



AN ORIENTATION MANUAL FOR GENERAL PRACTICE NURSES

It is the aim of this manual to orientate and resource Practice Nurses newly employed to the General Practice setting or currently working in General Practice.

A revised manual for the Capricornia Division of General Practice adapted from the manual produced by South East Alliance of General Practice, Brisbane South Division of General Practice and Logan Area Division of General Practice.

We would like to acknowledge all previous work done by Hunter Urban Division of General Practice, Melbourne Division of General Practice and GP North Division of General Practice.



Disclaimer: Every effort has been made to ensure information in this reference document is up to date. However, we do not accept responsibility for the accuracy or completeness of the information.

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PART 1

INTRODUCTION

This manual has been designed specifically to assist and orientate nurses newly employed in the general practice setting, but will also support currently employed nurses. It has been revised by Capricornia Division of General Practice to incorporate local information. It has been developed in collaboration by Brisbane South Division of General Practice, South East Alliance Division of General Practice and Logan Area Division of General Practice and provides useful and practical tips.

We would like to sincerely acknowledge all previous work done by Hunter Urban Division of General Practice, Melbourne Division of General Practice and GP North Division of General Practice, Tasmania.

The role of the practice nurse is unique in that it involves both preventative and acute care and differs from the community health or hospital setting. It is also diverse and is an integral part of the General Practice team.

Definition of General Practice in Australia

General Practice is part of the Australian health care system and operates predominantly through private medical practices, which provide universal unreferral access to whole person medical care for individuals, families and communities. General practice care means comprehensive, coordinated and continuing medical care drawing on biomedical, psychological, social and environmental understandings of health (Royal Australian College of General Practitioners).

Definition of a Practice Nurse

A Practice Nurse can be defined as a Registered Nurse or Enrolled Nurse working in the General Practice setting.

The creation of a user-friendly reference document will mean the orientation processes for the new practice nurse will not need to solely rely on mentoring and will assist to make the transition into General Practice as smooth as possible.

GENERAL PRACTICE ACCREDITATION

In 1991 The Royal Australian College of General Practitioners (RACGP), with the support of the Australian Medical Association (AMA) and Commonwealth Government, resolved to develop a set of national Standards for General Practice, with the aim of engaging the profession in a comprehensive process of continuous quality improvement.

Throughout the initial planning process, the Interim Steering Committee made it clear that an independent and voluntary system of practice accreditation should be developed to enhance the delivery of services and facilities by general practices through a process of continuous quality improvement (RACGP, 2000).

The guiding principles on how Standards are applied to the accreditation process suggests that accreditation should:

Aim to attain the highest quality of general practice in an achievable and gradual manner

Provide a publicly recognisable measure of quality in general practice

Be voluntary but should have tangible benefits

Be for a defined period

Be an educational and developmental process and not a punitive one

Be in the hands of the profession

(RACGP, 2000)

There are two accreditation providers for Australia's General Practices:

Australian General Practice Accreditation Limited (AGPAL)

General Practice Australia (GPA) Accreditation *plus*

Approximately 80% of General Practices have accredited with AGPAL.

Accreditation involves a three year cycle where the practices:

Perform self-assessment against The RACGP Standards for General Practice

Undergo a survey visit facilitated by your peers

Commence a continuous quality improvement cycle towards best practice

Receive documentary validation and recognition as an accredited general practice.

Most practices have undergone or will be undergoing accreditation/re-accreditation at some stage. Accreditation is a voluntary process but with the introduction of the link by the Commonwealth Government to the Practice Incentives Program (PIP) this has encouraged more practices to become accredited. Practice Nurses can contribute to the accreditation process in a variety of ways, according to their role within the practice.

TIPS

The practice will / may have a Policy and Procedures Manual which documents the Practice Policies. Familiarise yourself with this document. If the Practice does not, contact your Area Manager and we can point you in the right direction. The AGPAL website has a comprehensive registry of resources to assist with preparing for accreditation/reaccreditation. Visit the AGPAL website at <http://www.agpal.com.au>, click on qbay in the top left hand corner followed by General Practice and refer to the relevant section.

AGPAL's website now contains a new feature called QexCHANGE. This facility of their website allows you to post a brief question and invite other practices to offer their feedback. You can also click on specific topics to browse other questions and answers of interest from your peers.

GPA offers a similar service through their website, <http://www.gpa.org.au>.

HUMAN RESOURCE MANAGEMENT

ORIENTATION

Providing orientation to new members of the practice team is imperative to assist the new staff member so they can confidently commence their employment. Induction programs are now an essential indicator for all new staff in the 3rd edition RACGP standards for General Practice Accreditation. In line with this requirement, it is essential that each Practice has a comprehensive orientation for each new staff member. It is also paramount that the Nurse has a clearly defined position description to work to.

The components, format and timeframe of the orientation can be customised to suit the practices needs.

Below is an example of the components of the orientation that could be addressed by the practice. Some of the items may have been addressed pre employment.

Terms and conditions of employment
Welcome and introduction to the practice
Personnel administration \ Human Resource Management
Administration Issues
Introduction to Role at the Practice \ Individual tasks relevant to the role
Occupational Health & Safety Issues
Other Relevant Issues

Below is an example Orientation Checklist which the practice may like to adapt to suit their needs.

**ORIENTATION PROGRAM FOR PRACTICE NURSE TEMPLATE
(Can be modified by the Practice)**

NAME: _____

POSITION: _____

DATE COMMENCED EMPLOYMENT: _____

Unit Number	Components of Unit	Person Involved	Completed Date/sign
One	<p>Stress the importance of feeling free to ask questions at any time</p> <p>Welcome & introduction to the Practice</p> <p>Explain your own role in the Practice Introduce the Doctors and staff Tour of the Practice environment including location of facilities (toilets, emergency exits, lunch/staff room, consulting rooms, treatment room, pathology, fire extinguishers) Outline the organisational structure of the practice – briefly outline the role of other team members Provide an overview of the Practice culture – philosophy of the practice, mission, vision and values of the practice Provide an overview of the patient demographic e.g. number of patients</p>	Practice Manager / Supervisor of new staff member	
Two	<p>Personnel Administration \ Human Resource Management</p> <p>Detail letter of appointment, position description, contract and confidentiality agreement Ensure that staff member understands major terms and conditions of employment, hourly rate\salary, hours to be worked Outline reporting responsibilities and chain of command for decision making Name of direct supervisor or clinical mentor Explain timesheet, time keeping procedures Paper work for tax, superannuation, bank account details Staff uniforms, name badges Explanation of Leave entitlements</p>	Practice Manager / Supervisor of new staff member	

	<p>Outline Grievance procedures Staff vaccinations recommended Policy & Procedures Manual for the practice (familiarisation and location)</p>		
Three	<p>Administration Issues</p> <p>Opening and closing procedures for the practice Use of phone systems Use of fax machine Use of email system Use of photocopier Filing procedures – doctor's trays, pathology, x-rays, medical records Frequency of practice meetings</p>	Practice Manager / Supervisor of new staff member	
Four	<p><u>Introduction to role at the practice \ Individual tasks relevant to the role</u></p> <p>location of new employees work station \ room Outline of areas of responsibility \ Refer back to position description Detail expectations and performance review Who is available to assist you in your role? Familiarisation with the whereabouts of resources within the practice Role specific: Infection Control Sterilisation Immunisation e.g. VIVAS, ACIR, Cold Chain Management Wound Care Stock Control and ordering Results & Recalls IT – clinical software and appointment\billing software, passwords Chronic disease management initiatives</p>	Practice Manager / Supervisor of new staff member	
Five	<p><u>Occupational Health and Safety Issues</u></p> <p>Location of the OH&S Manual within the practice Accident Reporting & location of Accident\Incident Report Forms Security e.g. personal security , security alarms if in place Protective Clothing</p>	Practice Manager / Supervisor of new staff member	

Six	<p><u>Other Relevant Issues</u></p> <p><i>Accreditation – define stage of process and new employees involvement in this process</i></p> <p><i>Contact your local Division Capricornia Division to make contact with your Area Manager and Practice Nurse Program Manager</i></p> <p><i>Professional Development opportunities and perceived training needs if any</i></p>		
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Comments:

DIVISIONS OF GENERAL PRACTICE OVERVIEW

Divisions of General Practice were set up in 1991 by the Commonwealth Government initially to encourage GPs to work with other health professionals in order to improve the quality of health service delivery at the local level, as part of the broader General Practice Reforms. Divisions have evolved considerably since their inception and will continue to do so in the ever-changing health care arena. Part of the Division's continual challenge is to remain abreast of new developments and initiatives and ensure General Practice is well placed to take full advantage of such opportunities.

