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Healthcare Reform: Engaging Stakeholders and Creating Continuity of Care in a Multimorbidity Nurse-Led Clinic

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Purpose:

The purpose of this poster is to provide a visual representation of the planning phase of an initial action research cycle (in particular, outcomes from a stakeholder workshop and systematic review). The broader aim of the action research study is to determine the feasibility of implementing a nurse-led clinic within a multidisciplinary ambulatory consulting service (MACS) for people living with multi-morbidity, and provide continuity of care across the acute and primary health care settings (Adelaide metropolitan health sector). This poster presentation will focus on the planning phase and relevant methods of one action research cycle, however to provide context, the overall research methodology is also briefly discussed below.

Methods:

For the broader action research study and in line with pragmatism a mixed methods concurrent strategy will be used within the action research cycle(s), incorporating both qualitative and quantitative methods and tools (Saunders M 2015). A concurrent approach will allow the separate use of quantitative and qualitative methods within a single cycle of data collection and analysis. Using both qualitative and quantitative methods within an action research cycle will allow the researcher to compare how data sets support one another. This will allow both sets of data to be interpreted together, providing a richer and more comprehensive response to research questions (Saunders M 2015). This concurrent triangulation approach, and the mixed methods used, increases the generalisability and credibility of the study (Saunders M 2015).

The tools to be used in the broader research study include: systematic review, questionnaire, workshop(s) and semi-structured interviews. For the purposes of this poster presentation the stakeholder workshop will use an 'Action Evaluation' practice approach (Bradbury-Huang 2015). A questionnaire will be administered prior to workshop(s) to understand participants' motivation and build a shared vision and united/committed NLC reference group. Pre and Post-workshop questionnaires to evaluate workshop outcomes will also be administered. The workshop questionnaires will be validated tools identified from the literature. The workshop planning and evaluation process and outcomes will be visually presented on the poster.

Although a systematic review can be considered a methodology, for the purposes of the broader study it will be used as a tool in the planning phase of the first action research cycle. The rationale for a systematic review is twofold. Firstly, it will enable the identification of *best practices* to inform the implementation of the NLC, and secondly the assessment of appropriate *questionnaires/ measurement tools*, for data collection within the action research cycles.

The research cycle(s) will take place from 2017 – 2019. The first action research cycle will commence with a workshop as discussed above (or series of workshops if required) of invited stakeholders to nominate a reference group to support implementation of the NLC. The stakeholders will be presented with findings from the systematic review and commence planning for how the NLC will be operationally implemented. The number of research cycles required will be determined by the implementation and progress of the NLC.

Results:

This research project is presently in progress (until end 2019). Stakeholders' workshop and action evaluation outcomes will be visually displayed on the poster. Anticipated results will include: systematic review outcomes, barriers and enablers to implementing a nurse-led clinic across the acute and primary health care sectors, the process of selecting a reference group and the reference group outcomes and work to date.

Conclusion:

It is anticipated that the broader research outcomes will include changes in professional and structural boundaries resulting from the nurse-led clinic, initially from a metropolitan tertiary referral hospital, but with the potential to inform future nurse-led clinics both nationally and internationally.

Title:

Healthcare Reform: Engaging Stakeholders and Creating Continuity of Care in a Multimorbidity Nurse-Led Clinic

Keywords:

Nurse-led clinic, health care reform and multi-morbidity

References:

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Abstract Summary:

This visual representation of the planning phase of an initial action research cycle, fits within a broader study, to implement a nurse-led clinic for people living with multimorbidity. Research outcomes may include changes in professional and structural health system boundaries, with potential to inform future nurse-led clinics, nationally and internationally.

Content Outline:

1. **Research aim**

The purpose of this poster is to provide a visual representation of the first planning phase of an action research cycle. The broad aim of the action research study is to determine the feasibility of implementing a nurse-led clinic within a multidisciplinary ambulatory consulting service (MACS) for people living with multimorbidity, and provide continuity of care across the acute and primary health care settings (Adelaide metropolitan health sector).

2. Research objectives

The objectives of the proposed research are to identify:

1. best practices associated with implementation of a nurse-led clinic (NLC) model of care (MoC)
2. barriers and enablers to implementing a NLC
3. nursing interventions that are effective for people living with multimorbidity
4. structures, processes and roles required to implement a NLC and achieve continuity of care

3. Stakeholder engagement

The planning phase of the first action research cycle will include a systematic review of the literature to provide an appraisal of the evidence on best practices associated with implementing a nurse led clinic for people living with chronic disease, and a stakeholder workshop.

