Caring Across the River
Practice Nursing along the border in the

Albury Wodonga Regional GP Network


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1. Allied Health and General Practice

We are looking for ways to improve the relationships between general practice and local allied health service providers. General practice staff and allied health need to get together and find out what everyone does, how and who to refer and what communication is required to and from general practice once the patient has been seen. The result of this will hopefully be no more patients turning up at the practice waving a bit of paper and asking for “an EPC appointment with a podiatrist”, more appropriate and timely referrals, less repetitive assessments for patients, better communication in and out of general practice and a more seamless and planned journey for the patient through the health system.

Do you know who and what is available for your patients locally?
Do you know what information is required when referring to a service?
Do you know what local allied health providers actually do? Have you met them?

In the New Year the division will be running some evening forums for allied health and all general practice staff to meet and exchange information. If you and your practice would like to be involved, please contact Jacki at the Network.

2. Wider Reading / Websites

Review and evaluation of Australian information about primary health care: a focus on general practice
Cat. no. HWI 103. Canberra: AIHW.

Media Release by Health Minister on the role of Nurse Practitioners
Diabetes 'cycles of care' in general practice - Do government incentives help?

3. Scope of Practice / Professional Practice

Number of practice nurses in Victoria

Source: Primary Health Care Research and Information Service - www.phcris.org.au
The number of nurses in Victoria and NSW has increased dramatically. The roles of nurses are many and varied in each workplace. There is an increase in nurses running clinics for patients on chronic disease, health assessments, women's health and health screening. Nurses are also playing a major role in information and data management within practices leading to improved population health outcomes.

There is a ground swell of opinion that medicare items need to be changed to reflect nurses time and qualifications and that items be claimed by the nurse as they are professionally responsible for nursing services provided, rather than “for and on behalf of...” the GP.

Watch for adjustments to MBS in the first part of 2009 to see if this is taken up by the government in combination with other changes to the MBS in the area of chronic disease and health assessments.

Do you know an “agent of connectivity”? ... that’s a practice nurse to you

*Courtesy of Inside the Nursing News - December 2008*

New research into the role of practice nurses has found that they demonstrate six key operating roles in the workplace. These roles can be oriented towards patients, towards the practice in which they are working, and towards the community, and they extend beyond the clinical and administrative roles which are generally understood to be part of nurses' work.

AGPN has partnered with the Australian National University (ANU) to undertake a three year research study funded by the Australian Primary Health Care Research Institute. The research team, led by Dr Christine Phillips, has involved observing nurses at work as well as structured interviews with nurses, GPs and practice managers.

Some of the key study findings were presented by Julie Porritt, Principal Adviser Nursing in General Practice at AGPN as part of a keynote speaker’s paper at the Australian Rural Nurses and Midwives 14th National Conference at Adelaide in November; [www.armn.asn.au](http://www.armn.asn.au)

The six operating roles that have been identified are:

- Patient carer
- Organiser
- Quality controller
- Agent of connectivity
- Educator
- Problem solver

Julie said that the study had shown that, ‘while most of these roles would perhaps be seen as obvious ones, the agent of connectivity is something that has not been described before in
general practice and is particularly important for establishing and maintaining collaborative practice.’

The research results are indicating that internally, nurses within a practice are acting as an intermediary - or an agent of connectivity – between the different disciplines.

‘They do this through the unwritten responsibility of being responsive to others and the cultural rule which enables nurses to enter all spaces in the practice, including doctor’s rooms.’

General practice nurses are highly responsive to others, and this responsiveness is supported by the multi-tasking they commonly undertake, engaging in multiple tasks simultaneously. They also play an important role in connecting the practice to its community by building relationships with external health care providers, community service providers and other community agencies.

‘As more doctors work part-time, continuity of patient care is increasingly vested in the nurse, who ensures that care is continued by other doctors in the practice, across the spectrum of healthcare providers outside general practice, and by the patient at home. In this respect, the nurse works to ensure connectivity within internal and external aspects of care provision, but also to link the two.’

This role of connectivity is particularly important for those who work in other sectors of the health system. The practice nurse is the main contact in general practice; practice nurses can help you to maintain continuity for patients and act as a key agent in supporting quality care services.

‘The role for the practice nurses is dynamic,’ says Julie, ‘and nurses in this setting are increasingly becoming recognised for the skills and expertise that they bring as an integral member of the general practice team.’