Divisions enable GPs and general practice as a whole, to improve local health care delivery by:

- Meeting local health care needs;
- Helping general practice to link in with other health care services, like hospitals, private Allied Health Professionals and community services to ensure continuity of care;
- Promoting preventative care;
- Responding to rapidly changing community needs; and
- Providing opportunities for GP and practice staff "Professional Development".

Divisions of General Practice are principally funded by The Australian Government Department of Health and Ageing.

Each State also has a State Based Organisation (SBO). This is the Queensland Divisions of General Practice (QDGP).

The peak National body is the Australian Divisions of General Practice (ADGP).

Your local Division is Capricornia Division of General Practice.

The Capricornia Division of General Practice is a GP-run membership organisation that provides services, education and assistance to general practices and health care providers. This will improve the health of the community in the Division's area.

The Capricornia Division of General Practice:

Supports general practice and primary health care in providing quality care to the community

Develops sustainable programs that make continuous small steps towards better business outcomes for general practice and better health outcomes for local residents

Provides support to approximately 115 GPs in 44 general practices, allied health professionals and specialists, and approximately, in an area spanning Rockhampton, the Capricorn Coast and Gladstone, with a growing population of 137,000.

Mission Statement and Organisational Values

Mission Statement:

We are committed to supporting General Practitioners in delivering quality primary health care and achieving a quality professional life.

Our Core Values are:

to be responsive to the identified needs of our GP members
to enhance partnerships with health care providers
to provide a challenging and rewarding team environment
to respect the needs of the individual.

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INTEGRATING WITH THE CAPRICORNIA DIVISION

Practice Nurses

Capricornia Division of General Practice aims to support the role of nurses working in general practice by providing access to education and professional development opportunities, resources and information pertinent to the general practice nurse, information on professional issues, assistance in chronic disease management and general support to facilitate the enhanced role of the Practice Nurse.

Program Officers

The Capricornia Division delivers services to all practices in the division's catchment area. Program Officers visit the practices to detail various initiatives and deliver services and resources throughout the year.

Contact the Division on 07 4921 7777 to find out who your Program Officer is. You can call the Division to ask for assistance in all aspects of general practice.

Website

The Capricornia Division of General Practice has a website which will provide you with a wealth of information to assist you in your role. The website link is <http://www.capdivgp.com> (This site is currently undergoing review and update)

News in Brief

The Division sends out a weekly mail out to all practices in the Division (usually on a Wednesday). This is News in Brief and contains information pertinent for general practice. Information relevant to nurses in general practice is disseminated from time to time via this communications channel.

Cap Captured – Divisional Newsletter

The Division produces a monthly newsletter called "Cap Captured". The practice will receive a copy each month for you to access relevant information from the Division. Regular updates are provided on various initiatives and programs and are GP related issues.

Educational and professional development opportunities

For information relating to education and professional development opportunities, see Section 3.

Membership of the Division

The Division has an annual General Practitioner membership, the membership year running from 1 January to 31 December. In practices where GPs are financial members, practice staff receives Division membership rates for education and workshops.

THE ROLE OF THE PRACTICE NURSE

One Nurses role working in one General Practice setting may be very different to another. This may be in part due to the:

- Practice geographical location
- Patient demographics
- Qualifications, experience and competencies (e.g. Registered Nurse versus Enrolled Nurse)
- Full time versus part time capacity
- Utilisation of the Nurses skill set e.g. generalist role versus an enhanced role
- Requirements / philosophy of the Practice
- National incentives and programs

In the General Practice setting, Nurses

- provide clinical nursing services
- manage the clinical environment
- provide health promotion and patient education
- coordinate patient services, and
- improve health outcomes

Within this role, the nurse working in General Practice performs a number of tasks. The role of the Practice Nurse includes, but is not limited to the following:

Main Duties:

- Triage
- Immunisation
- Wound Management
- Preparation for minor procedures
- Sterilisation

General Duties:

- Information Management
- General Practice Accreditation

Other Key Duties:

- Health Assessments
- Case Conferencing
- Chronic Disease Management (GP Management Plans, Team Care Arrangements)
- Chronic Disease Initiatives (Diabetes, Asthma, Cervical Screening)
- Home Medicine Reviews

Main Duties

Triage

Practices are required to arrange for patients with urgent or serious medical problems to obtain medical care as soon as possible. Triage is performed by categorising patients into different levels of priority according to the degree of urgency for treatment. This assessment is brief, systemic and determined by priority of need and individual practice protocols.

The Practice Nurse is responsible for providing first line treatment as appropriate eg. Oxygen and maintaining the emergency equipment and or trolley

Immunisation

An MBS item number (10993) can be claimed when an immunisation is provided by a practice nurse on behalf of a medical practitioner in the consulting rooms of a general practice.

The involvement of the Practice Nurse may include:

Administering vaccines in a safe and timely manner according to the current schedule

Knowing how to identify and manage an anaphylactic reaction

Helping to maintain practice immunisation rate above 90% by promotion and information to patients

Maintaining an active vaccination recall system

Ensuring Cold Chain maintenance (vaccines maintained at a temperature between 2- 8 degrees centigrade)

Ordering vaccines

The Practice Nurse could work in conjunction with other practice staff to:

Complete Australian Childhood Immunisation Register (ACIR) recording requirements

Check monthly ACIR statements and undertake data cleansing as necessary

Ensure daily vaccine fridge monitoring

IMMUNISATION

Definition of COLD CHAIN

Vaccines need to be kept between 2°C and 8°C **AT ALL TIMES** to maintain the potency of the vaccine. Cold Chain is the process of maintaining the temperature of vaccines between 2°C and 8°C. Vaccines must be kept between these temperatures at each stage of their journey from manufacture to the point of immunisation of the patient.

When vaccines arrive at the surgery they will be packed with a ColdMark monitor.

Process

Ensure Cold Chain process has not been broken

1. Unpack vaccines immediately after they are delivered and check that ice packs have not completely thawed.
2. Check the ColdMark monitor for temperature.
3. Store immediately in the vaccine dedicated refrigerator.
4. Rotate stock.

Your practice should have a system in place to record stock ordered and received.

If at any stage you believe that vaccines have been compromised in any way at all, then contact Vaccination Information and Vaccine Administration Services (VIVAS) on **3234 1500**.

National Vaccine Storage Guidelines, *Strive for 5* gives further information about cold chain and vaccine storage. This can be obtained from www.immunise.health.gov.au/publications.

Vaccine Fridges

Traditionally general practices keep vaccines in various types of domestic fridges. However, recently it has been shown that temperatures in domestic fridges fluctuate greatly outside of the range of 2 – 8°C and potency cannot always be assured. In recent times a great number of practices are replacing their domestic refrigerator with purpose built vaccine fridges. Queensland Health state that bar fridges are considered too small and inappropriate to store vaccines.

The following standards for vaccine fridges are in place for Queensland:

National Health and Medical Research Council (NHMRC) The Australian Immunisation Handbook 8th Edition 2003, page 54.

Purpose built vaccine refrigerators are the preferred refrigerators for vaccine storage. It is recommended that if possible, purpose-built vaccine refrigerators are used by larger vaccination services, including hospitals, pharmacies, larger community health centres and larger general practices.

Royal Australian College of General Practice (RACGP) Standards for General practices 2nd Edition

Criteria 5.2.4 Page number 53

The practice has appropriate vaccine storage which maintains vaccines at temperatures between 2°C and 8°C. The temperature is continuously monitored and is checked and recorded daily.

Purpose Built Vaccine Refrigerators

There are several manufacturers and/or distributors of purpose built vaccine refrigerators in Australia. For a list of suppliers please contact the Division.

Purpose built vaccine fridges are programmed to maintain an internal temperature between 2°C to 8°C. The benefits of having a purpose built vaccine fridge:

They are designed especially for vaccines;
automatically defrost,
have an external temperature reading display;
have a maximum/minimum temperature continuous display; and
Have an alarm for deviations outside the programmed temperature range.

Refrigerator Maintenance

Refrigerator breakdowns should be repaired immediately. The door seals should be in good condition so that the door closes securely. Refrigerators that are not 'frost-free' should be defrosted regularly to prevent ice build-up. Ice build-up can reduce the efficiency and performance of a refrigerator.

During defrosting or cleaning of the refrigerator, move the vaccines to a second Refrigerator ensuring the cold chain procedure. This temporary storage refrigerator must also be monitored to ensure the correct temperatures between 2 and 8°C is maintained. Alternatively the vaccines can be stored in a pre-cooled, insulated container with ice packs or ice until the normal vaccine refrigerator is ready for use again. (The Australian Immunisation Handbook 8th Edition, page 56 - Also see section on "Transporting vaccines in insulated containers, page 60.

