

Western Australian Practice Nurses Association

WAPNA - YOUR LOCAL RESOURCE

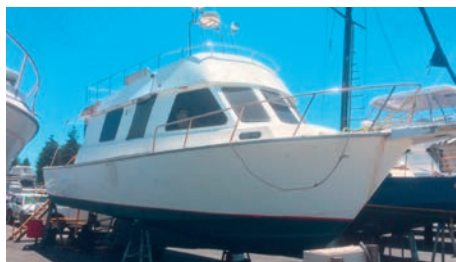
Promoting, Supporting, Informing Practice Nurses in WA

WAPNA is entirely run by a small loyal group of volunteers. Many hours are spent in our personal time/after our work hours to arrange events, newsletters etc. Please help us support you by allowing a little time for us to respond to you and filling out all appropriate paperwork where required. This will streamline things for us and you. Consider looking at giving up some of your time to support your local group.

February 2018



PROJECT PAX FOR VETERANS OF WA INC.



The purpose of Project PAX for Veterans of WA, is to provide a vessel, which is to be used as a tool in helping Veterans – Military/Paramilitary deal with mental/physical issues as a result of their service. Vessel is currently undergoing repairs, but will be used for day trips, Overnights, fishing, sightseeing, Scuba Diving as well as many other options.

Veterans include: Military – Regular and Reservists, Army, Navy and Air Force.

Paramilitary: Police, Ambulance, Firefighters.

Unfortunately, we are seeing Nurses and Doctors within the Health system coming under attack on a daily basis trying to help those in need. Therefore, we extend our hand of support to those as well.

Project PAX has a head quarters at 491 Beenyup Rd, Banjup. Onsite has several containers set up as workshops to enable members to meet and make projects as well as having members with Men's Health Peer Education training (DVA).

Contact Member: Phill Quartermaine
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Feel free to contact HQ:

President – Colynn Rowe cprowe4586@bigpond.com
Secretary – Stephen Hu projectpaxforveteransofwa@hotmail.com
Treasurer – Adrian Lewis adrian.lewis@live.com.au

IMPORTANT INFORMATION REGARDING IMMUNISATION UPDATE

Due to recommendations from the Health Department, as of 2018 the content of the immunisation update given to WAPNA will change to include addressing the changes to the Western Australian Immunisation Schedule, replacing Gardasil with Gardasil 9, meningococcal vaccines in children and adolescents, plus an interactive session on catching up overdue children (kindly being presented by Jane Gardiner and Jan de Groot in their own time). There will also be time for answering those burning immunisation questions. This will NOT include the recertification immunisation update.

You will need to complete the free online annual immunisation update to obtain your PD hours and certificate. Link is http://ww2.health.wa.gov.au/Articles/F_/Immunisation-education

2017 has been a very successful year for WAPNA! This year's Volunteer Breakfast and December's Business meeting was an ideal time to re-cap some of these successes, unveil new growth opportunities and introduce new strategies to ensure the ongoing success of our organisation.



Recognition and special thanks goes out to the folks that helped with this year's event:

John and Jonine @ [Two Sisters and a Chef](#) for their gracious hosting of the event (3 years running now!)

Ron @ [The Flower Market](#), for his generosity and help with Volunteer recognition gifts.

Karen and Andrea @ [Mundaring Community Bank](#), for their ongoing commitment and administrative help.

Oliver and team @ [Digital Monopoly](#) for their generous sponsorship and time with the development of our new website.

In keeping with saving the best for last!!!... A tremendously HUGE thanks and warm welcome to Kathy McCoy @ [the Neurological Council of Western Australia/ NC-3](#). The sizeable financial contribution and membership mergers from NC-3 will open new frontiers for WAPNA moving forward. I'm so very excited to explore the new ideas, education and potential this relationship promises and the enrichment of our association as a result.



Bendigo Bank Awards night for WAPNA to Andrea Randle and Rosemarie Winsor

WAPNA 2017 Office Bearers

NAME	ROLE	EMAIL
Andrea Randle	President. Oversees Seminar	wapnapresident@gmail.com
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Regina Lau	Organises Seminar presenters	wapnaeducation@gmail.com
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Advocare is an independent community based organisation that protects the rights of older people throughout WA, providing advocacy, information and education to those who receive or want to receive aged care services either in their home or a residential facility.

Advocare also provides an Elder Abuse Helpline. We are here to support those experiencing abuse or at risk of abuse. Elder abuse is a serious issue in our communities and we are here to help people find resolution and safety.

Our **FREE** education and information sessions explain rights and responsibilities and identify the forms of abuse experienced by older people.

Empowering People

The sessions are tailored to elder community members as well as community and residential based workers and providers.

We provide advocacy and encouragement for those in need of support and information and resources to those who can self-advocate.

All of our services are **FREE**, confidential and provided by a team of dedicated professional advocates.

Contact us

Tel: 08 9479 7566 or 1800 655 566 (Country) Fax: 08 9479 7599
WA Elder Abuse Helpline: 1300 724 769
Email: rights@advocare.org.au

ARE YOU CONFUSED ABOUT SUNSCREEN?

New research shows that Australians are becoming increasingly misinformed about sunscreen. The latest stats from our National Sun Protection Survey, show that only 55 percent of Australian adults recognise that it's safe to use sunscreen every day, down from 61 percent in 2014.

Craig Sinclair, Chair, Public Health Committee, Cancer Council Australia said that he is very concerned that too many Australians are not trusting sunscreen at a time when the evidence is stronger than ever that it is safe and effective and can reduce skin cancer risk.

