



Health  
Western NSW  
Local Health District

TRIM No: D22/11283

# Lourdes integration proposal

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Debbie Bickerton

General Manager

Dubbo Health Service

## **Background**

Lourdes Hospital, based in Dubbo is a rehabilitation and palliative care inpatient service which has been run by Catholic Health Care until October 2022. There was a mutual agreement between Catholic Health Care and Western NSW LHD to transition the management of the service to Dubbo Health Service (DHS) effective 3 October 2022. Commencing 03 October 2022 all staff previously employed at Lourdes Hospital transitioned to Western NSW LHD with the same Award and entitlements. WNSWLHD will lease the building owned by Catholic Health Care.

Under Catholic Health Care Lourdes Hospital was structured as a stand-alone hospital and as a result of the transition has overheads and management layers which are duplicated at Dubbo Health Service.

As a result of the integration into the Dubbo Health Service structure there are positions which duplicate functions and already exist at Dubbo Health Service. In order to reduce the duplication and structure the previous Lourdes Hospital as a subacute unit of Dubbo Health Service it will be necessary to undertake a review of some of the duplicated positions.

It is intended that Lourdes will continue to operate as an inpatient rehabilitation unit with inpatient palliative care beds. The current models of care will be reviewed with a view to offering more outpatient services and decreasing the inpatient length of stay as well as decreasing the need for inpatient care in some cases.

## **Transition Risks**

Immediate risks to be addressed include, extending the LHD Governance structures across the existing Lourdes facility and step up the related policies and procedures and relevant mandatory training and clinical competencies. In addition there has not been a facility wide work health safety audit for a number of years, and this would need to be addressed with urgency, in addition to ensuring that there are policies and procedures in place for the recommencement of services from the Hydrotherapy pool.

Given the confidential nature of this project and the provision under the transfer order, the level of consultation through the project planning stage has been limited and has not been able to be undertaken to the same extent with the broader staff engagement that would occur through a normal change management process. There is a Change Manager situated at Lourdes hospital for the next 12 months to assist with developing change programs through to implementation. New models of care have been identified and will be implemented in the inpatient space, to replicate existing acute models, such as day only rehabilitation care and rehabilitation hospital in the home. These will be worked through with the nursing and allied health staff post transition and restructure.

A realignment of nursing and allied health resources in particular will be undertaken post transition to ensure that there is an adequate resource level to support the identified models of care and to address current known issues, such as inpatient access blocks and extensive outpatient waiting lists. This work will take between six to twelve months to resolve and will include the implementation of Nursing Hours per Patient Day (NHPPD) in the rehabilitation ward.

## **Proposed changes**

Following the transition to Dubbo Health Service, Lourdes Hospital will be operating and managed as a sub-acute inpatient ward of Dubbo. The staff will have the same operational management and oversight as each of the other inpatient wards at Dubbo Health Service, in that, Medical staff will be overseen by the Director of Medical Services, Nursing staff will be overseen by the Director of Nursing, Allied Health staff by the Director of Allied Health and Administration by the Administration Manager.

There will need to be simple changes to reporting lines for this service to be integrated with DHS.

Reporting line change which have occurred are:

- Rehabilitation Specialist reporting to the Director Medical Services at Dubbo Health Service.
- Palliative Care nurses to report to the District Palliative care manager.
- Dementia counsellor to report to the District Manager for Aged Care.
- Workforce Development/Quality Officer to report to the Dubbo Health Service Clinical Quality Officer.
- Maintenance Officer to report to the LHD maintenance supervisor.

Reporting line changes which are yet to occur are:

- Lymphodema OT to report to the District Manager for Cancer services.
- Community nurses to report to the NUM Ambulatory Services at Dubbo Health Service.
- Medical Records clerk to report to the Manager Medical Records at Dubbo Health Service.
- Inpatient NUM to report to the Deputy Director of Nursing Dubbo Health Service.
- BIRP Manager to report to Director Allied Health Dubbo Health Service.
- Allied health staff reporting through heads of department and team leaders to Director Allied Health Dubbo Health Service.

