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Journey to Developing an Innovative Model of Care for Nurse Led Clinics

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Journey to Developing an Innovative Model of Care for Nurse Led Clinics

- Evolving nursing roles

Developing an innovative model of nursing care: Nurse Practitioner

Advanced nursing practice roles:
- Rural nurse led HIV prevention clinic
- HIV “In- Reach” model of care

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Source: http://www.altmuslimah.com/2016/10/role-nursing-evolving-changing-world-view-healthcare/

Evolving nursing roles…

Source: https://onlineabsn.marian.edu/wp-content/uploads/evolution-of-nursing-Marian-University1.jpg

Journey to Developing an Innovative Model of Care for Nurse Led Clinics

Developing an advanced nursing model:

HIV Nurse Practitioner model

Nurse Practitioner Model Development - primary care

VICTORIAN AIDS COUNCIL
WORKING TOGETHER

Primary Care Nurse Practitioner Model

Victorian Nurse Practitioner Project Phase 4, Open Round 4.13- 2014

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Nurse Practitioner Model Development - primary care

Step 1: Organisational support

Step 2: Funding

- DHS VNPP

Step 3: Get to work…

- Plan the model of care
- Collaborate
- Business case

VICTORIAN AIDS COUNCIL
WORKING TOGETHER

Primary Care Nurse Practitioner Model

Victorian Nurse Practitioner Project Phase 4, Open Round 4.13- 2014

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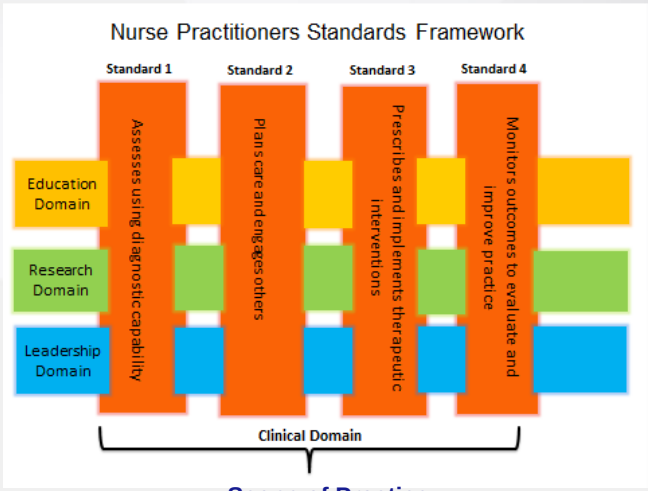
Nurse Practitioner Model Development - primary care

MBS Item	Item Descriptor
82200	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.
82205	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: a taking a history; b undertaking clinical examination; c arranging any necessary investigation; d implementing a management plan; e providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.
82210	for 1 or more health related issues, with appropriate documentation.
82215	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: a taking an extensive history; b undertaking clinical examination; c arranging any necessary investigation; d implementing a management plan;

Source: http://www.health.gov.au/internet/main/publishing.nsf/content/mbsprimarycare-nursepract-trienda-nursepract

Nurse Practitioner Model Development- tertiary setting



Scope of Practice

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Source: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx

Nurse Practitioner Model Development- tertiary setting

Step 4:

Scope of Practice

Fact sheet

Updated 28 May 2015

Scope of practice of nurse practitioners

The Nursing and Midwifery Board of Australia (NMBA) recognises that nurses obtain and develop specialist qualifications and expertise throughout the course of their careers. It is an expectation that nurse practitioners are competent in the specific area of practice required to meet the needs of their client group.

Nurses seeking endorsement as nurse practitioners must have completed three (3) years' advanced practice in their specific area of practice before applying for endorsement. While the area of practice will not be notated on their endorsement[1], it is nevertheless an expectation that the nurse practitioner will only practise in that specific area, and in accordance with the Safety and Quality Framework (SQF) included in the *Guidelines on endorsement as a nurse practitioner* under Registration-and-Endorsement on the NMBA website at www.nursingmidwiferyboard.gov.au.

Employers should be aware of the nurse practitioners' scope of practice and ensure that they are employed appropriately.

Given the dynamic nature of health care and the evolving role of nurse practitioners, a scope of practice notation will not be included on the endorsement of nurse practitioners.

The NMBA has approved the following standards and guidelines:

- *Registration standard endorsement as a nurse practitioner*, available under Registration Standards
- *Guidelines on endorsement as a nurse practitioner*, available under Registration & Endorsement, and
- *Nurse practitioner standards for practice*, available under Codes, Guidelines and Statements.

These provide clear direction and guidance to ensure that all nurse practitioners are practising to a professional standard that protects the health and safety of the public.

