question 1

What are the biggest challenges for your service in supporting over 65's?



- Increasing co-morbidities and acuity of clients
- Supporting people with increasing memory loss
- Unsafe at home
- Funding constraints
- Some clients will find it difficult with the restorative model
- Service: very task orientated
- Appropriately trained support workers in aging process, dementia care
- Recruitment and retention of staff
- Supervision and appraisal of support workers
- Too many providers with lack of communication
- Coordinating services to meet the needs of elderly Maori
- Culturally competent Maori workforce



Question 2: Has the strategy had an impact on “aging in place”



- There is a risk to elderly Maori as an overall policy decision for DHB's to reduce costs
- More choice but resources not matching increasing demand
- Probably not due to the funding issue
- Initially however funding capped now. We have seen an increase in admissions to residential care
- Yes, we are all talking about this but the funding is not sufficient
- Mixed view, we don't see hours increased to match acuity of clients with co-morbidities. People living longer but funding seems static

Question 3: Do DHB's and NASC's understand the reality of supporting people live in the community?



- I think so as assessors see the client at home
- Sometimes we have trouble convincing the NASC someone is unsafe at home
- I don't think they really understand the difficulty recruiting and retaining support workers to deliver care to the appropriate standards
- No, they are doing more by telephone. They do not understand the costs of delivering these services
- Yes but constrained by the funding models
- The service specifications with our DHB have not changed for 14 years, we have a more qualified workforce
- Fragmented services, poor discharge planning
- Opposing views of what home support providers can deliver, particularly outcomes

Question 4: What 2 things would you change about the service specifications?



- Criteria for assessing elderly Maori that should not be contained within a narrowly defined unit of support but flexible to encompass social and emotional needs
- One point of entry for all referrals with no duplication
- Regulated trained workforce
- Move away for a casual workforce with retention of a trained workforce
- Collaborative approach to developing service specifications
- Household management needs to be reviewed and discontinued but reinvest with restorative care (packages of care)
- Reduce number of reviews required for clients
- More flexibility in ability to provide assistance to client
- More socialisation for clients, manage transport issues
- um

Question 5: What 1 thing would you advise workforce planning?



- Funding designated for support worker training with a recognised career path
- Continue up skilling support workers due to nursing shortage
- Move away from assignment based workforce
- Regulated trained workforce
- Communication between primary and secondary sector
- Take into account growing ethnic workforce
- Appropriate level of cultural competency for Maori
- Training whanau to look after whanau



Question 6: What's the best thing your DHB has done to enable your service to improve the health of the older person?



- Working towards a single point of entry for assessing elderly
- Ability to use funding as appropriate rather than fee for service, more holistic approach
- One off funding for NZQA qualification
- Funding for training support workers to improve services
- Propose an change to number of reviews
- Designated funding for support workers with recognised career path for client and staff safety
- Community based rehabilitation programmes

Question 7: Any other comments?



- Disclaimer – my views only Jane
- Need for consistent sharing of client information
- Clients are tired of answering same questions over again
- More integrated approach across multidisciplinary team, current model reliant on support workers alerting Coordinators of problems
- Poor detection of early warning signs of deterioration and increasing frailty
- Expect a lot from our support workers



Blue Print for the Future

“Releasing time to care in community services”

www.institute.nhs.uk



- Reduce fragmentation
- Manage increased complexity
- Recognise risk shifting
- Collaborate on contract specifications
- Workforce readiness: build capacity and capability
- Integration
- Intersectorial development
- Invest in new models of care
- Recognise other policy drivers
- Continuum: whole systems approach



