

BORDER NURSES

Practice Nursing along the border in the



Albury Wodonga Regional GP Network

Volume 30, June 2010

In this edition

1. Practice Nurse Initiative 2012	Page 1
2. Wider Reading	Page 2
3. Scope of Practice	Page 2
4. Diabetes	Page 4
5. NiGP Updates	Page 5
6. Upcoming Events	Page 8
7. PN Network	Page 9

1. Practice Nurse Initiative 2012

New practice nurse initiative

In the Federal budget on 11 May the government announced details of a new practice nurse initiative, which will come into effect from January 2012. Whilst the government has released some initial information about this new initiative, much of the detail is still to be developed.

There are many changes to funding being talked about and as usual with any change process there are those for and those against. Either way it is a further recognition of the increasing role that nurses play in general practice. There is more in-depth information available from both APNA www.apna.asn.au and Dept of Health and Aging [NHHN Fact Sheet](#). Also available is the speech the federal Health Minister Nicola Roxon made to the APNA conference in May [here](#)

The Department of Health and Ageing is convening a working group of key stakeholders to discuss the details of this new initiative, and AGPN will represent the network in this working group.

If you receive any feedback from GPs or yourselves regarding the initiative can you please provide this feedback to Olivia Moore:

Email oliviamoore@gpns.com.au so that they can then pass this onto AGPN.

“Nursing has been in the media recently; nurse practitioners, nurse-led clinics, and nurses contributing to chronic disease management care.

A recent study by AGPN and ANU recognised the role of the PN in general practice, and identified PNs’ potential to collaborate to improve primary health care delivery. The study identified six key roles of the PN:

Patient Carer; Quality Controller; Organiser; Problem Solver; Educator; Agent of Connectivity.

The role of the PN is changing in general practice with increasing emphasis placed on Chronic Disease Management in both a clinical and coordination role. Dr Djakic (AGPN chair) was recently quoted as saying that “business case modelling suggests that employing a PN may free up GP time to enable the GP to see an extra 10 patients per week.” Federal funding for practice nurses is changing and becoming available to urban practices.

Interestingly, in the midst of this changing scene, the 2009 APNA Salary and conditions survey found that while most PNs were satisfied or very satisfied with their position and responsibilities, 18% of PNs were currently looking for another position. This is an important consideration for practices given the time it takes to orientate and train a new clinical staff member. What’s the practice culture like in your work place?

Opportunities for practice nurses are stronger than ever. Career paths for PNs have improved. Courses are now available including specialised orientation courses for nurses new to general practice through GPV, Graduate Certificate in Nursing (General Practice-Uni of Sunshine Coast) and potentially Nurse Practitioner roles with organisational collaboration, support and clinical governance (La Trobe Masters of Nursing [Nurse Practitioner]). *Thanks to Ballarat Division*

[Top](#)

2. Wider Reading / Websites

The remarkable effects of fat loss on the immune system

Australian scientists have shown that even modest weight loss reverses many of the damaging changes often seen in the immune cells of obese people, particularly those with type 2 diabetes. <http://www.sciencecentric.com/news/print.php?q=10042134-the-remarkable-effects-fat-loss-on-the-immune-system>

Online Integrated Chronic Disease Management Clearinghouse

The Department of Health, Victoria and Australian Disease Management Association (ADMA) launched the Online Integrated Chronic Disease Management Clearinghouse last September (4/9/9). The Clearinghouse can be accessed at www.adma.org.au and allows chronic disease management programs to upload any of their resources e.g. assessment tools, patient education material etc to the website so that others may access it. Similarly programs can download other programs' material and avoid duplication.

First Practice Nursing Textbook Released!

General Practice Nursing by Walker, Patterson, Wong and Young, is the first textbook developed specifically for Australian practice nurses, however the clinical and professional topics will also resonate with general practice nurses overseas. A collaborative effort between four editors, General Practice Nursing offers evidence based, contextual information supported by case studies and has 26 health professionals as chapter authors, all experts in their chosen area of nursing and medical practice.

