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## No 34 Aboriginal Health Service Official Opening

GPNW, in collaboration with Six Rivers Aboriginal Corporation (Six Rivers Health) are able to offer a new Aboriginal Health Service for the region.

This service will operate Monday through to Friday and provide a variety of programs/activities including;

- Youth support & programs
- Alcohol and other drugs
- Family Support
- Aged Care
- Support & programs for mothers & babies
- Promotion and awareness of Closing the Gap health initiatives
- Provide support to mainstream health service providers in the provision of their services to Aboriginal clients
- Improve access to mainstream health service providers and providing practical assistance where required.

### Contacting No.34 Aboriginal Health Service

**Street Address:** No. 34 Alexandra Road, Ulverstone Tas 7315

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**Phone:** (03) 6425 0850

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All Practice Staff End of Year Event - See Page 10

# Program Updates

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## Practice Support

### Practice Manager Network

GPNW has registered for the 2011 AAPM Virtual Seminars; these will be held at GPNW in Ulverstone. Similar to previous years they will be combined with the quarterly Practice Manager Network meetings. The first seminar, **'Ready, Steady e-Health'** presented by Marina Fulcher was held on the 4<sup>th</sup> August where eight managers and three GPNW staff attended.

The second seminar **'OH&S Changes'**, OH&S from a manager's perspective will be presented by Hanya Overton is scheduled for 1.00pm – 2.00pm on Thursday 22<sup>nd</sup> September. The network meeting will commence at 11.30am prior to the seminar.

The seminar will cover practical ways to get the OH&S issue off your agenda and working in your practice. Invited co-speaker is John Caust from MONIT, an organisation that deals with the OH&S in many industries and is now looking to meet the challenges of the OH&S issues in a medical practice.

The third seminar 'Finance', Finance matters for Practice Managers, presented by Cutcher & Neale is scheduled for 1.00pm to 2.00pm on Thursday 24<sup>th</sup> November. This will be combined with a network meeting.

This will be an information e-seminar on critical financial matters that can impact on the success of your practice, including:

- Current hot topics – what's causing a stir in practices at the moment?
- Budgeting and KPI reporting:
- Managing debt and cash flow
- Understanding the importance of pricing
- Tips and tricks for financially successful practices

Please contact Gaye Aitken: email [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800 if you require more information.

### Enrolments for 2012 RACGP Exams



11th November 2011.

RACGP enrolment intakes for 2012.1 and 2012.2 exams will commence at 9.00am on Monday 19<sup>th</sup> September 2011, and close at 5.00pm on Friday

A further enrolment intake for 2012.2 examinations will be available at a later date. Intending practice eligible applicants who require recognition of their overseas

and/or Australian general practice experience must have their application for recognition of general practice postmarked by Friday 30 September 2011 to be considered for enrolment during this exam enrolment period.

For further information on the RACGP examinations please visit [www.racgp.org.au/assessment/examination](http://www.racgp.org.au/assessment/examination).

### **REMINDER** GPNW Clinical Services Referrals

A reminder to GPs referring to GPNW's Mental Health, Diabetes and Dietetics Service, to please use the correct GPNW referral templates.

The templates are available to be imported directly into your clinical software, and include all of the relevant information required for the services.

Templates are available on GPNW's website <http://www.gpnw.com.au/useful-links.html>.

The current waiting list for Diabetes is 8 weeks and for Mental Health it is about 1-2 weeks.

If you have further queries, or require assistance, please contact GPNW on 6425 0800

## Lets Take a Closer Look at Standard 1.7

Each month GPNW will look at a different standard from the RACGP Standards for General Practice 4<sup>th</sup> Edition; concentrating on the new and revised criterions and indicators

### Standard 1.7

Content of patient health records – our patient health records contain sufficient information to identify the patient and to document the reason(s) for a visit, relevant examination, assessment, management, progress and outcomes.

#### Criterion 1.7.1

Patient health records – for each patient we have an individual patient health record containing all the health information held by our practice about that patient.

