

Case in point

Primary care nursing in practice

Enrolling for additional practice support

Situated in Tamworth, Peel Health Care has adopted an innovative general practice model offering comprehensive medical and allied health services to patients and a collaborative work environment for staff. So when the non-profit organisation first opened its doors, a team of nurses was ready not only to work with the GPs, but also to lead specific services within the practice. Enrolled nurse (EN) Ros Dart brought 25 years' experience with her when she joined in 2009.



Enrolled nurse Ros Dart with a patient

According to Practice Manager Lyn Stewart, nurses were always going to be an integral part of the Peel Health Care team when it started in 2005. 'We operate quite differently to most practices in that all the doctors are contractors who use our purpose-built infrastructure and support staff,' she explains. 'The primary care nurses take on a significant proportion of the caseload, allowing GPs to see other patients. Given the chronic shortage of doctors in regional areas, this is a critical factor in addressing community needs.'

Having an EN to complement the practice's registered nurses (RNs) has been great, Lyn says. 'We weren't specifically looking for an EN but one of our nurses spoke very highly of Ros. We were conscious of the fact that ENs must be supervised by RNs, meaning that they are probably more feasible for larger practices like ours that already have nurses in place. In hindsight, bringing an EN on board has actually been much easier and nowhere near as restrictive as we first thought.'

Ros adds that working with the RNs has proved a seamless experience and does not pose an obstacle to her day-to-day responsibilities. 'My scope of practice is complementary to that of

the RNs, the main limitations being that I am not allowed to perform childhood immunisations or Pap tests or advise patients about contraception.

"There is plenty of scope for ENs to contribute to general practice, just like our RN colleagues"

'Otherwise, I'm just as involved in the patient clinics, wound dressings, triage, in-house laboratory tests, care plans, ECGs, spirometries and pre-employment checks. I coordinate the health-assessment care plans for over-75s and comprehensive medical assessments for nursing-home patients. The nurses complement one another because we are responsible for our own specific areas within the practice. At the same time, we all know our limitations and will readily seek help as needed.'

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Because of the large patient load in the area, the GPs are extremely time-poor, says Ros. 'Knowing they can refer patients to the nursing team for follow-up, questions, care plans and the like relieves a lot of their pressure. We can take our time with the patients so that, at the end of the day, they leave feeling well supported by the practice – from the doctors and nurses to the allied health professionals and receptionists. It's a team effort and we each recognise that no one individual is more important than another.'

Teaming up to support the local community

Daniel Diebold, a senior GP at Peel Health Care, agrees that the nurses play a key role in maximising the practice's efficiency. 'There's no doubt that they free up our [the GPs] time and allow a significantly higher patient throughput,' he says. 'In an area where doctors are few and far between, that has important consequences – without the primary care nurses, we would have to turn some patients away and certainly wouldn't be able to offer as many services as we currently do.'

'For example, Ros is the main assistant in the minor operations clinic. She's in great demand because of her ability to anticipate our needs during procedures, often before we realise ourselves. However, this clinic – as well as the acute, diabetic, Pap test and wound clinics – would simply not run without that nursing support. It wouldn't make sense to use a GP in lieu of a nurse and take him/her away from seeing patients.'

Losing the primary care nurses would also mean losing a significant part of the practice's revenue, Lyn adds. 'We receive payments through Medicare and the Practice Nurse Incentive Program (PNIP) government funding. Therefore, we weren't adversely affected when several practice nurse item numbers were dropped from the Medicare Benefits Schedule as our nurses could still bill for their time. Some nursing services attract a private fee, which the patient is entirely responsible for.'

"Nurses play a key role in maximising the practice's efficiency"

The clinics are always booked out and many patients specifically request the nurses when they can, continues Lyn. 'And our business model means that profits go back into growing the practice but also into the community where possible. We've just reached a stage where we can provide scholarships for medical and nursing students. It's a wonderful feeling.'

That spirit of community engagement runs right through the entire practice, Ros adds. 'I enjoy visiting our elderly patients, and working with community groups and allied health workers to ensure that they are adequately supported. It really lifts them to know that people care. Looking back, I wish that I had made this move years ago. The position offers great variety and job satisfaction as well as a more enjoyable work-life balance. There is plenty of scope for ENs to contribute to general practice, just like our RN colleagues.'

The team at Peel Health Care

- 12 GPs and 2 GP registrars
- 6 primary care nurses (5 RNs and 1 EN)
- 2 podiatrists
- A physiotherapist
- A clinical psychologist and 2 visiting psychiatrists

www.apna.asn.au

Level 2 159 Dorcas Street
South Melbourne 3205

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