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Project: Developing a humanistic outcomes-based model of care for homecare and community nursing
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Introduction:
Nurse Maude is a provider of community nursing and homecare throughout Canterbury and recently Nelson Marlborough, along with palliative specialist care on the West Coast. Its support workers and nurses carry out around a million visits a year (Nurse Maude 2017 Annual Report). The community-based care services provided reduce hospital admissions, enable shorter hospital stays and allow people to remain in a familiar setting and be as independent as possible.

Nurse Maude has an excellent reputation in the community and in the health care sector. However, there are challenges to its service delivery such as an ageing population, clients with increasing co-morbidities and cultural diversity, and increasing demands on Nurse Maude's various sources of funding (Nurse Maude 2017 Annual Report).

The Buurtzorg Model was developed in response to similar issues in the Netherlands. The model removes the hierarchy of management and administration staff, with the aim of returning to patient-centred care through having small teams of nurses working autonomously, supported by a comprehensive IT system. This model has been successfully implemented in six countries (Gray, Sarnak & Burgers, 2015).

Aim:
This exploratory study aimed to gather information from Nurse Maude staff on the current model of care, and gain insight into whether an adapted Buurtzorg Model could address the identified issues at Nurse Maude.

Impact:
A model of care that is responsive to these needs has the potential to improve the well-being of community care clients and staff, and reduce health care costs. This study provides information that can contribute to the design and implementation of such a model.

Method:
An interview schedule, informed by a preliminary literature review, was devised, focusing on relevant aspects of the current Nurse Maude model of care and the Buurtzorg Model. Ethical approval was obtained from Nurse Maude and the University of Otago, following Maori consultation. Purposive sampling was then undertaken, with ten members of Nurse Maude staff selected to represent a range of roles. The staff were interviewed using a semi-structured guide. The interview data was coded and key themes identified.

Results:

Need for change
Interviewed staff were proud of the Nurse Maude service and aspired to provide patient-centred care but identified areas that need improvement. Issues identified included:

- An antiquated client record system consisting of one paper copy kept at the client's home;
- Difficult and frustrating communication both within Nurse Maude, with clients and with other health professionals;
- Shortages of trained staff, resulting in a high use of casual staff and a lack of continuity of care.
- Unnecessarily fragmented service.

The challenges to community care including a larger elderly population, increasing complexity of care and increasing cultural diversity intensifies the need for change.

Nurse Maude's computerised Client Record System and other technology to be introduced in 2018 is expected to improve coordination and efficiency considerably. Recent changes in the way support workers are trained to undertake the full range of personal care tasks will help to minimise multiple visits and ensure that all cares are delivered.

Appetite and capacity for change

The way most community care services are currently funded by the Canterbury District Health Board, ACC and other funders favours a task-focussed approach. Because Nurse Maude is a contractor to these funders, there are constraints on its ability to make fundamental changes to the structure of community health care provision.

There is a feeling among some senior staff, that, with the planned technology developments and the bedding down of a regional expansion, there are enough challenges for the near future. However, staff, particularly in client-facing roles, felt strongly that Nurse Maude can and should make further changes now to move away from task-focussed care.

New Model

Nurse Maude's IT developments are in line with the Buurtzorg model as is the training of staff to increase the flexibility to carry out a range of tasks.

Small autonomous teams providing a wide range of services are at the core of the Buurtzorg model (Monsen & de Blok, 2013). Some staff have had experience with a range of team sizes and felt that smaller, geographically based teams would improve care and staff satisfaction. Staff felt that increased flexibility for nurses to choose to provide homecare services together with medical care could increase efficiency, minimise multiple visits and provide time for more holistic care. However, it was felt that requiring nurses to undertake homecare tasks would not be efficient or cost-effective and would not be accepted.

The majority of Nurse Maude's staff are support workers providing homecare services. They operate in a way that is much less like the Buurtzorg model than the nurses. The inclusion of support workers in the nursing teams to provide homecare to clients who are also receiving medical services and the strengthening of the team environment for the other support workers was seen as likely to improve work satisfaction and retention and improve continuity of care.

Conclusion:

Nurse Maude staff interviewed were committed to providing patient-centred care. Some aspects of the Buurtzorg model are already in place or are being adopted to facilitate this. However, there are further ideas that staff felt were worth exploring.