# **Case in point** Primary care nursing in practice

# **Community healthcare:** the co-operative way

As the only indigenous student at the Australian Catholic University's Ballarat campus in Victoria, Faye Clarke sometimes felt isolated. However, the determined mature-age student didn't let this interfere with her nursing studies, which she completed in 2003. Faye has maintained close links with the local indigenous population through her current role as Community Health Nurse at the Ballarat and District Aboriginal **Co-operative (BADAC).** 



Community Health Nurse Faye Clarke

Faye has worked at the non-profit community-controlled health organisation since 2008, having previously served on its Board. 'The co-op was established 30 years ago by a group of local elders to provide assistance with housing, education and welfare,' she explains. 'It has since expanded to three sites, with a medical service located on the main campus. The organisation has a heritage of employing nurses as part of its primary healthcare team.

'It's evident that management plans for chronic diseases are now the mainstay for many primary care facilities, including BADAC. Accordingly, the majority of my workload involves care coordination for these patients as part of the Closing the Gap – Tackling Indigenous Chronic Disease program. I set up or review management plans in conjunction with the co-op's GPs, and then help patients access the appropriate healthcare services.'

The program aims to address the health barriers facing indigenous Australians by allowing care coordinators, such as Faye, the freedom to support patients in the way that they need most.

### "My responsibilities need to grow and align with the evolving requirements of the community that we serve"

'Successful care coordination is underpinned by patient engagement and education, problem solving, patient advocacy and, if required, financial aid. It fits with a collaborative style of patient care where we can draw from expertise across a range of healthcare fields. Working together as a cohesive team is paramount to optimising patient outcomes.'

Faye says that most of the patients referred to the program have complex chronic health issues that are compounded by seemingly innocuous tasks, such as making and attending appointments.

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'Everyday tasks like these can be overwhelming for many of our patients. It's a matter of identifying their fears, barriers and life stressors, and then teaching them to understand and navigate the healthcare system. Patients might also require financial assistance because of mounting medical bills.'

As one of five nurses at BADAC, Faye also shares responsibility for general procedures such as ECGs and spirometries, wound management and blood sampling. One of the coop's GPs, Dr Susi Fox, says that primary care nurses are nearly ubiquitous in contemporary general practice. 'I've been quite privileged because nurses have been an integral part of the team in all of the clinics that I've practised at, says Susi. 'Primary care nurses are important resources - their ability to work in tandem with the GPs allows us to focus on areas that make better use of our specific skill set. Without nurses, the co-op would not function nearly as well as it does.

'I often consult Faye for advice or input about patients – she knows most of the local families and their stories, and can put things into context for nonindigenous staff like myself. Patients trust Faye and this is a significant factor in improving their healthcare outcomes. She also shares her cultural insights through her work as a lecturer in Aboriginal health, history and culture.'

Faye's specialisation in care coordination confers benefits beyond that associated with general primary care nursing, Susi says. 'It's comforting to know that the patients I refer to Faye will receive the support and follow-up that they need, but that I simply don't have the time to provide. She can guide them through a system that appears complicated and intimidating. It goes without saying that patients who attend appointments and take an active interest in their own health are significantly more likely to have a better outcome than those who don't.

## The dynamic nature of primary care nursing

Primary care nursing is not a set-andforget position, according to Faye. 'It's a constantly changing role, as it must be. My responsibilities need to grow and align with the evolving requirements of the community that we serve. This ensures that we service our patients effectively while the organisation, although non-profit, can maximise its income. Aboriginal medical services like BADAC are able to access the Practice Nurses Incentive Payment scheme and also bill for indigenous health checks and reviews.

'A good example is our fast-growing diabetes caseload. Because the patients tend to be wary of unfamiliar people, their uptake of the services provided by a visiting diabetes educator was quite poor. When an opportunity presented itself to complete a diabetes education course specifically adapted for Aboriginal patients, I didn't hesitate in accepting. Now I can provide diabetes education opportunistically while conducting care plans and reviews. It's a situation that benefits both the patients and the organisation.'

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Since her days as a student, Faye has been a member of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), representing fellow indigenous nurses on the international stage. 'CATSIN is a major source of support for Aboriginal nurses and nursing students. I was lucky because the Australian Catholic University also offered access to an Aboriginal liaison officer. It was reassuring to know that assistance, including funding and extra tutoring, was available if I needed it.'

With increasing numbers of Aboriginal nursing students, Faye sees a positive future ahead. 'The challenge now is to make sure that these students have the right support to complete their studies and put theory into practice. Primary care nursing is a wonderful career and has presented me with the most amazing opportunities.'

### *The diverse responsibilities of BADAC's primary care nurses*

- Preventative healthcare
- Chronic disease management, including care coordination
- General procedures, including ECGs, spirometries, blood sampling and wound management
- Women's health clinic, including Pap tests
- Lifestyle clinics, including smoking cessation



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Level 2 159 Dorcas Street South Melbourne 3205

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