Practice Nurse Networking Night

Tuesday 23 April 2024

phn GOLD COAST

An Australian Government Initiative

Acknowledgement to Country

Artist: NARELLE URQUHART, WIRADJURI WOMAN]

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Housekeeping

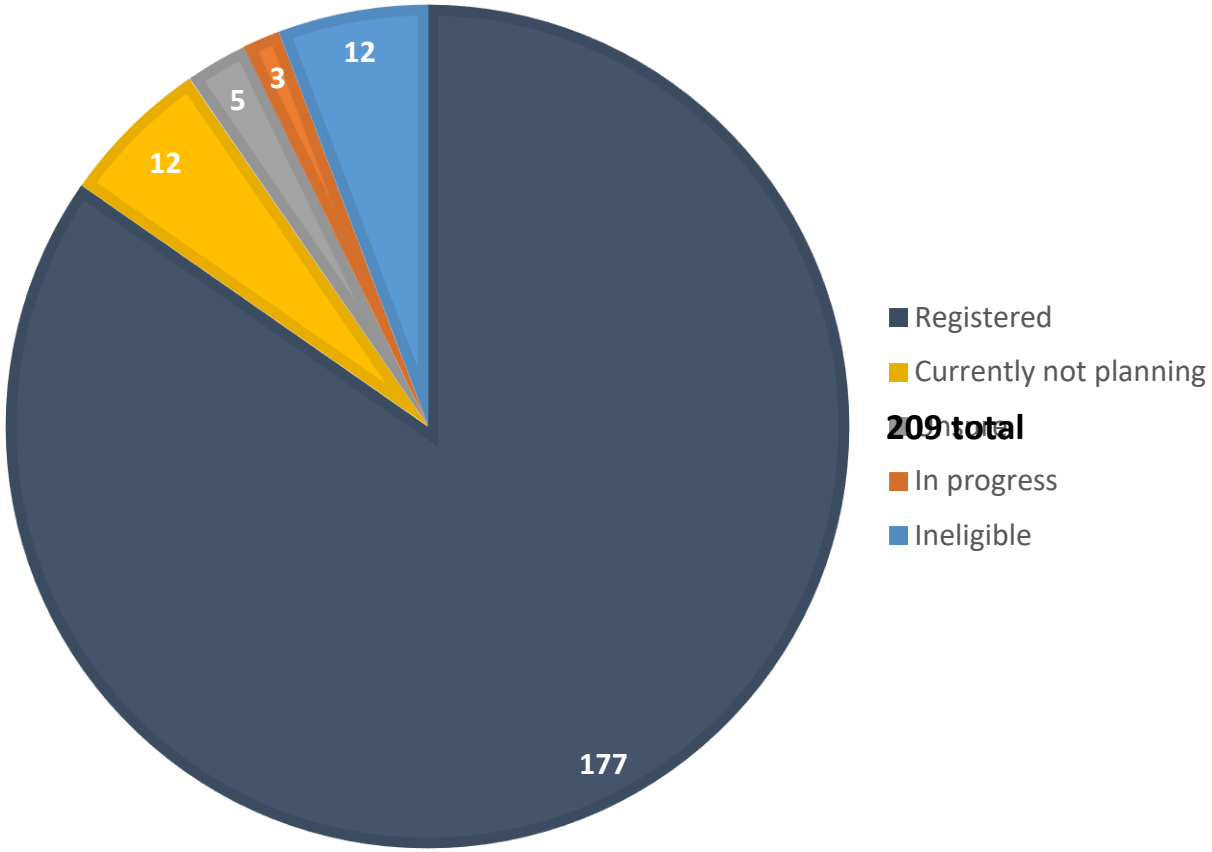
- Please switch mobile phones to silent during presentations
- Rest Rooms
- Evacuation procedure

GCPHN Update

Kellie Trigger

Director Health Intelligence Planning and Engagement

My Medicare Registration



Dedicated PHN Support

Meet the Primary Health Care Team

Gold Coast Region

P: 07 5612 5408 | E: practicesupport@gcphn.com.au

Deborah Barnes
Project Officer (Engagement and Digital Health)

Zone: Central (Broadbeach to Surfers Paradise and Tamborine)

Carolyne Gillies
Project Officer (Engagement and Digital Health)

