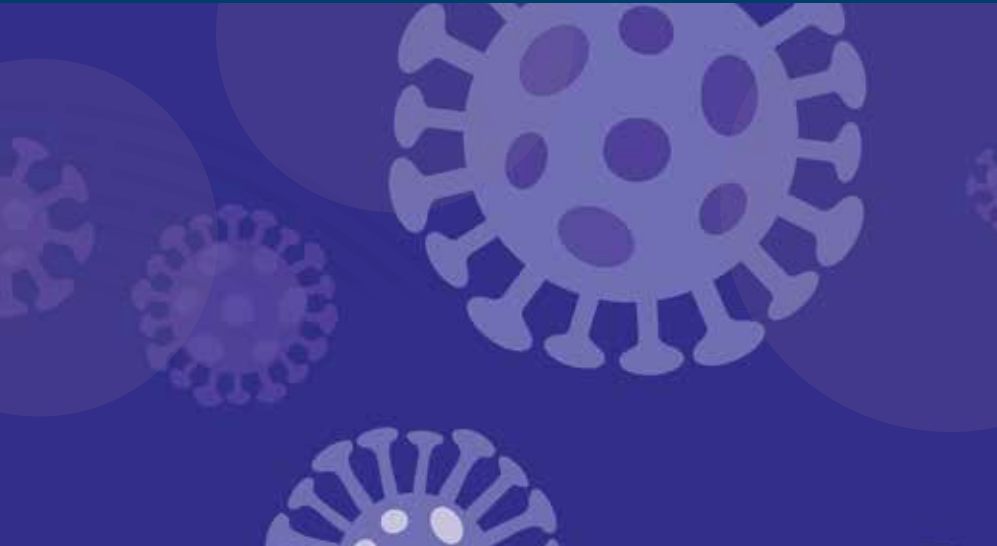


Network Link

April 2020



Brisbane North PHN's COVID-19 response

The PHN is working with local, state and federal health authorities to respond to the COVID-19 pandemic.

In line with recent guidance to limit the spread of the virus in the community, we have moved to a virtual office platform.

Our Lutwyche and North Lakes offices closed on Thursday 26 March 2020 until further notice, with all staff transitioning to working from home. Business will continue with our main switch number: 07 3630 7300 and email address info@brisbanenorthphn.org.au still in operation.

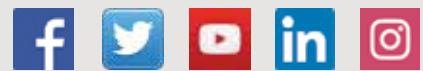
Staff can be contacted via their usual phone number and email address.

The PHN has an established virtual capability, and we will be working to ensure business continuity for planned meetings and activities to support practices, commissioned service providers and our key stakeholders.

COVID-19 information

- Department of Health – www.health.gov.au
- Queensland Health – www.health.qld.gov.au
- World Health Organization – www.who.int

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Since 13 January, 2020
Brisbane North PHN has sent over
30 e-news updates
to over **1,000** GPs and practices.

We have sent **41,100** surgical masks
and **1,124** P2 masks out to practices
in the region.

During the COVID-19 pandemic, the PHN has four main roles:

Firstly, the PHN is communicating the latest information from health authorities to GPs, allied health professionals, aged and community care providers and our local community.

We are doing this through our regular communication channels of support to general practices and email updates to other clinicians, service providers and members of the public. The most up to date information is available on our website.

The PHN has developed a COVID-19 clinical pathway for GPs, which is available on our health pathways site.

The pathway provides clear and concise guidance for assessing and managing a patient who may have COVID-19.

The PHN is also supporting health professionals by distributing surgical masks on behalf of the Federal Department of Health to general practices and community pharmacies.

Currently we are not permitted to supply masks to anyone else. If the situation changes, any updates will be made via e-newsletter and on our website.

We are helping federal, state and local health authorities to plan and implement the response to COVID-19.

This includes identifying general practices that have the capacity and capability to operate a GP respiratory clinic.

It also means collecting information on which parts of the primary and community health sectors are facing issues in responding to COVID-19 and providing support to them. Finally, we are working with our contracted service providers and others to ensure, as much as possible, that people with existing health concerns are able to access services and supports.

