

PANDDA Conference 2010

# Changing Role of Nurses In ADHC

Introduction of CNC's

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**Human Services**  
Ageing, Disability & Home Care



# History of Change in Nursing & Disabilities

- 1960 – Medical model of care
- 1969 – Nursing Certificate specialising in Intellectual nursing commenced in Australia.
- 1980 – Nursing training moved to Universities. Three main nursing registrations were combined.
- 1980 – 1990 Deinstitutionalisation began.
- 1981 – International year of Disabled Person was held.
- 1983 – Richmond Report was released.
- 1989 – Developmental Disability Services transferred from Health portfolio (Medical model of care diminished and Nurses devalued in the role as carers and providers of health services to client)
- 1986 Australian Disability Services Act
- 1987 Guardianship Act.
- 1992 Disability Discrimination Act
- 1993 NSW Disability Services Act
- 1990 to 2001 – World health organisation released report identifying health needs of developmental disability clients. ADHC responds.
- 2009 – Nursing positions advertised for ADHC as senior roles Outside Large Residential Facilities.



## **New Nursing Positions in ADHC**

### Client Eligibility for this Service:

- Community Support Team eligible. (CST)
- Internal referral from ADHC staff
- Community client with case manager or primary person involved
- Group Homes clients / NGO's

### Where are we Based?

- Regional Access Teams - a multi-discipline team which covers Region.
- 1 Clinical Nurse Consultant + Registered Nursing Positions. (numbers dependant on Region)
- Wide range of service options provided



# What is Developmental Disability nurse?

- A professional that provides holistic care to our clients.
- Assess and develop nursing care plans, catering for clients individuality (person centred)
- We are healthcare professional who, in collaboration with other members of a health care team, are responsible for: treatment, safety, and recovery of acutely or chronically ill clients
- Assess, document, develop and implement behaviour intervention strategies in regards to medical care
- Perform a wide range of clinical and non-clinical functions necessary to the delivery of health care
- Work towards health promotion and health maintenance with clients and their families
- Involved in nursing research.



# Introducing Clinical Nurse Consultants

which represent their regions.

Aging Disability and Home Care, The department of Human services is divided in 6 major regions.

- Met North
- Met South
- Hunter
- Northern
- Southern
- Western

# Met North Region

- Comprises of 27% of NSW population
- Substantial portion of service provided in urban area However transport and isolation is problem
- 19 local government areas.
- 721 clients in Large Residentials
- 2,474 Community access clients
- 100 Group homes with 400 + clients.
- 7 adult, 6 child & 2 dual Respite group homes with 598 clients that access & 63 currently being orientated.
- 21 Community Support Teams





## Regional Directions for CNC

- Assessment of health and nursing needs & Development of care plans – large number of clients (community and group homes) – provision of care.
- Education to clients, families and other staff members about health related issues.
- Multidisciplinary team approach. All levels of care.
- Liaison with hospitals for admission & discharge of clients
- Interagency liaison and consults with health agencies and professionals. Non government agencies.
- Looking towards advanced practice in Nursing for all community based nurses in ADHC.
- Research

# Met South Region

- 2,568 community access clients
- 81 group homes
- 11 respite houses
- 1 Large residence with 21 clients.
- Urban and rural area
- Large geographical area
- Areas with little or no medical services
- Transportation issues for clients and access to services.







## Regional Direction for CNC

- Redeveloping pathways for identifying health/nursing needs during the process of referral.
- Reviewing the ways clients with disability are linked to external Health Care Professionals.
- Promote relationships with Diagnostic Centres across NSW.
- Identify Education Programs which support best practice in accessing health opportunities for clients with intellectual disability.
- Review the nursing tools used by Community Nurses for the assessment in clients health (CHAP tool and additional tools to deliver more comprehensive health assessment)

# Hunter Region

- Geographically diverse area, with a densely populated coastal fringe and a large but more sparsely inhabited rural hinterland.
- Area of 26,302 km<sup>2</sup>
- Higher % of population with severe to profound disability compared to state
- 38 Group homes comprising 179 beds
- 3 in-home support services comprising 38 clients
- 6 respite centres providing support for 260 clients
- 11 Community Support Teams providing support for 1,850 clients



