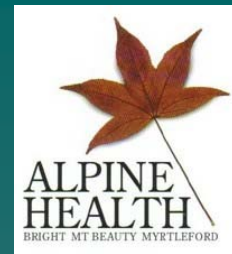
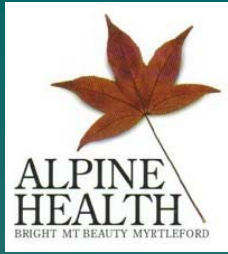
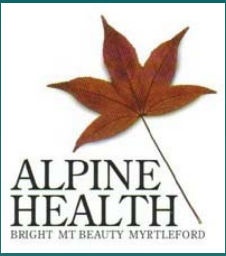


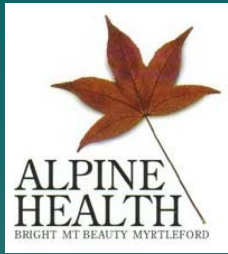
# Balancing Challenge and Opportunity





# Focus

- ◆ Organisational context (a re-engineering process)
- ◆ Accident and Emergency Services
- ◆ Nurse Practitioner

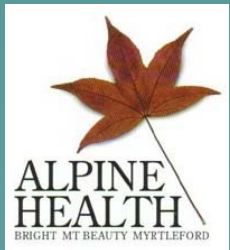


# Organisational Context

- ◆ Alpine Health is funded under the Multi Purpose Services Program.
- ◆ Multi Purpose Services are legislated as flexible services under the *(Commonwealth) Aged Care Act 1997* and is incorporated under Section 115 of the *Victorian Health Services Act 1988 (as amended)*.
- ◆ Alpine Health is the largest Multi Purpose Service in Victoria.

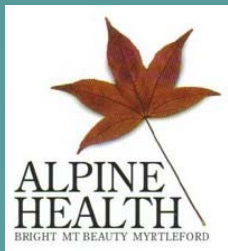
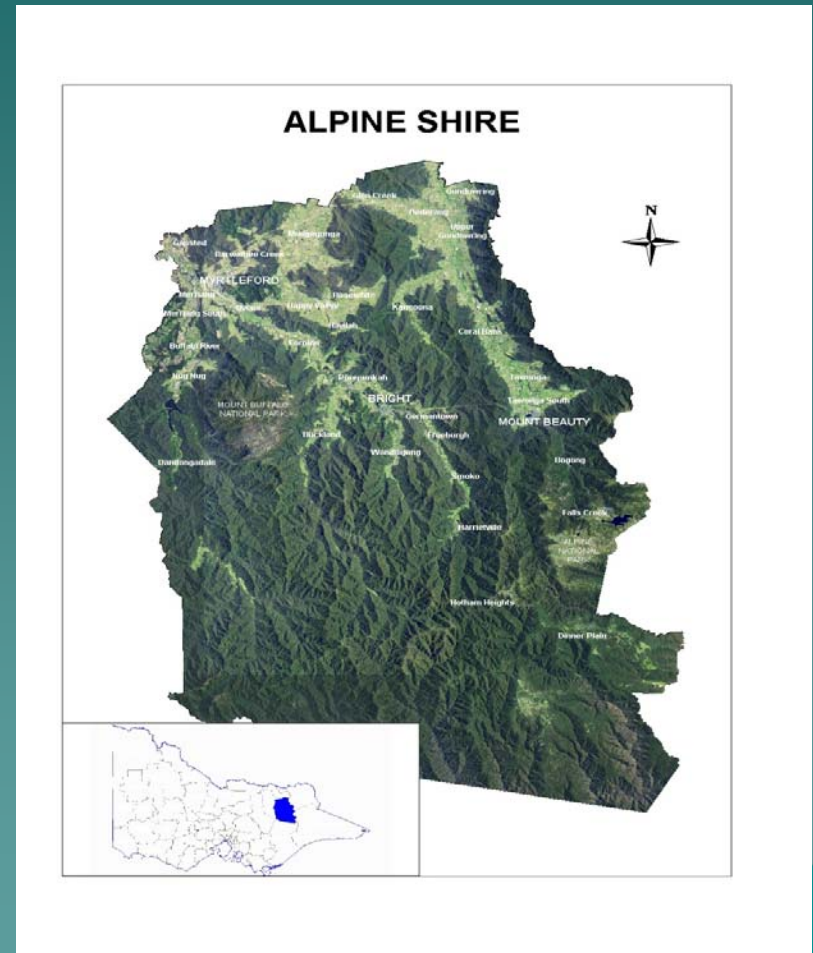
As an MPS, Alpine Health,  
broadly speaking must be able  
to:

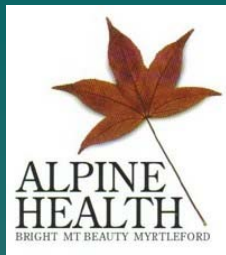
- ◆ provide flexible care within the context of a pooled funding arrangement, subjected to local accountability.



# Accident and Emergency Services

- ◆ Alpine Health's three physical, and geographical sites are supported by local 4 General Practices.

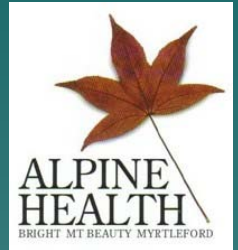




# Workforce

- ◆ Alpine Shire's GP EFT has reduced from 16.4 eft to 10.4 eft over the last 5 yrs with sustained numbers being made up more and more by inexperienced clinicians and / or GPET Registers and / or ROVE program Medical Officers.
- ◆ Alpine Health's Nursing workforce continues to experience low rates of turnover, with a stable and consistent mix of Division 1 and 2 Registered Nurses of varying experience.

# Outpatient client management

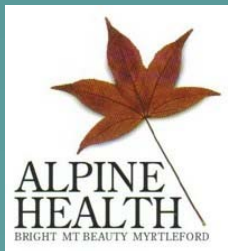


## ◆ Background

- Alpine Health currently supports three 'Accident & Emergency' departments, which have an 'Urgent Care Service' (UCS) status as a result of The Ministerial Taskforce report Review of Metro and Regional Trauma and Emergency Services (the ROTES report) conducted in July 2002.
- This status assumes a number of things, one of which is a capability to respond to emergency presentations of varying degrees of urgency.

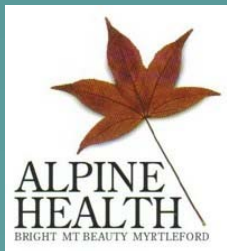
# Accident and Emergency Services

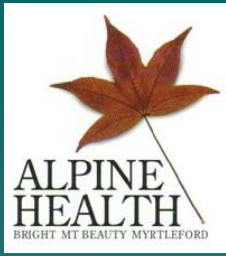
- ◆ In November 2005 the Alpine Shire's GP groups advised Alpine Health that they were no longer able to sustain an on-call arrangement in Bright Mt Beauty and Myrtleford during the week as well as on weekends.
- ◆ Additionally, they collectively agreed that they could sustain a town by town on call service during weekday and a 'common on-call' roster across the Alpine Shire at weekends.
- ◆ Alpine Health was advised that this arrangement was going to be given effect as of February 2006.



# So....what needed to occur

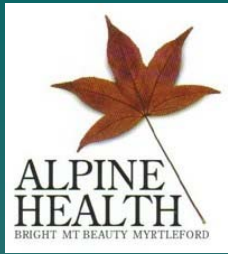
- ◆ Alpine Health needed to define a way to maintain the delivery of unplanned outpatient services in the face of reduced physical access to GPs.
- ◆.....we discovered that although some change was inevitable and necessary, much needed to remain the same.





