

Showcasing Aged-care Nursing



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Foreword

New Zealand's population is ageing and our older people are living longer and healthier lives. This should be celebrated. By the late 2020s, the number of older New Zealanders is forecast to outnumber the youth and child populations, with one million New Zealanders predicted to be aged over 65.



Hon Jo Goodhew

But for some older New Zealanders, their longer lives are complicated by long-term conditions or the need for rehabilitation or other treatments. This poses a challenge for the health sector as it places greater demands on a wide array of services and supports. The workloads of our hospitals, general practices and rest home facilities will continue to increase as our ageing population grows.

The good news is that people across the health system have been looking at how they can continue to provide a high standard of care as demand rises. Nurses in particular are taking a leadership role, and a strong nursing workforce is recognised as the key to high-quality health care for older people in the future. Collaboration between district health boards (DHBs) and aged-care providers in the community is helping to build and maintain this vital workforce.

This publication profiles just some of the exciting initiatives that are under way around the country to better support nurses in caring for older people, who often have complex health conditions. The initiatives are many and varied, ranging from a hotline to an education programme to making expert nurses available for extra clinical support.

Even more case studies, as well as videos produced by the Ministry of Health in early 2013, are available at www.health.govt.nz/agedcarevideo.

Despite tight financial times, the Government continues to invest in improving the health and independence of older New Zealanders. In 2013/14, DHBs are forecast to spend almost \$1.6 billion on support services for older people – an increase of 40 percent compared to 2007/08.

I thank everyone working in the health of older people sector for their hard work and dedication – particularly the nurses and aged-care staff who made time to be part of these stories and videos. These are important stories that deserve to be showcased and shared so that we can all learn from them.

Hon Jo Goodhew
Associate Minister of Health



Homestead Ilam resident Joy Denton with Nursing Entry to Practice nurse Natalia Batyaeva (centre) and her preceptor (mentor) Eve Black.

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Waitemata DHB nurse practitioner Janet Parker (left) provides support to staff at Radius Taupaki Gables rest home, including registered nurse Cristy Magallon. Janet says the one-on-one relationship is important. 'It's just like giving individual patient care; there are individual needs within each of the facilities.'



Watch the video – Jane O'Malley on nursing and aged care
www.health.govt.nz/agedcarevideo

Introduction from the Chief Nurse



Jane O'Malley

There are many excellent initiatives under way in the New Zealand health care system that aim to increase the support for aged-care nurses and improve the care of older people. Some of these initiatives are described in this booklet and in the stories and videos available at www.health.govt.nz/agedcarevideo. I hope they encourage organisations to learn from one another and inspire new ways of working in local communities.

We've developed this resource because often people who work in the aged-care sector – registered nurses and health care assistants – find themselves working without immediate access to other health professionals. There's not always a doctor at the end of the corridor, and possibly only one registered nurse working per shift in some smaller facilities. While these staff are very skilled at what they do, research and experience shows us that aged-care nurses benefit greatly from strong support from across the wider health care system.

The stories in this booklet and online case studies highlight some of the great partnerships between district health boards (DHBs) and aged-care providers leading to better care of older people. The stories illustrate the importance of relationships between nurses in DHBs and in the aged-care sector. Strong leaders in aged-care facilities are highlighted doing great things to support staff and residents and building clinical knowledge in an increasingly complex area. The stories also show some of the opportunities available to nurses in aged-care who want to expand their careers and take up new opportunities.

Dr Jane O'Malley
Chief Nurse, Ministry of Health

Rehabilitation in partnership with aged residential care

Taranaki District Health Board's (TDHB's) partnership with the aged-care sector is helping more older people return home, and return home sooner, after serious falls or injuries.

The DHB's Older People's Health Service introduced the Enhanced Intermediate Care Assessment and Treatment Team (EICATT)



Jocelyn Thurston and physiotherapist Nicola Brown work with Robert Bryan on his rehabilitation programme at Tainui Village.

programme in July 2012. This programme enables patients to transfer from hospital to Tainui Village rest home in New Plymouth for intensive rehabilitation before returning home. The programme also aims to reduce inappropriate lengths of inpatient stay; avoid preventable or premature admission into long-term residential care and cut back the number of unnecessary re-admissions to hospital.

The team includes a variety of clinical staff, from geriatricians through to specialist nurses, physiotherapists, occupational therapists and social workers who meet weekly to discuss each client, that client's progress and their future needs.

The EICATT programme is designed for older people who would normally spend a number of weeks in hospital undergoing rehabilitation but who do not need the specialist medical care provided in a hospital. As clinical nurse specialist Bronwen Pepperell says, 'They really just need intensive rehabilitation, which they can get at a facility like Tainui Village.'