In addition to reporting line changes there are 5 positions identified that may be “excess” to requirements following consultation. These positions are outlined below:

**Health Service Manager** - With the changes in reporting lines to the relevant professional heads at Dubbo Health Service there will be no need for such a senior role on the subacute ward as the functions of this role will be covered by the Director of Nursing, Director of Medical Services, Director of Allied Health and Administration Manager at Dubbo Health Service. This position will be required over the first few months whilst the services transition. Once the new reporting lines and functions are embedded. Following consultation this position may become excess and treated as affected as per the “excess staff policy” PD2012\_021).

**Nurse Manager** – the responsibilities of this role is duplicated by the role of the existing Deputy Director of Nursing and Director of Nursing at Dubbo Health Service. There is no equivalent remunerated role identified as vacant based at DHS or in Dubbo locality in other directorates. Given the duplication of duties currently post the 03 October transition, alternative arrangements for suitable duties have been offered and accepted by this staff member. Following consultation this position may become excess and treated as affected as per the “excess staff policy” PD2012\_021).

**Manager Cleaning, Volunteers and Data Management** - Currently this role manages the four (4) hospital domestic staff, the volunteer program, in addition to the data and reporting management of Lourdes. This role is deemed to be duplication of duties. The existing PD is confused and the services being performed are duplicated by the current Support Services team, the Data Officer at DHS and the Health Intelligence Unit district wide. The volunteer management arrangements are also in existence locally at DHS and can be extended to Lourdes.

No equivalent remunerated role has been identified as vacant based at DHS or in Dubbo locality in other directorates to date. Following consultation this position may become excess and treated as affected as per the "excess staff policy" PD2012\_021). DHS do have existing lower graded roles (GAS8) that have a vacancy which this staff member could fulfil. There would need to be agreement as to the length of time that this staff member could be salary maintained in the lower graded role. DHS can also provide any support and training for this staff member to undertake the role at DHS.

**Business Admin Manager** – This role facilitates the Administration Management for Lourdes Hospital overseeing administration staff, stores staff and related duties. This role is duplicated by the duties currently being undertaken by the existing Administration Manager for DHS. Following consultation this position may become excess and treated as affected as per the "excess staff policy" PD2012\_021).

There is currently a vacant administration position at Dubbo Health Service managing the admin function of the Specialist medical clinics. During consultation this position is the same grade and redeployment to the position at Dubbo Health Service will be offered to this staff member. DHS can also provide any support and training for this staff member to undertake the role at DHS.

**Clinical Resource Nurse** – currently held by 2 part time staff. One is on a temporary contract and the other is a permanent 3 day per week contract. This role will change to become a clinical nurse educator position and will need to be advertised. If the 3 day per week incumbent does not apply or is unsuccessful in the position they will be offered a position within the inpatient nursing profile.

**Community Nurse Unit Manager Level 2** – Currently vacant and is a duplication of duties. Reporting line for Community Nurses will be transferred to DHS Ambulatory Care Unit. Position will be deleted.

### **Summary of Positions**

Informal conversations have commenced with staff and further meeting to consult can occur during November 2022 for each staff member.

### **Staff – No Permanent Position Identified**

- Health Service Manager – will be affected in January 2023.
- Nurse Manager – working in temporary position until June 2023 then will become affected.

### **Staff with Proposed New Roles**

- Manager cleaning, volunteers and data management offered Support Services supervisor position at Dubbo Health Service.
- Business Administration Manager offered Admin Manager Ambulatory Care Centre at Dubbo Health

Service.

- Clinical Resource Nurse will be advertised as a Clinical Nurse Educator.

### **Medical Model**

There is a risk associated with the current single rehabilitation medical officer employed by Lourdes Hospital. The model needs to be enhanced to support the activity and ensure that any increase in activity can occur and the new models of care are implemented. The medical model should include a second specialist with a Junior Medical Officer rotating from Dubbo Health Service. The role of the GP VMOs is yet to be determined however its clear they will be required as part of the team working with the specialists for the rehabilitation patients and admitting TACP and palliative patients. GP VMOs will be required for on call after hours.

It is proposed to introduce a second Rehabilitation staff specialist from the commencement of the 2023 clinical year. This would allow for a greater model of on-site support and drive an improvement in the management of referrals and acceptance for admission, and clinical management of admitted patients.

