

NZNO 10TH NATIONAL GERONTOLOGY SECTION CONFERENCE

Rydges Latimer, Christchurch 31 Oct & 01 Nov 2016



BACK
TO OUR
FUTURE



Bridging the GAP:

**Building a culture of compassion to improve
outcomes for older people**

*Kate Gibb,
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Canterbury and West Coast District Health Boards*







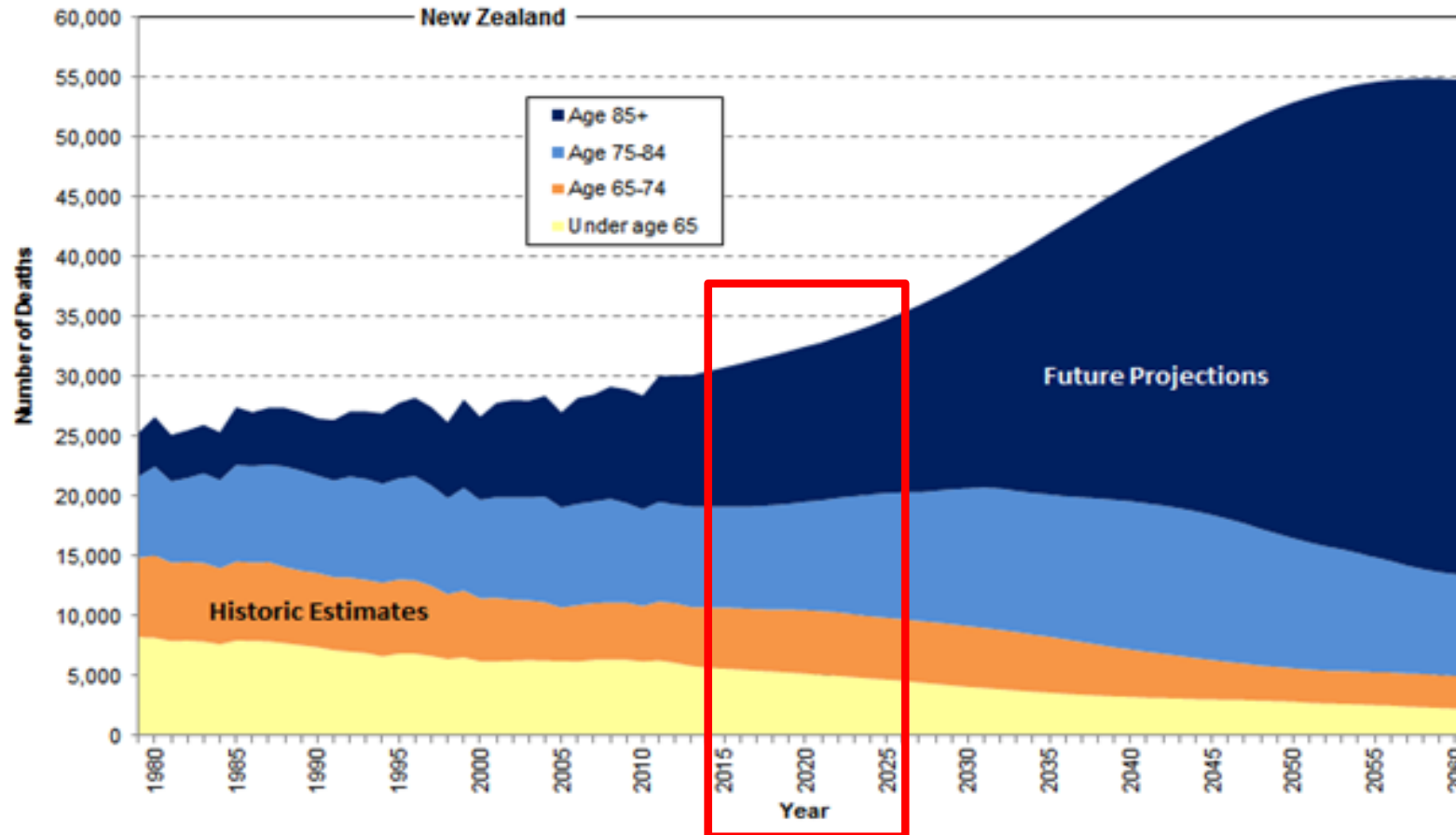
Canterbury District Health Board – the second largest DHB, geographically and population size. 530,000 people

CDHB has the largest population over 85 years of any DHB

Between 2006 and 2026 our population aged over 85 will **double**, and by 2026 **one in every five people** will be 65 or older

