mallee DGP
mallee division of general practice

Improving the health of our community by supporting general practice

THE PAN ROOM:

VOLUME 2: ISSUE 2 MARCH 2008

- *MDGP Future Programs and workshops.*
- *Nurses…. Cant be without them.*
- *Networking and support.. Be involved.*
- *Especially for MDGP Nurses*

Inside this issue:

MDGP Nursing News

In the Pan Room:

From the PNCE Newsletter 15/02/08 :

Nurse of the Month:

Trish McCarron, Practice Nurse, Deakin Medical Centre, Mildura, VIC

What do you like to do in your spare time?
Look after Grandchildren, tend the veggie garden (a challenge with the drought and water restrictions), member of the horse committee at the Wentworth Show Society (Arena Announcer), love reading when time permits usually sends me to sleep.

Describe a typical working week - what areas/tasks take up most of your time at your practice?
We have 5 doctors in a rural practice with 2 part time nurses and one casual. My job entails usual clinic work - dressings/theatre and small procedures, health assessments for over 75 (these are home visits done twice a week), diabetes assessments, GPMPs/ TCAs and EPC referrals/medicals for employees, jobfit, drivers etc. We also carryout Spirometry as a diagnostic tool as well as part of some medicals. Immunisations - am enrolled in the 2008 course. I am an accredited Pap Smear provider. I have spent some time writing procedures and policies for the nurses and have set up a few quality assurance activities for the practice. We also participated in the recent Panache (Youth Education and Support) trials and have had some flow on from this. Asthma education is something that I find very interesting and do a fair amount of for our patients.

What are the biggest issues facing your practice?
Time is precious and must be managed well. Our practice is rural and we have a shortage of Allied Health Service Providers that we can refer to for EPCs and other routine care. We have a great team at this practice everyone respects each other and are not adverse to saying thank you, it is one of the things that keeps me turning up each day.

Thank you Trish for sharing with us! Each newsletter we hope to help you get to know one of your fellow practice nurses.

Congratulations to:

Jenni Lloyd of CHAC who you may notice is 'glowing' with a bump soon to appear—clever thing.

Farewells:

Deakin Medical Centre have farewelled PN **Zeljka Gregg,** who worked with them for many Years.

New Nurses in General Practice:

The already long list of PNs at Ontario Medical Clinic OMC has once again grown to include **Janeece Madigan**

Also Deakin MC also welcome on board **Roselyn Slorach** as the new PN to the team—Welcome!

And in our R&R clinics **Sue Roeszler** has joined the team at Robinvale & District Medical Centre just prior to xmas.

Know Any Nurses wanting work in GP:

MDGP know currently of 3 PN positions available within MDGP

MDGP and local practice are always looking for RN that might be interested in the world of NiGP, if you know anyone please get them to contact MDGP

MDGP PN Education, Seminars & Upcoming Events:

FUTURE PROJECTS IN PLANNING FOR 2008:

- THIS WILL BE LARGELY DETERMINED BY RESPONSES TO THE MDGP ANNUAL PN SURVEY -

DiVeRT: MDGP has applied to GPV and LifeLine to be a rural location to host the Domestic Violence Response Training for PN and AHWs in R&R Victoria. Mildura Training date is confirmed for 3 & 4 December 2008, these dates are set by LifeLine who are rolling this out nationally.

Wound Mx: MDGP has been lucky enough to contract Jan Rice from the Wound Foundation to present 7 separate wound education sessions and certificates in conjunction with LaTrobe Uni for 2008.

LOCAL WORKSHOP EDUCATION CALENDAR:

DATE:	SESSION / EVENT:
27th March	**MBH P.A.C.E Forum** — RESPIRATORY: Practical Breath Sounds 1430 at MBH Conference Room
23rd April	Nycomed: **Asthma Education** Topic TBC by drug company Presented by TBC 6:30pm Registrations at TBC
Wednesday 14th May Rescheduled	MDGP—Benchmarque: Accredited **Ear Irrigation** Nationally Accredited Course. APNA endorsed with RCNA—CNE points, cost of $125pp. Pre-course reading required and must register with MDGP ASAP!. VENUE: Mildura Golf Club Conference Room - Registrations from 11:30am
3rd May	MDGP: **NAC Spirometry Training** for General Practice. 6 hour interactive workshop with selected pre-reading and a short test at the end of the workshop. Participants are provided with a resource kit. Professional Development points are attached with RACGP / ACCRM 7 RCNA
Each Thursday in May	**MBH P.A.C.E Forum** — CPR Update— (Airway, Breathing, Circulation, Mock Arrest) 1430 at MBH Conference Room