The TDHB currently funds up to four Tainui Village residents at a time to participate in the six-week programme. Most are aged 65 years and over.

'It really is working well' says Tainui Village clinical coordinator Brigid Bright. 'It's helping people get home quicker; it's getting people out of hospital and that environment and getting them home.'

Bronwen Pepperell says that, while patients are initially a little hesitant about going to a rest home for rehabilitation, she finds that participants in the EICATT programme really benefit from it and enjoy the relationships they make during their time on the programme.

When a patient begins the programme, an individualised rehabilitation plan is prepared for them, with a focus on creating a home-like environment. 'Staff will often change the layout of the

furniture in the patient's room to replicate the patient's home setting. The rehab programme also begins each day with "Breakfast Club", where residents make their own breakfasts before starting the day – just as they would at home,' Bronwen explains.

The programme's activities vary, but sessions usually take place around three times a day. 'The therapy is quite intensive – and we tell them from the start that it's not going to be a holiday,' Bronwen says.

Most people spend up to six weeks on the programme. 'There are criteria that people who are referred have to meet, and the programme doesn't suit everyone. They need to have rehab potential and want to go home,' Bronwen says.

Success rates have been impressive. Of the 60 people who had been through the programme at the time of writing, all but three had returned home. The average length of stay had been three weeks.

Brigid Bright says that the programme has also been welcomed by Tainui Village staff, who have enjoyed the variety of activities and the skills that they have acquired through the programme. 'Staff are picking up on EICATT skills and not always automatically doing so much for the residents. Instead, they're encouraging the residents to do more for themselves,' Brigid says.

Beyond the EICATT programme, Brigid says that the integrated approach developed with TDHB has other benefits. The various health professionals involved in the care of Taranaki's older people are now much better placed to work together.

As Brigid says, 'It's been really important having someone at the DHB who we can talk to and who understands what we're talking about.'



Watch the video – Home focused rehab proving a success
www.health.govt.nz/agedcarevideo

Dementia care programme encourages Walking in Another's Shoes

Alan Beasley's infectious enthusiasm for quality dementia care is making its mark on Canterbury's aged residential care nurses and support workers.

As one of the dementia care educators who promote Canterbury District Health Board's (CDHB's) Walking in Another's Shoes education programme, Alan is encouraging people who work in dementia care to consider innovative ways to look after their patients and support each other. 'Dementia care is such an exciting, rewarding and rapidly evolving area,' he says.



Dementia care educator Alan Beasley from CDHB (left) at Rosewood Rest Home with resident Pablo Manning and his wife Linda.

Walking in Another's Shoes was pioneered by English professor of psychogerontology Tom Kitwood and is founded on the principle of putting the person with dementia at the centre of care. 'The focus is on seeing the person first, before the disease: valuing each person as a unique individual with specific needs and abilities that we have to support and respect. We aim to work around the person with dementia rather than have them adapt their world around our routines,' Alan says.

Along with offering workshops and full-day classes for aged residential care (ARC) staff, Alan visits rest homes and hospitals to provide on-site staff training. He says participants are educated on a wide range of dementia-related topics, with the emphasis on staff working together to find solutions to challenges.

'For example, "calling out" is a common behaviour that people working in dementia care find difficult to deal with,' Alan says. 'Carers can develop appropriate intervention strategies by considering what emotions are behind the behaviour and what needs aren't being met.'

Questions to consider include: Are they uncomfortable? Are they in a social setting that they don't like? Do they call out more when they are hungry or tired? What do we know about this person (personality traits, likes/dislikes) and what can their life history tell us? After analysing the answers to such questions, the carer can develop solutions. That might include encouraging family members to record a familiar story for the patient to listen to or assigning two people to share the patient's care.

'People working in dementia care can feel very isolated. Bringing them together to discuss ideas like this not only helps them improve their practice but is an important step towards building networks that will support them in the future,' Alan says.

Cashmere View Rest Home and Hospital nurse manager Robyn Hulme says that her staff have welcomed Alan's involvement in strengthening the care they provide to their 20 residents with severe dementia. 'It's been wonderful having the programme and other

support from Alan. His reflective practice sessions have really helped staff develop ways of coping with residents who have challenging behaviours,' Robyn says.

Lucie Kaal, nurse manager at Christchurch's Rosewood Rest Home and Hospitals agrees, explaining that the Walking in Another's Shoes programme has supported her rest home's in-service training and general approach to caring for residents. 'Having Alan to help brainstorm resolutions to problems has been awesome,' she says.



Nurses Tania Dillon (left) and Lucie Kaal have appreciated the extra training and support provided by CDHB's dementia education programme.



