MODEL OF CARE IN SOUTH WESTLAND

An RNS team perspective
By Gemma Hutton
Overview

- Basic structure of South Westland Area Practice.
- The RNS role and scope
- Community profiles within South Westland and geographical boundaries.
- The RNS perspective of the varied models of care within each community and the challenges/rewards of the RNS role.
- Would this model of care work in other rural locations with minimal GP/patient contact?
Clinical Structure

- DHB owned practices incorporating PHO contracts and funding.
- 5 clinics Hari Hari, Whataroa, Franz Josef, Fox Glacier, Haast- an RNS based in each clinic, x2 RNS in Haast to cover 24/7.
- 2 Roving RNS’s- Northern and Southern Rover to cover annual leave/sick leave/study leave- this is a new part of the structure.
- A nursing team leader as an NP to support the RNS team and provide support to GP role.
A recent review of the RNS role and scope has just been completed by John Dean to help define this role.

Often defined as a generalist rather than a specialist.

No designated scope of practice- RNS work under the RN scope of practice and utilises Standing orders to deliver health care.
RNS role cont.

- RNS role incorporates many aspects of primary and community health care;
- Public health nursing
- District nursing
- Palliative care nursing
- PRIME
- Practice nursing
- Well child care
- Shared maternity care- mostly done by midwives now.
- Mental health
Standing Orders

- A written instruction issued by a practitioner that authorises the RNS to supply and administer specified medications and some controlled drugs without a prescription.
- Requires a discussion between the Authorised Prescriber and RNS
- Essential RNS feels clinically proficient, as well as the Authorising Prescriber and awareness of scope of practice.
- Requires a permanently employed GP… so what does this mean for the RNS in South Westland at present?
Identified model of care within the DHB

- Working towards an integrated family health model of care.
- A more functional and economical delivery of care.
- Improve care delivered within these communities.
- Ministry of Health Integrated family service policy aims at better, sooner and more convenient health care in the community.
Nursing on the West Coast

- An ageing population that is rapidly growing
- Huge geographical distances creating challenges of meeting community needs as well as achieving emergency care and reaching definitive care within the “golden hour”.
- Generalist care across the district with a mixed range of nursing skills.
- WCDHB nursing force is older than the national and limited medical personal and specialist support
Geographical Boundary of Hari Hari
Franz Josef
Franz Josef
Fox Glacier
Fox Glacier
Fox Glacier Smoko view
Haast
Haast attractions
So what is the model of care in South Westland?

- RNS led clinics
- Accessibility
- Appropriate care
- Affordable
- Knowledge of the patient
- Knowledge of the community
- Advocating for clients
- Ensuring that communication between RNS/GP/Patient is open, current and appropriate health care is in place.
- Keeping ourselves professionally safe
Positive aspects of the RNS role in delivering care

- A diverse autonomous role with opportunities to advance your practice and exposure to a multitude of different nursing practices.
- Good mix of acute and chronic long term health care.
- The concept of being a generalist rather than a specialist.
- The therapeutic relationships that are developed with patients in the community and ability for continuity of care.
The isolation and working autonomously a lot of the time can limit opportunities to enhance practice.

Hard to stay current and feel competent in certain aspects of care with unpredictable acute situations e.g. Trauma’s/resus

Lack of support and understanding from management of the RNS role and the aspects associated in an RNS day to day duties.

Covering the role for sick leave/education/annual leave.
Important supports

- Having a trusting relationship with GP’s and the understanding of the RNS role from the GP’s working in South Westland.
- The support from St John’s volunteers and the Fire crew.
- Support for each other in our individual practice and debriefing within the team.
Would this model work in other remote areas with minimal GP contact?

- Understanding of the RNS role and trust between colleagues is essential with the ability to acknowledge own limitations and work within scope of practice.
- Cost of RNS per annum vs cost of GP
- Recruitment to remote locations
- Perception and expectation of the community of their needs and accessibility to health care.
- Will nurse prescribing enhance service delivery? (Currently under review by NZNO).
The RNS role is a challenging and diverse role with continuing focus on defining what this actually means. The RN scope to which the nurse works under is rather limiting for the role that is carried out.

Standing orders are an important aspect and the relationship between the RNS and GP is one of the most important components.

The ability for the RNS to be flexible and adaptable with the resources available in order to best support patients within the community.
References