

Nursing

Introduction

This section describes the requirements for HACC funded nursing.

See also:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 3: 'Personal Care Policy'
- Part 2: 'Service coordination, assessment and care planning'.

Nursing services work with people and their carers to provide clinical expertise, care and treatment, education, advice and supervision designed to:

- improve people's capacity to independently manage everyday activities
- manage chronic disease
- attain or maintain good health, mobility, and safety at home.

Applying clinical judgement and taking into account the person or carer's abilities and goals, nursing services work in partnership with the person, carer/s and other service providers, to progressively restore, improve maintain or sustain the person's health, symptom management, self-management capacity and independence.

Scope

HACC nursing services include:

- nursing assessments
- developing, implementing and monitoring nursing care plans
- providing health management education and information
- monitoring the person's health status
- supporting carers and the care relationship
- personal care for people with unstable health and/or complex needs
- clinical nursing assessments, including supervision and training of other organisations that provide personal care, in accordance with the HACC Personal Care Policy
- supervision and training of nurses, health aides and community care workers who provide personal care
- coordinating nursing and health services with other service providers.

Within this scope, nursing services:

- support the continued ability and independence of the person by encouraging them to do as much as possible for themselves and attain their optimum level of health and independence
- are delivered in combination with other HACC services so that care is an integrated package of services to optimise the person's health and independence
- may be provided at home, in disability supported accommodation, SRS, in a community venue or in a clinic
- aim to ensure that an appropriate level of service is available at the time and frequency indicated by the person's clinical assessment. This may include provision of district nursing after-hours and on weekends
- increase, decrease or cease according to each person's needs.

Exclusions

HACC nursing does not include services provided by a person with nursing qualifications employed in a non-nursing capacity. For example, a planned activity group coordinator with a nursing qualification would not provide nursing care to planned activity group participants.

Assessment and care planning

Nursing commences with an assessment of the person's strengths, capacities, needs and goals. In collaboration with the person and/or carer, a care plan is then developed and documented.

The care plan:

- lists the person's overall goals
- describes how it will assist the person to enhance their health and independence
- describes the agreed nursing strategies and interventions to achieve the person's goals. This includes descriptions of the agreed strategies and timeframes to achieve the person's goals, as well as review dates.

Nursing strategies and interventions include:

- clinical care and treatment
- self-management education
- advice on specific aids and equipment (for example continence aids)
- referral to other relevant services.

Nursing services work closely with personal care services whereby nurses provide the clinical nursing assessment, as well as training and supervision of community care workers who deliver personal care to people with unstable health needs. For more information see Part 3: 'Personal Care Policy'.

Sharing information in relation to the person's care and treatment goals, with other relevant health and HACC service providers, in particular HACC assessment services is critical to the implementation of an active service approach.

HACC nursing services work in partnership with other service providers so that the nursing care plan is part of a coordinated package of services. This may include joint assessments, routine information sharing about care plans and progress, case conferences, secondary consultation, shared care arrangements, and care coordination.

Wound management consumables

Over the past decade new technology in wound dressings and compression therapy has been shown to produce better results and require less health intervention.

Since 2009–10 the HACC funded nursing activity has included a block funded component to enhance access to these more expensive wound management consumables.

Allocated amounts are based on a formula applied on a recurrent basis to an organisation's nursing HACC activity budget.

This allocation supplements the nursing unit price in order to meet the needs of people who require these more expensive high-technology dressings.

The Wound Management Consumable Subsidy provides an additional contribution to meet costs for people with chronic and complex wounds who do not have capacity to pay for their dressings.

In 2013–14 a top up of the wound consumables allocation will be made to enhance access to wound consumables for people with wounds being managed by either their district nurse or podiatrist.

Guidelines for access to the wound consumables funds will be developed in 2014.

Staffing statement

Role description

HACC nursing may be provided by a registered nurse (division 1) or enrolled nurse (division 2) in a variety of settings. For example, in a person's home, community centre, bush nursing centre or community setting.

