

DRAFT

# WHANGANUI DISTRICT INTEGRATED NURSING DEVELOPMENT PROJECT



**Whanganui District Health Board  
Whanganui Regional Primary Health Organisation  
Te Oranganui Iwi Health Authority Primary Health Organisation.**



**Integrated Nursing Development Project  
Project Manager Jan Dewar  
June 2009**

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## EXECUTIVE SUMMARY

The Integrated Nursing Development Project is a joint initiative between the Whanganui District Health Board (WDHB) and Whanganui Regional Primary Health Organisation (WRPHO) in collaboration with Te Oranganui Iwi Health Authority Primary Health Organisation (TOIHA PHO).

The aim of the project is to develop a common vision and principles based planning framework for workforce development, leadership and governance, and integrated work streams for the development of both urban and rural nursing across the district.

The first stage of the INDP, completed in August 2008, was developed in response to Whanganui District Health Board (WDHB), Te Oranganui Iwi Health Authority (TOIHA) and Whanganui Regional Primary Health Organisation (WRPO) annual plan initiatives; to explore how the nursing workforce across providers within the WDHB region, will contribute to the WDHBs mission/vision *'To improve health and independence through a responsive and integrated health system'*.

This paper outlines a plan to roll out stage two of the Integrated Nursing Development Project (INDP). It was developed the collective input of nurses from a variety of settings and specialities within the Wanganui District (Appendix 6).

The paper acknowledges the rapidly changing health environment and given this it contains recommendations that are flexible and future-focused, that align with the current Regional Clinical Services Plan (2008) and that will accommodate any future regional collaborative initiatives. Importantly, this paper's recommendations have the potential to improve the participation of nurses in the patient journey with the aim of improving patient outcomes, reducing duplication and thereby reducing health care cost.

In developing this paper the group acknowledged that one major barrier to the development of nursing as a whole is the issue of pay parity across the sector, while an area for national discussion and debate this was outside the scope of the project and is not addressed in this paper.

This paper includes:

- a) a set of Guiding Principles;
- b) a District Nursing Framework upon which to develop nursing within the district;
- c) a Workforce Plan; and
- d) a Leadership and Governance Model.

The set of Guiding Principles underpin the development of nursing across and within the district. These have been validated through feedback from several consumer groups; the emphasis is on the need for a patient centred approach to care delivery.

Building upon these Guiding Principles the Whanganui District Nursing Framework (as described on page 14) outlines how nurses in the district wish to deliver care. Both the underpinning principles and Framework are seen as enduring.

To enable the Framework to become a reality it is critical that a Workforce Plan was developed. This was needed to ensure that the nursing workforce across the district continue to have the capability and capacity to meet future health needs of the local

population. The final Workforce Plan's dual focus is to develop the profession in terms of skills, knowledge and attributes, and to upskill them from a practice perspective. The aim is to develop more nurses with the expert knowledge needed to effectively undertake generalist roles. Over the next three years the objectives of the above Workforce Plan include:

- Fostering nursing professional and practice development to enable evidence based collaborative interdisciplinary patient care planning and appropriate clinical support;
- Building the nursing workforce capacity to enable working across the continuum including provision of nurse-led services
- Utilising information technology to promote sharing of information and seamless patient care

Given the current context the stakeholder group recommends a phased approach be taken to the development of nursing leadership in the Whanganui District. This paper proposes that the first phase of this process focus on building workforce capability and capacity with emphasis on preparation of future leaders able to contribute and drive models of care delivery across the continuum. In the current environment it is important for the leadership model links at a regional level.

To support the leadership team and guide the process of collaborative, co-ordinated nursing development and increased nursing capacity it is necessary to form a nursing service development group. This group will include key nursing stakeholders in the Whanganui District. It will be underpinned by a partnership model which would allow stakeholder representatives to give advice, direction and support which could then be reflected in the group's decisions.

Given the national emphasis on both regional and primary/secondary integration the project team recommends a staged approach to governance, leadership and workforce development. Even with realignment of the existing workforce the project team recommend that there be dedicated positions to implement the proposed workforce plan (Appendix 5). This will require two FTE additional nursing positions. One new position would be a dedicated education position across primary care including NGO's, Aged Care and Palliative Care. This would complement the existing nursing development role (currently part-funded by CTA). The other new position would work across the continuum to achieve the change, up-skilling and realignment necessary, for example greater focus and emphasis on health promotion, primary prevention across the continuum as described under workforce development.

Endorsement of the integrated nursing development final report and recommendations will provide a platform to support and guide the development of nursing capability and capacity across the Whanganui district over the next three years.

## **Recommendations**

1. That the nursing framework principles, vision and key concepts be accepted.
2. That the opportunities to strengthen seamless care identified above be accepted as desirable and a commitment made to support working towards these recommendations with relevant stakeholders.
3. That the workforce development plan be accepted and implemented over the next three years.
4. That a Nursing Service Development Group (of relevant stakeholders) be set up to guide and influence the development of nursing across the district as outlined in the terms of reference.
5. That phase one of the leadership structure be approved and implemented within three months of sign off by WRPHO, TOIHAPHO and WDHB Boards.
6. That a sustainable funding model is established to support recommended additional FTE (for detailed FTE recommendation see page 40).
7. Once the final report is signed off by the WRPHO, TOIHA PHO and WDHB Boards, the Boards delegate to their CEO's to implement the recommendations of the report.
8. That we participate in regional collaborative initiatives where appropriate.

# 1. INTRODUCTION

This report is stage two – implementation, of the Integrated Nursing Development Project Paper, June 2008. The framework was developed by representatives from nursing groups involved in primary and secondary care in a range of settings in the Whanganui district (a full list of participants can be found the end of this document). The purpose of the framework is to provide a way forward for the development of the nursing workforce with the aim of better meeting population health needs, enabling efficient and effective use of the nursing resource available in the area, reducing inequalities and forms part of the implementation of the Primary Health Care Strategy.

The Primary Health Care Strategy (PHCS) was introduced in New Zealand in 2001 with a vision of development of a primary health care system with a greater emphasis on population health and continuity of care including the role of the community, health promotion and preventative care, the need to involve a range of professionals and the advantages of funding based on population needs rather than fees for service (Ministry of Health, 2001). There is a need to create a culture to support confident practitioners by integrating education, practice, research, information technology and continuing professional development.

The Integrated Nursing Framework seeks to encourage development of the nursing workforce seeking a collaborative, communicative, seamless nursing service working together across all service continuums.

The report is presented in four parts.

Part one includes:

- the purpose, background and principles of the framework
- a model for the provision of nursing care across the continuum in Wanganui
- key concepts, transition strategies and vision for the future.

Part two includes:

- a description of nursing involvement in the patient journey
- actions and strategies to strengthen seamless patient care across the continuum
- a workforce development plan for the next three years.

Part three includes:

- a clinical governance model for nursing (Nursing Service Development Group – stakeholders)
- functions of the clinical governance group
- terms of reference for the clinical governance group.

Part four includes:

- a description of a nursing leadership model to lead the development of nursing in the Whanganui region going forward.

## **2. PURPOSE AND BACKGROUND**

The Integrated Nursing Development Project is a joint project between the Whanganui District Health Board (WDHB) and Whanganui Regional Primary Health Organisation (WRPHO) in collaboration with Te Oranganui Iwi Health Authority Primary Health Organisation (TOIHA PHO).

The aim of the project is to develop a common vision and principles based planning framework for workforce development, leadership and governance, and integrated work streams for the development of both urban and rural nursing across the district. The project will contribute to the various national and WDHB projects and strategies to improved health outcomes.

A questionnaire was sent to PHO consumer advisory groups and their feedback indicates a need for healthcare delivery that is patient centred (“the patient gets the feeling that this service is for them”). Care delivery needs to be flexible in approach, easy to access, ensure the best care is given and people are treated fairly in a non-judgemental way. It is important that language used is easily understood (not jargon), full and accurate information is given (including ways to access services and costs), options and choices are offered, communication is clear, understands individual circumstances and does not make assumptions. Access to interpreters where appropriate was also identified.

## **3. UNDERLYING PRINCIPLES**

The underlying focus for the nursing framework is meeting population health needs. The themes of collaboration, co-ordination and seamless service to meet the health needs of the people of the Wanganui district are central to the functioning of the framework. Based on consultation with stakeholders and consumers, and consideration of recognised quality principles (Institute of Medicine, 2001), core values identified for the Wanganui Nursing Framework are:

1. Safety is inherent in all aspects – nursing practice fits within legal, ethical and regulatory frameworks to ensure patient safety is maintained.
2. Transparency and sharing of information as appropriate between services with the aim of seamless, holistic service is paramount, interdisciplinary practice is an established standard of care for meeting complex health needs.
3. Clinical expertise (Right person, Right place, Right time) supporting reducing inequalities – The particular geographical, social and cultural needs of people should be considered to ensure a responsive, inclusive approach including;
  - the needs of specific populations such as Maori and Pacific people
  - socioeconomically disadvantaged people
  - people with all levels of health need from groups targeted by health promotion to end stage care
  - people in rural and remote areas.

Decision making is evidence based – professional development for nurses is recognised as a dynamic process and takes place within national frameworks, nurses need to incorporate new practice areas and capabilities as they evolve.

4. Nurses able to follow clients across the continuum of care – leadership and processes in place to facilitate communication and sharing across the service continuum.
5. Inter-professional co-operation is a priority.
6. Te Whare Tapa Wha – a holistic approach (Whanau Ora) is taken aimed at synergy between the clinical and social, environmental, spiritual and emotional elements of health and well being.
7. Responsive patient care is based on continuous healing relationships - the priorities, needs and experiences of people with health care requirements should be central to the development of nursing services.
8. The patient is the source of control – the patient is fully informed to make care decisions at every point along the health journey.
9. Self management transitioning to independence – needs are anticipated through collaborative understanding between services recognising that health promotion is a starting point for health care.
10. Nursing Leadership - Integrated leadership working across the region to move nursing forward as a whole.

#### 4. FUTURE VISION

Based on the identified underlying principles, the future vision is outlined in Diagram 1, on the following page. The principles have been presented with a description of current status, future vision and useful strategies to move towards the ideal.

**TABLE 1 – FUTURE VISION**

<b>Principle</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
<b>Safety is inherent in all aspects</b>	Minimum safety standards and legislative requirements met.  <i>(See Appendix A for standards and legislative requirements).</i>	An atmosphere of accountability and a willingness to report and learn from patient safety incidents or near misses.	Nursing Service Development Group (stakeholders) advocate for positive attitudes and values about safety and quality by disseminating relevant information and role modelling.  Education and understanding of improving quality systems through understanding of safety incidents is provided and accessed.

<b>Principle</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
<b>Transparency and sharing of information</b>	<p>Different assessment tools used.</p> <p>New assessment on each contact with health professional or episode of care.</p> <p>Different IT infrastructure across services.</p>	<p>One patient assessment tool used by all services (consistent documentation).</p> <p>IT system to support access to patient information.</p> <p>Agreement on IT standards across all sectors.</p> <p>Clarity over privacy and confidentiality of patient information.</p> <p>Planned networks between nurses to discuss and distribute information widely and consistently.</p>	<p>Agreed base level patient information accessible to all health professionals - Dr Info availability extended.</p> <p>Consistent documentation where possible.</p> <p>Directory of nurses with specific expert knowledge and contact/availability details.</p> <p>Nurses involved in consultation regarding IT system development.</p> <p>Challenging and breaking down professional and service grouping barriers.</p>
<b>Clinical expertise - Right person, Right place, Right time supporting reducing inequalities (Better, Sooner, More Convenient)</b>	<p>Some nurse led initiatives Variable support for nurses.</p> <p>NCNZ expectation that all nurses are at competent level.</p> <p>Some nurses not currently provided with peer review or performance review by another nurse.</p> <p>Lack of national frameworks around specialist nurse competencies.</p>	<p>Nurse led clinics based on assessment of WDHB regional population health needs and consultation with interdisciplinary team.</p> <p>All nurses at a minimum competent level on WDHB regional PDRP.</p> <p>Nurses self identification of interest area and development of expertise in collaboration with managers at performance review.</p> <p>Clear steps/support agreed to gaining additional expertise to progress nursing capability.</p> <p>Nurses engaged in research to support development of nursing service.</p> <p>Links to national groups</p>	<p>Support for teams to identify population need and appropriate, planned, professional development resulting in the relevant skill level to provide nurse led services in collaboration with interdisciplinary team.</p> <p>Guidelines for consistent management of chronic conditions.</p> <p>Central learning and development centre to co-ordinate and plan education for the WDHB region.</p> <p>Professional Development packages available Planned approach to PG study funded by CTA.</p> <p>Planned approach to conference attendance Database inclusive of all nurses to distribute professional development information.</p>

<b>Principle (continued)</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
		and guidelines.  All nurses are audit ready.	
<b>Decision making is evidence based</b>	Guidelines for care available inconsistently.	Best practice guidelines are promoted.  District wide guidelines available.  Nurses with specialist areas of expertise/interest.  Core skills consistent for all nurses involved in direct patient care.  National guidelines, consultation and links to develop practice guidelines.  Environment that fosters clinical excellence and allows challenge to current practice.	Adoption of current guidelines available district wide.  Identification of gaps and guidelines developed.  Promotion and ability to access evidence based database for use across district.  Education for nurses to enable access and understanding of evidence.
<b>Nurses able to follow patients across the continuum</b>	Work carried out in silos with some communication on admission and/or discharge from secondary or tertiary care.	*Case management patients – one health professional as point of contact sharing information during episodic secondary or tertiary care.  *Care Management patients – clear communication between health care providers in particular surrounding episodic secondary or tertiary care provision.  *Independent patients – responsible for own health care supported by short term episodic intervention by secondary services and prevention strategies at all levels e.g. health promotion, discharge self care information.	Nurses participating in multidisciplinary pathway planning, implementation and evaluation groups.  Patient passports for identified patients to carry all information.  Role development to enhance the professional recognition, fulfilment, career progression and rewards for nurses.  IT systems available to support pathways linked through all services.

