

## 2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

### Supervisor Information (First named supervisor will be the contact):

First **Supervisor's** Name and Title: Dr Philippa Seaton, Director, Centre for Postgraduate Nursing Studies, University of Otago

Departments - UOC &/or CDHB (if applicable):

Centre for Postgraduate Nursing Studies, UOC, & Nurse Maude Community Nursing Services

First Supervisors Phone: (03) 364 3858

First Supervisor Email: [philippa.seaton@otago.ac.nz](mailto:philippa.seaton@otago.ac.nz)

First Supervisors Mailing Address: Centre for Postgraduate Nursing Studies, University of Otago, PO Box 4345, Christchurch 8140

Co-Supervisors Name and Title(s): Dr Beverley Burrell (Deputy Director, CPGNS); Ms Sheree East (Director of Nursing, Nurse Maude); Gill Coe (Research Officer, NZ Institute of Community Health care Health Care / Nurse Maude).

### Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Laboratory

Community

Project Title (20 words MAXIMUM):

Developing a humanistic outcomes based model of care for homecare and community nursing.

Project Description:

### Introduction:

The experience of care can be fragmented for many consumers who have health care needs in the community. Multiple services often combine in an attempt to support the person, particularly the elderly, to stay well and in their own home. These can include homecare, district nursing, allied health, Needs Assessment & Service Co-ordination (NASC), specialist nursing etc. The result of many different people visiting in any one day can include duplication, fragmentation and confusion, poor quality, and waste. There are also increasing demands and constraints on these community services, and failure to deliver can lead to increased acute hospital admissions and earlier entry into residential care. Service delivery measures are generally output rather than outcome focused, driving an environment where task delivery and volume can become more important than patient outcome and quality of care.

To address these concerns, the Nurse Maude community care organisation are investigating the possibility of developing and testing a new model of community care. Ensuring that this development is evidence-based is an important part of the process. Consideration of the evidence includes examining three inter-related aspects of care delivery: (i) the model of care; (ii) the design of the service and development of roles within the service; and (iii) the monitoring of patient problems, interventions and outcomes of care.

- (i) Fundamental to this project is the model of care developed at Buurtzorg in the Netherlands (Monson & deBlok, 2013). This model directly addresses the issues in community care identified above. Buurtzorg is an integrated model of care that puts the needs and preferences of the individual first, focusing on human connections and holistic care rather than systems. Trust, flexibility and autonomy are at the core of this person-centered care model. Consumers may have short or long term health care needs that they are generally unable to manage without support. Small teams dedicated to a defined population undertake all cares and thus remove the negative impact of breaking up the care process into functions performed by many people. Through self-managing teams and well-designed electronic information management systems processes are simplified for the health workers and the consumer. Once the service is tailored to their needs, consumers are encouraged to manage their own conditions knowing that support is there if, and when, they need it. The model promotes the importance of working with, and in, neighbourhoods and communities, valuing the health workers role and influence in the community and with individuals.
- (ii) One method for determining the best ways to use health care workers is the Calderdale Framework. This framework provides a systematic, objective method of reviewing skill, role, and service design, ensuring safe, effective and productive patient centred care. In New Zealand (NZ) the framework is being adopted through the South Island Alliance by every DHB in the South Island. The framework is transferable to any health or

social care setting, and enables patient focused development of new roles and new ways of working, leading to improved efficiency in utilisation of roles.

- (iii) The Omaha System is an interface terminology and classification taxonomy for collecting clinical information at point of care in the community setting suitable for use in District Nursing (East, 2010). The Omaha System provides a nomenclature for nursing that can be used in an electronic system and mapped to the broader set of SNOMED-CT terms (Monsen, Honey, & Wilson, 2010). There are three components in the Omaha System, the Problem Classification Scheme, Intervention Scheme and Problem Rating Scale for Outcomes. When used accurately and consistently the Omaha System provides a structured approach to documenting patient problems, the interventions undertaken, and the outcomes of care (Garvin et al., 2008).

Prior to the summer Studentship project, a preliminary review of the literature related to the Buurtzorg model will be undertaken by Nurse Maude staff prior to the summer studentship. This will provide information about the key components of the Buurtzorg model upon which interviews with key Nurse Maude staff will be structured.

