

# BORDER NURSES

Practice Nursing along the border in the



Albury Wodonga Regional GP Network

Volume 31, August - September, 2010

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## 1. Rural Palliative Care Project – Case Conferencing

As of May 2010, there has been a change in the MBS numbers for case conferencing. The community case conference and residential aged care facility case conference numbers have been rolled into one set of numbers. These may be of potential benefit when speaking with allied health staff, particularly in the context of chronic disease management. You need to be aware that a case conference needs to have at least three different care providers present, including the GP. Albury Wodonga Health, Wodonga Campus palliative care team have successfully utilised case conference with GPs over the last few months and Indigo North Health will also be utilising case conferencing for chronic disease management. A case conference guide that was generated by Albury Wodonga Regional GP Network will be available on the practice nurse page of the website for a short period of time. The guide has a flow chart for organising a case conference, as well as a one page template for documenting the outcomes of the case conference. Below is a summary of the new MBS item numbers:

### **GP ORGANISES AND CO-ORDINATES A CASE CONFERENCE**

<b><u>MBS NUMBER</u></b>	<b><u>CONFERENCE DURATION</u></b>	<b><u>FEE</u></b>
735	15-20 MINUTES	\$ 65.40
739	20-40 MINUTES	\$ 112.10
743	AT LEAST 40 MINUTES	\$ 186.85

### **GP PARTICIPATES IN A CASE CONFERENCE**

<b><u>MBS NUMBER</u></b>	<b><u>CONFERENCE DURATION</u></b>	<b><u>FEE</u></b>
747	15-20 MINUTES	\$ 48.10
750	20-40 MINUTES	\$ 82.40
758	AT LEAST 40 MINUTES	\$ 137.35

**PARTICIPANTS:** A case conference team includes a medical practitioner and at least two other members, who participate in the case conference, each of whom provides a different kind of care or service to the patient.

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**FREQUENCY:** It is expected that a patient would not normally require more than 5 case conferences in a 12-month period.

*With thanks to Steve Pitman, Rural Palliative Care Project, AWRGPN*

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## 2. Wider Reading / Websites

The library of Clinical Practice Guidelines on the RCH web site has been updated

### **Acute Asthma**

[http://www.rch.org.au/clinicalguide/cpg.cfm?doc\\_id=5251](http://www.rch.org.au/clinicalguide/cpg.cfm?doc_id=5251)

The RCH CPG index is at: [www.rch.org.au/clinicalguide](http://www.rch.org.au/clinicalguide)

You might also like to look at our list of other free clinical resources at:

[www.rch.org.au/genmed/clinical.cfm?doc\\_id=10999](http://www.rch.org.au/genmed/clinical.cfm?doc_id=10999)

### **Identifying and managing cow's milk protein allergy**

Arch Dis Child Educ Pract Ed doi:10.1136/adc.2007.118018

George du Toit<sup>1</sup>, Rosan Meyer<sup>2</sup>, Neil Shah<sup>3</sup>, Ralf G Heine<sup>4</sup>, Michael A Thomson<sup>5</sup>, Gideon Lack<sup>1</sup>, Adam T Fox<sup>1</sup>

<http://ep.bmj.com/content/early/2010/08/03/adc.2007.118018.full.pdf>

### **What's bugging you? An update on the treatment of head lice infestation**

Arch Dis Child Educ Pract Ed doi:10.1136/adc.2009.178038 Best practice

Marc Tebruegge<sup>1,2,3</sup>, Anastasia Pantazidou<sup>2</sup>, Nigel Curtis<sup>1,2,3</sup>

<sup>1</sup>Department of Paediatrics, The University of Melbourne, Parkville, Australia

<sup>2</sup>Infectious Diseases Unit, Department of General Medicine, Royal Children's Hospital Melbourne, Parkville, Australia

<sup>3</sup>Murdoch Children's Research Institute, Parkville, Australia

Summary by Prof. Mike South RCH -

"Treat all affected family members simultaneously (and ideally other affected child contacts)

Environmental decontamination is of uncertain value but still recommended (wash clothes, towels and bed linen in >50C water).

