

Newsletter

**Inside this
BUMPER
issue!:**

President's Report

*2015 Nurses
Breakfast & AGM
Report*

*2015 Conference
Nurses Poster
Award*

*Sexual Health in
General Practice*

*Refugees: Nurse-
Led Health Care in
NSW*

*News from the
ASHHNA blog*

*Sub-Branch
Reports*

*What Does
ASHHNA Do?*

~~~~~

**HAPPY NURSING  
NEW YEAR 2016!**

*To all of you from all of us on the  
ASHHNA National Executive  
Committee*

~~~~~



2015 ASHHNA President's Report

It has been a steep but enjoyable learning curve since taking on the role of President for ASHHNA. I am extremely grateful to the huge amounts of support and guidance from ASHHNA's previous president Donna Tilley who was in the role for the previous five years. This leads onto ASHHNA's year in general – a year of transition as 2015 saw several new members join the ASHHNA executive. Like myself all new executive members have been learning the roles and functions of the executive while identifying which portfolios they would like to be working on.

ASHHNA held its face-to-face planning day in February allowing for a perfect opportunity for executive members new and old to meet face-to-face. The day was kindly hosted by RPA Sexual Health Clinic in Sydney. Key outcomes of the day included; increasing the profile ASHHNA, increasing the membership base and developing a marketing plan to support these activities. Within each of these key outcomes the executive explored key activities that would assist in achieving these goals via a brainstorming activity conducted by an external facilitator.

This year also saw the finalisation of the revamp of the ASHHNA website. This has been arduous task, and successfully coordinated by the talented and dedicated Donna Tilley. The main updates to the ASHHNA website include:

- *Fresh new look*
- *Mobile responsive*
- *Easy navigation with buttons on the front page to take you to key ASHHNA info*
- *Blogs on current issues in latest news*
- *Online membership application and payment via PayPal*

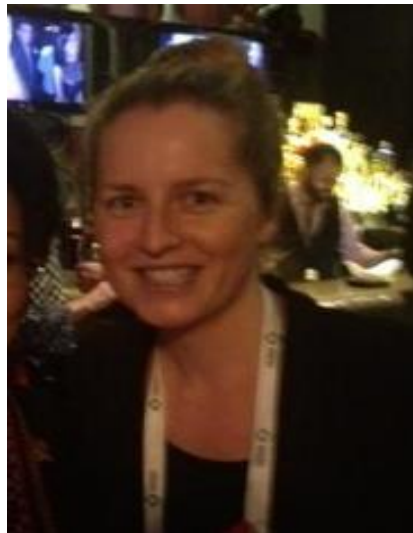
ASHHNA continues to represent the interests of nurses in sexual and reproductive health and HIV on a number of national committees and is asked to endorse and provide comment on educational activities and clinical guidelines relevant to nursing.

This year ASHHNA have represented the speciality Coalition of National Nursing Organisations (CoNNO) meetings, ASHM clinical oversight committee, ASHM HIV treatment committee and ASHM education committees and sit on the Australasian Sexual Health Alliance (ASHA). There are three active state sub-branches that hold educational meetings and provide a state based network for members.

President's Report (cont)

So as you can see it has been another busy and productive year for ASHHNA! As per previous years we are in a sound financial position and continue to work towards our planned goals. This could not be done without the hard work of all the members of the executive and the support of members, who provide the foundations of the association. I would also like to especially thank Nicky Sharp and Karen Biggs who are stepping down from the executive. Nicky and Karen have both played an integral part on the executive and I speak on behalf of all the ASHHNA executive in thanking them for her ongoing efforts. Lastly, I would like to thank all of the ASHHNA executives support and assistance in my first year as president.

Cherie Bennett
ASHHNA President



2015 ASHHNA Nurses Breakfast and AGM Report

In conjunction with the World STI & HIV Congress and Australasian HIV/AIDS Conference (held in Brisbane, September 2015), ASHHNA held a nurses breakfast alongside the AGM, which was kindly sponsored by Gilead. There was a fantastic turnout with 39 attendees at the breakfast.

The meeting commenced with the AGM and reports provided by the President (Cherie Bennett), Treasurer (Brad Whitton) and Sub-Branch Coordinator (Sue Porter). Following this was the election of office bearers. Excitingly this year ASHHNA received more executive nominations than the positions available: a great reflection on ASHHNA members seeing their potential influence and value in being a part of the executive.

