

The development of Innovative Outreach Models to deal with gaps in Service delivery

Debra Bramhall

Acting District Director of Speech Pathology,
Central Queensland Health Service District

District outline



- Rockhampton is the main regional centre within CQHSD

- Population 123,785 56,395 sq km

- Smaller rural centres have shown rapid population growth due to industrial investment

- Gladstone 64,740 22,387 sq km

- Emerald 30,789 188,012 sq km

- Banana 15,626 28,577 sq km

Service Background

- Each rural district has an Allied Health Team managed by an Team Leader
 - Gladstone 1FTE generalist Speech Pathologist
 - Emerald 1.4FTE generalist Speech Pathologist
 - Banana 1FTE generalist Speech Pathologist
- Professional director based in Rockhampton oversees service delivery
 - District Director
 - Adult and Paediatric Senior 'lead' clinician
 - Specialist Speech Pathologists for Child Development Team, ENT
 - Clinical Educator

“It is no secret that recruitment and retention of Allied Health professionals to rural and remote areas is one of the biggest challenges across the country”

(Rural training unit co-ordinator– 2006 SARRAH conference)



In 2008 a number of factors led to gaps in service Delivery:

- Rapid population increase due to industrial growth in the Gladstone area meant that FTE could not keep up with demand
- Increase in the complexity of referrals being received meant difficulties in maintaining skills in a generalist position
- Change in service delivery ethos with a 'right to local services'
- Difficulties with recruitment within other agencies meant that there was no alternative for families to access
- Long term vacancies with difficulties in recruitment for rural areas

What is outreach ?

“Outreach services are defined as primary health care services delivered in sites where service is unavailable in the local community”

Country Allied Health Outreach framework (CAHOS)

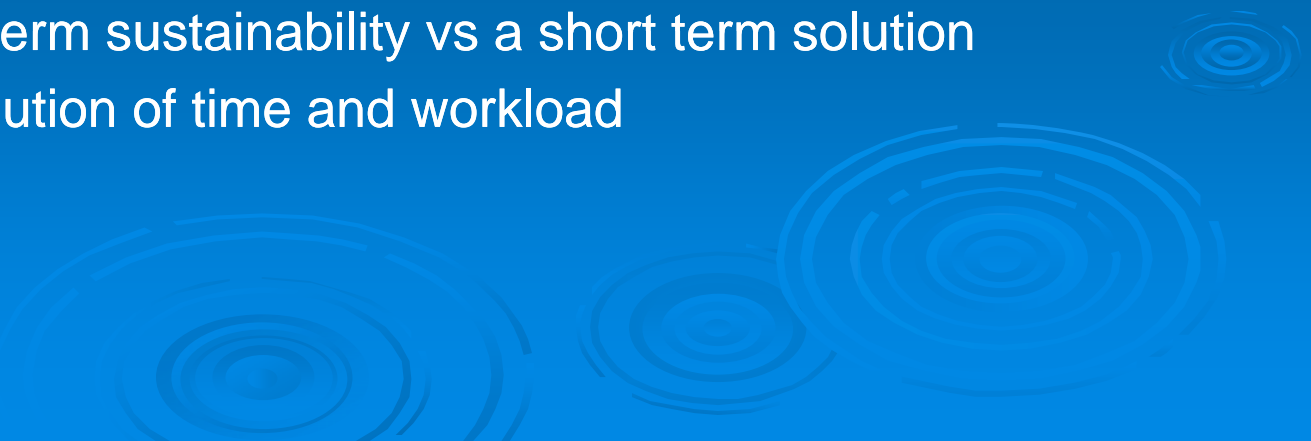


➤ The literature describes a number of outreach models:


- Hub and Spoke model – two tiered approach consisting of local Service delivery supported by a centralised service (McLennan et al 2006)
- In-reach model – community members travel to a central site away from their community
- Tele health - The service is provided without the need for travel using technologies such as video conferencing

Setting up local outreach programs

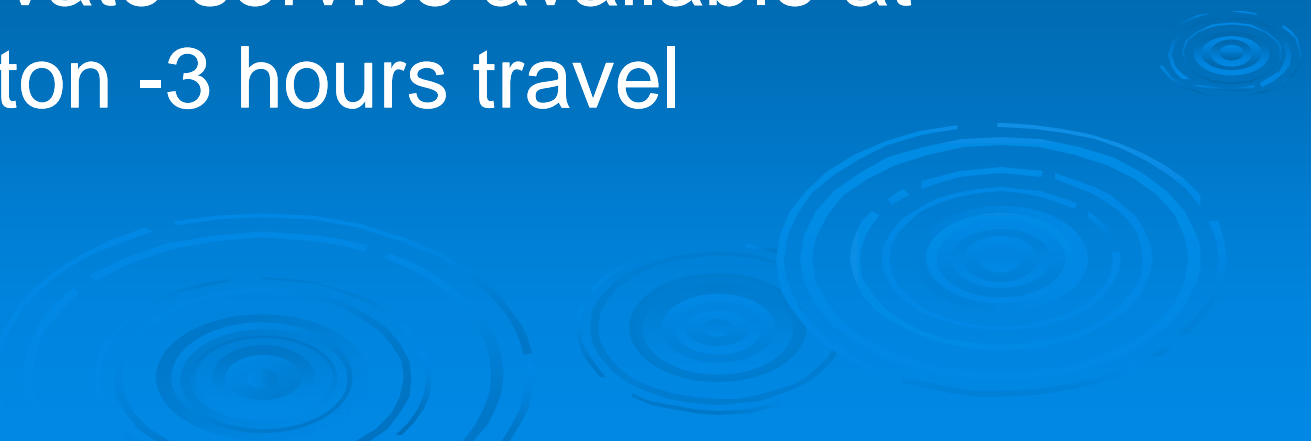
The literature outlines some important aspects to take into account in setting up outreach services:

