



Office of Rural & Remote Health

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Primary Health Happenings

Edition 26
November 2011

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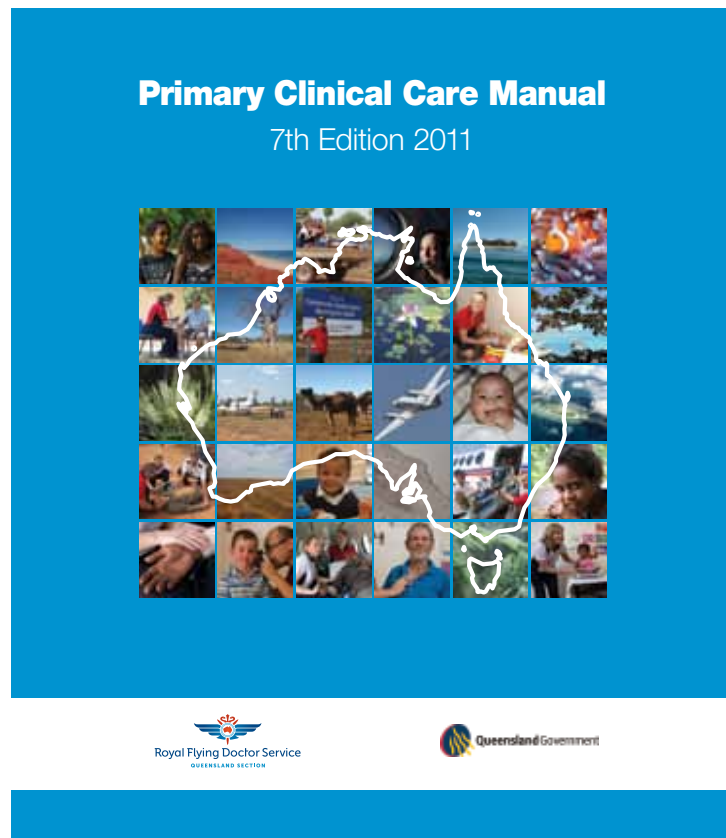
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..... the essential tool for best practice health care in rural and remote health care services



The Primary Clinical Care Manual (PCCM) has been reviewed and updated with the 7th edition due for distribution in January 2012

The Clinical Care Guidelines (CCG) and Health Management Protocols (HMP) contained in the PCCM are based on the current evidence as applied to rural and isolated practice settings

Distribution to Queensland Health Primary Health Care Centres, Rural Hospitals and the Royal Flying Doctor Service (Qld Section) will occur automatically

Further orders will be accepted from the end of January 2012

Order forms will be available on the PCCM website:

www.health.qld.gov.au/pccm

Primary Clinical Care Manual






This edition of the PCCM carries with it some considerable improvements to practice in rural and isolated practice centres in line with current evidence, statewide guidelines and changes in relation to transfer of clients.










What's new in the 7th edition (2011)


Significant improvements include:

- Addition of the tool [Criteria for Early Notification of Trauma for Interfacility Transfer*](#). This flow sheet assists clinicians in the decision making process for transfer of patients following trauma and injury
- Addition of the clinician support tool, [Decision Making for Escalation and CT Scanning - adult / child*](#) following head injury
- Recommendation that all staff within Queensland Health facilities utilise Recognition and management of deteriorating patient tools
 - [Children's Early Warning Tool for rural & remote facilities \(CEWT\)](#)
 - [Adult Deterioration Detection Scheme for rural & remote facilities \(ADDS\)](#)

Note: The asterisk (*) in the above text refers to recommendations / additions made in relation to outcomes of patient safety root cause analysis

Paediatric	
History and physical examination - child	Separated from history and physical examination adult
Assessment of the ear	Assessment of ear moved to beginning of section
 Acute otitis media (AOM)	IM procaine penicillin replaces benzathine penicillin (LA Bicillin) in line with current evidence
 Otitis media with effusion (OME)	Amoxicillin replaces amoxicillin / clavulanate
 Acute otitis media with acute perforation	IM procaine penicillin replaces benzathine penicillin (LA Bicillin) Ciprofloxacin hydrochloride ear drops added - restrictions apply
 Otitis externa	Flumethasone 0.02% + clioquinol 1% added
Immunisation	
 Immunisation program, sexual health immunisation and tetanus immunisation	Dedicated section Tetanus immunoglobulin dru