We encourage you to visit our website for the latest updates from the State Health Emergency Coordination Centre, which is our main source of up to date evidence-based information on COVID-19, both at a national and state level.

Brisbane North PHN is working hard to respond to the COVID-19 pandemic, ensuring access to primary healthcare continues in the Brisbane North and Moreton Bay region.

We appreciate your patience and support during this time and look forward to working together in this new way of doing business.

Visit www.brisbanenorthphn.org.au for the latest COVID-19 information.



The Department of Health has released a range of resources for use within general practice, find more here: www.health.gov.au/resources

ABOUT NETWORK LINK

For submissions and advertising or to subscribe, visit brisbanenorthphn.org.au/page/publications.

e info@brisbanenorthphn.org.au | w brisbanenorthphn.org.au | t 07 3630 7300

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A new pathway of antenatal and postnatal care in Caboolture

In February 2020 families began accessing a new pathway of antenatal and postnatal care in the Caboolture hospital catchment. Called the *Starting Well Initiative*, the pathway focuses on families building a strong relationship with a midwife throughout their antenatal care, and receiving follow up care from the same midwife in the postnatal period. Until now, this type of care was only available for families eligible for specialised programs, with most families in the area seeing different midwives throughout the antenatal and postnatal period.

Midwives delivering the *Starting Well Initiative* are co-located with Child Health Services in a community-based clinic, and will introduce families to their Child Health Nurses before their baby is born, avoiding the need for families to complete administrative processes to access care in the postnatal period. GPs will also receive more regular communication about their patient throughout the antenatal and postnatal periods.

“It’s about establishing care teams,” said Professor Don Matheson, Health Alliance General Manager.

“Because midwives, child health nurses and GPs belong to different parts of the health system, until now there has been little systemic support for these professionals acting like a care team. The *Starting Well Initiative* is changing that, supporting team members to work together and build a stronger relationship with mothers and families”.

Over a 12 month period, the Health Alliance brought together local clinicians, system managers and families to design this new pathway of care.

“Front-line clinicians understand the challenges within the health system, and often have the clearest ideas of how care

can be delivered in a more coordinated and integrated way. What we uncovered in Caboolture is a local sector alive with energy and ideas, and it’s be a privilege to support them to bring these ideas to light,” said Professor Matheson.

More than 20 families have been registered for the *Starting Well Initiative*, with a focus on families living in the central Caboolture and Morayfield area. Progress will be closely monitored and learnings will be used to take this type of care pathway to scale.

“The *Starting Well Initiative* has provided a great opportunity to improve continuity of midwifery care for some families in the Caboolture area,” said Anne Clayton, Nursing and Midwifery Director for Women’s and Children’s Services at Caboolture Hospital.

While this pilot phase is small in size, plans are already underway to increase the program in coming years. “This is just the beginning,” said Ms Clayton.

For more information on antenatal, postnatal and paediatric care in the Caboolture region email contact@healthalliance.org.au.



GPs play a pivotal role in identifying women at risk of preterm birth.

Important role for GPs in reducing preterm births

Dr Christoph Lehner, Queensland Co-Lead of The Australian Preterm Birth Prevention Alliance

Preterm birth (PTB), defined as birth prior to 37 completed weeks of gestation, is the leading cause of death in children under five years of age worldwide and it accounts for eight out of ten perinatal deaths in Queensland. For those who survive, prematurity often results in significant morbidity, developmental delay and behavioural problems later in life. Families affected face psychosocial stressors and financial constraints secondary to complications of prematurity resulting in chronic illness; a lifelong burden, often associated with poor quality of life.

Of the just over 60,000 babies born per year in Queensland, 9.4 per cent are born preterm. This has been increasing in recent years and is above the national rate of 8.5 per cent. It is time to face this challenge and reduce the numbers of babies born early across our state.

Risk factors for PTB include a history of preterm birth, smoking and multiple pregnancy.