- Take into account the local context
 - Long Distant management
 - Support and supervision of staff
 - Equipment and facilities available
 - Costs and benefits of the services as a whole
 - Long term sustainability vs a short term solution
 - Distribution of time and workload
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Local Outreach Models

1. Emerald 'hub and spoke' outreach
 2. Gladstone service delivery trials
 3. Recruitment Innovation
 4. Rockhampton 'In-reach'
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Emerald Outreach

- Qld health therapists on leave from their post
 - Ed qld therapist on maternity leave
 - Bush children's service unable to recruit for Speech pathologist
 - Nearest private service available at Rockhampton -3 hours travel
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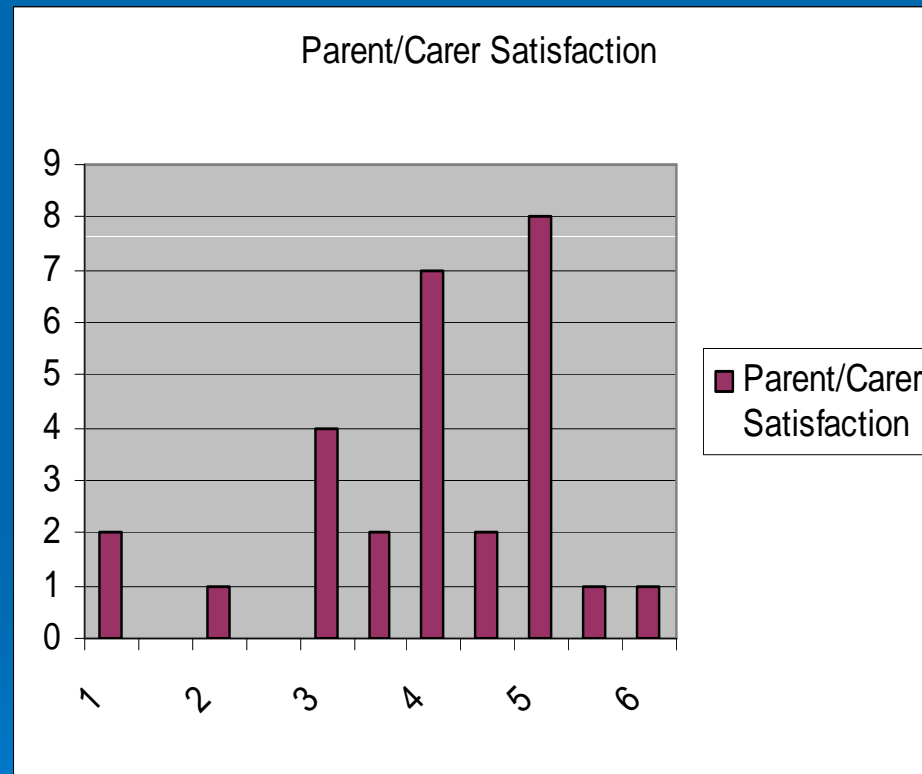
➤ Two Speech Pathologists to visit Emerald for outreach 2 days every fortnight May – Dec 08

- 1 junior and 1 senior therapist
- Travel time included in work day
- Administration and equipment at a local level and essentials planned before service commenced
- Visit roster through the whole Speech Pathology Team
- One point of contact at local and regional level
- Caseload was prioritised and triaged by District Director
- Information about changes sent out to current caseload with an 'opt-in' requirement

Evaluation

- Family Satisfaction Survey
- Local staff satisfaction survey
- Therapist Focus group

Satisfaction survey



➤ Key Points:-

- Overall families were happy to receive a service
- Children received some ongoing Speech pathology intervention
- Parents were able to receive advice and strategies to help their children
- Difficulty building up a rapport with different visiting therapists
- Not having a 'local clinic' operating was difficult
- Increased waiting time
- No flexibility of appointments


Focus group

➤ Key points:-

- Having one point of contact meant therapists did have excessive organisation to do
- Two therapists working together gave company, support and skills
- Shared information system that was set up helped transfer of information
- Therapists perceived that there was a lack of commitment locally to recruit
- Conflict of service delivery of local vs regional at times
- Workload was stressful in addition to ongoing caseload
- Some practical difficulties had caused added stress