Emergency	
DRS ABCD / resuscitation / the collapsed patient	Name changed from DRABC resuscitation / the collapsed patient
Basic life support - adult / child / infant	Name changed from Basic life support
Unconscious / altered LOC - adult / child / infant	Name changed from The unconscious patient
Acute upper airway obstruction and choking	Flowchart reflects Australian Resuscitation Council 2010 guideline
Transient ischaemic attack (TIA) and stroke	Moved to emergency section as neurological emergency. All patients with suspected stroke should have urgent brain CT or MRI within 24 hours
Subarachnoid haemorrhage (SAH)	Moved to emergency section as neurological emergency
 Chest pain	Modified in line with Australian Resuscitation Council 2010 and Addendum to the National Heart Foundation of Australia / Cardiac Society of Australia and New Zealand Guidelines for the Management of Acute Coronary Syndromes (ACS) 2011
 Acute arterial occlusion	New HMP
 Trauma and injuries	New name Trauma flow chart for Criteria for Early Notification of Trauma for Interfacility Transfers* Addition of methoxyflurane drug box - adult / child Head injuries* - decision making for escalation and CT scanning - adult / child * Patient safety root cause analysis recommendation
 Fractures, dislocations and sprains	New name
 Sprains (soft tissue injury)	New HMP
Decompression illness	Aspirin removed, no longer recommended
Hypothermia	New CCG
Poisoning and drug emergencies	New CCG for anticonvulsants, antidepressants, antihistamines, antipsychotics, lithium, non steroidal anti-inflammatory drugs (NSAID); recreational drugs including petrol sniffing, amphetamines and cocaine, cannabis (marijuana), gamma-hydroxybutrate (GBH); sedatives / hypnotics
 Toxinology (Bites and stings)	Name changed from Bites and stings. As it better reflects the section and allows inclusion of ciguatera
 Stingray injuries	New HMP
 Sea urchin injuries	New HMP
 Sponges	New HMP

Mental health and substance misuse	
 Mental health behavioural emergencies*	Name changed. Oral lorazepam added For IM and IV medications consult MO
Puerperal psychosis	Added to psychotic disorders
Perinatal depression	Added to mood disorders
Eating disorders - adolescent / adult	New CCG

General	
<p>☰ Mild and moderate allergic reaction - adult / child</p>	<p>New name Addition of non sedating antihistamine loratadine drug box</p>
<p>☰ Acute bacterial sinusitis</p>	<p>New HMP</p>
<p>☰ Periodontal disease - gum disease</p>	<p>Name changed from gingivitis (gum disease)</p>
<p>☰ Dental abscess</p>	<p>Name changed from Tooth abscess</p>
<p>☰ Urinary tract infection - adult</p>	<p>Cephalexin recommended if allergic to trimethoprim</p>
<p>Assessment examination of skin, hair and nails</p>	<p>Moved to beginning of Skin problems</p>
<p>☰ Impetigo</p>	<p>Roxithromycin recommended for patients with immediate penicillin hypersensitivity i.e. have anaphylaxis to penicillin</p>
<p>Communicable diseases, Acute hepatitis A, acute hepatitis B, acute hepatitis C</p>	<p>New clinical care guidelines</p>
<p>☰ Secondary prophylaxis for Acute rheumatic fever</p>	<p>New HMP</p>