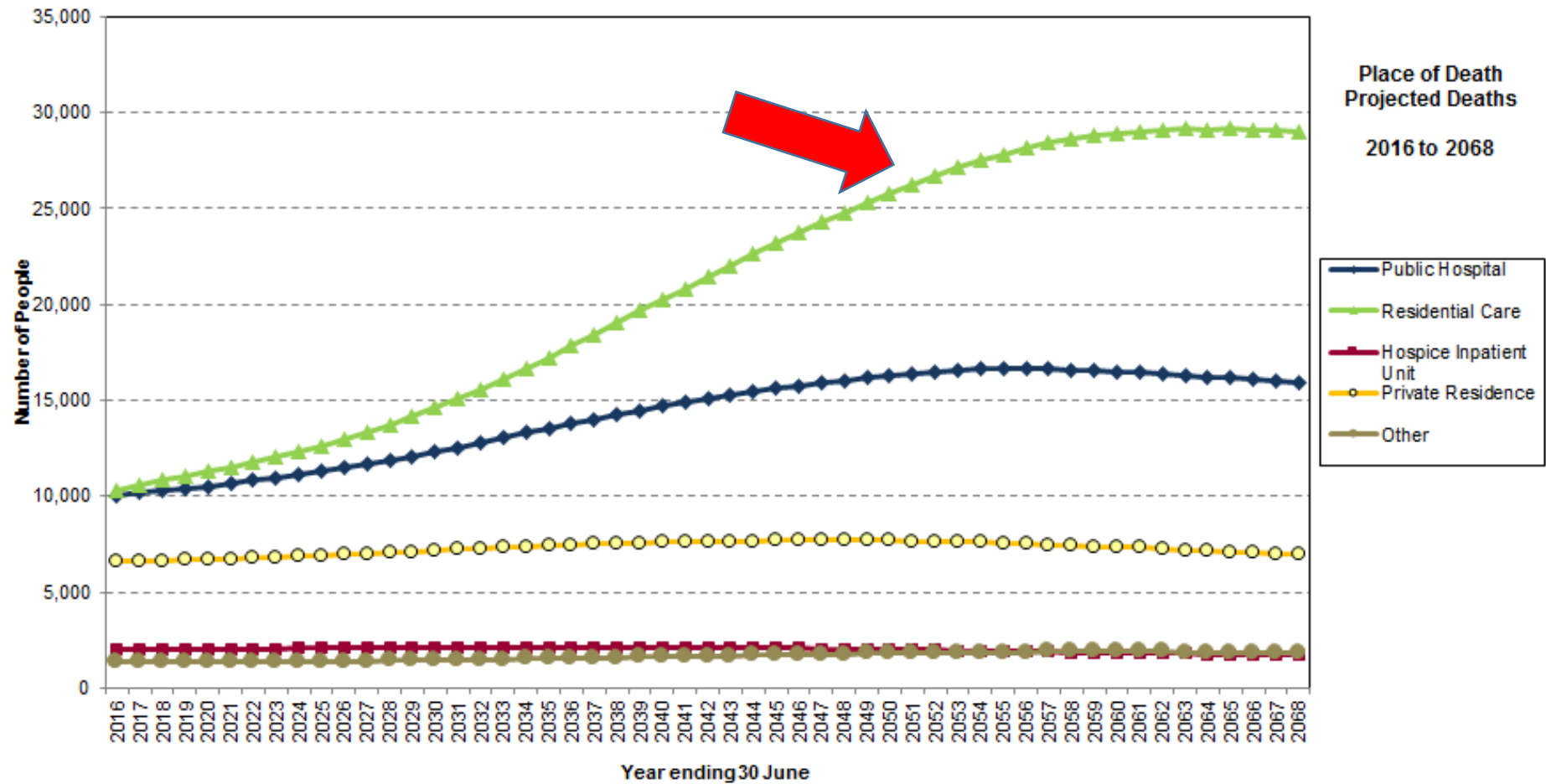


Historic Deaths & Future Projections by Age Band



Deaths will change in their distribution across age groups. Expected to be a continued decline in deaths under age 65 and age 65-74, with a dramatic increase in the number of deaths over age 85.

