Statewide Rural and Remote Clinical Network

Welcome to the fourth edition of the Statewide Rural and Remote Clinical Network (the Network) newsletter.

2014 Network Forum

Note your diaries now:

Date: 5 June 2014
Venue: Novotel Brisbane (Creek St)
Theme: Better Health for the Bush – implementing safe applicable healthcare for rural and remote areas of Queensland.

To request a Registration Form and Interim Program, please email rural_network@health.qld.gov.au For those unable to attend in person, videoconferencing will be available.

Steering Committee

Chair: Assoc Prof Dr Bruce Chater, Theodore - CQHHS
Rural Practitioner with experience in ATSI Health: Michelle Garner, Mt Isa - NWHHS
Rural Midwife: Anne Bousfield, Roma - SWHHS
Rural Nurse: Pauline Maude, Bowen - MHHS
Rural Generalist: vacant
Rural Generalist: Dr Dan Halliday, Stanthorpe - DDHHS
Rural Generalist: Dr Scott Radcliffe, Atherton - CHHHS
General Practitioner (RDAQ rep): Dr Ewen McPhee, Emerald - CQHHS
Allied Health Practitioner: Robyn Glynn, Occupational Therapist, Torres Strait - TSNPHHS
Consumer Representative: Mrs Susan McDonald, Cloncurry – Consumer Representative
General Practitioner (GPQ rep): Dr Graham McAllister, Murgon - DDHHS
Rural based/visiting Specialist: Dr Sabe Sabesan, Townsville - THHS
ATSI Health Worker: Diana Friday, Ingham/Cardwell, THHS

Contact details

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Chair
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Network Co-ordinator
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Great state. Great opportunity.
When does the Steering Committee meet in 2014?

The Steering Committee currently meets via teleconference mostly on the last Tuesday of each month.

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>27</td>
<td>5 - Forum</td>
</tr>
<tr>
<td>July</td>
<td>August</td>
<td>September</td>
</tr>
<tr>
<td>29</td>
<td>26</td>
<td>30</td>
</tr>
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<td>October</td>
<td>November</td>
<td>December</td>
</tr>
<tr>
<td>28</td>
<td>25</td>
<td></td>
</tr>
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From the Chair

The Network Chair, Dr Bruce Chater, is currently overseas attending the 12th World Organisation of Family Doctors (WONCA) World Rural Health Conference in Brazil and is Secretary of the WONCA Rural Working Party.

Dr Chater was unable to provide a report for this Newsletter prior to his departure, due to his competing priorities, therefore the Network Co-ordinator has taken the liberty of providing readers with the following information on the other - rural-focused - work he undertakes in his “spare time”!

Objectives of the WONCA Working Party on Rural Practice:

To facilitate communication between and networking of rural general practitioners around the world both individually and through rural family doctors' organisations and interest groups.

To represent rural family doctors within WONCA, to WONCA Council, Standing Committees, Working Parties and Member Organisations.

Through WONCA to liaise on rural health issues with the World Health Organisation and other relevant international bodies.

To collaborate with organisations of rural doctors

To address issues of importance to rural family doctors including developing effective:

- rural health care systems with appropriate funding to meet community needs
- integration of the family doctor into primary health care approaches for rural health care delivery
- community participation including a multisectoral approach to health care and health promotion in rural communities
- strategies to improve the status and health of rural women around the world
- rural health workforce models.
- recruitment, retention and support strategies for rural practitioners.
- education and training for rural medical practice
- research in rural health and rural practice including building research and development partnerships involving individuals and organisations in different countries

For anyone interested in more information on WONCA, please go to [http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx](http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx)
Safe applicable healthcare for rural and remote areas of Queensland – implementation plan

The Safe applicable models of healthcare for rural and remote areas of Queensland (SAMoH) report was commissioned by the Minister for Health, the Honourable Lawrence Springborg MP, on 22 March 2013. The Statewide Rural and Remote Clinical Network (the Network) was instructed to work with external stakeholders, Health and Hospital Services (HHSs) and Queensland Department of Health (the Department) officers to produce a plan for rural and remote health services. While this was clearly led by clinicians, the partnership with the Department and consultation with HHSs allowed for a solid balance between frontline and system level expertise. The Report was to be completed by the end of May 2013. On 20 May the report was presented to the Minister for Health.

The report suggested reform at a clinical level under the headings of:

- Organising services for safety
- Achieving efficiency
- Redevelopment and reinvigoration
- Providing services closer to home
- Workforce

At the Rural Doctors’ Association of Queensland Conference in June 2013, the Minister for Health announced that the report and support documents would be distributed for consultation and, subject to review of the feedback, a plan for implementation developed by the Network in partnership with the Department and HHSs, by the end of September 2013.