Watch the videos – Nurses take a new look at dementia care
– New graduates thriving thanks to
extra support

www.health.govt.nz/agedcarevideo

Strong partnerships built across the aged-care sector

Waitemata District Health Board's (WDHB's) Residential Aged Care Integration Programme (RACIP) emerged after Dr Michal Boyd, a nurse practitioner, was appointed as clinical leader of Community Services for Older People.

Appointment to the position enabled Michal to develop RACIP, with the aim of fostering a stronger partnership between DHBs and aged-care providers, leading to better care through a more connected approach to caring for older people.

'We'd go into these facilities and do the assessments, but we weren't using our gerontology expertise to support the nursing staff. We thought that it would be really good if we integrated with the aged residential care (ARC) providers because we've got a lot of specialist gerontology knowledge and they've got a lot of knowledge about



From left: Linda Venables and Laurel Winwood from Radius Taupaki Gables with Janet Parker and Dr Michal Boyd from WDHB and the care guides they developed.



Dementia care nurse manager Tina Chivers with Janet Parker and a new resource developed to help families.

looking after frail older people in aged care. So it's about working together – combining our skill sets,' Michal says.

From the outset, the gerontology nurse specialist (GNS) team knew that, to make the integration project successful, they needed to work on a partnership basis. This included gaining the trust and confidence of the aged-care facility staff. 'It's really important that we acknowledge their skills and knowledge – we're just here to support them and to help integrate aged care and DHB services,' Michal says.

To formalise this partnership, a Memorandum of Understanding (MoU) was drawn up so that both the DHB's GNS team and ARC providers knew what they could expect from each other.

All of the nearly 60 facilities in the DHB catchment have signed the MoU. 'It's all voluntary; none of the facilities have to work with us, but they have all chosen to, which is great,' WDHB nurse practitioner Janet Parker says. 'It wasn't just about us coming into the facility to provide support. It was about the facility actually allowing us to do this. The MoU is about defining where we all stand, and it has given us a good starting point.'

Linda Venables, regional manager for Radius Residential Care, and nurse manager Laurel Winwood from Radius Taupaki Gables rest home have seen firsthand the benefits of embracing a positive working

relationship, primarily through the MoU. Under the MoU, one member of WDHb's GNS service is assigned to each facility to help build a strong relationship. Janet Parker supports Radius Taupaki Gables.

'Having our own GNS nurse has been great because you've got support on the end of the phone whenever you need it,' Linda Venables explains. 'I can ring Janet, and she knows us, and if we make a call, we probably really do have a problem.'

For her part, Janet says that the one-on-one relationship also enables the GNS team member to get 'the flavour' of each facility. 'It's just like giving individual patient care; there are individual needs within each of the facilities.'

And as a positive flow-on for Radius Taupaki Gables, Linda says that the RACIP has contributed to lowering staff turnover rates at the home. And low turnover also means that the benefits of training and staff development are retained and care remains consistently high for residents.

Alongside the development of the MoU with ARC providers has been the establishment of a working group, which has produced practical clinical guides for aged-care environments. The *Registered Nurse Care Guides for Residential Aged Care* and the *Care Giver Guides for Residential Aged Care* are now used by facilities across New Zealand.

The GNS team's newest resource, a dementia care pamphlet was also developed as a result of a partnership with the region's aged-care providers, including nurse manager Tina Chivers from dementia facility Seadrome Residential Home and Hospital. Janet says, 'It's about sowing the seed that dementia is an end-stage illness – and that important decisions have to be made around a person's care.' The pamphlet will be followed by a booklet that will assist families to understand some of the complex situations that can arise with advanced dementia.



Watch the videos – Families talk about dementia care
– Waitemata DHB takes leadership role

www.health.govt.nz/agedcarevideo

District nursing services improve collaboration and integration with ARC

Building closer relationships with aged residential care (ARC) facilities plays an important role in Capital and Coast District Health Board's (CCDHB) efforts to reduce hospital admissions through its Community Health Services (CHS) district nursing teams.

As CHS nurse manager Emma Hickson explains, a 2011 CHS project identified that some local ARC facilities would benefit from stronger DHB support. As a result, CHS district nurses have made themselves



CHS nurse specialist Louise Mills (left) and nurse manager Emma Hickson are part of the CCDHB team sharing knowledge and skills with aged care nurses.

available to ARC facilities, seven days a week with on-call support available from 10 pm to 8 am.

During the project, CHS also analysed data from Wellington Hospital's Emergency Department (ED), which helped them identify some of the factors leading to ED admissions from ARC facilities. They found that a significant number of ARC admissions were related to male patient's catheters becoming blocked or not functioning correctly.



CCDHB clinical nurse specialist Louise Mills has helped train aged care facility nurses in male catheterisation.