Projected Deaths 2016-2068 - Place of Death

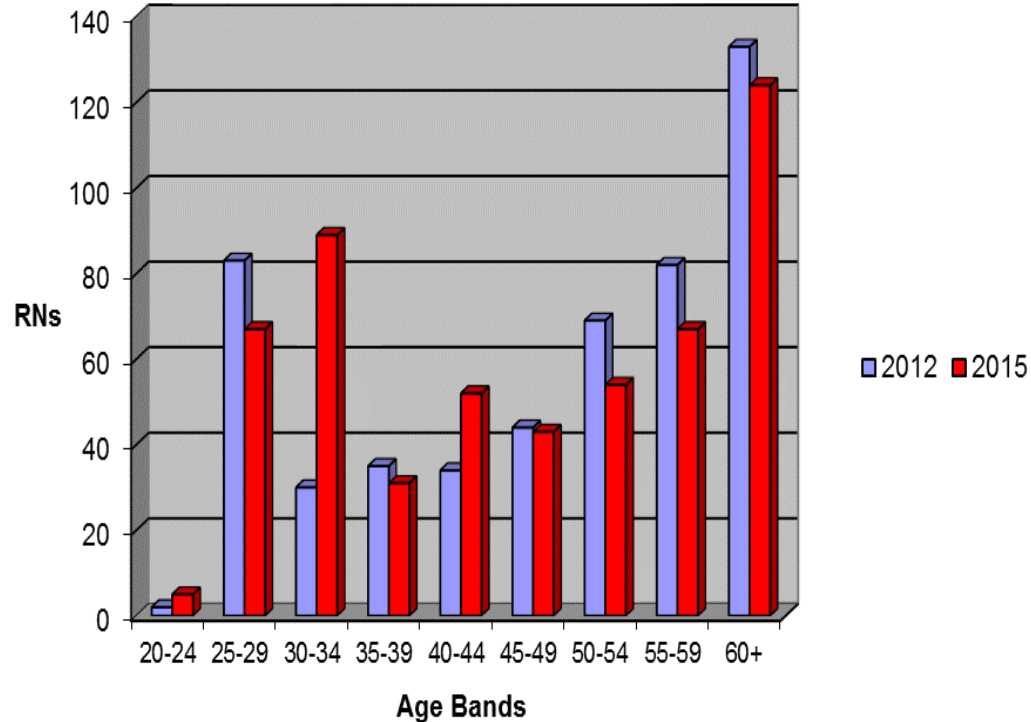


If the historic patterns persist, then deaths in residential care are projected to increase from around 10,000 a year to nearly 30,000 a year by 2068.

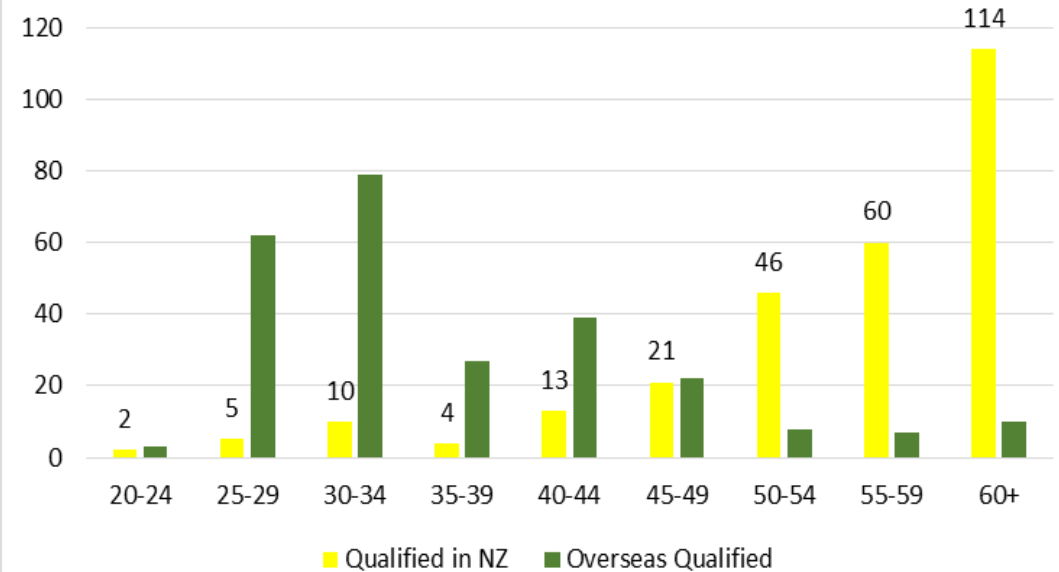
Source: National Model of the Need for Palliative Care

Canterbury Aged Residential Care nursing workforce

Canterbury RNs working in Aged Residential Care Sector



RNs in ARC by Country of Qualification (2015)

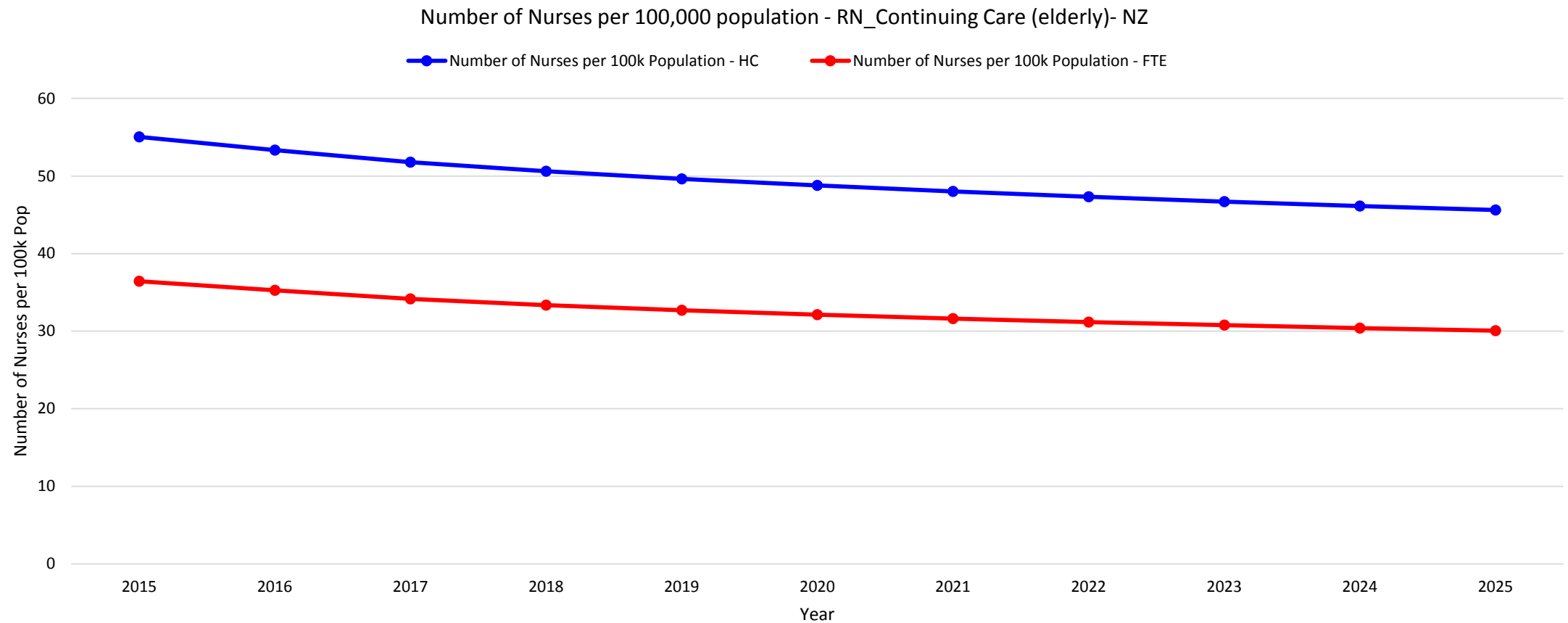


Qualified

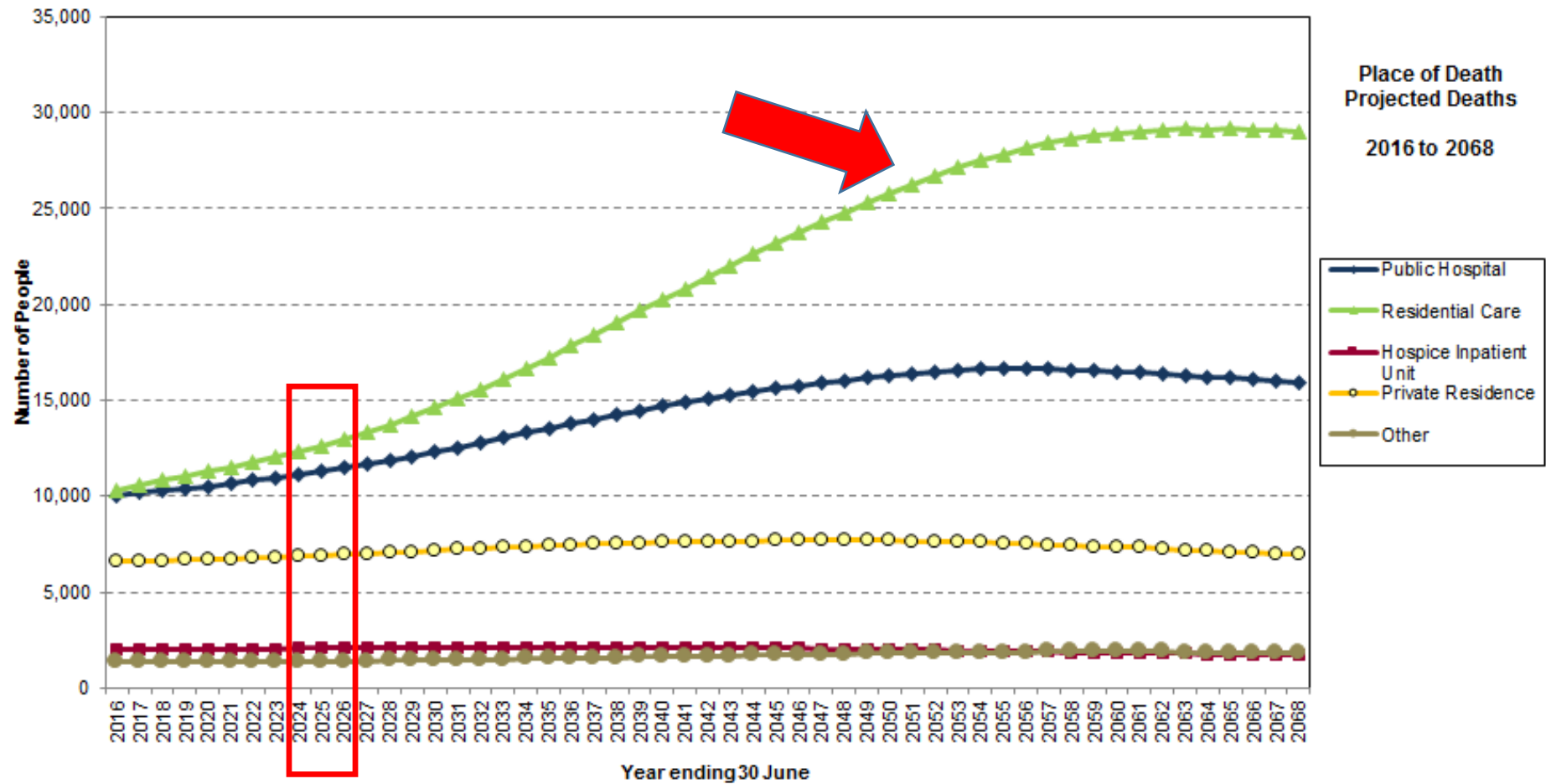
NZ = 275

Overseas = 257

Nursing workforce forecast model



Projected Deaths 2016-2068 - Place of Death



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Source: National Model of the Need for Palliative Care

Perceptions of older person's health

- OPH the least popular preference for clinical practice area for 3rd year nursing students to work as a newly registered nurse
 - Cardiac care; intensive care; emergency, acute medical / surgical settings – “highly desirable”
 - “high tech”, dynamic, life saving; consolidation of ‘technical skills’ seen as providing a good foundation
 - Aged care and mental health – “consistently the least desirable”
 - “low tech”, “boring and unfulfilling”

Huntington, Wilkinson & Neville, 2014 – Report for the Chief Nurses Office, MOH

- Studies on the key components of quality care have found that clinicians **consistently rank technical skills higher** than intrinsic qualities such as **compassion**, which is the opposite to how patients and families respond

Sinclair et. al., 2016 – Compassion: A scoping review of the healthcare literature, in BMC Palliative Care

Respect and value



“The respect and value shown to older people in New Zealand is linked to the respect and value shown to their carers.

While society continues to devalue older people, the aged care sector will remain marginalised in terms of both status and in adequacy of resourcing.”

‘Caring Counts’

Human Rights Commission Enquiry into Aged Care, 2012



“Care needs to be just as important as treatment. Older people should be properly valued and listened to, and treated with compassion, dignity and respect at all times. They need to be cared for by skilled staff who are engaged, understand the particular needs of older people and have time to care.”

‘Hard Truths, the Journey to Putting Patients First’, UK government response to the Francis Report, November 2013

“staff who are engaged...”



Conservative estimates suggest that each disengaged nurse costs an organization \$22,200 per year in lost productivity

This can come in many forms:

- *complaining to others*
- *failure to offer assistance*
- *performing work with a less-than-optimal attitude*
- *calling in sick*
- *taking longer to complete routine tasks, and*
- *failing to go above and beyond when needed*

Dempsey & Reilly (2016). Nurse engagement: What are the contributing factors for success? Online Journal of Issues in Nursing, 21(1).

Key drivers of nursing engagement



- *This organization provides high-quality care and service.*
- *This organization treats employees with respect.*
- *I like the work I do.*
- *The environment at this organization makes employees in my work unit want to go above and beyond what's expected of them.*
- *My pay is fair compared to other healthcare employers in this area.*
- *My job makes good use of my skills and abilities.*
- *I get the tools and resources I need to provide the best care/service for our clients/patients.*
- *This organization provides career development opportunities.*
- *This organization conducts business in an ethical manner.*
- *Patient safety is a priority in this organization.*

Dempsey & Reilly, 2016

Compassion fatigue



“the diminished capacity of a health professional when experiencing the distress at knowing about or witnessing the suffering of their patients and clients”

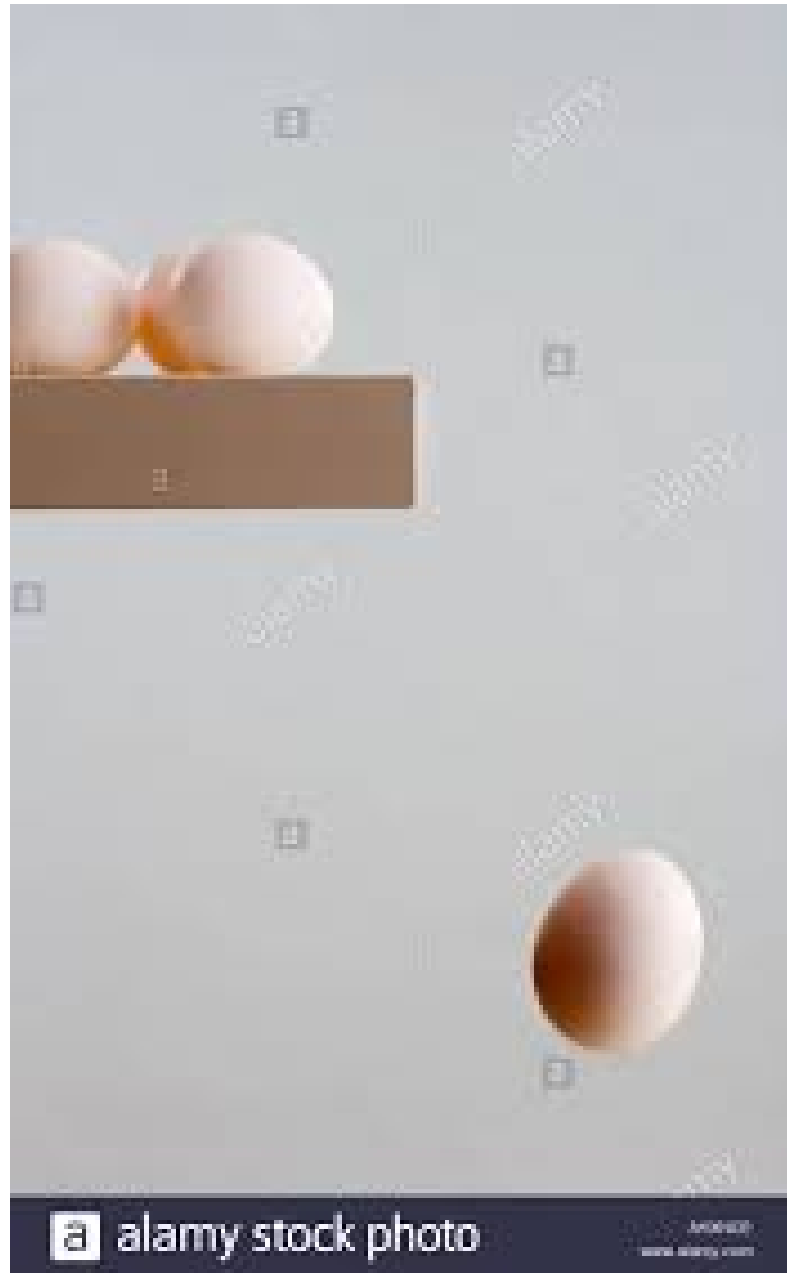
Nimmo & Huggard (2013) A systematic review of the measurement of compassion fatigue, vicarious trauma, and secondary traumatic stress in physicians – in Australasian Journal of Disaster and Trauma Studies

