

## GP Plus Practice Nurse Initiative Phase 3 2010-2011

How would you like to be involved in a progressive initiative that supports advancing the role of your practice nurse as well as supporting your practice team to achieve improved health outcomes for patients? The GP+PNI will help you improve CDM systems, build your practice team and influence change through CDM quality improvement activities. This Initiative has a whole of practice approach to collaboration and creating comprehensive systems to manage patient care. If your practice has an existing nurse involved in chronic disease management or 75+ assessments are motivated and ready for change, have an interest in quality improvement and benchmarking activity, then this initiative is for you.

### The topic areas

- Diabetes
- Coronary Heart Disease (CHD)
- COPD
- At risk of hospitalization patients (Over age 65- Cognitive or sensory impairments -Has a carer- Multi morbidities-Has a functional decline - EACH or CAPS package)

### Practice support

In Collaboration with Division staff the practice team identifies needs and goals to develop a tailored package of support. These packages will either have a focus on CDM or Care Coordination of "at risk of hospitalization" patients. Activity will focus on using the user-friendly 'Improvement Model', teamed with local, hands-on support, to implement manageable change.

According to practice goals activities may include:

- Establishing systems for creating, validating and updating chronic disease registers
- Be systematic and proactive in managing care (i.e. Improving data quality, data cleaning, coding, managing register and recalls, nurse lead clinics)
- Involve patients in the delivery of their care.
- Adopt a multi skilled, multi agency approach to ensure effective coordination of care of people with a chronic disease or at risk of hospitalisation.
- Develop effective links with key local partners.

### Practice Requirements

Practices agree to a whole of team approach:

GP, PN and PM to attend 2 x 1 day quality improvement workshops

Practices agree to release nurse for training (incentive payments to cover nurse time):

Bi monthly Divisional network meetings

Monthly team catches ups in the practice.

Monthly data submission

Accredited

Separate room for PN

Computer access for PN

Compatible software for PENCS (MD, ZM, BP, Genie)

Commitment to provide data (Medicare item count/PHA etc)

### Practice Nurse Support

The Practice nurse in addition to collaborating in whole of team activities will also access credentialed training. The practice nurse will have access to the GP + Division Team including systems mentors, referral pathways, navigation services and care coordinators. The Division team will provide capacity to the practice to embark on creating and changing systems for CDM or "at risk of hospitalisation patients".

Funded Education events include:

- Disease specific practical training provided by clinical experts to enhance the advanced nurse role.
- Service Integration/care coordination training
- Health Coaching 2days
- Advance Care Directives 2days

### Incentive payments

Incentive payments are to cover the cost of nurse release time for training and dedicated activity time in the practice.

The payments are dependent on:

1. Employment of a practice nurse
2. Monthly data submission
3. Attending all education events
4. Undertaking dedicated GP+ practice meetings and participating in divisional network meetings

In addition GPs and Practice staff will be reimbursed for their attendance at CPD events

### Professional Development Points for GPs and Practice Staff

Participants are eligible to earn professional development points for their involvement in GP+ PNI Program activities from a range of providers.