Sexual and reproductive health	
<p>Antenatal screening - trichomonas vaginalis</p>	<p>Discontinue routine testing of asymptomatic pregnant women i.e. women who are not complaining of symptoms. Testing of symptomatic pregnant women (complaining of vaginal discharge) should include testing for trichomonas vaginalis and if positive, treatment can be recommended at any stage of the pregnancy. Seek MO advice</p>
<p>☰ Pre-eclampsia - includes eclampsia</p>	<p>Name changed from pregnancy induced hypertension - term no longer used Hydralazine non DTP drug box added Magnesium sulfate non DTP drug box added</p>
<p>Chronic hypertension - essential / secondary / white coat</p>	<p>Name changed 'Pre-existing hypertension' term no longer used</p>
<p>☰ Suppression of preterm labour</p>	<p>Nifedipine recommended Salbutamol, indomethacin and glyceryl trinitrate (GTN) removed</p>
<p>☰ Normal labour and birth</p>	<p>Morphine sulphate recommended for pain relief in labour</p>
<p>☰ Primary post partum haemorrhage (PPH)</p>	<p>Oxytocin (Syntocinon) recommended IV / IM / infusion Oxytocin + ergometrine maleate (Syntometrine) removed Misoprostol non DTP drug box added</p>
<p>☰ Neonatal resuscitation</p>	<p>Newborn life support flowchart updated in line with Australian Resuscitation Council 2010 guideline</p>
<p>Contraception</p>	<p>UK Medical Eligibility Criteria added to WHO in line with National standard</p>
<p>☰ Sexually transmitted infections (STI)</p>	<p>Formatted to simplify and reinforce treatment Ceftriaxone dose increased from 250 mg to 500 mg in line with current evidence Clindamycin 2% vaginal cream added for treatment of bacterial vaginosis Lignocaine gel 2% removed from genital sores / ulcers as not supported by evidence</p>

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WOMENS' HEALTH CLINICS DECEMBER 2011

Clinics are conducted by a Mobile Women's Health Nurse
trained in Women's and Sexual Health (employed by Queensland Health)

Services offered at the clinics and at no cost include:

Pap Smears, Sexual Health Screening, Education / information on:
Menopause, Breast Health, Nutrition, Continence, Contraception, Healthy Lifestyle etc

Referrals can be made to other health service providers if required

Women of all ages are welcome and appointments can be made by phoning the numbers listed beside the clinics below

Location	Phone	Date
Mission Beach	4068 9722	Thursday 1 st December 2011
Mareeba Hospital	4092 9322	Thursday 1 st & Friday 16 th Dec
Smithfield	4226 4800	Friday 2 nd Dec
Jumbun	4066 1409	Friday 2 nd Dec
Port Douglas	4099 5518	Monday 5 th Dec
Yarrabah	4056 0100	Monday 5 th Dec
Babinda	4067 8200	Tuesday 6 th Dec
Cow Bay	4098 9296	Tuesday 6 th Dec
Innisfail Hospital	4226 4812	Wednesday 7 th Dec
Julatten	4094 2037	Wednesday 7 th Dec (am)
Mossman	4098 2005	Wednesday 7 th Dec (pm)
Edmonton	4226 4900	Mon 12 th , Wed 14 th , Thurs 15 th & Mon 19 th Dec
Innisfail Mamu HS	4061 4477	Tuesday 13 th Dec
Westcourt *	4226 4333	Tuesday 13 th Dec
Ravenshoe	4097 6502	Tuesday 13 th Dec
Mount Garnet	4097 9101	Wednesday 14 th Dec
Atherton	4091 0263	Thursday 15 th Dec

*this clinic is conducted by an experienced Indigenous Women's Health Worker

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The PaRROT training program has been moved to a site that is more stable, provides greater confidentiality and allows us to collect extra data so we can continually improve our products. All our existing resources are available from this site and we have added a learning community for your benefit.

The PaRROT training program has moved and is now located at:
ilearn.health.qld.gov.au/login/index.php.

If you are an existing Queensland Health learner you will be asked to create a new account. If you are an existing, Non-Queensland Health learner, please email the PaRROT team at parrot_contact@health.qld.gov.au and we will provide you with an account number. Once you receive your username and password just login and continue with your training. You **are not required** to recommence your training for a session if you have already received your certificate.

Our web page at www.health.qld.gov.au/parrot is still functioning and will continue to provide information and links on rural and remote and primary health care training. It will provide a portal to the new site and other training and information sites.

