‘SAFER AT HOME’: NURSE PRACTITIONER–LED MODEL STRENGTHENING COMMUNITY NURSING PARTNERSHIPS IN AFTER-HOURS PALLIATIVE CARE

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KEYWORDS

Community nursing, Nurse Practitioner, Partnership, Integrated care, Palliative care at home

EXECUTIVE SUMMARY (100 words maximum)

Safer at Home (S@H) is an innovative Nurse Practitioner (NP)-led, after-hours palliative care model embedded within community nursing services in Northern Sydney. Delivered by an NP and a palliative care nurse, it strengthens partnerships across primary, community, and acute care, enabling integrated, timely, goal-concordant care at home. The model provides advanced clinical care while supporting community nurses through shared decision-making and real-time consultation. S@H enhances workforce capability, reduces system burden, and improves care continuity. Early outcomes show reduced hospital utilisation, improved symptom control, and stronger integration, highlighting the value of advanced nursing roles.

INTRODUCTION

Delivering high-quality palliative care in the community requires coordinated, interdisciplinary models that support both patients and clinicians. Despite the pivotal role of community nursing, limited access to specialist in-home palliative care support after hours remains a critical gap, contributing to fragmented care, clinician uncertainty, and avoidable hospital utilisation.

Safer at Home (S@H), established in June 2025 within Northern Sydney Local Health District (NSLHD), is an innovative Nurse Practitioner (NP)-led model delivered in partnership with a palliative care nurse to address this unmet need. Embedded within Northern Sydney Home Nursing Services, it utilises existing resources and strengthens partnerships across community, primary, and acute care.

Aligned with NSQHS Standard 2 – Partnering with Consumers and the NSLHD Strategic Plan 2022–2027, S@H delivers responsive, safe, and connected care. Through advanced clinical practice, real-time support, and shared decision-making, it enhances continuity, builds workforce capability, and enables person-centred palliative care at home.

HIGHLIGHTS

- NP-led model strengthens integration within community nursing
- Strengthens community nursing capability and confidence
- Enhances service sustainability and workforce support
- Improves interdisciplinary integration and continuity
- Reduces avoidable hospital and ambulance utilisation

METHODOLOGY/ PROCESS

S@H operates after hours (Friday–Monday, including public holidays) and is integrated within existing community nursing teams. The NP and palliative care nurse provide advanced clinical care alongside capacity-building support for community nurses.

Core components include:

- Advanced clinical assessment, prescribing, and symptom management in the home
- Real-time consultation and shared decision-making with community nurses
- Joint care planning and anticipatory management of deterioration
- Use of telehealth and mobile technology to support timely, coordinated care
- Active collaboration with multidisciplinary partners across the health system

In less than eight months, S@H has supported over 220 patients, completed more than 180 home visits, and facilitated over 1,200 clinical interactions.

This model delivers significant operational benefits, including improved risk management, reduced after-hours escalation pressures, enhanced staff support, and more efficient workforce utilisation. Embedding advanced practice roles reduces clinical uncertainty and strengthens governance and consistency of care delivery without duplication.

RESULTS/ OUTCOMES

S@H has demonstrated positive outcomes across patient, workforce, and system domains. Patients experienced improved symptom control and were more likely to remain at home in accordance with their preferences and goals of care.

Community nurses reported increased confidence in managing complex palliative care presentations, supported by timely access to advanced clinical expertise and shared decision-making. The model reduced professional isolation and strengthened interdisciplinary collaboration.

S@H contributed to reductions in emergency department presentations, hospital admissions, and ambulance utilisation. Qualitative feedback further highlights enhanced patient and carer experience, including reduced fear and distress, increased reassurance, strong appreciation of the service, improved communication, and preservation of dignity at end of life.

CONCLUSION

Safer at Home demonstrates that an NP-led, integrated model can effectively close critical after-hours gaps while strengthening community nursing partnerships. By embedding advanced clinical practice within existing services, it builds workforce capability, enables shared clinical responsibility, and delivers measurable improvements in patient outcomes without adding system fragmentation.

This model represents a sustainable and scalable approach to contemporary palliative care. It reinforces the essential role of advanced nursing practice in leading integrated, community based care, while directly supporting community nursing teams to deliver confident, coordinated, and high quality end-of-life care where it matters most to patients—at their own home.