Sunscreen Myths Busted!

Myth 1: Sunscreen shouldn't be used on a daily basis as it's not safe.

FALSE: Sunscreen and sunscreen ingredients are strictly regulated by the TGA to ensure it is safe and effective. It can be worn on a daily basis without harming your health and should be used alongside other forms of sun protection, whenever UV levels are 3 or above.

Myth 2: Using sunscreen will stop you getting enough vitamin D

FALSE: A number of studies have shown that sunscreen use in real life has minimal impact on Vitamin D levels. In summer, most Australians get enough Vitamin D through incidental sun exposure – for instance while walking to the shops at lunch. Even those who are Vitamin D deficient shouldn't sunbake or skip sun protection.

Myth 3: If you have a good sunscreen it's enough to protect you from the sun

FALSE: Sunscreen should always be used in conjunction with protective clothing, seeking shade, a broadbrim hat and sunglasses. Sunscreen is not a suit of armour and shouldn't be used to extend your time in the sun.



Myth 4: Using a water resistant SPF50+ means you can stay in the sun longer without having to reapply

FALSE: Any sunscreen should be reapplied every two hours, or after swimming, sweating or towel drying, regardless of the level of water resistance advised on the bottle.

Myth 5: You only need a little bit of SPF50+ to be protected

FALSE: To get the correct level of SPF you need to apply the right amount of sunscreen. This should be at least one teaspoon per limb, one for the front of the torso, one for the back, and one for the head. This is seven teaspoons (or 35ml) in total.

Reactions to sunscreen

Associate Professor Stephen Shumack from the Australasian College of Dermatologists stresses that sensitivities to sunscreen are very rare.

"A small number of Australians may experience sunscreen sensitivities that require follow-up with a health professional. Young babies in particular have sensitive skin - that's why we don't generally recommend widespread use of sunscreen in the first six months of life.

"The primary forms of sun protection should always be protective clothing, hats, shade and sunglasses for babies and children of any age. For older children, sunscreen should only be used on the parts of the body left exposed.

"If you do believe you have had a reaction, discontinue use and see a health professional who can help you identify the ingredient you are sensitive to. This will most likely be the fragrance or the preservative in the cream base."

For more information go to www.cancerwa.asn.au.



MedAdvisor, a free app used by more than 1 million Australians, allows patients to manage their medications straight from their smartphone.

MedAdvisor connects patients to their local pharmacy and provides them with a real-time list of all of their medications. Through this, they can easily view how many days' supply or repeats they have left, and receive reminders about when to take their medications, when to fill a script or when to see their doctor.

In addition, MedAdvisor has a convenient Tap-To-Refill feature which allows patients to pre-order their medications in advance from the pharmacy, so there is no break in supply and no wait time on arrival.

"MedAdvisor has been fantastic for ordering my prescriptions from the pharmacy," says MedAdvisor User, Sandra Richards.

"I receive a reminder when I need to order my medications, and a message once it's ready for collection. With a busy lifestyle and minimum spare time, this helps me to ensure I don't go without my medications."

MedAdvisor's CEO, Robert Read says, "Our goal is to put health back into the hands of Australians so they can feel in control. Through the MedAdvisor app, we are helping those living with chronic disease manage their medications in a smarter, faster and simpler way compared to ever before. Our data shows that those using MedAdvisor are 20% more adherent to their medications, resulting in better health outcomes."



EQUIP MYSELF – A FREE APP TO HELP PEOPLE CHOOSE ASSISTIVE EQUIPMENT

The Independent Living Centre WA has released a free app called **Equip Myself** that aims to support people that are ageing and those with disability to identify assistive equipment that could help them in their daily lives.

Equip Myself provides individuals with easy access to information about the wide range of equipment and technology options available that can assist them to be independent, safe and well.

Items range from shower chairs, rails, alert buttons, electric beds, gardening tools, kettle tippers, jar and can openers, to fall detectors, personal alarms, smart home automation and big button phones, to name a few.

Through a virtual world, people can explore equipment and technologies in the environments in which they would be used such as the kitchen, bathroom, garden, at work, in the study, at the beach or out and about in the community.

People are also able to read real life stories about how Western Australians use assistive technology (AT) in their lives.

The app links to NED, the Australian National Equipment Database, which contains impartial information about the range of assistive technology and equipment options available throughout Australia. The database comprises over 11,000 AT products and is an essential tool enabling people to research the best AT solutions available to them nationwide.

Equip Myself is a free app and is available on the App Store and Google Play™ now.

The Independent Living Centre WA provides an impartial information and advisory service about assistive equipment and technology. For further information call one of their friendly health professionals on 1300 885 886 or visit www.ilc.com.au



Work-life balance – it's something we all aim for but often find is just beyond our reach. Between the long hours we spend at work, the time we spend thinking about work outside of work hours, the 'juggling' or mental load of our personal lives, and other various commitments that we fill our lives with, it's little wonder that we feel frazzled and on track to burning out.

If this sounds like you, and you're determined to do things differently this year, take a step back and spend some time dissecting *why* you find it hard to achieve work-life balance. For many, three things that often stand in the way are:

I. PROBLEMS SAYING NO TO OTHERS

Being in a helping profession often means there's a desire to help others...sometimes to your own detriment. You end up taking on too much and, over time, are on track to burn out.