NETWORK MEETINGS:

20 May 2008 – Remote Practices Network Meeting – Manangatang.
29 May 2008 — Practice Nurses Network Meeting – Mildura.

DOHA CALENDAR OF EVENTS:

4—10 May:	National Heart Week	- Nationwide	-Heart Foundation
6 May:	World Asthma Day	- Worldwide	-Asthma Foundation Aust

Monday 12th May 2008—International Nurses Day!!!!

22 May:	Aust Biggest Morning Tea	- Nationwide	- Cancer Council Aust

HeadLines:

The latest report into general practice activity shows very little uptake of cervical smear and preventative health checks by practice nurses. *(ANJ: March 08)*

GPs recorded 1,835 practice nurse item numbers at 1,823 patient consultations between April and March 2007. Immunisations and vaccinations accounted for 67% of claims, 33% for wound management and less than 1% for cervical smear and preventative checks.

APNA chief executive officer Belinda Caldwell said lack of infrastructure, poor remuneration, and legal concerns made uptake of the cervical smear item number difficult for practice nurses. “Practice Nurses who have don't their cervical smear training find it difficult to incorporate it into their practice. Lack of space and privacy is a problem. Wound management can be done in a treatment room, but people coming in and out is inappropriate for a pap smear.”

MEDICARE ITEM NUMBER	NUMBER	% OF TOTAL
Immunisation	1,227	66.8
Cervical smear and preventative check (2006)	4	0.2
Cervical smear and preventative check (2006) (women 20-69 years, no smear in 4 years)	1	0.1
Wound treatment	598	32.6
Cervical smear	2	0.1
Cervical smear (women 20-69 years, no smear in 4 years)	4	0.2

Practice Nurses Supporting Healthy Heart Care:

The Australian Divisions of General Practice (AGPN) supports comments released this week by the Australian Health Care and Hospitals Association (AHHA) regarding an expanded role for nurses in general practice in the prevention and management of heart disease.

“The benefits of practice nurses as part of the primary care team, and especially in enhancing the management of chronic conditions such as heart disease, are well established,” Dr Tony Hobbs (Chair of AGPN) said.

AGPN has been supporting and promoting an advanced role for nurses in general practice for the past five years through its *Nursing in General Practice* program. We have seen an increase in nurses working in general practice over the life of the program from approximately 1,800 in 2001 to close to 8,000 practice nurses nationally in 2007.

AGPN’s recent budget submission has also highlighted the important role that general practice nurses can play in chronic disease care and specifically in coronary heart disease (CHD). The submission includes a joint proposal from AGPN and the Heart Foundation that will help improve prevention and earlier intervention of CHD through general practice.

AGPN has welcomed the increasing number of measures that government has introduced to support and expand the role of practice nurses However, more can be done. Supporting the joint program as proposed in AGPN’s budget submission would have a significant impact on the serious condition of CHD.

Dr Tony Hobbs said that investing in practice nurses is a down payment on Australia’s future health. “Practice nurses are experienced and competent health professionals and are a crucial part of the primary health care team - I absolutely value my practice nurse” he said.

Practice nurses will be core members of the health team in the Government’s new Super clinics. However practice nurses must be given the support and opportunity to work to the full level of their skills and abilities in order to achieve the greatest gains, Dr Hobbs said.

“By working to the full level of her competence, not only does my practice nurse find her job more satisfying, but it also really assists me with my workload *and* improves access to quality care for our patients. This is better for everyone all round – patients, community and our practice team.”

AGPN shares the views of the AHHA that heart disease is an area that could really benefit from greater preventative measures and the contribution of practice nurses in patient assessment, monitoring and education.

This type of preventative approach carried out by the general practice team will not only enhance patient care and quality of life but will ease health budget blowouts by reducing avoidable hospitalisations, days lost from work and the supplementary care that many heart patients would otherwise require.