A free, fully flexible training program that focuses on chronic disease prevention, detection and management is now available

PaRROT:

- ◇ Is for all primary health care workers
- ◇ Attracts professional development points
- ◇ Provides orientation and training for workers in rural and remote, regional and Aboriginal and Torres Strait Islander health settings
- ◇ Can be accessed via multiple delivery modes

Orientation is available now and Child Health Check is being uploaded and will be available in early December.

For more information go to www.health.qld.gov.au/parrot or Enrol today at <https://ilearn.health.qld.gov.au/login/index.php>.

Telehealth & Rural and Remote Medical Benefits Scheme (RRMBS) sites Summary

On 6 June 2011, the Australian Government announced a \$620M telehealth initiative commencing on 1 July 2011 to improve access to medical specialists. From 1 July 2011 there are new MBS items to enable a range of consultations using videoconference.

The 'Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations' initiative includes:

1. Telehealth MBS Items;
2. Financial Incentives; and
3. Training and supervision for health professionals

Medicare payments are extended to Queensland Health nurse practitioners, midwives and Aboriginal health workers delivering medical services to approved Rural and Remote Medical Benefits Scheme (RRMBS) sites and health services granted exemption under the Council of Australian Government (COAG) subsection 19(2) of the Health Insurance Act 1973^{11, 12, 13}. However, the Australian Department of Health and Ageing (DoHA) are seeking legal advice to confirm whether subsection 19(2) is applicable when billing the telehealth MBS items.

using online technologies.

Under the Australian Government initiative, a telehealth consultation is defined as a consultation between a patient and a specialist performed by videoconferencing. The telehealth MBS items do not relate to telephone or email consultations. There must be a visual and audio link between the patient and the eligible specialist.

A range of telehealth MBS items are available to support specialists and other selected health service providers in providing video consultations. Specialists will receive up to a 50% additional rebate.

The practitioner at the patient-end could receive up to a 35% additional rebate. There are no changes to the existing case-conferencing MBS items.

Medicare incentives

Five types of incentives are available under the Australian Government's telehealth initiative, Connecting Health Services with the Future:

Telehealth On-Board Incentive - a time limited, one-off payment which is made to an eligible telehealth practitioner on the first occasion of an eligible telehealth service.

Telehealth Service Incentive - a time-limited, per service payment to encourage eligible practitioners to continue to provide eligible telehealth services. The telehealth service incentive payment for 2011-12 is \$60 for a specialist and \$40 for the patient-end provider.

Telehealth Bulk Billing Incentive - a time-limited, per service payment, in addition to above incentives is available to encourage eligible practitioners to bulk-bill telehealth consultations. The telehealth bulk billing incentive payment for 2011-12 is \$20.

Residential Aged Care Facility (RACF) On-Board Incentive – a one-off payment which is made to an eligible RACF to encourage the provision of appropriate facilities and resources to host telehealth consultations. The RACF on-board incentive payment for 2011-12 is \$6,000

Telehealth Hosting Service Incentive - is a time-limited, per service payment to encourage eligible RACFs to provide ongoing hosting services. The telehealth hosting service incentive payment for 2011-12 is \$60.

Eligibility

There are a number of considerations for Queensland Health clinicians interested in utilising the telehealth MBS items. Clinicians able to identify yes to the following statements may qualify for the telehealth MBS item numbers and incentives:

Considerations for the Consultant Physicians, Specialists and Consultant Psychiatrists

- I am a Consultant Physician, Specialist or Consultant Psychiatrist with a current and valid Medicare provider number.
- I am an option A or option B doctor with Right of Private Practice?
- The clinical outpatient services I provide in Queensland Health are suitable to be delivered via videoconferencing technology.
- My Medicare 'eligible' patient has a current and complete named referral.
- There is videoconferencing equipment available at both sites and it is suitable for the clinical consultation.

Considerations for medical practitioners, participating midwives, participating nurse practitioners and Aboriginal health workers.