Changes to scope of practice

Should nurse practitioners choose to expand or change their scope of practice to meet the needs of their client group, the nurse practitioner would need to undertake further post graduate education and skill development to meet those needs. The SQF, contained in the NMBA's *Guidelines on endorsement as a nurse practitioner*, makes it clear that a nurse practitioner is required to be competent in his or her scope of practice.

[1] Due to a requirement under Victorian drugs and poisons legislation, nurse practitioners in Victoria are required to nominate an area of practice to be able to prescribe a specified range of drugs. The National Board does not endorse these areas of practice but recognises that they are a local requirement.

Nursing and Midwifery Board of Australia
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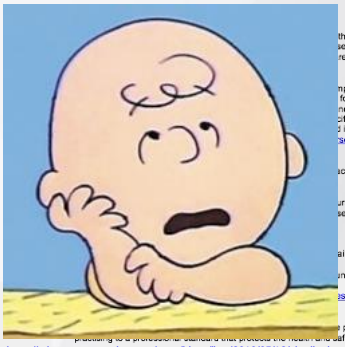
Source: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx

Nurse Practitioner Model Development- tertiary setting

Step 4:

Scope of Practice

WHAT IF??



Source: https://cdn.pastemagazine.com/www/blogs/lists/2010/05/13/charlie_brown.jpg

Fact sheet

Updated 28 May 2015

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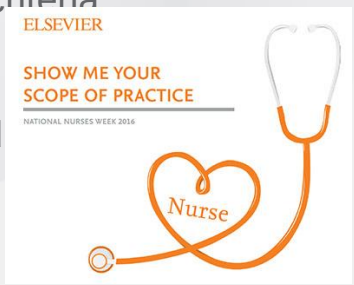
Source: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx

Nurse Practitioner Model Development - tertiary care

Scope of Practice:

- Inclusion and exclusion criteria
- What is autonomous and collaborative practice
- Limitations to practice



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Source: https://www.elsevier.com/__data/assets/image/0007/176065/Show-me-your-scope-of-practice.jpg

Journey to Developing an Innovative Model of Care for Nurse Led Clinics

Advanced nursing practice roles:

Rural nurse led HIV prevention clinic

HIV "In- Reach" model of care

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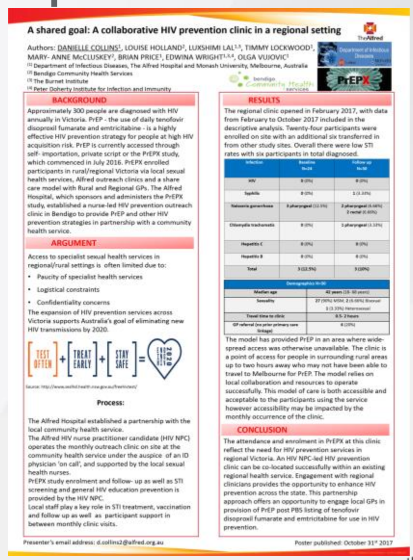
Rural nurse led HIV prevention clinic

Clinical trial delivery = creative thinking!

- Nurse-led clinic in tertiary hospital
- “Share- Care” GP secondary consultation
- Rural nurse-led outreach clinic



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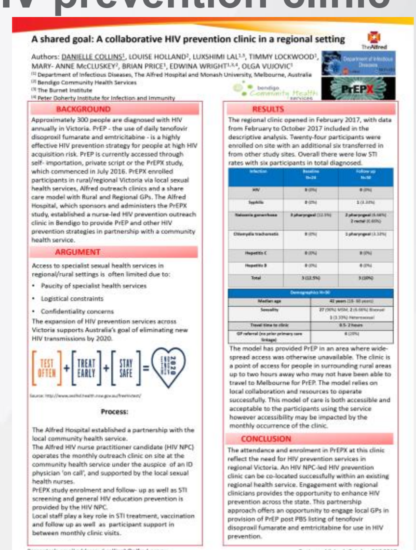
Rural nurse led HIV prevention clinic

Model:

- Partnership between Alfred Hospital and Bendigo Community Health Service
- Monthly nurse- led outreach clinic supported by local staff



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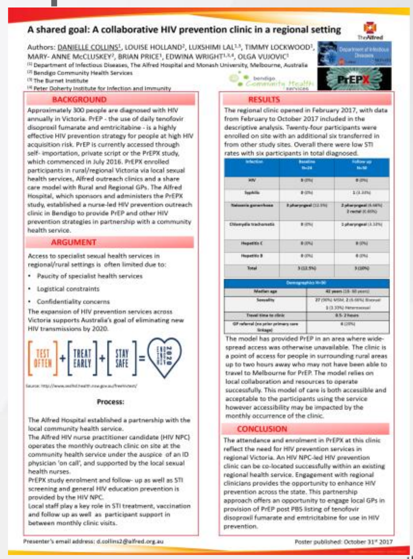
Rural nurse led HIV prevention clinic