Repeated wet combing (look up Bug Busters in Google) is safe and quite effective but laborious.

Dimeticone (<http://www.hedrin.com.au/>) - is a non insecticide topical treatment (it suffocates lice), that appears quite effective and has no risk of inducing resistance. I had not heard of this before.

Topical malathion & permethrin are becoming less effective because of resistance.

Oral ivermectin may be quite effective, but there are concerns about potential adverse effects - it probably shouldn't be first line therapy"

The article is at:

<http://ep.bmj.com/content/early/2010/08/03/adc.2009.178038.abstract?paperoc>

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### 3. Professional Practice

#### **Immunisation Accreditation and national registration -AHPRA**

Question sent to AHPRA and response as below:

"Does my Nurse Immuniser accreditation obtained in Victoria, allow me to immunise in all states under the scope of the accreditation?","12/Aug/2010

"Thank you for your enquiry. If you are currently registered with AHPRA, you are able to practice anywhere in Australia except Western Australia under National Scheme. Western Australia has not joined AHPRA yet." 13<sup>th</sup> August, 2010

Kind Regards,

The Customer Service Team

AHPRA Enquiry Contact Centre

Australian Health Practitioner Regulation Agency

Tel: 1300 419 495

web: [www.ahpra.gov.au](http://www.ahpra.gov.au)

#### **Vaccinations – Interim approval from 1 July 2010 until 31 December 2010 (Victoria)**

From [www.health.vic.gov.au/dpu/approve.htm](http://www.health.vic.gov.au/dpu/approve.htm)

A nurse who is registered in Division 1 of the Nursing and Midwifery Board of Australia register and who:

on 30 June 2010 was registered in division 1 of the register of nurses endorsed under section 27A of the Health Professions Registration Act 2005 by the Nurses Board of Victoria in the approved area of practice – Immunisation

or

satisfactorily completes the assessment by La Trobe University Nurse Immuniser Program in the period 1 July 2010 to 31 December 2010,

may possess and administer the Schedule 4 poisons: vaccines listed in Appendix 1, and such other Schedule 4 poisons as are necessary for the treatment of anaphylactic reactions to the vaccines listed in Appendix 1, under the following circumstances:

The nurse is employed or contracted by:

- a medical practitioner
- a municipal council which employs, contracts or ensures access to a medical practitioner, or
- a health services permit holder who employs, contracts or ensures access to a medical practitioner.
- the medical practitioner referred in paragraph a) is available to provide advice to the nurse on the use of the Schedule 4 poisons when needed,
- the nurse possesses and administers only the Schedule 4 poisons obtained by the medical practitioner, municipal council or health services permit holder by whom he or she is employed or contracted, and

the nurse administers the Schedule 4 poisons in:

- the performance of his or her duties with the medical practitioner, municipal council or health services permit holder (as the case requires),
- accordance with the edition of the Australian Immunisation Handbook that is current at the time of the administration, and
- accordance with any guidelines issued by Department of Health.

#### Appendix 1

Diphtheria  
Haemophilus influenzae type B

Mumps  
Pertussis

Hepatitis A  
Hepatitis B  
Human papillomavirus  
Influenza  
Measles  
Meningococcus

Polio  
Rotavirus  
Rubella  
Streptococcus pneumoniae  
Tetanus  
Varicella

### **Immunisation Services - Authority for Registered Nurses (NSW)**

Could not find anything as specific on NSW NMB site or a newer policy other than the ones below from NSW Health and GPNSW

[http://www.gpnswh.com.au/data/assets/pdf\\_file/0012/1227/GPNSW\\_Nurses-and-Immunisation-in-NSW\\_FINAL\\_091029.pdf](http://www.gpnswh.com.au/data/assets/pdf_file/0012/1227/GPNSW_Nurses-and-Immunisation-in-NSW_FINAL_091029.pdf)

[http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008\\_033.pdf](http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_033.pdf)

### **The 7 C's of Chlamydia:**

The 7 C's of Chlamydia, a learning module for nursing and health staff, is now on the internal SESIAHS OLU website. It has an LMS (learning management system) code attached, so results can be tallied as a professional development activity on your individual LMS record.

