



Monday 18 May 2020

Australian Primary Health Care Nurses Association
(APNA) COVID-19 'Pulse Check' Survey
National Data 20 April to 12 May 2020

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Respondents

Responses to the APNA COVID pulse-check survey was received from 878 primary health care nurses. The profile of participants to the recent survey (20 April – 12 May) closely matched those who completed the 30 March – 19 April survey.

Employment status

Table One: Current employment status

Employment status	20 April – 12 May 2020		
	Response	Respondents	Percent
I had my employment terminated as a direct result of COVID-19	43	641	7%
My employer reduced my hours of paid work as a direct result of COVID-19	170	541	31%
My employer increased my hours of paid work as a direct result of COVID-19	120	524	23%

A large proportion of respondents (31%) have indicated that their hours of paid work have decreased as a direct result of COVID-19. Conversely, 23% of nurse respondents have indicated that their employer has increased their hours of paid work. These figures are similar to that reported in the previous pulse-check survey dated 30 March to 19 April 2020. The results suggest that the expansion of telehealth to include practice nurse MBS item numbers has not had a significant impact on nurse employment at this time.

Table Two: Potential change in employment status

Has your employer discussed a potential (or further) loss of paid hours or potential job termination with you?	20 April – 12 May 2020	
	Respondents	Percent
Yes	135	26%
No	394	75%
Total responses	529	

A number of primary health care nurses have indicated that their employer has discussed a potential (or further) loss of paid hours or potential job termination in the future.

Utilisation of nursing skill set

Table Three: Current use of nursing skill set in practice

How is your nursing skill set currently being utilised?	Telehealth	Face to face
Triage for acute presentation, follow up and referral	337	389
Infection control	297	465
Population health activities (risk identification, screening and health assessments, home visits)	193	256
Coordinating immunisations i.e. flu clinics	379	510
Chronic disease management activities (care planning, education, monitoring, follow up and referrals)	364	350
Involvement with CVC program	75	71
Wound care management	227	461
Involvement or leading QI PIP activities	119	139
Team based support for training, workplace procedures (infection control, patient triage training)	158	231
Policy and procedure development and monitoring	155	202
Cleansing Responses and uploading My Health Records	128	162
Supplies management (PPE, wound dressings, vaccines etc)	292	389
Spirometry	0	32
Other - Write In (Required)	93	94

Nurses most commonly report coordinating immunisations such as flu clinics. Other commonly reported tasks were: infection control and wound care management delivered face-to-face; and chronic disease management activities and triage via telehealth.

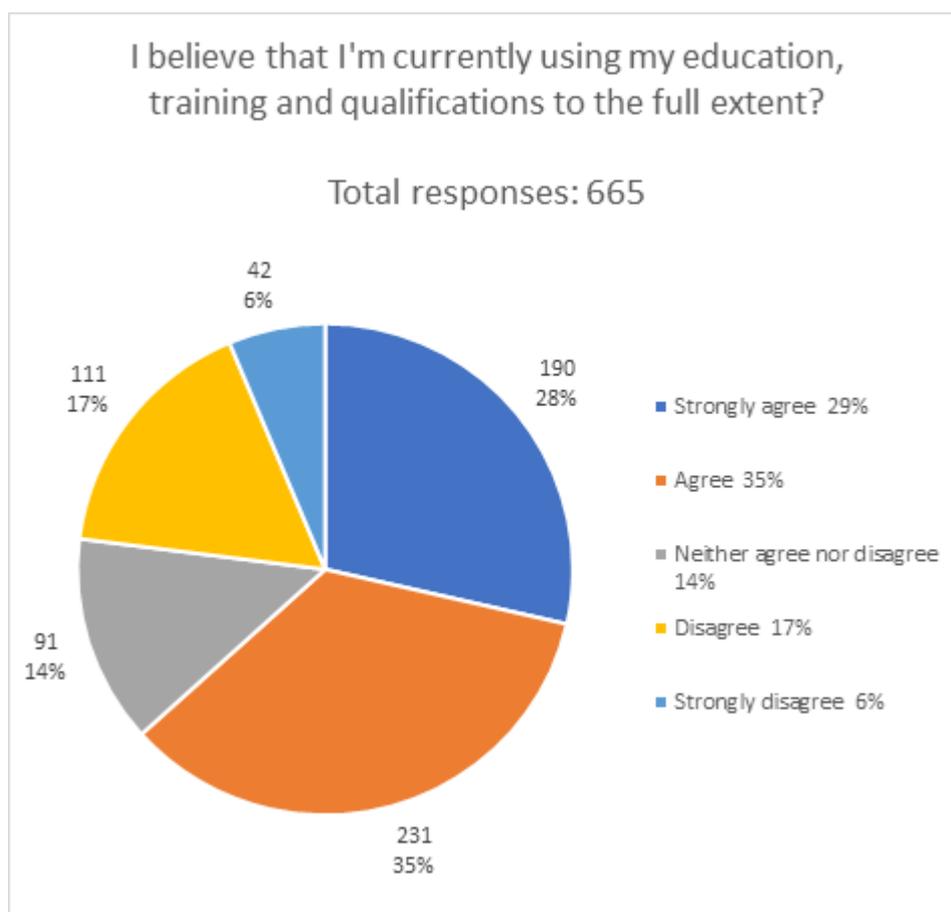


Figure One: Nurse views on current utilisation of their skill set

Whilst the majority of respondents either strongly agreed or agreed that they were using their education, training and qualifications to the full extent, 23% expressed concern that they weren't being fully utilised during this pandemic.

Nurse Comments

- *Management pushing flu clinics and door triage we are not being utilised for much else.....I feel that after the flu clinics are finished my hours will be reduced*
- *I have been stood down and am just working periodically to provide workplace flu vaccinations.*
- *It highlights the disadvantaged role caused by the MBS system as practice nurses don't count, or are a financial burden in the mind of the practice team.*
- *Nurse practitioners have been underutilised in the pandemic. I work in a small rural hospital with a collocated GP clinic, staffed by a locum. The GP is overworked, as a nurse practitioner I am doing what I can to support but this is not supported by the organisation. The organisation operates the GP practice and is it much more lucrative for them to have patients seen by a doctor than a NP. So our spite our skills, and community knowledge and preference for patients to see a NP rather than a rotating locum. This is not is a consideration*
- *Appointments are dwindling and not all patients have a chronic disease. GPs not on board to do CDM - No flu vac avail -no appointments..... I have a master's degree in mental health,*

immunisation certificate, diploma in dementia care, experience completing health assessments for employment, administration (accreditation activities). I don't feel I am able to use all of my skills and experience.

Next steps

Given these results, it will be important to survey primary health care nurses in the coming month, particularly after the majority of flu vaccines have been administered, to elicit changes in the focus of nursing activity and employment status during this pandemic.