The textbook was officially launched at APNA's National Conference and is available online through [McGraw Hill](#) or [Co Op Bookshop](#)

The Better Health Channel has been upgraded. To check out the changes go to: www.betterhealth.vic.gov.au

[Top](#)

3. Scope of Practice / Professional Practice

An e-learning training package to support

The eLearning Medicare #10997 Training Module is now fully subscribed. From 1 September 2009 DoHA had extended the free period of learning to include 1000 spaces for PNs and AHWs until 30 June 2010.

As of 20 May 2010, these 1000 spaces have been claimed.

The eLearning Medicare #10997 continues to be available on the 3LP RCNA Learning site; however, there is now a cost of \$121.00.

Family Planning online learning

For further information www.fpnsw.org.au

New inhaler 'how to' video for kids - National Asthma Council Australia

The National Asthma Council Australia has produced a simple on-line video to demonstrate correct inhaler usage for children using a puffer and spacer.

The video, which can be viewed at: www.NationalAsthma.org.au shows National Asthma Council Australia asthma educator, Judi Wicking, overseeing a young girl as she uses her medication, with clear sub-titles on screen providing step-by-step instructions.

Up to 90 per cent of patients are not using their inhalers correctly.

This misuse results in poor medication delivery, which in turn can lead to reduced quality of life, more frequent and longer hospital stays and an increased dependence on their medication. With children common problems include not shaking a puffer between each dose and putting multiple doses into a spacer, rather than inhaling each individual dose one at a time.

"It can be hard for parents or carers who do not use an inhaler themselves to ensure their child is getting maximum benefit from their medication by using their inhaler correctly," Judi Wicking said.

"This short video has been developed to give parents and carers confidence to help their child, especially when they are most in need of medication to aid their breathing."

These short continuing education courses attract CPD hours.

New online training - Early childhood oral health: case studies from general practice

Early childhood oral health management skills are the focus of a new online learning activity from the Royal Australian College of General Practitioners (RACGP). The new activity, available on the gplearning website, is called Early childhood oral health: case studies from general practice and supports general practitioners and practice nurses to effectively perform their critical role in identifying, preventing and managing early childhood caries. The activity was developed in conjunction with the Centre for Oral Health Strategy, NSW.

Dr Ron McCoy, RACGP spokesperson and general practitioner, said that good oral health is essential for general health and wellbeing, in particular in babies, and that GPs are in an ideal position to manage early childhood oral health. "Healthy baby teeth have multiple important functions. Primary care clinicians are strategically placed to have substantial positive impacts on the oral health of young children. Many different groups within the community are at increased risk for early childhood caries and these people need to receive effective education to prevent this at every opportunity," he said.

By the end of this activity participants should be able to:

- Describe the critical role that primary health care practitioners have in assessing the oral health of children younger than 6 years of age
- Describe the tooth decay process
- Identify at least four risk factors for early childhood caries
- Discuss at least four consequences of early childhood caries
- Describe three visual signs of good oral health that can be observed in a brief check
- Provide effective advice to caregivers regarding early childhood caries prevention
- State when it is generally recommended for children to start using child strength fluoride toothpaste and adult strength
- State at least one method that would assist a general practice team to remember to check the oral health of young children
- Identify when dental emergencies require urgent referral.

The activity has been approved by the RACGP QA&CPD Program for 2 Category 2 points and is endorsed by APEC number 018030901 as authorised by the Royal College of Nursing, Australia (RCNA) according to approved criteria.

4. Diabetes Prevention and Management 2010

National Diabetes week this year is July 11th -17th.

This year there is a focus on renal failure due to diabetes.

Some interesting facts:

If left untreated, diabetes can cause serious long-term complications:

Kidney disease:

- Diabetes is the leading cause of kidney failure in the developed world and accounts for approximately 35% to 40% of new cases each year
- In Caucasian people with type 2 diabetes, 5-10 % reach end-stage kidney disease (ESRD), whilst in non-Caucasians the proportion is higher.
- Diabetic kidney disease is the single commonest cause of entry to renal replacement programs (dialysis or transplantation) in most countries in the world.
- In Germany and the USA, over 40% of people with end stage renal disease have diabetes. The number of ESRD patients worldwide requiring dialysis was estimated to be 1,000,000 in 2000, 260,000 of whom reside in the U.S. This population is estimated to be growing at an annual rate of 8%.