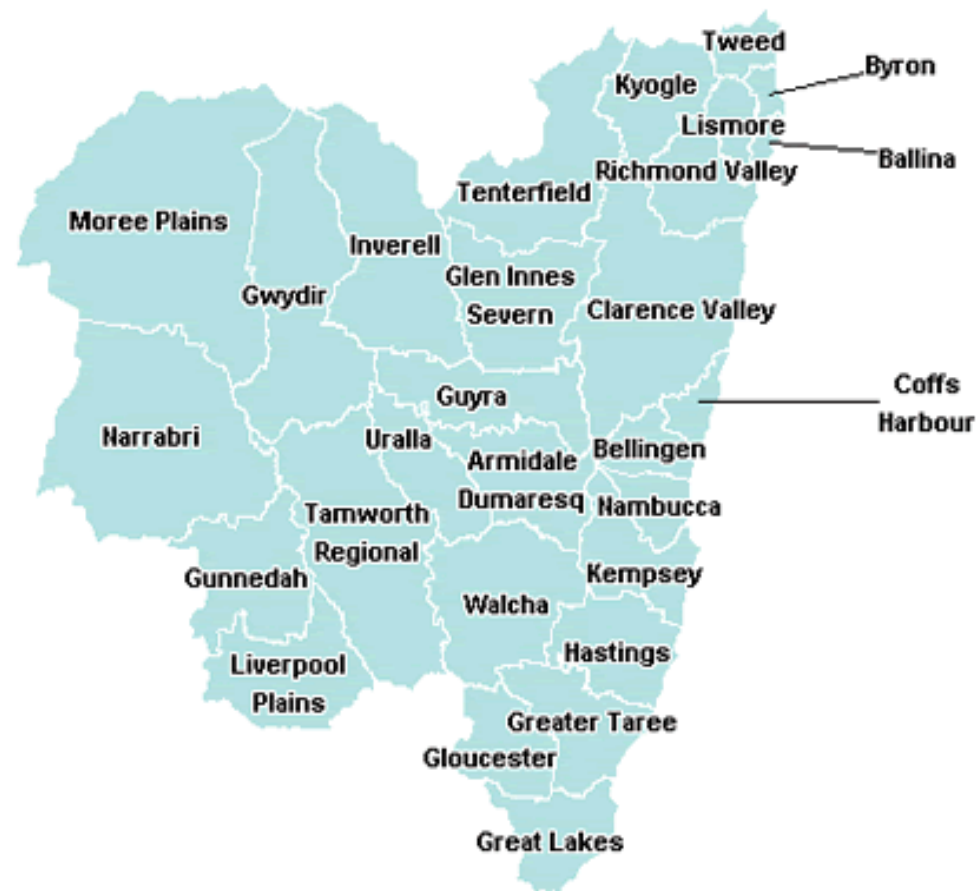


## Regional Directions for CNC

- Liaison between Health care facilities for co-ordinate service and transitions from hospital to home.
- Multidisciplinary team approach with Therapists and Case Mangers for a co-ordination service provision.
- Liaison between families and care providers.
- Support in writing Health Care Plans of clients with complex health needs.
- Ensure families and staff have sufficient skills to provide care.

# Northern Region

- Population approx 700,000
- Estimated 17.7% are people with disability (140,000)
- Majority live in community
- 11 Community Support Teams with client base of 1500
- 1700 Clients access Accommodation and Respite Services





## Overview of CNC/ RN Vision

- Proactive v's Reactive -Focus has been on reactive approach- person in crisis or unmet need
- Primary Health Approach - Early recognition and intervention
- Collaborative across sectors- social, welfare, education, community and health
- Change- Manage and ensure sustainable
- Embed – Becomes routine
- Measurable Outcomes
  - Short term - collaboration and improved communication
  - Long Term- Access and health care planning

# Southern Region

- Population approx 550,000
- 60% pop Helensburgh- Ulludulla
- 40% pop scattered in other 90%
- Few services except Illawarra
- Estimated 17% have a disability (94,000)
- 1 larger res. (14 clients has RN)
- Only about 200 live in GHs
- Most people with an ID live in family homes
- 5 Respite (Bega, Wollongong x 3, Nowra, Bega has RN)
- 11 Community Support Teams (client base of 1,300)
- Almost double state ageing population by 2016 (30%)