To access the training module, log on to the OLU Website:

<http://sesihlearning.com/moodle/login/index.php>

If you have never done the module before then do the module and complete the learning declarations. If you have done it before you can go straight to the learning declaration.

Sydney Sexual Health Centre, ph (02) 9382 7451, email: [donna.tilley@sesiahs.health.nsw.gov.au](mailto:donna.tilley@sesiahs.health.nsw.gov.au)

Further reading and more sexual health courses at: [www.ashhna.org.au](http://www.ashhna.org.au)

### **Nursing & Allied Health Scholarship & Support Scheme (NAHSSS) Update**

Applications opened 14 August 2010

The Royal College of Nursing Australia (RCNA) has been appointed as administrator of nursing scholarships under the Department of Health and Ageing NAHSSS program. Previously, the Australian Practice Nurse Association (APNA) administered the Continuing Professional Development (CPD) category for Practice Nurses. Under the new arrangements, the nursing element of the scheme is administered in 4 streams; Undergraduate, Postgraduate, Clinical Placements and CPD. CPD for Practice nurses will fall under the CPD NAHSSS stream. The scheme will invest more than \$100 million over four years to support undergraduate and postgraduate study, clinical placements and continuing professional development activities for nursing and allied health students and professionals. The scholarships, worth up to a total of \$1,500 per applicant for a one-year study period, are intended to assist nurses in meeting the cost of their continuing professional development. This can include short courses, workshops and conferences.

Further information about the NAHSSS can be found at:

[www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-nahsss](http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-nahsss)

<http://www.rcna.org.au/scholarships/nahssscpd>

### **New Resources on GP Web Portal**

The Victorian Department of Health recognises the centrality of general practice as the first point of contact for primary medical care in the Australian health system. In December 2007, The Minister for Health launched the Working with General Practice Position Statement that articulated the vision of the collaborative interface between general practice and the Department.

During the consultation phase associated with the Position Statement, it emerged that stakeholders felt that State government information about and for general practice was scattered across a number of websites and was difficult to locate. As a result, the Department committed through the Position Statement to: create and maintain a central, online General Practice Web Portal to make it easier for the general practice sector to access information published by the Victorian Government, therefore making it easier to comply with Victorian legislation and

regulations and to understand and participate in state-wide initiatives. GPV were involved in the web portal development and have been consulted on its content, GPs consulted in this process were very positive about its simplicity and its potential application. The General Practice Web Portal is now operational. The web portal can be accessed at this address: [www.health.vic.gov.au/generalpractice/](http://www.health.vic.gov.au/generalpractice/)  
*Megan Buick – GPV, August 2010*

#### **RCNA calls for a stronger commitment to community and primary health care**

Royal College of Nursing, Australia - 23/07/2010

At the inaugural World Health Care Networks Conference in Auckland, New Zealand today, Kathleen McLaughlin, Deputy CEO, Royal College of Nursing, Australia (RCNA) has stressed the importance of an interdisciplinary approach to community and primary health care that extends beyond the confines of general practice. "It is imperative that the range of health services provided by the nursing, midwifery and allied health professions are made accessible to the public," Ms McLaughlin said. As a member of the National Primary Health Care Partnership in Australia, RCNA stresses the need for more flexible funding models that support public access to a broad range of health services deliverable outside of the general practice environment. Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) rebates are generally only available to the public for medical services. Few nursing, midwifery or allied health services attract MBS and PBS rebates. "If the Government is committed to renewing our primary health care system, it must support and fund the many community and primary health care services provided by nurses, midwives and allied health professions," she said.

