

Better Health for the Bush

A plan for safe, applicable healthcare
for rural and remote Queensland





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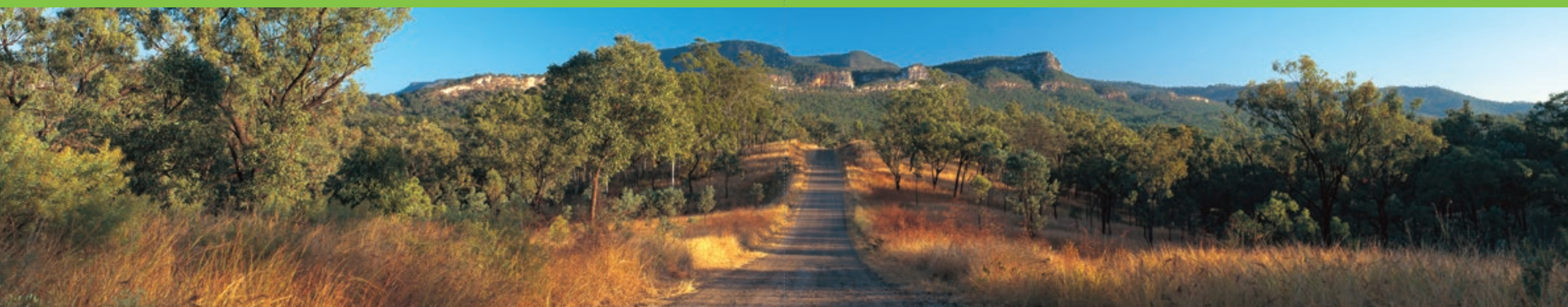


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Minister's foreword

A responsive healthcare system for all Queenslanders

Queensland's health system is continually improving to deliver healthcare that is more accessible and better equipped. Increasingly, Queenslanders have access to lifesaving healthcare services that are specific to local needs and delivered in a timely way.

Meeting the challenges of distance and diversity is essential to providing patient care across the state.

Communities are now served by Hospital and Health Boards, each with direct control of local health strategy. On behalf of residents, the boards' coordinate health services from a network of local health facilities provided by the Queensland Government.

Across the state, frontline clinicians guide boards in the delivery of improved healthcare services. Building on the government's *Blueprint for better healthcare in Queensland*, the Statewide Rural and Remote Clinical Network (SRRCN) has developed a suite of health service improvements for rural and remote Queensland.

Better Health for the Bush expands on existing initiatives, bringing together local and statewide perspectives. It details wide reaching health system innovations and protocols, as recommended by the SRRCN, which are being implemented across the state.

Like other members of the SRRCN, its chair, Associate Professor Dr Bruce Chater, works within the challenges of rural healthcare. A general practitioner (GP) in Theodore, Bruce's passion for country communities and people is only surpassed by his reputation and commitment to achieving better healthcare for those who live in the bush. I sincerely thank all SRRCN members for their extraordinary contribution.

Better Health for the Bush:

- defines clearer service capability standards for rural and remote communities
- outlines how improved collaboration and coordination allows clinicians greater access to support and encourage innovation
- delivers reliable and accessible health system performance information in a transparent format
- defines how co-located services will more effectively share resources and leverage onsite clinical expertise
- highlights how investment in new and upgraded facilities will best serve Queensland's rural and remote communities now and in the future

- explains how the expanded use of telehealth and new technologies will broaden the scope of locally-available healthcare services
- enables the attraction and retention of highly qualified broadly skilled clinicians, and outlines how ongoing training will be provided to develop and sustain the rural and remote workforce and its capacity
- demonstrates how local rural and remote services, supported by a broader network, can provide healthcare closer to a patient's home including maternity and birthing, chemotherapy, renal dialysis, mental health, and alcohol and drug services.

While resource allocation is a key priority, innovation and sustained clinical workforce empowerment will drive the transformation of local healthcare.

This policy statement, when read with the accompanying *Queensland rural and remote health service framework*, provides a guide to the current provision of healthcare at rural and remote locations across the state.

Variability in the provision of these basic services arises from a long history of local needs, circumstances and innovation. Through *Better Health for the Bush* and the *Queensland rural and remote health service framework*, the government commits to providing health services at the appropriate level required.

The intention is not to impose uniformity, but to establish basic guarantees that better inform healthcare staff and the regional communities they serve; and to encourage stronger links to drive improvement.

As a country Queenslander, I see first hand the integral role local health services play in the fabric of rural communities.

The government will continue to listen to these communities and the voices of rural health, including Hospital and Health Boards, our local government, private partners and the SRRCN. We will listen and act on the advice they provide.

Better Health for the Bush provides a roadmap for the future of rural and remote healthcare that will help to restore confidence and deliver enhanced services across Queensland.

Lawrence Springborg
Minister for Health

Moving to a safe, applicable rural and remote healthcare system

In rural and remote Queensland the challenge of providing health services is complicated and magnified by geographical distance and the need to address unique community characteristics.

Some rural communities are experiencing rapid growth associated with resource and mining development. In contrast some communities have an ageing population, low population density, limited and ageing infrastructure, and higher costs associated with healthcare delivery ¹.

In this context it is essential that services are well planned and have the capability to respond to evolving changes in order to effectively meet community need.

Better Health for the Bush seeks to confront the significant challenges of delivering rural and remote healthcare and support frontline services through improved accessibility to complex and complicated healthcare and infrastructure.

Responding to the challenges

Queensland is home to a geographically dispersed population and a comprehensive network of life saving health services designed to provide equitable care for all Queenslanders, no matter where they live.

Full use of all healthcare services that currently exist is both sensible and vital to meeting the healthcare requirements of Queenslanders.

A wide range of healthcare services are readily available in major Queensland cities and urban areas. The need for such reliable healthcare naturally extends to rural and remote communities and through flexible, innovative models of care, services can be extended and improved to achieve this.

To serve rural and remote areas, innovative models of service delivery rely on a clinical workforce with generalist skills. They are supported from the larger regional and metropolitan communities and hospitals where traditional specialised services are available.

The need for effective communication between the levels of service has increased in recent years with changes in demographics and healthcare provision.

Health conditions such as major trauma and serious illnesses require planned, specialised treatments that can be provided only in an urban or regional centre.

For the majority of illnesses however, patients can be safely treated within their own community.

This is especially important for those experiencing acute illness, complications of chronic disease including renal failure and those requiring end-of-life care, maternity and birthing, mental health or cancer services.