Following the formalities of the AGM, attendees had the pleasure of meeting and listening to a research presentation by PhD candidate Belinda Hengel. The title of Belinda's talk was *'Improving STI testing uptake among young people in remote Aboriginal & Torres Strait Islander Communities.'*

Over the past 5 years Belinda has worked as a researcher in remote Aboriginal sexual health and is close to completing her PhD. As both a registered nurse and researcher she has worked alongside remote health centres implementing sexual health quality improvements programs and, more recently, implementing chlamydia and gonorrhoea point of care testing as part of the Kirby Institutes TTANGO trial. Belinda was also a recipient of the 2015 ASHHNA Carol Martin Scholarship. The ASHHNA executive would like to take this opportunity to sincerely thank Belinda again for attending the breakfast and kindly offering up her time to present such a wonderful and inspiring talk.

Overall, the breakfast was a wonderful success, and would not have been possible without the generous sponsorship provided by Gilead (with special thanks to Gilead Reps Marna Oskam & Michelle Goodwin), and all of the ASHHNA members who attended, plus the members of the ASHHNA executive who assisted with the planning.

Cherie Bennett
ASHHNA President

2015 ASHNA Nurses Poster Award Winner

~ Donna Tilley ~

Clinical Nurse Consultant Sexual Health and Women's Health | Community Health

In conjunction with the ASHNA Nurses breakfast that took place at the recent World STI and HIV Congress and The Australasian HIV & AIDS Conference the 2015 ASHNA Nurses Poster Award was announced. The voting of this award was coordinated by Shannon Woodward (ASHNA Vice President) and involved both ASHNA executive members and several ASHNA members across Australia. The 2015 winner was Donna Tilley (Clinical Nurse Consultant Sexual Health and Women's Health/Community Health) for her poster entitled *'Outreach Chlamydia Testing Upskilling a Multidisciplinary Workforce'*.

The aim of this project was to increase the opportunities for chlamydia testing in Aboriginal and Torres Strait Islander people and other young people by addressing structural barriers to service access. This was achieved by building the capacity of non-clinical sexual health and youth health service staff to offer information about urine testing for CT and GC at targeted community events. A total of 9 staff completed training between August 2014 and January 2015. The staff were from varying disciplines.

Participating in the training demonstrated an increase in knowledge, confidence and skills of non-clinical health workers to undertake urine CT and GC testing in an outreach setting.

The training and ongoing support has further enhanced a strong collaboration between the sexual health service and clinical and non-clinical teams.

On behalf of the ASHNA executive and ASHNA members...

Congratulations Donna!

Cherie Bennett
ASHNA President



Bringing Sexual Health into Primary Care Nursing

By Samantha Read

Samantha is a General Practice Nurse specialising in Sexual and Reproductive health



When our local dedicated sexual health clinic closed our general practice could see that this left our local community and young people with limited access to sexual health care. With the support of the whole team at our practice we were able to look at ways of trying to fill the gap which the closing of the clinic had left; so we implemented a free and confidential nurse-led youth clinic once a week.

As nurses in general practice we are well placed to offer health care to our most vulnerable and at-risk patients, including young people; some of whom may have never considered their sexual health needs. The challenge has often been encouraging and empowering young people to access a mainstream clinic. There are often fears around confidentiality and worries about judgement. One of the ways we have sought to address these concerns has been to explore effective networking and collaboration with other community agencies. As a result we have developed valuable links with local council, plus we sit in on youth forums to promote awareness and increase accessibility to the clinic.

Specific assessment tools are utilised to enable many potential risk STI risk factors to be assessed such as home environment, education and drug and alcohol use. The youth-specific focus also enables nurses to assess young people for mental health issues and provide referrals as needed.

Patients who attend regularly regarding their diabetes are also given an opportunity to discuss the possible impacts on their relationships and sexual function.

Consultations with the practice nurse are bulk billed and preferably a minimum of 30 minutes. This allows time for the nurse and patient to have a thorough discussion about their sexual health, including Pap smear consultations.

Bringing Sexual Health into Primary Care Nursing (cont)

A female patient may only attend the practice once every two years so this provides an important opportunity to take a thorough sexual health history and about relationships, STI risk, contraception and provide education about breast self-examination for example.

Referrals to the clinic may come from teachers, youth workers or other services. There is also the option for self-referral via phone or online. There is also a weekly drop-in clinic.