# What did we have?

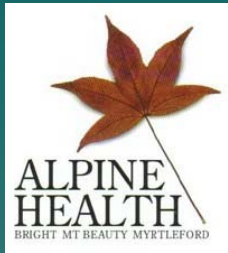
- UCS emergency department status
- GP support (either direct or indirect) for outpatient client presentations (approx 4500 / yr with 75% NTS 4 or 5)
- Registered Nurse (Div 1 & 2) capability to meet the assessment and immediate care needs of outpatient client presentations
- Facilities equipped to compliment the assessment and first line care of outpatient client presentations



# What did this mean moving forward?

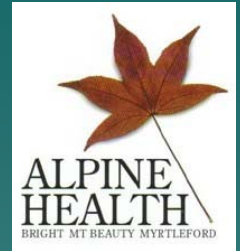
- The need to assess and assign a ATS score to outpatient client presentations **did not change**
- The need to provide first line care following assessment **did not change**
- The need for Alpine Health's Registered Nurses to continue to work within their scope of practice **did not change**
- The need to organise resource capability (medical and /or transport support) to support the management of clinical assessment **did not change**
- The need to be cognisant of the contact details for the GP on call **did not change**

# ...and what will change?



- GP support for ATS category 4 & 5 presentations **did change** (on weekends)
- Response capability by GP's for ATS category 1, 2 & 3 presentations **did change** (on weekends)

# Essential elements for Advanced Practice Nurses:



## ◆ The Advanced Practice Role.

- FLEC training
- Competency training program
- Clinical risk management policy review
- Standing orders
- Nurse initiated medication
- Clinical guidelines





# Alpine Health

# Right Care - Right Time - Right place

## After Hours Emergency Care Information

Shirley, the Registered Nurse, checks Angelyna for signs of dehydration and asks for details of her illness.



A child with severe dehydration will need to be admitted to hospital for fluid replacement and appropriate care.



### Angelyna's emergency care journey

Shirley phones the on-call GP, and discusses the plan for treatment. Medical and nursing staff work collaboratively to provide the best care.

Angelyna is able to drink enough and can go home

#### YOU NEED TO COME TO THE DOCTOR'S SURGERY OR HOSPITAL IF:

- \* Your child has diarrhoea and vomiting, and is either unable to drink or unable to keep fluids down.
- \* Your child has a lot of diarrhoea (8-10 watery motions, or 2-3 large motions per day) or diarrhoea continues after 10 days.
- \* Your child has bad stomach pain.
- \* You think your child is dehydrated or if you are concerned.

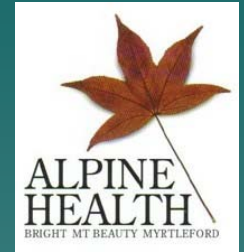


Angelyna's mother is given instructions on what to give her, and symptoms to be concerned about. She is advised to come back if Angelyna does not improve, or if she is concerned.

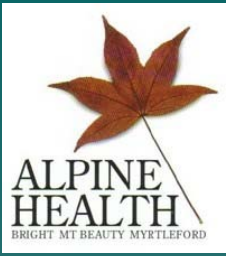
Remember effective handwashing is an important way to reduce the spread of diarrhoea and vomiting. For further advice call Alpine Health to speak to a Registered Nurse or check [www.ach.org.au/kidsinfo/factsheets](http://www.ach.org.au/kidsinfo/factsheets)

For any enquiries regarding information on this page contact: [info\\_south@alpine.health.org.au](mailto:info_south@alpine.health.org.au)

# Barriers to change

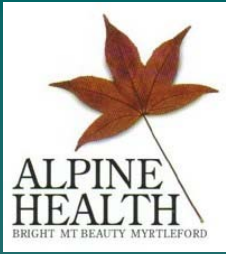


- ◆ Community
- ◆ Existing culture
- ◆ Industrial guidelines
- ◆ Access to funding for training for a critical mass of staff
- ◆ Legislation
  - ◆ Supply of Medications
  - ◆ Blood alcohol collection post MVA
  - ◆ Life extinct