Temperature Monitoring

*Vaccines must be monitored **daily** with a minimum and maximum temperatures recorded. Temperatures can be recorded on a graph which can be obtained from Queensland Health **3234 1500**.*

Refrigerators used for vaccines must have a minimum/maximum thermometer probe placed on the middle shelf and temperatures should be checked and recorded daily prior to patients being seen therefore if there has been a cold chain break overnight then this can be dealt with prior to vaccines being administered. The most effective minimum/maximum thermometer is a digital

type with a probe. Vaccine fridge thermometers can be obtained free from Queensland Health by phoning **3234 1500**.

Place the probe directly in contact with a vaccine vial or package. Do not put the probe into fluid. The recommendation of keeping the vaccine storage temperature at 2°C to 8°C is based on air, not fluid temperatures.

The refrigerator temperature should be read at the same time each day, preferably prior to each working day. One person only should be responsible for adjusting the refrigerator to maintain the temperature in the recommended range of 2°C to 8°C.

Refrigerators used for vaccine storage should have an un-interrupted power supply, and door openings should be kept to a minimum. (The Australian Immunisation Handbook 8th Edition page 56)

Power Failure

During a power failure of 4 hours or less, the refrigerator door should be left closed and the vaccines should be left in the vaccine refrigerator. If the power fails for more than 4 hours, store vaccines in a pre-cooled, insulated container with ice packs to keep them cool. For further information on what to do in a power failure see page 53 of the 8th Edition Immunisation Schedule and contact VIVAS on **3234 1500**.

Transporting Vaccines

Transporting vaccines in insulated containers

Before packing ice packs with vaccines, remove the ice packs from the freezer at least 30 minutes prior to packing and allow them to 'sweat'. A 'sweated' ice brick is one that has been removed from the freezer for about 30 minutes. This action reduces the risk of freezing vaccines since the ice brick temperature is about -20°C when it is first taken out of the freezer.

Place vaccines (and time-temperature monitors and freeze monitor as required) in a small Styrofoam container ('six-pack' container). Close the lid and secure with tape. Pack the small Styrofoam container inside a larger insulated container (a 'cooler' such as the Esky™) and surround it with ice packs. Close and secure the lid of the large container. The vaccines must not be in direct contact with the ice packs because of the risk of freezing.

If the vaccines are not packed using the above technique, an alternative method is to pack the vaccines inside a pre-cooled cold box (eg. Esky™). Place the ice packs on top of the vaccines, ensuring they are separated from the vaccines by a layer of polystyrene foam, shredded paper or bubble-wrap plastic. Ensure the vaccines, cold chain monitor (CCM), ice packs and 'filler' material are packed to ensure they do not move around during transport. Vaccines must be packed to ensure the ice packs do not come into direct

contact with the vaccines or CCM, and the cold air can circulate freely around the vaccines.

Remove vaccines only as they are required, making sure the lids are replaced on both the small and large containers each time (if this is the method of transport). If the time-temperature monitors and/or freeze indicators (or alternatively, the min/max thermometer in an outreach situation) are used, they should be checked before administering the vaccine. If the time-temperature monitor indicates that vaccine is being subjected to temperatures above 10°C while being transported, use more freezer blocks to reduce and maintain the internal temperature at the correct level.

(Reference: The Australian Immunisation Handbook 8th Edition page 60-63)

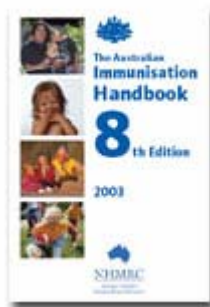
Vaccine Ordering

Vaccines as per the latest schedule can be ordered by phoning VIVAS on **3234 1500**.

Vaccine Schedule

The Australian Standard Vaccination Schedule

The Australian Standard Vaccination Schedule (ASVS) shown below is recommended by the NHMRC. Each practice should have a copy of the 8th Edition Handbook. Further copies can be obtained at www.immunise.health.gov.au.



The immunisation schedule (below) incorporates all vaccines recommended as 'best practice'. Immunisation providers are responsible for advising patients and parents/caregivers of available vaccine choices at the time of consultation, including those provided free under the National Immunisation Program. Not all vaccines are funded by the Commonwealth.

TIP

For information about the National Immunisation Program visit Immunise Australia at <http://immunise.health.gov.au>, contact the Immunisation Info line

on 1800 671 811, contact VIVAS on 3234 1500 or contact the Alliance at the Capalaba Office on 3390 2466.

Travel Vaccinations

For information on travel vaccinations see pages 77-89 of The Australian Immunisation Handbook 8th Edition.

The role of the Australian Childhood Immunisation Register (ACIR)

The ACIR is central to the effectiveness of the GPII scheme. It began recording details of all immunisations provided to children under seven years of age from 1 January 1996.

The ACIR enables more effective management of the National Immunisation Program at National, State and Territory levels. It allows measurement of immunisation coverage rates in children as well as providing parents with an immunisation history statement when their children turn 1, 2, and 4 years of age and also on completion of the 4 -5 year vaccination schedule. Parents can also request a statement at any other time.

The ACIR information is used to determine the immunisation status of children and accordingly the amounts paid under the GPII scheme. GPs will appreciate the importance of providing timely and accurate information to the ACIR. Not only does it generate a payment for notification but, through this scheme, will directly affect the amount of payment GPs will be eligible to receive. It is best practice to notify ACIR weekly. Please check with your practice protocol on this.

ACIR Forms

Below are forms which can be downloaded at <http://www.hic.gov.au/providers/forms/acir.htm>

[Immunisation history form](#) used to report immunisation details to the ACIR when another immunisation provider performed the vaccination service.

[NT, QLD Stationery Re-order form](#) used by Northern Territory and Queensland immunisation providers to order immunisation stationery.

[Application to Transmit Immunisation Data Electronically](#) must be completed before immunisation data will be accepted via Electronic Data Interchange (EDI).

[Medical Contraindication form](#) used to record a reason why a vaccine should not be given to a child.

[Conscientious Objection form](#) used to record a parent or guardian's conscientious objection to their child being immunised.

GPII

Practices are able to earn revenue through the General Practice Immunisation Incentive (GPII) Program.

About the GPII Program

The GPII Program provides financial incentives to GPs who monitor, promote and provide immunisation services to children under the age of seven years.

The GPII scheme is made up of three components:

A Service Incentive Payment (SIP) – an \$18.50 (not GST inclusive) payment to GPs and Other Medical Practitioners (OMPs), who notify the Australian Childhood Immunisation Register (ACIR) of a vaccination that completes an immunisation schedule;

An Outcomes Payment – practices that achieve 90% or greater proportions of full immunisation providing the practice attains 10 SWPEs (Whole Patient Equivalents); and

Immunisation infrastructure funding – which provides funds to Divisions of General Practice, State-Based Organisations and funding for a National GP Immunisation Coordinator to improve the proportion of children who are immunised at local, State and national levels.

The overall aim of the GPII scheme is to encourage at least 90 per cent of practices to achieve 90 per cent proportions of full immunisation. This milestone was accomplished in the May 2003 quarter. For information on your practices percentage please contact the Division.

TIPS

For more detailed information on all aspects of immunisation please refer to Appendix 4.

For information on the GPII payment scheme refer to

http://www.medicareaustralia.gov.au/providers/incentives_allowances/gpii_scheme.htm

Familiarise yourself with the conscientious objector process and reporting adverse events.

Locate the current version of the Australian Immunisation Handbook in the practice.

Wound Management

An MBS item 10996 can be claimed where wound management is provided by a practice nurse on behalf of a medical practitioner. Normal post-operative aftercare is exempt.

The General Practitioner (GP) does not need to be present during the treatment of the wound; **however** an initial assessment must have been undertaken by the GP and instruction given regarding the treatment of the wound.

For more information please refer to [your local Wound Care Advisor](#).

Preparation for Minor Procedures

Each doctor within the practice will have their own requirements for setting up for minor procedures; otherwise there will be a specific practice protocol.

Sterilisation

Sterilisation is a validated process used to render a product free from all forms of viable micro-organisms. The nature of microbial death is described by an exponential function and although the probability can be reduced to a very low number, it can never be reduced to zero. (Sterilisation/Disinfection Guidelines for General Practices, RACGP 3rd edition, 2000, page 3)

Sterilisation is a process defined by several acts requiring standards to be met to achieve a level of safe infection control. These acts must be undertaken under strict protocols as outlined in the practices' Policy & Procedure Manual according to RACGP guidelines.

