



**Health**  
Barossa Hills Fleurieu  
Local Health Network

# Kangaroo Island Community Outreach Program

Consultation paper

May 2022



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## Introduction

The Federal government agreed to fund \$1.2 million as announced in the 2020-21 Federal Budget, to provide funding to deliver the Kangaroo Island Community Outreach Program, including the provision of Primary Health Care Outreach Nurse Practitioner. The initiative will improve or help maintain the primary and preventative health services available on Kangaroo Island. The schedule is for the funding to be available until 30 June 2024 or upon completion of the project. Kangaroo Island Health Service (KIHS) is part of the Barossa Hills Fleurieu Local Health Network (BHFLHN) who have been tasked to lead the development and implementation of this program. The [BHFLHN Strategic Plan 2021-2025](#) outlines the networks commitment to meeting the health needs of the community by demonstrating innovation and creativity as the network strives for excellence. Key priorities of the plan include improving the accessibility of services and strengthening partnerships for a well-connected and sustainable health system.

The Nurse Practitioner will work in collaboration with existing services including the local General Practitioners by complementing existing services, alleviating service pressures and provide increased access for Kangaroo Island residents with health care needs. The South Australian Nurse Practitioner workforce is pivotal to realising future focused, agile, sustainable health care delivery models. Expanding, evolving, and embedding Nurse Practitioner led service models provides the opportunity for nursing to lead, influence, shape and inform contemporary and scalable health care solutions, aligned to population health needs.

Nurse Practitioners are an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia (NMBA), they have direct clinical contact and practice within their scope under the legislatively protected title 'nurse practitioner' under the National Law. The Nurse Practitioner scope of practice is built on the foundation of the Registered Nurse scope of practice and must meet Australian regulatory and professional requirements including the NMBA, Nurse Practitioner standards for practice, the Code of conduct for nurses and International Council of Nurses' Code of ethics for nurses. Nurse practitioners have been found to not only improve access to services and reduced waiting times, but also delivered the same quality of care as doctors for a range of patients, including those with minor illnesses and those requiring routine follow-up.

Residents of Kangaroo Island are disadvantaged in the access to health services due to the limitations of services available on the island and the cost of travelling via ferry or flights to mainland services which comes at a great cost. The Index of Relative Socio-economic disadvantage for Kangaroo Island is in the decile 5 ranking compared with all South Australia. The population of Kangaroo Island is just under 5000 and the highest proportion of people are aged 45-84 years with an aging population with 39% of the population aged over 60 years. Kangaroo Island stretches over 145km with the majority of Health Services being provided in the main town of Kingscote, this creates access issues for some residents with limited transport options.

There is an increase prevalence of chronic health conditions and health indicators compared with the overall South Australian population. Consultation with community members and stakeholders on Kangaroo Island to support development of a Service Plan identified access to chronic disease management and community wellness programs as priority areas. Furthermore, there was also concerns raised about access to General Practitioners on Kangaroo Island and the need to attend services on the mainland.

Reduced access to primary health care services and increase prevalence of chronic illness are the drivers for establishment of a Nurse Practitioner role on the island which will provide services through an outreach model. The role will have a focus on:

- Health promotion
- Disease prevention
- Health management activities for those with chronic disease and complex health issues.



## Purpose

The purpose of this paper is to describe the concepts of the proposed Kangaroo Island Community Outreach Nurse Practitioner (KICONP) and Kangaroo Island Community Outreach Nurse Practitioner Candidate (KICONPC) roles and related Model of Care (MoC) within BHFLHN. The KICONP/KICONPC roles and MoC are expected to support the Kangaroo Island community holistic health care needs.

The MoC outlined in this document is part of an iterative process, which will continue to be informed by an ongoing process of consultation and collaboration with services and consumers across Kangaroo Island and with key stakeholders. It is anticipated that the MoC for the BHFLHN will continue to be refined through staff and stakeholder involvement in its implementation, consideration of an evaluation framework to assess the impact on patient outcomes, safety and quality indicators, and consumer and family reported experiences of the service.