People in these particular health circumstances do not need the additional burdens of travel, family disruption and expense impacting upon their quality of life when local alternatives are available.

Although low population densities govern the capacity of rural and remote health providers, Queensland Health is not alone in the delivery of healthcare for rural and remote communities.

The coordination of local healthcare provision with community-based providers, such as local authorities, general practitioners (GPs) and non-government organisations (NGOs) such as the Royal Flying Doctor Service, requires the careful attention of our Hospital and Health Services.

New models of care must be approached cooperatively, with consultation leading to outcomes that serve patients' needs while encouraging partnerships among healthcare providers.

While Hospital and Health Boards and the Department of Health will make the ultimate decisions about service directions, active community engagement throughout the planning process will help ensure all parties consider potential service solutions and understand that practical constraints apply.

By reducing duplication and supporting cooperative partnerships, public hospital and community services can complement the resources of other contemporary providers. Links with the wider healthcare network (e.g. regional hospitals) can be utilised by this wider community of providers to maximise local outcomes.

Under this plan, from the Torres Strait to Texas, Mount Isa, Longreach and Birdsville to the coast and everywhere in between, vibrant Queensland communities will be able to access more health services, closer to home. The range of healthcare, providers and modes of access will be clearly explained so all Queenslanders know what services they can access in their community.

The government's *Blueprint for better healthcare in Queensland* outlines four key themes:

- 1. Health services focused on patients and people.
- 2. Empowering the community and our health workforce.
- 3. Providing Queenslanders with value in health services.
- 4. Investing, innovating and planning for the future.

Better Health for the Bush puts these themes into practical action across rural and remote areas to improve healthcare for all Queenslanders.

Future health services should be based on the following planning principles:

- **person focused**—services are integrated across the health sector (including within and across public, private and non-government systems) to facilitate continuity of care
- **improving population health outcomes**—improving the health and wellbeing of rural and remote communities
- **quality**—promoting delivery of consistent clinical practice and models of innovative service delivery, staffed by a flexible and skilled workforce
- **safe**—providing consistently safe and appropriately supported health services
- **sustainable**—developing, integrating and delivering services in a sustainable way, making efficient and effective use of limited resources
- **accessible**—delivering safe and sustainable services as close as possible to where people live
- **culturally appropriate**—considering cultural diversity and health needs of specific cultural groups.

Agenda for change

Issue to be addressed	Better Health for the Bush
Residents uncertain what health services are available.	Service guarantee provided in a transparent framework of facilities and support services.
Uncertainty surrounding local health team capability.	Clearer clinical service capability standards for rural and remote areas.
Vital rural health services available, but under-utilised.	Greater use of local facilities through expanded use of telehealth, support and training for staff, and embedded staff collaboration.
Patient Travel Subsidy Scheme underfunded.	Patient Travel Subsidy Scheme funding doubled.
Telehealth infrastructure under-utilised.	Better coordinated, better used networks with more options including mobile devices and general practitioner involvement.
Duplication/under-utilisation of public and private health services.	Better coordination and expanded partnerships.
Reduced maternity and birthing services.	Support for existing services with enhanced maternity and birthing services.
Allied health services not available.	Allied health generalists and assistants introduced and allied health services supported via telehealth.
Reliance on locum and agency doctors and nurses.	Specific rural training and recruitment programs.
Duplicated and fragmented mental health, alcohol and drug services.	Coordinated, transparent and accessible mental health, alcohol and drug services.

Queensland is embarking on a journey of reinvigorated rural and remote healthcare.

¹ Australian Commonwealth Government, *National Strategic Framework for Rural and Remote Health*, 2012

Fast facts

Rural and remote areas (outside regional areas) include:

- 10 per cent of Queenslanders live in rural and remote areas
- 70 per cent of Queensland's land surface area is rural and remote
- 162 public health service facilities across rural and remote Queensland
- 58 hospitals
- 31 rural and community multipurpose health services
- 73 community clinics
- average distance between hospitals and community clinics is 90km
- rural and remote services help address challenges by integrating a range of health services
- these services treat and if required admit 127,000 patients per year
- hospitals provide care ranging from acute hospital care to outpatient care
- community clinics provide acute care and outpatient care
- multipurpose health services provide integrated health services and aged care packages including community aged care in people's homes and residential aged care beds.

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- (1) Image courtesy of Tourism Queensland: Mt. Walsh, Biggenden © Peter Lik
- (2) Capricorn Coast Hospital © Queensland Health
- (3) Image courtesy of Tourism Queensland: Boonah town centre © Peter Lik
- (4) Weipa Health Service © Queensland Health
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Hospital and Health Services rural and remote facilities



The Queensland rural and remote health service framework

A key element of this plan is the *Queensland rural and remote health service framework* (the framework) which classifies rural and remote health facilities, and describes the services these health facilities provide.

The poorly-defined and inconsistent terminology that has applied in the past will be replaced with a framework to:

- provide a consistent approach to the classification of and terminology for public rural and remote facilities in Queensland
- describe characteristics that should be considered to support sustainable and safe levels of service provision in rural and remote communities
- provide a general overview of the service mix, service capability and workforce profile for each classification of rural and remote health facility
- promote health service networks that have:
 - formal links between rural and remote health services
 - higher level services provided from regional and specialist services.

The framework applies the principle of local care being provided within service networks. Service networks provide essential service links to ensure continuity of care for patients and are necessary for safe and sustainable integrated care.

The exact arrangement of service networks is for clinicians and the Hospital and Health Services to apply.

The framework guides the provision and planning of sustainable health services to evolve over time and to provide continuing improvements in quality that meet the needs of rural and remote communities.

The *Queensland rural and remote health service framework* supports planning, and the provision of health services in rural and remote communities across Queensland, with the intent to:

- improve the health equity for those living in rural and remote Queensland
- support rural and remote Queenslanders in accessing a sustainable range of health services
- plan and operate locally determined health services that better meet the health needs of rural and remote communities.

Classifications and levels of service within the framework are documented to inform local communities and clinicians, and to reveal linkages that support improved health services spanning rural and remote Queensland.

The framework does not describe regional health facilities as, generally speaking, they will provide services outside the scope of this document. However all facilities will operate as part of a larger service network including regional specialist services and metropolitan specialist services.

Collaboration across service networks provides essential service links which ensure continuity of care and integrated levels of care for safe and sustainable services that meet community need. A range of agencies from the public, private and not-for-profit sectors are likely to provide services at any one facility.