These processes include:

- Pre-cleaning of instruments prior to sterilisation
- Cleaning and drying of instruments
- Correct packing of instruments and pack details
- Loading and unloading of the steriliser
- Physical monitoring of cycle parameters
- Storage of sterile instruments
- Validation of the sterilisation process
- Maintenance of the steriliser

A Practice Nurse needs to be aware of the processes in detail and in particular:

Develop and maintain a sterilisation protocol for the practice according to the RACGP guidelines

Record all batches of sterilised instruments in a designated sterilisation record book and ensure the batch numbers are recorded in the patient's record

Arrange annually for the steriliser to be calibrated and validated. Calibration must be done by a trained technician. The division can assist you with a list of companies that may assist. Validation is a process of confirming that the practice steriliser is producing sterile loads and can be done by the Practice Nurse.

Ensure that all sterilised stock is rotated and stored appropriately



Locate and familiarise yourself with the practices copy of the RACGP "Sterilisation/Disinfection Guidelines for General Practice".

TIP

Agpal's website has excellent fact sheets on every aspect of Sterilisation.

Visit <http://www.agpal.com.au>

Visit Sterilisation Standards Website for current standards for Medical Room sterilising.

Visit <http://www.sai-global.com.au> Code number for search: AS4187

TIP

Your practice should have a written policy on your sterilisation procedures if you are accredited or working towards accreditation. Familiarise yourself by consulting the Practice Policy and Procedures Manual.

TIP

It may be your role in the practice to have the steriliser calibrated. If this is the case, ask which company usually does the calibration and note when this is next due. This should be done annually.

INFECTION CONTROL

Infection Control is a whole of practice approach. Each practice will have a Policy and Procedures Manual which lists Infection Control Procedures for the practice. Some excellent references include the *Infection Control Guidelines Queensland Health, November 2001* and *Sterilisation/Disinfection Guidelines for General Practice, RACGP 3rd Edition, 2000*.

Spills Kit

A spills protocol must be easily accessible by all staff. Having a kit available at the front reception area provides staff with a quick and safe way to clean up any body fluids.

A spills kit should include

A small bucket to contain all requirements

Heavy duty gloves

Safety glasses

Forceps – for picking up glass etc
Medical detergent
Paper towel
Firm cardboard – a few pieces for scraping up
Small dustpan
Biohazard bags
Granules for large spills
Each time a spills kit is used it should be immediately restocked for the next time it is required. Other useful equipment to have on hand could include:
A caution sign "slippery when wet" – to use after cleaning up a spill until the area is dry
Vomit bowl left at the front desk – for quick access
Disposable gloves – to use to apply pressure to a wound if required
http://www.qip.com.au/library.asp?aqid=1&Library_ID=346&cat_id=169

Hand washing

How to wash hands (routine/social hand wash)

remove watch and jewellery, roll sleeves up above elbow (improves the ability to wash Hands and wrists thoroughly)

wet hands with water (avoid hot water which can dry skin)

place a small amount of soap on your hands (3-5 mls is enough; too much can be drying to the skin)

rub hands together vigorously to create a lather, making sure to clean under fingernails,

and wash fingertips, in between and around fingers, the palms and tops of the hands, and around the thumbs. Do this for around 10-15 seconds (or longer if hands appear dirty)

rinse all surfaces of the hands well, using plenty of running water (removing all of the soap prevents skin irritation from residual chemical)

pat hands dry carefully with a paper towel (rubbing with paper towel can damage the skin)

use the paper towel to turn off the tap to avoid contaminating clean hands

use moisturiser following hand washing to replace some of the oils removed from the skin surface during washing (micro-organisms adhere more readily to dry, cracked skin)

Cleaning the practice environment

Regular and conscientious cleaning of the practice assists in infection control and maintains a pleasant surrounding for both patients and staff.

Routine cleaning with detergent and water is sufficient for almost all surfaces. Damp wiping of surfaces and damp mopping of smooth floors is the preferred method as dry dusting and sweeping will cause airborne bacteria levels to rise.

Written protocols for in house staff and/or external cleaning contractors should be documented.

Staff training and an understanding of Standard Precautions such as how to remove sharps are essential for effective decontamination and cleaning of the practice environment.

A daily cleaning routine should include:

All bench tops, trolleys, examination and treatment couches, protective eyewear, reusable aprons, sinks, floors, toilets, bathrooms, food handling and eating areas.

Weekly routine should include:

Waiting room and office furniture, waiting room toys.

Other factors to consider:

Alcohols have an important role in skin disinfection but are not recommended for surface cleaning in general practice.

Disinfectants can be problematic and are not usually a necessary part of routine cleaning.

The practice should not use cleaning agents that could be toxic to the user and damaging to the surfaces, such as products containing bleach or glutaraldehyde.

All cleaning agents required to be mixed, should be discarded at the end of the day. Spray bottles should be emptied at the end of the day, rinsed and left to dry upside down overnight.

Reference: Sterilisation/Disinfection Guidelines for General Practice, RACGP 3rd Edition, 2000.

Needle Stick Injury

Following a needle stick injury or other exposure to a body substance:

1. Clean/decontaminate

Skin: wash with soap and water

Mouth, nose, eyes: rinse well with water or saline

2. Report the incident immediately to your supervisor and a medical practitioner

3. Complete an incident report

4. If the incident occurred during a procedure, you must document whether or not after the injury if any of your blood went into the patient or onto instruments that were then used. If the patient has been exposed to your blood from the injury, then you also have a duty of care for the patient.

5. Obtain informed consent from the source patient for testing for Hepatitis B, Hepatitis C and HIV. The source patient's confidentiality must be maintained. Do not interview the source patient in front of relatives. Reassure the patient that he/she is not responsible for the accident and that he/she has not been exposed.

Explain to the source patient that you want to do the tests because:

Every healthcare facility follows this protocol after an exposure of a health care worker to blood or body fluids

All source patients are asked to be tested, there is no discrimination and you have a duty of care to the exposed person.

Most patients will agree to a blood test if they are approached in a sensitive manner. Ask the source patient about at-risk activities, especially in the past 6 months.

6. Have the source patient's blood tested as soon as possible.
7. Obtain informed consent from the exposed practice worker for testing for hepatitis B, hepatitis C and HIV. These baseline tests establish whether the health care worker has previously acquired an infection from other exposures or at-risk activities. The health care workers confidentiality must be maintained and staff may choose to have these test performed at a different general practice or at a hospital emergency room. Give the health care worker the phone number for the National Needle Stick Hotline (NNH) 1800 804 823 (24 hours).
8. If you anticipate that the source patients HIV results will not be available within 24 hours and if either:
The source patient is likely to be positive or in the window period; or
It was a high-risk injury from an unknown source; then chemoprophylaxis should be commenced and then reassessed when test results become available. For advice about this point consult the NNH 1800 804 823.
9. The exposed practice worker must be referred for immediate consultation with an infectious disease specialist if:
the injury is classified as high risk or
the source patient has had at-risk activities or
the source patient has a positive blood test
10. If the health care worker does not know their hepatitis B status, request urgent results for hepatitis B on the health care worker and the source patient. Remind the injured health care worker that they must return within 48 hours of the incident to find out their hepatitis B immune status. If the source patient's hepatitis B result will not be available within 24-48 hours and if the health care workers hepatitis B status is not documented then give: hepatitis B immunoglobulin and hepatitis vaccine (first dose)
11. If the needle had been in rubbish or on the floor, also consider the health care worker's tetanus status. Administer ADT (adult diphtheria and tetanus) if necessary.

For further information please contact Queensland Health.

General Duties

Depending on the job description the Practice Nurse may be asked to undertake the following:

Undertake clinical collections eg swabs, urine/faeces specimens and perhaps venipuncture. Your practice will have a nominated pathology provider who will collect specimens on a regular basis.

ECG

Ear syringing

Injections

Urinalysis

Musculo-skeletal plastering

Maintain and restock doctor's bag

Maintain practice S8 drug register

Maintain and rotate medication supplies

Maintain and restock medical supplies

Maintain cryotherapy equipment

Order nitrous oxide and oxygen as required

Check and restock emergency equipment

Spirometry

Pregnancy Tests

Inform patients about relevant community health organisations

Patient education and health promotion particularly in the areas of chronic disease management

Information Management

The use of the computer and medical software may be expected. This may include:

Establishing a particular patient register e.g. Diabetic patients for annual cycle of care

Using the recall/reminder system as specified in the Practice's Policy and Procedures Manual

Clinical data management eg. entering and extracting data

Searching the database

Making appointments

 **TIP**

If the practice uses Medical Director as their clinical software, you can access quality consumer health information. Medical Director offers MIMS consumer medicines information directly from the main tool bar (a blue circle with CMI in it). John Murtagh's patient education leaflets are easily accessible by clicking on 'resources' and then 'patient education'.

