NURSE-LED MODELS OF CARE

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Nurses are the largest group of healthcare workers in Australia.

- Make up over half of the workforce
- The use of nurse-led models is an innovative use of nursing workforce that improves patient outcomes and facilitates access to specialist services in a timely manner

Health areas that use Nurse-led models:

- Sexual and Reproductive Health, Womens Health
- Primary Health Care
- Remote Area Nursing
- Hepatitis C
- Child and Maternal Health
- Midwifery
- Drug and Alcohol Services: Withdrawal nurses, pharmacotherapy nurses
Nurse-led models often share similar characteristics:

- Run by Nurses and Nurse Practitioners (NP) with advanced skills in specific health area
- Nurses work autonomously
- Nurses manage their own caseloads
- Nurses make detailed physiological assessment, subsequent care planning, initiation and delivery of treatment, monitoring of patients condition, management of medications, specialist referral
- Often work closely with a Medical Director /General Practitioner depending on the setting
ADVANTAGES

- Beneficial where there is a high demand and/or workforce shortages in specialty areas
- Nurse-led clinics enable patients to access high-quality, safe and effective health care in a timely manner
- Not financially driven (MBS), ability for practitioner to spend more time with clients
- Facilitate continuity of care
- Increased job satisfaction and retention of Nurses
BARRIERS

- Relies on availability of nurses with advanced skills and knowledge for specialty area (Thanks CERSH for continuing to train our nurses!)
- Relies on support from/ and a good working relationship with a Medical Director/ GP (Not applicable for NPs)
- Relies on support from clients accessing the service i.e. happy to see a nurse vs. Doctor
Funded by Victorian Department of Health
Nurse-led Sexual and Reproductive Health Model
Community Health Setting
Clinical service delivery and Health Promotion activities
Funded Staff include:
• x2 SHN total of 1.0 EFT
• GP 0.1 EFT
<table>
<thead>
<tr>
<th>Sexual Health Nurse</th>
<th>GP</th>
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<tbody>
<tr>
<td>• Clinical Assessment</td>
<td>• Complex Gynecological clients</td>
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<td>• Clinical examination</td>
<td>• Referrals requiring GP for MBS</td>
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<tr>
<td>• STI Testing</td>
<td>• Scripts: Contraceptive, STI treatment, MTOP</td>
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<tr>
<td>• BBV Testing (incl. pre-test discussion)</td>
<td>• Review of Pathology/ medical imaging Results</td>
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<tr>
<td>• Pathology: Sexual Health Specific</td>
<td>• Medical Imaging Referrals</td>
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<td>• Pap testing</td>
<td>• Advise</td>
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<tr>
<td>• Counseling: Contraceptive, DV, Pregnancy options, STOP, MTOP</td>
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<tr>
<td>• Initiation of STI treatment</td>
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<td>• Chlamydia Treatment</td>
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<td>• ECP Administration</td>
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<td>• Implanon insertion and removal</td>
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<tr>
<td>• Referrals not requiring GP for MBS</td>
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<tr>
<td>i.e. Antenatal, STOP, welfare services</td>
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<tr>
<td>• Action of Pathology/ medical imaging results</td>
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- Nurse-led model excellent opportunity to increase access to MTOP
- Nurse provides majority of assessment, monitoring and review of client
- Requires good working relationship with GP + Pharmacy who has undertaken MS2Step Training
MTOP PROCESS

FIRST/SECOND VISIT with Sexual Health Nurse (SHN)

- Confirm Pregnancy: Urine BHCG
- Pregnancy Options Counseling
  - If considering MTOP, explain importance of time and the need to have further Ix done promptly
- Medications, Allergies O&G Hx
- Discuss ongoing contraception
- STI Screening
- Provide with MS-2 Step Information Booklet outlining procedure in detail with client
- Assess suitability and potential adherence to treatment and follow-up i.e. do they have a mobile phone, can they get to the hospital in the case of an emergency
- Investigations Required:
  - Pelvic ultrasound to confirm <9 weeks
    - Request Urgent, may require facilitation by SHN
    - Heart beat does not need to be seen, simply confirm intrauterine pregnancy
  - Pathology: Blood Group & Abs (Rhesus status), Quantitative BHCG
SECOND VISIT: SHN W/ GP “pop in” and / or GP
- Confirm patient eligibility and suitability
- Immunoglobulin if required
- Consent signed
- Lengthy discussion about signs and symptoms of MTOP
- Provide with:
  - Scripts x2
  - Letter to the Pharmacy
  - Letter to Emergency Department
  - Pathology Referral for Quantitative BHCG 2/52 post MS-2 Step process complete
- If consents, complete online registration for client to receive reminder txt message from MS Health
- Provide with MS Health 24 hour Nurse After-care telephone service: 1300 515 883
- Advise client that will also receive a follow up phone call from SHN approx 36-48/24 post pharmacy dose of MS-2 Step process
MTOP PROCESS

TELEPHONE CALL FOLLOW UP: SHN
- Follow Up Phone Call SHN 36-48/24 post 200mg Mifepristone dose taken at Pharmacy
- Ensure has taken 400mcg Misoprostol (4 tablets)
- Discuss signs and symptoms of MTOP (Pain, cramping, bleeding, nausea, dizziness, vomiting/diarrohea) and indications for presenting to emergency
- Book appointment with SHN for follow-up post serum Quant BHCG, or earlier if required

2/52 FOLLOW UP: SHN
- Review Quant BHCG to ensure levels dropping
- Assess bleeding: If still bleeding heavily will require further Ix
- Discuss STI results
- Discuss Contraception
- Address any further concerns