<b>Principle</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
<b>Inter-professional co-operation is a priority</b>	Varying levels of co-operation between clinicians and services.	<p>Collaborative approach to patient care facilitated by effective and timely communication between service providers.</p> <p>Patient centred care remains the goal.</p> <p>Interdisciplinary understanding and acknowledgement of skill sets and maximisation of communication and utilisation to improve patient outcomes.</p>	<p>Specific guidelines for information transfer between services e.g. on admission to and discharge from hospital care.</p> <p>Sustainable funding mechanisms accessed to build capability and capacity of the nursing workforce.</p>
<b>Te Whare Tapa Wha</b>	Increasing understanding of Te Whare Tapa Wha concepts, not applied in all settings.	<p>Nurses work with a holistic approach (Whanau Ora) to identifying how health changes can cause disruption to one or more aspects of the Te Whare Tapa Wha concept.</p> <p>Nurses are able to negotiate a health plan to enable self-management inclusive of whanau (with support of the multidisciplinary team and intersectorial agencies).</p>	<p>All nurses receive appropriate training to understand the concept of Te Whare Tapa Wha and application in health care.</p> <p>Education on population health, understanding of the Primary Health Care Strategy, He Korowai Oranga and WDHB Huarahi Oranga.</p>
<b>Responsive patient care is based on continuous healing relationships</b>	Service gaps apparent Patient care currently based on service delivery and professional scopes of practice.	The priorities, needs and experiences of people with health care requirements are central to the development of nursing services.	<p>Areas of WDHB district population need identified and service provision at all levels of care transition back to the community.</p> <p>Communication and planning for nurse led services in collaboration with the multidisciplinary team.</p> <p>Recognition of nursing expertise and development required to provide specialist nursing support for identified service.</p>

<b>Principle</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
<b>The patient is the source of control</b>	<p>Variable levels of understanding in patient population.</p> <p>Variable levels of information available to patients.</p> <p>Not all nurses aware of resources available.</p> <p>Lack of resources available in some areas.</p> <p>Training available on Treaty of Waitangi principles, not all staff have attended, not applied consistently</p>	<p>Patients understand own health care needs and are aware of choices available.</p> <p>Nurses aware of resources available to patients.</p> <p>Goal setting with informed client making choices.</p> <p>Easily accessible information for patients to consider e.g. web based and hard copy Treaty of Waitangi principles considered and applied in practice.</p> <p>Unconditional care provided regardless of patient choices made.</p> <p>Seamless link between all services.</p>	<p>Patient aware of point of contact to access health services.</p> <p>Patient agreement to personal health goals.</p> <p>Nurses provided with education around resources available.</p> <p>Database of available resources developed.</p> <p>Nurse education on Investing in Health Document provided.</p>
<b>Self management transitioning to independence</b>	<p>Variable levels of understanding and resources to enable patient self management.</p>	<p>Patients are supported to make health decisions aimed at self management of their individual health needs.</p>	<p>Engagement of other disciplines to give nurses tools, techniques and knowledge to encourage patients to work towards self management.</p> <p>Understanding of the role Whanau contribute in patient decision making developed.</p> <p>Consistency of resources available and consistent utilisation of resources.</p>
<b>Integrated leadership working across the region to move nursing forward as a whole.</b>	<p>DON with mandate to represent hospital nurses.</p> <p>Strategic Development Manager WRPHO.</p>	<p>Leadership and governance frameworks support clinical excellence, staff up-skilling and use of technology to improve patient outcomes</p> <p>Leadership structure with a clear mandate to represent nursing across</p>	<p>Nursing Service Development (stake- holder group) to support and give guidance to nursing leadership.</p>

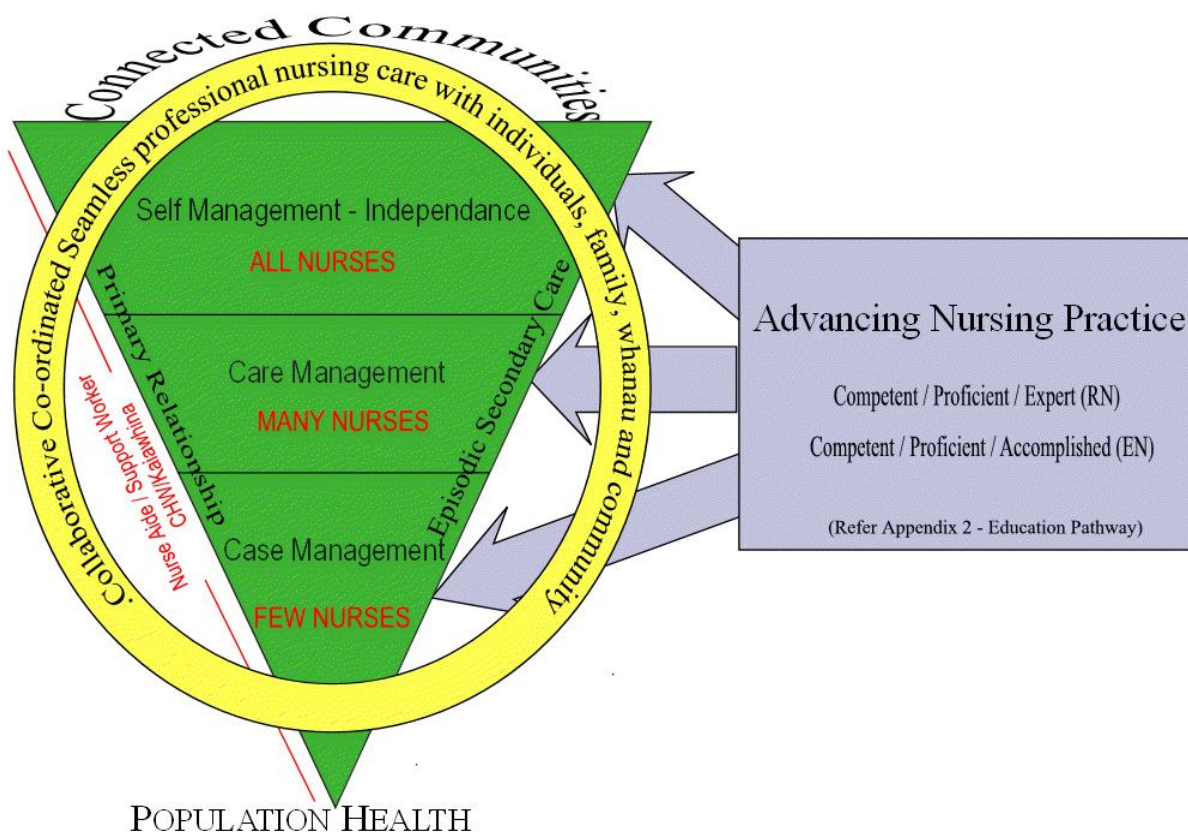
<b>Principle</b>	<b>Current</b>	<b>Future</b>	<b>Transition Strategy</b>
<b>(continued)</b>	Clinical Leader TOIHA.  Primary mandate only for PHOs and Practice Nurses.	the district.  Nursing with a voice to influence strategic direction in all areas that affect nursing.  Coordinated approach to up-skilling the workforce, retaining and recruiting nurses and utilising best practice and processes to achieve improved patient outcomes.	IND Project signed off by WDHB, WRPHO, TOIHA PHO and accepted by other stakeholders.

## **5. NURSING FRAMEWORK**

Illustrated on the following page (Diagram 1) is the framework as a conceptual drawing of the key ingredients that underpin nursing development in the district. This model builds on recently released and influential documents including the Primary Health Care Advisory Committee discussion document (2009), the Primary Healthcare Strategy (2001), Investing in Health (2003), the Wagner model (cited Taylor & Gibbs, 2003), a review of UK and international frameworks (Singh and Ham, 2006), a national professional development framework for palliative care nursing in New Zealand (2008) and other models (Browes, 2007; National Advisory Committee on Health and Disability, 2007; Kaplow and Reed, 2008). The framework demonstrates that nursing needs to be inclusive and collaborative and recognises that there are different levels of skill required to deliver specific services to meet population need. To practice at an advanced level there is a body of knowledge and expertise that is essential; this is outlined in the education pathway (Appendix 3).

## DIAGRAM 1: NURSING FRAMEWORK

Fig 1 - Whanganui Nursing Framework



### 5.1 Key concepts

There are a number of key concepts within the model which include:

- Relationship across all services - it is expected that a range of services will be needed to meet the changing health needs of the Whanganui Region. The potential for nurse led services in both the primary and secondary service areas is recognised. In the area of primary health, services should be aimed at meeting the needs of the enrolled population. Nurse led services should be carried out in collaboration with the interdisciplinary team with patient/community need as the driving force (Workforce Taskforce, 2008).
- Interdisciplinary Teams - the importance of the interdisciplinary team is inherent in the model and contributes to reduction in inequalities. It is recognised that all members of the team contribute to the health care of the patient and no one person can meet all needs. While nurse led services are desired this must be done in collaboration with other team members with processes in place for referral and collaboration between team members involved in care.

- Interdisciplinary communication is paramount for patients in the care management category, interdisciplinary planning is inherent in the management of patients in the case management part of the model.
- Nurse led services - it is recognised that different communities will have different health care needs. The potential for nurse led and co-ordinated services is recognised particularly in primary care and rural areas. The provision of nurse led services needs to be supported by other health professionals in particular medical and/or nurse practitioner collegial support, advice and teamwork.
- Nursing Professional and Practice Development - the importance of the generalist Registered Nurse (RN) is recognised as the majority of the nursing workforce, carrying out a significant portion of the nursing care delivered in the region. All nurses are expected to achieve competent level on the Professional Development and Recognition Programme (PDRP), available to nurses involved in primary and secondary care in the region. It is desirable that generalist RN's continue to expand their knowledge and skill supported by the availability of a variety of professional development opportunities which are co-ordinated and planned according to the health needs of the community and identified areas for development at individual performance review (Ministry of Health and District Health Boards of New Zealand, 2007). Many nurses will choose to continue their study and skill development to achieve proficient level on the PDRP. This is recognition of an advancing level of knowledge and skill in a chosen area. A few nurses will choose to become expert nurses, this includes nurses who wish to specialise in a particular area and/or continue their study to an advanced level to gain recognition as a Clinical Nurse Specialist or Nurse Practitioner in line with the strategic direction of the region.
- Regional collaborative opportunities - for those of our population who receive specialist and tertiary services outside of the Whanganui District the potential for nurse led support and care management within Whanganui should be further developed in collaboration with the outsource provider. The proximity to MidCentral District Health Board (MDHB) has the potential to enable nurse led services within the district with support from Medical Specialists, Nurse Practitioners or Nurse Specialists from MDHB. The development of nursing in the district will align with the regional clinical services plan whereby future nursing workforce needs will be flexible to maximise opportunities workforce development and service provision for the community through collaborative working relationships.

### **Recommendation**

That the nursing framework principles, vision and key concepts be accepted.

## **6. PATIENT/INDIVIDUAL/WHANAU CARE ACROSS THE CONTINUUM**

The nursing framework indicates three broad categories of patient care requirements, and acknowledges that nurses across PDRP levels can work with all patient groups. The education framework describes a nursing competency continuum from beginning

practitioner to expert. The place of the individual nurse on this framework would indicate the focus of care provided with a particular patient group.

The patient groups are described as follows:

*Self Managing to independent* – “those at high risk of developing a long term condition due to a combination of clinical risk factors (high BMI, family history) and personal psycho-social risk behaviours (smoking, alcohol etc).” (Degeling & Close, 2006, p 35).

*Care Management* – “persons with a single condition or range of clinical problems, and personal indicators who would benefit from care management.” (Degeling & Close, 2006, p 35).

*Case Management* – persons identified using both clinical indicators (2 or more hospital admissions, length of stay more than 40 days, presence of co-morbidities, in the top 3% of GP candidates) and personal indicators such as anxiety, depression, nature of family, dynamics/dependants, health literacy, self-efficacy. This group may include complex management in the palliative care area.

## **Patient Care**

Outlined below is the aim of patient care that relates to each of the patient groups above.

*Self Managing to independent* – To improve quality of life and reduce risk of developing a long term condition and if diagnosed to reduce its severity. Support provided by health professionals responsible for linking individual with secondary prevention support and providing care during episodic treatment events.

*Care Management* – To improve quality of life, extend active life, slow down disease progressing, reduce disability, ensure better management of sudden deteriorations, reduce need for hospital admission and improve quality of life. Support provided by proficient nurse with interdisciplinary communication who acts as a point of contact between the individual and the team, supports the individual to navigate services.

*Case Management* – To improve quality of life and reduce repeat admissions. Support provided by expert nurse in collaboration with the multidisciplinary team with authority to order clinical investigations, make referrals and arrange admissions to hospital, who is the fixed point of contact for the patient and who co-ordinates contributions of other professionals and agencies (Degeling & Close, 2006).

People within all patient care groups may require acute unscheduled care and undifferentiated diagnosis. People will self refer or be referred by their chosen primary care provider to the appropriate service.

The primary relationship for all people is their chosen primary care provider. This provider is responsible for assessing the person on first contact and maintaining an overview of the person’s journey. Most people will be able to be self managing and/or independent but all will require a range of appropriate health promotion and screening services e.g. immunisation, well child checks, smoking cessation, risk assessments, physical activity etc to maintain health and wellbeing.

People in the care management category will need further care management and should be assessed for the need for other services and referred appropriately for further support and service provision. This will include more comprehensive assessment including broader issues of family support, transport, housing etc. A proficient registered nurse working in a multidisciplinary environment could co-ordinate care in partnership with the person. Involvement of nurse practitioners, general practitioners, community based allied health services and secondary services will be required at times.

People in the case management category will have multiple co-morbidities affecting their quality of life. They will require case management by nurse practitioners, general practitioners or clinical nurse specialists utilising a wide variety of other resources and services.

People requiring palliative or end stage care have complex conditions and may require frequent hospital admissions. These people will be cared for by nurse practitioners, registered nurses, general practitioners, other specialists, allied health, palliative care teams and aged care workers. Family support networks will also be required (Degeling and Close, 2006; Welsh Assembly Government, 2007; Primary Health Care Advisory Council, 2009).

## **7. THE PATIENT JOURNEY**

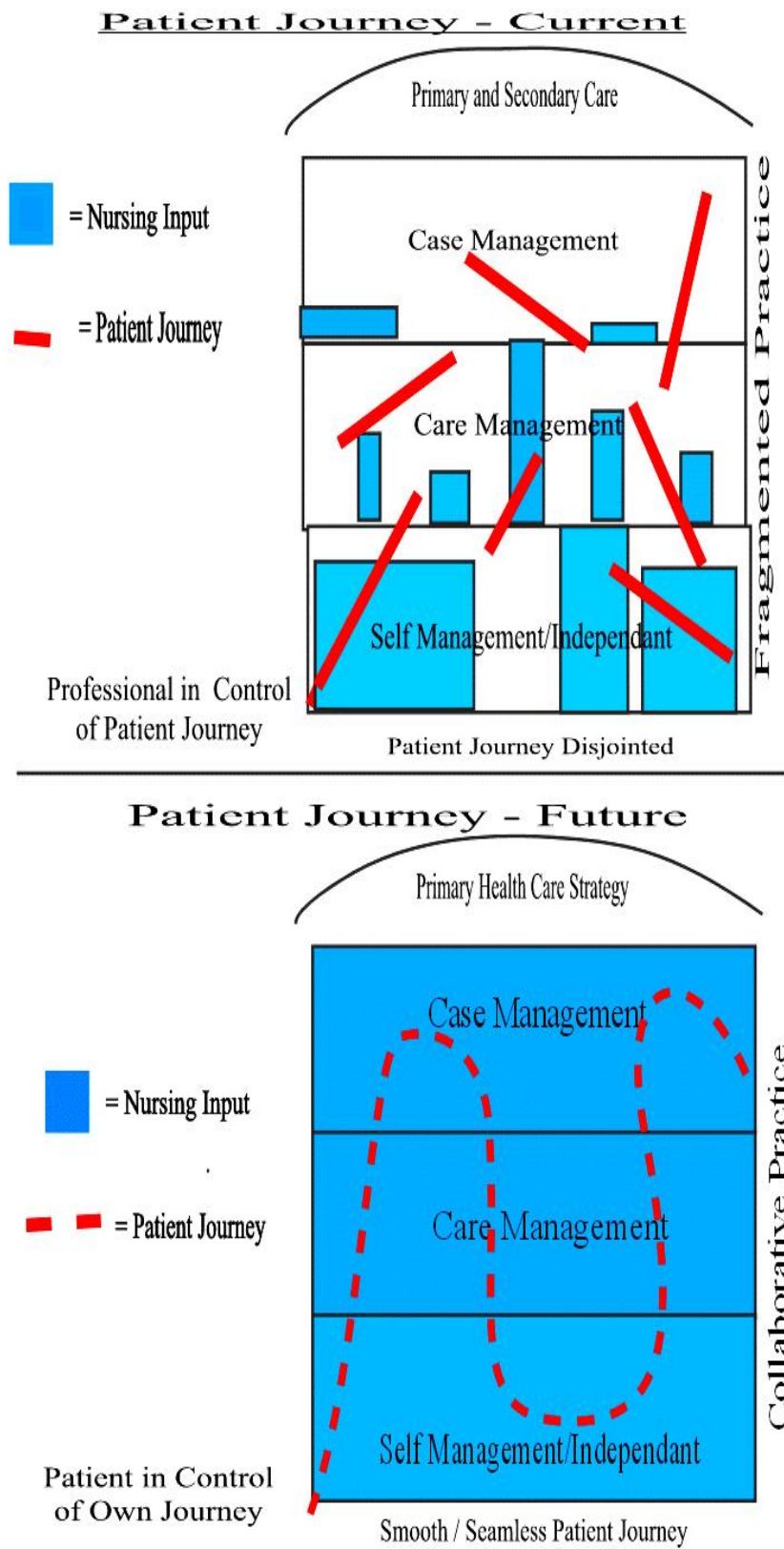
Currently the patient journey is often disjointed with the professional driving progress. The involvement of nursing services across all patient care categories is not consistent, in some areas being well planned and co-ordinated while in other services unplanned and uncoordinated.