Accreditation

If your practice is accredited, you will be involved in maintaining the cycle of quality improvement in your practice and ensuring that the practice is ready for a formal assessment of standards when this falls due.

It will be of benefit to know where in the accreditation cycle your practice is eg. registered to become accredited, accredited, preparing for reaccreditation and what your role is or is likely to be in this process.

Other Duties

The Enhanced Primary Care Package (EPC)

This incentive was launched by the Federal Government in the 1999-2000 budgets. The goal of this package is to improve the health and quality of life for older Australians and people with chronic conditions and multi-disciplinary complex care needs, through enhancing the quality of primary health care. The major elements of this package were Health Assessments, Care Plans and Case Conferences.

From 1 July 2005, new Chronic Disease Management (CDM) items in the MBS were introduced to make it easier for GPs to manage the health care of patients with chronic medical conditions, including those patients who need multidisciplinary care. These new items are GP Management Plans and Team Care Arrangements and the review of these items. For the first time, GPs have access to Medicare rebates for preparing and reviewing GP management plans for patients with chronic medical conditions. For patients requiring multidisciplinary care, GPs can also claim from Medicare for coordinating team care planning and review services. These CDM items will apply to the treatment of people with asthma, cancer, arthritis, diabetes, heart disease, mental illness and other chronic conditions. The new items replace the existing EPC care plans, which will be phased out and withdrawn from 1 November 2005.

Health Assessments

Annual Health Assessments are for people aged 75 and over (55 and over for people of Aboriginal and Torres Strait Islander descent).

The Practice Nurse role may include the following:

- Implement and maintain a systematic approach towards this initiative, including promotion and an active recall and reminder system
- Collect mandatory information either in the patient's home or at the practice and record
- Discuss further management with the GP and
- Refer to appropriate service providers as requested and agreed to by the GP and the patient

In summary,

MBS Item Numbers 700 and 704 – in consulting rooms

MBS Item Numbers 702 and 706 – all or part of Health Assessment in patient's home

Case Conferences

This is a meeting of **at least three** health care providers to plan care for individual patients with chronic and complex conditions and multi-disciplinary care needs. They may either be undertaken for patients in the community or in a residential aged care facility, or patients being discharged into the community from a hospital. Case conference meetings can be face to face, via telephone or video conference.

A case conference usually involves immediate management plans to develop short term or urgent solutions and must be at least fifteen minutes in duration. A practice cannot claim more than five case conferences for a patient in a twelve month period. Item payments vary depending on 1) the length of the conference, 2) whether the GP organised or co-ordinated the conference or was a participant and 3) the location of the conference.

The Practice Nurse role may include:

- Identify eligible patients who would benefit from a case conference
- Understand and promote the process of a case conference
- Assist with the organisation and facilitation of the case conference
- Assist in the implementation of the short term management plan

GP Management Plans (GPMP)

These are written comprehensive plans for the care of an individual patient of any age, with a chronic or terminal condition (including patients who have multiple chronic conditions and multidisciplinary care needs). The

recommended frequency is once every two years, supported by regular review services.

The Practice Nurse role may include:

- Identify eligible patients who would benefit from a GP Management Plan
- Asses the patient
- Agree management goals for the patient
- Identify actions to be taken by the patient
- Identify treatment and ongoing services to be provided
- Document the above in the GP Management Plan

Team Care Arrangements (TCA)

Patients with a chronic or terminal condition **and** who require ongoing care from a multidisciplinary team of **at least two** other care or service providers is eligible for this service. The recommended frequency is once every two years, supported by regular review services.

The Practice Nurse role may include:

- Identify eligible patients who would benefit from a Team Care Arrangement
- Assess the patient
- Agree management goals for the patient
- Identify actions to be taken by the patient
- Collaborate with the participating providers on required treatment/services
- Document the above in the patient's TCA

TIPS

Two useful websites to refer to for EPC are the RACGP Enhanced Primary Care site at <http://www.enhancedprimarycare.org.au> and the Department of Health and Ageing at <http://www.health.gov.au/epc/>.

To obtain information in relation to services available in the community, refer to the "Coordinating Patient Services" section on page.

Familiarise yourself with the MBS requirements for the above items by reading the explanatory notes in the latest MBS Schedule.

For comprehensive information relating to the Chronic Disease Management Item numbers access the AGPN website at <http://www.adgp.com.au>. Here you will find general information and fact sheets, MBS explanatory notes,

frequently asked questions, case scenarios, interactive templates for Medical Director, Proformas and checklists, Allied Health and Dental Referral Forms.

Chronic Disease Initiatives

Diabetes Annual Cycle of Care

The aim of the diabetes incentive is to enhance prevention, earlier diagnosis and management of people with established diabetes mellitus. The role of the Practice Nurse is to support the GP in the task of prevention, promotion and maintenance of diabetes health issues.

GPs may choose to enrol their patients in the 12 month cycle of care which is based on the guidelines developed by the RACGP and Diabetes Australia. This then allows them to claim a service incentive payment (SIP) on completion of the patient's cycle of care.

The Practice Nurse role may include:

- Compile and maintain a register of all the diabetic patients in the practice
- Maintain a diabetic recall system
- Ensure each diabetic patient has annual cycle of care documentation
- Assist in the undertaking of this cycle of care
- Undertake patient education as required
- Investigate and maintain patient literature resources (Diabetes Australia Qld has excellent resources)
- Ensure correct MBS item numbers are claimed

Asthma

The asthma initiative, the Asthma Cycle of Care, aims to encourage and support GPs to better manage their patients with moderate to severe asthma. The role of the Practice Nurse is to support the GP to better manage the clinical care of patients.

GPs may choose to enrol their patient in the 3+ Asthma plan.

The Practice Nurse role may include:

- Compile and maintain an asthma practice register
- Maintain a recall system
- Investigate and maintain supplies of resources and patient literature (The Asthma Foundation Qld has excellent resources)
- Assist GP in providing the care requirements of the Asthma Cycle
- Spirometry
- Undertake patient education as required, eg. Types of medication, correct use of inhalers
- Ensure correct MBS item numbers are claimed

Cervical Screening

The aim of the cervical screening incentive is to assist general practices to increase rates of participation of female patients in the National Cervical Screening Program. This will improve early detection of cervical abnormalities. Practice nurses potentially have a role in supporting GPs in their efforts to maintain and improve screening rates.

The Practice Nurse role may include:

- Identify high risk women in the practice community and promote benefits of cervical screening in collaboration with the attending GP
- Maintain cervical screening recall register
- Investigate and maintain supplies of resources and patient literature (Queensland Cancer Council has excellent resources)
- Ensure correct MBS item number is claimed

TIPS

For more information on the above Chronic Disease Initiatives see the relevant Division flowcharts and requirements at Appendix 6.

Home Medicines Review

A Home Medicines Review (HMR) is a service to patients living at home in the community. The goal of the is to prevent medication related problems and to ensure patients are receiving optimal benefit from their medication.

The GP refers eligible patients to their preferred community Pharmacist who then organises for an Accredited Pharmacist to conduct the HMR in the patient's home. The Accredited Pharmacist identifies and assesses the patient's medication management issues and writes a report for the GP. Following discussion with the Pharmacist, the GP generates a medication management plan with the patient.

The Practice Nurse role may include:

- Identify eligible patients and promote the benefits of HMR
- Manage the process under the GP's supervision by arranging consultations and implementing agreed actions
- Ensure patients go on to the practice recall system

TIP

For more information on the HMR process see the relevant Division flowcharts at Appendix 6 and the latest MBS Schedule.

REMINDERS AND RECALLS

Patient Registers / Patient Databases:

A patient register is a complete and ordered list of patients in the practice. A practice register helps the practice to systematically target all of the patients in a particular group. Registers can be paper based or computerised.

The practice needs to identify the target groups for reminder, eg.

Over 60 year olds (flu vaccines, HMRs)
Over 75 year olds (health assessments)
Women (cervical screening)
Diabetics
Asthmatics
Patients with other chronic conditions.

There are several forms of the register:

Age sex register. For example patients over 60, children under 5, women over 50, etc. The accounting packages used by the practice should contain most of the required demographic information needed to develop an age sex practice register.

Disease registers. Examples include asthma, diabetes and hypertension. This type of register needs to be developed by the practice. Suggestions as to how the practice might develop this register include:

If you are using a clinical software program such as Medical Director and type in a diagnosis (eg. Diabetic, asthmatic) for the patient then you can search for all the patients in that diagnosis target group.