Clinicians at smaller hospitals will be able to provide more complex services with support from larger hospitals and/or with visiting/ outreach specialist services. This will allow more complex care, such as renal dialysis or chemotherapy, mental health or surgical and anaesthetic services to be performed closer to home and in a safe and appropriate manner. The levels of health service in rural and remote areas are:

1. community clinics
2. rural and community hospitals—including multipurpose health services
3. district hospitals.

Community clinics

Usually staffed by full-time nurses, community clinics are based in small, rural and remote communities and some offer after-hours emergency care depending on their distance from a facility providing more complex levels of health services. Visiting clinical teams may also provide a range of specialist outpatient and general practice services.

When located within 80 km of a larger facility, community clinics offer daytime nursing services including emergency and preventive healthcare.

Where a clinic is situated more than 80 km from a larger facility, daytime and after-hours emergency response services are provided onsite. Ambulance services are provided by a registered nurse or paramedic in association with or from the clinic.

Rural and community hospitals —including multipurpose health services

Rural and community hospitals are located in communities with populations less than 4000 people, are staffed by doctors and nurses, and have inpatient facilities. Some rural and community hospitals also offer extended care including maternity and birthing services (in line with individual community needs and the availability of clinical staff). Hospitals work closely with private general practice and aged care services where available.

Some rural and community hospitals are classed as multipurpose health services (MPHS). These services are subsidised by the Commonwealth to offer either or both flexible aged care packages and/or residential aged care beds in rural communities with no other aged care options.

District hospitals

District hospitals are based in larger communities with more than 4000 people. They can sustain a 24-hour emergency service, maternity and birthing services, operating theatre(s) and multi-skilled hospital staff to provide these services. District hospitals also work closely with private GPs and aged care services.

District hospitals provide essential support to, and work closely with, smaller facilities and services located in areas around them.



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Immisfail Hospital © Queensland Health



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Decisive actions to improve rural and remote healthcare

The majority of patients in rural and remote areas complete their treatment locally and are discharged home. Only a minority of patients are transferred to larger facilities which are equipped to provide more specialised care.

Patient Travel Subsidy Scheme (PTSS)

Following extensive community consultation, the amount allocated to patients travelling to receive essential healthcare has been doubled. This brings the PTSS more in line with the real costs incurred by patients.

From 1 January 2013, the travel subsidy doubled from 15 cents per kilometre to

30 cents per kilometre (when a private car is used for transport). The accommodation subsidy also doubled from \$30 to \$60 per person, where the patient and carer or escort stay in accommodation.

Services closer to home

More specialised care and high-level, complex services can now be safely and effectively delivered in local areas.

Moura community works hard for new hospital

The township of Moura is set to have a new community hospital, thanks to the passion, drive and support of residents and supporters.

Rod Hutcheon, Executive Director Rural Health Services for Central Queensland Hospital and Health Service thanked local community members for their input into making a decision on the new hospital.

'At the end of 2012, it was recognised that the ageing Moura Hospital was no longer meeting the needs of the community,' Mr Hutcheon said.

'One option that was being considered at the time was closing the hospital to overnight admissions.

'At a public meeting in Moura in January 2013—attended by some 800 concerned people—the community made it very clear this was not acceptable and they wanted a sustainable option for their health care.

'We agreed to work closely with residents to develop a new plan for a community hospital that would serve Moura into the future.'

Mr Hutcheon said weekly meetings with a residents' reference group were held for around three months as the plan was developed for a smaller, smarter model of healthcare that would serve the community into the future.

A public meeting in April 2014 agreed in-principle to the schematic designs of the new building.

The new hospital will have four beds and 24-hour on-site clinical care, including the use of the latest telehealth technology which links Moura doctors and nurses with specialists.

A flexible design will allow room for future growth if demand requires.

Construction is due to start by early 2015, with the design phase progressing well.

Funding for the construction is provided by the Department of Health.



Moura Community Meeting 2013



Minister for Health consulting with Moura community representatives 2013 – with him on the back wall are Mayor Cr Ron Carige, the Hon Lawrence Springborg MP, Minister for Health, Debbie Elliott, Charles Ware, Central Queensland Hospital and Health Board Chair and Leanne Pound.

Telehealth

Telehealth services across Queensland are expanding at a rapid rate. In just the first nine months of 2013–14, (July 2013 to March 2014), the number of non-admitted telehealth occasions of service across the state was 38 per cent higher than for the same nine month period in 2012–13.

In 2013–14, \$30.9 million in funding was allocated over four years for Rural Telehealth Service, to enhance telehealth models of care, improve access to specialist consultations and provide emergency management advice and support across the state. The funding aims to improve access to clinical services and drive better patient outcomes in rural and remote communities.

Queensland currently has the largest managed telehealth network in Australia with more than 2000 systems deployed in more than 200 hospitals and community facilities, utilised to deliver more than 40 clinical specialities and sub-specialties across the state and enable access to clinical services and advice previously not readily available in rural and remote communities.

The Queensland telehealth network is a system which allows patients and clinicians, especially specialists, to discuss treatment and healthcare using videoconferencing technology.

The system makes it possible for specialist advice to be streamed directly to the emergency rooms of small rural facilities, driving better patient outcomes.

The network is rapidly increasing in number, enabling specialist medical advice to be communicated to patients in rural and remote locations where the service has not been readily available before.



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Usage and access to telehealth is also expanding. The system is no longer confined to designated telehealth rooms which were sometimes located a distance from patients. Telehealth can now be accessed via computers and mobile devices such as tablets, by doctors in their consulting rooms.

Increasing the use of telehealth for people in rural and remote locations will:

- increase access to a greater range of health services locally
- improve access to specialist clinical services—inpatient and outpatient—and advice through linkages with regional and Brisbane-based specialist services
- reduce the need for patients to travel and take extended time away from family or work
- reduce the need for patients to travel for pre- and post-operative care
- support local clinical staff to manage more complex care locally
- support local clinical staff to manage complex emergency presentations while awaiting transfer to higher level services
- support staff to access education and learning
- improve networking and communication between staff across and within hospitals, HHSs and private/non-government service providers e.g. general practitioners.

Specialist services most frequently delivered using telehealth are diabetes, oncology, gastroenterology, mental health, paediatrics, general medicine, orthopaedics, pre-admission clinics, cardiology, midwifery and obstetrics.

In 2013–14, Queensland Health has established dedicated telehealth coordinator positions across the 16 Hospital and Health Services to support implementation of telehealth enabled service delivery models.

The Telehealth Emergency Management Support Unit has been created to support provision of emergency management support and advice for rural and remote communities with an initial focus on seven evaluation sites including Moura, Kowanyama, Normanton, Alpha, Bedourie, Roma and Eidsvold.