- I am a medical practitioner, participating midwife or participating nurse practitioner with a Medicare provider number linked to an eligible patient location.
- I am an Aboriginal health worker providing a patient-end service 'for and on behalf of a medical practitioner' to a patient located in an eligible geographic area.
- There is videoconferencing equipment available at both sites and it is suitable for the clinical consultation

Telehealth practitioners

An eligible telehealth practitioner is a health care provider who is eligible to claim telehealth MBS Item numbers. A specialist (provider end) includes any medical practitioner who is registered or authorised to practise (as described in the Health Insurance Act 1973), as a consultant physician, psychiatrist or specialist at the patient (recipient) end:

Any medical practitioner, participating midwife or participating nurse practitioner who has a Medicare provider number linked to an eligible patient location; or

An Aboriginal health worker providing a patient-end service 'for and on behalf of a medical practitioner' to a patient located in an eligible geographical area.

Patients

An eligible patient is an outpatient (non-admitted patient) who is a:

- resident of an aged care facility;
- patient of an eligible Aboriginal Medical Service; or
- patient who is located in a remote, regional or outer metropolitan location when they video conference with the specialist.

Telehealth Medicare incentives and MBS items are not available for admitted patients.

Referrals

The valid specialist's referral (also known as a named referral) may come from a clinician within (e.g. a rural hospital clinician) or external to (e.g. general practitioner, specialist) Queensland Health.

The valid referral must include the patient's demographic and relevant clinical details; the referring medical officer's name; referring practice address and/or provider number; date of referral; period of referral where applicable; and must be signed by the referring medical officer.

Queensland Health hospitals cannot make a named referral a mandatory requirement for accessing outpatient services.

Hospitals are encouraged to advise referring practitioners of the private telehealth clinic options available for potential telehealth patients.

Full details are available at:

www.mbsonline.gov.au/telehealth

Please note this is a summary only.

Information source Queensland Health New Medicare items for Telehealth Version: 1.0 10/10/2011

The Year That Was...

Primary Health Care CQI Team

The end of the year is fast approaching, which is a great opportunity to reflect on the year that has past and what an amazing year it has been. We have welcomed staff including:

- Claire (Regional Coordinator - Southern)
- Daphne (Darling Downs/West Morten)
- Matilda (Mackay)
- Elisa (Cape York)

And sadly have farewelled Judith (Cape York) and Jason (Cairns).

We have had many achievements including presenting our hard work at the Health Care Improvement Symposium, Primary Health Care Research and Improvement Symposium and Ru presenting on the International Stage in Amsterdam. Assistance has also been provided by our team through our expertise in quality Primary Health Care and use of our health statistics at numerous local, state and national meetings, workgroups and forums.



Samanthar Partridge, Ru Kwedza, Claire Kelly and Michel Burgum at the Queensland Health Healthcare Improvement Symposium

We have facilitated 12 foundation training courses, 3 Clinician Training Advanced and 1 policy briefing. The State-wide Primary Health Care Improvement Steering Committee has been established and is regularly meeting and through partnering and collaboration working towards improvements in the health of Aboriginal and Torres Strait Islander clients living in Queensland.

Another highlight of the year was the successful running of our face to face workshop and forum with all of our Chronic Disease Coordinators attending. One of the key features was expanding our knowledge and skills at group facilitation through the workshop with MindWorks.

A new fashion trend has been commenced thanks to our Regional Coordinator Sam, who facilitated the purchasing of our stylish shirts, which have been appearing at many events and are being worn proudly.

We would like to take this opportunity to thank and acknowledge our team for their hard work in continuing the quest to improve the health of the community and tackling all challenges head on. Whether flooding in Roma whilst holding one of our foundation training sessions, battling flight and accommodation shortages or a cyclone or two I am sure our team is looking forward to the Christmas break to recharge to start another, even better year.