The vision for the patient journey is that it is driven by the patient based on informed choice and patient control. The journey would be well co-ordinated and seamless across services and nursing services would be consistently and collaboratively involved (Institute of Medicine, 2001).

Nursing involvement in a consistent and planned way across the spectrum in collaboration with other health providers has potential to reduce duplication, increase quality, improve patient flow and reduce cost.

The following illustration demonstrates this concept (Diagram 2).

**DIAGRAM 2**



## 8. DELIVERY OF NURSING SERVICES

As described above, nurses at all levels may work in each patient category. This is relevant in all practice settings. Examples of how nurses may have a different focus according to expertise are outlined below.

**Table 2 – Delivery of Nursing Services**

Patient	CHW/Nurse Aide/Kaiawhina/Support Worker	EN*	RN* Competent	RN* Proficient	RN* Expert	Nurse Practitioner*
Self Managing – Independent	<p>Builds effective relationships with clients Whanau and others.</p> <p>Advocates to remove barriers to access e.g. transport, lack of understanding, appointment times.</p> <p>Provides support to identified patients to encourage client participation in own care.</p>	<p>Follows client plan of care provided by RN.</p> <p>Maintains accountability and responsibility for decision making and nursing care actions.</p> <p>Undertakes care for patients assessed by RN as stable and predictable.</p> <p>Works under supervision of a Registered Nurse.</p>	<p>Assesses patients health needs and develops plans of care to meet their needs.</p> <p>Provides health information and promotion to meet targeted patient groups.</p> <p>Evaluates care.</p>	<p>Plans health promotion and education activities in line with district strategic goals and population health needs.</p>	<p>Leads the development of pathways, protocols and guidelines in the specific area of practice.</p>	<p>Provides nursing leadership that positively influences the health outcomes of the client/population group and the profession of nursing.</p>

Patient	CHW/Nurse Aide/Kaiawhina/Support Worker	EN*	RN* Competent	RN* Proficient	RN* Expert	Nurse Practitioner*
Care Management	Supports care planned by RN &/or Multi-disciplinary team by encouraging client and whanau understanding and participation.	<p>Develops effective relationships with patients and whanau to support understanding and participation in health care.</p> <p>Follows client plan of care provided by RN.</p> <p>Undertakes care for patients assessed by RN as stable and predictable.</p> <p>Observes and reports health status information.</p> <p>Works under supervision of a Registered Nurse.</p>	<p>Plans patient care with patient and Whanau involvement.</p> <p>Accesses expert knowledge as appropriate.</p> <p>Liaises with other members of the Multidisciplinary Team.</p> <p>Recognises and manages risk.</p>	<p>Assesses, plans, implements and evaluates specialist clinical nursing care to meet the care needs of individuals and groups.</p> <p>Provides direct patient care and facilitates communication within the interdisciplinary team.</p> <p>Uses evidence based research to plan care.</p> <p>Identifies areas of risk and acts to minimise risk.</p>	<p>Assesses, diagnoses and treats specific conditions in accordance with agreed professional protocols and guidelines.</p> <p>Develops appropriate management plans with the patient based on assessment.</p> <p>Researches, evaluates, develops and implements standards of nursing practice in the specific area of practice. Leads the development of pathways, protocols and guidelines in the specific area of practice.</p>	<p>Provides nursing leadership that positively influences the health outcomes of the client/population group and the profession of nursing.</p> <p>Practices independently, monitors and evaluates client response to care.</p>

<b>Patient</b>	<b>CHW/Nurse Aide/Kaiawhina/Support Worker</b>	<b>EN*</b>	<b>RN* Competent</b>	<b>RN* Proficient</b>	<b>RN* Expert</b>	<b>Nurse Practitioner*</b>
Case Management	Supports care planned by RN &/or Multi-disciplinary team by encouraging client and whanau participation.	Patients in this category would not meet the criteria of stable and predictable, EN would have support role.	<p>Demonstrates assessment and clinical skills appropriate to the area of practice.</p> <p>Functions as a member of the Multidisciplinary team utilising expertise available to ensure that care provided is patient centred.</p> <p>Evaluates care provided against planned outcomes.</p>	<p>Uses advanced clinical skill to support team management of patients with several co-morbidities or particular patient groups.</p> <p>Collaborates with interdisciplinary team to evaluate client responses to care provided.</p>	<p>Collaborates with the interdisciplinary team to plan patient pathways.</p> <p>Provides specialist nursing care and expertise both in direct patient care and in support to other staff in the management of patients with complex needs.</p> <p>Practices with innovation to achieve positive outcomes.</p>	<p>Effectively assesses, diagnoses and treats or refers patients presenting with undifferentiated health problems.</p> <p>Undertakes clinical examinations and tests in order to inform diagnosis and treatment plans.</p> <p>Practices at an advanced level across a range of situations and contexts.</p> <p>Evaluates care through quality improvement and scholarship.</p>

( \* Meets all competencies as specified by the Nursing Council of New Zealand Registered Nurse, Enrolled Nurse and Nurse Assistant competency requirements)

## **9. ACTIONS AND STRATEGIES TO STRENGTHEN SEAMLESS CARE ACROSS THE CONTINUUM**

Outlined below are the key strategies that have been identified to assist in strengthening seamless care across the continuum into the future.

### **9.1 Nurses working across the spectrum of patient care**

It is envisaged that all patients will have a nursing assessment and risk assessment completed on first contact with a health care provider. This may be in general practice, with a Maori health provider or in the emergency department. This assessment will be completed on an IT system that would and be available to the patients nominated primary care provider.

The person would be triaged at this point to determine (in collaboration with the patient) the most appropriate course of action. This could be diagnostic tests, referral to shared care, referral to a Nurse Practitioner, referral to a doctor, referral to community services or admission to hospital. This would depend on the level of need assessed and the availability of services to care for the patient. Effective systems must be in place for all information related to any episode of care to be conveyed to the primary care provider who maintains an oversight over the patient's journey. This would result in better linking of public and community based providers (Cunliffe, 2008).

### **9.2 Advanced nursing roles**

In 2007 NZNO/DHBNZ identified and endorsed a number of designated senior nurse job titles. It is acknowledged that there are nursing roles currently within other provider organisations which would meet the practice requirements of these roles that do not carry these titles. Within Whanganui DHB titles currently in use for senior patient care roles is Clinical Nurse Specialist. Senior roles generally require greater clinical and academic preparation beyond the level required for initial professional registration, (Bachelor of Nursing) (Browes, 2007). Use of national frameworks as they become available is recommended e.g. National Diabetes Nursing Knowledge and Skills Framework (Snell, 2009).

### **9.3 Extended nursing roles**

The potential for extended nursing roles becoming available in the future has been signalled by the Nursing Council ([www.ncnz.org.nz](http://www.ncnz.org.nz)). The Council is mindful that, in a rapidly moving practice environment, nurses are increasingly being required to perform extended practice roles. The Council has decided to consult with the sector on an appropriate framework for ensuring the safety of the public in an environment where practice is expanding and is increasingly complex and diverse.

The Council's consultation will include considering whether the registered nurse scope of practice should be extended, whether another scope of practice for registered nurses performing these types of roles is required, whether a credentialing framework is implemented (and if so, by whom) or whether authorization of individual scopes of practice is appropriate. This consultation process is expected to commence in May 2009.

Recommended guidelines will need to be followed to extend nursing roles in the future (NZNO, 2008).

#### **9.4 Development of Nurse Practitioners**

Nurse Practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse Practitioners may choose to prescribe medicines within their specific area of practice (NCNZ, 2007). Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities, and in local and national policy development. Nurse Practitioner's are able to work in a variety of settings, in Wanganui primary care has been identified as an area of need. "A nurse practitioner is ... able to provide front line care in the general practice setting in the particular aspect of primary care they have specialised in, alongside the general practitioners who have the full range of generalist medical skills" (Primary Health Care Advisory Council, 2009a p4).

The Nursing Council Competencies for Nurse Practitioners describe the skills, knowledge and activities of Nurse Practitioners. The pathway to Nurse Practitioner includes achievement of Expert on the PDRP, identification of a scope of practice, mentoring and meeting of Nursing Council of New Zealand requirements for recognition as a Nurse Practitioner.

Support for the development of nurses clinical knowledge and leadership and facilitating the development of Nurse Practitioners would increase capacity to meet patient need in the primary sector (Primary Health Care Nurse Innovation Evaluation Team, 2007).

It is envisaged that Whanganui Nurse Practitioner roles would be especially relevant for management of 'hard to reach' or 'high needs' populations both to manage direct patient care and to lead/support other nurses working with these population groups. For a nurse to be recognised as a Nurse Practitioner she/he should have reached the expert level on the PDRP, meet NCNZ requirements for Nurse Practitioner and have a defined population group to work with. Mentoring into the role is available at a national level and this should be utilised to develop any new Nurse Practitioner roles.

#### **9.5 Nurse led services**

Going forward the development of nurses led services in collaboration with the multidisciplinary team will be prioritised. Some examples of services working well have been identified, these include services where care is 'wrapped around' the person with the patient participating in the care involved at every step. It is imperative that the system is wrapped around the individual rather than the provider.

The provision of nurse led services or clinics would assist in meeting the requirements of the Primary Health Care Strategy (2001) by enabling a greater emphasis on population health, health promotion and preventative care, encouraging community involvement, improving accessibility, affordability and appropriateness of services, improving co-ordination and continuity of care and providing an opportunity to provide and fund services according to the population's needs (as opposed to fee for service when people are unwell) (Hawkes Bay Primary Health Organisation, 2007). This would involve a move towards a more integrated health promotion approach leading to an expanded nursing role in population health and health promotion disease management.

Opportunities for Nurse Led services in a multidisciplinary context are available in primary care and in the hospital setting.

These include but are not limited to:

- Nurse led clinics focusing on particular groups within general practice in collaboration with other clinicians
- Wrap around services within Whanau Ora services including Whanau Ora Nurse Practitioner services
- 'Rolling up' of contracts to provide services in rural areas including Nurse Practitioner service provision
- Nurse led preadmission assessments.

## **9.6 Succession planning/Career pathways**

Participation in the Nurse Entry to Practice Programme (NETP) or the RN1 program is a first step in retaining nurses and starting on the process of gaining both broad nursing knowledge and development of interest areas. The WDHB NETP programme will continue to be an accredited programme approved by the Nursing Council of New Zealand.

Nurses will have the opportunity to have a yearly performance review which will identify learning objectives. The nurse may seek guidance with determining learning objectives with their manager, nurse educator or CTA co-ordinator. This provides the nurse with the opportunity to gain extra knowledge and/or qualifications in a self identified area of interest (agreed with their manager). This will enable nurses to competent in undertaking new roles as they become available. Strategic planning by nurse leaders to identify areas that would benefit from extra nursing expertise will guide the process of decision making for nurses and managers. An education pathway for progression of Registered Nurses is attached (Appendix 3).

Support through CTA funding and careers advice at appropriate junctions will enable nurses to career plan and focus on up-skilling to meet the changing needs of the patient population (MoH & DHBNZ Workforce Group, 2007; Workforce Taskforce, 2008). Nurses who develop areas of expertise would have the potential to be resource people for other nurses e.g. nurse with advanced knowledge in diabetes could be a resource for other nurses along with the clinical nurse specialist diabetes. Nurse Specialists will have well defined job descriptions and performance indicators to ensure that they are not utilised as competent registered nurses but as expert level registered nurses with a specialty practice.

## **9.7 Nursing services to Maori / Kaupapa Maori services**

The development of the nursing workforce as outlined in the nursing framework applies to Kaupapa Maori services and supports all services to be responsive to Maori. The Kaupapa of each Maori Service organisation will inform individual service models and guide the application of the nursing framework. Kaupapa Maori Services in the district will continue to be involved in advising and leading development of the nursing workforce to meet the needs of Maori in the Whanganui Region.

## **9.8 Development of the non-regulated health worker**

The non-regulated health worker is defined as “people who have direct personal care interaction with clients, patients or consumers within the health and disability sector and who are not subjected to regulatory requirements under health legislation” (DHBNZ, p4). Definition of this workforce reflects inclusions and exclusions as per the coverage agreed between DHB Workforce Strategy Groups.

“The non-regulated workforce spans inpatient hospital services (e.g. healthcare assistants); residential care workers, community and home based services, as well as workers in the field of mental health disability and needs assessment and service co-ordination. The workforce includes paid and unpaid workers (e.g. family / whanau carers and volunteers). The workforce’s focus is respectively restoration, recovery, rehabilitation, participation and independence across the service spectrum (DHBNZ, 2006)”.

It is recommended that the Nursing Leadership Team work with all non-regulated health worker groups (community health workers, Kaiawhina, support workers, nurse aides), supported by the Nursing Service Development Group (Stakeholders) to ascertain the training needs of the non-regulated workforce and work towards a coordinated education and training pathway in line with national initiatives to support this workforce.

### **Recommendation**

That the opportunities to strengthen seamless care identified above be accepted as desirable and a commitment made to support working towards these recommendations with relevant stakeholders.

## **10. WORKFORCE DEVELOPMENT**

A workforce development plan has been developed for implementation over the next three years driven at CEO level and operationalised by the nursing leadership team.

The Goal of the nursing framework is coordinated, collaborative, seamless professional nursing care with individuals, family, whanau and community.

The Nursing workforce development plan (Appendix 4) has three objectives supported by 15 outcomes as summarized below.