#### Purpose of the Project

The proposed project aims to gather essential foundation information to underpin the development, and a future research trial, of a care model similar to the Buurtzorg model but adapted to the New Zealand context and conditions, and supported by the Calderdale Framework for determining the most effective healthcare worker roles, and the Omaha System for the measurement of outcomes.

#### Aim:

This study will:

- (a) Describe the important features of the New Zealand context and current community care delivery model that will influence how an adapted Buurtzorg-inspired model of care could be implemented in community care.
- (b) Disseminate these findings through a written report to the Director of Nursing, Nurse Maude Community Nursing Service.

#### Method:

*The study design* will use **Sandelowski's (2000)** qualitative descriptive approach to gain in-depth information regarding the relationship to the NZ context of key components of the Buurtzorg model, from key informants at Nurse Maude.

*Sampling* will be purposive, aiming to recruit five participants involved in key roles in clinical management and leadership of nursing service delivery at Nurse Maude.

*Data Collection* will be through semi-structured individual interviews. Interviews will be based upon questions about key components of the Buurtzorg model developed from the literature review (completed prior to this research project). Interviews will be undertaken by the student researcher, and will be audio-recorded and transcribed verbatim.

*Data analysis* will **be conducted using thematic content analysis consistent with Sandelowski's (2000) approach**. In this approach the findings clearly reflect the data (Sandelowski, 2000) providing useful information to underpin the development of a new structure for an integrated district nursing and home care service. Checking of the interpretation of the data and rigour of the findings will be undertaken by the supervisors.

*Ethical approval* will be sought from the University of Otago Human Ethics Committee and the Nurse Maude Ethics Committee. Maori Consultation will also be undertaken via the University of Otago, Christchurch and Nurse Maude Association processes prior to the commencement of the study. Interview data will be carefully reported to maintain confidentiality of individual participants. Data storage and disposal will be undertaken in accordance with relevant University of Otago and Nurse Maude policies.

#### Possible impact (in lay terms):

The outcomes of this project will inform the development of a potential new model of care for homecare and community nursing delivered by Nurse Maude Community Care services. The findings will provide information that will identify critical

features of an integrated district nursing and home care services model that has the potential to decrease care duplication, fragmentation and confusion, and waste, and to improve the quality of care for community dwelling health care consumers. Dissemination of the findings will be through Nurse Maude, and potentially a publication.

#### References:

- East, S., & Poulsen, K. (2010). Describing clinical care in a community nursing and allied health care setting. Wellington, New Zealand: Ministry of Health.
- Garvin, J. H., Martin, K. S., Stassen, D. L., & Bowles, K. H. (2008). The Omaha System: Coded data that describe patient care. *Journal of AHIMA*, 79(3), 44-49.  
Retrieved from:  
[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_036867.hcsp?dDocName=bok1\\_036867](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_036867.hcsp?dDocName=bok1_036867)
- Monsen, K., & deBlok, J. (2013). Buurtzorg Nederland: A nurse-led model of care has revolutionized home care in the Netherlands. *American Journal of Nursing*, 113(8), 55-59.
- Monsen, K., Honey, M., & Wilson, S. (2010). Meaningful use of a standardized terminology to support the electronic health record in New Zealand. *Applied Clinical Informatics*, 1(4), 368-376. doi:10.4338/ACI-2010-06-CR-0035
- Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing and Health*, 23, 334-340.

Student Prerequisites (eg. Medical Student) if applicable:

A health professional student. Ideally suited to a nursing student.

## Administration Details

1. Is ethical approval required? Yes

If Yes: please circle or tick one of the following:

- a) Applied for (provide application #)
- b) Approved (attach a copy of the letter of approval from the ethics committee or application #)
- c) To be done

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes/No - PARTIAL

If Yes: Please provide name of the funder: Nurse Maude will provide \$2,500 \_\_\_\_\_

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

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If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed No

4. Health Connect South or other DHB records No

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes – Subject to agreement by the Director of Nursing, Nurse Maude.

Signature of Project Supervisor(s):

Dr Philippa Seaton

Date: 03 July 2017

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:  
(Print Name)

Professor David Murdoch (Dean, UOC)

Date: 03 July 2017

Signature of Clinical Director: (if applicable)  
(Print Name)

Date: