Workforce planning for Integrated Care: a story of operational success

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9th July 2019
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Challenges facing Healthcare in Ireland

- Elevated rates of chronic disease
- Ageing population
- Budgetary constraints
- Overreliance on acute hospital care
- Lack of community care alternatives
- Long waiting times for hospital services
- Frequent shortage of hospital beds
- No individual health identifier
- Shortage of clinicians
Caredoc Organisation

- Not-for-profit organisation comprising of 450 member General Practitioners (GPs)
  - Providing services for 850 GPs
- Caredoc is a partnership between GPs, Health Service Executive and Department of Health
- Multidisciplinary management team

- Services provided
  - GP out-of-hours services
  - Telephone triage and remote assessment
  - Community intervention team services
  - eTriage and wearable devices - remote management of patients with multi-morbidity
- 550,000 episodes of patient care in 2018
WHO – (Integrated people-centred health services) IPCHS

Vision

“All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment.”

Strategic Approaches

1.1 Engaging and empowering individuals and families
1.2 Engaging and empowering communities
1.3 Engaging and empowering informal carers
1.4 Reaching the underserved & marginalized

2.1 Bolstering participatory governance
2.2 Enhancing mutual accountability

3.1 Defining service priorities based on life-course needs, respecting social preferences
3.2 Revaluing promotion, prevention and public health
3.3 Building strong primary care-based systems
3.4 Shifting towards more outpatient and ambulatory care
3.5 Innovating and incorporating new technologies

4.1 Coordinating care for individuals
4.2 Coordinating health programmes and providers
4.3 Coordinating across sectors

5.1 Strengthening leadership and management for change
5.2 Strengthening information systems and knowledge
5.3 Striving for quality improvement and safety
5.4 Reorienting the health workforce
5.5 Aligning regulatory frameworks
5.6 Improving funding and reforming payment systems
What is the Caredoc Community Intervention Team (CIT)?

- Specialised nursing team
- Delivers acute nursing care in the community
- Supported by a multi-disciplinary team
- Integrated with GP’s, hospital consultants, public health nurses, community services, allied health professionals
- The service is built around the patient requirements and responds rapidly on a 24/7 basis, 365 days of the year
- CIT is supported by ICT platform integrated with other healthcare providers
Model concept & design: Integrated and people-centred

- Recognised our strength and expertise in the delivery of high quality healthcare
- Cognisant of the extreme pressure that hospitals were under
- Aware of patient profile in the hospitals
- Understood the need for alternative services for patients
- Strengthening collaboration with healthcare colleagues
Understanding the Healthcare service at the time - working environment (Strategy 1 - Engaging and empowering people and communities)

- What was happening in this space?
- Identified the pressure that hospitals are under
- Media
- Background of the Caredoc team

- This had to be a brand new service type
  - Clear set of objectives
  - Not what is already delivered
  - Designing the model of care
CIT Governance Group (Strategy 2 - Strengthening governance and accountability)

Good Governance is transparent, inclusive, reduces vulnerability to corruption and makes the best use of available resources and information to ensure the best possible results

- Developed integrated Governance Groups: key personnel from all stakeholders
- Agreed terms of reference
- Regular structured meetings
- Clear areas of responsibility
- Clear communication and listening
- Willingness to strive for the same shared goals
How did we build the team? (Strategy 3: Reorienting the model of care)

Reorienting the model of care means ensuring that efficient and effective health care services are designed, purchased and provided through innovative models of care the prioritise primary and community care services and the co-production of health.

- What were we looking for?
- Identify the appropriate clinician to deliver the care
- What types of training was needed?
- What combinations of disciplines?
- Incorporating innovative technology

- Identified that nurses were the key people to deliver this service
Establishing an effective working group (Strategy 4: Coordinating services within and across sectors)

Services should be coordinated around the needs and demands of people. This result required integration of health care providers within and across health care settings, development of referral systems and networks.