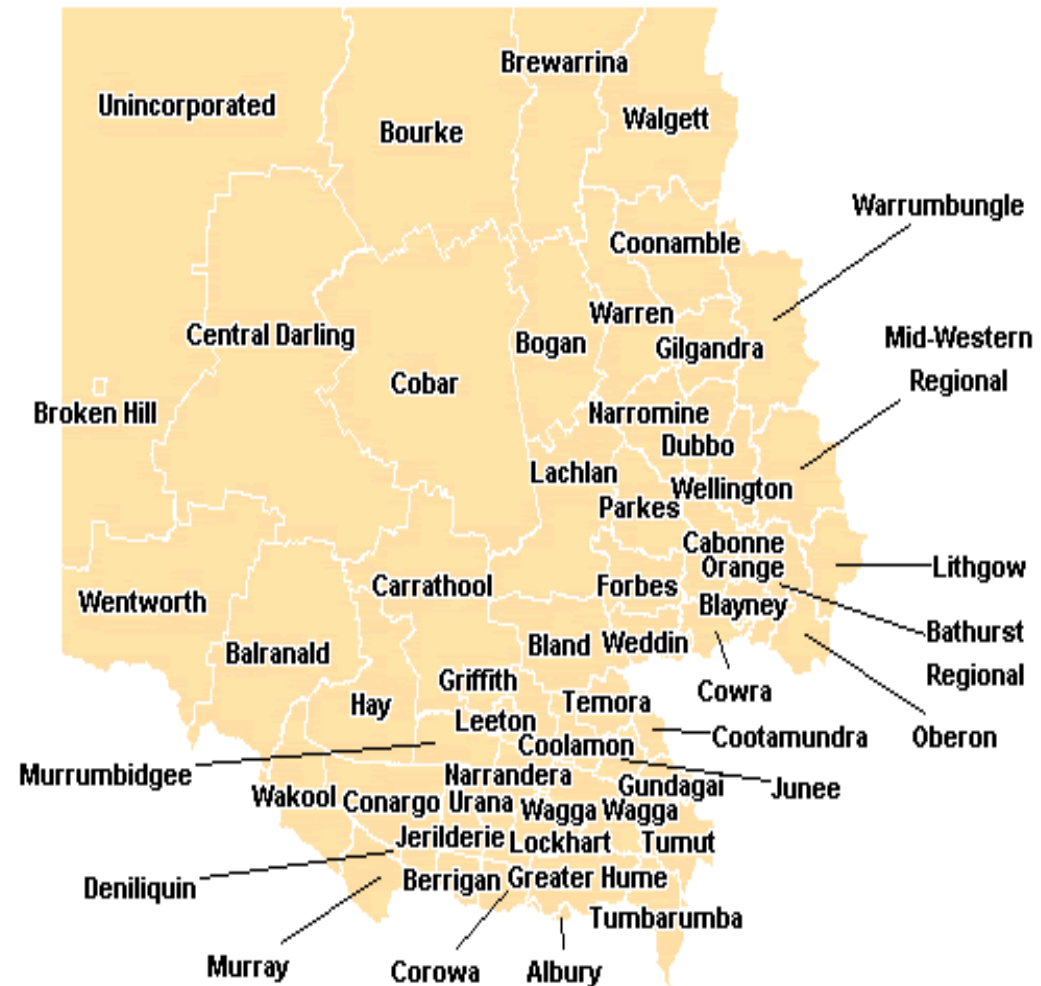


# Southern - Regional Challenges for CNC

- **Limited Health services & GPs** in country/far south coast
- **Children & Adults with very complex Health Issues** eg. Trachies move to coast & country for lifestyle & affordable housing
- **Ageing carers** with ageing clients in family home
- **Access to DD Clinics in Sydney:** too costly, too far
- **No High Needs respite units that employ RNs** for those with complex health issues eg. tracheostomies, suctioning
- **Outreach Medical Clinics:** Much of my work has been around setting up & coordinating DD health clinics in the region
  - eg. DD Psychiatric clinics in Goulburn & Wollongong
  - DD Dysphagia clinics in Nowra and Goulburn
  - School Paediatric Medical – Psychiatric – Nutrition clinics
  - Illawarra and Nowra Diagnostic and Assessment Clinics
  - FUTURE: Adult Rehab Clinics in Wollongong and Nowra
- **Early intervention – Multidisciplinary – Person Centred approach**

# Western Region

- Geographically 72% of NSW
- Approximately 589,00 people live in Area.
- Only represents 9.1% of population of NSW
- Three local planning areas
- Scattered population distance is often the greatest barrier.
- Action plan for Aboriginal and culturally diverse clients
- Respite services under review
- Communities with little or no medical service
- Riverview Large residential service.








## Western - Regional Challenges for RN / CNC

- Establish and maintain a network of relevant contacts with the aim of health promotion and supporting clients, their families and carers in the management of the client's health care needs;
- Assessment of health and nursing care needs;
- Comprehensive health care planning, incorporation of existing health care plans, into the clients overall health management;
- Health care support to and training of case managers /support workers to assist in the health care of their clients;
- Health related advice and education to clients, families and other stakeholders.
- This role becomes more of a challenge given the large Geographical area covered by the CNC and RN.
- Within this area are numerous small communities with little or no health resources.



Any Questions ?