#### Indicators

- **A** There is evidence each patient has a legible individual patient health record containing all health information held by our practice about that patient.
- **B** Where our practice has an active hybrid medical record system, for each consultation/interaction, our practice can demonstrate that there is a record made in each system indicating where the clinical notes are recorded.
- **C** Our active patient health records include patient identification, contact and demographic information (where appropriate) including:
  - the patient's full name
  - date of birth
  - gender
  - contact details
- **D** Our practice can demonstrate that we routinely record the person the patient wishes to be contacted in an emergency. **This is a new flagged indicator.**
- **E** Our practice can demonstrate that we routinely record Aboriginal and Torres Strait Islander status in our active patient health records.
- F** Our practice can demonstrate that we are working toward recording the other cultural backgrounds of our patients in our active patient health records.

#### Key Points

- Practices need to ensure that where a patient's information is held in different records it must be available when needed
- Practices need to routinely record the person the patient wishes to be contacted in an emergency – this can be a different or the same contact as the next kin contact
- This criterion cross references to Criterion 1.2.2 Informed Patient decisions
- The standard question is 'Are you of Aboriginal or Torres Strait Islander origin?'

#### Changes

- Refined definitions of 'active patient' and 'active patient health record'
- New flagged requirement for practices with hybrid medical record systems to record in both systems the location of clinical notes for each consultation
- New flagged requirement to record the person the patient wishes to be contacted in an emergency
- New flagged requirement to record Indigenous status (with information collected via a standard question)
- New unflagged requirement for working toward the recording of other cultural backgrounds
- Four flagged indicators increased to six flagged indicators

There is more information and explanations on pages 49, 50 and 51 of the 4<sup>th</sup> Edition Standards for General Practice. Visit the RACGP website to download a free PDF version of the new standards

<http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/Standards4thEdition.pdf>



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## Nursing in General Practice (NiGP)

### Orientation Program for Nurses New to General Practice

*Hayley and Roseanne from Burnie General Practice.*

Our 1st day got off to a later than expected start, due to the driver underestimating the time needed to get to Deloraine via a stop in Penguin for a pickup. But what a way for two new work colleagues to break the ice...the laughter flowed freely for the length of the trip to our education destination. Once our grand, be it late, entrance was accomplished, it was smooth sailing from that point on. The presentations commenced and the information flowed freely.

As two people very new to general practice (myself - 1 week experience, Roseanne - yet to start), we were both overwhelmed with the resources available to us, and the wealth of knowledge that there was to gain from our fellow experienced practice nurses. We were lucky to hear from numerous practice nurses that had all had been doing this job for many years, and each one of them opened up our eyes to the potential and possibilities of our new role! I'm sure that I speak for Roseanne as well when I say that it certainly ignited an excitement for the future direction of newly chosen field. I kept thinking to myself, despite 20+ years experience in my previous field, I felt like I had my L-Plates back on....in a good way. Roseanne just wanted experience NOW!

The keys things that we have taken away from the 2 days would be ; the importance of data collating and the need for data dumping; Plan, Do, Study, Act; all

about Roll-over cover and Professional Indemnity Insurance; wound care and extra uses for name-brand olive oil (a big THANKS to Mary); Triage support guides; Infection Control; Chronic disease management; immunisation; and the overall role of our new position from a practice nurses perspective. Invaluable information that was presented by people doing it every day, this had us a little nervous but mainly very excited!!

We would both highly recommend the orientation program to all new practice nurses, who are looking for support, information, encouragement, and inspiration. The resources we received, in a handy take-home pack, were absolutely superb.

Thanks again to Bronwyn and others, General Practice North and North-West for all your hard work and dedication in organising an informative, enjoyable event that we both feel has set us upon the right path for our future as practice nurses.

We would like to send out a special thankyou to the beautiful ladies from the CWA at Deloraine, who's tireless work in the kitchen saw many of us going back for much more than we probably should have! The continuous selection of homemade soups, sandwiches and delicious goodies...paired with tea and coffee...enhanced our experience even more, and facilitated some excellent networking.....THANKYOU.



# Program Updates

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## Free Online Chronic Care Management Training Coming Soon...

AGPN in conjunction with APNA, Flinders University and Baker ID Heart and Diabetes Institute have been engaged by the Department of Veterans' Affairs (DVA) to provide training and resources in chronic disease management for GPs, practice nurses and community nurses who will be implementing DVA's new **Coordinated Veterans' Care Program**. There are 4 online modules in the CVC training program, with the first 6 hour module

available late August. All modules incorporate the latest evidence to allow you to upgrade your skills and further develop your understanding of the benefits and processes of multi-disciplinary care in a primary care environment.