***(Australian General Practice Network** Communications Officer 5 February 2008.)*

Professional Updates:

New ARC Guidelines

The Australian Resuscitation Council has recently released new guidelines on Stroke (Guideline 8.24). For further information on this and other activities of the Council please refer to the ARC website: www.resus.org.au. RCNA is a member organisation of the ARC and has representation on the national body as well as on some of the State Branches of ARC. The College appreciates the contribution of these members. It is also worth noting that the current Chairman of the ARC is an RCNA Fellow – Dr Ian Jacobs FRCNA.

(RCNA E-Bulletin—Feb 2008)

Professional Indemnity Insurance for Practice Nurses

APNA has appointed Mediprotect & Medisure Indemnity Australia (MIA), a leading health industry Insurance Intermediary and Underwriting Agency, to provide our members with an individual Professional Indemnity product. This is the only one of its kind in Australia with cover specific to the Practice Nursing profession. Contact APNA for a proposal form, or call John at Mediprotect for more details on (07) 4038 2460.

National Breast Cancer Name Change:

From February 2008, the National Breast Cancer Centre will change its name to National Breast and Ovarian Cancer Centre (NBOCC). The name change reflects their mission and ongoing work to reduce mortality and improve the wellbeing of those diagnosed with breast and ovarian cancer. The new web address is www.nbocc.org.au

Health Coaching for Health Professionals:

Northern Mallee PCP is currently seeking expressions of interest for staff that would like to take part in a two day training course in health/life coaching and motivational interviewing. This course is fantastic for professionals working with individuals.

Health Coaching interventions help health professionals to motivate patients toward readiness to change, assist them to change unhelpful thinking patterns and encourage their self-regulation and self-management of lifestyle risk factors and treatment regimes associated with chronic illnesses.

The 2-day course normally costs about $650 per person to attend in a capital city, with obvious travel and accommodation costs on top. If we can support with numbers of about 20, NMPCP will facilitate the training in Mildura and contribute significantly to the costs, with participants paying $200 only. Dates of 26th and 27th of June have been tentatively booked.

For more information go to www.healthcoachingaustralia.com

Please advise ASAP if you are interested in this option.

Above: Janeece, Carmel, Wendy—OMC attending the Immunisations Sessions

Above: Marg Jennings presenter of Infection Control Session … look out germs!

Above: trouble, trouble, and trouble from Lime MC (Pam, Dr Dyson-Berry & Lisa)

Left: Glena, Judy, Bev and Lisa at the Infection Control Workshop. 6th March

Right: Desley, Dr G Rowles & Melanie at the Immunisation Session 4th March

DiVeRT— Domestic Violence Response Training

The Practice Nurses and Aboriginal Health Workers as Domestic Violence Referral Points Project is an initiative of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Health and Ageing (DoHA).

The project aims to provide education and training for practice nurses and AHWs to help them identify and respond to domestic violence through appropriate referral. FaHCSIA has engaged Lifeline Australia to develop and deliver training.

Training through a two day face to face workshop has commenced and will continue throughout Australia until June 2009. A list of tentative dates and venues can be found on the Lifeline Website at

http://www.lifeline.org.au/learn_more/lifeline_training_and_education/rto_training/divert .An online learning package will be available in the near future.

Support payments to assist with the cost of travel and accommodation to attend a face to face training program will be made available for up to two practice nurses and/or AWHs from eligible practices. The support payments will be administered by AGPN. Information on the criteria for support payments will be made in the near future.

For further information regarding the Domestic Violence Initiative including registration forms can be found on the Lifeline website or by phoning the AGPN NiGP team on (02) 6228 0800.

Domestic Violence Training Location Dates for Victoria 2008

Cohuna, VIC Tue 8th & Wed 9th April	Bendigo /Ballarat, VIC Tue 29th & Wed 30th April (run at Bendigo)
Bairnsdale Tue 28th & Wed 29th October	Mildura, VIC Wed 3rd & Thu 4th December

Remote Indigenous Australian Asthma Action Plan Launched

A new asthma action plan specifically for Indigenous Australians has just been published on-line by the National Asthma Council Australia and is now available for free download at: www.nationalasthma.org.au (follow link to 'Written Asthma Actions Plans' from home page).