Zone: North (Helensvale to Ormeau and Canungra)

Rebecca Norris
Project Officer (Engagement and Digital Health)

Zone: South (Coolangatta to Mermaid Beach and Robina)

Dedicated PHN Support

Our primary care engagement team can provide support in the following areas:

Digital Health

General support for practices

COVID-19

Resources to support patient care

Training Events

Quality Improvement

Primary Sense

Clinical Placements

Latest Updates

Finding Local Health Services

APNA Update

APNA – Transition to Practice Program

- 10-month program fully funded

- Mentorship-based program
  - Designed for new Nurses entering primary health care and looking for extra support (RN or EN)
    AND
  - Registered Nurses or Nurse Practitioners with 4 or more-year experience in primary health care who are interested in mentoring nurses and developing their leadership skills (remunerated).

- To express interest, contact APNA transitiontopractice@apna.asn.au or 1300 303 184

Nurse Immunisation Scholarships

- Scholarship opportunity for nurses to complete fully funded nurse immunisation training

- EOI released through GCPHN news platforms mid May 2024

Kalwun Update – Cultural Awareness Training

11
MAY

Kalwun Cultural Awareness Training

External health and wellbeing events

Start Time & Date:	11/05/2024, 8:30 am
End Time & Date:	11/05/2024, 4:00 pm
Location:	The Club at Parkwood Village, Napper Road, Parkwood QLD, Australia
Contact Info:	Kalwun Development Corporation paul.roberts@kalwun.com.au | 07 5526 1112

RSV Immunisation

Queensland Health has introduced the Queensland Paediatric Respiratory Syncytial Virus Prevention Program (QPRSVP) to provide free RSV immunisation to eligible Queensland infants and young children.

From 29 April 2024, parents and carers of eligible infants and young children can access nirsevimab from their routine immunisation provider.

Nirsevimab (brand name Beyfortus) is a monoclonal antibody with studies demonstrating 70-80% protection against RSV lower respiratory tract infection for up to five months. It provides “passive immunisation” in contrast to “active immunity” provided by vaccines and infection. It is synthetically-derived and not a blood product so does not carry the associated risks.

A baby or infant is eligible for nirsevimab if they:

- were born on or after 1 February 2024, up until less than 8 months age
- are Aboriginal and Torres Strait Islander infants, up until than 8 months of age
- have certain complex medical conditions, up until less than 8 months of age
- have certain complex medical conditions and are 8 months up to 19 months of age (inclusive), until 31 October 2024.

Qld Health RSV update for immunisation providers will be promoted via GP and P news and Nurse in General practice email list.

Would FAQs be useful for this initiative?

TRAINING OPPORTUNITY

PSYCHOLOGICAL FIRST AID FOR GENERAL PRACTICE STAFF | DISASTER RECOVERY

Learn how to support someone immediately following a disaster or critical event.

Wed 1st May 2024 | Psych First Aid Training for General Practice Staff

Time: 5:00pm – 8:30pm
Venue: GCPHN Offices, Robina
Dinner served on arrival.

Thurs 2nd May 2024 | Psych First Aid Training

Time: 9:00am – 3:30pm
Venue: Currumbin RSL, Currumbin
Morning tea & lunch provided.

Scan the QR code to register via our Events Calendar.

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APNA Nurse Clinic Project
Home Health Assessments for Vulnerable Aged Patients by Nurses

Hope Island
Medical Centre
where good health matters

Nurse Clinic Project

- **Clinic overview and target population**

Hope Island Medical Centre is a comprehensive, mixed billing general practice on the north side of the Gold Coast, Queensland with 12 GPs.

With a focus on patient centered care, there are 8 General Practitioners and 2-3 Nurses working each day.

Baseline data was collected by using the Primary Sense Extraction Tool.

1320 over 75 year old patients were identified and of those 1320 patients 725 had not had a health assessment in the previous 2 years.

Nurse Clinic Project

The number of patients who had not attended for their health assessment had increased during and post Covid due to patients limiting there time in public or not understanding the importance of having health assessments, particularly if they were no longer driving.

After cleaning the data and putting filters in the extraction tool we were able to identify Levels of vulnerability with use of co-morbidities. We decided that we should concentrate on Level 5 and Level 4 patients initially.