Consideration will be given to the establishment of a training position commencing in 2024 if the supervision requirements can be met. This will require accreditation from the College of Physicians for an accredited training position.

### **Lourdes Staffing - New**

Lourdes currently staff an average of 20 inpatient beds according to the activity data. It is proposed that Dubbo Health Service will maintain this level of beds for the first six months of transition whilst the new models of care are implemented and existing staff have the opportunity to adjust to new ways of working.

Allied Health staff will need a realignment of resourcing, to align with college recommendations regarding inpatient and outpatient activity demand. This will occur post transition. There is currently adequate Allied Health staff within the profile to support the 20 inpatient beds and a reasonable outpatient workload.

In the second six months of transition, activity forecasts predict a further five beds will be required. This requires an additional nursing staff of 4.11FTE to facilitate the additional bed capacity.

Within the inpatient/outpatient space Lourdes Hospital does not have any Aboriginal Health Officers which is a major gap and will need to be addressed urgently, similarly does not have adequate staff profile to support Social Welfare/Social Work demands. Given the rehabilitation/palliative care services being provided an additional Social Work FTE is required. This is supported by the college recommendations regarding staffing ratios in the rehabilitation space. The budgeted profile includes a new 0.50FTE for Aboriginal Health Officer and 0.68 FTE Social Worker.

Currently there are no HASA's on site at Lourdes Hospital despite having low level building security. We intend to recruit 1.47FTE HASA for night duty 7 days per week at the conclusion of the consultation stage. Whilst the Building Management System and personal duress system has been upgraded as part of the facility commissioning process, it is planned to introduce a HASA on every night shift to provide additional support to overnight nursing staff.

### **Lourdes Staffing – Evolving Roles**

There are a number of positions which are still required to facilitate service delivery at Lourdes, but will

evolve in some capacity from the existing roles that are held.

**Transfer of Care Co-Ordinator** – further development of position description and accountabilities. Work between both DHS and Lourdes to run care-coordination and discharge planning for acute patients moving to rehab/palliative care and then home.

**Clinical Resource Nurse – Move to 1.0FTE Clinical Nurse Educator CNE.** – Current 0.4FTE role is held by an RN on a temporary basis. The role will need to be advertised. This role will be critical to upskill the current nursing staff competencies.

**Stores AOL3** – The Stores role manages all consumable and clinical stocks at Lourdes. The owner of this role has recently resigned. The remaining duties will be undertaken by the AOL4 Accounts role. The WNSWLHD electronic procurement system will be rolled out with Lourdes as one of the first sites to use the new system. The Store role will be covered by the AOL4 Accounts position in a combined role. Both roles will substantially decrease and can be managed by one person

**Accounts Officer (AOL4)** – This role works in co-operation with the Stores person to oversee the procurement of goods and services, raising purchase orders and payment of invoices. As the Stores substantive employee has recently resigned, the duties of the Accounts role and the Stores role have been being undertaken by this role. As the WNSWLHD procurement system is largely automated and support with purchase order requisition responsibilities can be transitioned to the remaining administration ward clerk/reception function, as are the current arrangements at DHS. DHS can also provide any support and training for this staff member in the new systems and processes

**Community Nursing 6.13FTE RN** – These roles reporting lines will transfer to Ambulatory Care under the Amb Care NUM 2 commencing 24 November 2022. DHS plan to transition the community nursing function to be based out of the Ambulatory Care Centre at DHS in January 2023, adequate notice and support will be provided at this time. Community Nursing in future will include Hospital in the Home patients and chronic care patients in addition to outpatient clinics based from Ambulatory Care such as additional wound care or early discharge follow up clinics as examples. DHS can also provide any support and training for these staff members during this time.