If this sounds like you, try the following:

- Be realistic in what you can take on. If your diary is already full, carefully consider whether you can accommodate the request.
- Schedule a buffer into your day so that you can attend to sudden, urgent matters without feeling overwhelmed.
- Manage expectations. That is, if you want to say yes to something, give a realistic time frame as to when this can be achieved (e.g. "I can update the patient recall list early next week").

2. NOT PRIORITISING SELF-CARE

Sure, *you know* you should be engaging in self-care, and you know that looking after your health and wellbeing leads to greater productivity. The big question is *what gets in the way* of you engaging in self-care?

- If you find you're too tired at the end of the day to exercise, then try the morning or during lunchtime. Even if it is just a brief power walk around the block, something is better than nothing.
- If you're motivated by accountability then partner up with a buddy.
- If self-care is an afterthought once you get through your To Do list then *it's time for a reality check*. Will there always be things to do that get in the way of your self-care? If so, choose a self-care activity that is time-bound, for example booking into a yoga class, then you can schedule it into your day.

The main challenge with self-care is not to think about adding it in *on top of* everything else that you already do. Instead, consider setting boundaries (with yourself!) and 'protect' the time for self-care.

3. GETTING DERAILED BY A NEGATIVE MINDSET

Your mindset is a very powerful tool. It can motivate you or demotivate you when it comes to maintaining a work/life balance simply by how you view a situation. Do any of the following thoughts sound familiar?

- If you find you're too tired at the end of the day to exercise, then try the morning or during lunchtime. Even if it is just a brief power walk around the block, something is better than nothing.
- "If I say no to updating the patient recall list they'll think I can't cope with my workload or I'm not a team player."
- "Who has time to exercise? I'm falling behind in everything and I need the time to catch up or else I'll lose my job."
- "I can't believe I didn't know the answer to that patient's question about diabetes. I should have known that. I'm such an idiot. How on earth can I keep on top of absolutely everything that I have to know though? It's all too hard. I'd better hit the books or people will think I'm incompetent."

Use the above tools to help you reset your work-life balance this year. If you're after more tips to build better Wellbeing, Mental Health, and Performance check out our free Resource Library at www.theskillcollective.com/resource-library), and look out for our upcoming online workshop on How to Live a Productive Life (www.theskillcollective.com/productive-life).

WARRIOR WELLBEING

"Celebrate the power of people continuing to learn throughout their lives", this is the message from Adult Learning Australia who want to make 2018 the year of lifelong learning. Australian and international research supports that when people take an active approach to learning in their adult years they develop skills, confidence and courage to live independently, find work and shine at new skills. "Lifelong learning" encompasses a wide range of learning opportunities from schooling, other formal education institutions, workplaces and through community participation.

Does this mean we all have to enroll in University, TAFE or a certified training course? The short answer is no, as learning is no longer considered an activity confined to education institutions. Rather, it is recognised as happening in the workplace, in the home and during leisure time. This is known as Informal Learning, which does not result in a qualification or certificate, but can be considered to embrace a whole range of activities that enhance life skills such as:

- Reading;
- Using the computer or the searching the internet (you must be careful here!);
- Watching TV / listening to the radio;
- Visiting libraries or museums;
- Playing sport;
- Attending community forums or information sessions (guest speakers);
- Joining a men's shed/CWA/ or other community group;
- Volunteering;
- Mentoring within the workplace.

You can teach an old dog new tricks

It never ceases to amaze me the stories we hear from blokes involved in WA Men's Sheds who have either reconnected with or learnt a new skill. This in turn can create a sense of pride, achievement and that all important sense of meaning and purpose that we all, especially blokes, seek in life's journey.

At Regional Men's Health we talk about our social/spiritual wellbeing which is one important aspect to our overall health and wellbeing and it is this aspect of our health that is unique to the individual and can be what each of us wants it to be. It is where we get our identity, individuality, sense of self, meaning, purpose, passions and interests. Sometimes though these things do not just simply appear or develop by themselves without effort, some of us will have to spend time to grow and nurture our passions and interests.

Learning experiences may not always come our way. We may need to actively seek them out or expose ourselves to the right environment to provide this opportunity, and this could mean trying more than once. Like the old saying "if you do what you have always done, you will get what you have always got". Getting out of our comfort zone, trying something new, revisiting the things that used to get us excited can help enhance our sense of fulfillment and happiness.

Terry and the Team
The Regional Men's Health Initiative
delivered by Wheatbelt Men's Health (Inc.)
PO Box 768, Northam WA 6401
Phone: 08 9690 2277
Email: menshealth@4blokes.com.au
www.regionalmenshealth.com.au



ROAD TRAUMA SUPPORT WA

Road Trauma Support WA (RTSWA) is the state's only dedicated service supporting all Western Australians impacted by road trauma, regardless of when the incident occurred or their level of involvement.

The service was established in WA in November 2013 following years of advocating for a dedicated service for those impacted by road trauma in Western Australia, led by WA couple, Glenda and Alan Maloney, who lost their then 19-year-old daughter Skye in a road crash in 1999.

Injury Matters (formerly the Injury Control Council of WA) was awarded the contract for service and on Sunday, 17 November 2013, on the annual World Day of Remembrance for Road Traffic Victims, Road Trauma Support WA was launched with the head of trauma services at Royal Perth Hospital, Dr Sudhakar Rao, announced as service patron.

RTSWA has three specialised counsellors offering free counselling face-to-face in our West Perth offices or via telephone and the web for those in regional and remote WA. We support those who have been injured in a crash, carers and family members, those who have caused crashes and witnesses and emergency services personnel.