To date all Level 5 & most of Level 4 patients have either had a Home visit or have attended the General Practice to have the Health Assessment.

Nurse Clinic Project

Nurse Clinic Champions

The idea of a Nurse Led Clinic and feasibility discussions were held between Tania Coubrough RN/Nurse Manager, Anthea Blower Practice Manager and Dr Andrew Weissenberger Practice Owner and General Practitioner.

Robyn Hunt RN, Rebecca Walker RN, Alana Wilson RN with Tania Coubrough RN / Nurse Manager discussed how the process could be worked into the Nurses time, what equipment would be needed, what documentation tools and resources were agreed upon including Nurses safety processes.
Administration and Reception Staff were notified of the project and explanations of how the bookings would occur.

Marketing of the service was added to the Practice Newsletter.
General Practitioners were spoken to about what the project was and how this would improve the information they would receive about these vulnerable patients and General Practitioners were welcome to recommend patients names to the Nurse Clinic Project.

Nurse Clinic Project

- **Funding model**

Initial funding for training, preparation time, equipment support and marketing were provided by GC PHN for the project.
This will allow the equipment to be used as an ongoing home service post the project.

MBS item numbers would continue to support the service as more patients would be able to be seen in the General Practice to complete Health Assessments without taking up phyiscal space for Nurses to do preparation of Health Assessments.
MBS item numbers – 707,10997,11707,11505/6,11610,900 to commence. and rebookings for 721/723, 732 ,2500 and ongoing consults.

Nurse Clinic Project

- **Key Learnings**

3 PDSAs from the the Nurse Clinic Project have been:

1. *Utilise Primary Sense tool to identify patients over 75 years who were elligible for Health Assessment. Once cleaning of the data was done, refiltered to catergorise; of those 75 years old elligible for Health assessment who was most vulnerable.*
2. *Preparation to visit patients homes including Nurses security. How was this to be managed.*
3. *Evaluation of first home visit for each Nurse to identify safety, what equipment was missing, timing of health assessment including travel and documentation.*

Nurse Clinic Project

- **Challenges**

Limiting the visits those patients within a set radius – practice HV policy is 6kms

Keeping up with identifying elligible patients and booking them into suitable slots for them.

Getting followup services in a timely manner once identifying needs.

And as I was going out the door the patient said, "today I am going to walk to letterbox just to get outside after our conversation".

It reminded me of Florence Nightingale who wrote:

So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard seed germinates and roots itself.

Hope Island Medical Centre
where good health matters

apna Supporting nurses in primary health care

Dementia Australia™

Welcome

Acknowledgement of Country

Facts and Stats

Every 3 seconds
someone in the world develops dementia.

There are more than **421,000 people** living with dementia in Australia.

In 2024 there are estimated to be **almost 29,000 people** with younger onset dementia in Australia.

By 2054 it is estimated that **more than 821,500 people** will have a diagnosis of dementia in Australia.

Dementia Australia

An Introduction into Our Services

About Dementia Australia

- Delivering services, education, information and support to people of any age in any location throughout Australia who are concerned about changes in cognition, diagnosed with dementia and mild cognitive impairment, their carers, families and friends
- Registered training and education provider for aged care professionals
- Awareness campaigns, including a focus on decreasing discrimination
- Amplifying the many voices of people impacted by dementia to positively affect change
- Advocacy to governments and the sector
- Fundraising - Supporting research through our Dementia Australia Research Foundation and providing grants to new and early-career researchers

Who should contact Dementia Australia? Who are our support, services and information for?

Anyone **concerned about changes** to their or their loved one's **cognition**

Anyone who has received a **diagnosis of dementia** or **mild cognitive impairment**

Anyone who's **loved one, family member or friend** has received a diagnosis of **dementia or mild cognitive impairment**

Medical, health, allied health or **aged care professionals** supporting patients with dementia or mild cognitive impairment

National Dementia Support Program (NDSP)

- National Dementia Helpline
- Counselling
- Younger Onset Dementia Family Support Program
- Post Diagnostic Support Program
- Family Carer Education
- Dementia Expert Webinars
- Carer Support Groups
- Memory Lane Café's
- Connecting Peers Support Program
- At Home with Dementia
- Mild Cognitive Impairment program
- Outreach programs such as our Brain Hubs – to support regional and remote communities
- Targeted outreach engagement programs to support indigenous and CALD communities.