**Table 3: Nursing Workforce Development Plan – Summary**

Objective	Outcomes
<p><b>Foster nursing professional and practice development to enable evidence based collaborative interdisciplinary patient care planning</b></p>	<ul style="list-style-type: none"> <li>• Combined learning centre to provide education tailored to the needs of all nurses in the Whanganui District.</li> <li>• Education linked to NZQA framework with clear links to career pathways and population needs.</li> <li>• Nursing framework utilized to ensure roles are positioned appropriately with education, skills and knowledge appropriate to the position required and specified in the job description.</li> <li>• Availability of all levels of the PDRP to help staff identify and profile skills and knowledge.</li> <li>• Relevant professional and clinical information is accessible and shared.</li> <li>• Availability of a nursing pool for professional development release and clinical cover.</li> <li>• Care planning and delivery is evidence based.</li> <li>• Enrolled Nurses / Nurse Assistants are supported to maintain competency and registration requirements within scope.</li> <li>• Non-regulated workforce skilled to support regulated workforce to meet the population needs (includes Community Health Workers, Kaiawhina, Nurse Aides, and Support Workers).</li> </ul>
<p><b>Build the nursing workforce capacity to enable working across the continuum including provision of nurse led services</b></p>	<ul style="list-style-type: none"> <li>• Strategic leadership and management support in place including mentoring and coaching for nurses to develop nurse led initiatives based on patient need.</li> <li>• Advanced nursing positions / Nurse Practitioner positions identified and supported.</li> <li>• Workforce planning to ensure appropriate skill mix to meet patient need.</li> </ul>
<p><b>Utilise information technology to promote sharing of information and seamless patient care</b></p>	<ul style="list-style-type: none"> <li>• Creative use of available technology e.g. email/cellphone photo and phone consultation from remote rural or community areas to hospital prior to admission</li> <li>• Agreed first assessment documentation, shared electronically as appropriate e.g. MedTech.</li> <li>• Consistent process for referral back to primary care provider on discharge from any other service.</li> </ul>

**Recommendation**

That the workforce development plan be accepted and implemented over the next three years.

## **11. STAKEHOLDER ADVICE AND LEADERSHIP**

### **11.1 Introduction**

The Whanganui Nursing Service Development Group (NSDG) is responsible for facilitating the vision of the Whanganui Nursing Framework and supporting the Whanganui Nursing Leadership Team (NLT). The nursing leadership team will consist of professional champions identified by various sectors of the health care system, working together to improve health outcomes across all sectors.

### **11.2 Whanganui District Nursing Service Development Group (Stakeholder Advisory Group)**

The NSDG is an advisory group to the Nursing Leadership Team. As such it has delegated responsibilities for undertaking activities that support and promote professional development, clinical excellence and supporting leadership of nurses the Whanganui Region.

The role of the NSDG is to improve the quality of service delivery and patient outcomes through leading change in clinical practice, monitoring and evaluating clinical quality, processes and systems and making recommendations around nursing strategic and operational direction in relation to patient outcomes (Braine, 2006; Maddock, Kralik and Smith, 2006; Braithwaite and Travaglia, 2008).

### **11.3 Functions of the Nursing Service Development Group**

- Provide clinical governance and advice to the Nursing Leadership Team and contribute to planning and evaluation activities.
- Provide a nursing forum for innovation, strategic and operational matters related to, or which impact on nursing in the region.
- Encourage and endorse innovative methods of healthcare delivery and undertake projects that support an integrated nursing approach encompassing a population based health focus.
- Promote nursing collaboration, shared governance, nursing research and publication and strategic alliances.
- Foster an environment where clinical excellence will flourish.
- Recommend strategies to mitigate/manage risk.
- Recommend nursing policy, procedures and guidelines developed by nurses in the region that impact on nursing to the NLT.
- Co-ordinate, advise, monitor and address any concerns brought to the NSDG and make recommendations to the NLT

## **11.4 Representation**

### **11.5 Membership**

Nurses who hold roles that enable nurses to be change agents and who will help nursing progress in line with the Whanganui Nursing Framework.

Members will be nominated by their representative groups using the NSDG nomination form. Representation will include:

Whanganui District Health Board	4 members	
Whanganui Regional PHO	3 members	(urban, rural and practice nurse representation)
Te Oranganui Iwi Health Authority	1 member	
Non-Government Organisations	1 member	
Hospice	1 member	
Aged Care	1 member	
Rural Iwi Health Provider	1 member	
Non-regulated Workforce	1 member	
Enrolled Nurse	1 member	

### **11.6 Ex Officio**

Nursing Leadership Team representative

### **11.7 Co-opted members**

Members from the nursing network may be co-opted to advise on a specific area of practice.

### **11.8 Nursing Development Group Member's Responsibilities**

- To attend NSDG meetings or forward an apology
- To support the chairperson, NLT and nurse leaders
- To network and communicate with nurses throughout the region
- To complete NSDG related activities as agreed and do all possible to contribute to the standing of the NSDG
- Members are required to give one months notice of intent to resign

### **11.9 Meeting Structure / Process**

- Annual General Meeting will be held in November
- Office Holders (Chairperson and Deputy Chair) will be elected by the NSDG at the AGM
- The schedule for NSDG meetings will be decided after the AGM
- A minimum of 10 meetings will be held annually
- The chair may call a special meeting with a minimum of 48 hours notice
- A quorum of seven members is required
- Agenda items should be received by the Chair ten (10) days prior to the meeting

- and the agenda and meeting material circulated one week prior to the meeting
- The agenda will be approved by the Chair or nominated representative
- The agenda will contain a list of inward and outward correspondence
- Voting rights – each elected member has one vote. No proxy votes will be accepted. A majority is required
- In the event of a hung vote the chairperson will have the casting vote
- In the event that a member is unable to attend 4 consecutive meetings, nomination of a replacement representative from that area will be requested.

### **11.10 Reporting**

- The NLT will keep the NSDG informed of current and planned work
- NSDG members will provide an overview of current activities/trends within their area of practice to the NSDG
- NSDG members have a responsibility to report to their nursing areas following NSDG meetings
- The NSDG along with the NLT will hold x4 forums per year open to all nurses to present innovations in nursing and gain feedback from the nursing workforce
- The NSDG and NLT will jointly publish an annual document profiling nursing improvement and innovation in the region

(\* Administration support will be required e.g. minute taking, distribution of documents)

### **11.11 Conflict of Interest**

Any conflict of interest arising within the NSDG will be declared and managed according to WDHB policy

### **11.12 Review / Amendments**

- Terms of reference may be amended at the annual meeting and will be reviewed biannually
- Elected members will stand for a 2 year term – planned rotation (maximum 3 terms)

### **11.13 Abbreviations**

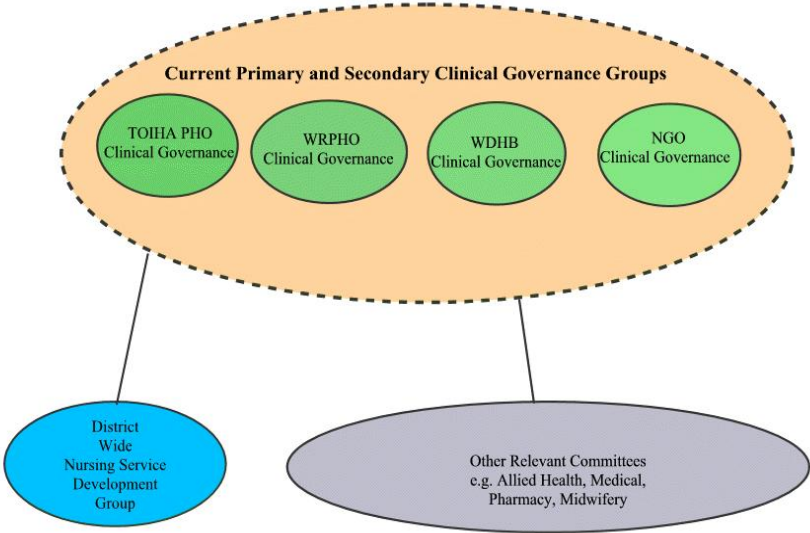
NSDG:	Nursing Service Development Group
NLT:	Nursing Leadership Team
TOIHA PHO:	Te Oranganui Iwi Health Authority Primary Health Organisation
WRPHO:	Whanganui Regional Primary Health Organisation
WDHB:	Whanganui District Health Board

### **11.14 Nursing Service Development Group Structure**

It is proposed that the NSDG (Stakeholders) would have links to the various Clinical Governance Groups in the District through joint membership (i.e. members of the NSDG group having representation on the various Clinical Governance Groups or a mechanism to feed information into these groups - as would currently be the case). In future it is

envisaged that there may be a consolidation of Clinical Governance in the district which would further enable this link. (Diagram 3. illustrates this structure).

**DIAGRAM 3: NURSING DEVELOPMENT GROUP STRUCTURE**



The Nursing Service Development Group would have links with Clinical Governance Groups in the district (possibly one entity in the future). The group would support the Nursing Leadership Team by progressing projects, providing advice, disseminating information related to nursing development and contributing to the development of nursing across the Whanganui District in line with the vision of the Whanganui Nursing Framework

**Recommendation**

That a Nursing Service Development Group of relevant stakeholders be set up and supported.

(Acknowledgement to WRPHO Clinical Governance Group and MidCentral DHB Primary Health Care Nursing Clinical Governance Council Terms of Reference; and WRPHO Quality Framework).

**12. THE WHANGANUI REGION NURSING LEADERSHIP TEAM STRUCTURE**

The goal of the nursing model is to have an integrated, co-ordinated and collaborative nursing leadership team to lead nursing forward across the Wanganui Region. This will be achieved by the formation of a nursing leadership framework and clinical governance (stakeholder group) framework to support the vision. Given the rapidly changing nature of the current health environment, it is intended that the principles of the model continue on an enduring basis while the details of the model may evolve over time. It is proposed that the interim leadership model be reviewed against key milestones after a two year period.

It is recognised that closer ties with MidCentral District Health Board are proposed and this model would support regional nursing leadership in the future. Locally the nursing

leadership aims are to up-skill and retain staff to provide an excellent nursing service to the people of Wanganui. The model has a patient centred approach, maintaining best practice standards across the continuum of care with care taken to strengthen primary/secondary and regional collaboration. Models in place in other New Zealand District Health Boards have been considered and wide discussion regarding advantages of different models held with incumbents in a variety of roles and structures (Payne, 2008). In the current fiscal environment decisions around allocation of resources should be in line with work plan outcomes.

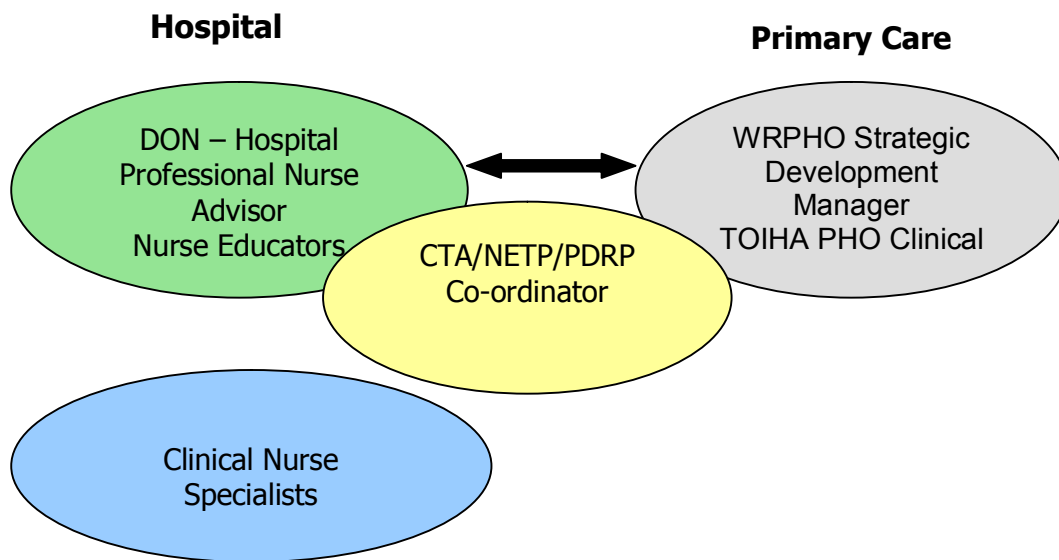
**TABLE 4: LEADERSHIP PRINCIPLES**

<b>Principle</b>	<b>Proposed Model</b>	<b>Transitional Strategy</b>
Integrated leadership working across the region to move nursing forward as a whole.	<p>Leadership and governance frameworks support clinical excellence, staff up-skilling and use of technology to improve patient outcomes.</p> <p>Leadership structure with a clear mandate to represent nursing across the district.</p> <p>Nursing with a voice to influence strategic direction in all areas that affect nursing.</p> <p>Co-ordinated approach to up-skilling the workforce, retaining and recruiting nurses and utilising best practice and processes to achieve improved patient outcomes.</p>	<p>Governance Group (Stakeholders) to support and give guidance to nursing leadership.</p> <p>Nursing Leadership Group made up of Professional Champions responsible for delivery of work plan.</p>

**12.1 Current Leadership Model**

The current model is seen to be fragmented with no mandate for any single position or group to lead nursing in an integrated way. As illustrated in Diagram 4, the current model of nursing leadership in the district does not have a co-ordinated approach with a mandate to move nursing forward across the district. There is no recognised forum for joint planning and strategic decision making around issues that affect nursing and nurses across the region. The WRPHO Strategic Development Manager (with responsibility to nursing strategy and leadership), TOIHA Clinical Manager and WDHB DON meet informally to discuss nursing development.

**DIAGRAM 4: CURRENT LEADERSHIP MODEL**



- DON Hospital sits on Executive Management Team of the DHB but does not have a mandate to speak for all nurses in the region. Participates on the WDHB clinical governance group and represents the Wanganui district on national nursing committees. There is no recognised integrated nursing leadership representing nursing across the region. The DON is utilised on request by other areas.
- The WRPHO Strategic Development Manager leads the development of nursing within the WRPHO and Primary Nursing Development Group, participates on WRPHO clinical governance, leads and facilitates integrated clinical development initiatives within primary and across primary / secondary.
- The TOIHA PHO Clinical Leader leads nursing development within TIOHA PHO and participates on the Primary nursing development group.
- Currently the WDHB Nurse Advisor and jointly appointed CTA Co-ordinator work collaboratively on some projects e.g. NETP expansion, PDRP
- The CTA co-ordinator role is currently nationally funded through the Central Training Agency until June 2009 with ongoing funding yet to be allocated or obtained.
- Nurse Educators currently work from the hospital and involve/invite nurses in primary care to education events.
- The WRPHO nursing development group organises specific education sessions for practice nurses. There are occasional joint exercises.
- The WRPHO facilitates educational sessions for primary sector nurses through nursing and combined clinical educational forums.

Clinical Nurse Specialists work out of the hospital but carry out most of their work in the community; they present at some study days when arranged.

- Currently the Wanganui district has no established nurse practitioner roles.

## **12.2 A proposed phased model is outlined below.**

Phase One - A model to grow nursing professionally and increase capability and capacity over the next two years. This model utilises roles currently in place and includes an additional two FTE nursing development positions based in Primary Care as well as

expansion of the current position part funded by CTA (to address needs identified in the primary care needs analysis recently completed (Appendix 4) and to progress the district workforce development plan (Appendix 5).

Phase two - The stakeholder group identified that they wanted nursing leadership that is cognisant of local population needs and aligns with regional and national initiatives. A model will evolve over the next two years as we grow nursing leaders within the district. Within the current context, the model could include one Director of Nursing with a mandate to represent both primary and secondary care and reporting the CEO of WDHB, TOIHA PHO and WRPHO. This position would have a collaborative relationship with regional and national nursing leaders. Development and education roles will work across the primary/secondary interface in line with regional and national ongoing developments. This model will evolve over the next two years with a greater emphasis on primary health.