*From RCNA E-Community July 2010*

For complete media release go to [http://www.rcna.org.au/publications/media\\_releases](http://www.rcna.org.au/publications/media_releases)

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## 4. Nurses influence the Top 50

Recently Australian Doctor published their list of the top 50 people who have influenced general practice – note the two below who have been included:

#### **Belinda Caldwell, Australian Practice Nurses Association**

The CEO of the Australian Practice Nurses Association has been a tireless campaigner for her growing constituency – and there's every sign the Federal Government has been listening, given the recent expansion of practice nurse funding and roles. In the four years that Caldwell has been at the helm, membership of the association has more than tripled. It now has 1700 members. That growing support might have something to do with her having secured wage increases above the CPI, albeit, as she puts it, "from a pitiful base and still less than desirable". A passionate believer in the ability of nurses to take a bigger, and more autonomous, role in general practice, Caldwell has found a receptive ear in Health Minister Nicola Roxon.

#### **Louise Stewart, Revive clinics**

It might appear strange that a young IT executive would make it onto the list of the most influential people in general practice – but then again Louise Stewart is not your average IT geek. In 2008, Stewart opened the chain of Revive walk-in clinics, which are staffed solely by nurse practitioners and are independent of GPs. Before the Revive clinics, which are mainly in WA, many GPs viewed nurse practitioners as an unworkable concept – a creation of the US healthcare system that would not fly here. Almost two years on and the number of nurse practitioners is gradually increasing and their role is becoming more defined in a new age of primary care. While nurse practitioners have had help from a government that says it is "pro-nurse", Stewart was the first to show how nurse practitioners could work in primary care. The clinics have also caused a re-think on nurse practitioners. Doctor groups realised that they would have to work in collaboration with nurse practitioners or risk their going out alone and fragmenting care. Hayley Haggerty, one of only two nurse practitioners who works in a general practice,

believes Stewart has helped ensure the profession is included in the reform of primary health care. "Her clinics proved that there is an opening in our health system for nurse practitioners to independently treat patients for a range of chronic diseases," Haggerty says. Stewart started Revive in 2003, initially as an online health directory. She says the idea for the nurse-led clinics was born out of her frustrations as a health consumer and not simply a way for her to make money, as some have suggested.

Taken from <http://blogs.crikey.com.au/croakey/2010/07/09/who-are-the-most-influential-people-in-general-practice/> on July 8<sup>th</sup> 2010

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## 5. NiGP Updates

At present the election results/fallout will dictate the future funding of the GP Networks NiGP program. The AWRGPN however will continue to offer support to nurses in GP by help desk, practice visits as requested, information dissemination and facilitating local education where possible.

Increasingly it seems nurses will be the lynchpin of chronic disease management, and of screening and health promotion/preventative health programs in primary care. This will involve skills such as data management and analysis and well as expert knowledge in disease processes and management/treatment, health coaching/motivational interviewing, research and more. Advocacy for patients trying to navigate their way through health services will also be crucial so nurses working in general practice will have to have expert knowledge of local services, funding streams, eligibility, transport, access etc. All this on top of clinical skills!

**New Diabetes, Depression and Anxiety DVD - Diabetes Australia – Vic and beyondblue** have produced a new free DVD **Taking Control: Diabetes, Depression & Anxiety**. The DVD features stories from people living with diabetes and depression/anxiety as well as advice from health professionals. Visit the beyondblue website [http://www.beyondblue.org.au/index.aspx?link\\_id=59.1268](http://www.beyondblue.org.au/index.aspx?link_id=59.1268) to order your free copy.

On the topic of prevention...

### **Type 2 diabetes**

You may have seen a couple of articles in the local newspapers on the Albury/Wodonga diabetes prevention program. This program is called LIFE! It is a lifestyle modification program – not a weight loss program. The participants are given information on goal setting, motivation, nutrition, exercise and more over five fortnightly sessions and then have a follow up session at six months. The program is highly evaluated and evidence based. Locally it is being facilitated by Natalie Mullice an exercise physiologist from Health and Fitness Plus in Albury. The current group has 15 participants, all of whom report having made some small changes to their self-identified lifestyle issues after the second session.

The program free for eligible people and is offered day or evening in Albury, Wodonga and Corowa and the facilitator will run programs depending on demand. So if your practice (or family!) has people identified as high risk for developing type 2 diabetes – send in a referral.

