



Primary Health: New beginnings



Christine Taplin
NSP Project Nurse
ctaplin@phcn.vic.gov.au

03 9781 1622

0403131481

Introduction

- About 18 months - 2 years ago the Emergency Departments at Frankston and Rosebud noted a marked increase in the number of clients suffering the results of injecting the drug bupenorphine.
- Injecting “bupe” as the clients call it can cause major health issues to all body systems e.g.:
 - Deep tissue infections resulting in abscesses
 - Injury to the venous system causing leg ulcers and less often fungal eye infections and cardiac problems
- I am based at Southern HIV/AIDS Resource and Prevention Service-Needle Syringe Program (**SHARPS NSP**) at Ross Smith Ave in Frankston, near the railway station

Background

- “People with current past or assumed history of injecting drug use are often subject to discrimination from service providers because of beliefs about deviant behaviour and self-inflicted harm” (National Hepatitis C Resource Manual 2001, p. 154).
- The client group who use SHARPS experience many of the same health conditions as the general population
- They also experience disproportionately high rates of chronic poor health due to problematic substance use and the environment in which it occurs

Objectives

- Facilitate a program to enhance the quality of life of SHARPS client group that will ultimately
 - Increase the client group's self esteem and offer alternative activities previously not considered by the group to promote future health and wellbeing
 - Encourage greater awareness for drug users around community resources available to them
 - Increase participation in activities that promote social connectedness, community cohesion and a sense of belonging to reduce the risk of engaging in drug and alcohol related activities
 - Promote alternative activities and encourage reduced dependence on drugs to cope with the stresses of life

Objectives



- Conduct and present the results of the needs analysis survey and statistics relating to actual nursing care and referrals provided to lobby for funding for a Primary Health Service (PHS) at SHARPS tailored to meet the specific needs of the client group

Method



To achieve these objectives the job is divided into the following components with specific strategies related to each:

- Clinical service delivery
- Care coordination
- Health Promotion
- Research

Consumer participation



```
graph TD; A[Clinical service delivery] --> B[Consumer participation]; C[Care coordination] --> B; D[Health Promotion] --> B; E[Research] --> B;
```

Clinical service delivery

- Total 297 consultations in 12 months
- 59 relating to wounds
- 50 specific nursing advice
- 20 vein care (by me) other NSP staff give lots of vein care advice
- 165 unrelated to wound or vein care

Care coordination



- Emergency Department - 5
- Special Care Unit (for babies) - 1
- 4GS (General surgical ward) - 1
- Pacemaker clinic (cardiac) - 1
- Liver Clinic - 4
- Home Visits - 4
- Odyssey House - 1
- Opstep Community House - 3
- South Eastern Alcohol & Drug Service (SEADS) - 4
- PenDAP
- Secondary Consultations

Case Studies



1. Young aboriginal single mother of two, Addicted to marijuana & bupe. Needed a gall bladder operation. Attended and left ED twice without receiving treatment
2. 37 year old female with anger management issues and a long standing fear of hospitals will not attend appointments to monitor and replace pacemaker generator (battery)

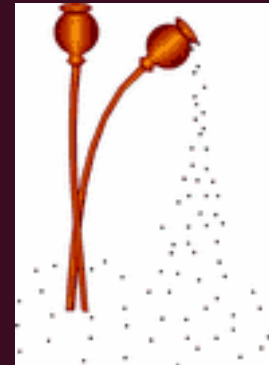
Care coordination



- Without the intervention of the project nurse the above clients may not have received appropriate care due to their inability to integrate into mainstream healthcare without assistance

Health Promotion

- Hepatitis C Support group
- SHARPS Community Advisory Group (SCAG)
- Grant “Options beyond Treatment”



Health Promotion



- The “Options beyond Treatment” funding and project nurse position have enhanced the capacity of SHARPS to offer a broader range of health responses including health promotion

Research Demographics

Income
Housing
Nutrition
Drug use
Injection
related
problems

PRIMARY HEALTH: A NEW BEGINNING DEMOGRAPHICS

building a healthy community

82% of clients are aged between 21 and 35 years
→ 53% female
→ 47% male



INCOME

Employed	5%
Casual/occasional	9%
Centrelink benefit	67%
Student	5%
Home duties	12%
Disability pension	2%

HOUSING

Private owner	8%
Private rental	38%
Public housing	26%
Transitional housing	18%
Homeless	11%



85% of clients spent most time in Frankston and surrounding suburbs during the last 3 months