## **13. PHASE ONE**

This option is proposed in light of the current rapidly changing health environment, fiscal situation and workforce readiness. This model would support regional / national collaboration and networks.

Phase one utilises the strengths of the current model of care while offering opportunity to grow potential and future leaders. This model gives a 'big picture' view to show the relevance of nursing leadership within the wider context of the region. It is intended to be a starting point which will evolve as priorities become clearer and strengths/weakness of skill mix are identified and built on.

The Nursing Leadership Team (consisting of professional champions from within each service) will be responsible for delivery of the proposed workforce development plan and for collaboration with others to further develop the plan as priorities become apparent. It is important that this group are focused on challenging the status quo and changing the culture to work towards greater integration of services and patient focused care.

The current Director of Nursing (DON) would co-ordinate this team and continue to be responsible for strategic advice to the WDHB Executive Management Team. The DON could also take information and initiatives from the Leadership Team to the Executive

Management Team. These same initiatives would be championed by members of the Leadership team within their employing organisations.

It is recognised that there are a number of roles in the region that are not nursing specific but which make a significant contribution to the strategic development of nursing in the region. These roles will continue to be important and will add to the momentum of the nursing leadership group and the nursing governance groups to progress the development of nursing as it intersects with all aspects of patient care. This includes such areas as patient journey, integrated care, reduction of inequalities, Kaupapa Maori services, development of nurse led services in partnership with other health professionals and other changes in health as they develop. Currently key roles in the region include the WRPHO Strategic Development Manager and the proposed

General Manager Patient Safety and Service Quality. In the future there may be other roles that have significant links and influence to further an integrated approach to patient care.

Members of the Nursing Leadership Group (Professional Champions) would include nursing roles holding portfolios with a district wide focus (e.g. education, PDRP, NETP, CTA) to move nursing forward as one. These roles would take the lead on various portfolios working across all sectors in their given portfolios. Current roles in this category would be the Director of Nursing, TOIHA PHO Clinical Leader, Professional Nurse Advisor and the CTA Co-ordinator (currently based at WRPHO). The functions and expected outcomes of these roles would be the basis for any change or expansion of titles now or in the future. This group would work closely with the Nursing Service Development Group (Stakeholders) to ensure that ongoing work meets the needs of all stakeholders and is representative of the needs of nursing in the region. Portfolios may be changed and realigned as the focus of roles that affect nursing change in a rapidly changing health system.

It is important that there is awareness of professional nursing development nationally and internationally. Nationally at this time most DHB's have a Director of Nursing in secondary services with a number of DHB's either across primary/secondary or individually leading the primary sector. In the future the professional champions group may expand to have a more strategic focus around growing nursing in the region. In this model the nursing leadership team would decide the most appropriate representation on national committees and meetings to report back to the group and more widely through the stakeholder group.

Nurse Educators would focus on culture change and work towards a more integrated nursing service including co-ordination and provision of education to meet the needs of all nurses in the sector. Currently educators are based in secondary care (2.5 FTE), in the future these need to be across primary and secondary with a population health focus. An additional 2.0 FTE is essential to complete the workforce development plan including up-skilling of the primary workforce to enable smooth devolution of services.

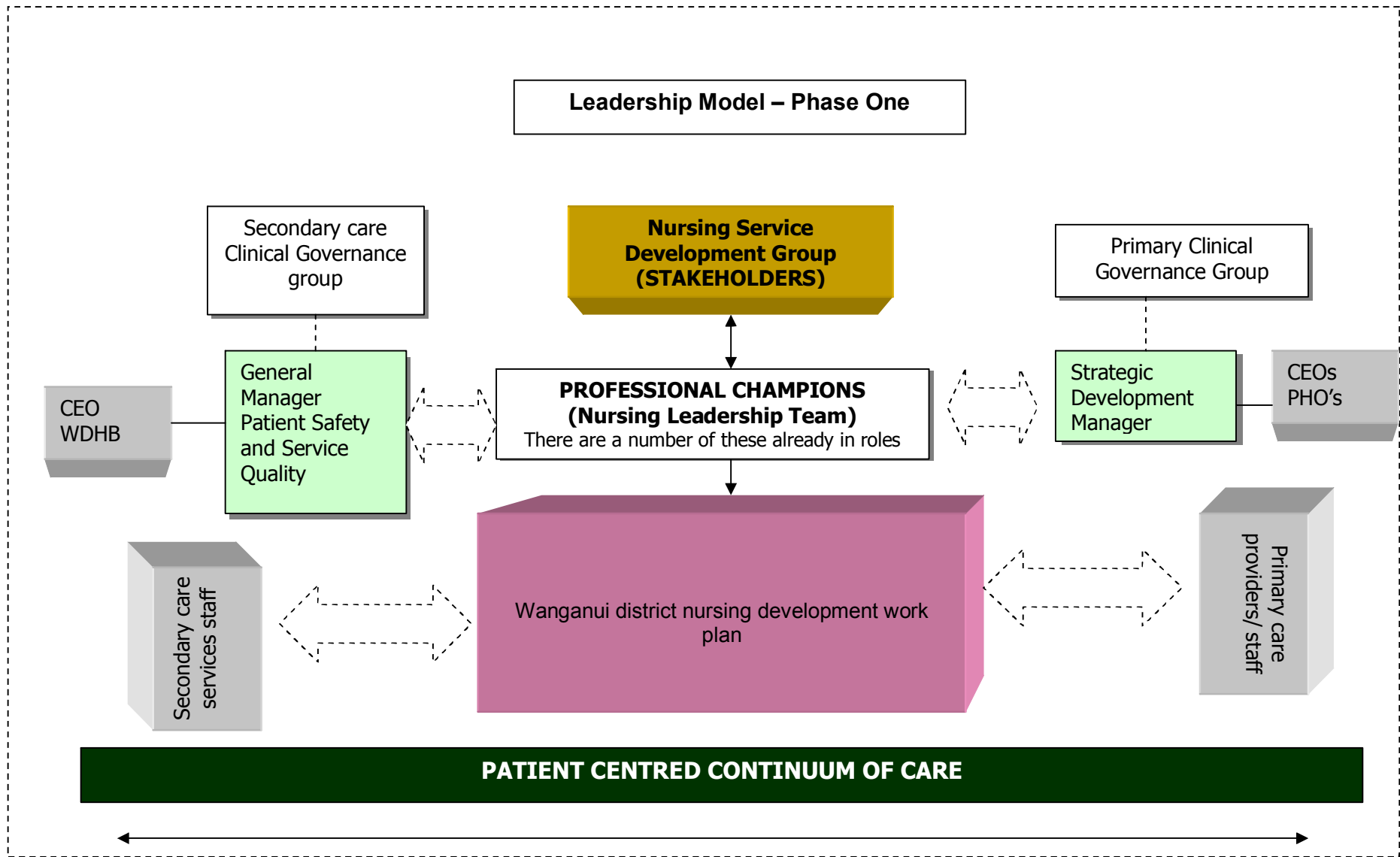
Clinical Nurse Specialists (CNS) scope of practice would be more aligned to national guidelines. A change management process would be supported by the nursing leadership team to support CNS's to work across the district with a greater focus on up-

skilling generalist nurses with specialist knowledge. Ideally this process would be led by a nurse development position recommended in this paper.

Nurse Practitioners would work in the areas of greatest need within the appropriate service focusing on patient care at a higher level, leadership and support of the nursing workforce. Dedicated funding would need to be available for the development of these roles.

This is a proposed collaborative model; the function of implementing the nursing leadership would be the responsibility of the three leading Chief Executives (WDHB, TOIHA PHO, and WRPHO).

**DIAGRAM 5**



## 14. PHASE TWO

The stakeholder group indicated that it is important that nurses are leading nurses. This reiterates the concept expressed in the NZNO/DHBNZ job endorsed titles document that 'nurse' should be used in all senior titles.

The following option includes a Director of Nursing as it is important to have this nationally recognised role in the leadership team, this role is an important channel of strategic information and information regarding national initiatives into the district. The function of this role would be largely strategic and include keeping all stakeholders informed of developments that affect nursing in the region.

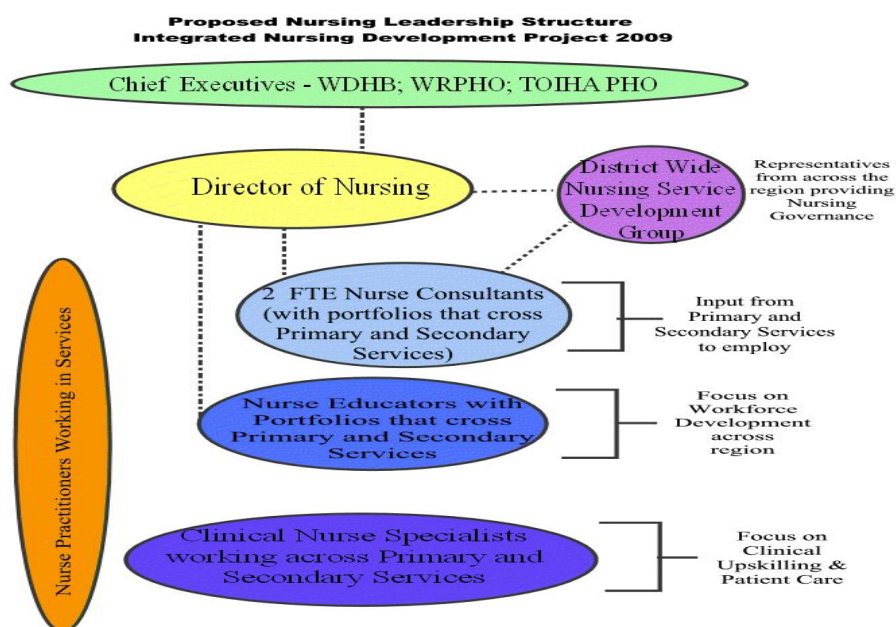
The Director of Nursing role would be supported by portfolio roles with a district wide focus. These roles would work closely with the Nursing Development Group (Governance Group) to ensure that ongoing work meets the needs of all stakeholders and is representative of the needs of nursing in the region.

Nurse Educators would have a district wide focus and ensure that planning is meets the needs of all nurses (including enrolled nurse and also including non-regulated workers) across the region.

Clinical Nurse Specialists would be supported to work across the region with a focus on patient care and clinical up-skilling of the workforce. Nurse Practitioners would work in the areas of greatest need within the appropriate service focusing on patient care at a higher level, leadership and support of the nursing workforce.

It is the responsibility of the nursing leadership group to ensure that roles that impact on nursing roles, scopes and services are included in planning and effective relationships are maintained with these strategic positions.

**DIAGRAM 6**



Following is a description of roles and functions of the Director of Nursing and Nurse Consultants in this model. Nurse Educator, Clinical Nurse Specialist and Nurse Practitioner roles would be as described in the national title document (NZNO/DHBNZ, 2007):-

#### **14.1 Director of Nursing**

The Director of Nursing (DON) would be accountable to the CEO's of WDHB, WRPHO and TOIHA PHO through a partnership model. Day to day management would be carried by the WDHB CEO with clear key performance indicators (KPI's) agreed by the 3 CEO's. This position would have a strong executive voice and a mandate to speak for nurses in primary and secondary care areas.

The DON would work closely with a wider leadership group which would include services to older people, palliative care, and other primary care services (through the District Wide Nursing Service Development Group).

KPI's could include:

- Develop and maintain strong relationship with all stakeholders across the region
- Provide strategic advice and professional leadership across region
- Nursing workforce / nurse practitioner champion activities and advice
- Improving quality and standards of practice

#### **14.2 Nurse Consultant**

- Provide professional nursing/midwifery leadership, consultancy and advice
- Increase the effectiveness of patient care delivery by leading and developing quality improvement projects and facilitating development and maintenance of frameworks for policy and education
- Facilitate nursing/midwifery input into policy and framework decisions, at an organisational level
- Accept delegated responsibilities from the Director of Nursing and/or Midwifery

The Nurse Consultants would be employed with input from primary and secondary services. One would be based in the hospital and one in primary care, each would have responsibility for portfolios across the district. The portfolios may include

- CTA/Research
- NETP
- PDRP
- Nursing Standards
- Quality/Risk Management
- Organisation Wide nursing systems
- Championing Continuous Quality Improvement Initiatives
- Education/Workforce Development
- Advice to operational management across the district

The Nurse Consultants and DON would be supported by a team of Nurse Educators working across the district. Under the above leadership structure the expectations of the Nurse Educator and Clinical Nurse Specialist roles would be in line with national guidelines. This would be facilitated over time by the nursing leadership team.

## **Recommendations**

1. That Phase one be approved and implemented within three months of sign off by WRPHO, TOIHAPHO and WDHB Boards to be reviewed after 2 years.
2. That two additional nursing development roles be established and one further FTE nursing leadership role be maintained and expanded based in primary care to support the implementation of the overall workforce development plan

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## **APPENDIX 1: PRINCIPLE ONE STANDARDS**

Standards referred to under Principle 1 – Safety is inherent in all aspects

- Children, Young Persons and their Families Act 1989
- Code of Health and Disability Consumers Rights 1996
- Coroners Act 2006
- Employment Relations Act 2000
- Fire Safety and Evacuation of Buildings Regulations 2006
- Health and Disability Services Act 1993
- Health and Disability Commissioner Act 1994
- Health and Safety in Employment Act 1992
- Health Information Privacy Code 1994
- Health Practitioners Competency Assurance Act 2003
- Health (Retention of Health Information) Regulations 1996
- Human Rights Act 1990
- Information Privacy Code 1994
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Medicine Act 1981
- Medicines Regulations 1984
- Mental Health (Compulsory Assessment, and Treatment) Act 1992
- Misuse of Drugs Act 1978
- New Zealand Bill of Rights 1990
- New Zealand Public Health and Disability Act 2000
- Official Information Act 1982
- Privacy Act 1993
- Protection of Personal and Property Rights Act 1988
- Smoke-free Environments Act 1990

## **APPENDIX 2: WHANGANUI PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME (PDRP)**

**Professional Development and Recognition** (Taranaki District Health Board, Whanganui District Health Board & Wairarapa District Health Board, 2009)

The Professional Development and Recognition Programme (PDRP) Quality Leadership Programme (QLP) is a contemporary professional development framework which supports and assists registered nurses, enrolled nurses and nurse assistants to further develop knowledge and skills to provide safe and effective care. The programme(s) acknowledge and develop a range of transferable clinical and personal skills, values and professionalism. As a professional development programme it sets out a clinical career pathway for nurses and midwives from competent to expert/ leadership practice. As a competence measurement tool, it makes explicit the minimum standards expected of every nurse and midwife (Whanganui PDRP, 2009). Following on from this is the Nurse Practitioner Scope of Practice. The Nursing Council of New Zealand sets the competencies and requirements for the Nurse Practitioner Scope of Practice.