Compassion satisfaction



“attitudinal values (e.g., absorption, vigor, dynamism) that are experienced while conducting work-related tasks”

Dempsey & Reilly, 2016







- Over 600 aged residential care beds lost in Canterbury post quake
- ***Residential Care Recovery and Improvement*** workgroup established under the Canterbury Clinical Network's Health of Older People Workstream in 2011
- Collaboration across the health system to determine response to current crisis as well as longer term solutions to the demographic and workforce challenges

The Canterbury Clinical Network's vision

To strengthen the gerontology nursing workforce in Canterbury:

- provide access to a supported programme of professional development activities for nurses working in settings with a focus on the care of older people
- promote gerontology nursing as a specialty by providing skill acquisition and nursing knowledge
- positively impact on clinical teaching, quality improvement and leadership development
- build relationships across the system to foster a better understanding across the different areas
- promote gerontology nursing as a genuine career pathway

To positively promote and value the breadth of the ARC nurse role and the education and career opportunities in ARC

Key stakeholders → Governance group



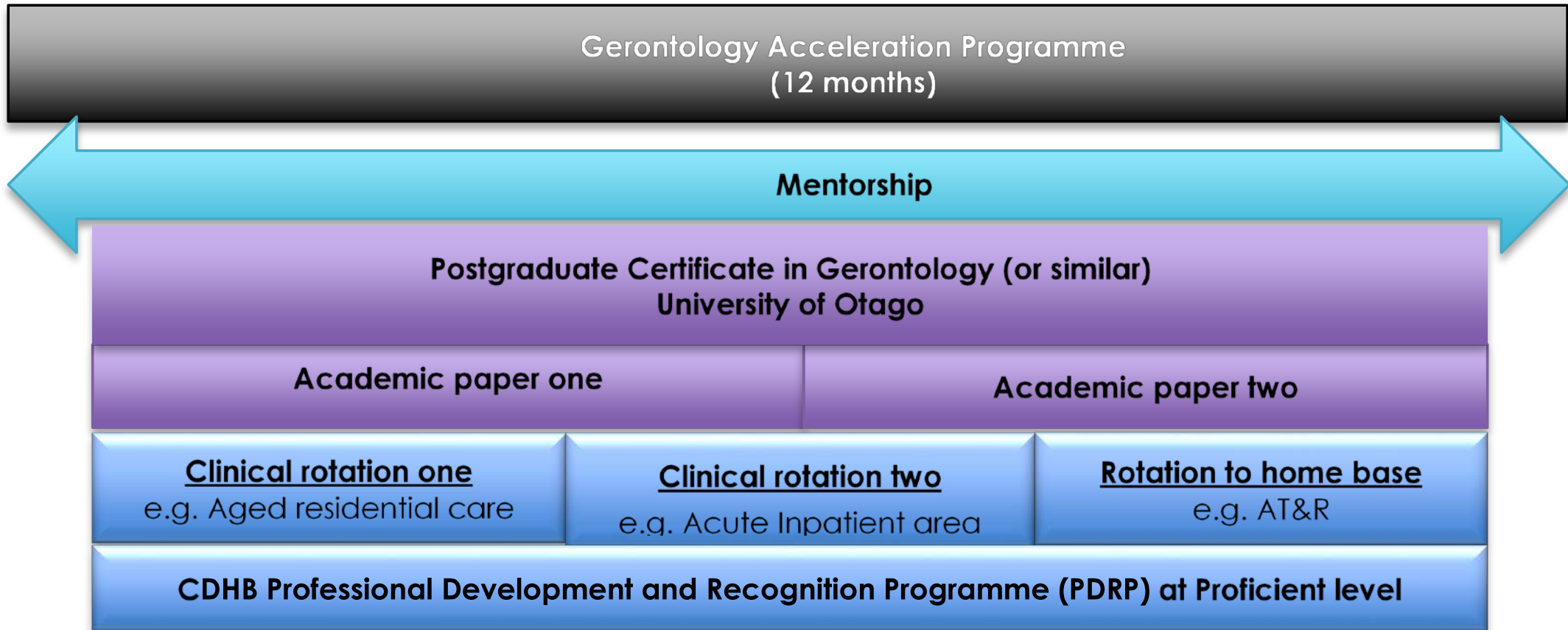
- ARC providers
- NZ Aged Care Association
- Canterbury Directors of Nursing
- Canterbury Clinical Network's Health of Older People Workstream
- CDHB Planning and Funding
- Canterbury Post Grad Nursing Education Forum
- Tertiary providers
- Ministry of Health's Office of the Chief Nurse
- South Island Alliance – Health of Older People Service Level Alliance and Regional Workforce Development Hub
- South Island Nurse Executives of NZ