All counselling is delivered free of charge and no referral is required.

RTSWA also produces a series of fact sheets on subjects ranging from talking to a child about road trauma, coping with grief and loss, driving phobia and sleep disturbances which are free to download from the website.

More recently, the RTSWA counsellors have been delivering educational workshops on grief, loss and trauma to emergency services personnel who routinely deal with road trauma due to the nature of their work.

Road Trauma Support lead counsellor, Susan Medica, said clients who accessed the service typically experienced intense grief due to the sudden nature of a road crash, were more prone to depression, anxiety, Post-Traumatic Stress Disorder and often experienced poorer physical health as a result.

"This also impacts on their social and occupational functioning, all at a time when they may also be dealing with financial and insurance complexities, coronial and forensic issues and sometimes the unwanted intrusion of the media due to the high profile of some road crashes," she added.

Research has shown that the psychological impact of road crashes is often overlooked in comparison to an individual's physical health outcomes¹ and that the impact on survivors, family and friends can be profound².

Unfortunately the majority of motor crash victims don't seek help soon after a crash, which leads to more costly, long term health implications for both the individual and the health system³.

Road Trauma Support WA is funded through the Road Trauma Trust Account with contract management by the Road Safety Commission.

REFERENCES

1. Heron-Delaney M, Kenardy J, Charlton E, Matsuoka Y. A systematic review of predictors of posttraumatic stress disorder (PTSD) for adult road traffic crash survivors. *Injury*. 2013 Nov;44(11):1413-22.
2. Mayou R, Bryant B, Ehlers A. Prediction of Psychological Outcomes One Year After a Motor Vehicle Accident. *Am J Psychiatry*. 2001;158(8):1231-8.
3. Beck JG, Coffey SF. Assessment and treatment of posttraumatic stress disorder after a motor vehicle collision: Empirical findings and clinical observations. *Prof Psychol Res Pract*. 2007;38(6):629-39.

LEARN EVIDENCE BASED WOUND MANAGEMENT ONLINE TODAY

Wound Healing Institute Australia's (WHIA) suite of wound management modules are not only fully accredited for CPD but are an easy to use educational tool for a more clinically proficient workforce. Increased knowledge and confidence leads to clinicians being able to integrate evidence-based recommendations to meet national safety and quality standards for wound prevention and management. Our modules are interactive using 3D images, simulation techniques, video vignettes and case studies and quizzes, with immediate feedback, to support principles of adult learning. All modules are completed online and are compatible on any device – mobile, tablet or desktop/laptop.

The Australian College of Nursing, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine have endorsed these modules for accrual of continuing professional or adult learning module points – 6 points per module and 48 hours for all modules.

Start learning online today: www.whia.com.au.

Wound care resources

- www.awma.com.au
- www.woundpedia.com
- www.worldwidewound.com
- www.globalwoundacademy.com
- www.ewma.org
- www.woundinfection-institute.com
- www.woundsinternational.com
- Facebook – Regional Wounds Group



SUMMARY OF CHANGES TO THE ADEA (AUSTRALIAN DIABETES EDUCATORS ASSOCIATION) CLINICAL GUIDING PRINCIPLES FOR SC INJECTION TECHNIQUE (2016/17 REVIEW):

- People with diabetes, their carers and health care professionals require high quality education and training from diabetes educators that encompasses current evidence and consensus-based principles of SCIT.
- Diabetes health care professionals require knowledge of the factors affecting the efficacy of injectable diabetes medicines.
- The choice of injection site should take into consideration the requirements of different injectable medicines. However the abdomen is the preferred injection site for most people due to its convenience, consistency and reproducible rates of absorption of injectable medicines.
- Shorter length pen needles (4 and 5mm) are recommended for the initiation of SC injectable medicines in children, adolescents and adults of all sizes. There is no medical rationale for use of longer needles for SC diabetes medications.
- When using a syringe, needle length no longer than 6mm is recommended, however the shortest syringe needle length in Australia at time of publication is 8mm.
- The size and angle of insertion of the needle used for injection, and the need for a lifted skinfold, should be determined according to clinical examination and consideration of the likely composition of skin and SC tissue.
- Injections should not be administered through clothing.
- Regular review of SC injection technique and inspection of sites used for injection is an integral part of the education of SCIT.
- Review of SCIT should be completed at least annually for adults and at each visit for children and adolescents, or when lipodystrophy has been identified.
- Diabetes educators must document all components of the assessment and education for the administration of injectable diabetes medicines, including a review of technique and injection sites.

Checklist for Education of Initiation of Injectable Therapies

Date:	
Name of patient/client:	
Name of educator:	
<input type="checkbox"/> Initial education on injection technique	<input type="checkbox"/> Review of injection techniques