## Current Model

The current model of care for community on Kangaroo Island includes services provided by BHFLHN Community and Allied Health Service, Kangaroo Island Health Service in collaboration with a General Practitioner led model. In addition, government agencies such as Child and Family Health Service (CaFHS) deliver health services to children and families on Kangaroo Island and other government departments such as Department for Education, local government and non-government organisations also respond to some primary health needs.

Within this current model, issues were identified concerning the lack of access to health services across Kangaroo Island, long wait times to access primary health care and an absence of Aboriginal health services on Kangaroo Island. This concern recognises the need for specialised knowledge and skills required to care for the holistic health needs of the Kangaroo Island community, particularly those who have barriers to accessing service. BHFLHN is reliant on General Practitioners in private practice to meet the primary health needs of residents living on Kangaroo Island, however there are ongoing gaps in medical coverage across all of the island and BHFLHN has experienced difficulty in attracting, recruiting and retaining appropriately skilled health workforce inclusive of doctors, nurses and allied health.

## Future Model

The proposed Model of Care for the KICONP (RN4) and KICONPC (RN3) roles on Kangaroo Island will support residents of Kangaroo Island to access a primary health service to meet their holistic health needs. The roles will have a focus on health promotion, disease prevention and health management activities for those with chronic disease and complex health issues.

Furthermore, the roles will support local General Practitioners and BHFLHN Community and Allied Health Service in providing a multi-disciplinary approach to Kangaroo Island consumers who are living with chronic disease and complex health concerns, including but not limited to, timely access and advanced assessment, commencement and review of pathology and radiological diagnostics and the enhanced development and review of management plans.

The program will complement existing services and is anticipated to support a reduction of workload pressures for General Practitioners, increase availability of services and reduce presentations at the Kangaroo Island Health Service (KIHS) Emergency Department thus alleviating pressures on the health services in responding to complex care needs of Kangaroo Island consumers. The roles will collaborate with consumers, staff and other stakeholders within a person centered and evidence-based approach to meet their health care and wellbeing needs, based on a culture of collaboration, respect and integrity.

For consumers that identify as Aboriginal or Torres Strait Islander and their families living on Kangaroo Island the Nurse Practitioner will work closely with the BHFLHN Aboriginal Health Team to provide a service that is accessible, flexible, and culturally safe and responsive.

In addition to the service response to individual consumers with health care needs, the Nurse Practitioner will also work with key stakeholders such as Non-Government Organisations to respond to community health and wellbeing needs which may include health promotion and education to defined consumer groups.

The KICONP will be expected to mentor the KICONPC and together they would work in collaboration with local General Practitioners and other services to provide safe and quality outcomes for residents of Kangaroo Island.

The KICONP will provide a primary health care focused service incorporating advanced clinical nursing practice, education, consultancy, research, management and mentoring and will facilitate the care coordination of Kangaroo Island residents with holistic health care needs. The scope of practice will be dependent on the successful applicant and defined in the role description and continue to respond to the evolving needs of the community.

The Model of Care will be underpinned by principles as depicted in the following diagram.



The target population for the program will include:

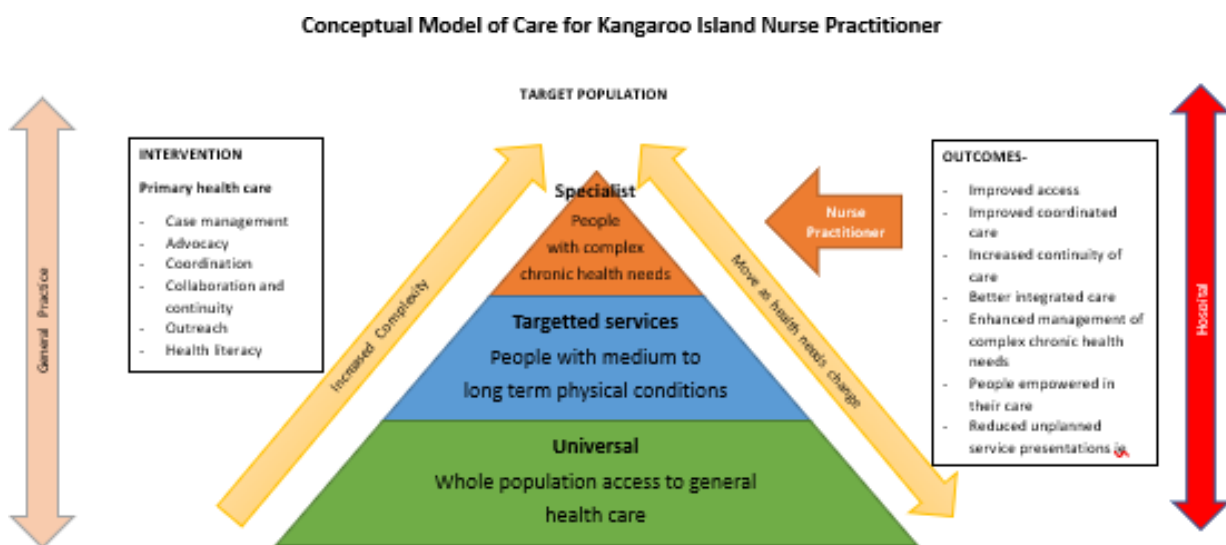
- Consumers with holistic health care needs living in remote area of Kangaroo Island where access to health services is limited.
- Consumers with chronic and complex health care needs.

- Aboriginal consumers with holistic health and wellbeing needs.
- Consumers with barriers to access health services.

Holistic health and wellbeing need considerations include:

- Barriers to service access i.e., transport, cost, mobility.
- Concern regarding treatment compliance.
- Health literacy concern.
- Cultural safety needs in collaboration with Aboriginal Health Service.
- Frequent Emergency Department presentations.
- Lifestyle factors impacting on poor health and wellbeing.

The following diagram is a conceptual diagram of the Model of Care.



### Expected Clinical Improvements

It is anticipated that the KICONP/KICONPC roles will:

- Ensure timely, holistic, and person-centered assessment of those with chronic disease and complex health concerns.
- Improve review of health management for those with chronic disease and complex health concerns through regular assessment to monitor and revise plan.
- Increase in health promotion activities with a focus on wellbeing and self-efficacy of people living with chronic disease and complex health concerns.
- Incorporate disease prevention activities to reduce the lifestyle factors impacting on health i.e., smoking cessation.
- Increase access to health care services for those with barriers to access such as transport, cost and mobility.

- Increase access and engagement for Aboriginal and Torres Strait Islander consumers of Kangaroo Island by providing a culturally safe and responsive service in partnership with BHFLHN Aboriginal Health Team.
- Increase health literacy and reduce burden of disease for improved overall wellbeing.
- Reduce service request burden on the Kangaroo Island Health Service and General Practitioners.
- Increase collaboration and coordination of care via advocacy with other service providers for those consumers living with chronic disease and complex health concerns.
- Provide more timely treatment of acute episodes of care for those living with chronic disease and complex health concerns. In many instances this could prevent the person needing to present to the Emergency Department and/or circumvent complications of the condition.
- Play a strong coordination role in bringing together health professionals and family members; and provide valuable translation of information into language the person and their family can understand.

### Scope of Practice – Kangaroo Island Community Outreach Nurse Practitioner

The scope of practice for the KICONP for the BHFLHN will be developed in conjunction with the organisation’s identified needs, community consultation, care area deficits and access to timely care. ‘The scope of practice of the NP is determined by the context in which the NP is authorised to practice’ (ANMC, p2 2004). The scope of practice is a collaborative document generated by the Nurse practitioner/candidates in line with their education and experience and the Executive Director of Nursing and is to be used as a guide to the clinical aspect of the role.

