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 2017 Australasian HIV&AIDS  
 Conference, Joint Symposia  
 Presentation

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

Danielle Collins  
 HIV Nurse Practitioner Candidate  
 Alfred Infectious Diseases Department  
 Victorian HIV Service



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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



Source: <http://www.altmuslimah.com/2016/10/role-nursing-evolving-changing-world-new-health-care/>

## Evolving nursing roles...



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

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

Developing an advanced nursing model:

**HIV Nurse Practitioner model**

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## Nurse Practitioner Model Development - primary care



# 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



# 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 Item Descriptor

### MBS Item

**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.

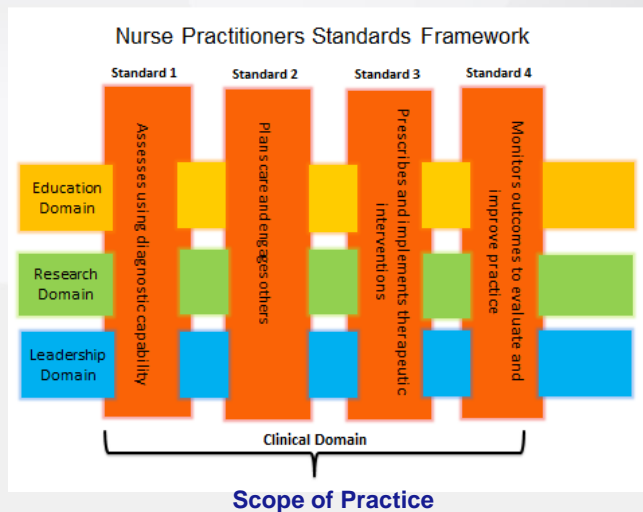
**82210** for 1 or more health related issues, with appropriate documentation.

**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/content/index.html#a-nursepract>

## Nurse Practitioner Model Development- tertiary setting



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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



## 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<sup>1</sup>, it is nevertheless an expectation that the nurse practitioner will only practice 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](http://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.

<sup>1</sup> 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.

## Step 4: Scope of Practice

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Nursing and Midwifery Board of Australia  
G.P.O. Box 9958 | Melbourne VIC 3001 | [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) | 1300 419 496



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

# Nurse Practitioner Model Development- tertiary setting



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Source: [https://cdn.pastemagazine.com/www/blogs/lists/2010/05/13/charlie\\_brown.jpg](https://cdn.pastemagazine.com/www/blogs/lists/2010/05/13/charlie_brown.jpg)

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## Step 4: Scope of Practice WHAT IF??

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G.P.O. Box 9958 | Melbourne VIC 3001 | [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) | 1300 419 496

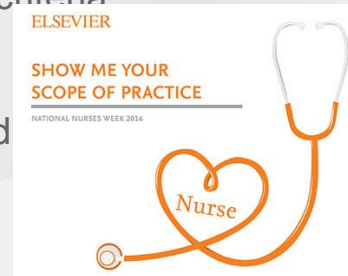


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## Nurse Practitioner Model Development - tertiary care

### 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](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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**A shared goal: A collaborative HIV prevention clinic in a regional setting**

Authors: DANIELLE COLLINS<sup>1</sup>, LOUISE HOLLAND<sup>1</sup>, LUKSHMI LAL<sup>1</sup>, TIMMY LOCKWOOD<sup>1</sup>, MARY-ANNE MCCLOSKEY<sup>2</sup>, BRIAN PRICE<sup>3</sup>, EDWINA WRIGHT<sup>1,4</sup>, OLGA VUKOVIC<sup>5</sup>

<sup>1</sup> Department of Infectious Diseases, The Alfred Hospital and Monash University, Melbourne, Australia  
<sup>2</sup> Bendigo Community Health Services  
<sup>3</sup> The Burnet Institute  
<sup>4</sup> Peter Doherty Institute for Infection and Immunity  
<sup>5</sup> Heriford Community Health Services

**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-referral, 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 6 transferred in from other study sites. Overall there were low STI rates with 6 participants in total diagnosed.