For training information, resources and to enrol visit [www.cvcprogram.net.au](http://www.cvcprogram.net.au)

## Community and Primary Health Care Nursing Conference 2011

### *Leading the way to local care*

The Community and Primary Health Care Nursing Conference (CPHCNC) aims to profile nurses and midwives working at the forefront of community and primary health care and across all primary health care settings. More importantly, the conference will reach those leading the way, bringing a diversity of care that is unique from other professions in primary health care. *Leading the way to local care* will bring together nurses working across the many areas of community and primary health care to examine opportunities in the delivery of primary health care. <http://rcna.org.au/conferences/cphcnc/welcome>

### Key information

<b>When:</b>	19-21 October 2011
<b>Where:</b>	Wrest Point Conference Centre, Hobart
<b>Registration:</b>	Open now <b>Click here for more information and to register today!</b>

## University of Melbourne PN Education - Scholarships Available

The University of Melbourne, Department of General Practice has invested in practice nurses by developing the Certificate/Diploma of Primary Care Nursing delivered by distance education.

The Commonwealth government has recently announced financial assistance in the form of a scholarship worth up to a total of \$15,000 per year for up to two years full time study or \$7,500 per year for up to four years part time study.

We encourage nurses to apply for a scholarship and enrol in the Certificate or Diploma of Primary Care Nursing course.

Scholarship details: Nursing and Allied Health Scholarship and Support Scheme: Postgraduate

are available at the following website: [www.rcna.org.au/scholarships/nahsspg](http://www.rcna.org.au/scholarships/nahsspg)

The distance education format supports nurses with limited access to educational facilities particularly in rural areas. It has been developed by experienced practice nurses and general practitioners to suit the needs of busy practice nurses in areas (chronic disease, health promotion, quality systems and safety, women's health, mental health, immunisation and youth health) that will complement previous experience and expand scope of practice.

For further details email [www.gp.unimelb.edu.au](mailto:www.gp.unimelb.edu.au) or call Ms Bernie Cooper, course administrator, phone 03 8344 7275.

# NPS: Better Choices, Better Health



## Clinical audit: Safe and effective use of antipsychotic therapy

**Enrol NOW** to enable patient data submission by **Friday 28 October 2011** and completion by April 2012

This clinical audit provides GPs with the opportunity to review their management of patients prescribed antipsychotic medicines for psychotic illness (schizophrenia, bipolar disorder/mania, schizoaffective disorder, depressive psychosis or other psychosis) and behavioural and psychological symptoms of dementia. It encourages GPs to assess and reinforce patient adherence to therapy, monitor for adverse effects of antipsychotic medicines, consider non-pharmacological approaches; and review ongoing need for antipsychotic medicines for behavioural and psychological symptoms of dementia.

### Benefits of NPS clinical audits

- Free and independent
- Evidence-based clinical guidance
- Compare your practice against your peers
- Expert commentary provided

### Review 10 patients

Identify 10 patients who are:

Adults ( $\geq 18$  years old) using an antipsychotic medicine(s)

### Exclude patients

- receiving palliative care
- prescribed an antipsychotic drug for nausea, vomiting, migraine, or intractable hiccup

### Participation will assist GPs to

- Discuss with patients/carers techniques to promote adherence to antipsychotic medicine(s). (Behaviour)
- Implement a systematic approach to monitoring and manage adverse effects in patients using an antipsychotic medicine(s). (Safety)
- Engage patients/carers to recognise and report adverse effects of antipsychotic medicine(s). (Attitude)
- Understand the benefits of non-pharmacological approaches as first-line therapy for behavioural and psychological symptoms of dementia. (Knowledge)
- Regularly review use of antipsychotic drugs for behavioural and psychological symptoms of dementia and consider gradual withdrawal. (Skill)

This clinical audit activity has been approved by the RACGP QI&CPD Program, total points: 40 (Category 1) and by the ACRRM PD Program for 30 points (extended skills) in the 2011–2013 triennium. Points are awarded only to participants who complete the review phase. This audit is recognised for the Quality Prescribing Initiative of the Practice Incentives Program (May 2011 to April 2012).

## NPS publications for health professionals

NPS evidence-based publications for health professionals are highly respected, and include peer-reviewed journals and newsletters. All publications are free of charge. Go to [http://www.nps.org.au/health\\_professionals/publications](http://www.nps.org.au/health_professionals/publications)

### Australian Prescriber

Australian Prescriber is an independent publication providing readily accessible information about drugs and therapeutics. It covers topics assisting doctors, dentists, pharmacists and students.