Searching files for medications prescribed is another way of starting a disease register. It should be noted however that not all patients within a particular disease group will have had medication prescribed, eg. Not all diabetics are prescribed hypoglycaemic medication. This method is only a starting point and other methods need to be used to develop a complete register.

As patients visit the practice, the GP notes that the patients are to be placed on a particular register. These registers are paper based and are kept at the front office. The demographics of the patients are recorded in the specific register. It should be noted that this method only identifies those patients that visit the practice and that infrequent visitors may be left off the register. Other methods will need to be used to develop a complete register.

To assist with the development of diabetes register the practice can write to their local pathology service and ask for a list of names of patients for whom an HbA1C has been requested in the last three years by each of the GPs in the practice. Please note each GP needs to sign the request letter. There can be problems with this method if any of the GPs in the practice have used the HbA1C test as a screening tool.

The development of an accurate register may involve a combination of any or all of the above suggestions. It is important that the practice has an agreed policy on how the register is maintained and validated on a regular basis as well as the person at the practice who is responsible for doing this.

THE PRACTICE INCENTIVES PROGRAM (PIP)

The PIP aims to recognise General Practices that provide comprehensive, quality care and which are accredited or working towards accreditation.

The PIP is part of the blended payment approach for General Practice. Payments made through the program are in addition to other income earned by the GPs and the practice, such as patient's payments and Medicare rebates. Payments focus on aspects of general practice that contribute to quality care. These include the use of IMIT, provision of after hour's care, student teaching, employing a Practice Nurse, chronic disease management and better prescribing. A rural loading is paid to practices in rural and remote localities.

The Employing a Practice Nurse Initiative provides an incentive to General Practices in rural, remote and areas of urban workforce shortage, as defined by the Department of Health and Ageing (DoHA), to employ Practice Nurses. Guidelines for the eligibility criteria, employment criteria and incentive payments can be sighted in the Strengthening Medicare Fact sheet in Appendix 6.

The PIP is designed to reward practices with additional income based on achieving specified standards and outcomes. From 2002, accreditation was the only gateway to the PIP scheme. Therefore, the PIP payments are an added incentive for General Practices to be accredited.

Practice Nurses can play a vital role in contributing to the PIP payment for chronic disease management. The targeted areas for this incentive are diabetes management, asthma management and cervical screening. For more information on these incentives and the Practice Nurses' role in these incentives see 'The Role of the Practice Nurse' page 8.

For further information on the PIP phone 1800 222 032, go to www.medicareaustralia.gov.au/pip or see this reference which can be downloaded at www.medicareaustralia.gov.au/providers/incentives_allowances.



MEDICARE AND THE MEDICARE BENEFITS SCHEDULE

The Health Insurance Commission (HIC) is responsible for:
Ensuring Medicare benefits are paid to eligible health care consumers for services provided by eligible medical practitioners, and
Assessing and paying Medicare benefits for a range of medical services, whether provided in or out of hospital, based on a schedule of fees determined by DoHA in consultation with professional bodies.
The [Department of Health and Ageing](#) (DoHA) is responsible for the policy development of Medicare and the Medicare Benefits Schedule.

The most common methods of billing in General Practice are:

Private Bill all patients
Bulk Bill all patients
Combination of both

Process

Regardless of which method your practice uses each patient is billed with item numbers so the patient or the practice can claim from Medicare.

The Medicare Benefits Schedule book lists information on all item numbers and is updated on Nov 1st each year and each GP should have a copy.

Copies can be obtained from www.health.gov.au/pubs/mbs or by phoning 1800 020 103. (If you have a question interpreting the Medicare items please phone Qld HIC Branch on 3004 5450.)

Each consultation has an item number which is charged and most procedures also have an item number attached to them

Common item numbers for consultations are:

Level A Consultation: item number 3
Level B Consultation: item number 23
Level C Consultation: item number 36
Level D Consultation: item number 44

Examples of item numbers for common procedures are:

ECG (12 lead): 11700
Pregnancy Test: 73806
Wound care: item 10996
Immunisation: item 10993
Chronic Disease: item 10997
Cervical Smear and Preventative Check: item 10994
Cervical Smear Only: item 10998

COORDINATING PATIENT SERVICES

The Practice Nurse is often the key point of contact between general practice and other providers.

This section provides a short brief on Community Services, Community Allied Health Services, Domiciliary Nursing and additional patient services that may be of use in your role in coordinating the care of patients in your practice. It is by no means an exhaustive list, but one which you could build on when networking with other services to integrate service delivery.

For any services not listed please go to the Capricornia Services Directory available in your practice.

COMMUNITY SERVICES

In this section, the following organisations are listed:

Aged Care Assessment Team (ACAT)
Alzheimer's Australia
Blue Care
Breast Care Nurse
Carer's Support Group
Centacare Aged and Disabled Care Services
Centacare Child Abuse Prevention
Centrelink Helpline
Commonwealth Carelink Centres
Commonwealth Carer Resource Centre
Central Qld Carer Respite Centre
CQ Home Assist- Secure
Department of Veterans Affairs
Disability Services Queensland
Elder Abuse Prevention Unit
Home and Community Care (HACC)
Keppel Community Care Association Inc
National Incontinence Helpline
Palliative Care Unit
Primary and Community Health Services
Rockhampton City Council Immunisation Program
Transport

AGED CARE ASSESSMENT TEAM (ACAT)

Phone: (07) 4920 6900

Fax: (07) 4920 6863

Aged and Community Care Information Line: 1800 500 853

www.seniors.gov.au

Aged Care Assessment Teams (ACAT) assesses specific care and health needs to advise on Government Funded services.

ACAT accepts referrals for people who are seeking Approval for entry to permanent residential care or respite, Community Aged Care Packages (CACPs), Extended Aged Care at Home Packages (EACH), Innovative Dementia Care Packages and Retirement village packages. This approval should be used within 12 months and upon assessment of the client, will explain the assessment results and discuss the best type of care.

CACPs are Community Care Packages designed for more complex care needs and provides access to a range of services that can help people to continue to live in their homes. Assessment by ACAT is required prior to receiving CACPs.

EACH enables frail elderly people to remain in their homes by providing care at the level currently provided in a high care residential aged care facility. Assessment by ACAT is required prior to receiving EACH.

ALZHEIMER'S AUSTRALIA

To contact Alzheimer's Australia (QLD) Inc.

Postal Address: PO Box 9360 GCMC

Queensland 9726

Phone: (07) 5538 8221

Fax: (07) 5538 8225

Email: info@alzQld.asn.au

Alzheimer's Australia is the peak body providing support for Australians living with dementia and it's mission is to reduce the impact of dementia on the community.

Alzheimer's Australia (Queensland) provide support to people with dementia, their families and their carers and also raise public awareness of dementia in the wider community.

Alzheimer's Australia (Queensland) has a network of regional member organisations who also work with their local communities to offer support, information and referrals and education.

BREAST CARE NURSE

COMMUNITY AND PUBLIC HEALTH CENTRE
SANDROCK HOUSE
PO BOX 4040
ROCKHAMPTON HOSPITAL QLD 4700
PH 4920 5562
FAX 4920 5557
MOBILE 0418 781 468

The Breast Care nurse is available to co-ordinate client care and provides continuity of care for women diagnosed with breast cancer. She is able to provide education/information and support to clients, partners and family; to liaise with support services and initiate referrals where required; as a resource for clients, professionals and the community.

CARERS SUPPORT GROUP

77 SUTTON STREET
GLADSTONE 4680

Offers support, fellowship and information for anyone who is a carer of an aged or disabled person.

CENTACARE AGED AND DISABLED SERVICES

COMMUNITY OPTIONS, COMMUNITY CARE PACKAGES, DISABILITY SERVICES

10 BOLSOVER STREET
ROCKHAMPTON 4700
PH 4927 1700
FAX 4927 9209

Provide Hacc Services, Community Care Packages. In home services to assist people to live independently: respite for carers and meal delivery.

CENTACARE CHILD ABUSE PREVENTATION

10 BOLSOVER STREET
ROCKHAMPTON 4700

PH 4927 1700
FAX 4927 9209

FREECALL: 1800 688 009

Child abuse prevention resource centre.
Free call for phone counselling support and referrals.

CENTRELINK HELPLINE

Freecall 1300 788 118

Services include Carer Allowance, Pension Forms, etc.

COMMONWEALTH CARELINK CENTRES

Freecall 1800 052 222 <http://www.CommCarelink.health.gov.au>

When you call the 1800 number, your call is automatically directed to your local Commonwealth Carelink Centre.