Task
<input type="checkbox"/> Timing and action of prescribed medicines
<input type="checkbox"/> Dose of medicine(s) required
<input type="checkbox"/> Assembly of the pen device including loading insulin cartridge if applicable
<input type="checkbox"/> Preparation of the device for injection, including attaching pen needle and priming
<input type="checkbox"/> Drawing up of insulin for syringes
<input type="checkbox"/> Choice of injection site(s) specify
<input type="checkbox"/> Importance and guidelines for site rotation
<input type="checkbox"/> Preparation of skin prior to injecting
<input type="checkbox"/> Importance of washing hands prior to preparing the device and injecting
<input type="checkbox"/> Choice of optimal needle length
<input type="checkbox"/> Recommended needle length recorded for obtaining supplies from NDSS outlets
<input type="checkbox"/> Importance of single use of needles and syringe
<input type="checkbox"/> Injection technique including angle of injection and use of a lifted skin fold, where required
<input type="checkbox"/> Storage of injectable medicines according to the manufacturers' instructions
<input type="checkbox"/> When to discard medicines
<input type="checkbox"/> Safe disposal of sharps
<input type="checkbox"/> SBG, including appropriate frequency and timing in relation to injection regimen
<input type="checkbox"/> Hypoglycaemia, including symptoms, prevention and treatment.
<input type="checkbox"/> Check injection sites for signs of lipohypertrophy (LH)
<input type="checkbox"/> Advice on avoiding injecting in areas of LH, if applicable
<input type="checkbox"/> Other

TESTOSTERONE DEFICIENCY



Testosterone is the most important male sex hormone in men, and it plays a key role in sexual and reproductive function. Testosterone is responsible for producing the physical characteristics that happen through puberty, and for features typical of adult men such as facial and body hair. Testosterone is important in the growth of bones and muscles and affects mood, sex drive and certain aspects of mental ability. Therefore, testosterone is needed for the best possible health in men.

Testosterone (or androgen) deficiency is when the body is unable to produce enough testosterone for the body to function normally. It is not a life-threatening condition, but it can have a major affect on quality of life.

Testosterone deficiency affects about one in 200 men under 60 years of age. It's not known how many men over the age of 60 have testosterone deficiency, but some estimates suggest that one in 10 older men may have low testosterone levels. Between 20 and 30 years of age is when testosterone levels in men are at their highest.

The ageing process, medical illnesses and obesity all affect testosterone levels. For some men, testosterone deficiency can be the result of damage to the testes, a lack of hormones produced by the brain, or from genetic disorders such as Klinefelter's syndrome.

The signs of testosterone deficiency are different depending on the age when testosterone levels fall below the normal range. Many of the symptoms and signs of testosterone deficiency may happen with other medical illnesses, so it's important to see a doctor for a proper diagnosis.

Testosterone replacement therapy is given to men with clinically proven lowered testosterone levels. It is given in doses that return the testosterone levels in the blood to normal. The main forms of testosterone therapy are injections, implants, oral capsules, skin patches and gels. Once started, this treatment is usually continued for life and needs to be checked regularly by a doctor.

Testosterone therapy can increase prostate growth possibly making any prostate cancer, if present, worse. It should therefore not be prescribed for men with prostate cancer. Other side-effects such as mild acne, weight gain, breast development, male-pattern hair loss and changes in mood can happen but are uncommon.

There are no known ways to prevent testosterone deficiency caused by damage to the testes or pituitary gland in the brain. A healthy lifestyle and management of other health problems, however, can improve testosterone production in men whose lowered hormone levels are due to illnesses or conditions.

Andrology Australia (www.andrologyaustralia.org) is funded by the Australian Government Department of Health and administered by Monash University.

Andrology Australia produces a range of free resources for health professionals and men on topics related to male reproductive health, including: prostate disease and prostate cancer, testicular cancer, male infertility, androgen (testosterone) use and misuse, and sexual dysfunction including erectile dysfunction. Visit the website for more information.



Established in October 2017, Practice Assist is providing FREE state-wide support to general practice teams across Western Australia.

The service is a joint initiative of Rural Health West and the WA Primary Health Alliance (WAPHA) to provide a seamless, integrated general practice support service to all general practices across Western Australia.

General practice managers, principals, nurses, GPs and practice teams are encouraged to call the free call 1800 2 ASSIST (1800 2 277 478), email support@practiceassist.com.au, or visit the website www.practiceassist.com.au for a range of fact sheets, templates, tools and other resources for support in common problem areas such as preparing for accreditation, implementing new Medicare items including chronic disease care plans and template position descriptions.

With over 125 resources available online, the answer to your question is just a click or a free call away.

This service brings together the services provided by WAPHA in metro and country regions; and the practice and business support resources previously provided by Rural Health West to regional and remote WA.

STAY ON YOUR FEET®

Stay On Your Feet® is WA's falls prevention program for older adults living in the community. The program educates community members, health professionals and community workers on how to keep active and alert to prevent slips, trips and falls.

Stay On Your Feet® promotes falls prevention through the Move Improve Remove campaigns. Move Your Body, Improve Your Health, and Remove Hazards are three steps to keep active and alert to prevent slips, trips and falls.

The current campaign, Make Your Home Safer looks at the importance of making simple and often inexpensive changes both inside and outside of the house to help prevent slips, trips and falls. With around half of all falls happening in and around the home, it is important for older adults to make their homes safer.

During the campaign we would like older adults to remember:

Remove hazards to make your home safer

- Making simple changes can reduce your risk of falling
- Falls are preventable

From the campaign we would like older adults to:

- Use your home safety checklist and action plan to make a change
- Let someone know if you have fallen
- Ask about an in home assessment

For practice nurses, Stay On Your Feet® offers subsidised training, information on falls referral pathways and a directory of community services sorted by postcode to help older adults find exercise and other suitable programs near them. We also have trained volunteers available to hold displays in practices and hold 45 minute presentations for groups of 10 or more older adults.

In addition to this Stay On Your Feet® resources including a Home Safety Checklist, Get Up Off The Floor poster, Build Your Balance Exercise Video and flyers and several other brochures and booklets are available for free order and delivery. You can also order free bags to hold them in, which makes them ideal for handing out during 75+ checks and to any older adult who has had a fall or may be at risk of a fall.

