

Case study 1: Team-based acute service helps patients avoid hospital

In Canterbury, registered nurses from a non-profit NGO health provider and a general practice network are virtually interchangeable – thanks to the comprehensive training, professionalism and service standards common to both.

Nurse Maude and **Pegasus Health** general practices have collaborated on the acute demand nursing service for four years, with the primary aim of helping people avoid hospitalisation. The acute service complements traditional district nursing and GP services, but delivers a more intensive clinical service to patients who might otherwise be referred to hospital or the Emergency Department (ED). It is available seven days a week from 8am to 11pm.

Referrals usually come from GPs, but can also be via the after-hours surgery, ED or the ambulance service – depending on what is best for the patient. Referrals are assessed via the Acute Demand Co-ordination Centre, which is part of a wider Care Co-ordination Centre. After discussion with the referrer, the Care Co-ordination Centre processes a referral and liaises with relevant care providers – aiming to respond to a patient care request within one hour if required.

Pegasus Health provides a medical director who delivers support and medical oversight, and Nurse Maude provides the Nursing Team Leader. The division of labour is shared between eight nurses from each organisation and Pegasus nurses also provide support in the observation area at the local 24-hour surgery. Nurses may see around five or six patients in their own homes each day, but if patients are able to come into the service, then a nurse might see eight patients in a shift.

Before administering treatment, nurses assess how patients are coping and the severity of illness via respiratory assessments (e.g. for asthma and chronic obstructive pulmonary disease) and cardiovascular assessments (e.g. for heart failure, dehydration and gastroenteritis). Treatments delivered by the service may include the taking of ECGs and cardiac bloods, inserting a urinary catheter or IV access, or administering antibiotics intravenously (IV) for patients with illnesses such as cellulitis or pneumonia. The relationship with the patient is short-term – usually anywhere from three to seven days.

“We usually only see patients for a few days – while they’re experiencing an acute illness. As they get better, their follow-up care is provided by their GP or a district nurse and if they get worse, they might be admitted to hospital or their therapy added or changed. A few patients with chronic conditions such as diabetes or heart failure, who experience an acute illness more than once, we may end up seeing again at a later date,” say registered nurse, Sandi Evans from Nurse Maude.

Clinical records are maintained in both the Care Co-ordination Centre and electronically throughout care by the acute community team. Both Nurse Maude and Pegasus nurses have shared the same computer system and forms since the service began – helping to ensure consistency and a seamless patient health record, no matter which agency delivers treatment.

The two nursing teams initially worked from separate locations, but now share the same premises. This simplifies patient handovers, which are done in a daily face-to-face meeting where patient notes are shared and workloads managed. Decisions about which service’s nurse should see which patients are based on nurse availability, proximity of other patients, travel required and specialist nursing skills in areas such as paediatric care, wound care, etc.

Pegasus Health started an acute service over a decade ago, but the service “changed its flavour” in 2007, when the DHB ran a competitive tender.

“One of the things they were looking for was being able to demonstrate teamwork,” says Paul Abernethy, Divisional Manager – Patient Services at Pegasus Health.

“Pegasus Health and Nurse Maude already had an MoU (Memorandum of Understanding) and had agreed to look for opportunities to work together, so it seemed a natural step on from this, to provide a joined up service,” explains Paul.

“So together with **South Link Health**, we formed a not-for-profit called the Canterbury Community Care Trust and were selected as the preferred provider.”

Initial implementation costs of the acute service were met by separate funding negotiated with the **Canterbury District Health Board**. Initially funded for two years, the contract has been rolled over each year since it started. A range of contractual relationships are involved – from the DHB, to the PHO, to Canterbury Community Care Trust (CCCT), which then subcontracts separate elements of the service to Pegasus (medical and clinical oversight and nursing) or Nurse Maude (nursing). In addition, Pegasus has a separate contract with the DHB via the PHO for the 24/7 observation unit, and Nurse Maude has a separate contract with the DHB for the co-ordination service. South Link Health is not an active service provider in this, but their inclusion in CCCT meant the service could cover a wider region, including Ashburton and Rangiora.