In order to achieve a reduction of PTB in Queensland, we need to address risk factors early in pregnancy. GPs play a pivotal role in identifying women at risk.

GPs are encouraged to identify women who smoke and offer counselling pre-conception or as early as possible in pregnancy.

Cervical length (CL) measured between 16 and 24 weeks gestation is a powerful predictor of a woman's risk of PTB. Routine cervical length screening at the 18-20 weeks morphology ultrasound scan is a key intervention to prevent PTB. Given that most women will have this routine ultrasound scan done in the community, GPs play a key role in identifying women at risk.

On transabdominal (TA) ultrasound scan with a full bladder, TA-CL > 35 mm indicates a 'long' cervix. Any woman who is considered high-risk of PTB (e.g. previous PTB/cervical surgery) should be offered a transvaginal (TV) scan with an empty bladder. The same applies to women whose cervix could not be seen across its entire length or measures less than 35 mm on TA assessment. A 'short' cervix defined as TV-CL less than 25 mm requires urgent obstetric referral and daily vaginal progesterone pessaries should be commenced by the GP in the community at a dose of 200 mg every night at time of diagnosis.

For more information about the world's first national program aiming to safely lower the PTB rate across its entire population visit www.pretermalliance.com.au.



Sally Morris and Susan Griffith deliver ASIST workshops as facilitators

LGBTIQ Sistergirl and Brotherboy suicide prevention

LGBTIQ Sistergirls, Brotherboys and communities are the focus of suicide prevention efforts through a range of activities supported by Brisbane North and Brisbane South PHNs.

As a part of the National Suicide Prevention Trial (NSPT), Queensland Council for LGBTIQ Health (QC; formerly Queensland AIDS Council) recently launched Talking Heals, a LGBTIQ Sistergirl and Brotherboy specific suicide prevention campaign that features artwork developed by LGBTIQ community members.

Sitting alongside the Aboriginal and Torres Strait Islander Yarns Heal suicide prevention campaign, Talking Heals promotes the importance of LGBTIQ Sistergirls and Brotherboys openly talking and sharing stories about suicide.

To help LGBTIQ communities gain confidence talking about suicide, and to provide support when someone may be at risk of suicide, QC is facilitating a series of Applied Suicide Intervention Skills Training (ASIST) workshops specifically for the LGBTIQ communities as part of the Planning for Wellbeing Regional Plan implementation.

The delivery of these workshops has been designed specifically to support the accessibility, safety and inclusion of LGBTIQ people, with workshop facilitators trained as part of the National Suicide Prevention Trial in a strategy to build a sustainable suicide prevention response.

Led and driven by the LGBTIQ communities, the ASIST workshops, the Talking Heals campaign and the NSPT suicide prevention services are working together to deliver a comprehensive response to the high rates of suicide in LGBTIQ communities.

Visit Talking Heals at www.talkingheals.org.au.



My Health Record and Sullivan Nicolaides Pathology

Sullivan Nicolaides Pathology is able to send pathology reports to the My Health Record when they receive an eOrder from practice software.

Participation by doctors with eOrdering will improve data quality with pathology laboratories.

Medical practices looking to prepare for patient pathology reports going to My Health Record should:

1. Be using either:

Best Practice – Lava SP3 and later,
OR
Medical Director – 3.17.2 and later.

2. Connect with My Health Record system if not already participating. Some pathology labs need the patients' Individual Health Identifier (IHI) from their practice software to be able to upload pathology reports to My Health Record. Doctors will need to have e-orders enabled for this to apply. Contact the lab if eOrders need to be enabled in their PMS.

3. Contact the lab to initiate uploading of pathology reports to the My Health Record system for their patients via 1800 100 769 or snppath@snp.com.au.



 unepartnerships

The Education & Training Company
of the University of New England

At Rockpool Residential Aged Care (RAC) on 12 March 2020 were (L-R) Terry Young MP, PHN Deputy CEO Libby Dunstan; Rockpool RAC Executive Chairman Bill Summers and Chief Financial Officer Michael Watson, Senator Richard Colbeck, Rockpool RAC General Manager Loretta Creevey, and PHN Executive Manager for Aged and Community Care Michele Smith.