This document also includes recommendations for knowledge and skill development of the non-regulated health worker (DHBNZ, 2006)

Following is a description of the scope of practice and role expectations for the

- Registered Nurse (New Graduate, Competent, Proficient, Expert)
- Enrolled Nurse (Competent, Proficient, Accomplished)
- Nurse Assistant (New Graduate, Competent, Proficient, Accomplished)
- Nurse Practitioner
- Non-regulated Health Worker (Includes Community Health Worker, Kaiawhina, Nurse Aide, Support Worker)
- Descriptions of Scope (Nursing Council of New Zealand, 2007).

### **SCOPE OF PRACTICE – REGISTERED NURSE**

Registered Nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some Registered Nurses limiting them to a specific area of practice according to their qualifications or experience.

There are four levels of practice for the registered nurse:

1. New Graduate Registered Nurse
2. Competent Registered Nurse
3. Proficient Registered Nurse
4. Expert Registered Nurse

## KNOWLEDGE AND SKILLS

The New Graduate Registered Nurse:	The Competent Registered Nurse:	The Proficient Registered Nurse:	The Expert Registered Nurse:
<ul style="list-style-type: none"> <li>• Is a newly Registered Nurse with a practising certificate</li> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe</li> <li>• Is a multi-skilled beginner nurse with theoretical and practical student experiences</li> <li>• Is able to manage and prioritise assigned client care/workload with some guidance</li> <li>• Is reliant on learning from the experience of other nurses and her/his own experience</li> <li>• Learns and is developing confidence from practical situations</li> <li>• Is guided by procedures and policies &amp; protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe</li> <li>• Effectively applies knowledge and skills to practice</li> <li>• Has consolidated nursing knowledge in their practice setting</li> <li>• Has developed an holistic overview of the client</li> <li>• Is confident in familiar situations</li> <li>• Is able to manage and prioritise assigned client care/workload</li> <li>• Demonstrates increasing efficiency and effectiveness in practice</li> <li>• Is able to anticipate a likely outcome for the client with predicable health needs</li> <li>• Is able to identify unpredictable situations, act appropriately and make appropriate referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety</li> <li>• Has an holistic overview of the client and the practice context</li> <li>• Demonstrates autonomous and collaborative evidence based practice</li> <li>• Acts as a role model and a resource person for other nurses and health practitioners</li> <li>• Actively contributes to clinical learning for colleagues</li> <li>• Demonstrates leadership in the health care team</li> <li>• Participates in changes in the practice setting</li> <li>• Participates in quality improvements in the practice setting</li> <li>• Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Guides others to implement culturally safe practice to clients and apply the principles of Te Tiriti o Waitangi</li> <li>• Engages in Post Graduate level of education ( or equivalent)</li> <li>• Contributes to specialty knowledge</li> <li>• Acts as a role model and leader</li> <li>• Demonstrates innovative practice</li> <li>• Is responsible for clinical learning/development of colleagues</li> <li>• Initiates and guides quality improvement activities</li> <li>• Initiates and guides changes in the practice setting</li> <li>• Is recognised as an expert in her/his area of practice</li> <li>• Influences at a service, professional or organisational level</li> <li>• Acts as an advocate in the promotion of nursing in the health care team</li> <li>• Delivers quality client care in unpredictable challenging situations</li> <li>• Is involved in resource decision making/strategic planning</li> <li>• Acts as leader for nursing work unit/facility</li> </ul>

## **SCOPE OF PRACTICE – ENROLLED NURSE**

Enrolled nurses practise under the direction of a registered nurse or midwife to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement. The responsibilities of enrolled nurses include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan. To qualify for this scope nurses must have completed their enrolled nursing programme prior to 2000.

## **SCOPE OF PRACTICE – NURSE ASSISTANT**

Nurse assistants assist registered nurses to deliver nursing care to individuals in community, residential and hospital settings. They perform delegated interventions from the nursing care plan to provide care and comfort for individuals and groups, assist and support clients with activities of daily living, observe and report changes in individual/group conditions and behaviours, safeguard dignity and promote independence and health and safety. The nurse assistant does not undertake independent nursing assessments or plan and evaluate nursing interventions. Nurse assistants are required to practise in a specific area based on the area of focus in their education programme and designated on their practising certificate.

To qualify for this scope nurses will need to complete an approved certificate programme. Nurses who have graduated from the new enrolled nurse programmes in Northland and Christchurch will be registered in this scope which will replace the current roll for nurses.

There are four levels of practice for the enrolled nurse/nurse assistant:<sup>1</sup>

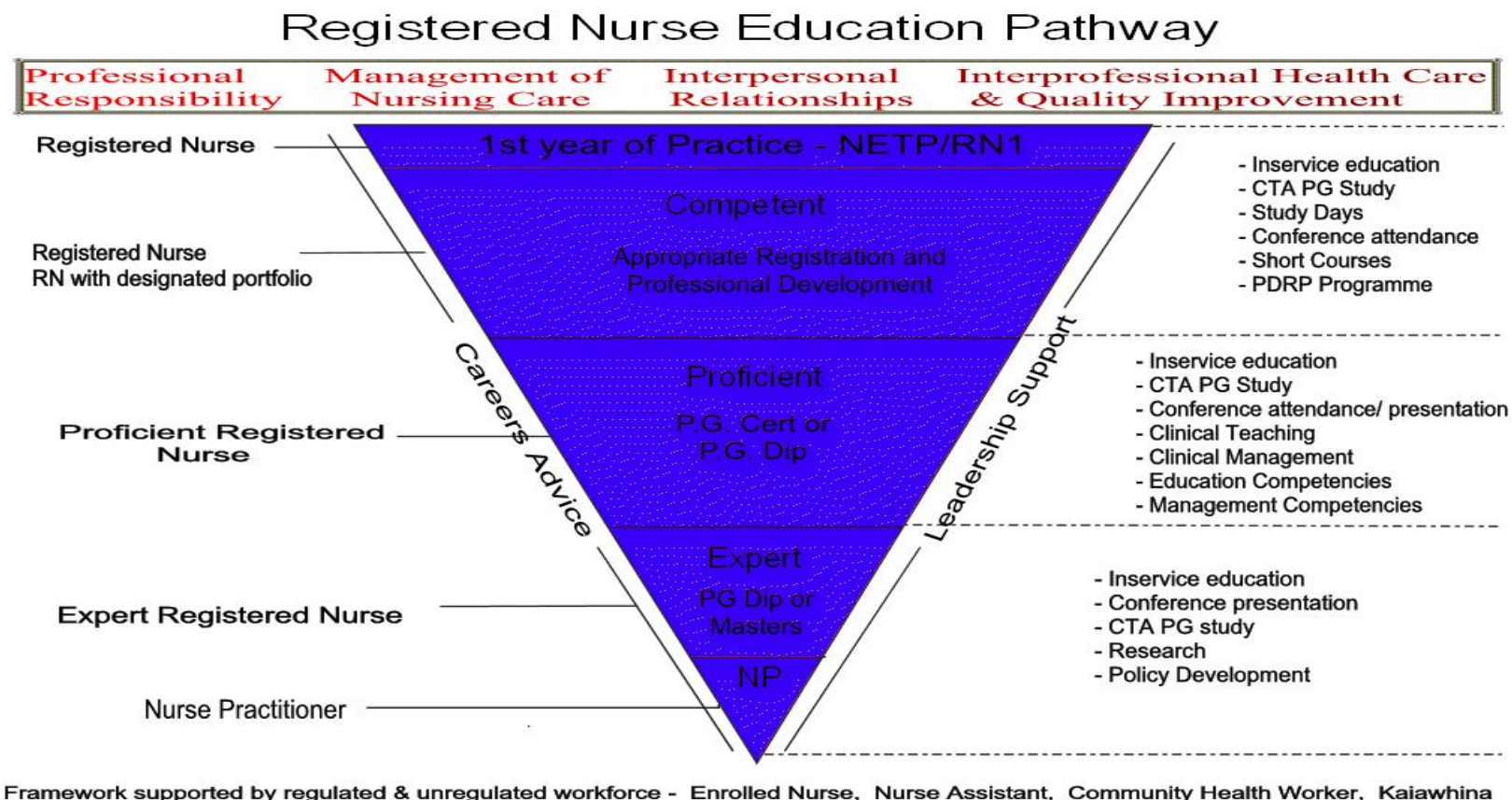
- i. New Graduate Nurse Assistant
- ii. Competent Enrolled Nurse/Nurse Assistant
- iii. Proficient Enrolled Nurse/Nurse Assistant
- iv. Accomplished Enrolled Nurse/Nurse Assistant

## KNOWLEDGE AND SKILLS

The New Graduate Nurse Assistant:	The Competent Enrolled Nurse/Nurse Assistant:	The Proficient Enrolled Nurse/Nurse Assistant:	The Accomplished Enrolled Nurse/Nurse Assistant:
<ul style="list-style-type: none"> <li>• Is a newly Enrolled Nurse with a practising certificate</li> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe</li> <li>• Works in close collaboration with other health practitioners</li> <li>• Provides nursing care to the elderly or those requiring assessment or rehabilitation</li> <li>• Is reliant on learning from the experience of other nurses and his/her own experience</li> <li>• Learns from appropriate delegated tasks</li> <li>• Is able to manage and prioritise assigned client care/workload under direction</li> <li>• Learns and develops confidence from practical situations</li> <li>• Is guided by procedures policies &amp; protocols</li> <li>• Is aware of emergency procedures</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with the RN and patient, contributes to assessment, planning, delivery and evaluation of nursing care</li> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe</li> <li>• Applies knowledge and skills to practice</li> <li>• Has developed experiential knowledge and incorporates evidence-based nursing</li> <li>• Is confident in familiar situations</li> <li>• Is able to manage and prioritise assigned client care/workload appropriately</li> <li>• Demonstrates increasing efficiency and effectiveness in practice</li> <li>• Responds appropriately in emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnerships with clients that implements Te Tiriti o Waitangi in a manner which the client determines is culturally safe</li> <li>• Has an in-depth understanding of EN/NA practice</li> <li>• Utilises broad experiential and evidence-based knowledge to provide care</li> <li>• Contributes to the education of EN/NA students, new graduate EN/NAs, care givers/ healthcare assistants, competent and proficient EN/NAs</li> <li>• Acts as a role model and resource to their peers</li> <li>• Demonstrates increased knowledge and skills in a specific clinical area</li> <li>• Is involve in service, professional or organisational activities</li> <li>• Participates in change</li> </ul>	<ul style="list-style-type: none"> <li>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the clients determine is culturally safe</li> <li>• Demonstrates advancing knowledge and skills in a specific clinical area within the EN/NA scope</li> <li>• Contributes to the management of changing workloads</li> <li>• Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution</li> <li>• Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.</li> <li>• Actively promotes understanding of legal and ethical issues</li> <li>• Contributes to quality improvements and change in practice initiative</li> </ul> <p>Acts as a role model and contributes to leadership activities.</p>

## APPENDIX 3: EDUCATION PATHWAY

The Registered Nurse Education Pathway is illustrated below. Achievement of Proficient and Expert levels on the PDRP go hand in hand with increasing knowledge and understanding of specialty practice.



## EDUCATION DEVELOPMENT

Deliverable	Rationale
<b>Back to Nursing Course</b>	To encourage qualified nurses to return to the workforce.
<b>NETP</b>	Expansion of the NETP programme to Primary and Aged Care to provide supported learning and practice confidence and competence.
<b>Core skills</b>	Core skills programme for all nurses e.g. infection control, health and safety, quality, conflict management, communication.
<b>PDRP</b>	Memorandum of understanding with DHB for access to PDRP. Level 2 – competent compulsory. All levels available. Joint Assessor Training. Moderation process crosses primary and secondary.
<b>Other courses provided by external providers linked to NZQA framework e.g. UCOL, Massey</b>	To meet specific short term gaps and identified needs e.g. conflict management, change management, communication.
<b>Professional Development Opportunities</b>	Information available to all nurses re opportunities for Professional Development. Clear criteria and registration process.
<b>CTA PG study</b>	Clear guidance around study options, clear outcomes from study pathways, careers guidance available proactively. Backfill options identified and facilitated. Central record of study completed.
<b>Rural Needs</b>	Opportunities available and accessible for rural nurse progression to primary healthcare nurse roles with specifics identified from demographic of the community.
<b>Whanau Ora provider needs</b>	Specific education identified and accessible to meet Whanau Ora provider needs.
<b>Mentoring and Supervision</b>	Succession Planning. Identification of mentors to transition to new positions either internal or external e.g. Nurse Practitioners.
<b>Enrolled Nurse Education</b>	Facilitated education for enrolled nurses / nurse assistants to maintain competency and registration requirements. Alignment of current EN's with any future scope or practice alterations nationally.
<b>Unregulated workforce training e.g. community health workers, health care assistants, Kaiawhina, support workers</b>	Core training for all unregulated workers Specific training to meet identified community needs

## **APPENDIX 4: PRIMARY HEALTH NURSING WORKFORCE – TRAINING NEEDS ANALYSIS UPDATE, JANUARY 2009**

### **Purpose**

This paper updates progress made in primary nursing education since a training needs analysis was undertaken in 2003 by Joanna Harper 'A Training Needs Analysis: Developing a primary health nursing workforce to meet the needs of the Whanganui region (Harper/Devine, 2003)'. This paper also makes recommendations to further the development of the primary health nursing workforce.

### **Executive summary**

Nightingale probably said it best: "Let us never consider ourselves finished as nurses". The challenge is no longer what to share with others, but rather how best to share information and how frequently so that the learners we serve feel engaged but not overwhelmed.

A survey undertaken in the United Kingdom identifies it has been known for a long time anecdotally that gaining access to consistent employment and training standards is a postcode lottery for practice nurses (Robinson, 2008). The key findings from the survey are as follows:

- There are wide variations in employment conditions and levels of professional support for nurses working in general practice
- Appropriate education is not universally available
- There are clear links between good employment conditions and nurses feeling well supported in their professional development
- A strong working relationship with GP's, and in particular high-level participation in decision making, is linked to nurses feeling well supported
- Nurse who feel positive about their role are more likely to seek appropriate support and share responsibility for professional development

In the same survey 65% of practice nurses reported obstacles to accessing education, citing lack of funding, a lack of available courses and not being allowed time off work to attend courses.

Many practice nurses believe that further change is required to support staff education and development so that the provision of appropriate, safe, effective services for primary health care patients is delivered and achieved.

Nurses would like the opportunity to practice in a manner congruent with their educational preparation; further more large numbers of primary health care nurses in the widest sense would like equitable access to ongoing education. In order to achieve this, the design and deployment of nursing services must be funded and organised in a manner which is congruent with the full utilisation of nursing potential *and* with the vision and goals of the primary health care strategy (Expert Advisory Group, 2003). Nurses are frustrated if structural barriers prevent them from delivering services in a manner, which meets the needs of the community.

Engagement in professional development activities / postgraduate education demonstrates a commitment to promoting a higher level of nursing knowledge, which has as its central focus the mastery of advanced skills and the application of knowledge to problems that arise in practice. Griffiths (2002) believes that education is central to nursing as a profession.

However commonly cited barriers to study namely family, time and employment restrictions and a lack of a professional pathway in primary health care still deter nurses from participating. Funding and programme options are more readily available but there are costs. A number of national and Wanganui 'nursing' related developments have been shown to address some of the other previously named barriers but more work is yet to be done.

## **1. Introduction**

The Health Practitioners Competency Assurance (HPCA) Act (2003) requires nurses to demonstrate ongoing competence through application for a competency-based practicing certificate. These requirements are:

- 60 days or 450 hours of nursing practice within the last three years
- 60 hours of professional development within the last three years.

