
Canterbury

District Health Board

Te Poari Hauora o Waitaha

CHANGE DOCUMENT

Cardio-Respiratory Rehabilitation Unit, Burwood Hospital

April 2004

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INTRODUCTION

This document outlines the planned change the service delivery currently provided in the Cardio-Respiratory Rehabilitation Unit (CRRU) at Burwood Hospital.

This change was formulated following consultation with Cardiac and Respiratory services staff, NZNO, the PSA, NUPE and other key stakeholders. A draft proposal was circulated in February 2004. Those who were consulted included:

- CRRU staff, including allied health
- Cardiology, Respiratory, General Medicine and Cardiothoracic services at Christchurch Hospital, including associated allied health staff
- NZNO
- PSA
- NUPE
- Older Person's Health
- General Practitioners

This planned change takes into consideration feedback from the consultation process.

BACKGROUND

The CRRU (originally Ward 7) was established as a 15 bedded unit to provide rehabilitation, education and a step down facility from Christchurch Hospital for patients with COPD. It was envisaged as a more appropriate setting, as opposed to an acute tertiary respiratory ward, to provide quality post acute care, education and give COPD patients the skills necessary to self manage their condition. Cardiology joined Respiratory in utilisation of the Burwood area in 1998 and bed capacity expanded to 20 beds¹.

A Review of the CRRU was initiated in July 2003² in response to a number of ongoing issues related to medical cover and in accordance with a recommendation by Dr Margaret Wilsher, Clinical Director of Respiratory Services Greenlane Hospital, in her 2002 review of Respiratory Services at Christchurch Hospital.

The CRRU Review highlighted a number of ongoing issues requiring resolution. A Proposal for Change was developed with the aim of addressing these issues and providing a sustainable long term solution that best met the needs of the patient group. The Proposal was circulated in February 2004 to staff, unions and affected services for comment. The changes outlined in this document take this feedback into consideration and are based on the a best options as agreed by the Senior Clinical and Management group overseeing the services involved.

The CRRU now provides services which are primarily an extension of inpatient and Outpatient care contracted to Christchurch Hospital. As such it is appropriate to change services to provide the most efficient method of providing these services taking into consideration the best option for the entire Cardio-Respiratory patient group in the future.

The objectives of the changes are as follows:

- To address the ongoing risk of interrupted service provision provided by the CRRU associated with lack of Medical cover.
- To improve access to and deliver Pulmonary and Cardiac rehabilitation in a manner most effective for patients³.
- To improve Specialist support services to the Community for patients with Chronic Cardiac and/or Respiratory disease.
- To improve continuity of service provision for patients, with a Cardiac or Respiratory event, requiring hospital level care under Specialist supervision
- To ensure the most appropriate community care is accessed for patients requiring this.
- To meet hospitalisation requirements of patients with Cardiac and Chronic Respiratory conditions in the most appropriate and cost effective manner

¹ During summer months capacity normally reduced to 15 beds.

² Refer CRRU Review document January 2004.

³ Inequities currently exist in terms of Respiratory rehabilitation eg. Inpatient rehabilitation is provided to patients transferred to the CRRU however there is a growing waiting list for patients awaiting Outpatient based rehabilitation and this service is primarily accessed by patients under the care of Respiratory Services and current capacity limits access to patients with chronic respiratory disease under the care of General Medicine.

CHANGE

Existing Services Provided by CRRU

- Reabsorption of CRRU in patients into the appropriate Medical wards (ie Cardiology, Respiratory and General Medicine) at Christchurch Hospital and resource appropriately
- Transfer of Outpatient based Cardioversion to Christchurch Hospital⁴

Additional Services required to address service gaps highlighted in CRRU Review

- Increase in Outpatient Pulmonary and Cardiac Rehabilitation courses⁵
- Increase Cardio-Respiratory Outreach resource to patients with Chronic Obstructive Pulmonary Disease and/or Heart Failure to improve access to and co-ordination of appropriate services and supports. This includes Allied Health Support and development of a Multi-disciplinary team approach.
- Increase capacity of Acute Heart Failure clinics

A more detailed explanation of the above services is as follows:

Provision of inpatient beds at Christchurch Hospital to meet requirements of patients previously transferred to CRRU who can not be discharged earlier⁶.

Increase of up to 5 resourced beds each in one acute medical ward and one Cardiology ward. Increase of up to 5 resourced beds in Respiratory ward during winter (6 months per year)⁷. Post operative Cardiothoracic surgery patients requiring extended hospital stay will be accommodated within Cardiology and beds will be flexed up according to requirements. This will require a minimum of 4.8 Registered Nurse FTE across affected wards.