Sex	n (%)	n (%)
Female	6 (25)	1 (4.2%)
Male	18 (75)	5 (20.8%)
Sexual partners	1 (Partnered) (4.2%)	1 (Partnered) (4.2%)
Chlamydia/trichomonas	0 (0%)	1 (Partnered) (4.2%)
Herpes 1	0 (0%)	0 (0%)
Herpes 2	0 (0%)	0 (0%)
Total	24 (100%)	6 (25%)

**CONCLUSION**  
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Poster published: October 31<sup>st</sup> 2017

Poster #19



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

Authors: DANIELLE COLLINS<sup>1</sup>, LOUISE HOLLAND<sup>1</sup>, LUKSHMI LAL<sup>1</sup>, TIMMY LOCKWOOD<sup>1</sup>, MARY-ANNE MCCLOSKEY<sup>2</sup>, BRIAN PRICE<sup>3</sup>, EDWINA WRIGHT<sup>1,4</sup>, OLGA VUKOVIC<sup>5</sup>

<sup>1</sup> Department of Infectious Diseases, The Alfred Hospital and Monash University, Melbourne, Australia  
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Poster published: October 31<sup>st</sup> 2017



# Rural nurse led HIV prevention clinic

## How:

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

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

Authors: DANIELLE COLLINS<sup>1</sup>, LOUISE HOLLAND<sup>1</sup>, LUKSHMI LAL<sup>1</sup>, TIMMY LOCKWOOD<sup>1</sup>, MARY-ANNE MCCLOSKEY<sup>1</sup>, BRIAN PRICE<sup>1</sup>, EDWANA WRIGHT<sup>1,2</sup>, OLGA VROGOV<sup>1</sup>

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Sex	n (%)	STI (%)
Female	6 (25)	1 (16.7)
Male	18 (75)	5 (27.8)
<b>Sexual practices</b>		
Partnered (n=13)	13 (54.2)	2 (15.4)
Unpartnered (n=11)	11 (45.8)	3 (27.3)
<b>Healthcare</b>		
Healthcare C	6 (25)	0 (0%)
Healthcare B	6 (25)	4 (66.7)
<b>Total</b>	24 (100%)	7 (29.2)

**Conclusion:**

The attendance and enrolment in PrEP 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 PPS listing of tenofovir disoproxil fumarate and emtricitabine for use in HIV prevention.

Presenter's email address: d.collins@alfred.org.au  
 Poster published: October 31<sup>st</sup> 2017

# Rural nurse led HIV prevention clinic

## Nursing considerations:

- Scope of practice
- Result management
- Protocol

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 Poster published: October 31<sup>st</sup> 2017



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

Authors: DANIELLE COLLINS<sup>1</sup>, LOUISE HOLLAND<sup>1</sup>, LUSHIMI LAU<sup>1</sup>, TIMMY LOCKWOOD<sup>1</sup>, MARY-ANNE KICKLEBY<sup>1</sup>, BRIAN PRICE<sup>1</sup>, EDWANA WRIGHT<sup>1</sup>, OGA VUOYE<sup>1</sup>

<sup>1</sup> Department of Infectious Diseases, The Alfred Hospital and Monash University Melbourne, Australia  
<sup>2</sup> Bendigo Community Health Services  
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**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 10 transferred in from other study sites. Overall there were low STI rates with 10 participants in total diagnosed.

Sex	n (%)	Male	Female
Age			
Median (IQR)	32 (27-37)	32 (27-37)	32 (27-37)
Range	18-54	18-54	18-54
Median (IQR)	32 (27-37)	32 (27-37)	32 (27-37)
Range	18-54	18-54	18-54
Median (IQR)	32 (27-37)	32 (27-37)	32 (27-37)
Range	18-54	18-54	18-54

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Poster published: October 31<sup>st</sup> 2017

# 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

Part of **AlfredHealth**

**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**

Authors: DANIELLE COLLINS<sup>1</sup>, MERIE WATSON<sup>1</sup>, BRIAN PRICE<sup>1</sup>, OGA VUOYE<sup>1</sup>, DENNIS HOY<sup>1</sup>

<sup>1</sup> Department of Infectious Diseases, The Alfred Hospital

**BACKGROUND**  
 Many people living with HIV (PLHIV) present to tertiary hospitals with issues unrelated to HIV. Antiretroviral therapy (ART) has revolutionised HIV outcomes but is under-utilised particularly in an ambulatory setting. PLHIV may benefit from an in-patient service to be HIV identified to assess engagement in routine care and monitoring.