The results of this investment are already being realised. Non-admitted telehealth occasions of service have increased by 38 per cent across the state (as outlined above for a nine month comparison period), and by 42 per cent across the evaluation sites when compared with the same period the previous year (July to March).

Telehealth services save Central West patients money and time

Around 60 patients a month are being saved the time and inconvenience of travelling to a larger centre for health services, thanks to the steadily expanding use of telehealth in the Central West.

Central West Hospital and Health Board Chair Ed Warren said the board was committed to expanding telehealth services in the region.

‘It became clear to us very early that telehealth was a very valuable and vital tool for improving the delivery of appropriate health services to many of our isolated communities,’ Mr Warren said.

‘Rural and remote Queenslanders face significant access barriers to accessing routine specialist and other health care services.

‘In recognition of this, the Central West HHS over the past 18 months has opened access to a wide range of telehealth clinics at health facilities throughout the region and tripled the number of consultations.’

Mr Warren said the Central West now has 30 telehealth units across the region, up from 22 and with further increases planned.

‘New telehealth clinics established in the past 18 months include cardiology, geriatrics, respiratory, vascular, paediatrics, orthopaedics, haematology, maternity, heptology, renal/urology, rheumatology, endocrinology, general medicine and dermatology.

‘These new clinics are in addition to existing uses of telehealth in psychiatry, pre-admission and medical retrievals.’

Mr Warren said patient and family feedback on the expanding use of telehealth has been overwhelmingly positive.

‘Everyone has welcomed the reduced travel time and cost burden for what are generally routine follow-up and specialist consultations,’ he said.

Mr Warren said the Central West had appointed a Telehealth Coordinator in June 2012 specifically to establish and expand telehealth opportunities.

‘Telehealth is a key element of the Central West’s Health Strategic Plan 2012–16 to encourage innovation and the use of health technologies to improve access to specialised services,’ he said.

Mr Warren said telehealth also was a particular focus for the board’s consumer member, former Barcoo Shire Mayor Bruce Scott.

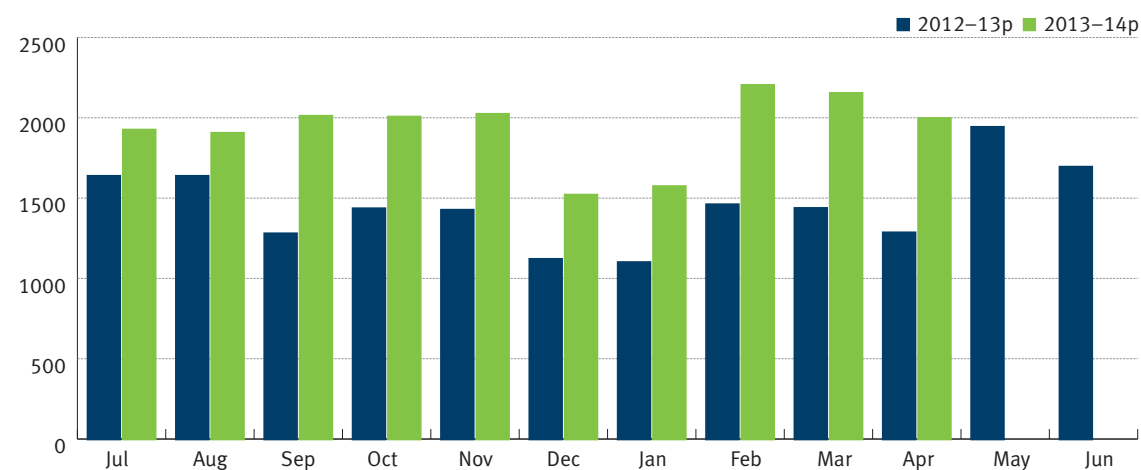
‘Bruce has a particular interest in this as he was a member of the Regional Telecommunications Independent Review Committee looking at improving internet and other communications access for regional communities,’ Mr Warren said.

‘Bruce has taken on the potential for expanding telehealth activities in the Central West as his own special project and responsibility as a board member, and I commend him and all others involved in this program for the success they have achieved thus far.’



Testing out the telehealth equipment at Barcaldine Hospital—Hospital Director of Nursing Pauline Calleja—left—with Enrolled Nurse Jonica Maloney and Central West Telehealth Coordinator Jane Williams on the screen.

Non-admitted patient telehealth occasions of service, by month
Public Acute Hospitals, Queensland 2012–13 and 2013–14 (Jul y–April) p.



p: Preliminary data subject to change. Source: Monthly activity collection, Department of Health



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Maternity and birthing

The number of maternity and birthing services has diminished over time despite evidence that these services continue to be required in rural and remote communities. To address this, maternity and birthing services are being reopened in communities like Beaudesert and Cooktown; and training is being provided for staff to ensure the very best care is available in these facilities.

In 2014, Beaudesert reopened its birthing service, complete with a team of highly-skilled midwives and resident rural doctors with obstetric and anaesthetic skills.

Local maternity and birthing units have a significant, positive impact on women and their families during pregnancy and child birth. Pregnant women are able to be close to family and friends while receiving the skilled healthcare they need.

By supporting maternity and birthing at the local level, pressure is reduced on the larger health facilities where much-needed care is provided to high risk patients and pregnant women. The majority of local women can receive pregnancy care locally but within an appropriate scope of practice.

It remains important to emphasise that the care required by some women during their pregnancy is more complex than rural maternity services can safely and appropriately provide. In these situations maternity and birthing care is managed by a higher-level maternity service.

Local maternity clinicians and birthing teams are able to provide care for pregnant women with no known risks or complications during pregnancy, birthing and post birth. They reduce the need for transfers and for travel to higher level centres for relatively minor issues, which can be cared for locally.

Operating hours for the Roma-based Flying Obstetrician and Gynaecologist (FOG) service were increased in late 2013 to increase maternity services for the area.

The FOG visits 15 south and central west, central Queensland and Darling Downs communities and sees about 210 patients a month.

The extra hours have allowed the service to visit St George, Cunnamulla and Charleville more often—now visiting two weeks in every three.

From 2014–15, the Roma-based flying surgical service will receive an extra \$634,000 a year to deliver these vital services.

Although the provision of local maternity and birthing adds cost, these additional expenses are mitigated in part by reductions in patient transfer, travel subsidies, emergency presentations and the use of larger facility beds for low-risk deliveries.

The network of district hospitals with birthing services provides essential support to maternity and birthing services in smaller surrounding towns. These maternity and birthing services attract new graduate doctors from the rural generalist program and midwives trained for rural practice.