### Factsheets

Short, topical factsheets which are published from time to time to clarify medicines issues as they arise.



### NPS News

Succinct, independent information on therapeutic topics distributed free of charge to all GPs and pharmacists along with Australian Prescriber 6 times a year.



### Prescribing Practice Review

Independent, evidence-based information about therapeutics mailed free of charge to all Australian GPs, pharmacists and selected medical specialists, approximately 4 times a year. The PPR is mailed approximately a month after NPS News and contains complementary information to NPS News.



### Nurses Update

A regular email update, keeping nurses and their peak organisations up to date with what's happening at NPS.



### NPS RADAR

Timely, independent, evidence-based information on new drugs, research and PBS listings. Published regularly throughout the year.



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# Immunisation

## Practice Nurse Immunisation Update

GPNW ran its Annual Practice Nurse immunisation update on Saturday 13<sup>th</sup> August, this year GPNW were lucky enough to have the education held within the region, Tanya Panitzki a Authorised Nurse Immuniser from Launceston delivered the presentation, Tanya works for Refugee Health in Launceston and also runs the Authorised Nurse Immuniser course at UTAS.

The day was made up of 8 sessions, “The National Immunisation Program and Your Practice”, “Vaccine Management”, “Essential Clinical Practice”, “Catch Ups”,

“Australian Childhood Immunisation Register”, “Chain of Protection’ Pertussis”, “The ‘ASK’ Approach to Immunisation Communication” and “Immunisation Issues; How do I best respond?”.

Participants found the “Catch Up” session very worthwhile with demonstration and scenarios proving very challenging and valuable to most. With 36 participants attending ranging from Authorised Nurse Immunisers, Practice and CHAPS Nurses, and Aboriginal Health Workers.



## 2011 GSK Adult Immunisation Grants NOW OPEN

The GSK Adult Immunisation Grants aim to improve awareness of, access to, and implementation of adult immunisation in Australia, and ultimately to improve adult health. The Grants have been designed to support new and/or ongoing innovative ‘programs’ and to share ideas so that they can be replicated in other primary care practices and organisations around the world.

There are four categories for this year’s Grants. Winners in each category will receive \$20,000 to support their adult immunisation program. The grant categories are:

1. General Practice
2. Division of General Practice, General Practice Networks or Medicare Locals
3. Council/Local Authority, Hospitals or Community Organisations
4. Indigenous Health.

Glenda Woodward from The Yorke Peninsula Division of General Practice in South Australia received a grant in

2009 to improve indigenous adult immunisation in the Yorke Peninsula community, specifically for pneumococcal disease and influenza. Glenda said, “*Winning a grant helped us dramatically improve immunisation rates in our area through implementing simple, yet effective outreach tactics to improve access to, and awareness of, immunisation.*”

See videos of case studies from two of the 2009 winning projects [www.gsk.com.au/adultimmunisationgrantvideos](http://www.gsk.com.au/adultimmunisationgrantvideos).

For further information and to enter online please visit [www.gsk.com.au/adultimmunisationgrants](http://www.gsk.com.au/adultimmunisationgrants).

Additional information has been provided by the Grants committee including tips on making an application and examples of previous winners.

**Entries close: Monday 12 September 2011 by 5:30pm EST**

## [www.whoopingcough.com.au](http://www.whoopingcough.com.au) Launches in Australia

Australian healthcare professionals, public health workers and patients now have another weapon in the fight against whooping cough, with the launch of [www.whoopingcough.com.au](http://www.whoopingcough.com.au)

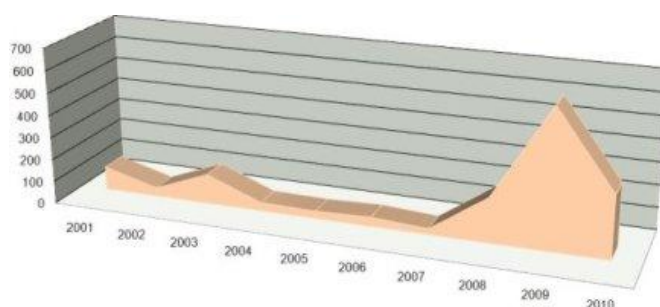
With more notifications of whooping cough in Australia than ever before and fifty-one per cent higher than 2010 YTD<sup>1</sup>, the need for comprehensive, up-to-date and engaging information about whooping cough has never been more critical.