We have developed a relationship with local schools to support their sexual health curriculum and to 'sign-post' youth towards our clinic. Being part of health days at the schools allowed young people to meet clinic staff and become familiar with the consultation process. Importantly, there is a strong focus on education about consent and respectful relationships.

The practice has also implemented a practice policy where every new patient is routinely offered screening for chlamydia and blood borne viruses.

Points to consider when setting up a nurse led sexual health clinic

- The use of the practice nurse incentive payment to support a nurse led clinic
- Establish working relationships and referral pathways with community agencies, school nursing, and youth services.
- Have clear policies on confidentiality and how they relate to young people.
- Provision of free, bulk billed services to young people
- Access to free condoms
- Medicare locals, primary health networks and community grants are all possible sources of funding
- Follow up with outreach support in the community

Conclusion

Moving forward our practice is working towards providing an additional youth clinic based in a community setting such as youth services. This further increases capacity and enables young people to have access to sexual health care.

Providing Health Care for Refugees

This is an edited version of an article that first appeared in HealthTimes

The provision of accessible and culturally sensitive health and human services is fundamental to the successful settlement of humanitarian refugees in Australia. Nurse-led models of care for newly arrived humanitarian refugees are in place in each state of Australia and these programs are underpinned by strategies to facilitate access to appropriate health services and improve health literacy and outcomes for this vulnerable population group.

Karinne Andrich (pictured below) is a Refugee Health Nurse in the Hunter New England Local Health District (HNELHD) in NSW. Karinne is the sole Refugee Nurse in the Newcastle / Hunter Region and works alongside Paediatrician and Refugee Clinical Lead Dr. Murray Webber.

Karinne's work is primarily autonomous, but maintains supportive relations with Refugee Nurses in Sydney and is in regular contact with her colleagues in Victoria and Perth. These networks provide opportunities to discuss current issues, review new practices and research and offer valuable peer support.



“We follow The NSW Refugee Health Plan 2011-2016 and the Australasian Society for Infectious Diseases Guidelines” reports Karinne. The Plan seeks to ensure the delivery of safe, high quality services to refugees through both refugee-specific health services and accessible, culturally and linguistically competent mainstream health services.

The health needs commonly identified among refugees and asylum seekers include psychological issues, nutritional deficiencies, infectious diseases, under-immunisation, poor dental and optical health, poorly managed chronic diseases, delayed growth and development in children and, sadly, the physical consequences of torture. Some refugee women may have significant gynaecological health needs; some having undergone female genital mutilation or suffered sexual assault.

Providing Health Care for Refugees (cont)

Her work involves organising and managing new arrival home visits, health and dental assessments, all the Refugee Clinics, Immunisation, Pathology, Dental Triages, GP visits and liaison, as well as referrals to Specialists, Family Planning and Mantoux clinics.

The process of settlement in a new country can be a further source of ongoing hardship, and difficulties encountered during the early settlement period may have negative effects on long-term health and well-being. It is in the building of relationships of trust and care that Karinne hears about stories of survival, trauma, torture experiences, of families and countries left behind.

It is in the building of relationships of trust and care that Karinne hears about stories of survival, trauma, torture experiences, of families and countries left behind, of worries and happiness at being given the opportunity to come to a safe country. Engaging with clients about their mental and emotional health is difficult, she says. “Often clients don't [even] understand what ‘mental health’ is.”

Australia currently accepts 13,750 refugees each year through the offshore and onshore components of its Refugee and Humanitarian Program. Karinne says this number is a “drop in the ocean”. She feels honoured to be in her role and to be making a difference in her community.

In 2014 the number of refugees, asylum-seekers and internally displaced people worldwide exceeded 50 million for the first time since World War II, according to a United Nations report.

As a member of the international community and signatory to the United Nations Convention Relating to the Status of Refugees 1951 (UN Refugee Convention), Australia shares responsibility for protecting these refugees and resolving refugee situations. Although Australia's refugee resettlement program is ranked in the top three countries in the world (along with the US and Canada), the number of refugees admitted through the Refugee and Humanitarian Program, along with the policy for mandatory detention and third country processing, show a different position in world rankings. The Sydney Morning Herald reported in June 2014: “When rated in terms of all refugees resettled last year, Australia's [world] ranking drops to 17th.”

News from the ASHNA blog

With the introduction of our new and improved ASHNA website came our Latest News area where you can find quick updates on local and international conferences, current ASHNA activities and links to upcoming interesting events in the world of Sexual Health and HIV nursing. Latest News can be found at the following link; <http://ashna.org.au/latest-news/>

Some recent updates include information on two eagerly anticipated research studies enrolling soon, the findings of which have the potential to impact on standard clinical practice across Australia.