The purpose of the stakeholder workshop is to disseminate findings from the systematic review (best practices associated with NLCs), identify a reference group, and commence identifying the work, roles, structures and processes necessary to trial the clinic from a metropolitan tertiary referral centre and across the Adelaide primary health care sector (For example: requirements regarding IT, workflow, referrals, professional roles and boundaries, and possible funding within the PHC). Recommendations and evidence from the systematic review will inform the planning, facilitation and expected outcomes of the workshop. Stakeholders at the workshop will include:

- Representative health professionals from the MACS clinic
- Consumer representatives/advocates
- Representative leadership associated with the MACS clinic (nursing and medical)
- Representatives from the Adelaide primary health network and private sectors

4. Health care reform

- Nurse-led clinics

As life expectancy and the number of aged persons within the population increases, so does the prevalence of chronic and multimorbidity (MM) disease ([Britt et al. 2008](#); [Caughey 2013](#); [Caughey et al. 2008](#); [Prince et al. 2015](#)), with associated care needs being argued as creating a burden on health care budgets ([AIHW. ; Prince et al. 2015](#)). Existing models of care (MoC) are based on a medical model of health service delivery designed to manage a single disease condition and do not provide continuity of care across the acute and primary health care sectors ([Caughey 2013](#); [Smith et al. 2012](#)). When considering people with MM disease, this model of care is unsuitable.

The Australian health care sector is facing a predicted national health workforce shortage: a shortfall of 85,000 nurses by 2025, ([Government, A 2014a](#)) and an undersupply of doctors by the 2020's ([Government, A 2014b](#)). Along with strategies to increase the number of nurses and doctors, there is a need to use the current health workforce more efficiently, resulting in a need for alternative models of health care delivery ([Boxall 2011-2012](#); [Marsden et al. 2017](#)). Nurse-led clinics (NLCs) have emerged as a model of health care delivery, relevant to both the needs of people living with multimorbidity ([Jakimowicz, Stirling & Duddle 2015](#)) and efficiencies required within the health care sector ([Biddle M et al. 2014](#)).

- **Continuity of care**

Continuity of care is widely acknowledged as an essential component of high quality care (Van Walraven et al. 2010). The relationship between provider continuity with either health resource utilization or patient satisfaction is validated in the literature (Van Walraven et al (2010). 'Continuity of care is distinguished from other attributes of care by two core elements—care overtime and the focus on individual patients' (Haggerty et al. 2003).

5. Nurse led clinic – a compelling solution

The literature reveals the success of NLCs in a range of clinical contexts (Agee 2017; Biddle M et al. 2014; Jakimowicz, Stirling & Duddle 2015; Martinez-Gonzalez et al. 2014), however this has not been clearly validated within the NLC multimorbidity context. NLC's have delivered positive outcomes on a range of measures, (Al-Mallah et al. 2016; Randall et al. 2017; Wong & Chung 2006) yet a gap in the literature remains regarding NLCs, people living with multimorbidity and continuity of care. This research is seeking to determine the feasibility of implementing a NLC to address a significant gap in continuity of care for MM patients. The planning phase of the first action research cycle will be a crucial step toward realising implementation of a NLC for people living with MM. Ultimately this research will not only address an immediate local need, but create a template to be implemented both nationally and internationally. *A new NLC is a compelling part of a solution to the barriers that fragmented care and rising health care costs pose to quality health care delivery.*

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Professional Experience: Kate Davis is conducting an action research study as part of the University of South Australia PhD study requirements. This will be in the form of a thesis by publication, part of the Engaged PhD at the University of South Australia. Kate has an undergraduate degree in nursing (Flinders University) and a post graduate research degree- Masters in Clinical Science (University of Adelaide). As part of her masters studies she completed and published a systematic review entitled: 'The influence of workplace culture on nurses' learning experiences: a systematic review of the qualitative evidence'. Kate has nursing education leadership experience in staff development and nursing education in the private, public and NFP sectors. Kate's previous roles include A/Director Health Workforce Education, CRANaplus, and Director, Nursing Programs at the William Light Institute. Kate has experience in both academic research (previously at master's level) and industry research – through her work experience.

Author Summary: Kate was the recipient of a Research Training Programs (RTPd) scholarship, and took on the role of full time PhD student in February 2017. Kate's research focuses on the establishment of a nurse-led clinic for people living with multimorbidity and models of care across the primary health and tertiary care continuum. Kate completed her Master of Clinical Science in 2015, with her research thesis focusing on nurses' learning in the workplace and workplace culture.