### Summary of Kangaroo Island Community Outreach Nurse Practitioner

| Client group<br>(Who and what)  | Exclusions<br>(When not)   | Referral<br>(when)  | Role and Intervention<br>(What and why)   |
|---|--|---|---|
| <p>KICONP will assess and / or manage:</p> <ul style="list-style-type: none"> <li>• Remote consumers with holistic health care needs</li> <li>• Consumers with complex chronic health requiring further assessment and follow-up</li> <li>• Consumers in community who do not currently access services e.g., Aboriginal consumers</li> <li>• Consumers that present to clinic on any given day that require assessment. Provide escalation, referral or direct care as appropriate.</li> </ul> | <p>KICONP will not accept referrals and or treat:</p> <ul style="list-style-type: none"> <li>• Consumers who are already receiving successful service response</li> <li>• Consumers who require care, following assessment, that are unable to be safely provided by KICONP</li> </ul> | <p>KICONP will assess and manage consumers who meet the criteria below:</p> <ul style="list-style-type: none"> <li>• At General Practitioners request</li> <li>• Unable to get timely access to a General Practitioners and are likely to present to Emergency Department</li> <li>• KICONP will provide follow-up care and evaluation for consumers who have been treated by KICONP</li> <li>• Consumers who self-present and are not currently engaged with local health services.</li> </ul> | <p>The KICONP model has pathways that include shared-care arrangement with or General Practitioners other health service, Aboriginal Health, and community. The KICONP will treat / provide:</p> <ul style="list-style-type: none"> <li>• Health promotion primary prevention strategies</li> <li>• Advocacy through coordination</li> <li>• Case management</li> <li>• Collaboration with other involved services</li> <li>• Coordinate health strategies for disease prevention</li> <li>• Improving health literacy and wellbeing</li> <li>• Increase access through outreach including home visiting and or clinic setting.</li> <li>• Enhance self-efficacy with individualised support</li> <li>• Respond to exacerbation of chronic disease</li> <li>• Complimentary to other existing services</li> </ul> |

## Competencies Required of Nurse Practitioner

\*The skill set lists **only the identified areas where expansion of nursing practice is required for the NP role**. For example, referrals to allied health are not listed as it not an expansion of nursing practice. The skill set will expand in accordance with the needs of the role/service.

For nurse practitioners—Code of conduct for nurses (on the website of the Nursing and Midwifery Board of Australia. <https://www.nursingmidwiferyboard.gov.au/>)

| Assessment  | Radiology   | Pathology  | Referral/Discharge  | Pharmacy *   |
|---|---|--|---|--|
| <p>Advanced clinical assessment as clinically indicated but not limited to as below:</p> <ul style="list-style-type: none"> <li>• Symptom history</li> <li>• Full medical history</li> <li>• Pharmacological history</li> <li>• Drug Allergy history</li> <li>• Family History</li> <li>• Activities of daily life (ADL) / Functional History</li> <li>• Falls history</li> <li>• Psychosocial history</li> <li>• Urinalysis</li> <li>• Blood Glucose level</li> <li>• Physical examination</li> <li>• Identification of health risks</li> <li>• Advance care planning / end of life care</li> <li>• Evaluation of patient compliance and response to plan of care</li> <li>• Conservative pathway management</li> <li>• Blood Pressure management</li> <li>• Participation in Case Conferencing</li> </ul> | <p>Plain x-ray</p> <p>U/S</p> <p>As clinically indicated, with referral / escalation of care for other imaging required</p> | <p>As clinically indicated with copy of results to usual or General Practitioner other specialist.</p> | <p>Referral to:</p> <ul style="list-style-type: none"> <li>• General Practitioners</li> <li>• Other NP's</li> <li>• Emergency department</li> <li>• Enhanced primary care</li> <li>• Other specialists</li> </ul> | <p>Prescribe from agreed BHFLHN Formulary or PBS including CTG (closing the gap) medications as per scope of practice</p> <p>NON-Pharmacological treatments</p> <p>Discuss and promote</p> <ul style="list-style-type: none"> <li>• Weight management</li> <li>• Immunization</li> <li>• Lifestyle modifications</li> <li>• Smoking cessation</li> </ul> <p><i>* Not all of these are extended scope mentioned as change to current practice</i></p> |