There are two treatment options when kidneys fail:

- Dialysis (hemodialysis and peritoneal) and transplantation.
- In the United States, nearly 300,000 people are on chronic dialysis and more than 20,000 have a functioning transplanted kidney.

The costs of dialysis or transplantation are high.

- Dialysis costs around US\$ 35,000 per person per year.
- Kidney transplant costs around US\$ 15,000 for the first year, and 6,000 per year thereafter.
- The devastating complications of diabetes are imposing a huge burden on health care services.
- It is estimated that diabetes accounts for between 5%- 10% of the nation's health budget.

Renal failure from diabetes happens so slowly that you may have no symptoms for many years.

Early diagnosis of problems is through microalbumin levels in urine.

Sources:

- *IDF FACTS and FIGURES - (World Diabetes Day, 2003)*
 - *Diabetes Atlas 2000, International Diabetes Federation (IDF), 2000.*
 - *Keep your Kidneys Healthy, National Diabetes Information Clearinghouse, www.niddk.nih.gov PCUpdate (June 2010) 9*
 - *International Survey of People with Diabetes – Attitudes and Concerns, IDF – European Region and Lions Club International Foundation*
 - *Foster A, World Distribution of Blindness, J. Community Eye Health 1988; 1: 2-3*
- Thanks to Primary Care Update June 2010

Diabetes Prevention

Have you thought (or are you thinking) about a way to promote both diabetes prevention and management in your practice? Resources are available from Diabetes Australia and this would be a great time to think about Health Assessments on those at risk and referral to Lifestyle Management Programs (LMP) to help prevent the development of Type 2 diabetes.

Diabetes prevention resources under the LIFE! Program including the AUSDRISK tool are available from Diabetes Australia Victoria [here](#). Templates for referral can be downloaded from that website and also from North East Valley Division Website www.nevdgp.org.au

There will be evening LMP programs in Wodonga from the end of June with more programs starting as referrals increase. The programs will be run by an accredited exercise physiologist and dietitian. For further information re this initial program ring Natalie Mullice at Health and Fitness Plus on 606023 2831. Information re eligibility is below and under the NiGP section with information on how to use the MBS to assist you.

AWRGPN is supporting practices to promote the Type 2 diabetes evaluation and referral to a LMP for 40-49 year olds and this support involves distribution of resources, assistance in referral and finding patients and education. The PEN clinical audit tool can also be used to find patients at risk and you can send out mail merge letters to all your patients at risk of developing diabetes with a copy of the AUSDRISK form to encourage them to attend the practice for assessment. If you would like assistance in doing this, please contact Jacki at the GP Network.

With item number claiming, however, it must be noted that there a couple of ways to approach this:

- a) Provided the patient meets the criteria you can refer to an LMP as part of "normal" consultation such as a 23 or 36. To meet the criteria the patient must be over 40, have the AUSDRISK score of 12 or more and have diabetes excluded (fasting blood glucose).
- b) You can only claim the time-based health assessment item number (701, 703, 705, 707) for a Type 2 diabetes evaluation for 40-49 year olds if the patient:
 - is between 40-49 years old
 - does not have a confirmed diabetes diagnosis
 - has a score in the diabetes risk test of 12 or more
 - is referred to a Lifestyle Modification Program eg LIFE! In Wodonga
- c) If you carry out the diabetes risk evaluation and the patient does not qualify for referral to a LMP, you can:
 - complete it as a 45-49 year old health check if the pt is in this age group or;
 - use item 23 or 36

The confusing bits:

- If you complete the 45-49 health assessment you can't do a Type 2 diabetes evaluation for 40-49 year olds for 3 years.
- As part of the 45-49 health check you can still refer to a LMP
- If you complete a Type 2 diabetes evaluation for 40-49 year olds and refer them to a LMP you can still do a 45-49 health check from the following day.
- If, in your health assessment you discover the patient has a chronic disease you can start the GPMP/TCA process (items 721, 723).

Please check the Medicare schedule to clarify - [click here](#)

And finally...

Remember that nurse time is counted when using the time-based item numbers. You should add a text annotation (service descriptor) to what particular health assessment you are claiming.