ECU ONLINE TRAINING ON HEPATITIS C, HEPATITIS B & STI'S

Two free online training programs for Hepatitis C and Hepatitis B. Both online programs have been approved for professional development points by the Australian College of Nursing and the RACGP. Access the training at <http://hepatitis.ecu.edu.au/>

Free online training program on Sexually Transmitted Infections. The program has been approved for professional development points by the Australian College of Nursing and the RACGP. The online training materials are regularly maintained and content is updated as required. Access the training at <http://sti.ecu.edu.au/>.

Any queries about these programs please contact sirch@ecu.edu.au.

Online education for patients who are living with COPD. Judy from the Lung Foundation suggested this could also be helpful for Practice Nurses.

C.O.P.E.

COPD. Online. Patient. Education. Call 1800 654 301.

C.O.P.E.

COPD. Online. Patient. Education.

The C.O.P.E. program has been developed to enable patients who do not have access to a pulmonary rehabilitation program to be able to undertake the educational component of pulmonary rehabilitation from the comfort of their own home. This easy to use, interactive and informative program can also be used to complement a pulmonary rehabilitation program or simply as a reference point for information on living with a lung disease.

Better Living with Chronic Obstructive Pulmonary Disease

Further information can be found on the Lung Foundation website: <https://lungfoundation.com.au/>

SMART EATING WEEK: PUTTING NUTRITION FIRMLY ON THE AGENDA

Author: Dietitians Association of Australia

Accredited
Practising
Dietitian



Poor diet is the leading preventable cause of ill health in Australia and globally, contributing to almost 18 per cent of deaths in Australia. And sadly, many Australians are confused about what to eat.

Practice Nurses are ideally positioned to be able to offer patients consistent, accurate and trustworthy information on nutrition, based on the Australian Dietary Guidelines. And initiatives like Smart Eating Week, from 12-18 February 2018, aim to inspire Australians to live healthier lives, through smart eating.

Smart Eating Week is run by Accredited Practising Dietitians, and supported by the Dietitians Association of Australia. The week is an opportunity for Australians to connect with their local Accredited Practising Dietitian.

What is smart eating?

Smart eating is a means to good nutrition, a key step towards better health for everyone.

A recent small survey by the Dietitians Association of Australia provides some insights into what 'smart eating' means to everyday Australians. Respondents said 'smart eating' is eating a variety of healthy, whole, fresh and seasonal foods, while limiting highly-processed foods. Having a thoughtful approach to food was also mentioned.

This is not dissimilar to the findings of a recent major scientific review, which looked at more than 300 meta-analyses and systematic reviews, and found the best health wins come from going back to basics: eating more plant-based foods, choosing wholegrains over refined grains, limiting red and processed meat, and choosing other beverages in preference to soft drink.

Accredited Practising Dietitians

Let's face it: because we're all unique, with differing health challenges, goals, and lifestyles (for example), 'smart eating' will mean different things to different people, and how Australians go about achieving this will be different too.

That's where personalised nutrition advice and support from an Accredited Practising Dietitian comes in. This is the cornerstone of Medical Nutrition Therapy – it's what Accredited Practising Dietitians do, and what we want to sing from the rooftops during Smart Eating Week!

Surprising facts about APDs

Australia's more than 5,500 dietitians work in a range of areas, including hospitals (36%), community settings (9%), private practice (31%), universities (6%), government (4%), non-government organisations (5%) and the corporate sector (5%).

But what all Accredited Practising Dietitians have in common is:

- University degree in nutrition and dietetics
- Advice based on scientific evidence
- Stay up-to-date through continuing professional development
- Adhere to a Code of Conduct and Statement of Ethical Practice.

A recent Omnipoll survey of more than 1,200 Australian adults, commissioned by the Dietitians Association of Australia, shows 85 per cent trust the advice of a dietitian.

This Smart Eating Week, take the opportunity to connect with your local Accredited Practising Dietitian and encourage your patients or clients to do the same. Visit daa.asn.au for more on Smart Eating Week, and how to locate a local Accredited Practising Dietitian.

REFERENCES

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- Fardet A & Boirie Y. Associations between food and beverage groups and major diet-related chronic diseases: an exhaustive review of pooled/meta-analyses and systematic reviews. *Nutr Reviews*; 2014. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/nure.12153/abstract>; accessed 22 January 2018.
- Omnipoll survey (September 2017) of 1,225 Australians aged 18+ years, commissioned by the Dietitians Association of Australia.



PREVENTING KIDNEY DISEASE

Chronic Kidney Disease (CKD) is a condition that tends to fly under the radar. This is despite it being a significant contributor to morbidity and mortality in the Australian population, with almost 2 million Australian adults having some degree of kidney damage.¹ With Kidney Health Week coming up on 5th–11th March, now is the perfect time to look at how kidney disease is being managed in your practice.

CKD is defined as the occurrence of kidney damage and/ or reduced kidney function that lasts for three months or more. CKD usually develops over a number of years and, if detected early and managed appropriately, the otherwise inevitable deterioration in kidney function can be reduced by as much as 50 per cent².

Prevention of CKD developing or progressing is a key activity that primary care health professionals can address.