Community Home Support program (CHSP)

- Dementia Advisory Service
- Social Support Individual
- Centre Based Respite
  - In Centre
  - Out and About

Dementia Advisory Service

- Funded as a *Specialised Support Service* through the Commonwealth Home Support Program (CHSP).
- Supporting clients and their families to achieve goals through providing information, education, strategies and service recommendations.

- Currently supporting the following regions:
  - Brisbane North
  - Brisbane South
  - Logan River Valley
  - South Coast (Gold Coast)

Social Support Individual

- Companionship
- Community presence
- Educating
- Advocating
- Supporting

Cedar House Club

- Companionship
- Activities that are purposeful
- Laughter
- Centered around the person
- Stimulating
- Spontaneous and variety

Out and About Services

- Companionship
- Social engagement
- Accessing community
- Breaking down barriers
- Educating
- Supporting

Carer Gateway Services through Dementia Australia

- Counselling for carers
- Coaching for carers
- Enabling EDIE & Carer Wellness programs

Carer Gateway
An Australian Government Initiative

Dementia Australia™

Additional Resources/Programs

- Website - **www.dementia.org.au**
- Free Library Service
- The Dementia Guide
- Dementia Expert Webinars
- Resources in different languages + audiobooks
- Dementia Friendly Communities – Become a Dementia Friend
- Brain Track App
- Ask Annie App

How do people get in contact with Dementia Australia?

National Dementia Helpline

1800 100 500

Webchat – **dementia.org.au/helpline/webchat**

Email – **helpline@dementia.org.au**

Available 24 hours a day, seven days a week, 365 days a year.

or visit

dementia.org.au

online referral form:

https://www.dementia.org.au/professionals/gps-and-other-referrers/refer-someone-your-care

Questions

Dementia Australia™

National Dementia Helpline
1800 100 500

Interpreter

For language assistance
call **131 450**

Find us online
dementia.org.au

Planning future care today

Jane Welch

Clinical Nurse Consultant

Advance Care Planning service

Gold coast Hospital and Health services

What is Advance Care Planning?

- Ongoing process of sharing your wishes, beliefs and preferences for current and future financial, personal and healthcare preferences with family, friends, doctors and other health professionals
- Can start ACP at any stage of life, regardless of age or health status
- Ideally, this important information will be documented in QLD Govt. endorsed forms such as an Enduring Power of Attorney (EPOA), Advance Health Directive (AHD) or Statement of Choices Form A (with decision-making capacity) or Form B (without decision-making capacity)
- Once completed, the above documents should be scanned via email to the Office of Advance Care Planning @ acp@health.qld.gov.au for review and upload to the person's electronic medical record.

Benefits of planning for future care today

- Will help prepare the person, their family, carers, health professionals and associated organisations, for unexpected illnesses, accidents or emergencies
- Will ensure loved ones, substitute decision-maker(s) and health professionals are aware of a person's choices and can make decisions about the care that person would want when they are unable to make decisions for themselves
- Reduces the anxiety and stress of families when they are asked to make important healthcare decisions for others
- Provides peace of mind and confidence for the person, knowing their wishes and preferences are documented and will be respected as much as possible
- Reduces moral distress for health professionals as they are aware of the person's wishes and preferences
- Reduces non-beneficial transfers to acute care and unwanted interventions.

Triggers for advance care planning conversations can include when:

- A person or family asks about current or future treatment goals
- At a 75+ health assessment
- An older person receives their annual flu vaccination
- There is a diagnosis of a metastatic malignancy or end stage organ failure indication a poor prognosis
- There is a diagnosis of early dementia or a disease which could result in loss of decision-making capacity
- You would not be surprised if the person died within 12 months
- There are changes in care arrangements e.g. admission to a residential aged care facility

Who should be involved in advance care planning?