Transfer of Cardioversion Service to Christchurch Hospital⁸

Currently this involves approximately 200 elective Cardioversion procedures per year. This service includes a fortnightly pre-admission clinic and a session of Cardioversion procedures on the alternate fortnight. In the longer term, ie once new Day Surgery Unit completed at Christchurch Hospital, these procedures will be reabsorbed into Christchurch Hospital.

⁴ To be confirmed if this transfer will occur immediately or following completion of the new Day Surgery

⁵ CRRU Review highlighted that current evidence recommends that Outpatient based rehabilitation programs have shown to be most effective.

⁶ As per the objectives of this proposal this provides better continuity of service for patients requiring hospital care under specialist supervision and eliminates the risk of interrupted service provision associated with current medical staffing – refer CRRU Review.

⁷ Patients from Cardiothoracic will be managed by Cardiology. Refer Appendix 2

⁸ Refer Appendix 1 for Cardioversion requirements

Increase in Outpatient Based Cardiac Rehabilitation Classes

This will involve an increase in the existing course held at the Horticultural Centre, the current capacity of which does not meet the demand. This will improve access to Cardiac education thereby improving quality of life and reducing potentially avoidable admissions⁹.

- Referral via Christchurch Hospital
- Combined exercise and education sessions
- Physiotherapist
- Clinical Nurse Specialist for admin and to run classes

Screening for clinics to be undertaken by the Cardiology service at Christchurch prior to enrolment

Increase in Outpatient based Pulmonary Rehabilitation Programme (20 patients per class/ 8 week course).

This will involve an increase in the existing course held at the Horticultural Centre, the current capacity of which does not meet the demand.¹⁰

- Screening – 1 hour per patient (Physio)
- Class – 3 hours per class (requires CNS and Physiotherapist in each class, Pharmacist, Occupational Therapist, Psychologist and Social Worker participation in each course)
- Physiotherapist input – for classes, screening and associated admin
- Clinical Nurse Specialist – for classes, pre and post screening

Increase in Cardio-Respiratory Outreach support including Multi-disciplinary team

Patients with significant Cardiac and/or Respiratory illnesses often develop complex social problems associated with, or arising from, their chronic illness. Establishment of a multi disciplinary approach will assist in prevention of admissions primarily related to “social issues” which can not be addressed by their General Practitioner and/or Outreach Nursing support alone.

Increase in Acute Heart Failure clinics at Christchurch Hospital

Expansion of this service to meet the increased demand. This service enables earlier discharge from hospital and improved management options for patients with Heart Failure.

⁹ Refer Cardiac Rehabilitation Best Practice Evidence-Based Guidelines

¹⁰ This is highlighted in the CRRU Review

IMPACT ON STAFF

With the relocation of the above services from Burwood to Christchurch Hospital the CRRU staff will either be reassigned to services as described below or offered other redeployment options within the CDHB.

This includes the opportunity to apply for any of the newly established positions associated with this change and being given the appropriate orientation and/or up skilled as necessary.

Current Positions	FTE	Proposed Change
MOSS	1.0	Transfer to Christchurch Hospital. Continue with Cardioversion and expansion of current Outpatient role +/- Outreach
House Surgeon	1.0	Redeployed according to service cover requirements (ChCh and Burwood rosters)
Charge Nurse	1.0	Disestablished. Offered redeployment option within CDHB
Nurse Specialist	1.0	Disestablished. Offered redeployment option within CDHB
Staff Nurses (SN/RN)	8.4	Disestablished. Offered redeployment option within CDHB
Enrolled Nurses (EN)	2.1	Disestablished. Offered redeployment option within CDHB
Hospital Aides	1.7	Disestablished. Offered redeployment option within CDHB
Physiotherapist	Approx 0.5	Redeployed to Christchurch Hospital for Cardiac/Respiratory services
Occupational Therapist	0.5	Redeployment to Christchurch Hospital for Cardiac/Respiratory services
Social Worker	0.6	Redeployment to Christchurch Hospital including provision of Cardio-Respiratory rehabilitation and Outreach support
Pharmacist	Approx 0.4	Reallocation at Burwood including cross site responsibilities based at Burwood
Clerical	1.3	1.0 FTE redeployed to Christchurch Hospital 0.3 FTE remain at Burwood Hospital

New Positions	FTE	Proposed Change
Physiotherapy	1.1	New positions
Staff Nurses for increase in resourced beds at Christchurch Hospital	4.8	New positions
Staff Nurses Day Stay for Cardioversion	0.15	Increase in FTE availability (on casual flex basis)
Cardio-Respiratory Outreach Nurse Specialists	1.4	New position(s)
Nurse Specialist Cardiac Education/Rehabilitation/ Cardioversion	0.6 + 0.175	New position(s)
Occupational Therapy	0.2	Increase in FTE availability (on casual flex basis) to manage seasonal peaks in Respiratory and Cardiology admissions
Senior Medical Officer	0.3	New FTE to address Senior Medical Consultancy requirements at Burwood currently provided by CRRU MOSS

Total New FTE

Nursing	7.125
Physiotherapist	1.1
Occupational Therapist	0.2
SMO	0.3

Once the decision to close the CRRU is made, Burwood Hospital Management will be working with individual staff members and their representatives to create a redeployment plan for them. For non-union staff, management will work directly with them.