Inaugural GAP 2013-14



The Gerontology Acceleration Programme (GAP)



Mentorship



- Clinical Nurse Specialists / Nurse Educators
- A critical component
- Regular contact, support for goal setting, support for consolidating learning and transitioning learning back to base practice area

Clinical rotations – walking in each others' shoes

“I’ve always felt a stigma that if you’re working in elderly residential care you have got an easy job and that it’s not viewed as very important compared to a hospital. I’ve been able to compare the two settings and realise that in residential care we do encounter complex situations and I am capable of caring for these patients”

Participating areas:

- ARC
- Older Persons Health AT&R
- Older Persons Mental Health
- Acute general medicine
- Ashburton and Rural Health Services

Postgraduate study

- Programme begins mid-year
- Suggested pathway: PostGraduate Certificate in Gerontology, University of Otago, Christchurch
 - Semester 2 – Gerontology Nursing NURX426
 - Semester 1 the following year – Health Assessment and Advanced Nursing Practice NURX405



PDRP

- **Attributes of the Proficient RN**

- Acts as a **role model** and a **resource person**
- Actively contributes to **clinical learning** for colleagues
- Demonstrates **leadership**
- Participates in changes in the practice setting
- Participates in **quality improvements**
- Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes
- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety
- Has an **holistic overview** of the client and the practice context
- Demonstrates autonomous and collaborative evidence based practice



Programme infrastructure



- Employment – “keep it simple”
 - No changes to employment status – all costs etc lie with employer
 - Visiting Health Professional status for non CDHB staff
 - Information developed for Managers to guide process
- Clinical handbook –
 - Expectations – establishing learning goals for each rotation
 - Process to work through with preceptor, mentor and manager
- Programme coordination –
 - Via the Nursing Director – OPH, and the Nurse Coordinator for PostGraduate Nursing Education
 - ‘Lead mentor’ role



Evaluation of GAP



- In 2014 the Ministry of Health's Office of the Chief Nurse commissioned formal evaluation of the programme by the NZ Institute of Community Health Care, to examine the:
 - **personal and professional** impact of the programme on participants
 - impact on the **wider nursing workforce** of participants' organisations
 - impact on **service delivery** and relationships across organisations
- Data gathered using surveys, focus groups and key informant interviews
- Evaluation completed in August 2015 and published on the MOH website



- **First cohort**

- 6 nurses commenced the programme in May 2013
- One nurse withdrew part way through
- Five nurses completed the programme

- **Second cohort**

- Nine nurses completed GAP in June 2015

Impact of GAP on participants

- Significant increase in confidence
- Enhanced collegial networks
- Evaluation of career intentions
- Development of leadership skills
- Increased understanding of the specific challenges of different clinical areas

“I had formed some incredible relationships with staff and felt a lot more rounded and knowledgeable returning to my home base. It was valuable for completing the circle of a patient’s journey and getting a better understanding of the pressure the nurses are under in that environment.”

Impact of GAP on the wider nursing workforce

“The workforce is motivated to further their careers through higher levels of education. As a nurse, GAP is empowering! I have grown in confidence and ambition. Also I have inspired others to consider this programme”

- Enhanced networks within organisations
- Development of potential nursing leaders
- Interest from colleagues in careers in gerontology

Impact on service delivery and inter-organisational relationships

- Making strong connections
- Enhanced understanding across the sector
- Better management of patients
- Improved quality of care

“When I am in the community now, I can talk from experience to older adults about the different health areas...I also feel very motivated to ease the journey through the acute system for older adults in any way I can and see some great potential for increased geriatric services particularly nursing”

Overall outcomes from the programme



- a more integrated working relationship across the system
- a cohort of experienced and well qualified nurse leaders now working in the sector
- a culture of mentorship
- transferring of initiatives and tools from one locality to another
- greater understanding of the continuum of care for older people
- the value of partnering between industry and tertiary provider
- provision of a model for investing in nursing leadership through shared governance

Progress since 2015 ...

