Diving for Oyster Shells Cultivating Pearls, Embracing Complex Client Management Across Inpatients and Community.

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Port Augusta, a regional location at the “Cross Roads of Australia”, is nestled at the foot of the Flinders Ranges and at the top of the Spencer Gulf. Our bustling town is one of the rural hubs for visiting medical specialist care and a robust Community Health Service, reaching into further remote communities of northern South Australia.

While we don’t have many city lights, we are often gifted with winds blowing to us special grains of sand that allow us to cultivate pearls within our workforce. Guiding staff and clients through the turbulent seas of packaged health care can be tricky to navigate. Which oyster bed is the right one for a client’s needs? What can our services realistically deliver?

The task of comprehensive discharge planning for some of our found oysters seemed impossible at first glance. Yet we dived in anyway - to sow the grains of restoration and empowerment. In many cases in these past 12 months, we turned up with pearls that we could never have imagined. Our yarn hopes to show you what made it work.

Case Studies: Pearls that have shown us the brightest lustre.

Pearls:

Changes in the sea of health care:

- As the Allied Professional complete thorough multidisciplinary assessments, we have the opportunity to think laterally about the different available programs within the health system to best support the person. Program lines are moving into packaged care. This change has been confronting to some health care professionals, yet provided a revelation to others.
- Inpatient Allied Health professionals are working across inpatient and community settings with Service Redesign. This has blurred service identification but has provided continuity for the individual navigating the health system. The new challenge is then for staff to balance the varied workload and competing demands.
- A weekly Discharge Planning meeting assists in the coordination of assessment and programs, between Allied Health and Nursing Staff.
- Tools to support this work include Team STEPPS (Strategies & Tools to Enhance Performance & Patient Safety), particularly introduced tools such as Know the plan, Share the plan; white boards at the client’s bed head; and structured handover communication.
- Good client outcomes: these need to be celebrated to ensure that clinicians aren’t burnt out by poor results often seen in the acute sector.
- By highlighting sparkling moments with health professionals and involving the Doctors past the acute management of the client into the community phase of coordination build this essential relationship for ongoing care.
- We acknowledge the work of ancillary staff in the programs for supporting the clients to be encouraged to learn and master the skills they need to increase goal accomplishment. As these are the people who often build the strong relationships developed from frequency of service delivery and observation of the client’s skill attainment.

Client Outcomes:

- We are realistic about timeframes and services that are practically available in our community and what it takes to connect with and motivate clients to ensure we can deliver. This builds trust and rapport in the partnership.
- Multidisciplinary assessments help to address the social determinants of health such as access to nutritious food, safe and appropriate housing, the importance of relationships and cultural and religious needs. We often have to take the “best possible” choice as client self determination and “starting somewhere” can be the initial step to the larger goal.
- Exploration of what the clients’ previous health journey and access to health services has been. Watch out for attitudes such as “this is what has always happened” or “the person has no ability to change” if they are a frequent user of multiple health services.
- We use motivational interviewing and have an orientation to empower the client to highlight what aspects they can do. In the end, it's not about care provision but a partnership in that person taking control of their life into the next phase. It is embracing the shift from “care recipient” to “master” of new or adjusted life skills

Professional Development:

- It can be difficult to guide clients to the right program at the right time, jumping over the barriers, working out which ones you can and can’t skip over (eg eligibility criteria for different programs/packages/initiatives). Successful outcomes require support to explore the different possibilities. Knowledge about who can assist you in this journey is essential, as well as a culture of learning with a commitment to supervision, in-services, online study and mentoring.
- Increase a professional’s ability to reflect on what doesn’t work and put that in our clinical toolboxes.
- Encouraging staff to undertake professional development and private learning to ensure that as Health professional we are keeping pace with best practice, eg attending courses, workshops, regular discipline meetings and multi-disciplinary up-skilling.

Take Home Message- try these pearls on for size!

- Having positions that can work between inpatient and community provide continuity.
- Thorough assessment and understanding of the client’s key motivation (as well as the external stakeholders in their life) when the person comes to us in the acute sector drive participation in health care provision.
- Clear Team messages about who does what and the importance of follow through on tasks is an essential team culture to promote.
- Utilising resources and innovation from own organisation and wider community services for holistic client management eg. Aboriginal Health Workers, RIBS (Rapid Intensive Brokage Service), Supported Accommodation services.

In Conclusion:

Open up the different shells hoping to find pearl. Sometimes you find an oyster but often you have a pearl in the making, amazing wonders come out of the depths of the sea. Embrace complex client management.