How:

- Gap analysis
- Engage a local partner
- Engage the local community



A shared goal: A collaborative HIV prevention clinic in a regional setting

Authors: DANIELLE COLLINS[1], LOUISE HOLLAND[2], LUXSHIMI LAL[1,3], TIMMY LOCKWOOD[1], MARY- ANNE McCLUSKEY[2], BRIAN PRICE[1], EDWINA WRIGHT[1,3,4], OLGA VUJOVIC[1]

[1] Department of Infectious Diseases, The Alfred Hospital and Monash University, Melbourne, Australia
[2] Bendigo Community Health Services
[3] The Burnet Institute
[4] Peter Doherty Institute for Infection and Immunity

BACKGROUND

Approximately 300 people are diagnosed with HIV annually in Victoria. PrEP - the use of daily tenofovir disoproxil fumarate and emtricitabine - is a highly effective HIV prevention strategy for people at high HIV acquisition risk. PrEP is currently accessed through self- importation, private script or the PrEPX study, which commenced in July 2016. PrEPX enrolled participants in rural/regional Victoria via local sexual health services, Alfred outreach clinics and a share care model with Rural and Regional GPs. The Alfred Hospital, which sponsors and administers the PrEPX study, established a nurse-led HIV prevention outreach clinic in Bendigo to provide PrEP and other HIV prevention strategies in partnership with a community health service.

ARGUMENT

Access to specialist sexual health services in regional/rural settings is often limited due to:

- Paucity of specialist health services
- Logistical constraints
- Confidentiality concerns

The expansion of HIV prevention services across Victoria supports Australia's goal of eliminating new HIV transmissions by 2020.

Process:

The Alfred Hospital established a partnership with the local community health service.
The Alfred HIV nurse practitioner candidate (HIV NPC) operates the monthly outreach clinic on site at the community health service under the auspice of an ID physician 'on call', and supported by the local sexual health nurses.
PrEPX study enrolment and follow- up as well as STI screening and general HIV education prevention is provided by the HIV NPC.
Local staff play a key role in STI treatment, vaccination and follow up as well as participant support in between monthly clinic visits.

RESULTS

The regional clinic opened in February 2017, with data from February to October 2017 included in the descriptive analysis. Twenty-four participants were enrolled on site with an additional six transferred in from other study sites. Overall there were low STI rates with six participants in total diagnosed.

Infection	Baseline N=24	Follow up N=30
HIV	0 (0%)	0 (0%)
Syphilis	0 (0%)	1 (3.33%)
Neisseria gonorrhoea	3 pharyngeal (12.5%)	2 pharyngeal (6.66%) 2 rectal (6.66%)
Chlamydia trachomatis	0 (0%)	1 pharyngeal (3.33%)
Hepatitis C	0 (0%)	0 (0%)
Hepatitis B	0 (0%)	0 (0%)
Total	3 (12.5%)	3 (10%)

Demographics N=30	
Median age	42 years [illegible]
Sexuality	27 (90%) MSM, 2 (6.66%) Bisexual 1 (3.33%) Heterosexual
Travel time to clinic	0.5- 2 hours
GP referral (no prior primary care linkage)	6 (20%)

The model has provided PrEP in an area where wide-spread access was otherwise unavailable. The clinic is a point of access for people in surrounding rural areas up to two hours away who may not have been able to travel to Melbourne for PrEP. The model relies on local collaboration and resources to operate successfully. This model of care is both accessible and acceptable to the participants using the service however accessibility may be impacted by the monthly occurrence of the clinic.

CONCLUSION

The attendance and enrolment in PrEPX at this clinic reflect the need for HIV prevention services in regional Victoria. An HIV NPC-led HIV prevention clinic can be co-located successfully within an existing regional health service. Engagement with regional clinicians provides the opportunity to enhance HIV prevention across the state. This partnership approach offers an opportunity to engage local GPs in provision of PrEP post PBS listing of tenofovir disoproxil fumarate and emtricitabine for use in HIV prevention.

