The District Nurse's role: Caseload Profiling, the journey from academia to effective practice implementation.

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Abstract

This article looks at one student's journey in taking theory and applying it to practice by caseload profiling on practice placement and how this has subsequently led to practice development. It is widely appreciated that demographics are impacting on the delivery of healthcare in Scotland. This led to the student's realisation of the importance of district nurses managing, evidencing and delivering an equitable service. Caseload profiling is a vital tool to deliver this and the article will explore caseload profiling and how this can be applied to practice. It will also explore the benefits and challenges of applying caseload profiling in practice and equip readers in the skill of caseload profiling.

Key Words

District Nursing, Community Nursing, Caseload Profiling, Caseload Management, Evidence-based Practice

Aims and Learning Outcomes

The aim of this article is to explore a student's journey from academic learning, to the application of knowledge and understanding in a practice placement and how this subsequently led to practice development in relation to the management of the caseload and care delivery.
Reading this article will enable the reader to:

- Define caseload profiling, its applicability and benefit to district nursing.
- Understand elements of caseload management and its relationship to caseload profiling.
- Conduct a caseload profile, relevant to their area of district nursing.

Introduction

It is widely appreciated that demographically Scotland has an aging population, (Bain and Baguley 2012; Curry, Goodwin and Ross 2011; Dickson, Gough and Bain 2011a, 2011b; Kennedy et al. 2011; Scottish Government 2012, 2011, 2010a), leading to more people living with complex long term conditions, (Cruikshank et al. 2010; Scottish Government 2007b, 2011, 2013), as well as rising patient expectations (Scottish Government 2007a). These observations have been key drivers in changing the focus on service delivery towards care at home, (Dickson 2012; Dickson, Gough and Bain 2011a; Scottish Government

2013), avoiding unnecessary hospital admissions and facilitating timely discharges, (Queens Nursing Institute 2014; Bain and Baguley 2012), preventative and anticipatory care, (Cruikshank et al. 2010; Kennedy et al. 2011; Scottish Government 2007b, 2010b), and reducing health inequalities (Scottish Government 2007b, 2013).

Provision of care is further complicated by an aging district nursing workforce (The Audit Commission 1999; Dickson, Gough and Bain 2011a; Bain and Baguley 2012), which impacts on the skills required of those working within a community setting. Therefore it is essential that district nursing services adapt in response to these changing conditions (Thomas, Reynolds and O'Brien 2006) to allow effective service delivery (Queens Nursing Institute 2014).

A caseload is the designated population within a practice or geographical area that the community nurse is responsible for (Bain & Baguley 2012). Effective caseload management is one vital element to manage these demands, by ensuring that needs of populations are met, within available resources to provide equitable services (Bain and Baguley 2012; Ervin 2008). Box 1 provides a definition of caseload management, and Box 2 illustrates the key components of caseload management. It is beyond the scope of this article to consider caseload management in-depth, but important to acknowledge how it relates to caseload profiling.

Box 1: Definition of caseload management

Caseload management is a method of supervision and organisation that ensures the individual's and the family's healthcare needs are being met by the appropriate person at the appropriate time. It is worth noting that there is a wide and complex range of care needs within the community that require a range of skills.

Source: (Bain and Baguley 2012; Ervin 2008)

Box 2: Key components of caseload management

- Caseload profiling
- Workload analysis
- Referral process
- Documentation
- Skill mix and delegations

Source: (Bain and Baguley 2012; Ervin 2008)

Caseload Profiling

Caseload profiling can be explained as a description of the total population managed by the district nurse (Kane 2008). This allows for :-

- The identification of the health needs of this population (Burns 2003; Bain and Baguley 2012)
- The opportunity to set priorities (Burns 2003),
- Coordination of a large amount of work
- The provision of the opportunity to reduce inequalities in health care delivery (Bain and Baguley 2012).

These allow the alignment of resources with patient needs (Burns 2003), as well as the opportunity to identify skills required and training needs of the district nurse and team (Kane 2008; The Audit Commission 1999).

Other advantages of caseload profiling include:

- Reduction in caseload numbers
- Reduction in inappropriate work
- Increased discharges
- More focused patient assessment
- Increased onward referrals to social work and clinics
- Strategy to deliver more effective care
- Strategy to ensure resources are targeted to those in greatest need

Source: (Kane 2008; The Audit Commission 1999).

Overall, it could be argued that application of caseload profiling in practice would allow the district nurse to shape services more in line with the current aims of government policy.

Although from the literature the benefit of caseload profiling is evident it is remains a process that is unfamiliar to many district nurses (Bain and Baguley 2012; Thomas Reynolds and O'Brien 2006; Kane 2008; Queens Nursing Institute 2014; The Audit Commission 1999). It could be suggested that the lack of a caseload profiling tool and demanding workloads may contribute to district nurses finding it difficult to find time to conduct a caseload profile. This is further complicated with difficulties in accessing valid and reliable data worsened by the lack of investment into technology to support data collection (Bain and Baguley 2012; The Audit Commission 1999; Thomas, Reynolds and O'Brien 2006).

