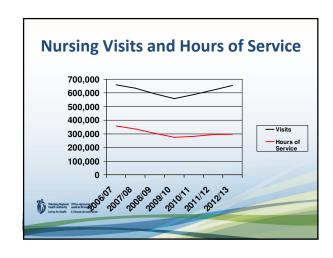
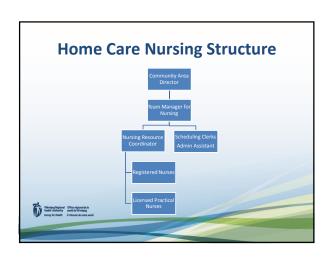


# Presentation Objectives To describe the development and implementation of the new home care nursing care delivery model To highlight early findings, successes, challenges and lessons learned from implementation

# WRHA Home Care Nursing Today 12 community areas within Winnipeg Vast majority of service at home Four clinics (2 IV, 2 mainly for wound care) Approximately 6000-7000 clients seen each year 500 Registered Nurses and Licensed Practical Nurses (420 part-time and full-time, 80 casual)







## **Challenges Facing Home Care Nursing**

- · Increasing client complexity and acuity
- · Escalating health care costs
- Over time, due to multiple factors, Home Care Nursing has become task oriented



## **Challenges Facing Home Care Nursing**

- Currently little difference in Licensed Practical Nurse and Registered Nurse role and scope of practice in Home Care
- Client, family and staff concerns about continuity of care



## **Model Development**

- · Initial discussions with Home Care leadership
- Focus groups with home care nurses (2013)
- Literature review and environmental scan
- · Steering Committee established
- Model presented widely within program and to key stakeholders for additional feedback (2014)



## **Model Development**

- · Three launch sites selected
  - St. James
  - Assiniboine South
  - Point Douglas
- Launch site implementation teams established
  - RNs, LPNs, Case Coordinators, NRCs, Team Manager, Scheduling Clerks, Admin Assistants
  - Supported by Home Care CNS, RC Specialist

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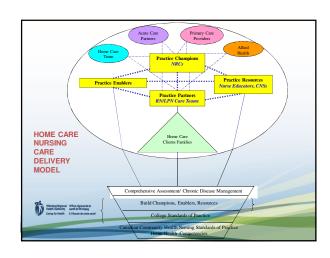
## **Model Foundations**

- Canadian Community Health Nursing Standards of Practice and Home Health Nursing Competencies
- College Standards of Practice
- · Chronic Disease Management
- Collaborative Interprofessional Teams

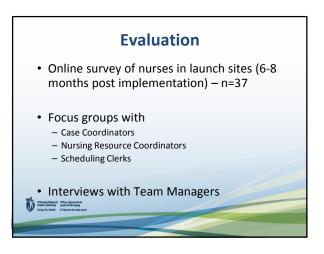


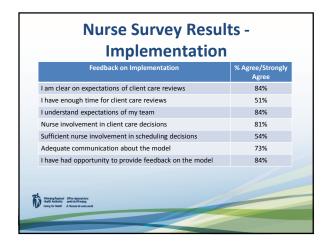
### What's New **Current Model** New Model Primary Nurses • Care team of 3-5 nurses · Working together in a Single client caseload neighbourhood · Annual client case reviews involving: • Biweekly client case Nursing Resource reviews involving: Coordinator Nursing Resource Primary nurse Coordinator - Care Team Case Coordinators Winnipeg Regional Office régional de la Health Authority santé de Winnipeg Carino for Health À l'Acoute de notre sans **CNS and Nurse Educators**

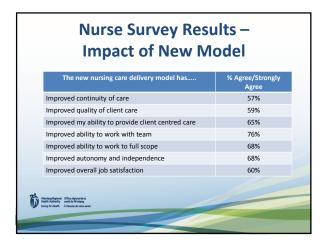




# Where We Are Today Implementation completed in three community areas – WE ARE STILL LEARNING! Role of Nursing Resource Coordinator reviewed and NRC Network launched Orientation and continuing education program for nurses redesigned







### **Nurse Survey Results – Impact of New Model** The new nursing care delivery model has.... Improved continuity of care 57% 11% Improved quality of client care 59% 22% 65% 24% Improved my ability to provide client centred Improved ability to work with team 76% 22% Improved ability to work to full scope 68% 30% Improved autonomy and independence 68% 27% Improved overall job satisfaction 60% 24% Wirelpeg Regional Office régional de la Health Asthority santé de Wirelpeg Caring for Health A l'écourte de notre sant







## Key Findings Nurses fundamentally believe in model Positive impact on client outcomes per anecdotal reports Model has identified gaps and challenges in nurse resources across community areas Current master rotations do not support model Tools to support model required Admission and Discharge Checklists Client Review Guidelines and Processes Group emails



## **Success Requires...**

- Leadership and support of Team Manager and Nursing Resource Coordinator
- Resources to support implementation (Nursing Resource Coordinator, Scheduling Clerk)



## **Challenges**

- Requires rethinking of nursing scheduling practices
- Need to clearly define roles within team
- Flexibility required (lots of trial and error)
- Ensuring clinical and leadership support for teams during client care reviews
  - Focus of evidence informed practice
  - Focus on collaborative team competencies



## **Next Steps**

- Complete formal evaluation of model
- Two additional community areas to implement in October 2015; four to implement in 2016
- Briefing note to address master rotations
- · Revisiting scheduling guiding principles
- Expand clinical education program to include webinars, online resources, additional classroom sessions