All facilities will be equipped with the essential capacity to respond initially to unexpected events, such as unplanned labour or the resuscitation of babies and/or mothers.



Image courtesy of Tourism Queensland

Maternity and birthing services return to Cooktown

Maternity and birthing services are returning to Cooktown more than 11 years after being removed in 2003.

Cape York Hospital and Health Service Acting Chief Executive Dr Jill Newland said the first babies would be born through the new Cooktown maternity and birthing service in early 2015.

She said the \$3.8 million a year funding has been provided to operate the new Cooktown maternity and birthing service.

The new maternity and birthing service mainly provides antenatal, birthing and postnatal care for women and infants who do not have any identified risk factors, who are experiencing an uncomplicated pregnancy and who are expected to have a normal labour and birth.

It is anticipated up to 60 women per year would be able to give birth at the new Cooktown Cluster Midwifery Group Practice.

‘This means women will not need to travel outside the Cooktown region to have their babies,’ said Dr Newland.

Dr Newland said the new maternity and birthing service at the Cooktown Multi-Purpose Health Service would be delivered through a midwifery group practice service.

‘The Cooktown Cluster Midwifery Group Practice will allow expectant mothers in Cooktown, Wujal Wujal, Hopevale and Laura to have the same familiar group of midwives looking after them before, during and after the birth of their child,’ she said.

‘There are midwifery group practice continuity of care models established in many other regional areas including Mareeba, Beaudesert, Roma, Goondiwindi, Emerald, Stradbroke Island and Proserpine.

‘Pregnancy and giving birth can be an anxious time, especially for new mums.

‘At such a time, there is nothing more comforting than having someone you know looking after you right through your pregnancy and birth.’

Dr Newland said midwives would work closely with doctors, using national midwifery and best practice guidelines to ensure safe outcomes for patients.

‘This ensures women receive the midwifery and medical care appropriate for their specific needs,’ she said.



In the birth suite for the new Cooktown birthing service—from left— Nurse Unit Manager and midwife Daphne Fenton, with Clinical Nurse Consultant Midwifery Deirdre Murphy.

Cancer services

Cancer services have been established in most regional hospitals to facilitate treatment closer to home.

Advances in clinical practice enable safer types of chemotherapy to be delivered in district, rural and community health facilities with specialist supervision via telehealth.

By being able to provide patients with local cancer treatment services, this allows patients, already burdened with their chemotherapy treatment, to receive support from and be treated closer to their friends and family.

Palliative care

For those people requiring palliative care, being able to receive care in their local community and close to family and friends ensures their palliative treatment can be comfortable, and in familiar home surroundings.

Renal dialysis

New modes of dialysis treatment are being trialled, including improved options for home dialysis. The pilot project began in Yarrabah in 2014 with Indigenous health workers receiving specialist support via telehealth.

This means people receiving dialysis treatment do not need to spend long periods away from family and friends to receive treatment and they can more easily continue on with their daily routine without having to travel long distances.

Mental health

Mental health services are provided by local health services, general practitioners and visiting service-providers across rural and remote Queensland.

The Queensland Mental Health Commission is leading the development of a whole-of-government action plan to improve access to mental health and alcohol and drug services in rural and remote areas. This action plan builds on feedback from rural and remote people, and looks at coordinating and providing services that best serve those communities.

New era in cancer treatment for rural patients in North Queensland

Selected cancer patients in rural communities no longer have to travel to The Townsville Hospital (TTH) for chemotherapy with the introduction of ‘tele-chemo’.

Townsville Hospital Director of Medical Oncology, Dr Abhishek Joshi describes tele-chemo as the dawn of a new era in cancer treatment. Tele-chemo enables rural nurses to administer cancer-fighting drugs while being guided, via video link, by medical oncologists and expert chemotherapy nurses from TTH.

‘We have already treated patients in Ingham and Bowen using this model and there are plans to expand it to Charters Towers,’ he said.

‘Tele-oncology has revolutionised the way we treat cancer patients living remotely.

‘We’ve moved now to the next step which is administering chemotherapies locally with the expansion of the tele-oncology model to tele-chemotherapy and hands-on treatment.’

Dr Joshi said tele-chemotherapy was not going to be the right model for every patient in every circumstance but had proven very successful for others.

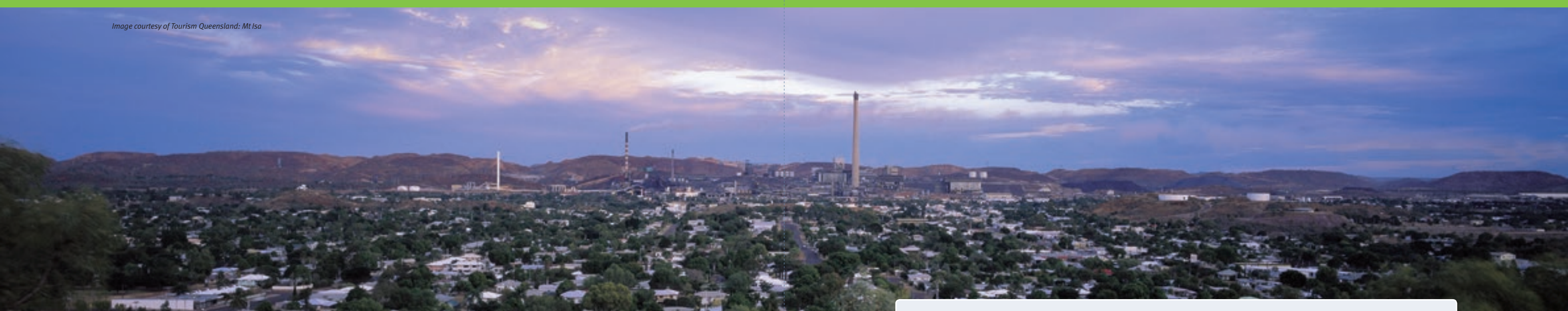
‘Rural nurses deliver the therapy under the supervision of our oncologists and chemo nurses at TTH,’ he said.

Acting Professor Dr Sabe Sabesan, Medical Oncologist and Clinical Dean of James Cook University who was the pioneer in establishing this model said patients are in their own towns close to family and loved ones and specialists don’t have to travel to rural towns. It’s a win-win situation for everyone.

The tele-chemo model (North Queensland Remote Chemotherapy Supervision Project) has received funding of \$2.4 million from Queensland Health’s Innovation Fund.



