

Rural Collaborative Practice Model



"working together to deliver sustainable, safe emergency services to rural Victoria"

Aim

Introduce a new collaborative practice model of care into a selection of rural hospitals to deliver sustainable and safe emergency care in rural Victoria.

Objectives

- Develop and review strategies to strengthen the current emergency care model using the Queensland Primary Clinical Care Manual (PCCM) and Rural and Isolated Practice Endorsed Registered Nursing (RIPRN) training program as a point of reference and tool (detailed in attached).
- Identify changes needed to apply the PCCM and RIPRN training program to the project sites.
- Ensure that the model adopted by the project sites reflects the local context.
- Enable participants to articulate and negotiate their roles and needs effectively.
- Develop the teams' knowledge and skills to deliver emergency care and continuously improve the quality of emergency care services.
- Identify learnings and tools that can be used by other health services interested in adopting a collaborative practice model for emergency care.
- Evaluate the process and impact of introducing this collaborative practice model and tools in the participating health services.

Anticipated Outcomes

- Enhanced clinical capacity and processes that respond to the local context.
- Improved collaboration between nurses and doctors.
- More coherent clinical governance framework.
- Improved callback arrangements.
- Improved quality of emergency services through:
 - Timely assessment and treatment.
 - Improved documentation and assessment practice.

- Improved communication between settings and professionals (especially between the GPs and nurses).
- A method of maintaining clinicians' emergency care competence and continuous practice development.

Project principles

Practice development

Clinicians engage in a continuous process of improvement focused on increasing effectiveness of patient-centred care.

Consensual and collaborative

Clinicians are empowered to change the status quo, to develop practice, address issues and barriers that get in the way of improving practice and service.

Responsive

Action will focus on issues that need to be addressed immediately and can be controlled by Pilot participants.

Context specific

The solutions will be tailored to respond to the issues in the local context.

Project method – Action research



Source: Adapted from Susman & Evered, 1978, p.588

This diagram illustrates an action research cycle. This pilot has three action cycles of approximately 2 months in duration, punctuated by action learning sets, which follow a two-day planning forum. At these four forums, all pilot participants come together to develop, review and refine their action plans. These forums also provide the opportunity for participants to:

- Identify additional expertise/resources that they do not currently have to implement their action plans; the facilitator may assist in sourcing these (but not necessarily paying for them if there is an associated cost);
- Challenge each other's assumptions about the process, constraints and opportunities;
- Provide different perspectives from their different health services and contexts; and
- Establish a wider network of supportive and critical colleagues.

The action research approach means that improvements will be achieved throughout the project.

Project phases and estimated timeframe

<p>Initiation and engagement Recruit up to 4 nurses and 2 doctors, 1 pharmacist, CEO, DON and DMS per site (5 sites).</p>	<p>Feb-Mar 2007</p>
<p>Diagnostic phase A profile of the emergency care services at the Pilot sites will be compiled to assist participants to understand the factors in their local contexts that influence how doctors and nurses work together to deliver emergency care and how they adopt evidence based clinical guidelines.</p>	<p>March – June 2007</p>
<p>Implementation - Planning Forum – 2-day forum to commence action plans. - Action plans and learning sets to introduce guidelines, new practice model and issues specific to pilot sites that impact on practice development. - Nurse training commencement (Program will run for 9-12 months from November to July 2008)</p>	<p>June – April 2008</p>
<p>Handover and Withdraw DHS facilitator hands over facilitation role and withdraws from the implementation phase (ie. facilitating action learning sets and other activities that flow from the action plans.)</p>	<p>Feb - April 2008</p>
<p>Evaluation Evaluation Pilot process and outcomes (including the impact of the clinical guidelines and nursing training).</p>	<p>August 2008</p>

Project resources

The Department of Human Services and the Victorian Health Services Management Innovation Council jointly fund this project.

- Nursing training – The Department will fund between 2 and 4 places per pilot site in the Rural and Remote Registered Nursing Certificate to be delivered by the Queensland Northern Training Unit (modified RIPRN program).
- Pilot participation grant – The Department will provide a grant to some of the Pilot sites to support their involvement in the Pilot. This grant may be used to cover costs associated with participants attending a 2-day planning forum, 3 action learning sets and training activities. It may also support the costs associated with collecting data, arranging local forums, reviewing and developing local policies or processes.
- Data collection, analysis, project facilitation and evaluation – Support will be provided by the Senior Nursing Advisor, Rural and Regional Health Services Branch, DHS. Other resource people may be co-opted into the Pilot as required.

Project Facilitator

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Attachment:

Queensland Collaborative Practice Model

The Queensland Collaborative Practice Model comprises the following key components:

Primary Clinical Care Manual (PCCM)

The PCCM is the principal clinical reference and policy document for medical officers, registered nurses, indigenous health workers and other health professionals working in rural, remote and isolated health services in Queensland. The clinical guidelines contained in this manual extend from non-acute, primary care presentations to high acute, emergency stabilisation, including appropriate follow-up. There are health management protocols that identify the conditions and situations for which the drugs contained in the Drug Therapy Protocol (DTP) are relevant. The DTP lists the schedule 4 and 8 drugs that can be administered and supplied by appropriately trained and endorsed Rural and Isolated Practice Endorsed Registered Nurses (RIPRN) with limited or no medical practitioner presence.

In accordance with the Qld Health (Drugs and Poisons) Regulation 1996, Queensland Health reviews and updates the manual every two years.

The DTPs in the PCCM applies to rural hospitals and isolated practice areas listed in the Qld Health (Drugs and Poison) Regulation 1996. The rural hospitals list includes quite large rural health services such as Hervey Bay Hospital and Atherton Hospital, which have emergency departments (ED) with ED nursing staff and employed medical officers.

Nurse training

The Rural and Isolated Practice Health (Drugs & Poisons) Regulation 1996 Registered Nurse (RIPRN) Course is delivered by nurse educators located in the three Queensland Training Units. This course is accredited by the Queensland Nursing Council (QNC) and leads to recognition as an endorsement to practice under the Health (Drugs & Poisons) Regulation 1996. The RIPRN course accounts for credit towards several postgraduate programs at the Graduate Certificate, Graduate Diploma and Master levels at a number of universities across Australia, including the University of Newcastle, James Cook University, University of Queensland and University of Southern Queensland. The course takes 9-months and is undertaken by the nurses at their place of work. Apart from a two-day workshop at the beginning of the course, it is delivered via distance education. Annual assessment of competence is incorporated into the performance management process and undertaken by trained peers in Queensland's District Health services.

The PCCM and accompanying nurse training have also been adapted for use in the Greater Western Area Health Service, rural NSW.