The plan was developed by the Australian Government Department of Health and Ageing and is effectively Australia's first official Remote Indigenous Australian Asthma Action Plan designed for national use.

According to paediatric respiratory physician, Professor Anne Chang, whose work with Aboriginal and Torres Strait Islander children was used to guide the development of the new plan, the Australian Centre for Asthma monitoring data shows that Indigenous Australians are more likely to have self-reported asthma than non-indigenous Australians, particularly those living in urban areas.

"When you are working with Indigenous Australians, the principles of managing asthma remain the same: you need to prescribe the correct medication and the correct delivery device with regular follow up – all the usual principles," Prof Chang explained.

"What is absolutely critical, however, is how you deliver the concept of asthma management and the educational process you use, such as the asthma action plan itself.

"Everyone needs an asthma action plan and how you give it to the patient and the format of the plan itself is the key to effective asthma management in Indigenous Australians, hence the development of this new Remote Indigenous Australian Asthma Action Plan," Prof Chang said.

The plan, which is pictorially based, uses illustrations of Indigenous people and photographs of common medications as well as colour coding; sun and moon graphics to indicate when to take medications; and the colloquial term for asthma – 'short wind' – to ensure it is relevant to people with asthma living in even the most remote communities.

The reverse side of the new plan features the Asthma Foundation of the Northern Territory's 'Short Wind Danger Plan', featuring step by step illustrations of Indigenous people detailing what to do in an asthma emergency.

(With thanks 10 minute Update February 2008)

MBS Items Update:

Antenatal Education and Training Program to Support Medicare Item 16400:

The Royal College of Nursing Australia (RCNA) has been engaged by DoHA to develop competency standards to prepare registered nurses to deliver antenatal services on behalf of a GP. As you may remember these competencies were developed last year. Subsequent to this RCNA contracted Monash University through a competitive tender process, to develop a training program for registered nurses in accordance with the competency standards.

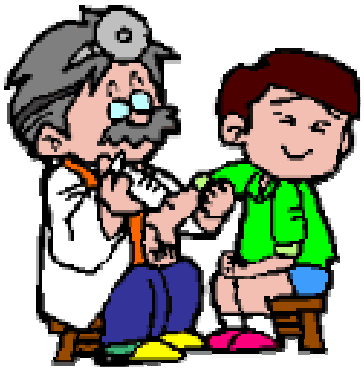
More information will be made available through MDGP as it becomes available.

Practice Nurse Item Numbers

Item No.	Medicare Item Description	Medicare Fee (100%)
10994	Cervical Screening & Preventative Check	$21.70
10995	Cervical Screening & Preventative Check not Pap Smear in the last 4 years	$21.70
10998	Cervical Screening	$10.85
10999	Cervical Screening ~ no pap smear in last 4 years	$10.85
10993	Immunisation	$10.85
10996	Wound Management	$10.85
10997	Chronic Disease Services	$10.85
16400	Antenatal Care provided under direction of GP RRMA 3-7	$22.40

Medicare Benefits Schedule tem Numbers Update:

Healthy Kids Check – To Be Provided by a GP or a Practice Nurse on behalf of a GP.



As part of its health policy election commitments, the Government announced the introduction of a *Healthy Kids Check* for all children starting school. This basic health check is for all Australian children of four years of age and will include height, weight, hearing, and eyesight.

There is substantial national and international evidence that comprehensive early intervention programs for children and their families have long term benefits for physical and mental health, educational achievement and emotional functioning.

The purpose of the *Healthy Kids Check* is to ensure every Australian four year old child has a basic health check to see if they are healthy, fit and ready to learn when they start school. The check is to be delivered in conjunction with the four year old immunisation. The Government has committed up to $35 million over four years for the development of a Medicare *Healthy Kids Check* and block funding to other immunisation providers. About 250,000 children will be eligible to receive the health check in addition to the 12,000 Indigenous four year old children who are eligible to receive an annual health check, already funded through Medicare. Funding will also be provided to produce a *Healthy Habits for Life* guide for parents.

It is intended that a Medicare rebate is payable for this health assessment once only, and that the *Healthy Kids Check* can be provided by a GP or by a practice nurse on behalf of a GP.