Townsville Hospital Director of Medical Oncology, Dr Abhishek Joshi



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Harnessing the power of technology

Smaller and more advanced diagnostic devices are being used in rural areas to assist staff in making more accurate patient diagnosis and expanded healthcare provision.

Point-of-care pathology testing with immediate results is now available in more than 90 per cent of health services. Kidney function, blood sugar levels, clotting times and heart attack markers can be measured in rural and remote locations via handheld on-site technology, controlled and checked electronically in the nearest regional laboratory.

Patient x-rays are now stored on computer systems, meaning local doctors can immediately review their patients' medical images and transmit them to specialist doctors thousands of kilometres away. This improves ready access to specialist opinion, ongoing patient treatment and follow up, including through telehealth consultations.

New equipment to help determine the nature of infections is being trialled at four sites, and if successful, will be rolled out across Queensland. This trial and eventual rollout

is expected to improve the ability of rural healthcare staff to diagnose conditions, resulting in life-saving outcomes for patients.

The use of patient-held devices and apps on personal devices will become increasingly important in years to come. Already patients with pacemakers can have their devices checked remotely in their rural communities.



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Rural health workforce

The small population of many rural towns makes it difficult for locally-based, specialist medical services to be viable. Rural generalists at these locations must deliver a broad range of services, while being supported by specialists in regional and metropolitan facilities.

Additional support and new initiatives will be introduced to help expand the skills of country doctors, nurses and other health practitioners. These include advanced life support resuscitation training for staff in rural and remote facilities, and training to deal with unexpected occurrences such as unplanned births.

Innovative approach improves medical recruitment at Mount Isa

New training schemes and improved facilities have contributed to Mount Isa Hospital gaining accreditation to run a full medical intern training program.

The improvement in training and facilities also has allowed Mount Isa Hospital to fill all its junior doctor positions with permanent staffers for three years running now.

North West Hospital and Health Service (HHS) Executive Director of Medical Services Associate Professor Alan Sandford said the hospital expected to be able to take its first cohort of dedicated interns in early 2015.

'This is subject to finalising the funding and receiving an allocation of the 2014 class of graduating medical students to undertake their full internships here in 2015,' he said.

In the meantime, Mount Isa Hospital would continue hosting interns from other Queensland teaching hospitals on 10-week rotational training placements, as it had done for a number of years, Assoc. Prof. Sandford said.

'The steady improvement in the provision of facilities and training schemes comparable with those in city hospitals has made medical recruitment and retention much easier for Mount Isa,' he said.

'Lack of suitable advanced training opportunities for young doctors was previously one of the major obstacles Mount Isa Hospital faced in attracting those doctors here.

'But we've managed to turn this around over the past couple of years through the steady improvement of facilities for medical staff and the development of quality training schemes.'

Assoc. Prof. Sandford said Mount Isa Hospital's success over recent years in attracting both rotational interns and junior doctors was due to the hospital's innovative decision in 2010 to establish a specialised Medical Education Unit and employ a dedicated Medical Education Officer.

'The hard and dedicated work of the Medical Education Officer Mrs Sabine Orda and the Director of Clinical Training Dr Uli Orda has proved to be a major boost to our ability to develop attractive training opportunities and to work with national bodies to gain the necessary accreditation to provide that training,' he said.

'As well as now being accredited as a full intern teaching hospital, in 2012 Mount Isa Hospital received accreditation with the Australian College of Rural & Remote Medicine to deliver primary rural and remote skills training and advanced skills training in emergency medicine, obstetrics and anaesthetics for junior doctors, and more rotations will be open soon.'

'That means that, since 2013, junior doctors taking up appointments at Mount Isa Hospital have also been able to embark upon Queensland Health's very popular Queensland Rural Generalist Program.'



Mount Isa Hospital's 2014 first intake of rotational interns with—far back, from left, Mount Isa Hospital consultant Dr Ross Duncan, Emergency Department Senior Medical Officer Dr Uli Orda and Medical Education Officer Sabine Orda.



Allied health

Allied health professionals are an important part of the rural healthcare team. Access to travel and other resources to enable visits to country patients has in the past, restricted their service provision.

Trials of allied health generalist practitioners are underway whereby professionals are broadening their skills to new areas of practice. This provides visiting allied health clinicians with flexibility to deliver a wider range of services to rural patients.

Partnerships with private allied health professionals in country towns are being introduced or expanded. Telehealth is also an effective way to deliver care and support allied health professionals in local health facilities. Allied health professionals also play a significant role in the delivery of mental health services.

It is envisaged that these innovations will provide better access for rural patients to a larger range of allied health services and support the growth and sustainability of the allied health workforce in country centres.

New allied health generalist appointed for Wide Bay

The Wide Bay Hospital and Health Service's Rural Allied and Community Health Service, based in the rural community of Gayndah, provides services in Monto, Eidsvold, Mundubbera, Gayndah, Biggenden, Childers, Gin Gin and Mt Perry.

The Rural and Remote Revitalisation and Allied Health Rural Generalist Training Positions programs have provided a full time rural podiatry service, expanded physiotherapy service and new allied health professionals to deliver therapy programs in rural facilities and patient's homes.

Allied health rural generalist graduate physiotherapist Rachel Pennisi's appointment has increased community access to physiotherapy care and supported development of a 'rural rehabilitation' facility at Gayndah Hospital.

Receiving rehabilitation closer to home improves patients' access to emotional support from family and friends, improves discharge planning for safe return to home and allows local continuation of care.

Local Eidsvold resident, Fay West, who is receiving her stroke rehabilitation closer to home benefited from the new services—a positive situation that even supports Fay's beloved dogs to come and visit!



Physio Rachel Pennisi with patient Fay West



Rural medical generalist

Rural generalist medicine was first recognised as a medical discipline in Queensland in 2008. The rural generalist program has been further developed, and requires doctors to be trained in a rural environment to develop a broad scope of medical expertise including anaesthetics, obstetrics, surgery and Aboriginal health. Doctors trained in rural generalist medicine reduce the reliance on visiting locums, develop a highly skilled, sustainable doctor workforce and produce rural healthcare that is skilled and cost-effective.

The Queensland Rural Generalist Program (QRGP), run by the Cunningham Centre, Darling Downs Hospital and Health Service, leads the world in doctor training for rural communities and is on track to train 80 new doctors a year by 2016.