**ARGUMENT**  
 Admission due to the financial year 2016-2018 for The Alfred, revealed that over half of admissions of PLHIV occurred in units other than Infectious Diseases.

Admission to hospital presents an opportunity to ensure PLHIV are engaged in appropriate care, being staff that have had prior recommended health screening & sexually transmitted infection (STI) screening. The "In-Reach" model of care was developed whereby an HIV specialist nurse performs a routine assessment (on an initial basis) on patients with the intention to identify their admissions under units other than Infectious Diseases.

In addition to addressing health gaps in PLHIV, the "In-Reach" model provides capacity for early identification of hospital cases in regard to ART prescribing and drug interactions. Finally the model enables identification of the first of discharge, including the identification of additional comorbidities related to improve engagement in care and reduce the risk of readmission.

**METHODS**  
 Patients were identified either by the daily Infectious Diseases in-patient admission list or direct referral from other clinicians.

The model was piloted from March - October 2017

The ward-based review was performed using an agreed template and included assessment of (1) engagement in HIV care (2) ART adherence (3) potential drug interactions and (4) performance of recommended health screening, monitoring, and tests (none by the nurse and limited by GP) in the community.

The model allowed for the HIV nurse to liaise with the admitting unit treating team, the HIV Service and generally GPs, in addition to provision of direct support for the patient during their admission.

Patients demographics and interventions were entered into an ACCESS database. Using descriptive statistics patient interventions are described.

**OBJECTIVES OF THE IN-REACH MODEL**

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

**RESULTS**  
 Of 89 patients screened, 2 were new HIV diagnoses. Hospital linkage to care and treatment assessment provided and these were excluded in further analyses.

Demographics	n (%)
Gender	
Male	87 (97.8)
Female	2 (2.2)
Age	
Median (IQR)	32 (27-37)
Range	18-54
Median (IQR)	32 (27-37)
Range	18-54
Median (IQR)	32 (27-37)
Range	18-54

**CONCLUSIONS**  
 Hospital admissions present an opportunity to optimise HIV monitoring and care. This model has demonstrated a role for a HIV specialist nurse to liaise with patients admitted to non-Infectious Disease units. The "In-Reach" model resulted in intervention for 82% of patients seen. Proximal support was the predominant intervention, provided to 38% of patients. This model will be presented amongst high HIV risk OP clinics as a point of contact for patient admissions.

Poster #50

# 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 inpatient HIV management and optimising engagement in HIV care**

**Authors:** OMBELLE COLLINS, KERRIE WATSON, BRIAN PRYCE, OSGA VIVIANI, JENNIFER HOY

**Department of Infectious Diseases**

**Background:** Many people living with HIV (PLWH) present to tertiary hospitals with issues unrelated to HIV. Antiretroviral therapy (ART) has revolutionised HIV outcomes for a chronic illness, allowing patients to live in an ambulatory setting. PLWH may benefit from an in-patient model to ensure engagement in routine care.

**Results:** Of 34 patients reviewed, 2 were new HIV diagnoses (5.9%). 32 were seen at least once and baseline assessment provided, and these were excluded in further analyses.

**Conclusion:** An intervention occurred in 82% of patients seen.

**Significant example of In-Reach intervention:** An HIV patient with complex psychosocial issues and long-standing comorbidities was not engaged during an admission for a hip repair. Initial attempts at care were unsuccessful, resulting in discharge against medical advice or challenging behaviour in the ward. The “In-Reach” service engaged the patient early with the ward nursing staff to coordinate engagement through a dedicated support pharmacist. The pharmacist had extensive clinical expertise, strong engagement skills, and the staff support. The patient was engaged in the ward, and the attending and warding staff agreed to engage the role of the “In-Reach” team. The patient was engaged in the ward, and the attending and warding staff agreed to engage the role of the “In-Reach” team. The patient was engaged in the ward, and the attending and warding staff agreed to engage the role of the “In-Reach” team.

**Overall, an intervention occurred in 82% of patients seen**

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Poster #50



## 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-idx-29-54-p.jpg>

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