As part of the consultations on the drafting of the MBS item content, the Department has convened a meeting of stakeholder groups to consider the practice nurse component of the MBS item for a *Healthy Kids Check*. AGPN is participating in these consultations.

Further information regarding this new Medicare item including the proposed date for introduction will be provided in the near future.

Articles of Interest:

BEACH REPORT:

The Bettering the Evaluation and Care of Health (BEACH) report, *General Practice Activity in Australia 2006-2007* was released on 30 January 2008.

BEACH is a continuous cross-sectional national study of general practice activity in Australia which began in April 1998. It is the only continuous randomised study of GP activity in the world, and the only national program directly linking management actions (such as prescriptions, referrals, investigations) to the problem under management.

This ninth annual report summarises results from April 2006–March 07 from a sample of 93,000 encounters with 930 GPs. It describes the characteristics of GPs and the patients who consult them, patient reasons for encounter, the problems managed and management techniques used. It also examines changes that have occurred since 1998.

Some of the **practice nurse** findings suggested that:-

Practice nurses were involved in 5.1% of all encounters and were involved in 11.8% of treatments (procedural or clinical).

GPs are utilising their general practice nurses for immunisation and to a lesser extent wound care, but there is very little utilisation of the nurse for the cervical screening/ preventative check item numbers.

A comparison of the BEACH data for the PN item numbers with the MBS item claims data suggest that more wound dressings and cervical smears are being done by general practice nurses- mainly through direct appointments with the nurse.

Two-thirds of the encounters which the practice nurse performed, no PN item number was recorded as claimable.

To access the full report visit the Australian Institute of Health and Welfare website: http://www.aihw.gov.au/publications/index.cfm/title/10574

(March GPC PCU pdate:)

Full Potential of PN in Australia Undervalued:

Practice nurses believe they are undervalued and not able to use their clinical skills in general practice, results from a new study suggest.

In a survey of 284 practice nurses working in Australian primary care the average level of clinical experience was more than 20 years. While many nurses said they routinely used core skills such as wound dressing and giving immunisations, they also identified areas of practice where they believed they had appropriate skills and experience that were underused.

These included counselling, educational interventions, Pap smears and mother and baby checks, says the *Journal of Clinical Nursing* (17:6-15) study.

Nurses said they could use their skills in some practice areas with additional education and training, whereas others, such as titration of medications and ordering of diagnostic tests, they deemed inappropriate tasks for practice nurses.

The study authors said their findings showed there was great potential for practice nurses to take on expanded roles especially in chronic disease management. However, more undergraduate and postgraduate training would be to prepare nurses for general practice. There were also many systemic barriers preventing nurses taking on wider roles in primary care, including funding and medicolegal issues, they noted. “It is clear that reforms are needed both within individual general practices and throughout the system if the full potential of the Australian general practice nurse role is to be realised,” they conclude.

(6minutes.com.au: 5th March 2008)

Other News:

Save The Date!!!!

Monday 12th May 2008!!!!

MDGP has something 'special' in mind for all of the divisions Nurses to celebrate:

INTERNATIONAL NURSES DAY…

Mildura and Swan Hill will have something organised locally for lunch & we will be taking something special to our R & R Nurses at the next PN Network Meeting later in May.

MDGP will be taking their suggestions to the board and hope to have their support in enabling you to have sufficient time and support to be celebrated.

Stay tunned……

JOKE of the Issue:

- HaHaHaHaHaHaHa -

I was out walking with my 4 year old daughter. She picked up something off the ground and started to put it in her mouth. I took the item away from her and I asked her not to do that.

"Why?" my daughter asked.

"Because it's been on the ground, you don't know where it's been, it's dirty, and probably has germs" I replied.

At this point, my daughter looked at me with total admiration and asked, "Mumma, how do you know all this stuff, you are so smart."

I was thinking quickly. "All moms know this stuff. It's on the Mum Test.

You have to know it, or they don't let you be a Mum."

We walked along in silence for 2 or 3 minutes, but she was evidently pondering this new information.

"OH...I get it!" she beamed, "So if you don't pass the test you have to be the dad."

"Exactly' I replied back with a big smile on my face.

Care of Deakin Medical Clinic—PN

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MDGP would like to acknowledge all information provided in this newsletter was sourced through approved departments.

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