ADULT IMMUNISATION FORUM

2023

This event will start at 8:30am AWST

22 JUNE 2023

8:30AM-5:00PM AWST







SESSION 1











Katie Attwell

Impact of COVID Vaccine Mandates

Rod Pearce

Pandemic's Impact on GPs

Lauren Bloomfield

Vaccine Safety and VE

David Muller

Complete
Protection By A
Single Dose Skin
Patch Delivered
SARS-CoV-2 Spike
Vaccine

Ken Griffin

APNA Workforce Survey: Vaccination by Primary Health Care Nurses

Ken Griffin

APNA Workforce Survey: Vaccination by Primary Health Care Nurses

Chief Executive Officer, APNA

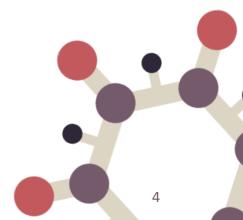


APNA

APNA is the peak body and professional membership association for all nurses working outside of a hospital setting in Australia.

Where do PHC nurses work?	
PHC Settings	Headcount
Residential health care facility	44119
Community health care service	30617
GP practice	13467
Correctional service	2347
Schools	1590
Aboriginal health service	2170
Defence forces	1618
Total	95928





APNA Workforce Survey

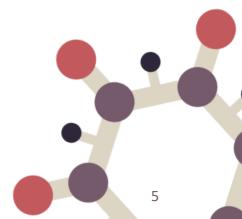
Conducted online since 2008 (quant + qual)

2022 Survey

- Survey conducted Oct-Dec 2022
- ~3700 PHC nurse respondents
- Strong coverage of PHC nursing workforce
- 68% APNA Members / 32% APNA non-members

PHC Nurse Profile

- 51 years median age
- 21 years avg nursing experience
- 98.5% female



Top 5 daily activities of PHC nurses







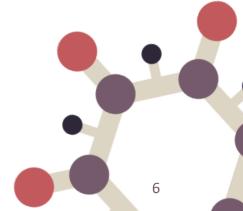






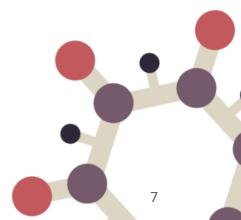






Survey Findings: Immunisation 2022

- 1. Adult & paediatric Immunisation: 59% of PHC nurses report administering adult vaccines daily and 52% administer paediatric vaccines daily
- 2. Immunisation Cold Chain Management: 65% report performing this activity daily.
- 3. Infection prevention and control: 82% report performing IPC activity daily.

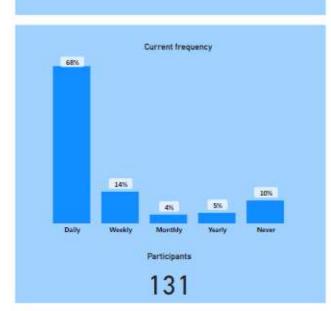




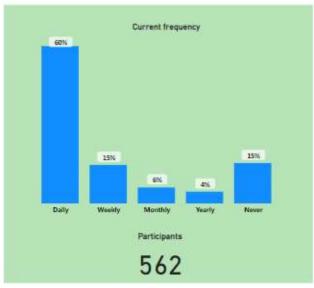
Activity comparison - geographical

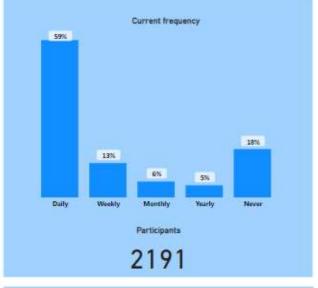
Activiti	es		
All			V
Activiti	ies - clinical tasks		
Adult	immunisation administration and management		V
	State		
	NSW	~	