Firstly, it is important to identify individuals at risk of CKD and manage their risk factors appropriately. Did you know that one in three Australian adults is at increased risk of kidney disease? Risk factors for CKD are:

- Diabetes
- Hypertension
- Established cardiovascular disease
- A family history of kidney failure
- Obesity
- Smoking
- Aged 60 years or older
- Aboriginal or Torres Strait Islander origin
- A history of acute kidney injury (AKI)

People identified as being at risk of CKD should undergo a Kidney Health Check (blood test for eGFR, urine albumin / creatinine ratio, blood pressure check) every 1-2 years³.

Key prevention activities in this group are managing the cardiovascular risk / blood pressure / diabetes appropriately, encouraging lifestyle modification and providing the patient with resources and education to assist them with their self-management goals.

For people diagnosed with CKD, prevention becomes even more important. CKD is a major independent risk factor for cardiovascular disease, and for people with CKD, the risk of dying from cardiovascular events is up to 20 times greater than the risk of requiring dialysis or transplantation.⁴

Primary health care professionals should recommend lifestyle changes (SNAP – smoking, nutrition, alcohol, physical activity) and prescribe ACE Inhibitors or ARBs to lower blood pressure and slow the progression of albuminuria.³ CKD management information including CKD staging, colour-coded action plans, and referral guidelines can be found in the publication CKD Management in General Practice.³

Kidney Health Australia (KHA) has a range of resources, education and support for people living with kidney disease, as well as the health professionals who look after them. A key resource for people newly diagnosed with CKD is *My Kidneys My Health, a handbook and app* designed to help people navigate their CKD diagnosis, and assist with prevention, self-management and support. We also produce a broad range of fact sheets to help patients understand kidney disease better.

Primary healthcare nurses will often see people who are at risk of kidney disease and we would encourage them to access the CKD Management in General Practice handbook, the CKD-Go! App and to complete some of the online or face to face education that KHA offers.

The My Kidneys My Health booklet and app, fact sheets, CKD Management in General Practice, and other useful patient and health professional resources are available at www.kidney.org.au/health-professionals or www.kidney.org.au/about-us/resources-library or by calling the Kidney Helpline on 1800 454 363.

REFERENCES

1. Thomas, M.C. Early detection of patients with kidney disease. *Nephrology* 2007; 12, S37-S40
2. Johnson DW. Evidence-based guide to slowing the progression of early renal insufficiency. *Intern Med J* 2004 January;34(1-2):50-7.
3. *Chronic Kidney Disease (CKD) Management in General Practice*. Melbourne: Kidney Health Australia, 2015.
4. Keith, DS, Nichols, GA et al. Longitudinal follow-up and outcomes among a population with chronic kidney disease in a large managed care organisation. *Arch intern med* 2004 March 22;164(6):659-63

LINKS

- www.kidney.org.au
- <http://kidney.org.au/your-kidneys/prevent/keeping-your-kidneys-healthy>



FREE e-learning for chronic kidney disease screening

Are you a practice nurse looking for a free CPD opportunity?

Do you want to make a difference in health outcomes for the 1 in 3 Australians at increased risk of Chronic Kidney Disease (CKD)?

Practice nurses are needed to participate in a randomised controlled trial evaluating a pragmatic e-learning program to assist with improving CKD screening in the general practice setting. The study will:

- ✓ Take about 1-2 hours to complete (dependent on the randomised group)
- ✓ Provide a CPD certificate upon completion
- ✓ An opportunity to win one of three \$100.00 Coles-Myers vouchers*

Click on the link <https://www.ckd-detect.com/> to register.

All surveys are anonymous, however, your name and email address are required for registration and CPD certificate.

Questions? Contact the researcher at help@ckd-detect.com

This project is endorsed by Kidney Health Australia and considers evidenced based screening practices and practical real world solutions to initiating CKD screening in the general practice setting.

* Available to participants who complete all aspects of the study

THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Sue Shapland RN, BN, MSCN; General Manager Member & Client Services MSAW

The NDIS is Australia's greatest social reform in decades. It is expected that approximately 460,000 participants will be registered with the Scheme by full roll out in 2020, at a cost of \$23 billion.

WA has trialled two versions of the Scheme in trial sites within the metro area and parts of the Southwest. We will now join the National Scheme and roll out by local Government areas from July 1st. (<https://www.ndis.gov.au/about-us/our-sites/WA/rollout.html>)

The Scheme has a life-long approach to supporting people with disability. Individualised planning processes are used to identify the reasonable and necessary supports needed to enable people living with disability to achieve their goals.

Eligibility criteria apply including age (under 65 years when registering) and residency requirements, residing here and either an Australian citizen, a permanent resident of Australia, or a New Zealand citizen who is a Protected Special Category Visa holder. There is no means testing or co-payment requirement.

The disability is due to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition.

The disability is, or is likely to be, permanent **and** substantially reduces ability to take part effectively in activities without the support of others and / or aids and equipment.

The NDIS allows timely access to funding to meet reasonable and necessary needs and individual outcomes and this is really making a huge difference. Funding and individual plans are reviewed annually; allowing for additional supports for changed need.

Individualised funding supports the basic principles of choice and control; choice of provider/s and how and when supports are delivered. Plans support access to funding for a wide variety of supports including aids and equipment and home modifications, personal supports, accessing the community, supported living and respite.