The site has been developed by vaccines manufacturer Sanofi Pasteur and offers easy to use and interactive tools such as an Australian map with information tailored by State, a 10 question quiz and Facebook sharing in order to help spread the message.

If new parents or other close contacts of a newborn have questions about how to prevent whooping cough, they should visit [www.whoopingcough.com.au](http://www.whoopingcough.com.au) and combine this with a visit to their family doctor for professional advice

The number of people who have been diagnosed with whooping cough in Tasmania from Jan - Aug 2011

107



## Introduction of Prevenar 13<sup>®</sup> onto the National Immunisation Program

From 1 July 2011, Prevenar 13<sup>®</sup> will replace Prevenar 7<sup>®</sup> for children aged 6 weeks – 2months, 4 months and 6 months of age. This new vaccine provides protection against 6 additional serotypes of pneumococcus.

Please discard any doses of Prevenar 7<sup>®</sup> currently held and fax a Discarded Vaccine Form to the Communicable Diseases Prevention Unit on 6222 7668.

### Children with Medical Risk Factors

Children with medical risk factors require an additional dose of Prevenar 13<sup>®</sup> at 12 months of age and a dose of Pneumovax 23<sup>®</sup> at 4 years of age.

### Reporting of Prevenar 13<sup>®</sup> on ACIR

Until such time as the Medical Software companies provide a patch replacing Prevenar 7<sup>®</sup> with Prevenar 13<sup>®</sup>, it will be necessary to select Prevenar 13<sup>®</sup> from the “other vaccines” list in your software. Please ensure that you are reporting doses of Prevenar 13<sup>®</sup> to the ACIR.

### Supplementary Dose of Prevenar 13<sup>®</sup>

From 1 October 2011, children aged between 12 – 35 months (i.e. until their 3<sup>rd</sup> birthday) who have received a full course of Prevenar 7<sup>®</sup> will be eligible for a single supplementary dose of Prevenar 13<sup>®</sup>. As the supplementary dose of Prevenar 13<sup>®</sup> will only be available for a 12 month period, it is important to recall eligible children as soon as possible. \* Please note – a single dose only is required for children of this age to ensure adequate protection against the 6 additional serogroups contained in Prevenar 13<sup>®</sup>.

### How to Transition from Prevenar 7<sup>®</sup> to Prevenar 13<sup>®</sup> for a Healthy Child

Children who have commenced their immunisation schedule using Prevenar 7<sup>®</sup>, can complete it with Prevenar 13<sup>®</sup> with **no catch-up doses required**, see below

Routine Age of Immunisation	Dose 1	Dose 2	Dose 3
6 weeks - 2 months old	Give Prevenar 13 <sup>®</sup>	Give Prevenar 13 <sup>®</sup>	Give Prevenar 13 <sup>®</sup>
4 months old	Had Prevenar 7 <sup>®</sup>	Give Prevenar 13 <sup>®</sup>	Give Prevenar 13 <sup>®</sup>
6 months old	Had Prevenar 7 <sup>®</sup>	Had Prevenar 7 <sup>®</sup>	Give Prevenar 13 <sup>®</sup>

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# Closing the Gap



## Closing the Gap Key Updates & Information

### **Do you want to know whether a patient is already registered for CTG?**

If so, you can call the Practice Incentive Program hotline on 1800 222 032. You will need the patients Medicare number and your practice details. Note that there is a lag time between Medicare receiving CTG registration forms and their input into the Medicare database.

### **Are you sending both the registration AND consent forms to Medicare?**

You now need to send **both** registration **and** consent forms to Medicare, as well as keeping copies on file at your practice. Previously only registration forms needed to be sent.

### **Is your practice utilising follow up and/or allied health referrals through CTG for registered patients?**

Patients who have a chronic disease and have had an Aboriginal health check (Item 715) are entitled to up to five allied health sessions per calendar year (Items 81300 – 81360). Referral for these services is by completing a simple form - available on the [GPNW website](#). A team care arrangement or GP management plan is not required.

Also, item 10987 (follow up by a practice nurse) is available up to 10 times per calendar year for a patient who has had an Aboriginal health check and has a chronic disease. This is worth roughly double a normal nurse item number.