## Specific Components of the KICONP/KICONPC role

| ANMC standard 1   | ANMC standard 2  | ANMC standard 3  |
|---|--|--|
| <p>Dynamic practice that incorporates application of high –level knowledge and skills in extended practice across stable, unpredictable, and complex situations</p>   | <p>Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability</p>   | <p>Clinical leadership that influences and progresses clinical care, policy, and collaboration through all levels of health service</p>  |
| <p>Optimize management of referred clients to improve health, prevent disease, and increase coordination of care</p> <ul style="list-style-type: none"> <li>• Advanced clinical assessment of eligible clients</li> <li>• Prescribing of relevant, diagnostics/ investigative procedures as a direct result of the clinical assessment and identified needs</li> <li>• Referral to relevant services as identified by clinical assessment</li> <li>• Prescribing of appropriate pharmaceuticals</li> <li>• Encouragement and facilitation of admission to Emergency Department when required</li> </ul> | <ul style="list-style-type: none"> <li>• Optimize management of clients</li> <li>• Establish and build an environment of trust with key stakeholders in the care of the client</li> <li>• Establish and build an environment of trust with clients and their families</li> <li>• Participation as a senior member of the health care team</li> <li>• Receives and makes referrals as appropriate</li> <li>• Respects the right of the individual to determine their illness journey whilst ensuring they have accurate and appropriate information upon which to base their decisions</li> </ul> | <ul style="list-style-type: none"> <li>• Provide clinical leadership to staff</li> <li>• Education, mentoring and support to health care providers</li> <li>• Education and promotion to clients and relatives regarding the role of the KICONP in health promotion</li> <li>• Membership of relevant organisations / groups / committees and collaborative</li> <li>• Establishes effective communication strategies to promote positive clinical partnerships</li> <li>• The role will report to the KIHS Director of Nursing with mentoring relationship with General Practice</li> <li>• Communities of Practice for Nurse Practitioners identified to link the KICONP as part of their peer support.</li> <li>• Links with existing clinicians / services on Kangaroo Island to provide patient centred care</li> </ul> |

## Referral Process

It is proposed that the KICONP/KICONPC will:

- Receive referrals from General Practitioners, Community and Allied Health, Kangaroo Island Health Service (acute and Emergency Department) and Non-government organisations
- Self-referral will be accepted from Aboriginal consumers to support access to health and wellbeing services
- Self-referral pathways for all consumers may be further developed overtime however in the initial implementation will only be considered from Aboriginal consumers

The KICONP/KICONPC will

- Assess and manage all referrals to Kangaroo Island Community Outreach Nurse Practitioner program to ensure appropriateness, according to defined referral criteria.
- Triage all referrals received in a timely manner.
- Liaise with General Practitioners and other relevant health and community services as required to gather further information and formulate a service plan.
- Provide flexible and individualised follow-up care and evaluation.

## Mentor/Educator/Leader/Manager Expectations

It is proposed that the KICONP/KICONPC will:

- Provide education sessions to nursing staff as negotiated with the Nurse Unit Manager of Kangaroo Island Health Service, Kangaroo Island Community and Allied Health Program Manager and the broader nursing leadership team.
- Promote facilitation and support of primary health care, Registered Nurse scope and clinical practice excellence within the health service.
- Develop robust clinical governance and protocol to support the provision of enhanced assessment and treatment upskilling of other staff members especially in relation to advanced practice.
- Data collection related to the KICONP role including consumer satisfaction.
- Act as mentor/role model for future Nurse practitioner candidates in BHFLHN and other regional LHNs.
- Participate as a member and minute taker of the Kangaroo Island Community Outreach Nurse Practitioner implementation group.
- Undertaken/participate in research studies as required or deemed clinically relevant or directed.
- Contribute to strategic planning activities and quality improvement processes as identified with BHFLHN Community and Allied Health and KIHS leadership.
- Undertake self-education and professional development to remain current with changing trends in health care and develop evolving scope of practice.