The first, the ADOPT project (Australian Development and Operationalisation of Partner Therapy) looking into the feasibility, uptake and acceptability of patient delivered partner therapy (PDPT) for patients diagnosed with oral-pharyngeal or ano-genital chlamydia as standard clinical practice in sexual health and general practice. A small number of selected Sexual Health Clinics and family planning clinics in NSW will take part in the project.

The second and exciting study mentioned is the EPIC (Expanding PrEP Implementation in Communities in NSW) study a collaboration of HIV specialist organisations including ACON and the Kirby institute will aim to assess the impact of a rapid expansion in access to pre exposure prophylaxis (PrEP) in those at high risk of a new HIV infection. PrEP is a highly effective antiretroviral has yet to be approved by the TGA for use in Australia. The study aims to enroll 3700 people at high risk of acquiring HIV, participants will then be followed up for a period of two years whilst taking PrEP. Enrolment will commence February or March 2016 with more information to be released soon via Ending HIV website.

For some interesting information regarding how clients and patients can now access PrEP on prescription (outside of the current trials) check out: <http://www.prepaccessnow.com.au/>

ASHHNA Sub Branch AGM Report 2015

Sue Porter Sub Branch Liaison Officer September 2015

Australian Capital Territory:

The ACT first meeting was attended by nurses from Canberra Sexual Health, ACT Woman's Health and the Junction Youth Health Service. The Nurse practitioner and registered nurse from the Junction spoke about service provision i.e. contraception, brokerage for termination of pregnancy, counselling, transport to appointments and a recent intervention for providing breakfast. This meeting provided valuable insight into their service, networking and education. The next meeting will be held in October/ November which will provide feedback from the World STI and HIV Conference.

Contact Sub Branch Coordinator: maureen.todkill@act.gov.au

Western Australia:

Western Australia's next meeting will include an election of a new sub branch coordinator. I would like to express my gratitude on behalf of ASHHNA executive to Stephen for holding this position and supporting the WA sub branch and look forward to the announcement of the new coordinator.

Contact Sub-branch coordinator: Stephen Plecas :

Stephen.Plecas@srhwa.com.au

NB: Stephen has stood down from his position as WA Sub-Branch Co-ordinator & his replacement is yet to be announced

South Australia:

Three to six monthly meetings are planned with the next meeting scheduled for 15 October. Guest speakers have been invited to report on the Sexual Health Project of the Aboriginal Council of South Australia and the new Metropolitan Youth Health Service.

Contact Sub Branch Coordinator: heather.woods@sa.gov.au

ASHHNA HIV Sub branch:

Do you work in the area of HIV? Then join this new Sub-Branch! The focus of the group will be to network with other nurses across Australasia to share best practice, ideas and research. Contact Samantha Libertino; HIV Clinical Nurse Consultant, Fiona Stanley Hospital, Western Australia.

Sam.Libertino@health.wa.gov.au Please include your name, role, address, email and phone number.

What Does ASHHNA Do? (More than you might imagine!)

ASHHNA represents Sexual Health, HIV and Reproductive Health Nursing at a national level on the following committees:

- Australasian Sexual Health Alliance (ASHA)
- ASHM STI Clinical Oversight Committee
- ASHM HIV Clinical Oversight Committee
- ASHM National HIV Standards, Training and Accreditation Committee
- Coalition Of National Nursing Organisations (CoNNo)
- ASHM HIV Conference
- ASHA Sexual Health Conference
- ANZANAC (Australian & New Zealand Association of Nurses in AIDS Care; a Special Interest Group of the ANMF (Australian Nursing & Midwifery Federation))
- Feedback and endorsement: various requests are made of ASHHNA to endorse and provide comment on educational activities and clinical guidelines relevant to nursing in the sector
- ASHHNA Kendra Sundquist Prize for Best Poster at the Australasian Sexual Health Conference
- Plans to award 'Nurse Innovator' prize annually

Membership benefits:

- Access to ASHHNA nursing scholarship - up to \$3000 annually!
- Access to the Knowledge Network + Free ASHHNA newsletter
- Free ASHM affiliate membership + Member price for ASHM HIV Conference and ASHA Sexual Health Conference
- Access to My ASHM Members site + Access to ASHM email alerts

****JOIN US!****