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Comments to Department of Veterans' Affairs in response to the Discussion Paper on Preventable Admissions and Improved Community Care Program

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Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

As the largest professional and industrial organisation in Australia, the ANF has a membership of over 192,000 nurses, midwives and assistants in nursing. Members are employed in a wide range of settings in urban, rural and remote locations in both the public and private sectors.

The core business of the ANF is the industrial and professional representation of our members and of the professions of nursing and midwifery.

The ANF participates in the development of policy relating to nurses and midwives on issues such as: practice, professionalism, regulation, health and aged care, community services, veterans' affairs, education, training, workforce, socio-economic welfare, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

Preamble

The ANF is pleased to participate in the Department of Veterans' Affairs (DVA) Clinical Reference Group for the Preventable Admissions and Improved Community Care (PAICC) Program. In addition to contributions made by the ANF representative in the first meeting of the Clinical Reference Group the ANF offers the following brief comments on the discussion paper to assist in the implementation of the PAICC Program.

The ANF recommends that the DVA obtain a copy of the following text which is the first textbook written specifically for Australian general practice nurses:
Walker, L., Patterson, E., Wong, W. and Young, D. 2010. *General Practice Nursing*. McGraw-Hill Australia Pty Ltd. Sydney. In particular Chapter 3 of this book is titled *Scope of Practice* was written by Elizabeth Foley and Julianne Bryce from Federal Office, ANF, and contains pertinent information relating to the nurse's role in the PAICC Program.

General comment

In its submission to the External Reference Group for the National Primary Health Care Strategy in 2009, the ANF applauded the Australian Government for putting the spotlight on primary health care and gave strong support to the development of a national primary health care strategy. It is the view of the ANF that positioning primary health care at the centre of health policy in this country should lead to significant improvements in health for all Australians across their lifespan.

Likewise the ANF applauds the Australian Government for providing funding in the Federal Budget 2010/11 to enable the DVA to initiate a program which aims to improve care for veterans in their own homes thus preventing unnecessary admissions to hospital. The ANF supports the scope of the program in the first instance to the following chronic conditions: congestive heart failure, coronary artery disease, pneumonia, chronic obstructive pulmonary disease, and diabetes; and to



other chronic conditions that result in a person being frequently admitted to a hospital, which could include mental health conditions.

The government's aim of making cost savings for tertiary care are acknowledged. However, the ANF considers the gains of preventing admissions or readmissions to hospital are not just measured in dollar savings terms but also the wellbeing of the veteran and their family. That is, there will be more humane benefits for the veterans through being able to remain in the familiar environment of their own home with ready access to the support of family and friends. In addition there are obvious patient safety benefits from being in their own environment which include reduction in falls due to familiarity of physical surroundings (knowing what the floor surfaces are and where to find the toilet, for example) and less stress because they are amongst people who have intimate understanding of their specific complex care requirements and emotional, cultural and spiritual needs, as well as, and importantly, their medicines regimes.

Specific comments

The following brief comments on the PAICC program are proffered for consideration:

Team-based approach to care

It is the view of the ANF that there are benefits to the outcomes of care when delivered through a co-ordinated and team-based approach. The ANF takes a strong position that the most appropriate health care professional at the time should take the clinical leadership role within the care team. This will change depending on the circumstances and could be the general practice nurse, or other specialist nurse such as a nurse practitioner, mental health nurse, diabetes nurse educator, or the general practitioner.

Registered nurses within general practice (as elsewhere) are self-regulated health care professionals who provide care in collaboration with the general practitioner and the individual veterans requiring nursing care. Legislation and regulation guide nursing practice. Registered nurses, as qualified licensed professionals, are accountable and responsible for their own actions.¹

In view of this the ANF finds the language of the DVA discussion paper to be strongly general practitioner centric and not supportive of the team-based approach to care for the veterans. Amending the language to indicate payment of funds to the 'general practice' would better reflect the concept of team-based care. The difficulty with the current wording and intent is that it presumes that the general practitioner will be the gatekeeper for the veteran's care which removes the accountability from the person who will be the direct provider of the care or service – the nurse.

Identification of eligible veteran

Section 2 of the discussion paper identifies pathways for entry of veterans to the PAICC program. It should be noted that, as there are now nurse practitioners who may have veterans within their clientele (and some nurse practitioners work in general practice), that nurse practitioners should be a category identified in their own right under item d) of clause 2.2. Other groups who should be identified here are general practice nurses, specialist nurses such as mental health nurses, diabetes nurse educators or asthma nurse educators.