Thanks to NEVDGP News June 3 2010

Albury Wodonga Diabetes Support Group

Diabetes Week Public Event for 2010

Be There! 'Leading a Long & Healthy Life with Diabetes'. 7.30pm Wednesday 14th July
Our Guest Speakers are Dr Robert Kronos (Consultant Physician with a special interest in diabetes), Ms Pam Ling (Diabetes Educator) & Ms Helen Still (Dietitian). Entry will be by gold coin donation

[Top](#)

5. NiGP Updates

Professional Development and National Registration

CPD records for your own professional development and to prove your activities in this area as per the requirements of national registration from July 1st will be able to be downloaded from our website. The booklet – produced by Dandenong Casey Division, as well as certificates of

attendance for formal education will provide evidence of your CPD including reading journals, reviewing articles and attending informal education etc.

More information on the Continuing Competency Framework [here](#)

RCNA has won the tender to administer all the nursing and allied health scholarships; there should be an announcement soon in the media about this. Scholarships will be available in the new financial year. As soon as the application information comes out I will send it around the network.

Have a look at the RCNA 3 LP site it has been upgrade to support the national registration CPD [RCNA website](#).

The ANF has comprehensive information on national registration and how it will affect nurses [here](#)

Confusion over time based items 701, 703, 705, 707

There are 4 time-based health assessments items: 701 (brief), 703 (standard), 705 (long) and 707 (prolonged) covering 7 categories:

- ❖ Over 75 Health assessment at surgery or in the home – annual [Replaces 700, 702]
- ❖ 4 year old health check (GP) – once only [Replaces 709].
- ❖ The PN 4 yo health check item number 10986 [Replaces 711]
- ❖ Type 2 diabetes evaluation for 40-49 year olds – every 3 years [Replaces 713]
- ❖ 45-49 health assessment “at risk” of developing a chronic disease – once only [Replaces 717]
- ❖ Health assessment for people with an intellectual disability – annual [Replaces 718, 719]
- ❖ Health assessment for refugees and other humanitarian entrants – once only [Replaces 714]
- ❖ CMA in Residential Aged Care – annual [Replaces 712]

The decision to use any one of these four items to carry out a health assessment will depend on the practitioner’s clinical judgment based on the complexity of the presentation and the type of health assessment used. See the DoHA [factsheet](#) on Health Assessment Items.

There are new templates for 6 of the new time based items. These can be found on the [NEV website](#) and allow you place an X in the appropriate box as well as record Nurse and Doctor time.

It is suggested that all old templates be deleted and new ones added.

Thanks to NE Valley division

Target Group	Frequency of Service
A Healthy Kids Check for children aged at least 3 years and less than 5 years of age, who have received or who are receiving their 4 year old immunisation	Once only to an eligible patient
A type 2 diabetes risk evaluation for people aged 40-49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool	Once every three years to an eligible patient
A health assessment for people aged 45-49 years (inclusive) who are at risk of developing chronic disease	Once only to an eligible patient
A health assessment for people aged 75 years and older	Provided annually to an eligible patient
A comprehensive medical assessment for permanent residents of residential aged care facilities	Provided annually to an eligible patient
A health assessment for people with an intellectual disability	Provided annually to an eligible patient

From mbsonline

Database for Nursing in General Practice

In order to ensure that the appropriate information is sent to all nurses working in general practice, could everyone please ensure that the Network is kept up to date with staff movements, changes to email addresses etc. We can help with education; orientation and general support so please don't hesitate to contact us with your needs (or ideas).

Immunisation

Suspension of the seasonal influenza vaccine in children under 5 years of age

Previous advice suspending the use of seasonal influenza vaccine since 23 April 2010 in children aged five years and under has been modified as follows:

The 2010 free seasonal influenza vaccine program *for children with medical risk factors* can continue as follows:

- Six months to under 5 years of age; the increased rate of fever and febrile convulsions should be discussed as part of the consent process with the parent, and either Vaxigrip(r) or Influvac(r) can be administered with the dose adjusted according to age i.e. 0.25ml for 6 months to under 3 years of age and 0.5ml from 3 years of age and over.