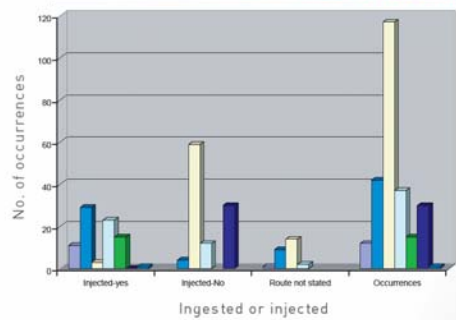


NUTRITION

- Whilst 72% of clients surveyed have access to food preparation facilities and 59% are able to shop for food,
- 53% ran out of food in the past week with no money to buy more.
- 82% required food assistance in the last month.
- 39% feel they are underweight,
- 30% just right and
- 9% overweight



DRUG USE IN ONE WEEK/64 CLIENTS

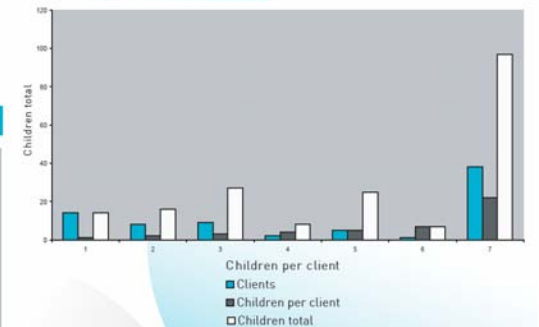


Ingested or injected

Main symptoms or conditions following a missed or dirty hit?
Soreness at site, Soreness above or below site, Redness, Swelling, Lumps, Pain More serious symptoms Abscess, Pus, Wound, Wound infection, Eye problems
Symptoms described above present opportunities for health intervention to prevent hospital admission should condition deteriorate without treatment.

Although 61% of clients said their veins were harder to get than usual, 45% said they collapsed easily and 70% had experienced injection related problems (Missed hit 70% Dirty hit 64%) only 15% had received any medical treatment for injection related problems in the last 12 months

FAMILIES



A total of 38 clients have 97 children between them with ages ranging from 2 months - 29 years

- Heroin
- (Meth)amphetamines
- Prescription Pills
- *Bupe / Methadone
- Bupe
- Marijuana
- Suboxone



Research Issues & Feedback

Fantastic
feedback from
clients about
SHARPS NSP.
What they wanted
most in services
was more dental
care and food

PRIMARY HEALTH:
A NEW BEGINNING

ISSUES+FEEDBACK

building a
healthy
community

most common injection sites on the body

3 Clients used multiple sites
on body, including neck &
groin

4 Clients used multiple
sites on body, excluding
neck & groin

(behind)

(top of hand)

1 Client injected in
his neck & armpits

2 Clients only injected
in their necks, because
they had no other veins
left to use.



It's not just an
exchange, if I
never had this
service I'd be
dead 2 yrs ago

97% of clients
come to SHARPS
for MORE than FITS

95% of clients surveyed
found staff at SHARPS
helpful

Do clients collect syringes
from anywhere else?

Yes 27%
No 73%

How does our service differ
from other Needle Syringe
Programmes you use?

Friendlier service	22%
Don't know	12%
Genuinely interested	6%
A lot nicer	5%
Non judgemental	3%
Reliable info	3%
Much the same	3%
Support	3%

closest thing to
family or home
I know of.

Services clients would like to see offered at SHARPS

77% Dental
69% Drop in lunch
66% Nurse
58% Doctor
64% Vein Care
62% Safe Injecting Space
58% Methadone/Buprenorphine dispensing
61% Quit smoking courses.
61% Financial aid worker

ALTERNATIVE THERAPIES
62% Massage
57% Hypnotherapy
48% Meditation

Why clients come into SHARPS (other than FITS)

Chat, Hep C info, Health info, Lifestyle
issues, Phone & fax, Advice, Non
judgemental, Increased feelings of self
worth, Support, Assist with finance,
Condoms, Respect, Smile, Swap de-
tails, Injection for medical reasons,
For information re-referral to other
organisations, Empathy, Info on using
(harm minimisation), Discuss private
issues, Companionship, Food,
Counselling.



www.phcn.vic.gov.au

Research Objectives & Outcomes

Overall Focus on Consumer Participation

PRIMARY HEALTH: A NEW BEGINNING OBJECTIVES+OUTCOMES

building a healthy community

A 12 month project position located at Southern HIV/AIDS Resource and Prevention Service (SHARPS) Needle Syringe Program (NSP) in January 2006. The position is funded through the Hospital Admission Risk Program Chronic Disease Management as part of the Complex Care program. The aim of the project is to enhance the service currently provided that allows for Injecting Drug Users safely accessing and returning needles and syringes.