Pegasus Health’s Paul Abernethy says the advantages over delivering the service alone include reduced duplication, good collegial networking and Canterbury-wide cover.

“We had more to gain by collaborating,” he says.

“Our organisations have learnt how to work together and we better understand and respect each other’s different skill sets. It’s built stronger connections between GPs and district nursing, and the community now has a large pool of community nurses with high skill levels.

“Nurses come and go from the acute service, but they take those specialist acute assessment skills, confidence and collaboration skills to the new roles and workplaces they move to,” says Paul.

The integrated service is not without its challenges – patients are mostly urban-based due to travel limitations, and planning staffing levels to respond to unpredictable demand can be difficult.

“If you’re working alone, then you don’t have to ask others about decisions, but then you don’t get the wider input. It’s a challenge to achieve, but more clarity comes seeing the bigger picture,” says Paul.

“It takes effort not to be competitive and recognise that each has a part to play. We’ve developed systems for resolving challenges.”

Approval of new standing orders, (such as when a new IV antibiotic protocol is introduced or forms are changed), can take a bit longer as they have to go through the quality checks at two organisations, instead of one; but overall, the collaboration has been well-received – especially by elderly patients and those who have limitations in mobility and transport. (An

audit of cellulitis patients treated by this service between April 2009 and March 2010 demonstrated a saving of 4,154 hospital bed days.¹⁾

“It’s a fantastic joint service,” says Paul “and it would be good to get some clarity of funding for the future.”

It is hoped that more hospital admissions will be avoided in the future as paramedics (and perhaps even emergency call centre operators) are able to assess whether a patient might be better assisted in their home by the acute demand service.

“It’s very exciting,” says Paul “and it has significant potential.

“A recent report from the hospital and home movement in Australia showed a 30-40% cost reduction in home delivery, so demand could double or triple in the future. It’s a very tangible way to respond to the increasing demands of an ageing population.”

For Jim Magee, chief executive of Nurse Maude, working in partnership to provide nursing care has always been a particular strength of Nurse Maude.

“We have long recognised the benefits of collaborating with others to advance nursing care,” says Jim.

“Working together to develop and provide those services will continue to be an essential part of meeting the demand for increased health care in the community.”

Founded in 1896, Nurse Maude is the oldest and largest of several non-DHB providers of district and other community nursing services in Canterbury, so the NGO was well-placed to deliver this service. As well as acute nursing, Nurse Maude provides community nursing and home support care in Canterbury, Care Co-ordination in Christchurch and Wellington, and in-patient care in the Nurse Maude Hospital and Hospice.

With more than 1,100 staff delivering over a million hours of diverse services and support each year, Nurse Maude is a driver for change in community healthcare. In 2007, the separate Nurse Maude Foundation established the NZ Institute of Community Health Care (NZICHC) to provide a centre of excellence to manage research and development projects that would lead directly to tangible improvements and relevant service developments in nursing and community health. (NZICHC funded the cellulitis audit mentioned above via its Campbell Ballantyne Fellowship 2009.)

Established in 1992, Pegasus Health is a not-for-profit organisation that supports 95 practices within the Christchurch/Canterbury area in delivering quality care to over 366,000 patients.

Both Pegasus Health and Nurse Maude are members of the Canterbury Clinical Network – a collaborative working group, whose constituency includes GPs, nurses, hospital specialists, pharmacists, physiotherapists, wider primary care providers and relevant community groups. It works in conjunction with the Canterbury District Health Board to transform health care – introducing innovative ways to avoid hospitalisation and deliver patient care in the community. This approach has benefited from the *Better, Sooner, More Convenient*

¹ [District Nursing Service Development in New Zealand](#), Ministry of Health, May 2011.

initiative, which is enabling greater freedom to pool together existing funding (like SIA, Access, and PHO management fee funding) to deliver improved services beyond previous narrow contract outputs.

For others considering collaboration, Paul Abernethy offers this advice:

“You need good governance from the start – so get it sorted early. And you need clinicians in the mix – health services need to be clinically led. It’s important to understand the problem before creating solutions – so you solve the right problem.

“And expect the storming, forming, norming process – then you can work it out.”

More information: www.nursemaude.org.nz or www.pegasus.org.nz

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.