‘Our study is also showing us that practice nurses and GPs are working together as an inter-professional community,’ says Julie. ‘Models of leading are shared between GPs, practice nurses and other members of the practice team.’

The research is scheduled for completion this month and the completed results will be available early in the new year. This research should provide valuable information to contribute to the planning that is currently underway to develop a stronger primary health care focus in the Australian health sector.

4. Five minutes with……Nicole Byrne

1. Which Practice employs you? And where is it? Federation Clinic, Wodonga.

2. How long have you worked in General Practice? 12 months

3. What are your main roles in your practice? Immunisation, wound care, TCA’s

4. If you were not working in General Practice, what would you be doing? Working as a midwife

5. Where did you grow up? Hamilton in Western Victoria

6. Could you tell us a little about your family? I have two small children and together we are the three amigos.

7. If you were stuck on a desert island, what would be the three things you would take? My children, a great book and my i-pod
8. If you were stuck on a desert island, what would be the three things you are glad you no longer have to worry about or take care of? Bills, the phone and getting up for work!

9. Who would you MOST like to have to dinner?? My very dear friend who has just returned from living in NZ for 3 years.

10. What book are you reading at the moment? We’re going on a bear hunt.

11. What music are you listening to at the moment? Kings of Leon

12. What is your ALL time favourite movie? Chocolat

QUICK QUIZ

Tea or Coffee?? Coffee

Sweet or Savoury?? Savoury

Sleeping or Football?? Football

Reading or TV?? Reading

Walking or Running?? Walking

Snow or Sand?? Both!

5. NiGP Updates

IMMUNISATION
As forewarned by Kerry at the PN network meeting, see below from GPV re the 4 year old overdue dates:

Changes to the 4 year old overdue rules for Centrelink payments
Currently when a child has not received their 4 year old vaccines the Australian Childhood Immunisation Register (ACIR) does not consider them overdue until they turn 5 years of age. As 1 January 2009 this will change and children turning 4 (born on or after 01/01/2005) will be considered overdue if they have not received their 4 year old vaccines by 4 years and 1 month of age.

In these cases, parents of children may receive a letter from Centrelink indicating the ACIR has no record of their child’s 4 year old vaccinations. The letter will advise parents they have a further 63 days to ensure information on their 4 year old’s vaccination status is sent into the ACIR to ensure they retain any eligibility for Child Care Benefits.

The first impact will be felt in March 2009, when the first affected 4 year olds turn 4 years and 2 months age. Practices are advised to review their patients born in 2005 in order to manage the change.
Practices need to be aware that if you have a large amount of 4 year olds on your books that become overdue under the new rules, the practice immunisation outcome payment may be affected. To receive the payment, practices must have an overall childhood immunisation rate of over 90%.

**WOMEN’S HEALTH**

The division has financial models and checklists around claiming items 10994-10998 in relation to cervical smears with or without health checks. Please contact Jacki for copies.

Check the AWRGPN website - www.bordergp.org.au for information on the Chlamydia surveillance program being run by Greater Southern Area Health Service.

**New resources available on the STIPU website**


**NSW GP STI testing tool**

The NSW GP STI Testing Tool aims to provide general practitioners with an easy to use, desktop guide to history taking and testing for priority populations.

“The NSW STI Testing Tool, for the first time, gives GPs a simple desk top tool to refer to when confronted with a sometimes difficult consultation. One of the more difficult areas is contact tracing which is essential to reduce the spread of STI’s and to protect the health of our patients’ sexual partners. The tool itself has links to resources and up to date information. Often being a good GP does not mean knowing everything but knowing where to find out about everything.” Bill Kefalas, General Practitioner, Kingswood, Western Sydney.


**INTEGRATION OF HEALTH SERVICES WITH GENERAL PRACTICE**

One of the roles of a PN as identified in research is that of integration. This means that the PN forms relationships with community organisations and services in order to help patients navigate the system better and thus improve outcomes and reduce stress and non attendance. One way we as nurses can do this is to use an electronic local directory of services which has been developed for Albury Wodonga by the Upper Hume PCP. It is called Connectingcare and is available at www.connectingcare.com. You need to log on – give yourself a user name and password. Click on the Wodonga area of the map and search for what you need. Encourage providers you commonly use (public or private) to contact Daniel Whiting at the division 6049 1900 or dwhiting@bordergp.org.au to get themselves a site and get their details on it (no cost!). It is currently skewed towards Wodonga as the PCP is Victorian funded but NSW providers are slowly coming on board.