Commonwealth Carelink Centres will provide GPs and other health professionals, service providers, carers and the general public, with a single point of access for information about, and referral to, Community Care Services.

Commonwealth Carelink Centres help patients live independently in their own homes by providing them with free information about community aged care, disability and other support services. They also help you match your patient's needs to care services or you can refer your patients, their carers or family members to a Centre.

Your local centre can assist with local knowledge about:

The range of services available and how to contact them

Who is eligible to receive the services

Whether there are any costs associated with receiving these services

Aged care assessment services for access to community aged care packages or entry into aged care homes

When you contact your local Commonwealth Carelink Centre, they will be able to provide you with information in your region about the following:

Household help, home modification and maintenance

Personal, nursing and respite care
Transport and meal services
Disability services
Day care and therapy centres
Assessment, including Aged Care Assessment Teams
Special services for dementia
Continuance assistance
Support for carers
Community Aged Care Packages
Aged care homes
A range of Allied Health care (e.g. podiatry, physiotherapy etc), and
Support groups

The Commonwealth Carelink Centre information service can be used by anyone, and this free information service is offered to:

Older Australians
People with disabilities
Families and carers
GPs
Other service providers
People of Aboriginal & Torres Strait Islander descent
People from culturally & linguistically diverse backgrounds

They can put people in touch with:
Government & Non-Government services
Aged Care services
Services for veterans & their families
Allied Health services
Medical Services
Funded & user-pay services
Disability services
Support groups
Vision/hearing impaired services
Culturally & ethically appropriate services
Social support
Carer support
Residential services
Legal & advocacy services
Volunteering organisations



Benefits in summary:

Saves you time

One phone call links you to listings of local community, disability and other support services

Up to date information on current services, entry periods, eligibility criteria and contact phone numbers

Personal, free and confidential service

Accessible to patients with sight, hearing or speech impairments

COMMONWEALTH CARER RESOURCE CENTRE

Freecall 1800 242 636 <http://www.careraustralia.com.au>

By accessing the freecall number, carers can obtain information and advice to assist them in their caring role, including the services and assistance available to them. This may include information on topics, referrals, support, counselling and resources. The Commonwealth Carer Resource Centre also manages the National Carers Counselling Service for Queensland which allows counselling and support for carers. Carer information packs provide valuable information.

COMMONWEALTH CARER RESPITE CENTRES

Freecall 1800 059 059

Commonwealth Carer Respite Centres help when carers need to take a break from their caring role and they can:

Organise programs to suit individual's circumstances;

Provide information on respite care;

Make a referral to an appropriate respite service for regular ongoing respite care (home or centre based);

Can assist carers to access periods of block respite via residential care facilities; and

Provide education programs and emotional support to carers.

Aside from emergency situations, a person must first be assessed by an ACAT prior to entering into respite care.

CENTRAL QUEENSLAND CARER RESPITE CENTRE

Shop 2 Kmart Plaza

16 Blanchard Street

North Rockhampton 4701

Respite booking for aged; carer information and support; co ordination of respite needs in crisis times.

CQ HOME ASSIST - SECURE

116 East Street
Rockhampton 4700

Ph 07 4922 3301

Provides advice and information on health, safety and security, to old age pensioners and the disabled, living in their own homes.
Minor home repairs performed- Labour subsidised

DEPARTMENT OF VETERANS AFFAIRS

All enquiries 13 32 54 <http://www.dva.gov.au>

DISABILITY SERVICES QUEENSLAND (DSQ)

DSQ Central Office in Brisbane

GPO Box 806 Brisbane 4000
Level 3A Neville Bonner Building
75 William Street
BRISBANE Q 4001

Toll Free 1800 177 120

Fax (07) 3224 8037

Disability Services Queensland provides various services for people with a disability both directly and indirectly. This includes programs, funding and grants and access to a complaints process.

For an up to date list of these programs, key projects, patient eligibility and contacts, log onto their website at <http://www.disability.Qld.gov.au/>

If you wish to contact the department to find out information about support and services for people with a disability in Queensland, you can email disabilityinfo@disability.Qld.gov.au

DOMICILIARY NURSING

In this section, the following organisations are listed:

Blue Care
Ozcare

BLUE CARE

Blue Care provides care to all members of the community. Referral is from an individual, carer, hospital, GP, health agency or ACAT (Aged Care Assessment Team).

Blue Care provides specialist and general nursing, Personal Care, Continence Advisory Service, Client assessment, Pastoral Care, Home Care (usually short term and limited equipment Loans.

Services provided by Blue Care include:
Allied Health Services
Blue Nursing – home and community nursing
Community Care Packages (CCP)
Disability Services
Palliative Care
Pastoral Care and Counselling
Residential Aged Care Services
Respite Services
Commonwealth Carer Respite Centres
Volunteer Services

**51 Corbery Street
PO Box 1286
Rockhampton 4700**

**PH 4927 4444
Fax 4922 6371**

**30 Rockhampton Road
Yeppoon 4703
PH 4939 1371
Fax 4939 2806**

**2 Sigg Streets
Gladstone 4680
Ph 4979 3770
Fax 4979 3447**

OZCARE

Ozcare provides a wide range of community and health services that are available to all members of the community. Their clients range from mothers with new babies, adolescents, through to people in the workplace the elderly, frail, people with disabilities and rural families. Their services include:

Community Nursing
Community Packages
Community Support Services
Drug and Alcohol Services

Rockhampton 07 4927 4599

ELDER ABUSE PREVENTION UNIT

c/- Lifeline
124 Quarry Street
Rockhampton 4700
Ph 07 4922 7035

HOME AND COMMUNITY CARE (HACC)

Community nursing: Home care services; assessment, monitoring and support of aged persons and their carers and people with disabilities.

Community Health Services Centre - Gladstone

Ph 07 4976 3137 / 4976 3151

Community and Public Health Centre – Rockhampton

Ph 07 4920 6900

Capricorn Coast Community Health Services Centre – Yeppoon

Ph 07 4939 1469

For information on HACC services and eligibility call the Carer Resource Centre Information and Support Line on 1800 242 636.

(<http://www.hacc.health.gov.au>)

The Home and Community Care (HACC) Program in Queensland is funded jointly by State and Federal Governments, QLD Health and the Commonwealth Department of Health and Ageing and was established to provide support services for frail aged people, younger people with disabilities, and their carers in their own homes.

The program aims to assist clients to be more independent and prevents their inappropriate or premature admission to long term residential care.

The varieties of services which can be provided under the HACC program include:

Domestic assistance

Social support

Personal care

Food services

In home and centre based day respite

Transport

Home maintenance or modification

Community nursing

Allied health such as physiotherapy, podiatry, occupational therapy

Information and support for Carers

Each HACC Service has its own policy on fees, but most services require a small contribution, depending on the situation. Special consideration is given to people with limited finances.

KEPPEL COMMUNITY CARE ASSOCIATION INC

Provides home based services to support the frail aged and people with disabilities in the community

69 Pattison Street
Emu Park 4702

Ph 07 4938 8400

NATIONAL INCONTINENCE HELPLINE

Freecall 1800 330 066

Services include:

Bluecare Continence Advisory Service

MASS (Medical Advisory Subsidy Scheme) for continence and mobility aids

Website www.depend.com/au/about/

PALLIATIVE CARE QUEENSLAND

Freecall 1800 772 273

Email: admin@pallcareQld.com

Website: www.palcare.org.au

Palliative Care Queensland Inc. (PCQ) is the independent voice for palliative care in Queensland and provides a point of contact for palliative patients, their families, carers and health professionals.

Palliative Care Queensland aims to:

Create a strong organisation producing an independent voice on palliative care issues;

Meet the needs of PCQ members;

Improve equity and access to palliative care across Queensland

Improve the quality of palliative care in Queensland; and

Reaffirm that death is a natural part of life.

PCQ works to achieve these aims through community development, advocacy, education, support and best practice.

What assistance can Palliative Care Queensland provide?

A point of contact for palliative patients, their families, carers, and health professionals.

A state-wide community resource centre providing palliative care information for patients, their families and carers and the general community. This resource centre is available on-line or through the PCQ Brisbane office. Accurate and comprehensive information on palliative care services in Queensland.

A state-wide register of specialist doctors and nurses, therapists, counsellors GPs, social workers, chaplains, volunteers and family carers.

Access to, and support for the facilitation of, community development and health promoting palliative care initiatives and models.

Relevant, up-to-date information and education in palliative care for health professionals and volunteers.

Support for research into the needs and treatment of palliative patients and their carers.