Minister for Aged Care visits Morayfield

Our senior executive met with the Minister for Aged Care, Senator the Hon Richard Colbeck, and the member for Longman, Terry Young MP, when they visited Rockpool Aged Care at Morayfield recently.

The Minister's visit coincided with a meeting of the Caboolture Residential Aged Care Collaborative, a Brisbane North PHN initiative that enables a collaborative approach to problem solving in the local residential aged care sector.

Minister Colbeck spoke about the findings of the Royal Commission and the government's intention to support good providers to continue to deliver quality aged care.

He acknowledged that while many older Australians did not necessarily want to enter residential aged care, the population was ageing, resulting in higher demand for services.

"So encouraging good providers is really important for us and from my own view, it's about the systems that promote that," Minister Colbeck said.

"I'm not here to design what an aged care facility looks like. I'm not here to tell people specifically what to do.

"But there are certain indicators that are important for me, for government, for prospective residents in broader community to see and understand, to demonstrate to them that what we say we're going to do, we are actually doing it," he said.

The Minister later took questions from the audience and showed strong interest in Brisbane North PHN's collaborative initiatives aimed enhancing healthcare for people with dementia.

Medical Practice Assisting news

Queensland Vocational Student of the year 2020 nominee

Congratulations to one of our students, Morgan Engstrom who has been nominated for Queensland Vocational Student of the Year 2020. The Qld Training Awards are being held in Brisbane in September 2020. Congratulations Morgan and we wish you all the very best!

Government Funded Training is now available

Traineeships are available through the Australian Apprenticeships Incentives Program in Medical Practice Assisting. Traineeships are employment-based training programs, which combine nationally recognised qualifications within a workplace context.

We are now enrolling for our next intake on the 8 May 2020, please note places are limited.

For more information contact Annette Dunlop on 07 3630 7341 or email medicalassistant@brisbanenorthphn.org.au.



NIP vaccines
will be available in
APRIL
(subject to local supply
arrangements)

CLINICAL UPDATE FROM THE DEPARTMENT OF HEALTH

Seasonal influenza vaccine advice

Annual vaccination is the most important measure to prevent influenza and its complications and is recommended for all people aged six months and over (unless contraindicated).

To meet the anticipated demand for seasonal influenza vaccines in 2020, the Australian Government will be securing the largest supply of seasonal influenza vaccines ever through the National Immunisation Program (NIP) for people most at risk. NIP vaccines will be available in April, subject to local supply arrangements.

UPDATES FOR 2020:

- All people aged six months to less than five years will now be eligible for free influenza vaccines under the NIP in 2020.
- This year Australia is the first country to offer an adjuvanted Quadrivalent Influenza Vaccine (QIV), Flud® Quad, for people aged 65 years and over.
- New age-specific vaccines will be available under the NIP in 2020 for eligible people, and age indications for some vaccines have changed.
- Refer to the Australian Technical Advisory Group on Immunisation's Statement on the administration of seasonal influenza vaccines in 2020 for up-to-date clinical advice on the age-specific QIVs available under the NIP, strains included in 2020 vaccines, timing of vaccination, and other relevant topics.

In 2020, influenza vaccines funded through the NIP are available to the following groups due to their increased risk of complications from influenza:

- all people aged six months to less than five years (this cohort is newly eligible in 2020)
- all Aboriginal and Torres Strait Islander people aged six months and over
- pregnant women (during any stage of pregnancy)
- all people aged 65 years and over
- people aged six months and over with medical conditions which increase the risk of influenza disease complications.

Optimal protection against influenza occurs within the first three to four months following vaccination. Timing of vaccination should aim to achieve the highest level of protection during peak influenza season. This usually occurs from June to September in most parts of Australia. Vaccinating from April provides protection before the peak season.

Further information and resources about 2020 seasonal influenza vaccines will be made available shortly.