- Key Caredoc personnel: Directors of Nursing, Medical Director, General manager, ICT manager, pharmacist
- Regional HSE manager
- Local HSE senior manager
- Hospital personnel: Consultant leads, Director of nursing, Discharge planner
- Public health nursing
- Care of elderly community representatives
- Allied healthcare professionals
Strategy 5: Creating an enabling environment

In order for the four previous strategies to become an operational reality, it is necessary to create an enabling environment that brings together all stakeholders to undertake transformational change.

- Strengthening leadership
- Information systems and knowledge
- Striving for quality improvement and safety
- Reorienting the health workforce
- Aligning regulatory frameworks (Sláintecare)
- Improving funding and reforming payment systems
How did we create the environment?

Robust and Strong Governance
- Change for the hospital and GPs
- Change for the CIT nurses
- Change for the patient

- Adapt to the change
- Adapt their thinking
Creating the Workforce

Who did we advertise for?

- Registered General Nurses
  - Highly experienced in the acute hospital sector (A&E, Intensive Care, Medical and Surgical experience)
  - The ability to recognise when a patient's condition is deteriorating
  - Dual-qualified in other areas of nursing (ICU, Coronary Care, Trauma etc)
  - Excellent communicators

- Training needs analysis - identify competencies
- Determine gaps in learning needs
Creating the workforce

- Collaborate with the hospital to facilitate training
- Integration of the CIT nursing team within the hospital setting
- Gave confidence for the teams within the hospital to know the teams outside the hospital were given the same advice
  - Consistency in the delivery of care
- Participating and sharing in the same educational and opportunities are key
  - E.g. Urology, oncology, diabetes

- Academic nursing integration
- Preceptorship training for CIT nurses in advance of accepting the students
- Preceptorship training - opened up for students nurses in Ireland - what life in an integrated field of nursing is really like
Developing a patient referral pathway - coordinating the care across the sector

Example: Hepatology / Liver pathway

- Governance team
  - Nursing CIT governance, nurse specialist, consultants
  - Agree on intervention to be delivered to the patient
  - Patient suitability criteria - who is suitable to be treated in the home instead of hospital
  - Design the care pathway, evidenced based
  - Document and sign off on pathway
  - Role out of integrated training to nursing staff
  - Build in the support from the hospital - back up support - true integrated care approach - if there is a problem in the community, direct link to the hospital
  - Agree communication protocols and access protocols
  - Really successful pathways is when the complete circle of communication works well

- Shared learning opportunities - case management - multi-disciplinary team meetings - discuss cases
The CIT nurse - what the patient required - how to retain our nurses?

- Make the role attractive - make integrated care attractive - rewarding job
- Environment attractive and supportive - nursing management, logistic and ICT support, safe secure environment to work in, work life balance (#nurselifebalance) duration of shifts - 8 hours
- Recognition of their work
- Team meetings to highlight any areas that need to be addressed
- Environment - maximise satisfaction by utilising their skills from hospital (Coronary care, ICU, A&E etc)
- Dealing with the suitable type of patient for the role they are doing
- Autonomous, listened to, empowered
- Pure holistic approach to patients - they are the manager of care - but they have the support of GPs, hospital, CIT colleagues
Ongoing professional development and education

- Continuous professional development
- Encouraged to share their knowledge with colleagues
- Share learning opportunities
- Speak to GPs etc, advice - discuss
- Respect for the role
- Feeling of value - valued professionals - get that feelings from the patient and relatives - making a difference
Trust and confidence - developing it over time

Accepting and leading change

- Would not let CIT nurse disconnect chemotherapy pumps in the community
  - CIT nurses went in to hospital oncology unit
  - Clinical nurse specialist team trained CIT team
  - Confidence within oncology team for intervention to be delivered in the community

- Need to be part of the acute team - be visible to them
  - What will they look like???