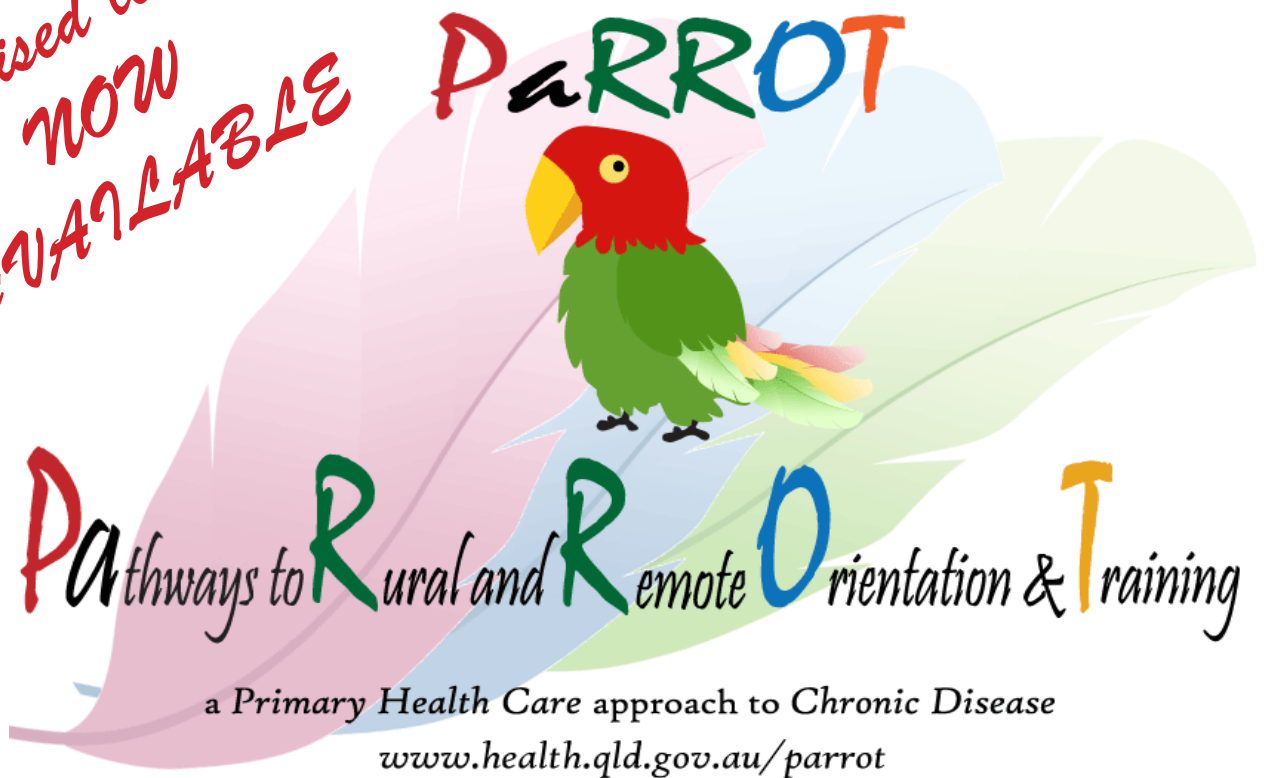
We would also like to recognise and thank and acknowledge all the hard work of our partners including General Practice Queensland (GPQ), Royal Flying Doctors Service (RFDS), Apunipima Cape York Health Council, Queensland Aboriginal and Islander Health Council, (QAIHC), Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), Institute for Urban Indigenous Health who through collaboration and partnership we are all working together for the common goal of healthier Aboriginal and Torres Strait Community members through provision of quality, evidence based Primary Health Care.

Last but not least thank you to our research partners Menzies School of Health Research, University of Queensland, QAIHC, ABCD National Research Partnership and welcome our newest partner James Cook University.

For more information and for a list of all contacts visit:

www.health.qld.gov.au/orrh/html/cs_phccqi.asp
or email: primaryhealthcarecqi@health.qld.gov.au

*Customised learning
NOW
AVAILABLE*



What is PaRROT?

PaRROT is an orientation and training package delivered through:

- face to face workshops
- self paced workbooks
- podcasts
- ipad application
- online

What is the focus of PaRROT?

The focus of PaRROT is to ensure safe client care by improving access to:

- chronic disease prevention, detection and management
- clinical support tools such as: the Primary Clinical Care Manual and Ferret and
- primary health care approach to service delivery

Who benefits from PaRROT?

All primary health care workers

How can I get information?

Go to www.health.qld.gov.au/parrot

How do I enrol?

Enrol today at ilearn.health.qld.gov.au/login/index.php

*Learn the way you want to learn ...
enrol today*