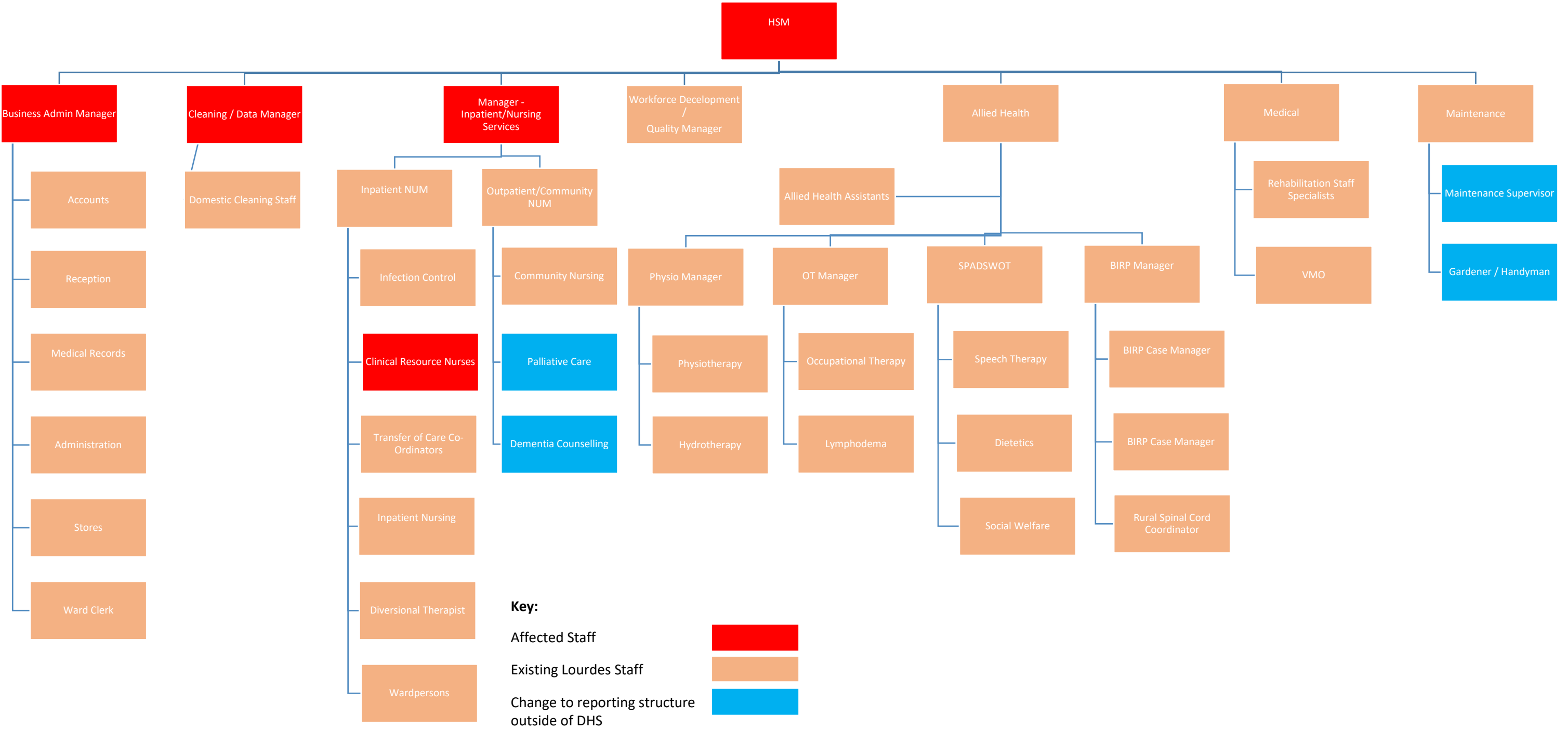
Ambulatory Care is a high volume department, and provides a range of clinical and procedural services. Post the DHS redevelopment and integration with a number of other procedural services such as cardiology and respiratory, a need has emerged to support the nursing staff with a clinical nurse educator. With the transfer of six additional nurses from Lourdes there will be a new clinical nurse educator position recruited for the Ambulatory Care Centre.

**NUM 2 Inpatient Unit** – it is proposed that this position become a NUM3 for 12 months as higher grade duties to implement the required changes in staffing profiles, models of care and introducing new roles e.g. night duty HASA, Aboriginal Health Worker and Social Worker. At the conclusion of the 12 months the position grading will to be reassessed as either a NUM or Nurse Manager position.