Role statements

GPMP: The Discussion paper does not reflect current practice in the description of the preparation of the management plan for the veteran. In most practices which employ nurses, it is usually the nurse who prepares the care plans. Having said that, the ANF considers that the management plan for the veteran should be written in a collaborative manner. That is, the plan should be written with discussion and input from the general practitioner, general practice nurse (or nurse practitioner/mental health nurse/diabetes nurse educator/community nurse provider) and the veteran and significant other/s.

Instead of being titled General Practitioner Management Plan (GPMP) the plan would more properly be titled Veteran's Care Management Plan (VCMP), better reflecting the person for whom the care plan is prepared. This title also gives ownership to veteran rather than the GP.

Role of the Care Co-ordinator - *Enrolled Nurse supervision:*

Professional supervision of an enrolled nurse is solely the responsibility of the registered nurse. These professional supervisory arrangements must be in place irrespective of any other employer oversight including that provided by an employing general practitioner. In general practices employing enrolled nurses, arrangements for professional supervision should be developed and guidelines prepared to assist both the enrolled nurse and the supervising registered nurse.²

The standard relating to professional supervision, previously built into State and Territory Regulatory Authority Standards, has now been adopted as a national standard by the Nursing and Midwifery Board of Australia.

Co-ordination activities

As noted above, the nurse should be a party to the preparation of the care plan and not just a passive recipient of a document written up by the General Practitioner. The commentary under section 8.3 describes a task-based approach to managing the care plan and fails to identify the essential clinical assessment and intervention role which all registered nurses are educationally prepared to undertake and which is integral to their practice. It is this clinical intervention role which will be pivotal to the success of the PAICC Program in identifying early signs or symptoms of a change in a clinical condition and the necessary implementation of care (in consultation with the GP), to circumvent escalation of that condition and thereby prevent an unnecessary admission to a hospital.

Other resources

The ANF supports linking in veterans with other existing DVA services and those available in the community for other citizens. It is critically important to the PAICC Program that all nurses involved are made aware through education programs of these resources.

Research

The ANF acknowledges the need for the DVA to meet funding and contractual requirements of the Australian Government. However, the ANF urges the DVA to take the opportunity to undertake research on this program which has the potential to have impact across the broader community.



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Aged care and chronic disease management are areas where there is just as much need to evaluate therapeutic interventions, critically analysing the effectiveness of clinical interventions, as it is in multidisciplinary sub-acute care. There is much to be

gained from tailoring resource utilisation to functional and psychosocial needs in order to support and increase functionality and quality of life rather than merely responding to acute health needs and crises.

Ehealth

The ANF strongly supports the introduction of electronic systems within all health and aged care facilities and throughout community care, across the country. Access to healthcare information through electronic systems will vastly improve the timeliness and quality of communication flows leading to enhanced outcomes of care for individuals, including veterans.

Education

The education programs will need to inform clinicians involved in the implementation and maintenance of the program from their professional perspective, as well as alerting them to requirements of the program of which they must alert the veterans and their families. An example is any impact on the veteran's participation in the program if they are admitted to a care facility (aged care, acute care).

Strategies for education programs include: face-to-face sessions in major/regional centres; on-line interactive programs for general practice staff in rural or remote areas (this could be run from the ANF and /or Australian Practice Nurses Association on-line education platforms); development of plain English manuals on the structure and requirements of the PAICC program.

Communication

The ANF journals team is working with the DVA communications section on strategies for raising awareness of the PAICC Program through our media sources, such as the Australian Nursing Journal – ANJ, the ANF Federal Office website, and messaging to our State and Territory Branches.

References

1. Australian Nursing Federation, Royal College of Nursing, *Australia*, Australian College of Mental Health Nurses, Australian College of Nurse Practitioners, Australian Practice Nurse Association. 2008. *Consensus Statement: Registered nurse and nurse practitioner roles in primary health care*. Available at: http://www.anf.org.au/html/publications_reports.html
2. Walker, L., Patterson, E., Wong, W. and Young, D. 2010. *General Practice Nursing*. McGraw-Hill Australia Pty Ltd. Sydney