Models of care: What are they and what difference do they make to my work as a PHC nurse?

Dr Jill Clendon and Dr Léonie Walker
NZNO
Overview

• What are models of care?
• Skill Mix in Primary Care
• Workshop
• Summary
Models of care

• Broad models
  – Provide a guiding framework for health care provision
  – Often built on historical structures and processes
  – New models are often difficult or slow to implement
  – Examples include:
    • Primary health care, Hospital care, Mental health care in the community
Models of care

• Narrower models of care
  – How we provide care in practice
  – More responsive and more easily modifiable
  – Will usually sit under a broad model of care
  – Examples include:
    • Nurse-led clinics, DSM nursing
What we know

• Health and social inequities are increasing
• People are living longer with increasingly complex health conditions
• Resource constraint is embedded
• Current models of care have had limited success in addressing these issues
What we can do about it

• Identify/design/implement models of care that work for people not providers yet are achievable within existing resources
• Use evidence to support our ideas
• Work together to make our knowledge and experience heard at the highest levels
Skill mix in Primary Care

Dr Léonie Walker
Dr Jill Clendon
Dr Kathy Nelson
<table>
<thead>
<tr>
<th></th>
<th>Case one</th>
<th>Case two</th>
<th>Case three</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Semi-rural</td>
<td>Town</td>
<td>City</td>
</tr>
<tr>
<td><strong>Practice Size</strong></td>
<td>Small</td>
<td>Very Large</td>
<td>Large</td>
</tr>
<tr>
<td><strong>Patient Population</strong></td>
<td>Mixed</td>
<td>High elderly Low deprivation</td>
<td>High deprivation</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td>Mixed</td>
<td>Largely Pākehā</td>
<td>Largely Māori</td>
</tr>
<tr>
<td>Process</td>
<td>Case one</td>
<td>Case two</td>
<td>Case three</td>
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<tr>
<td><strong>Enhancement</strong></td>
<td>RN led clinics, nurse autonomy, PCPA with advanced role</td>
<td>EN led wound clinics</td>
<td>Nurse Practitioner, PCPA with advanced roles</td>
</tr>
<tr>
<td><strong>Substitution</strong></td>
<td>Specialist nurse for NP or GP, PCPA for EN</td>
<td>EN for RN</td>
<td>NP for GP, PCPA for EN</td>
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<tr>
<td><strong>Delegation</strong></td>
<td>GPs to RNs via standing orders</td>
<td>RN to EN</td>
<td>NP education role, NP &amp; RN to NEtP nurse, RN to PCPA</td>
</tr>
<tr>
<td><strong>Innovation</strong></td>
<td>Nurse led clinics, nurse led falls prevention, on site dispensary</td>
<td>EN wound care clinic, Mobile RN/EN service, RN occupational health service</td>
<td>NP / nurse educator role, DSM nurse, Kaimahi roles, VLC Access funding</td>
</tr>
<tr>
<td><strong>Liaison</strong></td>
<td>Hospital diabetes specialists, District Nursing service</td>
<td>Hospital / rest home/District Nurses</td>
<td>Whanau ora justice, Education social work, Marae-based sessions</td>
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</tbody>
</table>
Findings
Roles, Direction & delegation

• There was appropriate delegation & delegation

• robust policies, record keeping & sign-off systems.

• All team members were clear about scopes & responsibilities

• equally valued for their contribution to patient care.

• Paper accepted for publication JPHC
Recommendations

• Adjust funding for home based care

• Increase nurse practitioners and nurse prescribers

• Change models of care to optimise nurse input

• Share and spread best practice in the use of standing orders

• Prepare and support our primary care nursing workforce

• Up skill unregulated PCPA

• Encourage and empower nurses to innovate and become more entrepreneurial
Workshop

• See handout
Summary

• Any questions?