In addition, the current Primary Health Care Multi-Employer Collective Agreement (MECA) 2007-2010 signed by nine employer parties within the Whanganui health region states that professional / educational development leave is to be granted up to 40 hours per calendar year for full time employees to complete qualifications, undertake research or attend relevant courses (Brinkman, Wilson-Salt & Walker, 2008). However, with limited 'backfill' options, employer reluctance to fund and limited access to locally based courses, nurses are still forced to use their own time or annual leave to meet study requirements or continue to opt out with little monetary or professional advancement incentives to entice them to overcome barriers to study.

These barriers were outlined in the founding document, 'A Training Needs Analysis' (Harper/Devine, 2003) which provided an overview of the then current situation with recommendations posed to address the issues highlighted. No replacement of that document is intended here; rather to acknowledge that many good developments have occurred and to provide an update on the recommendations made, strategies and events developed and implemented in the intervening five year period and finally further recommendations for future developments are posed.

## **2. Background**

The Training Needs Analysis undertaken by Harper/Devine in 2003 of the practice nurse workforce in the Whanganui region was done with the intent of identifying the current skill and educational level of the workforce and to make recommendations for future requirements. A structured survey questionnaire was sent to sixty five practice nurses with over half returned, to ascertain their skill and professional practice knowledge levels. The outcomes showed that the workforce in general was well skilled in basic clinical skills but there were insufficient numbers skilled in such areas as smoking cessation, cervical screening and family health. Also, the educational level of the majority of nurses was limited to basic registration level and professional development opportunities were limited. Harper/Devine recommended that in order to successfully implement the Primary Health Care (PHC) strategy objectives, skill development was required in the areas of mental, child, elder, Maori health, chronic illness management, screening, health promotion and cultural awareness. As well the rural nursing workforce identified the need to up skill in the areas of leadership, management and emergency care training. Overall the advancement of the number of nurses attaining higher education including the development of nurse practitioner roles was recommended. In summary, Harper/Devine, (2003) identified three levels of training and education to be addressed. These included:

- Level One: Base level of core skills and competencies attained in the field including health assessment, health screening skills.
- Level Two: Advanced practice and leadership roles met through postgraduate study (includes PG Certificates and Diplomas)
- Level Three: Nurse Practitioner roles (Masters Level)

Barriers identified by the nurses in response to these recommendations included:

1. Financial (including limited access to Clinical Training Agency {CTA} funding and alternative sponsorship options)
2. Time and family commitments
3. Distance from educational facilities
4. Lack of a professional pathway
5. Lack of educational programmes specifically related to Primary Health Care
6. Lack of employer support
7. Lack of professional supervision and mentors
8. Lack of career guidance and programme information

Since this report was furnished a number of initiatives have been launched both locally and nationally including Ministry of Health (MoH) and District Health Board (DHB) funded innovations, scholarships and funding. Locally a number of initiatives have been championed including the establishment of PHC Nursing Leadership positions (based at the Whanganui Regional Primary Health Organisation {WRPHO}), the establishment of a Whanganui Primary Nursing Development Group, the appointment of a joint WDHB, TIOHA, WRPHO CTA coordinator (based in primary care), the joint WDHB, TIOHA, WRPHO establishment of the Integrated Nursing Development project and the recent employment of a project leader to progress the recommendations outlined in the Integrated Nursing Development Project paper (July, 2008). This project includes the development of a nursing workforce development plan which will identify core competencies, workforce 'gaps', funding models for new roles, recruitment and retention strategies.

Expanding on the above some of the local developments that have occurred include;

Primary Health Care Nursing Leadership (2004-present) Whanganui Regional Primary Health Organisation has a culture of encompassing the role of nursing leadership into strategic positions. This is currently promoted through a number of positions all who nursing backgrounds.

- Developed and facilitated monthly PHC Forums open to nurses across the Whanganui District Health Board (WDHB) region from 14 areas of practice; with the aim of building on and valuing of each others work, as well as providing access to educational, clinical and agency updates via the PHC Nurses Forums. (NB: these forums are still held bi-monthly, coordinated by WRPHO nursing staff)
- Identified key core competencies for PHC nurses and supported the implementation of training opportunities to support health screening, assessment and management of priority disease states such as diabetes, vaccination, cervical screening, infection control, and professional development (e.g. Practising Certificate portfolio, Practice Nurse Accreditation, IT / Medtech training)
- Provided peer review opportunities both in a group and within individual practice settings as well as career, academic guidance and mentoring

Identify strategic opportunities for the development of the nursing workforce across primary and secondary continuum e.g. promote access to CTA funding, establish practice facilitators role a component of which is to role model best practice and encourage nursing's contribution to the general practice team, champion the development of a nursing framework, workforce development plan and governance/leadership across the WDHB region

- Promote nursing students clinical placements in the primary setting
- Promote/ establish alternative models of nursing care delivery to best meet population needs

### **Whanganui Primary Nursing Development Group (2006 - present)**

- Provides a forum for collaborative, primary/secondary nursing representation with a specific focus on the, leadership, clinical and educational and research aspects of the nurses role in the primary health care setting. For example, the development of a practice nurse job description, Best Practice Guidelines (e.g. Wound Formulary), a competency and orientation package for new practice nurses.

### **Integrated Nursing Development Project (2008)**

- Designed to develop an integrated vision for workforce development, leadership and governance through out all nursing sectors within the Whanganui DHB region.
- Establishment of a project group made up of representatives from the key stakeholder groups after the initial forums and an 'expression of interest' process.

The following recommendations were made:

The vision and principles documented in this paper be utilised to underpin all new nursing developments within the district.

A Whanganui regional nursing workforce development plan, including the above details, be resourced and developed as a matter of urgency in the 2008/2009 financial year.

Further work is progressed, in conjunction with the nursing workforce development plan, to ensure a consistent understanding and use of roles (including core competencies) and role titles across the Whanganui district, and a description of how each role contributes to the delivery of health care in relation to specific patient groupings, settings and care continuums. It is suggested that both a rural setting and a chronic disease model be developed in the first instance as a way of demonstrating an appropriate framework and complimenting current work in progress.

A review of the strengths and weakness of the current national models of nursing leadership be undertaken followed by the development of a model for the Whanganui district which has the approval of key stakeholders.

A district wide nursing group with representation from both primary and secondary services, with the mandate to act as the district wide nursing clinical governance group be established. The most appropriate title for the group and appropriate terms of reference were developed by the group, during the establishment phase.

### **Clinical Training Agency (CTA) coordinator (commenced September 2008)**

- Educates and informs Registered Nurses working in clinical practice in the Whanganui DHB region (Primary Health Organisations, WDHB Provider Arm, Non Government Organisations and Aged Care Sector) about CTA postgraduate nursing funding for 2009.
- Liaises with employers of nurses and clinical service areas regarding service requirements for postgraduate education.
- Provides one on one assistance and information on career / academic pathways, courses and funding options. to staff from general practice, Iwi and non government organisations (NGOs).

In addition, this role is responsible for key linkages with the WDHB Nursing Entry to Practice Programme (NETP). This represents the culmination of a number of year's preparation and the programme will commence with four new graduate nurses in February, 2009 with the aim of supplementing the current practice nurse workforce.

To date a number of changes and developments have occurred as a result of these and broader national initiatives, such as the increased access to CTA funds and the availability of and access to post graduate study options. In 2005, the PHC Nurse leader reported that there were then no PHC nurses currently undertaking post graduate certificate or diploma courses but there were four practice nurses enrolled in a Masters of Nursing programme through Massey University<sup>1</sup>. In 2008, there were just over thirty nurses engaged in postgraduate education, with six of them representing the primary health care sector.

However, the same barriers to training and study outlined in the Harper/Devine report were again articulated at the 'Integrated Nursing Development' project launch sessions early in 2008 and in the recently published New Zealand Nurses Organisation (NZNO) Education Survey Report (Brinkman, Wilson- Salt & Walker, 2008) suggesting that even more change and development is needed on many levels. As well, the primary health care workforce as a subset of the larger nursing fraternity continues to age and is compounded by a diminished replacement workforce.

Each of these original barriers will be discussed next with comments on how these have or have not been addressed locally with recommendations posed for the future.

## **3. Discussion related to barriers**

### **3.1 Financial**

Although the cost of academic papers has increased markedly over the last five years, (now \$1500 on average per 30 point paper) there are funding options available to nurses, as well as additional support from employers such as paid study leave. However, this leave allowance does vary amongst employers despite the MECA agreement mentioned earlier in this report.

WRPHO clinical staff is eligible for paid study leave (six days per year for full time staff) with additional access to work related conferences, mandatory training and updates such as, vaccination certification and updates, cervical screening and infection control. These, the WRPHO and general practice employers support at no or little cost to their employees.

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<sup>1</sup> The authors of this report are unable to access University information to ascertain the outcome of these Masters studies.

The WRPHO has up till now provided staff facilitation and financial support for the Nurses Forums, Continuing Clinical Education (CCE) meetings and one off staff generated seminars such as Crazy for Change ( mental health) and the Primary Health Care post graduate UCOL nursing paper, conducted in Wanganui in 2005. WRPHO staff and local practice nurses were funded to attend this paper.

Practice nurses are eligible to apply for a 'Scholarship for Excellence in Clinical Support' enabling them to undertake, any UCOL RN to BN units on offer to a maximum of 25 credits per semester without charge if they actively support and guide UCOL students enrolled in the BN programme in a clinical setting on a regular basis. They must complete the Effective Preceptorship unit before or concurrently with other RN to BN units.

CTA funding assistance for Nursing Council approved courses and related costs (accommodation and travel) have been available to all primary health care employees since 2007. This funding allocation has also included Otago University interdisciplinary post graduate PHC courses such as those coordinated by the Wellington School of Medicine (WSOM) up to this point in time.

Prior to CTA funding becoming available, nurses could apply to the MOH for PHC nursing scholarships and if nurses are members of the NZNO, the Practice Nurse section or the College of Nurses, additional study scholarships are available.

Also, all of the Universities, some NGO's such as the Diabetes Association, drug companies and national bodies such as the Heart Foundation provide funds for study costs which can be applied for independently.

### **Recommendations**

- Nurses are aware of all potential funding options available to them
- Employers are aware of their commitment to the MECA agreement and support nurses to pursue further education, including mandatory training requirements for clinical proficiency
- Local feedback to national CTA representation to ensure that CTA funding is available for interdisciplinary courses / programmes.

### **3.2. Time and family commitments**

These commitments will always be an ongoing issue particularly for women who continue to maintain the greater share of the domestic duties as well as committing to varying degrees of paid employment. Attending staff development programmes/ courses during work time is the preferred option for nurses ( Brinkman, Salt and Walter, 2008) but again not all employees are willing to accommodate this and 'backfill' or 'casual 'replacements are as yet not readily available in Wanganui.

Most of the distance University based programmes require students to attend residential courses as part of the paper requirements. In addition readings, assignments and or exam preparation will always be an 'own time' commitment undertaken by each individual. Alas the incentive to undertake study is often marred by the lack of a clear professional pathway with less financial remuneration to match.

### **Recommendations**

- Where applicable arrange educational/mandatory training sessions during work time
- Address the back fill' /casual locum/replacement pool issue ( Return to Nursing programme) to ensure that employers are willing to release staff to attend courses and to study.

### **3.3 Distance from educational facilities**

For those nurses residing in the Whanganui District, 'distance' will always be an issue unless Whanganui UCOL is able to support the delivery of comprehensive post graduate education in the future. Some universities in New Zealand and overseas are now offering a range of postgraduate courses and options (distance 'e' learning) so there are more options currently available to best suit each individual. (Note: Some difficulties may arise for the aged workforce in relation to computer literacy and access at an acceptable level to engage in this learning option.)

It was hoped that the 'one off' Primary Health Care (PHC) Nursing paper developed and facilitated in 2005 would provide a large group of 'study shy' practice nurses with the 'study bug', but only a small number continued on with post graduate studies due presumably to other barriers ( e.g. employment, time and family).

In contrast, with city based practice nurses, who prefer week day courses, rural primary health care nurses according to Harper/Devine prefer weekend courses or after-hours programmes.

Videoconferencing was thought to be a valid option and was trialled in 2005 as the conduit for an Infection Control course. It was well received by the rural nurses but the only city based option for relay is at the hospital. Access was limited which deterred repeat attempts. It was envisaged that a videoconferencing facility would be developed in the primary sector but to date this has not eventuated.

#### **Recommendations**

- Initiate discussion with local educational providers i.e. Wanganui UCOL to provide level 800 primary focussed PG study pathways.
- WRPHO to purchase videoconferencing equipment
- Explore the option to facilitate basic computer classes to support those engaged in PG study
- Where possible, potential CTA trainees are encouraged and supported to enrol in courses geographically located closer to Wanganui e.g. UoA papers delivered at Taranaki DHB or WSOM/ VUW
- Continue to 'post' CCE video recorded meetings on PHinet

### **3.4 Relevance of education to practice**

Initially with the employment of a PHC nursing leader, the training/educational gaps identified by Harper/Devine were tackled and in some ways addressed. A number of practice nurses were supported to achieve Cervical Screening certification (with the additional monetary support from the NZNO), smoking cessation training and Brief Intervention Training. In addition the nurses' forums were designed to provide information on both clinical and professional topics such as diabetes updates, MeNZB, pain management and portfolio development. Cultural awareness training was facilitated locally and attended by a number of both WRPHO and general practice staff.

Since 2006, the Clinical Continuing Education (CCE) meetings open to both PN's and GP's have provided an assortment of information and education on a range of topics from diabetes medicines, skin lesions, Cardio vascular management systems. Such education is relevant to a PN's everyday clinical practice but the level of adoption of new knowledge into clinical practice has yet to be evaluated.

## **Recommendations**

- Develop a centralised approach to the programme content and delivery of education of all nurses e.g. local learning centre for both primary and secondary nurses
- Ensure that the education planned and delivered aligns with WRPHO strategic plans which should reflect current national initiatives and trends (e.g. Gardasil vaccination)
- Review the availability of the UCOL PHC paper or other similar practice focussed papers offered elsewhere (e.g. Christchurch Polytechnic)

### **3.5 Lack of awareness of programmes available**

An email list of all PHC and practice nurses was compiled by the PHC nurse leader but access to email at work remains inadequate with administration time prohibiting some nurses from using this medium. Where nurses are able to access email, then good attendance at educational sessions is more often obtained.

With the employment of a primary based CTA coordinator, the WRPHO website has been upgraded to contain specific links to a number of Universities and Polytechnics offering PG opportunities. It is also envisaged in 2009 that a PG forum will be facilitated for various representatives from these education providers to outline courses and pathways.

## **Recommendations**

- Those who have attended courses in the past are linked to other nurses as mentors to stimulate interest and increase uptake in PG study amongst PN's
- Continue to format and distribute the Clinical Education/Training Schedule to PN's

### **3.6 Lack of a professional pathway**

Nationally this is an ongoing issue especially in PHC settings and particularly in rural settings. However, it is envisaged that the work from the Integrated Nursing Development paper (2008) will address this through the development of a workforce plan.

The CTA coordinator now provides an opportunity with nurses to have one to one discussion about their own individual career pathway and post graduate study options as well as coordinating the NETP expansion programme enabling supportive access to the PHC environment for new graduate nurses.