With this knowledge in mind the student considered the process. He noted that with a lack of technology, caseload profiling, may be a time consuming process, having to utilise hand written notes. He also had to be cognisant that the caseload profile only looks at those on the caseload, but fails to account for the role of district nurse involvement in health promotion and other initiatives within

the community. Box 3 utilises a SWOT analysis to illustrate key challenges faced by the student undertaking caseload profiling while on practice placement and subsequently in a practice setting.

Box 3: Challenges of caseload profiling in practice

Strengths	Weaknesses
- Opportunity to integrate academic learning to practice. - Allowing caseload profile to be conducted with support from university and practice teacher. - Value of the importance of caseload profiling to be realised.	- Lack of technology to support data collection. - Difficulties in accessing valid and reliable data. - Only considers those on the caseload not accounting for the district nurses role in health promotion.
Opportunities	Threats
- To test the evidence and realise the benefit of caseload profiling within the practice setting. - Increase awareness within practice of caseload profiling. - Wider practice implementation of acquired knowledge.	- Demanding workloads (time to conduct caseload profile). - Risk of becoming medically focused in GP attachment. - Lack of awareness of the importance of caseload profiling in practice. - Dealing with resistance to change in practice.

Caseload Profile Design

To allow the student to conduct a caseload profile, the first consideration was the creation of a design to support data collection. The student reviewed the literature to consider the design for data collection. Leading to application of the following categories:

- Number of active patients
- Profile of age and gender
- Frequency of visits
- Care packages
- Dependency of team
- Work generated by a particular case mix (e.g. palliative patients)
- Throughput including: inappropriate admissions, one-off referrals, admissions and discharges

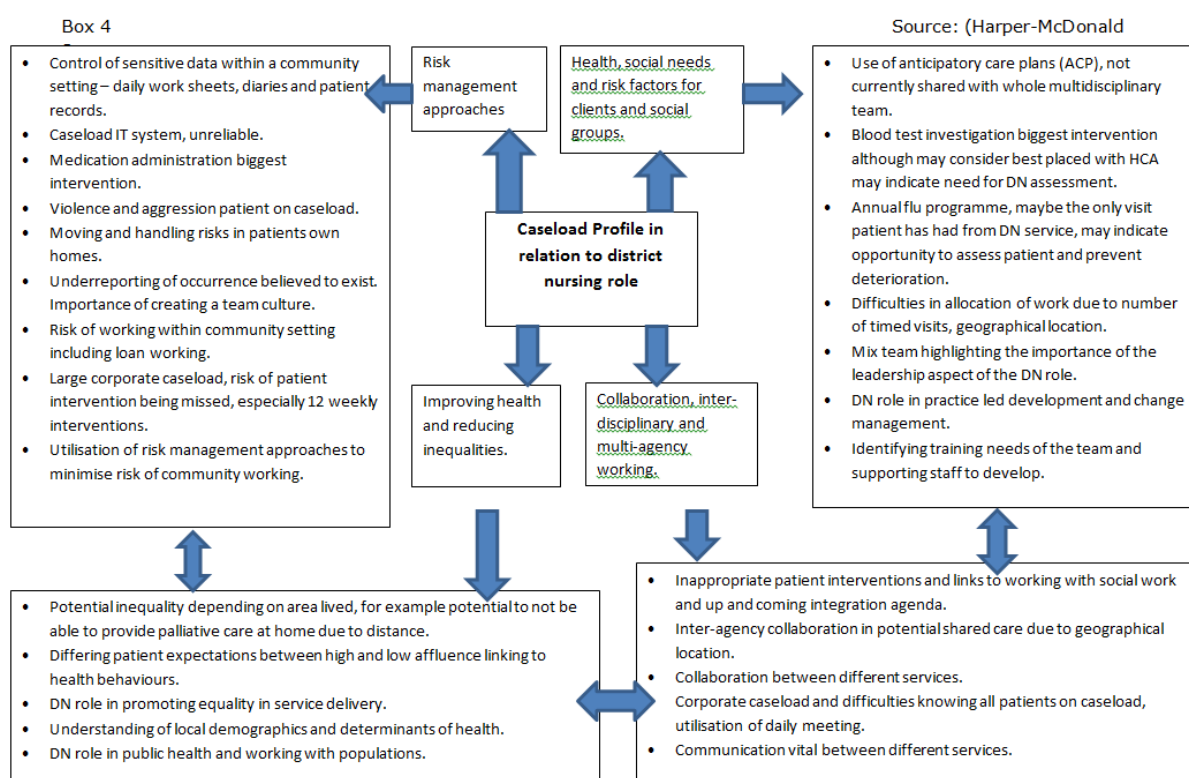Source: (The Audit Commission 1999; Bain and Baguley 2012; Kane 2008).