## Reporting Structure

The KICONP reports to the Director of Nursing Kangaroo Island Health Service (DON KIHS) for any clinical issues, code of conduct, work appraisal and performance management. In addition, the KICONP will work closely with the BHFLHN Nursing and Midwifery Advisor to support further refinement of the role and model during implementation. For issues relating to Medical Governance, the KICONP will collaborate with the General Practitioners and report to the Deputy Director of Medical Services. The KICONP will be expected to mentor the KICONPC.

Reports on NP/NPC activity including current projects and KPI's will be presented to the Kangaroo Island Community Outreach Program Committee and Executive Director of Nursing monthly and as requested by the Executive Director of Medical Services.

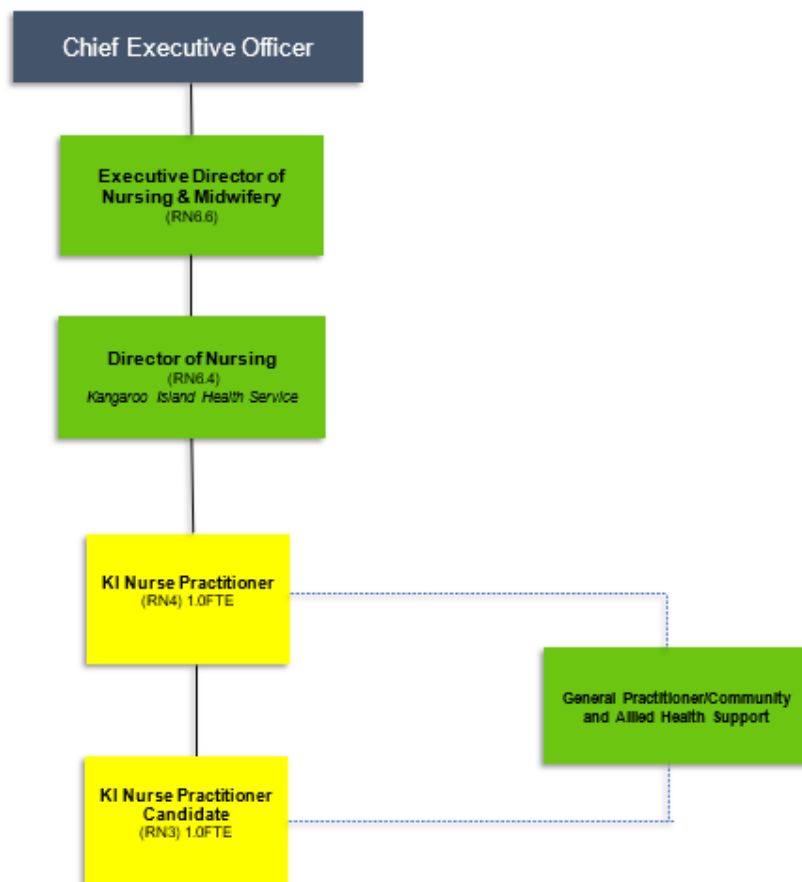
The Clinical practice guidelines will be developed by the KICONP with support of Director of Nursing (DON KIHS) and BHFLHN Nursing & Midwifery Advisor, then reviewed and endorsed by the BHFLHN clinical governance committee or appropriate committee/working party.

These guidelines will be reviewed annually or more frequently if required will be guided by changes to practice. The KICONP will maintain registration with AHPRA.