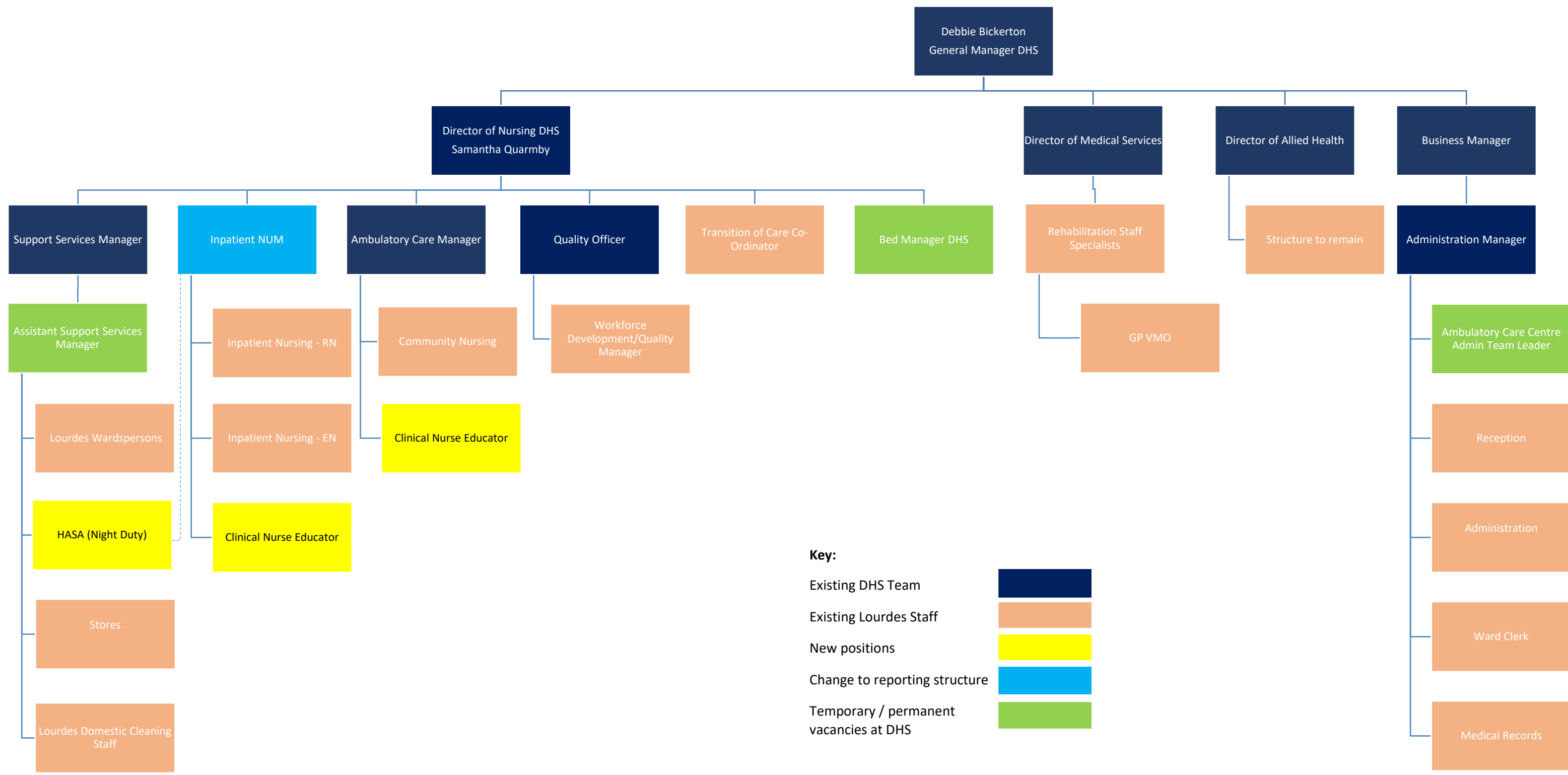
## **Appendix**

- A**      Organisational Structure – Current
- B**      Organisational Structure - Future

**Appendix A**







- Key:**
- Existing DHS Team
  - Existing Lourdes Staff
  - New positions
  - Change to reporting structure
  - Temporary / permanent vacancies at DHS