HUNTER NEW ENGLAND NSW@HEALTH

Enhanced Role Improves Outcomes for Rural Women

Prepared and presented by: Lorna Scott & Carolyn Enks

Women's Health Nurse Practitioners

Hunter New England Health

NSW

April 2010

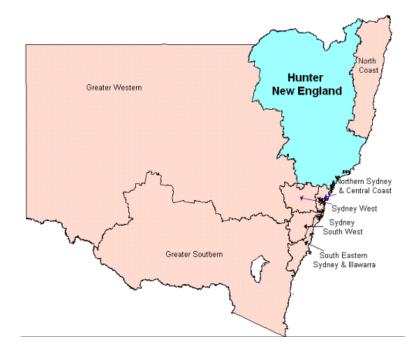
Service Area

Female Population-

Upper Hunter 18,400

Ashford | MCINTYRE CLUSTER # Emmaville * Warialda Moree * Vegetable Creek Inverell * # Glen Innes MEHI CLUSTER # Bingara Tingha # # Guyra Bundarra = **TABLELANDS** Wee Waa 🗱 CLUSTER Narrabri ■ Pilliga ■ Gwabegar Uralla # Barraba Boggabri 🗱 * Manilla **PEEL CLUSTER** # Walcha Tambar Springs * Quirindi Harrington * Murrurundi *Wingham CLUSTER Gloucester * Scone * LOWER MID Forster NORTH COAST CLUSTER Dungog * Bulahdelah # Singleton 🛊 🔳 Gresfor Community Health Service **GREATER** # Community Hospital & MPS **NEWCASTLE** ★ District Health Service CLUSTER Rural Referral Hospital HUNTER C Tertiary Referral Hospital CLUSTER

Lower Hunter 76,000













HUNTER NEW ENGLAND **NSW@HEALTH**

Background

- Lorna was one of the first Women's health Nurses appointed in NSW Health in 1986 and Carolyn commenced in 1991
- Role has progressively changed over the years
- Lorna authorised as a Nurse Practitioner in women's health 2001
- Carolyn authorised as a Nurse Practitioner in women's health 2005
- Currently in NSW there are only four nurses authorised as Nurse
 Practitioners in the specialised area of women's health



HUOH OF A NUISE FLACHUOHE

'a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the NP is authorised to practice"

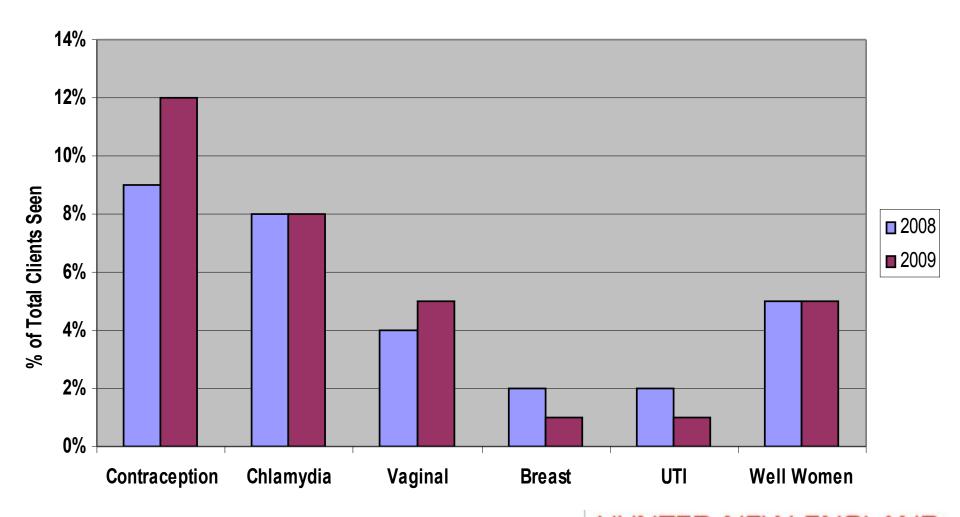
(ANMC 2006).

Guidelines

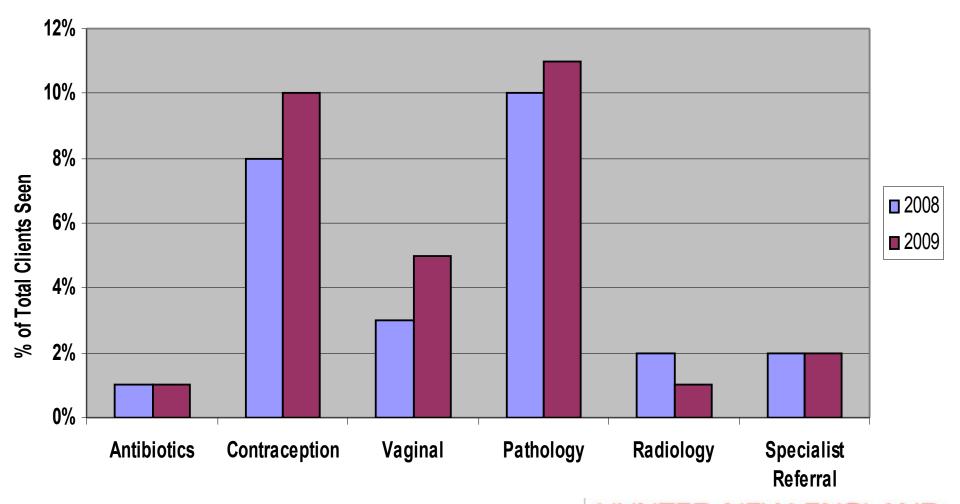
- Well Women
- Management of Contraception
- Management of Vaginal Symptoms
- Management of Chlamydia
- Management of Breast Symptoms
- Management of Urinary Tract Infections



Guidelines used



Management Trestment/Investigations



Clinic Numbers

Number of Women seen in clinics

1,098 -2008

-20091,313

NP guidelines used on clients

17% -2007

-200827%

-200930%

Issues Discussed

TOPIC	% Clients 2008 (1,098 clients)	% Clients 2009 (1,313 clients)
Breasts	30%	24%
Vulva/vaginal	11%	12%
Cervical	19%	16%
Gynaecology	13%	13%
Pelvic floor/Incontinence	19%	14%
Menstrual/PCOS/PMS	5%	3%
Menopause	28%	26%
Pregnancy/fertility, postnatal	6%	7%
Contraception	19%	20%
Sexual problems	4%	3%
Sexual health	8%	8%
Mental health	10%	11%
DV	1%	1%
Sexual assault	1%	HUNTER NEW ENGLAND
Lifestyle	7%	NS\8%HEALTH
General health	19%	• Hunter 6% Ingland Area Health Service 2005. All rights reserved. 10

Conclusion

Extended practice for Nurse Practitioners improves Primary Health Care Outcomes for rural women