It was also important when considering caseload profiling to consider community profiling. Jack and Holt (2008) suggest a community profile should contain; information on demographics, geographical information, deprivation, inequalities and local economy. Adoption of community profiling was an additional element

to complement a caseload profile and provide background of the population served. Application of this approach helps to eradicate as previously discussed failure of the caseload profile to acknowledge the district nurses role in health promotion or other initiatives within the community.

The student utilised these categories to conduct a caseload profile while on practice placement. Utilisation allowed the student to consider an in-depth understanding of the district nursing role.

Box 4 contains a concept map, illustrating the extensive range of issues the caseload profile highlighted pertinent to the district nurse's role.

Box 4: Concept map of caseload profile of District Nurse role

Box 4   Source: (Harper-McDonald

- Control of sensitive data within a community setting – daily work sheets, diaries and patient records.
- Caseload IT system, unreliable.
- Medication administration biggest intervention.
- Violence and aggression patient on caseload.
- Moving and handling risks in patients own homes.
- Underreporting of occurrence believed to exist. Importance of creating a team culture.
- Risk of working within community setting including loan working.
- Large corporate caseload, risk of patient intervention being missed, especially 12 weekly interventions.
- Utilisation of risk management approaches to minimise risk of community working.

Risk management approaches

Health, social needs and risk factors for clients and social groups.

Caseload Profile in relation to district nursing role

Improving health and reducing inequalities.

Collaboration, inter-disciplinary and multi-agency working.

- Use of anticipatory care plans (ACP), not currently shared with whole multidisciplinary team.
- Blood test investigation biggest intervention although may consider best placed with HCA may indicate need for DN assessment.
- Annual flu programme, maybe the only visit patient has had from DN service, may indicate opportunity to assess patient and prevent deterioration.
- Difficulties in allocation of work due to number of timed visits, geographical location.
- Mix team highlighting the importance of the leadership aspect of the DN role.
- DN role in practice led development and change management.
- Identifying training needs of the team and supporting staff to develop.

- Potential inequality depending on area lived, for example potential to not be able to provide palliative care at home due to distance.
- Differing patient expectations between high and low affluence linking to health behaviours.
- DN role in promoting equality in service delivery.
- Understanding of local demographics and determinants of health.
- DN role in public health and working with populations.

- Inappropriate patient interventions and links to working with social work and up and coming integration agenda.
- Inter-agency collaboration in potential shared care due to geographical location.
- Collaboration between different services.
  Corporate caseload and difficulties knowing all patients on caseload, utilisation of daily meeting.
- Communication vital between different services.

Discussion

This article has discussed the importance and benefit of caseload profiling, which is clearly evident when considering the information gathered in relation to the role of district nurse in Box 4.

With the student having successfully completed practice placement he has continued to use the caseload profiling method that he developed by profiling the caseload he covers in practice as a trainee district nurse. He has achieved this by caseload management and regular profiling of the caseload. Consequently, this has allowed the student to provide evidence around the benefit of caseload profiling and its valid use in practice. Utilisation of caseload

profiling on the caseload in question has led to the following benefits being realised:

- Inappropriate patients have been discharged from the caseload.
- Greater patient turn around, by ensuring goal setting and improved patient assessment.
- Anticipation of workload and alignment of skills to these needs.
- Increased patient satisfaction.

This has allowed the student in a trainee capacity to manage and coordinate a large amount of work with relative ease. He views the utilisation of caseload profiling as an invaluable tool which was integral to his strategy for coping in his new role.

Holding awareness of the benefit of caseload profiling and seeing how its application has enhanced practice has led to further district nursing teams piloting caseload profiling. This has been complemented by a basic caseload profiling tool being created together with a system to manage the caseload. Subsequently this has led to the creation of a working group looking specifically at caseload management and profiling, with the aim of widening the dissemination of this approach in practice.

This article has illustrated the student's journey from academia to successful practice implementation. The next stages for practice will be to pilot and evaluate a caseload profiling tool and audit the findings to draw conclusions on the benefits. This will pave the way for wider dissemination in practice settings.

Conclusion

Overall this article considers how changing demographics are impacting on changing policy drivers on service delivery, in particular the complexity of care being delivered in the community by district nursing teams. It provides an insight into how caseload profiling is one strategy to manage increasing complexity and ensuring safe and equitable service delivery.

This initiative has been complemented throughout the article, by considering how one student has utilised academic learning on caseload profiling and how this learning has impacted on advancing practice with the aim of improving service delivery.

It is foreseen that on completion of reading this article not only can the complexity of district nurses role be realised, but equally the benefit of caseload profiling in managing complexity. It also provides information allowing readers to undertake caseload profiles in practice either as a fellow professional or as a student.

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