- GAP on hold in Canterbury with the move of OPH&R inpatient services
- Implementation of inaugural CHAP – Child Health Acceleration Programme, in 2016
- Implementation of an internal rotation model - Orthopaedics
- Developing business case for an ARC Nursing Workforce Development Coordinator role
- Continue to support and monitor career development and achievements of GAP participants post-GAP
- *Planning for GAP 2017-18*



Developments post-GAP



- *First cohort -*

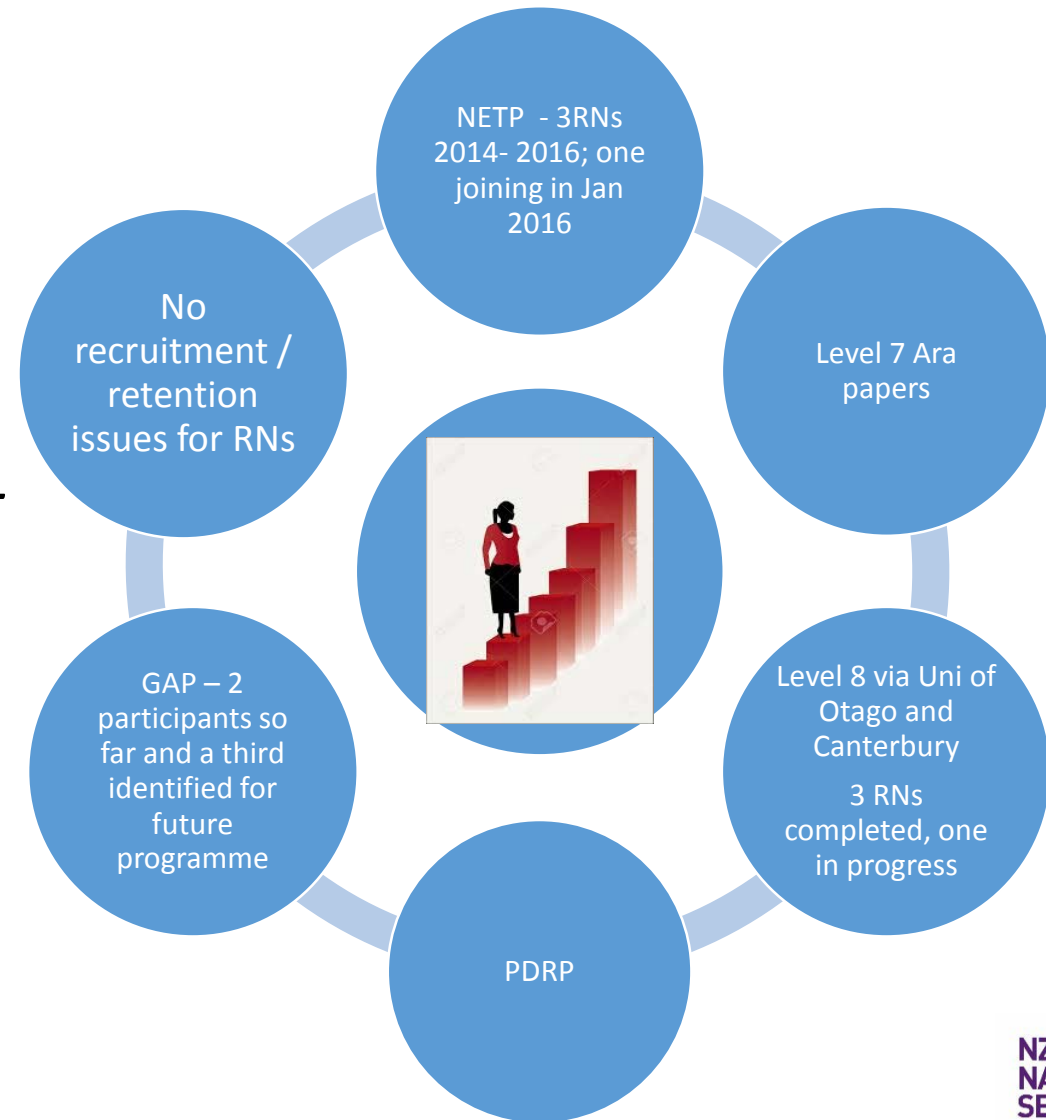
- previous role in AT&R inpatient setting:
 - recently appointed Director of Nursing (Education and Quality) across their ARC facility and home care division
- Clinical Manager of ARC facility:
 - now national Clinical Coach for that organisation, and active member of workgroups under CCN's Health of Older People Workstream

- *Second cohort -*

- previous role in Acute Medicine:
 - now Community Gerontology Nurse within OPH&R community team
- Previous role in AT&R:
 - now Clinical Assessor with OPH&R community team

Developments post-GAP - Exemplar

ARC facility participant organisation – a gerontology nursing ‘pipeline’:



Developments post-GAP - Exemplar

GAP participant organisation's Quality Improvement initiative

- 2014 – **31 acute hospital admissions**
- QI plan - focus on workforce development and partnership with GPs
- 2015 – **12 acute hospital admissions**, and reduced after hours GP visits

For one resident –

*“8 infective exacerbations with 4 hospitalisations [in 2014]. With increased staff knowledge and skills, preventative measures are enhanced. Early infection identification and prompt treatment were also implemented so he only had **4 infections and no hospital admissions in 2015.**”*



Wanted:

Encouragers

[We have a surplus of critics already, thanks.]

-The World
annvoskamp.com

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With thanks and acknowledgement:

GAP participants, mentors and managers, 2013-15

Ministry of Health – Office of the Chief Nurse

*Full GAP evaluation report available at www.health.govt.nz
under Publications*



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