The implementation plan was subject to extensive consultation, including specifically at a broad stakeholder workshop held in September 2013 before presentation to the Minister on 30 September 2013. The Network’s Forum in June 2014 will focus on the progress of projects undertaken in the key priority areas addressed in the plan. The plan and other documents mentioned above can be found at: http://www.health.qld.gov.au/caru/networks/rural-remote.asp
Telehealth

Telehealth non-admitted patient activity continues to increase in 2013-14 with 14,869 occasions of service non-admitted patient telehealth activity reported year-to-date (Jul - Feb). This reflects an increase of 34% on the comparative 2012-13 period. In 2012-13 there were 17,440 non-admitted patient telehealth occasions of service reported.

The top 10 clinic types reporting non-admitted patient telehealth activity in 2013-14 (Jul – Feb) are Diabetes, Oncology medical consultation, Paediatric medicine, Gastroenterology, Orthopaedic Surgery, Cardiology and General medicine, Anaesthetics, Midwifery and Pre-admission/Pre anaesthesia.

![Graph showing non-admitted patient telehealth occasions of service, by month for 2012-13 and 2013-14.]

Report and Graph prepared by: Telehealth Support - Clinical Access and Redesign Unit

Telehealth Emergency Management Support Unit (TEMSU)

In February 2013 the *Blueprint for better healthcare in Queensland* announced the establishment of the Rural Telehealth Service which included local access to 24 hour, 7 day emergency support.

On 24 July 2013, the Minister for Health endorsed a range of recommendations to support the new telehealth service. One of the recommendations was to establish a telehealth emergency management advice and support service for rural and remote communities to link health facilities with regional or metropolitan emergency departments. On the 26 July 2013, the Minister for Health announced the initial focus of the service would be to Alpha, Bedourie, Eidsvold, Kowanyama, Moura, Normanton and Roma.
Retrieval Services and Counter Disaster Unit (RSCDU) was resourced to establish the Telehealth Emergency Management Support Unit (TEMSU). TEMSU began operations on 2 December 2013, facilitating support for staff at Moura Hospital in conjunction with Rockhampton and Emerald Hospital’s.

This unit centrally coordinates telehealth emergency support to referring rural and remote clinicians with linkages to clinically appropriate service providers. The service will complement the existing Retrieval Services Queensland (RSQ) telehealth support for critically ill and injured patients with Hospital and Health Service (HHS) hub and spoke emergency support models.

The TEMSU service will improve access to emergency specialist and rural generalist clinical advice and support for non-critical emergency presentations across rural and remote communities. This advice will help ensure early and appropriate clinical intervention and improved capability to manage patients locally, helping to avoid unnecessary retrieval, prevent patient deterioration, increase local clinical capacity and improve patient outcomes.

From the outset, the intention of TEMSU has been to support local processes and initiatives as proposed and instituted by the individual HHS’s. As such, the scope of the service is not strictly defined and may engage support services beyond HHS boundaries (e.g. non-government emergency services) to supplement the capabilities of the HHS.

The service is lead by Dr Mark Elcock, A/Senior Director, RSCDU who is supported by a clinical and project team. The TEMSU team will support the planning, implementation and provision of the service with the Department and the HHS. They will work collaboratively with the initial seven facilities and their associated HHS’s to develop their emergency support model. The intention is to then roll out the service. For further information, please contact:

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**Rural and Remote Mental Health**

On 13 March 2014, a Queensland Ministerial Roundtable on Rural and Remote Mental Health was held in Charleville. The Network Chair attended together with the Ministers for Health; and Agriculture, Fisheries and Forestry; the Federal Member for Maranoa; representatives from Hospital and Health Services; Department of Communities; AgForce; Australian Medical Association Qld; Rural Counselling Financial Services and CentaCare. The Network is currently working in collaboration with the Queensland Mental Health Commission and the Queensland Department of Health, Mental Health, Alcohol and Other Drugs Branch/Statewide Mental Health Alcohol and Other Drugs Clinical Network on the development of a mental health strategy that will meet the diverse needs of rural and remote Queensland. An outline of the strategy will be presented at the Statewide Rural and Remote Clinical Network Forum in June.
Cultural Information Gathering Tool

The Queensland Mental Health Commission [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au) has advised that Queensland has the second largest estimated resident population of Aboriginal and Torres Strait Islander (ATSI) Australians (28 per cent)\(^1\) comprising 4.2 per cent of the State’s population\(^2\).

There are 21 discrete Aboriginal communities in Queensland\(^3\) located in rural and remote areas of the State. Additionally, Queensland has the highest proportion of ATSI residents outside major population centres in Australia (85%)\(^4,5\).

The evidence for addressing the unique needs of ATSI people is overwhelming. The combination of geographic isolation and higher rates of social and emotional wellbeing problems, and some mental disorders\(^6\), creates complex challenges requiring dedicated attention.