The project objective is to improve access for SHARPS clients to healthcare services that are either not currently available or available but not being utilised by them. Apart from injecting related problems injecting drug users suffer from a range of other problems associated with their street based lifestyle. By engaging with this group of clients, the RN was able to achieve objectives and document outcomes in the following areas:

OBJECTIVES:	CLINICAL APPLICATION: How we do it!	OUTCOMES:
CLINICAL SERVICE DELIVERY Applying harm minimisation and best practice principles	Provide vein care advice Attend to basic wound care Other clinical care e.g. injections, pathology collection	217 consultations from 1st February to 11th October, 61 of these are directly attributed to harm minimisation relating to vein care or wound management.
COMPLEX CARE Promoting integration into mainstream healthcare with personalised care coordination	Provide referrals to other services provided by Peninsula Health Provide referrals to other health agencies for identified health issues Support clients where necessary by organising and if necessary attending appointments	Care Coordination 6 clients escorted to ED 3 clients escorted to external appointments with 3 home visits prior to appointments. 7 referrals to external agencies, 25 consultations with 6 complex care clients and 36 occasions of nursing advice. Without the intervention of the project nurse the above clients would not have received appropriate care due to their inability to integrate into mainstream healthcare without assistance.
HEALTH PROMOTION Increasing client self esteem and ability to maintain a healthy lifestyle	The Hepatitis C Support Group focused on health promotion incorporating healthy eating and alternative therapies last year. Monthly meetings continue this year. We visited other Primary Health Care agencies located next to NSP's to show clients what services are available, to give an idea of what could be planned for the future at SHARPS	87 clients attended monthly HEP C support group meetings this year. 7 attended naturopathy sessions provided at the June meeting. At the August meeting 16 clients were encouraged to make their own healthy wraps for lunch. 13 clients and 4 staff have visited Primary Care facilities for Injecting Drug Users in Collingwood, Dandenong, Melbourne and Footscray
OPTIONS BEYOND TREATMENT Securing funding to assist with activities to promote integration into mainstream health care settings	SHARPS put together a proposal for Health Promotion Grant from the Department of Human Services	Successful tendering for the "Options beyond treatment" project, has resulted in a \$7000 health promotion grant to support the costs involved with the development of the SHARPS Community Advisory Group (SCAG) and related activities.
PARTNERSHIP Increasing participation in activities that promote social connectedness, community cohesion and a sense of belonging to reduce the risk of engaging in drug and alcohol related activities	South Eastern Alcohol & Drug Service (SEADS) - Foster St Dandenong Commenced 7th August 2006. SHARPS has 3 hours of client time every month 0900-1200hrs for clients to visit the naturopath, kinesiologist and masseur	4 clients and 2 staff members attended SEADS in August and September for massage and naturopathy sessions
RESEARCH Identifying client needs through information from clients	Identify clients primary health needs Research the ongoing viability of providing a service Facilitate the provision of other primary health care services from the site	A comprehensive survey aimed at studying demographic, drug and alcohol patterns health and fitness and other data has resulted in collection of data from 64 clients Compilation of data collected from SCAG project nurse consultations and needs analysis survey available to lobby DHS to fund a primary health care facility for SHARPS clients Maintaining excellent client relationships at SHARPS, as evidenced by data from the needs analysis survey, has resulted in return rates continuing to be the highest in Victoria for 2005. Syringes distributed; 445,743, returned; 408,809, [91%]
SHARPS COMMUNITY ADVISORY GROUP (SCAG) Involving clients with service delivery	Commenced June 2006 The primary role of SHARPS CAG is to provide an ongoing conduit to the Community Advisory Committee at Peninsula Health regarding: Consideration of specific Health Care services and programmes required; Consideration of issues of this minority group; Consideration of specific health issues and how they can best be managed	A total of 22 clients and 5 staff have attended monthly SCAG meetings 3 Clients will attend a pharmacotherapy at Frankston City Council in November 2006, to discuss their views relating to drug use in the community
SOFTWARE Providing information to inform and educate clients using TV screen and DVD format in SHARPS.	Development of a visual IT resource to promote health and advertise forthcoming events and meetings funded through "Options beyond Treatment grant".	Software Under construction

Where to from here?

- Project nurse position is now permanent
- Results of survey & other statistics used to present a submission for funding to establish a Primary Health Service (PHS) for clients based on **their** needs
- We are moving, same building, different street
- Access with 2 entries - PHS & NSP???
- So.... The future is bright.....



Primary Health: New beginnings



Christine Taplin
NSP Project Nurse
ctaplin@phcn.vic.gov.au

03 9781 1622

0403131481