Independent evaluation of the program by Ernst and Young in 2012 found the program:

- provided an exceptionally high-quality training program, valued by trainees and graduates, and reflects the commitment of senior clinicians through high quality supervision and support
- demonstrated a high degree of flexibility and responsiveness to the needs of the trainees
- met the needs of local communities through the reduction of critical shortages in medical workforce numbers
- enables health services to expand service delivery, making services more accessible and affordable to local residents
- represented value for money.

As the Cunningham Centre increases its training capacity of the QRGP and supply of rural medical generalist doctors, the Queensland Country Practice continues working with Hospital and Health Services to integrate the opportunity of the rural generalist role into their services, to enable rural communities to have access to medical services where they live.

Babinda rural generalist trainee finds her calling

Renee Cremen always knew she wanted to be a doctor, and working in North Queensland has confirmed her love of rural medicine and looking after a small community.

Dr Cremen has worked at Babinda Multipurpose Health Service since early 2011 and has enjoyed the wide variety of work.

'I get to experience such a diversity of medicine as we have a general practice clinic as well as a 22-bed hospital including 11 aged care beds, and emergency and acute care beds,' Dr Cremen said.

'I have also gained experience in palliative care—it's so rewarding to be able to make such a difference, and for families to have their loved ones close to home for their end-of-life care.

'I'm planning to do my advanced skills training in emergency medicine in 2015 and I might go back and do my obstetrics and gynaecology later as there is flexibility within the program to do that.'

Known as 'Dr Renee' to the locals, she's become very attached to the community and lifestyle in the rural town.

'I'm often offered small gifts like ginger or homemade ravioli thanks to the strong Italian and Maltese heritage in the town.

'The type of job I have allows my husband to be a stay-at-home dad to our two young children, so all in all it's a combination of the lifestyle and type of medicine that I get to practise that keeps me in Babinda.'

Dr Cremen said she was grateful to have the Queensland Rural Generalist Program to follow in her career.

'Having been born and bred in Cairns, I have opted to stay in Far North Queensland and have the opportunity to give back to the area I grew up in.

'It really is the perfect job for me in terms of the work and my personal life. I just love it.'



Dr Renee Cremen

Nursing

As the largest clinical workforce in Queensland, nurses are critical to delivering patient care, and driving effective change to benefit rural and remote Queenslanders.

Rural remote nurses are represented on the SRRCN, providing first hand experience in the development of *Better Health for the Bush*.

Issues of concern in rural and remote communities are being addressed in part through a better understanding of the full nursing scope of practice. This is most recently outlined in the *Strengthening Health Services through Optimising Nursing Strategy and Action Plan*, launched in February this year.

To optimise outcomes, the strategy and action plan addresses productivity, care and efficiency improvements in nursing services across Queensland. It empowers and enables nurses to provide better access to care for patients and value-for-money. It aims to deliver more sustainable healthcare models.

Nurses and midwives take a leading role in key areas such as rural midwifery and rural graduate programs. They also help coordinate patient retrievals through Retrieval Services Queensland, and help provide complex care, 24 hours a day across the state via telehealth.

The rural registered nurse graduate program makes rural nursing an attractive option. It delivered 105 nursing graduates direct to country areas in 2013. Rural maternity services have also been supported by an additional 50 midwifery placements, providing a vital support for mothers and maternity and birthing services.

Image courtesy of Tourism Queensland: Blackall Woolscour, © Peter Lik

Outback medicine

Forget the pub with no beer – this is the town with no doctor. And they wouldn't have it any other way.

About 1100 km west of Brisbane, the outback town of Thargomindah (population about 250) has a hospital with no full-time doctor, relying on one nurse and one administrative worker to care for the town.

Director of Nursing Chris Dodd said the hospital coped well day-to-day with a small staff, but said emergencies such as a recent small plane crash could be more challenging.

'We have a nurse here every day, 24/7. It's got a nice community feel,' he said.

'I enjoy it.'

Mr Dodd shares the role with another nurse, and they rotate on a 21-day fly-in, fly-out roster.

Administrative support worker Alison Petty is training for her Certificate IV in Health Care (Ambulance), which Mr Dodd said would help during a crisis.

In emergencies, the hospital relies on the Royal Flying Doctor Service to transport patients to a larger hospital.

'We treat 150 to 200 people per month,' Mrs Petty said.

'All the town people we know by name. The isolation is not a hassle, it's never worried me.'

When asked what they did when one of them needed a sick day, Mrs Petty said, 'We don't get sick.'

Mrs Petty said the hospital most commonly dealt with coughs, colds and flu, as well as motorbike and horse accidents.



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Existing facilities and innovations

In 2010, preliminary infrastructure planning reports for 12 rural and remote hospitals were prepared and included options for urgent rectification work at all 12 sites. In August 2012, \$51.58 million was allocated to undertake work at the 12 health facilities at Atherton, Ayr,

Biloela Charleville, Charters Towers, Emerald, Kingaroy, Longreach, Mareeba, Sarina, Roma and Thursday Island.

Planning is also under way for medium to long-term rural remote infrastructure priorities in the context of the development of a 10-year infrastructure plan.

New Roma sub-acute care unit a first for country Queensland

A new sub-acute care unit at Roma Hospital is the first such unit to be established within a rural and remote Hospital and Health Service (HHS).

South West Hospital and Health Service Executive Director of Medical Services Dr Tom Gibson said the sub-acute unit would service the whole of the region.

'This is an innovative project that will set an example for other rural and remote HHS to copy in the future,' he said.

'The new unit provides geriatric evaluation and management, as well as rehabilitation services for the whole of the South West region, and is a first for a rural and remote HHS.

'As we all know, delivering appropriate rehabilitation and aged care services to rural and remote communities is a growing problem with the steady increases in the proportion of elderly people living in rural areas.'

Dr Gibson said the long-term goal of the new sub-acute unit was to promote enhanced home and community-based services within the community.

'This will help reduce the reliance on institutionalised care in meeting the needs of the ageing population in the South West,' he said.

'With sub-acute services, the patient and family or carers are encouraged to work with the allied health and medical teams to ensure long-term medical needs will be met.

'It's not just about rehabilitation; there are a lot of other services that will be available.

'Generally, our aim is to encourage independence and to help people to stay at home, safely and happily, especially in older age.

'As the new unit and service become more established, we also plan to roll out outreach clinics to other facilities in the region.'

Dr Gibson said as well as an inpatient service, the new sub-acute unit also offered three associated outpatient specialist clinics.

The clinics are:

- Continence Clinics to provide an accessible, multidisciplinary clinical service specialising in incontinence and other bladder and/or bowel function difficulties. The service also will provide consultancy, education and support to carers, relatives and professional service providers.
- Falls and Mobility Clinics to provide specialist multidisciplinary services focussing on the assessment and management of clients with falls, mobility and balance problems.
- Pain Management Clinics to provide specialised referral services, mainly for older clients who continue to be troubled by chronic non-malignant pain.



