

# Restructure – Consultation Document

## NSLHD Health Contact Centre

### Document control sheet

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## **Stage 1 – Scope, Plan and Approval**

### **1.1 The Need for Change**

#### **1.1.1 Description of Service**

The Northern Sydney Local Health District (NSLHD) Health Contact Centre (HCC) is the Single Point of Access for referrals made to services within the Primary and Community Health Directorate. The Acute Post Acute Care (APAC) 2019 review found that the current referral processes via the HCC was difficult and time consuming and stakeholders indicated it was easier to admit a patient to the ward rather than go through the referral process. It recommended that the Health Contact Centre should cease being used for APAC referrals and for APAC to revert back to its local referral process.

#### **1.1.2 Background**

With the commissioning of the Health Contact Centre (HCC) in March 2012, the intake and admission process was handed over to the HCC from the APAC service. In 2013, funding costs to the value of \$493,879 was transferred from the APAC Cost Centre to the HCC Budget. Since this time, APAC has received mixed feedback from referrers about the functionality and workability of the referral process.

#### **1.1.3 Current Structure**

The HCC and APAC service are currently governed under the Primary and Community Health Directorate. The HCC Manager and APAC Manager report to the PACH Director Nursing and Midwifery who reports to the PACH Director.

#### **1.1.4 Current Position Description**

The restructure affects 2.0 FTE registered nurse (RN) and 1.0 FTE administrative officer (AO) Grade 3 positions, 3.0 FTE in total. These positions will be deleted from the NSLHD HCC staff establishment once the funding is transferred to APAC.

The positions are currently vacant so there are no incumbent staff who will be affected.

The remaining HCC RN and AO3 staff will continue to work within the current position description (see attached) with minor changes only required to remove reference to the APAC Service.

### **1.2 Restructure Plan**

#### **1.2.1 Reason and Purpose of the Restructure**

The APAC Review Report August 2019 reviewed the functions, structure and governance of the APAC service and made a number of recommendations to improve the referral process and expand its scope of service to meet the needs of the hospital system. The Review found that the current referral processes via the Health Contact Centre was considered by some parties to be difficult and time consuming and some stakeholders indicated it was easier to

admit a patient to the ward rather than go through the referral process. The Review report recommended that the Health Contact Centre should cease being used for APAC referrals. The APAC Review Implementation Committee was convened with a range of stakeholders represented. The Committee developed and agreed to a new referral process for APAC that would meet the Review's requirement of a simple, seamless admission process that inter-ward transfers. To implement this process, APAC is required to establish its own referral and intake team of suitably qualified and experienced nurses to provide quick decision making on suitability of patients for admission to the Service. The referral and admission processes will be supported by digital referrals via eMR Powerchart and HealthLink eReferrals from GPs to ensure the process is quick, easy and responsive to the needs of referring clinicians.

### 1.2.2 Proposed New Structure

The APAC Review Implementation Committee agreed on a solution that uses suitably qualified and experienced APAC nurses to improve the efficiency and decision making of the referral process. Medical staff can refer their patients via a direct phone call or e-form (PowerChart or HealthLink eReferral). The goal is the APAC Intake and Referral nurses will review the referral and make a decision as to appropriateness to admit within 30 minutes of receiving the referral or immediately over the phone with the referring clinician.

This Referral and Intake Model will require the recruitment of 2.5 fulltime equivalent (FTE) Clinical Nurse Specialists (CNS2), 1 FTE Registered Nurse and 1FTE Administrative Assistant Grade 3 (AO3) to provide 7 day intake cover.

Table 1

Position	FTE
AC02CNS202 Clinical Nurse Specialist G2	2.5
AC02RN08 Registered Nurse 8 <sup>th</sup> Year	1.0
AC04GAS0301 General Admin Staff Gde3	1.0
<b>TOTAL</b>	<b>4.5</b>

### 1.2.3 Proposed New Position Description

See Section 1.1.4

### 1.2.4 Impact on services and functions

The HCC will cease providing intake, referral and admission support services to the APAC Service.

An analysis undertaken by the HCC demonstrates the HCC workload generated in providing the above services to the APAC Service across 7 days is equivalent to the proposed staffing transfer of 2.0 RN FTE and 1.0 AO 3 FTE to the APAC service.

The required staff skill mix in the HCC will be unchanged as the remaining services will continue to need the current mix of RN and AO staff to support safe and effective provision of intake and referral management services.

### 1.2.5 Likely impact on employees

Identify the employees/positions that will be impacted by the change.

- There will be a loss of 3.0 FTE in total from the HCC, 2.0FTE RN and 1.0 FTE AO3 as outlined above.
- As these positions are currently vacant there are no affected incumbent staff.
- The main impact for HCC staff is the management of APAC referrals will no longer be required as a component of their role.
- The required HCC staff skill mix will be unchanged as the complexity of referrals taken by the HCC for the remaining services will continue to be in line with the current HCC staffing profile.

## Stage 2 – Consultation

Consultation will be required after the proposal document and corresponding brief has been approved by the NSLHD Executive

### 2.1 Notification to employees

Consultation with HCC staff is to be undertaken through a meeting with the Director Nursing and Midwifery Primary and Community Health.

More than one meeting may be required and staff may request a Union Specific Consultative process be undertaken.

### 2.2 Notification to Union/Industrial Bodies and other relevant parties

The NSW Nurses' and Midwives Association (NSWNMA) and Health Services Union (HSU) will be advised in writing and a Union Specific Consultation Committee meeting will be held if requested.

## Stage 3 – Implementation

The proposed timeline for transition of referrals and intake from the HCC to APAC is described below in Table 2:

**Table 2**

<b>Week</b>	<b>Action</b>
<b>1</b>	Consultation meeting with Health Contact Centre staff – DNM PACH
<b>2</b>	Letters sent the NSW Nurses' and Midwives Association (NSWNMA) and Health Services Union (HSU)
<b>3</b>	Further consultation meeting or USCC as required
<b>4</b>	ATF approval to recruit new APAC Intake and Referral positions
<b>6</b>	Submit approved ATF to recruitment
<b>7-8</b>	2 week advertising period
<b>9</b>	Review applicants and set interviews
<b>10</b>	Interviews and reference checks
<b>11-13</b>	ROB internal processes + letter of offer
<b>14 – 15</b>	Applicant's notice of resignation (2 weeks)
<b>16 -17</b>	Commencement and Orientation to APAC and NSLHD incl. mandatory training.
<b>18</b>	APAC intake team accepting referrals and HCC cease accepting APAC referrals
<b>NB:</b>	NSLHD Pause on Recruitment: Dec – Jan 22

## Stage 4 – Review

HCC post transfer review.

An analysis of the impacts of the transitions of the APAC intake and referral process and transfer of the identified staffing resources on the HCC business flows and productivity will be undertaken three (3) months after the final transfer of these positions and ceasing of APAC intake and referral management by the HCC.

This review will include analysis of staff workload and satisfaction, HCC activity and call data.

The APAC service proposes to undertake a 3 monthly review after the initiation of its local Intake process. The service will measure a number of quality metrics (quantitative and qualitative) which may include referrer and staff satisfaction, and intake call metrics.