Presenter's email address: d.collins2@alfred.org.au

Poster published: October 31st 2017

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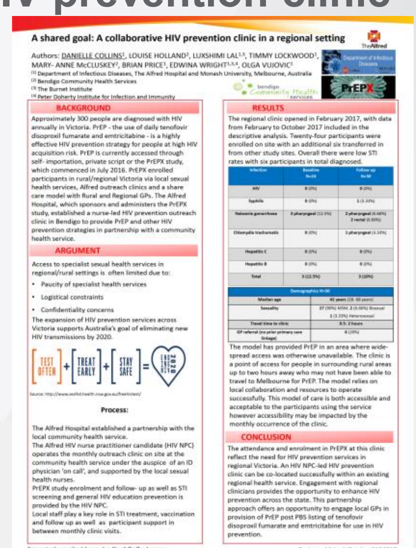
Rural nurse led HIV prevention clinic

Nursing considerations:

- **Scope of practice**
- **Result management**
- **Protocol**



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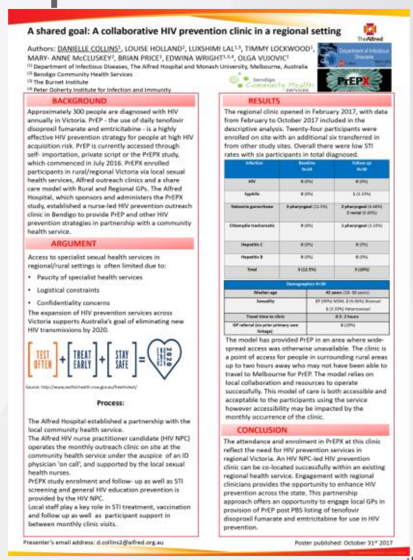
Rural nurse led HIV prevention clinic

Results:

- 30 participants
- 27 (90%) MSM
- Travel time 0.5- 2 hours
- 6 (20%) not previously engaged in health care



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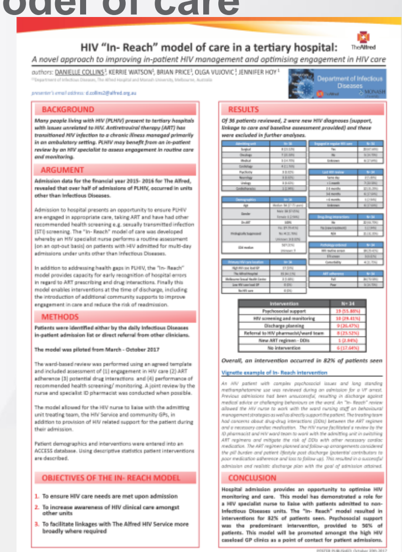
HIV "In- Reach" model of care

Objectives:

1. To ensure HIV care needs are met upon admission
2. To increase awareness of HIV clinical care amongst other units
3. To facilitate linkages with the Alfred HIV Service more broadly where required



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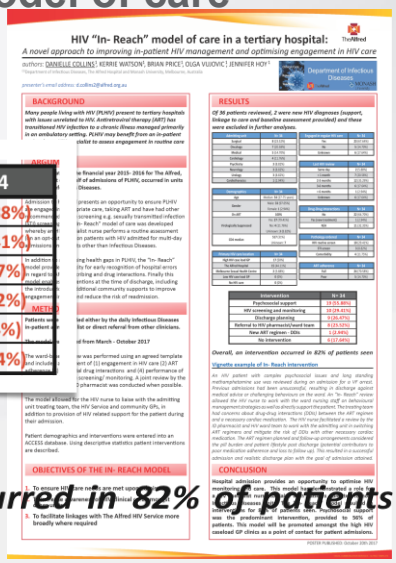
HIV “In- Reach” model of care

Intervention	N= 34
Psychosocial support	19 (55.88%)
HIV screening and monitoring	10 (29.41%)
Discharge planning	9 (26.47%)
Referral to HIV pharmacist/ward team	8 (23.52%)
New ART regimen - DDIs	1 (2.94%)
No intervention	6 (17.64%)


HIV “In- Reach” model of care in a tertiary hospital:

A novel approach to improving in-patient HIV management and optimising engagement in HIV care

BACKGROUND

RESULTS

CONCLUSION

OBJECTIVES OF THE IN- REACH MODEL

Overall, an intervention occurred in 82% of patients seen

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Take home messages…

- Identify the objectives
- Support and governance
- Acceptable to the target population?
- Cost effective
- Collaboration
- Evaluation
- Define Scope of Practice
- Time…

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Source: http://rebelem.com/wp-content/uploads/2014/07/takeaway-led-sign-ldx-29-54-p.jpg

Acknowledgments

- **VAC nurse practitioner model:** Simon Powell, Kent Burgess, Simon Ruth, Anthony Snow, Dr Steve Rowles
- **Alfred Nurse Practitioner model:** Prof. Jenny Hoy, Dr Olga Vujovic, Brian Price, Alison Duncan, Anthony Snow
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- Study participants and patients

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