Expanding the NP scope of practice to meet health care needs

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Condobolin

- Located 455km or 6hrs drive west of Sydney.
- Within the Lachlan Shire and is the Centre of NSW
- Population approx. 3000 people
- 23% of our population identify as indigenous people mainly from the Wirradjuri tribe.
Lachlan Shire

• The Lachlan Shire covers an area of fifteen thousand square kilometres with four and a half thousand kilometres of roads winding through it.

• The Lachlan Shire is predominantly an area of primary industry, producing wheat and other food grains, sheep, goats and cattle.

• More recent times have shown an increase in the mining of gold and other minerals.
ABOUT ME

• Practicing Registered Nurse for almost 30yrs, Midwife 22yrs.

• Working in the area of Women’s Health since 2000.

• Position in Women’s Health at Condobolin Community Health taken up in 2003.

• FPA certificate in Sexual and Reproductive Health 2000

• Grad. Cert. in Women’s Health completed in 2004.

• Master of Nursing NP commenced early 2005, completed late 2006.

• Authorised August 2007.
Decision to become an NP

• In 2004 it became evident that the decrease in Medical services was chronic.

• Condobolin was serviced by Locum Medical Officers for days or weeks with gaps in between.

• At times the Health Service used Remote telephone cover for emergency medical advice and phone orders only.

• Doctors in neighbouring towns were closing their books to new patients due to heavy demand and this continues today.

• Women were travelling up to 200km to access contraception prescriptions and our town was grossly under serviced.
What I do

- Well women’s clinics inc. comprehensive assessment, cervical screening/breast assessment, family planning, care of peri menopausal and menopausal women.

- Antenatal advice and referral.

- Post natal assessment, management and referral eg Continence.

- Diagnosis and treatment of UTIs, STIs, Vulvar/vaginal infections, pv bleeding and skin conditions.

- Oncology Pt support and referral, multidisciplinary team involvement and coordination of care where necessary.

- Taking referrals from Gov’t and NGOs for a range of Women’s Health issues including DOCS teenage cases and Aged care residents.

- Accredited to insert Implanon and seeking further training through Family Planning NSW.
Continued…

- Accept referrals from GPs and other Health professionals for diagnosis and management of Women’s Health presentations.

- Establishment of a Lymph Oedema clinic in Condobolin in partnership with Orange and Condobolin Physiotherapy Depts.

- Establishment of an IVF Monitoring service in Condobolin for remote families wishing to access IVF with aim to decrease financial, social and emotional costs to families.

- Continuing to work closely with Aboriginal Health Workers and the AMIHS program to improve the health and wellbeing of all women in our community.

- Remote area operator X-ray.

- Utilise the PBS effectively.
Challenges

- Dysfunctional, inconsistent medical service in rural areas.
- Communication.
- Pts, Staff and colleagues not understanding the NP role despite readily available information and continual communication.
- Professional differences.
- Lack of organisational support from within the LHD.
- Inability to use the MBS, makes practice disjointed at times.
- Distance, Dirt roads, floods, droughts, mice, locusts and snakes!
Positives

• The opportunity to collaborate with experts in the field of Women’s Health.

• The opportunity to positively effect the lives of women of all ages and backgrounds.

• The attention to woman specific assessment and intervention strategies that go beyond that of a Women’s Health Nurse.

• The ability to problem solve autonomously, in a variety of settings for a range of presentations.

• The ongoing challenges keep it all interesting.
Identifying needs

• Through patient contact and communication.

• You can see obvious gaps in service.

• Lack of ability to source a treatment/referral for your patient.

• Existing services may be available but inaccessible due to cost and/or distance.

• Some services are overwhelmed with demand or non existent.
Addressing the need

Think about how I can modify my service to provide the treatment/procedure/service needed.

Who are the target groups? What are their needs?

What needs to be done so this can work here?

Who needs to be involved?

Who has these skills already?

Who needs to be trained in these skills?

Who takes responsibility?
Applying the new process

• Communication and willing partners.
• Commitment by the driver.
• Communication and willing partners!!!
• Plan
• Develop a step by step process for all parties to follow
• Contingencies if problems arise, eg. central contact person
• What are the benefits? Pt, Community, Health Service, State
• See it through, be consistent.
• Examples, Condobolin IVF Monitoring and Condobolin Lymph Oedema clinic.
How these examples work
Colposcopy

*Ancient Greek: kolpos "hollow, womb, vagina" + skopos "look at"

- Colposcopy is a medical diagnostic procedure to examine an illuminated, magnified view of the cervix and the tissues of the vagina and vulva.

- Many premalignant lesions and malignant lesions in these areas have discernible characteristics which can be detected through the examination.

- Colposcopy is done using a colposcope, which provides an enlarged view of the areas, allowing the colposcopist to visually distinguish normal from abnormal appearing tissue and take directed biopsies for further pathological examination.

- The main goal of colposcopy is to prevent cervical cancer by detecting precancerous lesions early and treating them.

- The procedure was developed in 1925 by the German physician Hans Hinselmann, with help from Dr. Helmut Wirths.

*Wikipedia accessed 11.7.12*
Nurse Led Colposcopy Clinic

How did it come about?

- **Need** - No public Colposcopy provided in Central West NSW. Orange, Parkes, Forbes, Condobolin etc

- **Target Group** - Indigenous women

  Indigenous women are more likely than non indigenous women to develop cervical cancer and less likely to survive it. (The Case of Australia-Cervical Cancer in Indigenous women. Shannon, G.D et al, 2011)

- **Improving Partnerships** - Orange Aboriginal Medical Service, Rural Doctor’s Network, Royal Hospital for Women Gynae. Onc. unit and the Western NSWLHD.
Steps taken

• Initial meeting of stakeholders, established need, established commitment to the project by all parties, planned education and Mentorship for Nurse Colposcopist and discussed equipment and consumables.

• Attended already established Colposcopy Clinic in rural setting, Moree in April 2012.

• Attended Colposcopy clinic and didactic sessions at RHW Randwick, May 2012.

• Constant communication with all stakeholders through out process.

• Ongoing Mentoring and support is critical for safety and success.

• 1\textsuperscript{st} Clinic held at OAMS on 5\textsuperscript{th} July 2012

• What next ??
Into the future…

• Pursuing Mirena IUD training through Family Planning NSW and possibly through newly formed collaborative relationship with the Royal Hospital for Women, Randwick.

• Continue Colposcopy training through the Rural GP Network in partnership with Orange Aboriginal Medical Service and Gynaec Oncology Dept. Royal Women’s Hospital, Randwick.

• Rural and remote outreach Colposcopy service.

• MBS access for our patients??

• Looking for new ways to improve access to sustainable, effective healthcare for all women in rural and remote areas of NSW.
Thank you