### Eligibility:

People must be over 40, have had diabetes excluded by fasting BGL and score 12 or more on the AUSDRISK tool, (with newsletter email as attachment)

OR

Be over 18, have diabetes excluded and a past history of gestational diabetes

OR

Be over 18, have diabetes excluded and have a history of ischaemic heart disease or infarction (must be 3 months since diagnosis or event)

### Referral:

Forms are faxed to Health and Fitness Plus on (02) 6013-9733.

GP referral forms are downloadable into your software from <http://www.bordergp.org.au/dnn/PracticeSupport/LMPLIFE/tabid/149/Default.aspx> or in printed form from:

<http://www.bordergp.org.au/dnn/PracticeSupport/LMPLIFE/tabid/149/Default.aspx?PageContentID=94>

Referrals should include path results – fasting BGL, cholesterol, trig, LDL and HDL.

There is a reward on offer for the practice that submits the most referrals each month must be 5 or more. You could receive a \$100 dinner voucher to a local restaurant of your choice. (As long as they do meal vouchers!)

#### Medicare:

Using the time based Medicare health assessment items for diabetes risk assessment for 40-49 or 45-49 health check is a good way to provide a full health assessment, education on risk and prevention strategies and refer into the program. In order to claim the diabetes risk item the AUSDRISK tool must be used. Claims to Medicare need to be annotated with the type of health assessment completed and nurse and doctor time is added together to get the appropriate item number.

#### Resources:

Visit:

<http://www.bordergp.org.au/dnn/PracticeSupport/LMPLIFE/tabid/149/Default.aspx?PageContentID=93>

<http://www.diabetesvic.org.au/HealthProfessionals/LifeTakingActiononDiabetes/tabid/129/Default.aspx>

<http://www.diabetesvic.org.au/HealthProfessionals/LifeTakingActiononDiabetes/tabid/129/Default.aspx>

<http://www.diabeteslife.org.au/GPHealthProfessionals/EvidencebaseoftheLifeProgram/tabid/82/Default.aspx>

#### **Hepatitis C for health care workers**

This is a 7 week course which will be conducted entirely on-line through Moodle. It is estimated that that weekly reading and course activities will take around 1-3 hours to complete. There will be no “set time” to be on-line. Participants can complete activities at a time that suits them. This course provides an overview of current information on viral hepatitis with a focus on hepatitis C. It is suitable for clinical and allied health workers who provide services for people living with or at risk of viral hepatitis.

Topics covered include:

- ~Overview of hepatitis A, B, C
- ~Management of chronic Hep C
- ~Co infection
- ~Pre-test counselling (introduction)
- ~Psychosocial issues
- ~Hep C and discrimination
- ~Nutrition and hep C
- ~Management of Occupational Exposures

Course Fees: \$275.00 including GST

For enquiries or to register, call

Albion Street Centre Education

Tel: (02) 9332 9720 Fax: (02) 9360 4387

Email: [albeducation@sesiahs.health.nsw.gov.au](mailto:albeducation@sesiahs.health.nsw.gov.au)

**Has your practice registered for the Indigenous Health Incentive PIP program?** When you do, can you let Robyn at the Network know, so that you become a preferred supplier of service for Aboriginal patients. Registering for this program will contribute to monitoring and assisting patients that require supplementary care.



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## 6. Practice Nurse Network

The Practice Nurse Network is due to meet on September 16<sup>th</sup> in the network boardroom, commencing at 6.30pm.

Nibbles and drinks provided.

Topics and speakers for the evening are yet to be confirmed.

Please RSVP as soon as possible to Jacki on 02 6049 1900.