Treatment project working together with local GPs

The Shared Care for Opioid Treatment (SCOT) Project is developing a model of service for the shared care treatment of opioid dependant patients.

The model will enable patients, stabilised on the Queensland Opioid Treatment Program (QOTP), to have their ongoing monitoring, prescribing and holistic care addressed with their GPs, while being supported by the Metro North Mental Health Alcohol and Drugs Service (MNMH-ADS).

The aim of the shared care model is to enable MNMH-ADS to provide timely access to tertiary care for complex and high-risk patients, while patients stable in their treatment receive ongoing care in a setting more appropriate to their recovery journey in a manner that promotes patient autonomy.

What does that mean for you?

- a patient of the MNMH-ADS will receive assessment, treatment commencement, planning, goal setting and stabilisation
- a patient, clinically assessed as stable will have their ongoing care transferred to their GP
- you will manage routine monitoring of the patient with annual MNMH-ADS clinic reviews
- you will be authorised to provide ongoing written instructions (prescriptions)
- you will be fully supported by the MNMH-ADS Case Managers and Medical Officers
- you will have unconditional and immediate right of referral back to the MNMH-ADS
- you will not be required to do any extra training
- you will not become a registered QOTP prescriber
- you are under no obligation to take on any QOTP patients or expected to have large numbers of shared care patients.

How can you get involved?

If a MNMH-ADS patient identifies you as their GP, you may be contacted by the patient or clinical staff with a request to participate in the shared care of your patient.

If you are interested in learning more about the SCOT Project or in becoming the primary health care provider for a MNMH-ADS patient contact Peter Cochrane or Tracey Veitch via SCOTproject@health.qld.gov.au



ALL
HOSPITAL
ADMISSIONS

2-3%

ARE MEDICATION RELATED
PRESENTATIONS

65 YRS +
HOSPITAL
ADMISSIONS

20-30%

ARE MEDICATION RELATED
PRESENTATIONS



A reminder about adverse drug reactions

Health professionals all have a role to play in preventing harm caused by medications, as medication related presentations account for 2-3 per cent of all hospital admissions and 20-30 per cent of all admissions in people aged 65 years and over.

Playing a part in preventing harm, the Royal Brisbane Hospital Pharmacy completed and sent a total of 116 reports of Adverse Drug Reactions (ADRs) to the Therapeutic Goods Administration (TGA) in 2019, which assists in helping build a picture of the safety profile of a product.

A recent study in adverse drug reactions was a male patient who presented to the Royal Brisbane Hospital Emergency Department complaining of shortness of breath and palpitations. He was found to be in rapid atrial fibrillation (AF).

He had a recently new diagnosis of asthma and had commenced on regular fluticasone/salmeterol 250mcg/25mcg and salbutamol with oversight by his GP. He had a past medical history of cerebral palsy which left him deaf and mute.

The on-duty ED pharmacist noted he had been using fluticasone/salmeterol 250mcg/25mcg two puffs, four times a day, and salbutamol 100mcg four puffs, four times a day for one week. He had not been provided individualised education

on proper use of these medications and had been using above the prescribed doses. His new presentation of AF was deemed to be a result of overuse of beta-2 agonists.

He was provided with counselling via an AUSLAN interpreter and a detailed list of medications. In different circumstances, he may have required lifelong anticoagulation, which presents new risks of medication adverse events. He returned home without any lasting effects.

All medications have side effects and it is important that patients are made aware of the risks and benefits as well as appropriate education and counselling.

A patient-centered approach is key to minimizing risks and ensuring health care professionals and patients have an agreed understanding of therapy.

For more information on reporting adverse drug reactions visit www.tga.gov.au/reporting-adverse-events.

News in brief

▶ Queensland Health STI campaign

'Stop the rise of STIs' encourages young adults to have sexual health conversations with their partners and peers—positioning STI prevention and testing as a normal and essential part of their health routine. Phase two of the campaign features a series of 'STIcebreakers' to help people initiate conversations with friends and partners around what can be an awkward topic.