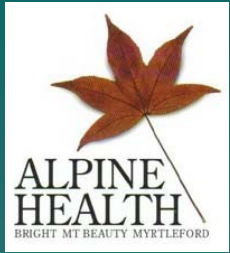
# Critical success factors

- ◆ Multi stakeholder involvement (early and regularly and sensitively)
- ◆ Clarity of strategy and process
  - Time
  - Problem management
  - Training and development
  - Leadership
  - Information

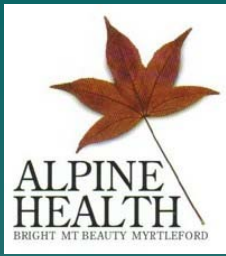


# Lessons learned

- ◆ Community education- people want to know but only when it directly effects them and then only at the time it directly effects them.
- ◆ Cultural change is not easy or quick.
  - SET AND FORGET DOES NOT EXIST!
- ◆ Build capacity ahead of demand.
- ◆ Communicate! communicate! communicate! (internally and externally).
- ◆ Establish strong relationships with those people / organisations that will be able to facilitate change, up front and early. (e.g. for expert advice, for experiential advice, for process assistance, for formal evaluation skills, for access to funding)
- ◆ Look to the industry and more broadly for other examples. (e.g. NHS for elements of CDM framework)



# Consideration of the Nurse Practitioner model for A&E



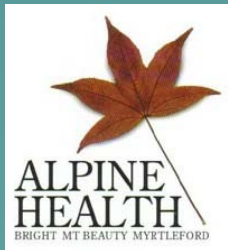
# VNPP Round 4.1

- ◆ Assist rural health services to develop implementation plans for nurse practitioner (NP) roles that are strategic, sustainable & integrated with the broader health service/industry direction
- ◆ Facilitate collaboration between health services and other stakeholders in the development, implementation & support of NP models

# Alpine Health's Project Aim

The overall aim of the project for Alpine Health was:

- ◆ to explore the 'fit' of a Nurse Practitioner role at Alpine Health with respect to service planning directions.

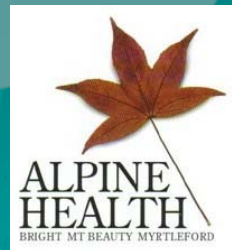


# Potential Areas explored for NP role in Alpine Health

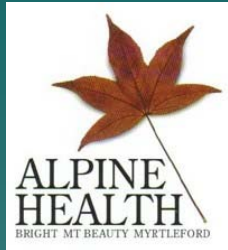
## Emergency NP & Palliative Care NP

Did not satisfy requirements because:

- ◆ A considerable amount of the work would be after hours;
- ◆ There may be insufficient work at a level which would maintain NP skills;
- ◆ The financial impact of having to employ more than one EFT NP across more than one site; and
- ◆ Existing services were in place.



# Preferred Area for NP role in Alpine Health



## Primary Care NP:

- ◆ Expands & enhances current service provision
- ◆ Targets community members who currently only use health services when acutely unwell or not at all
- ◆ Provides a single point of contact & can autonomously complete cycles of care
- ◆ Provides leadership to other staff
- ◆ Builds service capacity & promotes collaboration
- ◆ Initiate & undertake research

# Barriers to Implementation

- ◆ Funding including no access to PBS/MBS
- ◆ Recruiting – rural location; cost of endorsement; professional isolation;
- ◆ NP Role - extensive with a high workload; potential for unclear role expectations; resistance from other health professionals; NP are not 'pseudo medical staff'
- ◆ Support – lack of GP time; distance from other forms of clinical support & mentors
- ◆ Equity - three sites creates challenges in ensuring equitable access to the service
- ◆ Evaluation – must be effective & include structure, process & outcome