- Uniform - recognition

- Confidence that procedures previously only undertaken by “hospital nurses” were now safely undertaken in the community by skilled acute nurses working the community
From the outset

- Clinical knowledge
- HR experience - change management
- Digital health
- Create the concept to bring to the stakeholders
- Convince win-win
- Each stakeholder important in the process - to build the teams at the start
- Get everyone's buy in
- Stakeholders - identify individuals to advocate - Champions
Communication was key

- Meetings at convenient locations and times
- Explaining how and by whom the service would be delivered
- Explaining how the service was different
- Listening and taking on board peoples views
- Identifying win-win and working through concerns
- Building confidence, respect and trust

- Building a competent team
  - Experienced nurses and support staff to deliver care
- Integrating the team with hospital and primary care
- Supported by ICT platform to ensure continuity of care
Delivering healthcare transformation

- CIT is a connected and integrated health service maintaining the patient at the centre (recognised by WHO - Compendium of initiatives)
- Clear governance structure
- Multi-stakeholder approach, primary, acute and community settings
- Engage hospital doctors, nurses, managers, GP’s, allied health professionals
- Develop new specialised nursing role
- Identify specific training and upskilling
- Source the appropriate training
- Agree bespoke clinical algorithms and referral pathways
- Develop ICT system to enhance the service
- Ensure continuity of care
Address Individual stakeholder fears

- **GPs**
  - Concern patients not clinically stable
  - Discharge from hospital too early
  - Increase workload and risk
  - No rapid access back in to the hospital if necessary

- **Consultants**
  - Use of clinical time
  - Identification of patients
  - Referral process too long
  - No one would answer the phone call
  - Delayed response

- **Public health nursing**
  - Infringe on their role
  - Fear of change in terms and conditions of work
Where are we now and future developments

- True people-centred integrated care
- Tissue viability, podiatrist, public health, meeting and exchanging information, combined care - making appointments on the same day - one trip for the patient
- Possibilities are endless!
- Regular meetings in the hospital
  - nurse specialists
Impact of the CIT service

- Integrated service between primary, secondary and community care
- Facilitates early discharge, hospital avoidance
- Improved utilisation of hospital resources
- Less disruptive for patients, very high level of patient satisfaction
  - Stay at home, return home early, familiar surroundings
  - Improves health and well being for patients and their carers
- New patient intervention types as required
- 33,000 patient episodes of care in 2018
- Expanded incrementally since 2011
- Embraced by the HSE and Department of Health - integrated with other programs
- Aligned with the vision of Sláintecare
100% of Patient’s rated the service as excellent or very good

Patient feedback:

- If every healthcare professional provided the same level of care, dignified and efficient service there would be no waiting lists or repetitive crises in the health service.

- The CIT nurses were my absolute lifesavers when I came home from hospital and would not have been able to manage without them.

- My husband is a frail 83 yrs, mobility, he is catheterised in own bedroom, no fuss, no hassle, any problems can be resolved, advice on hand if needed. The service is personal and has to be cost effective in terms of money and patient stress. Please maintain this excellent service.

- Without the CIT nurses I would have to travel a 5 hour round trip to get my port flushed. Going to CIT nurse only taken ten minutes. A life saver.

- I was able to leave hospital earlier. I was happier at home and my recovery was quicker as a result. Less likely to pick up infection. Was back to independence quicker.
Lessons learned - how can you provide integrated care?

- Share your vision early
  - improve peoples understanding of what you want to achieve
- Automatic buy-in not guaranteed
- Stakeholders concerned about their own budget
- Key leaders and champions are vital
- Must not encroach on clinical time - precious, valuable, scarce
- Fit for purpose IT is essential
Keys to successful integrated, people-centred health services

- Clear vision of what you want to achieve
- Believe in the ability to make a difference
- Robust, strong and passionate team
- Robust clinical governance
- Listening to patient experience and feedback
- Determination and persistence
- Confidence in the team to deliver
- Gaining the trust of stakeholders
- Adapting and changing to meet the service needs
- If the core workforce is not available, create it!
Thank you


- [https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/](https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/)


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