The rehabilitation and assessment area of the new sub-acute care unit at Roma Hospital.

Revitalisation of regional rural and remote funding program

Starting in 2013–14, \$51.9 million in funding was approved over four years for the revitalisation of regional, rural and remote health services, addressing the non-metropolitan health service delivery challenges.

Projects being funded support enhanced outpatient and primary care models, delivering safe and sustainable care focusing on chronic disease, hospital in the home, cancer, maternity and mental health services.

Recurrent funding was provided 2013–14 to six rural and remote communities including Chinchilla, St George, Charleville, Alpha, Eidsvold and Moura.

The regional, rural and remote health service funding in 2014–15 will be extended to the communities of Atherton, Mareeba, Mossman, Emerald, Biloela, Jericho, Birdsville, Bedourie, McKinlay, Morven and Bollon.

Investment in existing facilities will improve safety and security for staff, patients and visitors.

Where there's a will, there's a way...

Thursday Island Hospital now has the option of an alternative operating theatre for emergencies following the clever re-purposing of a birthing suite into a temporary surgical theatre during upgrade work to the room.

The birthing suite has since been restored to its original function but remains available as a valuable secondary theatre option in the event the main room is not available.

David Tibby, Torres Strait–Northern Peninsula Hospital and Health Service (HHS) Acting Executive Director of Nursing said having the option of an alternative surgical theatre was a welcome improvement to the hospital.

‘We don’t undertake a large number of procedures at Thursday Island Hospital, so working with one theatre is usually fine,’ he said.

‘But regardless, we need to be prepared if we encounter a major issue with the main theatre or some unscheduled maintenance work is required.

‘We are always looking at ways to better service the community and creating this multi-purpose room that provides us with an alternative theatre when needed will help us do that.’

Mr Tibby said upgrades to the permanent operating theatre were critical to ensure it met a number of standards, but coming up with this creative solution was the result of some clever thinking and expertise.

‘We’re very fortunate in our HHS that our medical staff have a wealth of clinical knowledge and our maintenance team is well versed in the challenges of managing projects in remote settings,’ he said.

‘The reality of the day to day work in a remote HHS means that we all specialise in thinking outside the box.

‘In this case, we put our heads together, looked at the hospital facilities and equipment and came up with the most cost effective and time efficient solution we could find that would also result in a good outcome for the hospital and its patients.’

Along with structural improvements, the upgrade provided state-of-the-art anaesthetic technology to allow for remote monitoring and data collection.



Eleanor Bishop (Acting Clinical Nurse of Theatre), Kiwat Abednego (Operational Services Officer) and Andrea Mann (Acting Nurse Unit Manager of Theatre) from Thursday Island Hospital’s surgical team prepare the upgraded operating theatre.

Health system transparency

Queensland residents are entitled to access reliable information on public health system performance. Open data enables comparison between services and offers valuable insights to system efficiencies and planning.

Individual health service data will be publicly accessible via the Queensland Health website at www.health.qld.gov.au

The range of available data will progressively increase so that communities and patients are kept informed about performance in the delivery of local services—including more/improved services in rural and remote Queensland.

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Public private partnerships

Public private partnerships are being actioned in rural and remote areas of Queensland to provide better, expanded and more cost-effective healthcare.

Partnering with private healthcare providers when beneficial to the community is another way to improve services for Queensland’s rural and remote community. This has included examples such as the post-flood revitalisation of the Theodore clinic and the future rebuilding of community hospitals at Moura and Alpha.

Flying obstetrician and gynaecologist services and the commitment to reduce dental waiting lists are other examples where public-private partnerships have and will continue to improve the rural and remote healthcare landscape for the better.

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Image courtesy of Tourism Queensland: Horn Island, Torres Strait © Darren Jew

Community Q&A

Your healthcare questions answered

Q. I care for my son who is living with schizophrenia and sometimes he requires specialised services that his general practitioner cannot provide. We live in a small community—how do we get help?

A. You can expect access to mental health professionals at your local community clinic or hospital. Specialists are available either by visiting specialist or telehealth services to provide acute care.

Q. I live in a larger town with a district hospital and I am having a baby soon. What can I expect from my health service?

A. You can expect reliable 24-hour care including caesarean and natural birthing options.

Q. I would like to deliver my baby in my small hometown rural or community hospital. Is this possible?

A. Your doctors or midwives will assess whether your pregnancy is low risk and if the required clinicians are available to support you birthing locally. In the rural or community hospital, if your pregnancy is complicated or the appropriate team members aren't there, your antenatal care can be provided by your local service but your birth will need to occur at the nearest district hospital.

Q. I live in a small inland town with a community hospital. What can I expect from my local facility?

A. You can expect 24-hour medical care including in-patient care. This includes access to X-ray and point-of-care pathology services.

Q. I am undergoing regular chemotherapy and it would make life easier to have it close to home. Can I have the treatment in my local hospital?

A. This will depend on the type of chemotherapy treatment you are having. If after the first course of treatment your specialists who began your chemotherapy agree, they will assist and support your local doctors and clinicians, who will administer your chemotherapy treatment safely and locally.

Q. My mum is getting older and I'm concerned we don't have aged care services in town. My hospital is an MPHS—what does this mean for us?

A. If your mum is assessed as needing either residential aged care or support in-home, providing there are places available and your mum doesn't require specialist care for a condition like severe dementia, she can access these services through the MPHS.

Q. Our community would like to explore our hospital becoming an MPHS. What can we do?

A. An MPHS is generally established in areas not large enough to support a private residential aged care facility, and where there is a demonstrated need for at least three aged care beds. Get in touch with your local Hospital and Health Service to discuss whether your community is eligible.

Q. I live in a town with a community clinic providing after hours care that is more than 80 km from a hospital. What can I expect from this service?

A. Your local community clinic will provide daytime nursing services for common conditions, disease prevention and often visiting medical specialist, nursing and allied health services. Ambulance services are provided by a registered nurse or paramedic in association with the clinic, through an on-call after-hours roster.

Q. My town's community clinic operates in the daytime only. What services will they provide?

A. Your local community clinic will provide daytime nursing services for common conditions, disease prevention and often visiting medical specialist, nursing and allied health services.

For more information on the work of the
Statewide Rural and Remote Clinical Network
go to www.health.qld.gov.au

Great state. Great opportunity.