**Proposed Organisational Chart**  
 Barossa Hills Fleurieu Local Health Network  
 Kangaroo Island Community Outreach Nurse Practitioner

Existing Position

New Position



Version 0.1 5.4.2022

### Professional Review and Development

- The KICONP/KICONPC will have 6 monthly performance appraisals performed by the Director of Nursing Kangaroo Island Health Services and will maintain a professional portfolio as required by APHRA for endorsement.
- A clinical logbook will be kept by the KICONPC as part of the tertiary requirements, which will be reviewed, and if satisfactory signed off by a mentor. It will consist of assessing the care provided by the KICONPC to ensure it is evidence based and within the scope of their practice, as approved by AHPRA, as well as review any reassessment of community consumer. In addition, all notes completed by the KICONP/KICONPC will be kept on electronic file and be available for review by the Executive Director of Medical services, Executive Director of Nursing, Director of Nursing Kangaroo Island Health Services, or other key stakeholders as requested.

## Evaluation and Key Performance Indicators

Evaluation of the KICONP/KICONOC roles and the Model of Care will be vital to ensure that community expectations are met and that the expected clinical improvements are realised. Evaluation will include, but not be limited to:

Key performance indicators and metrics will be defined including:

1. Client satisfaction at time of assessment and treatment.
2. Appropriateness of extended practice interventions.
3. Number of clients seen.
4. Collation of data capable of provisioning of reports &/or activity on the clients that KICONP has seen which will be formally reported on at the Nurse Practitioner implementation group and the Federal government as part of the funding agreement.
  - Referral sources
  - Mode of contact
  - Location of contact
  - Timeline from referral to being seen
  - Presenting problems
  - Interventions and extended practice activities
  - Number of contacts and number of non-attendance
  - Health promotional activities / interventions
5. Communications with clients usual treating Medical Officer/ or referrals made to other services.

The KICONP / KICONPC evaluation will take place at 3, 6, 9 and 12-month intervals for the first 12 months with the initial implementation team. After 12 months, this evaluation structure will be reviewed.

## Use of non-clinical time

Non-clinical time will be awarded to KICONP/KICONPC as part of the role as practically available within service demands. Non-clinical time may be used for, but is not limited to, the following activities.

- Health promotional and or health management strategies/ projects as specified by key stakeholders.
- Upskilling & Professional Development of KICONP.
- Auditing of medical records, model of care and KICONP credentialing processes.
- Writing of KPI reports, model of care and KICONP credentialing processes.
- Production of educational material and participation in training days.
- Review of policies and procedures.
- Engaging in State-wide Nurse Practitioner networks including communities of practice.
- Other activities by negotiation.

## Consultation Process

Distribution of this paper signals the commencement of the formal consultation process on this proposal, which will run for two weeks. At the end of that consultation period, responses will be considered, and the proposal reviewed.

Staff employed pursuant to the Nursing industrial instruments, who are considered to be in-scope for this proposed change. Specifically, Kangaroo Island Health Service and Kangaroo Island Community & Allied Health Service.

Human Resource Principles and Procedures will be in accordance with those contained in the [SA Health HR Principles Nursing and Midwifery](#).

## Implementation of the Future Model

Following the consultation process, it is anticipated that the proposed structure and model of care will be implemented by August 2022.

## Feedback

BHFLHN recognises the importance of consultation and is committed to genuine discussion and feedback on the proposals outlined in this paper. Distribution of this consultation paper signals the commencement of the consultation process related to this proposal.

Feedback is welcomed from staff, employee associations and key stakeholders on the proposed structure. All feedback will be considered, and a summary of the feedback received, and themed responses will be provided.

Feedback on the consultation paper is sought by close of business on **17 June 2022**.

Please forward your feedback via email to:

Ms Alice Steeb  
Nursing and Midwifery Advisor  
Barossa Hills Local Health Network  
Email [alice.steeb@sa.gov.au](mailto:alice.steeb@sa.gov.au)