For any enquiries please contact  
Lee Seymour [lseymour@gpnw.com.au](mailto:lseymour@gpnw.com.au)

## Aged Care

### **NWAHS; Gold Standards Framework - Working it's way into aged care facilities & beyond**

Representatives from five pilot aged care facilities have recently attended workshops on the Gold Standards Framework (GSF) and how to implement this successful international program into their own organisations.

Gold standards framework is a model which recognises that advanced care planning is crucial and importantly – everyone involved in a person's care should play an active role from the person delivering a person's meal to the carers, nursing staff and GPs.

Dr Robyn Brogan; Palliative Care Medical Specialist, and Clinical Nurse Specialist Judith Harris are leading the project.

Dr Brogan has said "that many aged care facilities are dealing with a health crises every day"

"In 2002, 20% of aged care residents passed away in their first year at a facility. Now in a one hundred bed facility, you could expect between 60-100 deaths in a year," Dr Brogan said.

"This situation places the organisations in reactive coping mode rather than proactive planning mode and this is where Gold Standards Framework will help aged care facility staff and management to reduce the number of crises.

Advanced care planning is a collaborative process working in cooperation with GP's, specialist teams, hospital and other allied health services. Another important part of advanced care planning is working

closely with families to meet the needs of aged care residents so they are informed of choices their loved one makes.

"Gold Standards Framework was introduced in the United Kingdom 10 years ago and has reduced crises' by 50%" she said.

Gold Standards Framework is built around having a good plan in place to first recognise expected deterioration in residents and unexpected events including the dying phase. The agreed plan will guide staff what next steps to take.

Staff will be trained to recognise signs of deterioration or behaviour that may then be communicated so that care can be coordinated in accordance to that person's wishes.

Tracey Hingston, a staff member from Mount St Vincent said it was a relief to be involved in GSF which focuses on planning.

"By having an advanced care plan that everyone is trained in and aware of, it means that there will be a lot less reactive "crises" work and we can then do the things we want to do like sitting with someone, and giving them more quality time," said Tracey.

Meercroft Inc, Baptistcare Karingal, Mt St Vincent Nursing Home, Ibis Care and Umina Park are all taking part in the three year pilot funded by North West Area Health Service.

# Important Dates & Other Information

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## END OF YEAR PRACTICE STAFF EVENT

*For Practice Managers, Nurses & Administration Staff*

**This is your official date claimer!**

Come along on Thursday 10<sup>th</sup> November 2011 to the Burnie Arts and Functions Centre from 6:30pm to celebrate a successful 2011 with other staff from General Practice along the North West Coast!

An official invitation will follow

*Look forward to seeing you there!*



## Free Online Therapy for Obsessive Compulsive Disorder

Swinburne University of Technology's Brain and Psychological Sciences Research Centre has an opportunity to offer free online cognitive-behavioural therapy for obsessive-compulsive disorder provided by clinical psychologists. The online program OCD STOP! Has been developed from our evidence-based, face-to-face STOP program for OCD.

GP's will be able to direct their patients with OCD symptoms to our anxiety online suite of treatment programs [www.anxietyonline.org.au](http://www.anxietyonline.org.au). No GP referral is

necessary, as individuals simply need to register on Anxiety Online and complete an automated psychiatric triage process (e-PASS) to gain free access to our OCD treatment program and weekly email contact from a clinical psychologist. Participation in the trial is open to all adults (18 years +) with symptoms of OCD

### Further Information

If you would like further information, please contact the trial coordinator Sam Mancuso on (03) 9214 4628 or email [semancuso@swin.edu.au](mailto:semancuso@swin.edu.au)

## Autism in the Young – Free Online Training

The Australian College of Rural and Remote Medicine **Autism in the young: Free online training for rural GPs.** The online module is entitled Management of Autism Spectrum Disorders in Childhood and Adolescence and it is funded by DOHA as part of the Helping Children with Autism package.

The course includes case studies, video interviews with parents, researchers and practitioners, written

information, links to other sources of information and knowledge review using multiple choice questions. It is accredited for Professional Development Program points.

It is free to ACCRM members, RRMEIO subscribers and other rural GPs. Members and subscribers can enrol using their RRMEIO login and password at [www.rrmeio.com.au](http://www.rrmeio.com.au) or by calling 1800 223 226.



# GENERAL PRACTICE NORTH WEST

## gazette



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