Nurse Navigator - Multicultural

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QLD Nurse Navigator Service

Background

• An initiative led by the Department of Health’s Office of the Chief Nursing and Midwifery Officer (OCNMO)

• There to support patients ‘journey through an increasingly complex health system

• A nurse-led model of care that supports patients through care coordination, advocacy and education.

• Work across multiple specialities, it aims to reduce service fragmentation and improve access for patients throughout health services in Queensland.

• For patients who have complex health conditions and require a high degree of clinical care.

• Queensland Nurse navigator service is guided by the 4 key principles.

Nurse Navigator key principles

- Coordination of care
- Patient
- Creating Partnerships
- Facilitating System Improvement
- Improving Patient Outcomes
Nurse Navigator - Multicultural service

- Metro South is the most culturally diverse HHS in QLD
- 30% of the population born outside of Australia,
- 41% of this population not speaking English well.
- QEII most Culturally diverse hospital in Metro South.
- 25% of QEII admissions are from CALD backgrounds
- Metro South HHS has 3 Multicultural Nurse navigators at QEII, Logan and PA Hospital
Some identified challenges

- Difficulty in navigating an increasingly complex health system –
- Low health literacy
- Increased Length of stay in Emergency or hospital (some cohorts)
- Higher readmission and representation rates
- Higher numbers of people not linked to a GP or other primary care services.
- Reluctance to speak up about health issues, leaving symptoms untreated.
- The eventual trigger for seeking help often being a crisis and the delay has a serious impact on treatment and recovery options.

OCNMO and Health Equity & Access Unit (HEAU)
Low health Literacy

• Low health literacy is a risk factor for poor health.

• It can affect people’s ability to do things like navigate the health system, understand medical instructions, and seek support from health professionals.

• This can increase the risk of people needing emergency care, being hospitalised, mismanaging their medication and not understanding their disease or condition.

• Low health literacy levels have been shown to impact the safety and quality of patient’s life & healthcare, and contribute to higher healthcare costs.
Nurse Navigators assist patients by:

• Coordinating health care across a range of service providers.

• Directing patients to the right service, at the right time and in the right place.

• Providing culturally appropriate education to improve patients’ understanding of their health conditions and enable patients to self-manage or make informed decisions about their health care.

• Acting as a central point of contact between patients and health care service providers (Primary, Secondary & Tertiary settings).

• Liaising with other care providers on patients’ behalf to obtain information and develop a health care plan for patients.

• Supporting patients in hospital, community and at their specialists and OPD appts.

• Following the patient’s healthcare journey from hospital to home.

• Establishing and maintaining strong links & relationships with Health Care providers and CALD Community Elders to initiate change, improve health literacy and advocate for patients & families.
Patient Journey

**Intensive**
- Weekly contact
- Recent acute admissions/presentations
- At risk of readmissions
- Poor health literacy
- At risk of clinical deterioration

**Managing**
- Fortnightly - Monthly contact
- Requires ongoing appointment coordination
- Undergoing regular health education
- Clinically stable

**Maintaining**
- Monthly - 3 Monthly contact
- Infrequent coordination requirements
- Minimal education requirements

**Transitioning**
- 3-6 Monthly contact
- Adequate health literacy
- Able to self-manage
- Able to navigate health services independently

**Discharged**
- Good health literacy
- Independently managing own health care needs

**Inactive**
- 6-12 Monthly contact
- Max impact of NN interventions achieved

Nurse Navigated Patient Continuum
Desired patient outcomes

- Improved Quality of Life
- Increased Communication between Services
- Increased Health Literacy
- Increased accuracy & efficiency of information sharing
- Reduced ED Presentations
- Reduced Readmissions to Hospital
- Reduced hospital Length of Stay
- Reduced Avoidable Admissions
- Reduced hospital Length of Stay
- Reduced hospital Length of Stay
- Increased Patient Satisfaction
Impact on OBD and Admissions with the introduction of MSH NN Multicultural: extract of January – June 2017 HBCIS NN enrolled patients

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<tr>
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<th>Pre NN Intervention</th>
<th>Post NN Intervention</th>
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<td>OBD</td>
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<td>184</td>
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<tr>
<td>Admissions</td>
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Count

- Pre NN Intervention
- Post NN Intervention
References

- HAU (Health Equity & Access Unit), Metro South Health

- OCNMO (Office of the Chief Nursing and Midwifery Officer)


- Jan Pratt: Assistant Director of Nursing – Strategic Initiatives| Nursing Executive Metro South HHS, Princess Alexandra Hospital.

- Link To MSHHS Nurse Navigators website
Personal journey / experiences positively influence clinical practice
Learning is experience. Everything else is just information.

— Albert Einstein —