Advocacy for the ongoing development of palliative care services in Queensland.

PRIMARY AND COMMUNITY HEALTH SERVICES

CRN BOLSOVER AND CAMBRIDGE ST
PO BOX 501
ROCKHAMPTON QLD 470

PH 4920 6900
FAX 4920 6867
OPEN: MONDAY – FRIDAY 8AM TO 5PM

PRIMARY AND COMMUNITY HEALTH SERVICES AIMS TO PROMOTE HEALTHY LIFESTYLES AND TO ASSIST PEOPLE TO ATTAIN THE BEST POSSIBLE LEVEL OF HEALTH AND WELL BEING.

Please see attached brochure for full cover of services.

ROCKHAMPTON CITY COUNCIL IMMUNISATION CLINIC

Immunisation clinics held every Tuesday from 2.30 – 4.30 pm

City Hall Grounds
Bolsover Street
Rockhampton 4700

Ph 07 4936 8000

TRANSPORT

"Transport Options and Access Guide" books are available from the division. The guide covers community transport options for all Brisbane suburbs including pick up and drop offs for shopping centres, social and recreational activities, hospitals and medical facilities and council cabs.

For further information, call 3253 0532.

Disabled Taxi (Rocky Cabs)	07 4924 9555
Disabled Taxi (Gladstone Blue and White Taxis)	07 4972 1800

Parking Permits for Disabled-Application Taxi Subsidy for Disabled – Application

Rockhampton	07	4931	1547
Gladstone	07	4978	4144

ADDITIONAL INTEGRATION OF PATIENT SERVICES

The following organisations are listed in this section:

Doctors Priority Line – Translating and Interpreting Service
Multicultural Directory
Criteria for calling an Ambulance
Queensland Poisons Information Centre

MEALS ON WHEELS

Meals on Wheels programs have a specific geographic area and assume responsibility for intake, client assessment, and the day-to-day tasks necessary to provide meals. They deliver meals, recruit volunteers, and seek financial support from within their local communities.

The Purpose of Meals on Wheels is to organize, plan, and administer the service of delivering well-balanced, nutritious meals at the lowest possible cost to the recipient. These meals are provided for those clients who are unable to plan, shop or prepare such meals due to illness, disability or advanced age.

Meals-on-Wheels programs provide help, autonomy and security for seniors, their families, and caregivers.

DOCTORS PRIORITY LINE – TRANSLATING AND INTERPRETING SERVICE (TIS)

Phone: 1300 131 450

In order to provide better access to health care for certain non-English speaking people, there is a fee-free service to help doctors communicate with their non-English speaking patients. The Doctors Priority Line is open to eligible medical practitioners in private practice by calling 1300 131 450, 24 hours a day, 7 days a week, anywhere in Australia for the cost of a local call.

MULTICULTURAL DIRECTORY

The Directory of Resources for Multicultural Health 10th Edition January 2005 compiles a wealth of resources (agencies, programs, reports, and multilingual material) related to multicultural health.

The Directory is updated annually and can be accessed either online or by requesting a hard copy.

Queensland Health Internet site: Anyone can access the directory online at <http://www.health.Qld.gov.au/>

Select Health information – Health Topics Index, enter 'Multicultural Health' in the 'Search by Health Topic' box and click 'Submit Query'. The site also stores Multilingual Health Information.

Alternatively, you can request a hard copy of the Directory to be posted out.

QUEENSLAND POISONS INFORMATION SERVICE

In an emergency call 13 11 26

Health professionals, including Practice Nurses, can access the Poisoning Advice Line which is available on 13 11 26 anywhere in Australia 24 hours a day, 7 days a week.

The role of the Centre is to provide the public and health professionals of Queensland with prompt, up-to-date and appropriate information, and advice to assist in the management of poisonings and suspected poisonings.

When accessing this Information line, Health Professionals will be given information about product formulations and poisoning advice that may assist in the management of poisoned patients.

PROFESSIONAL ISSUES

Competency Standards

The development of competency standards for nurses working in general practice was funded by the Australian Government Department of Health and Ageing (DoHA) and managed by the Australian Nursing Federation (ANF).

The competencies provide a framework that reflects nursing in the general practice setting.

As part of this project a Tool Kit was developed for the use of these competency standards. If you would like more information about the competency standards and how to apply them please call the Division.

Australian Practice Nurse Association (APNA)

The Australian Practice Nurse Association is recognised by the Australian Government Department of Health and Ageing as the peak National body for Practice Nurses working in General Practice. For contact details see Appendix 2.

Australian Nursing Federation (ANF)

The State Branch of the Australian Nursing Federation is the Queensland Nurses' Union (QNU). For contact details see Appendix 2.

Royal College of Nursing Australia (RCNA)

For contact details see Appendix 2.

Queensland Nursing Council (QNC)

The Queensland Nursing Council (QNC) is an independent statutory body responsible for the regulation of nursing and midwifery in Queensland, it is their role is to ensure, as far as practicable, that nurses and midwives in Queensland are safe and competent to practise. For contact details see Appendix 2.

PART 2

Appendices

APPENDIX 1

ACRONYMS

The following is a list of some of the common acronyms used in General Practice. There is also room at the end of this list to add in further acronyms.

ACAT	Aged Care Assessment Team
ACIR	Australian Childhood Immunisation Register
AGPN	Australian General Practice Network
ADT	Adult Diphtheria and Tetanus
AGPAL	Australian General Practice Accreditation Limited
AMAQ	Australian Medical Association of QLD
ANF	Australian Nursing Federation
APNA	Australian Practice Nurse Association
ASVS	Australian Standard Vaccination Schedule
CCM	Cold Chain Monitor
CCP	Community Care Package
CHIP	Community Hospital Interface Program
CIU	Central Intake Unit
DAART	Domiciliary, Allied Health, Acute Care and Rehabilitation Team
DGP	Divisions of General Practice
DoHA	Department of Health and Ageing
DVA	Department of Veteran Affairs
EACH	Extended Aged Care at Home
EDI	Electronic Data Interchange
EPC	Enhanced Primary Care
FTE	Full Time Equivalent
GPA	General Practice Australia
GPII	General Practice Immunisation Incentive
GP/s	General Practitioner/s
HACC	Home and Community Care
HIC	Health Insurance Commission
HMR	Home Medicines Review
IMIT	Information Management/Information Technology
MBS	Medicare Benefits Schedule
NAC	National Asthma Council
NHMRC	National Health and Medical Research Council
NNH	National Needle Stick Hotline
OMP	Other Medical Practitioners
PCQ	Palliative Care Queensland
PIP	Practice Incentive Program
PN	Practice Nurse
QAS	Queensland Ambulance Service
GPQLD	General Practice Queensland
QIRCH	Queensland Integrated Refugee Community Health Service

APPENDIX 2**COMMONLY USED PHONE NUMBERS**

ACAT (Aged Care Assessment Team)	3275 6700
Aged and Community Information Line	1800 500 853
Alzheimer's Association	1300 639 331
Ambulance:	
Community Ambulance Cover Info line	1300 304 274
Non-urgent Ambulance Bookings	13 12 33
Life threatening \ immediate need	000
Australian Practice Nurse Association	(03) 96821276
Blue Care Rockhampton	4927 4444
Gladstone	4979 3770
Mt Morgan	4938 1612
Yeppoon	4939 1371
Capricornia Division of General Practice	4927 182
Centrelink Helpline	1300 788 118
Commonwealth Carelink Centre	1800 052 222
Commonwealth Carer Resource Centre	1800 242 636
Commonwealth Carer Respite Centre	1800 059 059
Community Hearing Services	1800 500 726
Department of Health and Ageing	1800 020 103
Department of Veteran Affairs	13 32 54
Diabetes Australia – Queensland	1300 136 588
Disability Services Queensland	3225 8537
Doctors Priority Line	1300 131 450
GPII	1800 246 101
HACC Services	1800 242 636
HIC	1300 550 017
HIC Queensland Branch	3004 5450
Immunisation Info line	1800 671 811
Meals on Wheels- Rockhampton -	4922 1236
Meals on Wheels – Gladstone	4979 2100
Meals on Wheels –Yeppoon	4939 2477
Mental Health Referrals (PAH)	1300 858 998
National Incontinence Helpline	1800 330 066
49 National Needle Stick Hotline	1800 804 823
Ozcare	4927 4599
Palliative Care Queensland	1800 772 273
PIP	1800 222 032
Queensland Nursing Council	3223 5110
Queensland Nurses' Union	3840 1444
Queensland Poisons Information Centre	13 11 26
Royal college of Nursing Australia	1800 061 660
VIVAS	3234 1500

NOTES