## **Recommendations**

- Commitment by the WRPHO Governance to review the role of the Nurse practitioner within the WDH region and how this could impact on the care delivery models being developed district wide.
- Create a supportive environment for nurses engaged in professional development to be able to demonstrate new learning through presentations or papers delivered to WRPHO Governance/ Nurses Forums/ Nursing Development Group
- Where appropriate collaborate with the Palmerston North based PHC Nursing Development Unit to support development of professional pathways
- NETP programme is sustained each year with an increased number of graduate nurses particularly in the GP practice and Aged Care settings.

### **3.7 Lack of educational programmes specifically related to Primary Health Care and lack of career guidance and programme information**

Neither of these issues requires consideration today as there are now a number of PHC academic paper and programme options and the CTA coordinator provides information and guidance.

### **3.8. Lack of professional supervision and mentors**

The PHC Nurse leader was available when employed by the WRPHO to provide professional supervision and peer review opportunities were made available and encouraged as part of the Nurses Forums. However, this is an area which has since been neglected and requires consideration. Academic mentorship has occurred on an informal basis as required amongst the WRPHO staff but the CTA coordinator has expressed an interest in formalising this process to better support those undertaking studies, especially those who are beginning.

#### **Recommendations**

- Review professional supervision options for practice nurses
- Support the development of a mentorship process or learning hubs

### **3.9. Lack of employer support**

Employment support and assistance for nurses to attend courses in work time remains variable as is the financial remuneration for extra costs and the amount of casual relief cover provided or available. Robinson (2008) suggests that good terms of employment, effective team working, regular meetings and inclusion in decision making all help to determine whether or not practice nurses feel supported. It is beyond the scope or purpose of this paper to discuss employment issues except to recommend employer consideration of the MECA agreement.

#### **Recommendations**

- Note recommendations already posed in 3.1 and 3.2 of this document.

#### **Limitations**

It is acknowledged that it is a limitation of this work that no in depth survey was conducted specifically related to the initial survey questions posed in the Harper/Devine analysis. However, as part of the initial assessment process undertaken with a small number (11) of PN's by the newly appointed CTA coordinator and the NZNO Education survey results (Brinkman et al., 2008), the barriers to study identified continue to be related to time, family and employment issues. A more in-depth local survey may or may not produce additional insights but a repeated review of the cited barriers in this report in another nominated period of time is recommended to document the changes that have occurred.

It is also acknowledged that although this work was generated by consideration of a broad nursing contribution, it has been compiled by two employees of the WRPHO, namely, Declan Rogers and Janice Handley

#### **Summary**

Practicing nurses are required by their professional body to demonstrate both clinical and professional development to meet the requirements of their annual practicing certification. A relatively small number of primary health care nurses also endeavour to gain additional

educational qualifications mainly for personal rather than professional reasons as remuneration for academic achievements especially in general practice arena is lacking along with a clear pathway. In addition there are still a number of significant barriers which impact on the ability of nurses to contemplate this journey. Some of these barriers are less obvious than were evident five years ago as outlined in the Harper/Devine report but a number continue to impact despite the number of nursing related developments and programmes outlined. Recommendations have been posed to address these shortcomings and these will be considered as a component of the integrated nursing development project. (A project where a more regional strategic approach can be taken to nursing workforce development). Ultimately however the impetus remains with each individual nurse to consider their commitment to their own professional development and the role it plays in their own development of nursing knowledge and expertise.

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## APPENDIX 5: WORKFORCE DEVELOPMENT PLAN

**Goal: Co-ordinated, collaborative, seamless professional nursing care with individuals, family, whanau and community**

Objectives:

1. Foster nursing professional and practice development to enable evidence based collaborative interdisciplinary patient care planning
2. Build the nursing workforce capacity to enable working across the continuum including provision of nurse-led services
3. Utilise Information technology to promote sharing of information and seamless patient care

<b>Goal: Co-ordinated, collaborative, seamless professional nursing care with individuals, family, whanau and community</b>						
<b>Objective 1:</b> Foster nursing professional and practice development to enable evidence based collaborative interdisciplinary patient care planning and appropriate clinical support						
<b>Outcome</b>	<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	<b>Action</b>	<b>Measure</b>	<b>Action</b>	<b>Measure</b>	<b>Action</b>	<b>Measure</b>
Combined learning centre to provide education tailored to the needs of all nurses in the Whanganui District.	Additional 2 FTE Nursing Leadership roles based in Primary Care  Already completed learning needs assessment reviewed and expanded to include all areas.  Development of annual education plan according to need	Nurse Leaders in place  Links established between relevant educators in Whanganui District  Education annual plan in place  Plan communicated to all nurses and managers	Implementation of annual education plan	Number of nurses attending  Feedback on relevance to practice	Review of initial plan and updating	Audit of practice change as result of attendance  Report

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
Education linked to NZQA framework with clear links to career pathways and population needs	<p>Nursing Leadership Team to work with tertiary providers to provide education (e.g. short courses, focused education, self learning opportunities)</p> <p>Access to careers advice for PG papers via CTA co-ordinator for all nurses</p> <p>Expectation that nurses who are supported/funded to attend education contribute learning to the wider nursing group</p> <p>Education provided to nurses which includes the Te Whare Tapa Wha (Whanau Ora) service model, Whanau Ora policy assessment and the Health inequalities assessment tool.</p>	<p>Nursing Leadership Team to progress work and identify preferred providers</p> <p>Links established with geographically close DHBs to co-ordinate progress</p> <p>Nursing Development Group involved in consultation, planning and distribution of information</p>	<p>Further needs analysis completed to identify learning need priorities across the continuum</p> <p>Access to careers advice for PG papers via CTA co-ordinator for all nurses</p>	<p>Number of nurses accessing advice and taking up professional development opportunities</p> <p>Co-ordinated plan for education delivery</p>	<p>Selection of learning opportunities offered linked to NZQA framework</p>	<p>Audit of practice change as result of education</p> <p>Report</p>

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
Nursing framework utilised to ensure roles are positioned appropriately with education, skills and knowledge appropriate to the position required and specified in the job description.	Review of job descriptions to line up with nursing framework and education pathways  Opportunities provided where appropriate for nurses to work alongside and observe ways of working nationally	Senior/leadership nurse position descriptions have appropriate education level specified in job description	Nurses in senior positions have education plan to support position requirements	# of senior nurses with education plan	Nurses progressing along pathway	# Nurses progressing along pathway
Availability of all levels of the PDRP to help staff identify and profile skills and knowledge	Memorandum of understanding making all levels of PDRP available  Expectation that all nurses in Whanganui Region have a portfolio (to be presented at all job interviews)  Assessor training offered to nurses form a range of areas and moderation processes in place  Clinical Supervision available as required	Plan established for sharing of all levels of PDRP across service providers  # of nurses with portfolio participating in PDRP  Provision and uptake of assessor training  List of supervisors available for individuals to access	Support offered for nurses to reach competent, proficient and expert levels on PDRP	Number of nurses reaching proficient and expert levels	Review of progress	Report

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action		Action	Measure
Availability of a nursing pool for professional development release and clinical cover.	<p>Nursing leadership team to establish level of need for clinical release backfill based on outcome of education needs assessment</p> <p>Negotiation with employers to establish buy in for utilisation of nursing pool</p>	<p>Needs assessment completed</p> <p>Strategies agreed to progress nursing pool and process for utilisation of workforce established</p>	Negotiation with employers to establish buy in for utilisation of nursing pool	<p>Agreement by interested employers and nurses to process for utilisation of pool.</p> <p>System for co-ordination of pool in place.</p>		
Relevant professional and clinical information is accessible and shared	<p>Develop database of nursing expertise in the region</p> <p>Establish mechanism to distribute information to all nurses in the region</p>	<p>Database in place</p> <p>System for all nursing staff to access information in place</p> <p>Nursing Development Group involved in formation and monitoring of database</p>	Database and information access system in place	<p># of nurses accessing information</p> <p>Nurse satisfaction and feedback</p>	Database and information access system in place	<p># of nurses accessing information</p> <p>Nurse satisfaction and feedback</p>

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action		Action	Measure
Care planning and delivery is evidence based	Set up electronic database of evidence based guidelines and innovations  Document control system in place	Nursing Development Group involved in planning and monitoring	Evidence based database available	Nursing Development Group involved in planning and monitoring	Evidence based database available	Nursing Development Group involved in planning and monitoring
Enrolled Nurses / Nurse Assistants are supported to maintain competency and registration requirements within scope.	Needs analysis completed to identify training needs.  Gaps identified in training provision and incorporated into annual plan	Completed needs analysis  Education appropriate for Enrolled Nurses identified in annual education plan	Ongoing education facilitated	Education appropriate for Enrolled Nurses identified in annual education plan	Ongoing education facilitated	Education appropriate for Enrolled Nurses identified in annual education plan
Nonregulated workforce skilled to support regulated workforce to meet the population needs (includes Community Health Workers, Kaiawhina, Nurse Aides, Support Workers)	Needs analysis completed for core skill and knowledge requirements of the non-regulated workforce	Needs analysis completed	Plan developed to make appropriate knowledge and skills training for non-regulated workforce available	Plan in place for education  Beginning education offered	Education plan continued to be implemented  Review of feedback from non-regulated workforce and RN supervisory workforce	Report and feedback results

**Goal: Co-ordinated, collaborative, seamless professional nursing care with individuals, family, whanau and community**

**Objective 2: Build the nursing workforce capacity to enable working across the continuum including provision of nurse-led services**

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
Strategic leadership and management support in place including mentoring and coaching for nurses to develop nurse led initiatives based on patient need.	<p>Nursing Leadership Team in place to identify and prioritise opportunities for nurse led initiatives</p> <p>Plan developed for nurse champions for particular disease state areas to act as resource</p> <p>Develop database of nursing expertise available in the region</p>	<p>Plan for nurse led initiative strategy and process developed</p> <p>Number of nurses working towards advancing knowledge in special interest area.</p> <p>Database developed</p> <p>Nursing Development Group involved in planning</p>	Nurse led services implemented	Nursing Development Group involved in planning	Nurse led services implemented	Nursing Development Group involved in planning
Advanced nursing positions / Nurse Practitioner positions identified and supported	<p>Nursing leadership team to develop process using education framework for identification of potential nurse practitioner roles and candidates.</p> <p>Funding streams</p>	<p>Job descriptions available</p> <p>Appropriate mentoring and support in place to support new roles</p> <p>Funding streams agreed</p>	Advertising for and employment of Nurse Practitioner roles in Rural, Whanau Ora and Chronic Conditions	Nurse Practitioners in place	Evaluation of 1 <sup>st</sup> year of Nurse Practitioner workforce	Report

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
	<p>identified to support Nurse Practitioner roles e.g. Whanau Ora funding</p> <p>Job description and business case developed for Nurse Practitioner positions e.g.</p> <ul style="list-style-type: none"> <li>- Chronic Conditions</li> <li>- Whanau Ora</li> <li>- Rural Family focus</li> <li>- Older Person</li> </ul>					
Workforce planning to ensure appropriate skill mix to meet patient need.	<p>Guidelines developed to identify optimum skills mix to meet patient care needs.</p> <p>Nursing Leadership Team to identify appropriate measurement or assessment tool to assist</p> <p>Emphasis on cross skilling of nursing staff to enable adequate coverage of all services.</p> <p>Coaching/Mentoring available at point of care delivery by experienced</p>	<p>Guidelines available</p> <p>Measurement tool identified</p> <p>Evidence of cross-skilling where appropriate</p> <p>Appropriate skill mix and proficient/expert</p>	<p>Implementation of guidelines</p> <p>Implementation of measurement/assessment tool</p> <p>Support nurses to work across services as required</p>	<p>Skill mix appropriate</p> <p>Tool in use</p> <p>Evidence of nurses working across service</p>	<p>Tool in use</p>	<p>Report on utilisation of tool</p>

	nurses (ideally proficient or expert)  Development of New Practitioners by involvement in NETP or RN1 programme.  Expansion of NETP programme as appropriate	staff available  # NETP/RN1 positions available and filled. NETP/RN1 registered nurses graduate from programme with competent level PDRP Portfolio	RNI/NETP graduates employed by WDHB Further supported in clinical practice by CNM/Nurse Educators.	RN1/NETP graduates Performance Reviews indicate further development. Beginning to provide education in terms of case studies and work with nursing students.	Nursing staff continue to develop with assistance from CNM, NE, CNE, senior staff.	RN working towards Proficient level on PDRP Programme.
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**Goal: Co-ordinated, collaborative, seamless professional nursing care with individuals, family, whanau and community**

**Objective 3: Utilise Information technology to promote sharing of information and seamless patient care**

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
Creative use of available technology e.g. email/cellphone photo and phone consultation from remote rural or community areas to hospital prior to admission.	All providers supported to access available IT to share patient journey information e.g. Dashboard, email  Education and support offered to upskill all relevant staff.	IT process for sharing information identified  Rural providers aware of IT systems available	Plan for education and upskilling of staff to use IT systems to improve information sharing	Number of staff accessing information	Review plan and continue to upskill and offer education to staff	Report on number of providers using IT systems for information sharing.

Outcome	Year 1		Year 2		Year 3	
	Action	Measure	Action	Measure	Action	Measure
Agreed first assessment documentation, shared electronically as appropriate e.g. MedTech.	Nursing Leadership Team to identify working group to gain agreement on basic assessment information.  Type of IT system to support identified	Assessment information agreed.  Nursing Development Group involved in planning	Implementation of system to capture assessment information.	System operational  Clinical governance group involved in planning	Implementation of system to capture assessment information.	Number of patients with assessment information completed.  Report/audit
Consistent process for referral back to primary care provider on discharge from any other service.	Primary care provider identified at first contact with the health system.  Strategy developed to ensure information sharing occurs.  IT health assessment data system identified	Process for discharge/treatment information to be communicated to primary health provider  Nursing Development Group involved in planning	Implementation of system to ensure discharge information provision to primary provider	Progress report  Nursing Development Group involved in planning	Implementation of system to ensure discharge information provision to primary provider	Nursing Development Group involved in planning

## APPENDIX 6: PROJECT TEAM AND STAKEHOLDER GROUP MEMBERSHIP

<b>Project Team</b>	<b>Name</b>
WDHB Director of Nursing	Jeff Hammond
Te Oranganui Iwi Health Authority PHO Clinical Manager	David Taylor
Whanganui Regional PHO Strategic Development Manager	Julie Nitschke
Manager, Population Health and Inequalities	Rowena Kui
Project Manager	Jan Dewar
<b>Stakeholder Group</b>	
Hospice	Karen Anderson
General Practice Nurses / PHO Nursing Development Group	Sue Hina
Aged Care	Ruth Portland
Home Care Providers – Health Care NZ	Jenny Philips
UCOL	Carol Stewart
NZ College of Practice Nurses NZNO	Rachael Calverley
Occupational Health	Nia Carter
WDHB Professional Nurse Advisor	Jevada Haitana
WDHB Nurse Educator	Janette Dallas
Community CNM	Kevin Baker
Hospital CNM	Maree Jarden
PDRP/NETP/CTA	Declan Rogers
Community Mental Health	Sue Trevethick
Public Health Nurses	Amanda Van Elswijk
Mental Health	Olive Redfern
Rural Nurses	Donna Wood (email only)
Pathways	Chrystal Hamlin (for part of project)