The campaign is running until 30 June 2020, mainly via online platforms, including social media and it is anticipated that the campaign activity may result in an increase in young people presenting to GP practices and sexual health clinics across Queensland requesting STI testing or advice about sexual and reproductive health.

To download resources for health professionals visit bnphn.org/QH-sexualhealth.

▶ The Dementia Guide

As the number of people living with dementia in Australia increases, so too does the number of people who provide support. Today, almost 1.6 million people are estimated to be involved in the care of someone living with dementia. The Dementia Guide is relevant for people of all ages living with all forms of dementia and those impacted by dementia.

The Dementia Guide is an important resource for any person impacted by any form of dementia, of any age. The Dementia Guide can help anyone learn about dementia and the treatments, support and services available.

The Dementia Guide may also be useful to the friends, families and carers of people living with dementia, as it contains information about the impact dementia may have on a person, the treatment, support and services they may need, as well as for anyone taking on a caring role.

Download a free digital version on the Dementia Australia website bnphn.org/dementia-guide.

▶ Lifeline's bushfire helpline

In February, Lifeline launched its new Australia-wide helpline: 13 HELP (13 43 57), a dedicated bushfire recovery phone line to provide support for people affected by bushfires.

The 24 hours a day/seven days a week 13 HELP (13 43 57) phone line has been developed in response to increased demand for Lifeline's service. Since December last year, Lifeline has recorded a 10 per cent increase in calls to its 13 11 14 service, with call volume spiking at over 14 per cent on some days.

Lifeline's 13 HELP (13 43 57) is a dedicated bushfire recovery line available 24 hours a day, 7 days a week for any person needing support as a result of bushfire. To talk to a crisis supporter call 13 43 57.



Noticeboard

Please contact the relevant organisation for more information about the items below.

Melanoma: New options, new hope

The treatment landscape in advanced melanoma has transformed in recent years with the development of novel pharmacological agents, with a shift towards higher response rates, prolonged disease control and the possibility of cure for some patients.

Melanoma Institute Australia has developed a comprehensive RACGP-accredited interactive module that provides an overview of the available treatments for patients with stage III and IV melanoma, including the common adverse effects that GPs need to be aware of. It also covers the role of the GP in referring to a melanoma specialist and providing supportive care.

For more information visit melanomaeducation.org.au/courses/melanoma89.

Do you work clinically with infants?

The University of Queensland, in collaboration with Children's Health Queensland, has developed a digital tool to predict childhood obesity, called i-PATHWAY. Clinicians can use i-PATHWAY with infants to accurately predict risk of future childhood obesity.

We are looking for clinicians (who currently see infants aged 0-2 years) to complete a short survey about potential enablers and barriers to using i-PATHWAY in practice?

For more information contact Oliver Canfell via o.canfell@uq.edu.au or phone 0434 911 538. To complete the survey visit survey.app.uq.edu.au/iPATHWAY1.survey.

Diabetes in practice for nurses

Diabetes Qualified is a social enterprise and a wholly owned subsidiary of Diabetes NSW and ACT, delivering eLearning and courses to health professionals and healthcare workers.

The 'Diabetes in Practice for Nurses' is a person-centred, evidence based eLearning program that incorporates contemporary health literacy principles. The course can be completed anytime, anywhere over a 12 month period, making it very accessible.

For more information visit www.diabetesqualified.com.au.

Prostate support for the region

The Moreton Bay Regional Prostate Cancer Support Group, through the courtesy of the Urology Department of Redcliffe Hospital, was formed in 2012 to provide support to men and their partners affected by prostate cancer.

Over 190 members and 60 partners in the group receive the group's monthly newsletter covering group news, humour and health and topical news. Social activities are provided as the group strives to suppress the depressive nature of prostate cancer treatments and journeys and to increase camaraderie amongst members.

For more information contact Fred Travis on 0404 496 898, fred.travis@bizfit.com.au or Bill Hogan on 0418 150 524, 2billhogan@gmail.com or visit www.prostatesupportgroup.org.