Healthy children under 5 years of age should not be vaccinated with the 2010 seasonal influenza vaccine. This group can receive the Panvax(r) H1N1 vaccine.

Children five years of age and over; any seasonal influenza vaccine may be used.

Thanks to NE Valley division

Flu vaccine

The intradermal flu vaccine Intanza is turning up more and more. The PI and admin info are attached as separate documents to the newsletter email, more info coming in Kerry's immunisation newsletter.

Immunisation crossing the border

There have been many questions re changes to immunisation accreditation with national registration. At this point however you will still need to have your immunisation qualifications recognised by whichever state you are working in.

GPNSW has offered to fund 50 NSW nurses to complete the immunisation course run by the College of Nursing NSW. For further information, contact Jacki or Kerry on 6049 1900.

RCH Kids Connect

Remember the RCH GP website www.rch.org.au/kidsconnect for Clinical Services Directory, referral forms, key contacts, parent factsheets, pre-referral guidelines AND SO MUCH MORE.... including the Practical Paediatrics Program for GPs (CPD) - under 'Professional Education'.

RCH Primary Care / GP Liaison: call or email for any help you need regarding the RCH

Tel (03) 9345 4645 / kids.connect@rch.org.au

www.rch.org.au/kidsconnect/contact.cfm

Frequently asked Questions – Chronic Disease Management

The Q &A document from Dept of Health and Aging vanished but is now able to be found [here](#)

[Top](#)

6. Upcoming Education Events –

Date	Event	Venue	Presented by	Cost
June 19 th	Clinical Emergency Management for Practice Nurses	University House, Acton, ACT	RACGP and GPNSW Contact Jacki for registration form: (02) 6049 1900	\$200
June 23 rd 1815pm – 2130pm	Chronic Disease Management and Mental Health	Steakpit, Elgin's, Wodonga	MHPN and AWRGPN Register here	Nil
June 28 th 1830-2030	Practice Nurse network Meeting	Board room AWRGPN, Wodonga	AWRGPN Register Now	Nil
June 30 th	Compression therapy for venous leg ulcers	The Gateway, Wangaratta	Jan Rice and 3M Jackie Soong – (02) 9498 9527 or jsoong@mmm.com	Nil
July 1 st 0900-1530	Immunisation Update	Commercial Club, Albury	GSAHS Sandra Clune (02) 4824 1830	Nil
July 12 th - 13 th	Health Coaching	Rendezvous Hotel, Melbourne	Health Coaching Australia	\$795 (before June 12 th) \$895 (after June 12 th)
July 15 th 0830 - 1330	Sterilisation and Infection Control Update	UNSW Rural Clinical School, Albury	Marg Jennings and AWRGPN Register Now	\$20
July 27 th	Wound Management Seminar 2010	Quest, Albury	Smith and Nephew (03) 8450 6616 for registration details.	\$145
July 28 th	Pre Diabetes and Type 2 Diabetes program	Baker IDI Heart and Diabetes Institute The Alfred Centre, Level 4, 99 Commercial Rd, Melbourne	Nikki Kara – Baker IDI www.bakeridi.edu.au	\$200
August 19 th – 20 th	ADMA Conference “Chronic Disease Management and the Australian Health System”	Crown Promenade, Melbourne	ADMA www.adma.org.au	\$880 (before July 31 st) \$990 (after July 31 st)
September 2 nd 0830 - 1630	Asthma Management	TBC	National Asthma Council	Nil
24 th -26 th October 2010	RCNA Community and Primary Health Care Nursing Conference	Alice Springs	RCNA Registrations open August 2010	TBC

[Top](#)

7. Practice Nurse Network

The last PN network was just that – a session talking about what and how we do what we do and swapping information. The following presentations/training were requested over the next 12

months and information will be sources for courses unable to be run locally and those which we can bring to the border.

The next meeting will be on June 28th – a Monday evening and all are welcome. Please RSVP to Jacki, information will be sent out prior re agenda.

[Top](#)

Disclaimer - The information provided in this publication is presented as an information source only. Where the origin of the information is an external source every care is taken to reproduce articles accurately. However the AWRGPN accepts no responsibility for errors, omissions or inaccuracies contained therein or, for the consequences of any action taken by any person as a result of anything contained in this publication.