‘SHARING IS CARING’ REDESIGNING CLINICAL NURSE SPECIALIST CASELOAD MANAGEMENT MODEL

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Background

Clinical Nurse Specialist (CNS) teams, operating across multiple sites, encountered challenges in managing individual caseloads. This led to inflexibility at a time of increasing demands and staffing shortages. A redesign of the service delivery model was sought to improve team responsiveness and availability of peer support to meet the projected growing demand for complex palliative care in Scotland[1].

Aim

To implement a shared caseload management approach to ensure continuity of practice, increased flexibility, efficiency, and peer support.

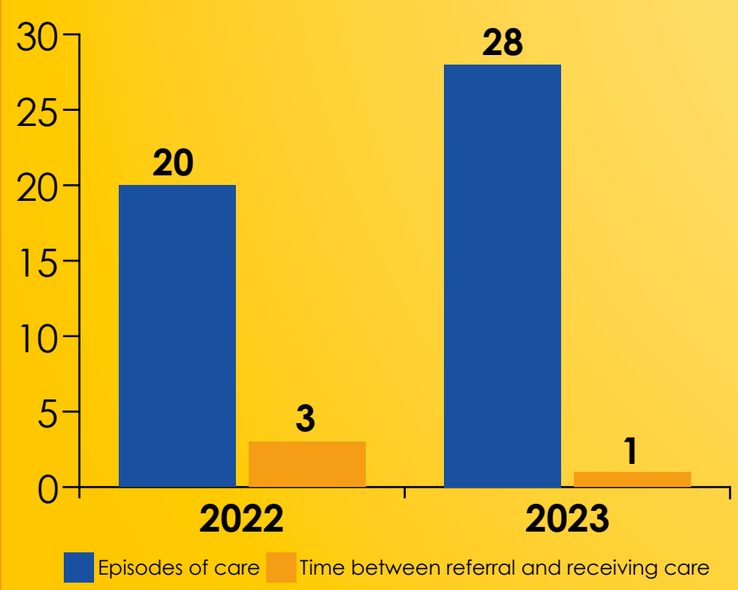
Method/Actions

Explored 2 local CNS Team Models[2] in relation to services delivered, staffing resource and access times to see if any current models were transferable. Employed Continuous Improvement Methodologies with whole team ownership.

- Implemented alongside introduction of Hospice Single Point of Access Team.
- Updated service level agreement to highlight change of ownership from Individual CNS to Band 7 Clinical Leads.
- Reviewed holistic assessment templates to ensure consistency of assessment and planning.
- Introduced whole team morning huddle to ensure consistency and equity of daily patient contacts.
- Introduced new 3 weekly Induction Programme for new staff with clear mentorship and goal setting.
- Set dates for whole team workshops to review processes.

Caseload improvements

(data shows patients who have died within a month of referral over a set time period).



From a part-time perspective, I have been used to advising patients that it may be other colleagues who follow-up their care if they need support on a non-working day.

The shared caseload means that this is the ‘norm’, so it is no different to every other patient on the caseload.

I feel that the team planner ensures there is a follow-up for every patient without the pressure to hand over all information about complex patients prior to annual leave/days off *(as I used to feel when I had my own caseload)*.

It is also helpful that patients are usually known to more than one member of the team.

I feel the shared caseload is far better than an individual caseload, it allows each patient equality in care, and to get support from more than one member of staff, this improves patient experience.

This has also allowed us as a team to be more reactive and see patients when they need to be seen, not when each individual has a space in their diary.

Having worked in another organisation with a shared caseload, this was a seamless transition to my current role that I feel works well.

I think the shared caseload works well overall as it can reduce stress when on annual leave or on a day off *(not worrying about your own caseload of patients and the effect on other team members with their own caseloads)* and there are still opportunities for continuity with patients/families.

A shared caseload allows for greater team working and support for each other, it brings a team together. We can reflect on each other’s assessments and share knowledge and expertise.

Sharing the caseload has been a positive change, it allows staff to collaborate and share a wide range of knowledge and skills which ensures all the needs of our patients are assessed and addressed in a timely manner.

Conclusion

This new shared caseload model has shown increased flexibility and responsiveness to patient needs, as well as greater staff resilience, making the service well placed to meet the organisational 5-year strategy to increase the number of people we directly support[3].

References: [1] Finucane AM, Bone AE, Etkind S, Carr D, Meade R, Munoz-Arroyo R. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. BMJ Open [internet] 2021 [cited 2024 May 13] 11(2). Available from https://bmjopen.bmj.com/content/11/2/e041317. [2] Chaddock B, Gray H, Crichton K, Rutherford E, Shiell L, Hindle T. The access team: traversing routes into evolving hospice care services. BMJ Supportive & Palliative Care. [internet] 2023 Nov[cited 2024 May 13]. 13 (suppl5). Available from: https://spcare.bmj.com/content/13/Suppl_5/A24.1. [3] Marie Curie. Our Five-year strategy [internet]; 2024 [cited 2024 May 13]. Available from: https://www.mariecurie.org.uk/who/our-strategy.

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