Multimorbidity study for GPs

A Flinders University PhD research study is seeking to interview Australian GPs on their experiences of managing patients with multimorbidity.

This project will investigate GP perspectives of managing patients with multiple chronic conditions, especially when one condition is life-limiting. It will also ask GPs about the suitability of the available research evidence for multimorbidity and what GPs believe is needed to better support them in providing this care.

For more information email Raechel Damarell via raechel.damarell@flinders.edu.au.

Training for a rainbow tick

The HOW2 Program guides and empowers participants to lead the way within their organisations in developing services and a culture that is inclusive for LGBTIQ+ staff and clients and it can assist organisations in gaining Rainbow Tick accreditation.

The Rainbow Tick is a world-first framework that helps organisations to demonstrate that they are safe, inclusive and accessible for the LGBTIQ+ communities.

The Queensland Council for LGBTI Health (Formally Queensland AIDS Council) is licensed by Rainbow Health Victoria to coordinate the HOW2 Program in Queensland, which guides organisations through the journey of inclusivity.

To find out more information, or to reserve your organisation's place, please contact training@quac.org.au.

GP bulletin – April 2020

News from General Practice Liaison Officers at Brisbane North PHN and Metro North Hospital and Health Service.

Please provide feedback to the GPLO program mngplo@health.qld.gov.au.

HealthPathways update

Newly released HealthPathways:

- COVID-19 assessment and management
- neck lumps in adults.

To submit feedback about HealthPathways, please contact administration.integration@brisbanenorthphn.org.au.

Login at: brisbanenorth.communityhealthpathways.org or phone 07 3630 7300 for login details.

GP education

Due to the COVID-19 outbreak GPLO program events have been put on hold until further notice. We apologise for any inconvenience the recent cancellations may have caused.

To get in touch with the GPLO team contact mngplo@health.qld.gov.au.

Missed a GP education event?

Slides from our recent GP education events are now available online at <http://bit.ly/mngpedu>.

COVID-19 updates

View the latest local COVID-19 news for GPs at bnphn.org/covid-19.

Local HealthPathways guidance for COVID-19

Find useful local information on testing criteria, FAQs on COVID-19, how to preserve PPE, current services available and more; updated daily by our clinical editor.

Visit brisbanenorth.communityhealthpathways.org.

COVID-19 quiz

Queensland Health has developed a series of screening questions to determine whether COVID-19 testing needs to take place.

Visit bnphn.org/QH-corona-quiz.

Subscribe to COVID-19 updates

To receive our email updates, subscribe to 'the Bulletin' at bnphn.org/BNPHN-subscribe.

Please share this link with any colleagues who may not be subscribed.

Sign up for the Health Provider Portal

The Health Provider Portal (Viewer) gives Queensland GPs online access to their patient's hospital records and results including ED notes, discharge summaries, pathology, radiology and operation records, outpatient appointments and more from any Queensland Hospital.

To register go to bnphn.org/QH-HPP-sign-up.

If you are having difficulty registering, please email connectingqld@health.qld.gov.au or the GP Liaison program at mngplo@health.qld.gov.au for assistance.

Discuss advance care planning with patients

It is important to discuss with your patients their advance care plans to ensure their future wishes are met.

GPs can share their patient's advance care planning documents with hospital clinicians so they are easily viewed online via the secure Queensland Health, Health Provider Portal (Viewer) by hospital staff and GPs. This allows all clinicians to be aware of your patient's wishes (with your patient's permission).

A range of resources are available for you and your patients at bnphn.org/QH-advance-care or for any enquiries email acp@health.qld.gov.au.

Care Alert Kits now available

Care Alert Kits are available for patients to store all their important healthcare information—including advance care planning documentation—in one location.

This ensures easy accessibility for anybody who may need to view hardcopy documents, including family members, health professionals or paramedics. The Care Alert Kit can be kept on the fridge for ease of access if required in emergency situations.

To place an order, contact the project team at CareAtEOL@health.qld.gov.au or for more information visit bnphn.org/care-alert-kit.