

Case in point

Primary care nursing in practice

No need to fly solo: a lateral approach to navigating general practice

Thirteen years ago, Dr Andrew Kirwan recognised that his busy one-man general practice, servicing the Woori Yallock region on the outskirts of Melbourne, needed to expand. He initially searched for another GP but eventually turned to Ellen Rowatt, a nurse at an aged-care facility housing a number of his patients, to take on the role of primary care nurse. The duo have not looked back since.



Primary care nurse Ellen Rowatt immunising a young patient

According to Andrew, employing a primary care nurse was, back then, a novelty. 'It's become a lot more commonplace now,' he continues. 'What made my decision easier was the fact that I knew Ellen was a very competent nurse, having worked with her at the aged-care facility. She brought an incredible amount of experience to my practice and it's worked out extremely well.'

Ellen – whose numerous qualifications include a Masters in Nursing, Postgraduate Diploma in Primary Care Nursing, Postgraduate Certificate in Women's Health, Graduate Certificate in Diabetes Education and Certificate IV in Workplace Assessment and Training – is quick to concur about the success of the working relationship. 'I was in the right place at the right time – the role is incredibly satisfying both professionally and personally, although admittedly it has evolved significantly since I first began. We didn't understand the true potential of primary care nurses at the time.'

“The GP and practice nurse roles complement, rather than compete with, each other”

'Initially, my responsibilities were more task-oriented, such as immunisations, phlebotomy, wound management and Pap smears – essentially providing technical support to Andrew. Over time, however, it became evident that there were many other areas of practice that I could contribute to in order to increase our service offerings and improve patient care. Andrew and I frequently discuss cases and how we can meet patient needs, so it makes sense for my role to be under constant review and refinement.'

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Ellen's role has since expanded to include, among other things:

- infection control and prevention
- care planning for chronic diseases such as diabetes, hypertension, obesity and mental-health illness
- four-year-old healthy kid checks
- coordination of care for the elderly
- staff and patient education
- liaison with, and referral of patients to, allied healthcare professionals and community groups
- management of the practice's accreditation and involvement in clinical research.

According to Andrew, the partnership offers the practice and its patients many advantages over his previous solo set-up. 'Ellen and I work together to provide our patients integrated team care – she brings her own particular skill set and can spend more time with them. As a result, she develops a different type of rapport with patients and sees things from another perspective.' Ellen adds that patients, particularly women and children, are generally more likely to divulge sensitive information to a female.

Primary care nurses: the missing piece of the puzzle

Andrew points to one of the fastest-growing areas of the practice as a good example of where a primary care nurse can prove his/her weight in gold – care plans for chronic diseases. 'I would absolutely struggle to prepare these without Ellen's help – they're just so time consuming. She's responsible for

determining and prioritising the patient's needs, and ensuring that the necessary paperwork is completed. My role is to review the patient and contribute to the plan as required. Our patients don't have to go without, and we maximise our efficiency as a practice.'

Ellen agrees that it would be difficult for Andrew to meet the guidelines for chronic-disease prevention and management by himself. 'Not only can I help set up the plans but I also have more time to organise patient reminders and conduct care plan follow-ups,' she says. 'And by working together, we can follow best-practice recommendations while freeing Andrew up to concentrate on patients requiring more complex care.'

“Patients win because our ability to deliver more comprehensive care is a significant driver in improving outcomes”

'I'm also a Nurse Practitioner Candidate (Primary Care Nursing) in the process of becoming endorsed,' she continues. 'Once that goes through, I receive a provider number and my scope of practice will increase to include things like prescribing medication for certain chronic conditions. I'll actually be one of the first nurse practitioners in Victoria that specialises in primary care.'

The GP and primary care nurse roles complement, rather than compete with, each other, Andrew says. 'Patients win because our ability to deliver more comprehensive care is a significant driver in improving outcomes. And, as a natural consequence of that, the practice derives various financial benefits through increased Medicare billing and Practice Incentives Program (PIP) payments. The practice nurse position pays for itself.'

Ellen says her ability to grow professionally would not have been possible without support and mentoring from Andrew. 'Not only has he been flexible as an employer, he happily discusses cases without any sense of hierarchy and has also contributed financially to my education. My role in the practice wouldn't be where it is today without Andrew's commitment. This is such a rewarding way to practise healthcare.'

Attributes required for the role of primary care nurse

- Strong sense of teamwork with an ability to work independently
- Good communication skills
- Flexible attitude
- Problem-solving approach
- Focus on maximising patient care in a holistic manner (i.e. treating the whole person)

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