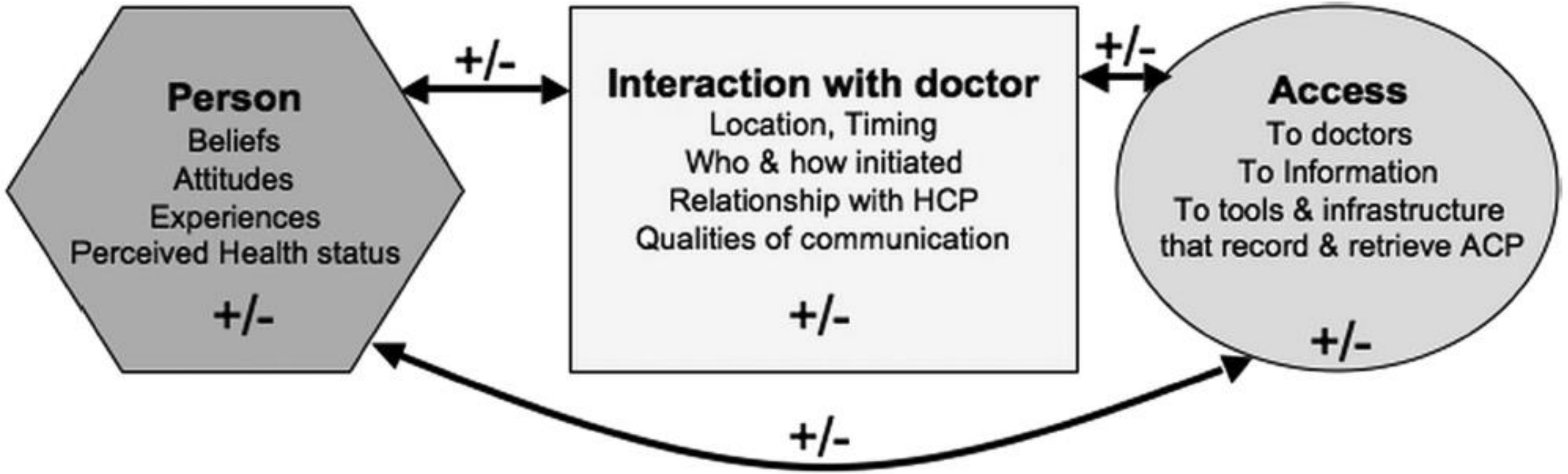
Advance care planning requires a team effort and should involve:

- The person who is considering their future health and personal care preferences
- Their close family and friends
- Their substitute decision-maker(s)
- Carers
- Aged care workers, nurses, doctors and other healthcare professionals

When to carry out ACP conversations

- May be ongoing (not a "one-off")
- Should be started early in the course of the person's illness
- Involve the person's significant others if appropriate
- Involve a multidisciplinary approach if necessary
- Can take place over several visits with adequate and non-pressured time for discussion
- Preferable for the person to be medically stable and able to participate in the conversations
- It's never too early or late to start the conversation

Facilitators and barriers



Each category (Person, Interaction and Access) contains elements that can be experienced by patient or family as facilitators (+) or barriers (-) to engaging in ACP. The categories are interconnected (arrows), in that the elements can co-influence, as a barrier or facilitator, how each is experienced.

Conversation starters

- I try and talk to my patients about what they would want if they become more unwell. Have you ever thought about this?
- I am pleased to see you recovering from your recent illness. If you became very sick again, have you thought about the treatment that you would want or not want?


BE
OPEN
READY
HEARD

1. Helping a patient to acknowledge the personal relevance of ACP to him/her may improve readiness to participate in ACP.
2. Normalising ACP conversations through routine clinic visits with the family doctor/general practitioner or family meetings during hospitalisation may increase both the frequency of patient and family engagement in and their satisfaction with ACP.
3. Patients value sensitive, skilled communicators when discussing ACP. Education of healthcare providers (particularly doctors) should include a focus on developing communication skills for ACP.
4. Healthcare systems should ensure that the infrastructure is in place to support patients and healthcare providers engaging in ACP, for example, enabling access to appropriate documents and implementing processes to ensure that the output of prior ACP is available when patients are admitted to hospital.

Summary of suggestions for healthcare providers and systems

Advance Care Planning resources

Advance care planning: Talking about it (youtube.com)

Advance Care Planning: Be open, be ready, be heard (youtube.com)

Advance Care Planning

My Care, My Choices | Queensland Government (health.qld.gov.au)

Questions or comments?

phn
GOLD COAST

An Australian Government Initiative

'Building one world class health service for the Gold Coast

Level 1, 14 Edgewater Court Robina QLD 4226

www.gcphn.org.au

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