As a result of these findings, CHS decided to focus on improving its collaboration and sharing of knowledge and skills with ARC nurses, including building expertise. This has included training ARC nurses in male catheterisation, a procedure that was traditionally performed by male doctors in hospitals and GPs in the community setting but, more recently, has become a skill required by many nurses in many sectors.

The primary aims of training ARC nurses in how to insert and manage male catheters were to improve patient care and reduce the number of avoidable ED admissions from Wellington ARC facilities because of blocked catheters.

CHS clinical nurse specialist Louise Mills, who has overseen the training of ARC nurses in the procedure, says uptake from the region's ARC facilities has been high. The training programme has

also led to better continence care for older people in general. ‘Now, if catheters are blocking, we’re finding that the facility’s nursing staff are ringing to talk to us, and we’re organising to go out and develop a care plan.’

‘It’s also meant that we’re looking more widely at healthy bladders and bowels for our clients in ARC facilities,’ Louise explains. Related training has also been provided in pelvic floor exercises, dementia and toileting issues,’ Louise says.

Kemp Home and Hospital nurse manager Valelia Gibb is very positive about the DHB’s changes to better support aged care, particularly the increased opportunities ARC nurses have to work alongside CHS nurses. The male residents have also welcomed the policy change because they now have regular catheter care with few infections or issues. In the eight months following the CCDHB training in 2011, there were no hospital admissions for catheters problems or infections.

‘I’d always held the perception that the DHB was one area and the ARC sector was isolated,’ Valelia says. ‘We don’t feel alone anymore, which is great.’

Louise Mills believes that the project has allowed CCDHB district nurses to develop a much greater understanding for the aged-care nursing role. Emma Hickson agrees. ‘We’re not dissimilar to the nurses working in aged care – we both work with a very broad scope,’ she says.



Watch the video – Learning in a positive workplace

www.health.govt.nz/agedcarevideo

Providing guidance and support through a hotline

A pilot study involving Counties Manukau District Health Board (CMDHB) has helped shape changes to better support the region's aged residential care nurses.

The changes include the introduction of a team of gerontology clinical nurse specialists who work alongside aged-care facilities to help train and upskill staff. Extra support has also been provided through a telephone support hotline and buddy system for aged-care nurses.

Lorraine Hall, a CMDHB clinical nurse specialist, is often the person who picks up the region's hotline phone for aged-care nurses. The DHB runs a parallel hotline that enables GPs to consult directly with a community geriatrician.

Often nurses working in aged care can't get instant access to the GPs who are supporting their residents, so the Monday-to-Friday hotline provides a welcome alternative for advice and guidance.

'Before the DHB rolled out the hotline across aged-care facilities in its catchment, there was a "them" [DHB staff] and "us" [aged-care nurses] approach, with a great big chasm in between,' Lorraine says. 'Part of what the hotline is about is saying "Hey, we're there for you; we're just at the end of a telephone.'"

Currently, the hotline averages around 50 calls a month, but Lorraine says there are times when it is used a lot more. For example, if Middlemore Hospital is at capacity, the hotline's hours can be extended to include weekends.



CMDHB's Noeline Whitehead (left) with Marie Ocoma from Takanini Lodge, who appreciate the extra support the hotline provides.

Often advice will include discussing a resident's vital signs and offering suggestions for further investigations. The service can also be used to fast-track a resident through the hospital system if this is appropriate.

Takanini Lodge rest home clinical nurse manager Rod Manalo, who arrived recently from the Philippines, is a regular user of the hotline and appreciates the support it provides. And Lodge manager Yvonne Kleyn agrees. As she explains, 'If staff have done a full assessment and are wondering 'where to from here?'. . . then we'll call the hotline for further input. They help us. If it's urgent, we can get tests, further assessments or whatever's needed done quicker through them.'

A buddy programme is also offered by CMDHB for nurses working with the aged-care sector. During this four-month programme, a nurse specialist will visit weekly during the first and third months. 'The model for us is to "do with" not "do to", and I tell my team that

we should be up-skilling these nurses so that we're doing ourselves out of a job through our coaching and mentoring,' says CMDHB community geriatric services clinical nurse director Noeline Whitehead.

CMDHB geriatric services clinical nurse specialist Jane Hsu was partnered with Rod Manalo from Takanini Lodge late last year. Rod is a highly-experience registered nurse from the Philippines, but a recent arrival to New Zealand. He says that the support has been valuable as New Zealand's aged-care model is very different from the Philippines where more often older people are cared for at home by family members.

'The extra training is an asset for the nurses.'



Watch the video – Support is just a phone call away
www.health.govt.nz/agedcarevideo