Staff working in the CRRU have been fully aware of the possibility of closure for some time, and some have already acted to apply for other vacant positions within CDHB, while others have resigned to work elsewhere.

Specific assistance includes but is not limited to:

- Detailed advice on vacancies that are available within CDHB
- Assistance in preparing CV's and portfolios
- Career counselling where necessary
- Brush up on interviews skills where necessary

EVALUATION

An evaluation of the impact of the above changes will be undertaken at 6 months following implementation. Anticipated impact of the changes include:

- Reduction in ALOS for Heart Failure and COPD admissions (starting point will include current cross site ALOS)
- Increase in patient volume through and reduction in waiting time for Pulmonary and Cardiac rehabilitation classes
- Reduction in required beds for this patient group, ie total additional bed days from this patient group at Christchurch Hospital is less than the annual bed days in the CRRU.

Evaluation of the potential impact in other areas is also necessary and would include:

- Impact on referral and admission rates to Older Person's Health Rehabilitation services from Christchurch Hospital for this patient group
- Impact on waiting times for transfer from Christchurch Hospital to Older Person's Health, The Princess Margaret Hospital
- Readmission rates of this patient group to Christchurch Hospital
- Patient satisfaction

These indicators will be monitored monthly and intervention plans developed as necessary.

Ongoing review of all of the above indicators will be necessary to monitor the impact, benefits and changes in patient needs.

MANAGEMENT OF CHANGE PROCESS

There are sufficient staff vacancies across Christchurch, The Princess Margaret and Burwood Hospitals to redeploy the staff whose positions are disestablished at part of this change. Redeployment will occur via staff either:

- Applying for new positions identified in this document as appropriate to their existing qualifications.
- Applying for other appropriate vacant positions within the DHB (list of suitable vacant positions to be provided to each affected staff member)¹¹.

Staff vacancies across the three sites include:

- **The Princess Margaret Hospital** – 3 FTE RN, 1 part time Hospital Aide
- **Christchurch Hospital CRRU Change** – 3 FTE CNS, 4.95 RN
- **Christchurch Hospital** – 4 RN FTE Medical, Hospital Aides for pool
- **Burwood** – 1 CCN, 2.6 RN FTE, 0.7 EN FTE, Hospital Aide 0.325 FTE

Timeframe for closure of the CRRU will be by Friday 11th June 2004 at the latest (earlier closure may be necessary depending on CRRU staff movement to new positions).

¹¹ General Managers/Nursing Directors have been instructed to hold advertising of Nursing positions to allow for this.

REFERENCES

Canterbury District Health Board: (January 2004) *Review of Cardio-Respiratory Rehabilitation Unit Burwood Hospital*

NZ Guidelines Group, Heart Foundation (August 2002) *Cardiac Rehabilitation, Best Practice Evidence-Based Guideline*

Wilsher, M.: (September 2002) *Review of Canterbury Respiratory Services*

Appendix 1: Cardioversion Service Requirements

Cardioversion Clinics

- This procedural clinic runs for ½ day every 2 weeks. Patients are seen at pre-admission clinic prior to this (see below).
- 8 to 12 patients per clinic are treated.

Procedural Clinic

- CRRU staff involved
 - 2 Registered nurses, 7.30am to 1.30pm (0.15 FTE)
 - 1 Nurse Specialist, 7.30am to 1.30pm (0.075 FTE)
 - 1 MOSS, 8.00am to 1.00pm (0.0625 FTE)
- Other staff involved
 - Operating theatre nursing staff }
 - Special Care Unit nursing staff }
 - Anaesthetist – for the session
- Clinic held Wednesday mornings every fortnight.

Pre-admission Clinic

- Clinics held Tuesday and Thursday afternoon every fortnight.
- Staff involved:
 - Clinic Nurse Specialist, 2 - ½ days/fortnight (0.1 FTE)
 - MOSS, 2 - ½ days/fortnight (0.1 FTE)
- Clerical support
 - 16 hours/week appropriately (0.4 FTE)
 - Currently the Ward Clerk undertakes this role.
 - It is time consuming as it involves close liaison with GP's, practice nurses and patients. As many of the patients are on Warfarin, and difficulties with management of dosing results in several patients on most lists needing to be rescheduled and replaced.