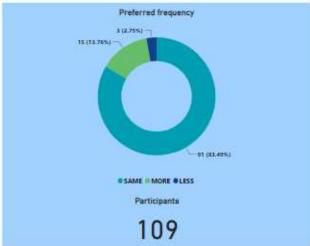


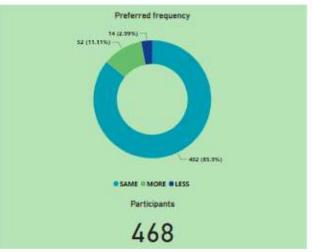


NSW - Hunter and New England Central Coast





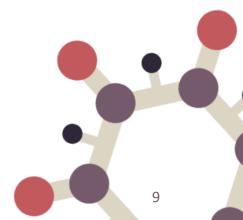






Survey Findings: Immunisation Trends 2019-2022

- 1. Adult & paediatric Immunisation: Reduced 'daily' administration activity. Increased 'never' administering
- 2. Immunisation Cold Chain Management: Reduced daily activity. Increased 'Never' activity
- 3. **Infection prevention and control: C**ontinued high daily activity. Decreased 'Never' activity



Microsoft Power BI



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Filters

Implications for policy

Immunisation is a significant part of the PHC nurse role

- This data suggests that nurses administer the majority of vaccines in Australia.
- However, this data is not collected reducing the ability to make informed policy decisions.

'Regular' immunisers are vaccinating less as pandemic vaccination activity reduces and 'New'/Co-opted immunisers are moving back to previous clinical activity

Is this an opportunity? Or does this reflect the burnout that many in the workforce are experiencing? Is this understood by policy makers?

Primary Health Care Nurses are a significant resource:

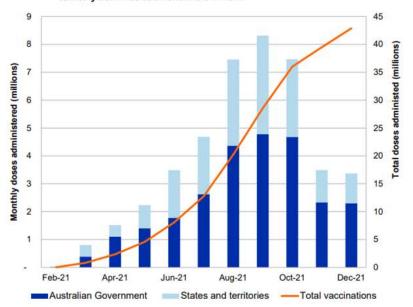
- Nurses are the largest workforce in PHC
- We have more accredited nurse immunisers due to training for COVID response. How could we use these autonomous immunisers to achieve immunisation objectives?
- 13% of PHC nurses want to do more immunisation. How could we capitalise on this professional interest from the largest PHC workforce?

Examples

National Audit Office COVID19 Vaccine Roll-out Audit Nurse role not acknowledged

4.8 As the rollout progressed and more people became eligible, additional administration channels were brought online. Health advised that as at 31 December 2021, there were 10,154 active vaccine administration providers.¹¹¹ Figure 4.2 shows that the majority (60 per cent) of vaccines were administered by Australian Government channels. This was mainly through primary care administration channels.

Figure 4.2: Monthly vaccines administered by Australian Government and state and territory administration channels in 2021



Note

Australian Government administration channels include general practitioners, community pharmacists, Aboriginal Community Controlled Health Organisations, Commonwealth Vaccination Clinics, in-reach and the Royal Flying Doctor Service.

The data used to develop this and other figures in this chapter was largely derived from Health's systems and subject to data quality issues raised in paragraphs 3.29 and 3.30. The ANAO does not have assurance on the completeness and accuracy of this data. This was the best data available during the vaccine rollout and was used by Health to make decisions. Therefore, the ANAO has used this to assess the effectiveness of the rollout. The ANAO confirmed that Health's processes to extract data from its systems to provide to the ANAO were appropriate. Health updated this data retrospectively where required and as a result the figures used by ANAO may vary from Health's reporting.

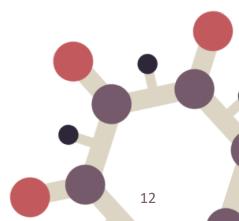
Source: ANAO analysis of Health data.

MBS Item number descriptors

Nurse role not acknowledged

Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner if:

- (a) the service is provided on behalf of and under the supervision of a medical practitioner; and
- (b) the person is not an admitted patient of a hospital; and



Conclusion

Primary health care nurses:

- Play a significant role in the administration of vaccines in Australia
- Are highly motivated to vaccinate
- The level of vaccination activity by nurses is reducing slightly

The nursing role in Australian immunisation is obscured

Administration data and vaccine reporting does not reflect the work of nurses.

This impacts the ability for Australia to create effective and efficient immunisation policy

Would better understanding and planning around this profession assist Australia's immunisation program objectives?

WE WOULD LIKE TO THANK THE FOLLOWING COMPANIES FOR SUPPORTING THIS EVENT



