The provision of care to people with an unstable health status and/or complex care needs requires the skills of a registered nurse or general practitioner.

Enrolled nurses may provide care to such clients provided a clinical assessment, review and care planning from a registered nurse or other relevant health professional, such as a medical practitioner when appropriate, has been undertaken.

A registered nurse may undertake personal care assessments to determine the appropriate type of staff to provide the personal care for example, community care worker, enrolled nurse, registered nurse. For further information and the specific requirements that apply, see Part 3: 'Personal Care Policy'.

A registered nurse may provide training and supervision to a community care worker in order for them to provide personal care. This might include monitoring or assistance with medication, to a specific person with complex needs or unstable health. For further information and the specific requirements that apply, see Part 3: 'Personal Care Policy'.

Nursing services can employ nurses as consultants with expertise in a range of specialties including, but not limited to, continence, dementia, wound management and pain management.

The nurse consultant may provide both direct clinical care to clients with complex care needs, and build workforce capacity through the provision of mentoring, secondary consultation and education and training. They may also be involved in supporting research activities being undertaken by the service provider.

HACC funded organisations receiving HACC nursing unit price funding are able to use this funding to employ a mix of registered nurses and enrolled nurses to better meet the needs of HACC clients where the following criteria are met:

- The enrolled nurse works within accepted professional scope of practice guidelines and requirements in accordance with relevant national and jurisdictional frameworks and regulations as they apply.
- The enrolled nurse is provided with appropriate supervision in accordance with the above point.

HACC nursing organisations must have appropriate policies and procedures in place to support ongoing competency training and education requirements for registered and enrolled nurses.

Registration, qualifications and scope of practice

Registered nurses and enrolled nurses are part of the national registration scheme for health professionals and must comply with the registration requirements as specified by the Australian Health Practitioner Regulation Agency and those of the Nursing and Midwifery Board of Australia (NMBA).

Under the national registration scheme, enrolled nurses have authority to administer medicines, unless their registration states they are not qualified to undertake this practice.

Registered and enrolled nurses are guided by the NMBA's comprehensive professional practice framework. The framework includes:

- competency standards
- recency of practice and continuing professional development standards
- a code of ethics and scope of practice decision-making framework.

Reporting requirements

Organisations funded for HACC nursing are required to participate in the quarterly collection of the HACC minimum data set (MDS).

For more information see Part 1: 'Reporting and data collection'.

HACC nursing: unit price and targets

Hours of both registered nursing and enrolled nursing should be recorded as hours of nursing for the purposes of the HACC Minimum Data Set. Both count towards the nursing targets in a provider's service agreement.

Nurse consultant hours

A subcategory of HACC nursing is nurse consultant hours. The former continence nursing and wound nurse consultant categories are now included here. Nurse consultant hours will be reported in two ways:

- hours of direct care, if any, provided to clients will be reported through the MDS
- hours focused on building workforce capacity and research will be reported through the annual service activity report.

After-hours nursing

After-hours nursing is block funded. Currently the region and provider negotiate an appropriate unit price on the basis of which targets are identified. These targets are added to the rest of the organisation's nursing target. Funds for after-hours nursing may be negotiated where a nursing provider is undertaking direct service delivery in the evenings, especially activity related to medication management and people with complex needs.

If the nursing service and the department's regional office agree that the service delivery profile should include some after-hours service delivery (not overnight in this sub-activity) an agreed proportion of fund can be transferred into block funding for the after-hours nursing. The regional office and organisation would negotiate a corresponding unit price and a target in hours. This target is added to the unit priced generic nursing target. The aggregated target is used in monitoring the organisation's performance on nursing.

Links

Statewide Equipment Program (SWEP) <http://swep.bhs.org.au/>

Australian Health Practitioner Regulation Agency <http://www.ahpra.gov.au/>

Nursing and Midwifery Board of Australia <http://www.nursingmidwiferyboard.gov.au/>