The other advantage of this directory, besides having lots of local information in one place, is that both general practice and allied health providers can become set up to receive and send electronic referrals (again at no cost). Bring on the paperless practice. For more information contact Jacki.
The Right Stuff Conference
Call for Abstracts open now, until January 15th.
APNA have received some abstracts for their inaugural National conference, but we want practice nurse members, to submit abstracts on experiences from working in general practice. Tell APNA and your peers about some of the innovative things that you've done. They want to hear about your successes and how you got to where you are now. The Call for Abstracts is NOT just for researchers and academics, it is just as much a unique opportunity for you. For more information visit the official conference page: www.apna.asn.au/conference . APNA are happy to offer assistance with developing Abstracts - for more information about this, please contact Lucy at lucy.dear@apna.asn.au .

In addition to some fantastic National and International presenters being already confirmed to present at APNA’s inaugural National conference, they are now thrilled to announce that The Hon Nicola Roxon MP, Minister for Health and Ageing AND Her Excellency Ms. Quentin Bryce, AC, Governor-General of the Commonwealth of Australia will be not only attending, but presenting at the conference too! Make sure you book your conference registration prior to January 30 (the close of earlybird rates) and come and hear what these two influential representatives have to say about the future of practice nursing and the difficulties of pioneering new roles.

EDUCATION OPPORTUNITIES

You should have received both electronically and by fax, information on the new year of enrolments for the Graduate Certificate in Nursing (General Practice). If you need more information, please contact Jacki.

GPV are subsidising education in Melbourne next year, check the calendar on their website for updates. www.gpv.org.au  Apply to Jacki for subsidy forms if required.

Next year there will be education coming thick and fast whilst the money lasts, take it while you can! Attached with this newsletter is the interim flyer for the practice staff weekend in March. Please pass the word to other PNs, PMs and office/admin staff who may be interested.

Chronic Disease Management Group

Anyone interested in joining a group to improve chronic disease systems in general practice? If you or your GPs or admin staff has an interest in chronic disease management in the general practice /primary health setting – contact Jacki

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Venue</th>
<th>Presented by</th>
<th>Cost</th>
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<tr>
<td>February 6-7th</td>
<td>Diabetes Update for Practice Nurses Register now via faxback sent to all practices</td>
<td>Gateway Hotel, Wangaratta</td>
<td>Diabetes Australia, Victoria Flyer sent to all practices</td>
<td>$60</td>
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<tr>
<td>March</td>
<td>Practice Staff</td>
<td>Shepparton</td>
<td>GVDGP, NEVic DGP, AWRGPN,</td>
<td>$145</td>
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20-21st 2009

Weekend

CVGPN, MVDGP (PN, PM and front of office staff)
Interim flyer sent to all practices

April 30th-May 2nd, 2009

APNA National Conference
Grand Hyatt, Melbourne
APNA
(early bird rego by 15th Jan)

$495-$795

Early June 2009

Diabetes update for PNs (6 hours)
Albury/Wodonga
Del Lovett and AWRGPN

TBC

### 7. Practice Nurse Network

Our last network meeting for the year was held on Monday 8th December with a presentation from Steve Pitman who is managing the Border Palliative Care Project and a discussion with Kelly Donnelly from Border Dietitians on diet in chronic disease and advice to those having lap band surgery. A bit of dinner and some bubbly and wine were also enjoyed. The next meeting will be on Feb 19th, 2009. I have had a request for a general discussion format so bring along your issues, ideas and whatever and let it all hang out! Please RSVP prior to the date for catering purposes.

Thanks to all who continue to support the practice nurse network.

Welcome to new PN at Vermont St Private Medical Practice – Michelle Ardern

Any one with any ideas or contributions they may wish to make – please contact Jacki as below. Please send a response and let us know what you think of the concept and of the content.

If you do not wish to receive this newsletter please contact Jacki at the GP Network on jeckert@bordergp.org.au or (02) 6049 1906

The contents of this newsletter are derived from various sources and do not necessarily reflect the views of the Albury Wodonga Regional GP Network.