MSWA is an NDIS registered provider supporting adults living with MS and other neurological conditions. Our dedicated NDIS team provide information sessions and individual support from pre-planning; call Nigel Carey on 08 9365 4818 or contact www.mswa.org.au/ndis_services



PROUDLY SUPPORTING PEOPLE WITH ALL NEUROLOGICAL CONDITIONS

NGALA: CHANGES TO SERVICES

Ngala services have recently undergone some changes. The Ngala Parenting Line now has an expanded scope and supports parents with children from 0-18 years. This service aims to provide a short (15-20 minutes) consultation working with the caller to address a parenting issue. The Parenting Line is staffed with highly experienced, trained staff: child health nurses, midwives and lactation consultants. They provide strategies suitable for the family situation, developmentally appropriate education and resourcing to community services. The service is not just for parents but for grandparents, carers and health professionals who may also be seeking professional advice or support.

Despite the relatively short contact, a listening ear and sound advice can have a significant impact on a parent who is struggling to know what to do. This is a comment from one of the online forums:

"I called them once when my bub was a few months old and just wouldn't sleep and I was at breaking point! They talked me through some potential reasons why he could be unsettled and gave me information on their day stays and other services that might help. I couldn't thank them enough."

For parents who require a longer period of support, Ngala's Day and Extended stays are an excellent option. Both of these services require a Letter of Admission from the parent's GP. We have recently updated our website and to make referrals easier, the form is now available electronically on the website.

The Day Stay is for approximately 6 hours duration and the Extended Stay is Monday to Friday. Care and support is provided by a multi-disciplinary team of child health nurses, midwives, mothercraft nurses, social workers and psychologists. There is also a sessional GP once a week. The team work with parents to address parenting issues such as sleep, settling, feeding and behaviour as well as psychosocial issues that may be impacting on parental capacity.

"I cannot tell you how much Ngala saved my life and relationship with my son!! He was waking during the night sometimes up to six times and the only way he would ever fall asleep if I breast fed him back to sleep. I developed post-natal depression from this and I went to Ngala and now my son sleeps through the night every night pretty much! Plus they helped me wean him and now we're on one feed a day. It was the best thing I have done as a mum. I feel like because of Ngala I can be a better mum, my son has learnt to sleep and fall asleep on his own!"

Contact details:

Phone: 9368 9368 or
Intake Nurse: 9368 9364
E: Intake@ngala.com.au
www.ngala.com.au

Ngala
Parenting with Confidence

ARE PATIENTS WHO ARE COLONISED BY MRSA A PROBLEM FOR YOUR CLINIC?



First some facts for context

1. Normal flora generally means bacterial species that are permanently living and growing on a non sterile site with no infection. It may be necessary to suppress normal flora on a site temporarily such as prior to surgery.
2. MRSA strictly stands for methicillin resistant Staph. aureus.
3. MROs – multiple resistant organisms
4. Colonised in this setting means that a microorganism is living on a site e.g. nose without necessarily causing infection. While this may sound the same as normal flora, it tends to mean an unwelcome bacteria that has come to stay e.g. MRSA colonising an IV insertion site. While this bacteria can remain for some time causing no problems, serious infection may result if the bacteria then makes it way to the bloodstream and cause serious infection which may be difficult to treat, especially if the patient has poor kidney function.
5. Use of alcohol based handrub (ABHR) will remove MRSA that has contacted staff hands e.g. use between pts.

We can also assist if your practice would like to conduct trials.

To find out more please go to <http://clinitrials.com.au> or call 08 9481 8373 to register your interest.

Do I have MRSA (methicillin resistant Staph aureus) colonised patients in my waiting room?

Frequent and prolonged use of antibiotics on a patient predisposes to colonisation of that patient's skin, nose etc by a resistant bacteria due to selective pressure. Community acquired MRSA is more common than hospital acquired i.e. the colonised patient has not necessarily been in hospital. Some clinic patients require prolonged use of antibiotics due to their condition and the risk of being colonised by an MRO must be accepted. Patients returning from travel to Greece, Thailand and India may be colonised by MROs (due to antibiotics being freely available) and easily transferred without apparent harm - that is until a colonised person undergoes an invasive procedure or has other risk factors and the bacteria may become invasive and pathogenic and can cause serious infection. Unknown colonised patients are present.

What do I need to do?

Following the national therapeutic guidelines (every GP has these) does not mean stopping prescriptions but it does result in less opportunity for bacteria to become multiply resistant. Practical measures include using ABHR as the gold standard for hand hygiene to reduce transmission of MROs between pts via staff hands. Consider wiping your wound care trolley with a disinfectant wipe between uses to further reduce transfer. The national guide for infection control advises daily wiping of frequently touched surfaces with a detergent wipe to reduce microbial loads from these.

While there are many guidelines written for managing colonised patients in the hospital setting, it is difficult to find any for general practice or aged care (another source of MROs). However, use of antibiotics as per the guidelines, use of ABHR for hand hygiene and wiping touched / wound care surfaces as advised, then this satisfies the current requirements to reduce emergence and spread of these bacteria. There is generally no need to isolate such patients in general practice – in addition most will not know they may have these bacteria. There is no need to swab every patient.

Something to think about if you thought this was not a practice issue

Use of antibiotics for UTIs and ear infections in otherwise healthy individuals only shorten the duration of symptoms by about a day. While some of our patients e.g. frail, babies and compromised, may require antibiotics for these infections, there are many who don't and this contributes further to emerging resistance - these bacteria are coming from the community and nursing homes into ICU in our hospitals. We need to be proactive in antimicrobial stewardship. Next time you hear a patient ask "can't you give me anything for this sore throat?", be aware that one transplant unit in Melbourne is considering stopping transplants because untreatable infections caused by MROs are a big issue.

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