7. Upcoming Education Events ~				
Date	Event	Venue	Presented by	Cost
September 2 <sup>nd</sup> 0830-1500	Asthma and Respiratory Management Seminar	Commercial Club, Albury	National Asthma Council AWRGPN <b>FULL</b>	Nil
September 14 <sup>th</sup> 1800	Medical Pioneers Lecture	Rivers Restaurant, Riverina TAFE	Lecture by Professor Michael Kidd "Health Reform and General Practice – What does it all mean?" <b>RSVP Sue Klippel 6049 1900</b>	\$30
September 16 <sup>th</sup> 1830	Practice Nurse Network meeting	AWRGPN Boardroom	AWRGPN <b>RSVP Jacki 6049 1900</b>	Nil
October 14 <sup>th</sup> -15 <sup>th</sup>	DiVERT Domestic Violence Workshop	Commercial Club, Albury	Lifeline and AGPN <a href="http://www.lifeline.org.au/learn_more/lifeline_training_and_education/rto_training/divert">www.lifeline.org.au/learn_more/lifeline_training_and_education/rto_training/divert</a>	Nil
October 21 <sup>st</sup> 0900-1630	Ear Irrigation	Gateway, Wangaratta	Benchmark <a href="http://www.benchmarkgroup.com">www.benchmarkgroup.com</a>	\$325
October 22 <sup>nd</sup> 0900-1700	Clinical Casting	Gateway, Wangaratta	Benchmark <a href="http://www.benchmarkgroup.com">www.benchmarkgroup.com</a>	\$560
October 24 <sup>th</sup> - 26 <sup>th</sup>	RCNA Community and Primary Health Care Nursing Conference	Alice Springs	RCNA Registrations open August 2010 <a href="http://www.rcna.org.au">www.rcna.org.au</a>	\$600- \$700

13 <sup>th</sup> – 14 <sup>th</sup> November	Practice Nurse Clinical Education (PNCE)	Melbourne Exhibition Centre	APNA <a href="http://www.pnce.com.au/melbourne">http://www.pnce.com.au/melbourne</a>	\$266- \$483
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### Month of September

Ovarian Cancer Research Month - Nationwide - Ovarian Cancer Research Foundation  
1300 OVARIAN [info@ocrf.com.au](mailto:info@ocrf.com.au), [www.ocrf.com.au](http://www.ocrf.com.au)

International Prostate Cancer Awareness Month - Worldwide - Prostate Cancer Foundation of Australia (PCFA)

1800 22 00 99 [enquiries@prostate.org.au](mailto:enquiries@prostate.org.au), [www.prostate.org.au](http://www.prostate.org.au)

### 1 - 7 September

National Asthma Week - Nationwide - The Asthma Foundation of Australia  
03 9329 2622 [national@asthmaaustralia.org.au](mailto:national@asthmaaustralia.org.au), [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

### 06 - 12 September

International Gynaecological Awareness Week - Nationwide - Gynaecological Awareness, Information Network Inc

[www.gain.org.au](http://www.gain.org.au), [www.kathmazzella.com](http://www.kathmazzella.com)

Eczema Awareness Week - Nationwide - Eczema Association of Australasia Inc,  
1300 300 182 [itchy@eczema.org.au](mailto:itchy@eczema.org.au), [www.eczema.org.au](http://www.eczema.org.au)

### 13 - 19 September

National Stroke Week - Nationwide - National Stroke Foundation  
1800 787 653 [strokeweek@strokefoundation.com.au](mailto:strokeweek@strokefoundation.com.au), [www.strokefoundation.com.au](http://www.strokefoundation.com.au)

### 17 September

Diabetes Buzz Day - Nationwide - Diabetes Australia - NSW  
1300 136 588 [buzz@diabetesnsw.com.au](mailto:buzz@diabetesnsw.com.au), [www.buzzday.com.au](http://www.buzzday.com.au)

### 16 - 27 September

Dementia Awareness Week - Nationwide - Alzheimer's Australia  
02 9805 0100 [education@alzsw.asn.au](mailto:education@alzsw.asn.au), [www.alzheimers.org.au](http://www.alzheimers.org.au)

### 19 – 25 September

Headache and Migraine Awareness Week - Nationwide - Brain Foundation  
1300 886 660 [info@brainaustralia.org.au](mailto:info@brainaustralia.org.au), [www.headacheaustralia.org.au](http://www.headacheaustralia.org.au)

### 21 September

World Alzheimer's Day – Worldwide - Alzheimer's Australia  
02 9805 0100 [education@alzsw.asn.au](mailto:education@alzsw.asn.au), [www.alzheimers.org.au](http://www.alzheimers.org.au)

*From Hume Region Training Exchange August 20th*

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