Appendix 2: Projected Additional Bed Requirements from Closure of CRRU Inpatient Beds

CRRU 1 July 2002 – 30 June 2003	Actual Discharges	Total Actual Bed Days
Respiratory	289	3,532
Cardiology	328	1,807
Other	1	15
Total	618	5,354

Less days saved by non transfer of patients¹² - 618
 Potential additional bed days at Christchurch Hospital **4,737**
 Equivalent additional beds required (based on 100% occupancy) **13***

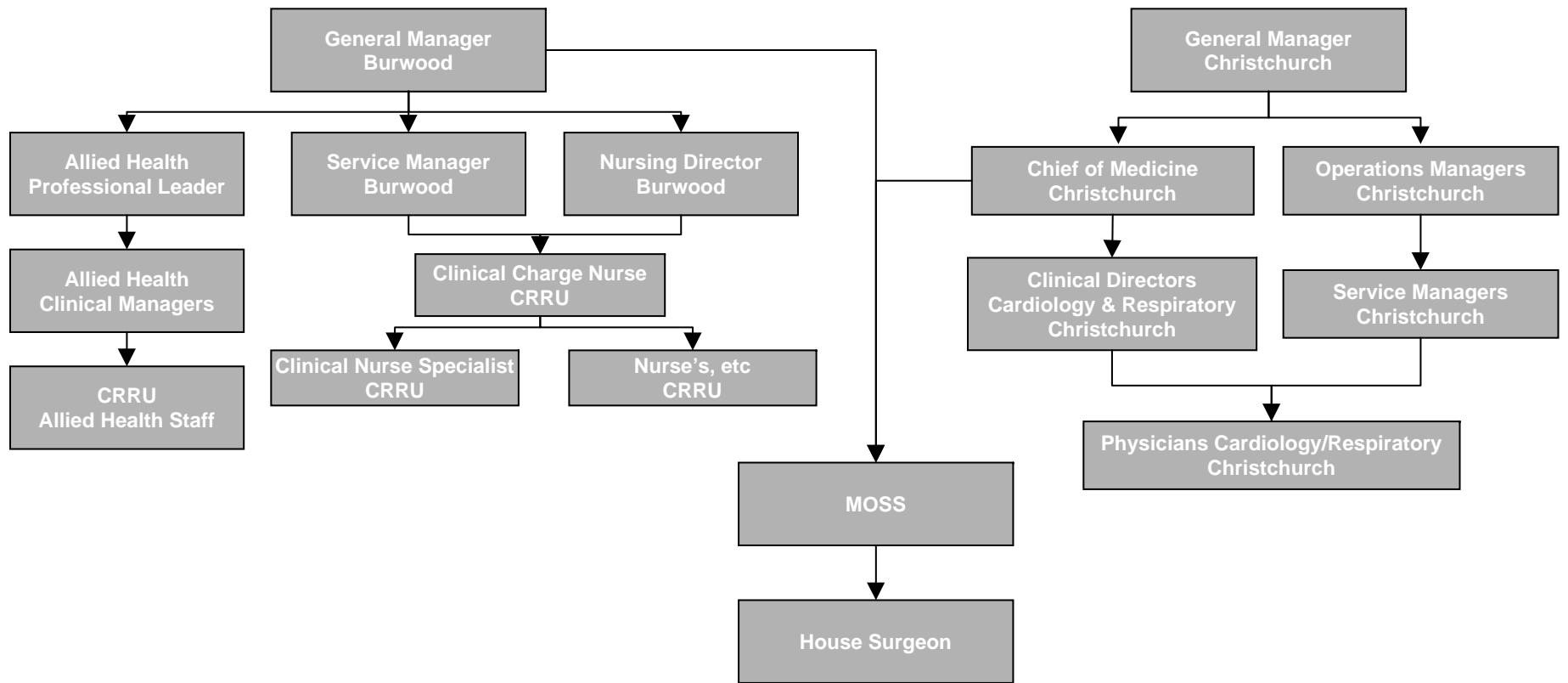
* This is based on a reduction of overall length of stay by only 1 day per patient. The proposed improvements included in this document regarding Outpatient based rehabilitation, patient education and improved community support provide opportunities to reduce this further. Also taking into consideration the initiatives at Christchurch Hospital which have reduced the average length of inpatient bed stay, it is anticipated that the actual beds required will be less than this.

The beds will be allocated as required across General Medicine, Respiratory and Cardiology wards. Patients from Cardiothoracic who previously would have been transferred to the CRRU will be transferred to ward 26 (Cardiology) and managed by a Cardiologist.

¹² It is accepted that patients overall average length of stay is extended by at least 1 day when their period of care includes cross site transfer of care. This is associated with the waiting time to be accepted by the other facility and the transfer process.

APPENDIX 3

CURRENT



NEW

