



Ensuring access to care, that is appropriate to the after hours period. Right care, right place, right time.

Find us at two convenient locations



Eastern Shore

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PRIMARY HEALTH TASMANIA**
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**Nurse Practitioner
Community Collaborative Service**

*Innovative After Hours Models of Care Delivery
Feasibility Scoping Project*

Introduction

The Consultant Community and Aged Care Nurse Practitioner model will provide community and home based health and wellbeing services, to older people living in the community or Residential Aged Care Facilities (RACF). The service will support existing primary care while facilitating a multidisciplinary team approach. Focussing on health and wellbeing for older adults, ultimately enabling equity, quality, efficiency and acceptability of healthcare for older adults living in their own homes and care facilities.

The Research Question

To examine the need for the implementation of an innovative Nurse Practitioner Community Model of care.

The model will utilise and expand upon an already existing after hours service in Hobart in the form of telephone triage. This will incorporate Nurse Practitioners, to undertake an assessment in person and commence a plan of treatment.

THE PROJECT MODEL

This is a whole of community model which meets the changing needs and expectations of the higher than average local ageing population. The service promotes a flexible, coordinated, integrated and collaborative approach to managing our acutely unwell, vulnerable community members.

This model will assist in improving the timely access

to "Hospital in the Home" type services for acutely unwell, frail patients. Increasing access during the RACF, in the after - hours period, or when their GP is unavailable, offering an alternative to Emergency Department transfer for some presentations and facilitating access to onsite treatments

MODEL OF CARE

A model of unique after hours care that will be structured to be delivered by Nurse Practitioners, in collaboration with

- GP Assist
- General Practitioners
- Specialist Geriatricians
- Palliative Care Physicians
- Community Service Providers

All working in collaboration to support and enhance the accessibility of health care to vulnerable people living within the greater Hobart area. Ultimately with the successful research outcomes allow for future rollout of the service Statewide.

This model not only incorporates a person-centred, integrated and collaborative approach to patient care, but also is a pivotal service in the delivery of shared transfers of care. It achieves this by providing linkages with all relevant healthcare providers. This will aid in improving health outcomes and linkages to other services within the community.

The model will utilise and expand an already existing after hours service in Hobart, in the form of telephone triage (GP Assist) to incorporate Nurse Practitioners to undertake an assessment in person and commence a plan of treatment

- In the person's home
- Group Home
- Supported Living or
- Residential Aged Care Facility (RACF)

POINT OF DIFFERENCE

The unique aspect of this model and the pivotal points of difference that makes it so innovative is as outlined below,

Once an episode of care has commenced the Nurse Practitioners will work with the usual health care providers to deliver the entire episode of care. Ensuring communication

and shared accountability, support the improvement of any gaps in delivery of holistic and person centred care. This will decrease fragmentation of care with the patients regular General Practitioner and other service providers.

This model will greatly address the service delivery gap for after hours arrangements.

This innovative after hours model of care will provide

- consultation
- treatment
- management and
- a plan of care for a resident/patient during a period of acute deterioration and stabilisation as well as
- 'quality' care needs of patients

Review of the patient involves;

- physical assessment;
- review of medical history and medications;
- review of results of previous investigations (if available) recent treatment and
- communication with the patients, their families or carer.

RESEARCH METHODS TO BE UTILISED

1. Qualitative and quantitative research
2. Evidence gathering with key providers and stakeholders
3. Gathering of evidence that supports the need or otherwise for the service
4. SWOT Analysis identification of strengths, weaknesses, opportunities and threats with future implementation of the service- at arranged functions with stakeholders to gather provider support and concerns.
5. Site visits with researchers to identify the current service need and to gather historical evidence supporting the need or otherwise.