The Cultural Information Gathering Tool, developed by the Department of Queensland, Mental Health, Alcohol and Other Drugs Branch, is for use by ATSI Mental Health Workers specifically to gather relevant cultural information for ATSI mental health consumers, at the key transition points during their treatment within Mental Health Services. The Tool is available for use by all clinicians and can be found at: [http://qheps.health.qld.gov.au/mentalhealth/docs/atsi-cultural-info.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/atsi-cultural-info.pdf)

**Aboriginal and Torres Strait Islander Cultural Information Gathering Tool**

**Department of Health**

This Tool is one of the important steps in the process of capturing correct indigenous status information. Identification of Aboriginal and Torres Strait Islander people is important as it assists government and other services to plan and deliver appropriate health services, helps monitor and improve current health services and ensures appropriate health services are delivered to Aboriginal and Torres Strait Islander patients.

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2. 3238.0.55.001 - Estimates of Aboriginal and Torres Strait Islander Australians, June 2011, Australian Bureau of Statistics


4. Torres Strait Indigenous Region — The grouping of Census Collection Districts, comprising islands in the seas between Cape York and the coast of Papua New Guinea, which make up the 'Torres Strait Indigenous Region' according to the Australian Indigenous Geographical Classification (AIGC). The region's geographical area is equivalent to the former ATSIC classification 'Torres Strait Area'.


6. For example Aboriginal and Torres Strait Islander hospitalisation rates for mental illness related to substance use in Queensland were four times higher than non-Indigenous people, and during the period 1994–2006 the rates of suicide for Aboriginal and Torres Strait Islander Queenslanders were on average 25.7 per 100,000, which was about 70 per cent higher than in non-Indigenous Australians.
Who is Who?

A/Prof Sabe Sabesan, BMBS (Flinders), FRACP is a member of the Network’s Steering Committee. Sabe is also the Director of the Department of Medical Oncology at the Townsville Cancer Centre, Townsville Hospital and Health Service and the Clinical Dean of the Townsville Clinical School, the School of Medicine and Dentistry at the James Cook University. In his Queensland Department of Health role, Sabe pioneered a large teleoncology network in North Queensland, servicing 19 rural centres for which his department was a finalist in the QLD Premier’s award for excellence in service delivery in 2010. He has published, presented and conducted workshops in the area of rural and Indigenous health and teleoncology.

Guest Article

13 HEALTH (13 43 25 84) - Chronic Disease Management Service

The COACH Program® celebrates its 5th birthday

It is now 5 years since Queensland Health introduced a telephone delivered chronic disease self-management program to assist people with coronary heart disease, type 2 diabetes, pre-diabetes and COPD to reduce their risk of future health complications. This evidence based program has been shown to reduce the risk of future hospital admissions, and to date over 5000 patients have participated.

The COACH Program® runs for approximately six (6) months and there is no direct cost to participants or Hospital and Health Services.

The service is delivered via telephone or video conference and specifically targets people in rural & remote communities who are unable to attend other health services. The program also provides culturally appropriate coaching material for Aboriginal and Torres Strait islander peoples.

Registered Nurses contact the patient and discuss targets and treatment recommendations for the risk factors related to their health condition such as LDL – Cholesterol; HbA1c; Blood Pressure. At the end of each coaching session the patient receives a letter which recaps the discussions and identifies a range of biomedical and lifestyle targets to be worked on between each session.

A doctor nominated by the referred patient will also receive updates of the coaching sessions.

Patient comments graduating from the program have included:

“The information helped to keep me focussed on what I ought to be doing to reduce the risk factors”
"A standout for me was awareness of the effects of my other organs after suffering a heart attack"

"It helped me to keep motivated and helped me to lose weight"

"I now have a great understanding of my diabetes"

The service operates Monday to Friday 08.00 – 20.30 and Saturday 08.00 – 16.30, these extended hours particularly assist those patients who have commitments during the day.

For further information about the program, patient referral forms and program brochures Visit the program website at http://qheps.health.qld.gov.au/hcc/html/our_services/chronic_disease.htm or contact us at: email: Coach@health.qld.gov.au phone: (07) 3877 8254 fax: (07) 3259 8534

Nurse Unit Manager: Gary Bennett

What's On


What's On cont...

2014 Indigenous Men’s Conference 13-15 October
2014 Indigenous Women’s Conference 13-15 October
Cairns http://www.indigenoushealth.net/indigenouswomenconference.htm

6th Australian Rural and Remote Mental Health Symposium – 12 – 14 November 2014, Albury
http://anzmh.asn.au/rrmh/

How to join the Network

You are receiving this Newsletter because you requested that your details be included in the broader membership database of the Statewide Rural and Remote Clinical Network, or you have in the past expressed interest in the activities of the Network.

Membership of the broader Network is open to any interested persons - if you are aware of others who may wish to be involved or interested in the activities of this Network, please pass this Newsletter on.

To become a member, all you will need to do is email your name and contact details to rural_network@health.qld.gov.au

Guest Article

Articles on topics that interlink with rural and remote health service provision will be most welcome. Contributions should be no more than one page including any graphics. No guarantee can be given that articles will be published as this will depend on timing, space and appropriateness as determined by the Network Steering Committee.