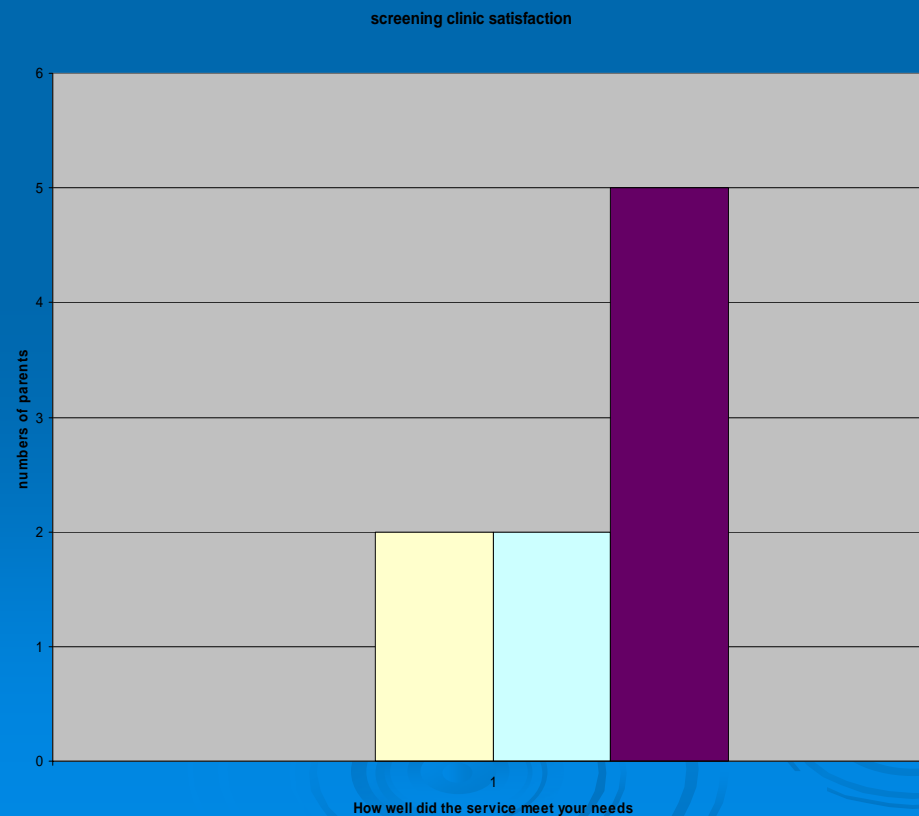
Gladstone Service delivery changes

- Changes in demographics of the population had meant that current FTE was inadequate
- Massive waiting list of priority 2 and 3 referrals
- Lack of other agencies to refer families to

- Two regional therapists provided screening clinics for paediatric waiting list
 - Drop-in clinic
 - Parent education groups
 - Recruitment initiatives
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Evaluation

- Screening clinics were evaluated through satisfaction survey



How well did the service meet your needs

Innovation in recruitment and retention

- New temporary post was created for 12mths consisting of 8wk periods of rotation between Rockhampton and Gladstone
- Professional support framework for new graduates was developed to support rural therapists

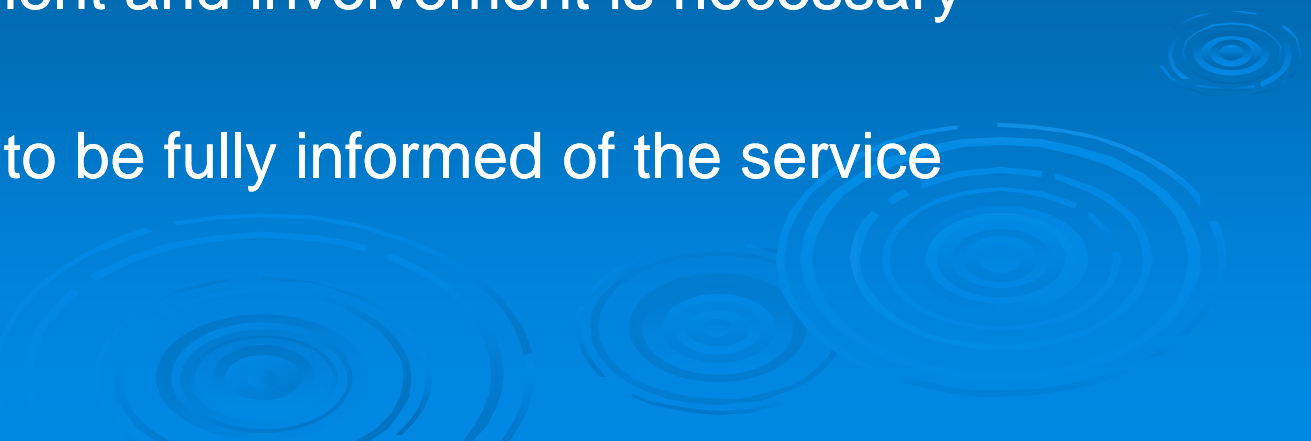
Rockhampton 'In-reach'

- In reach options are now provided as part of the district 'outreach' policy as a option for those who are able to travel

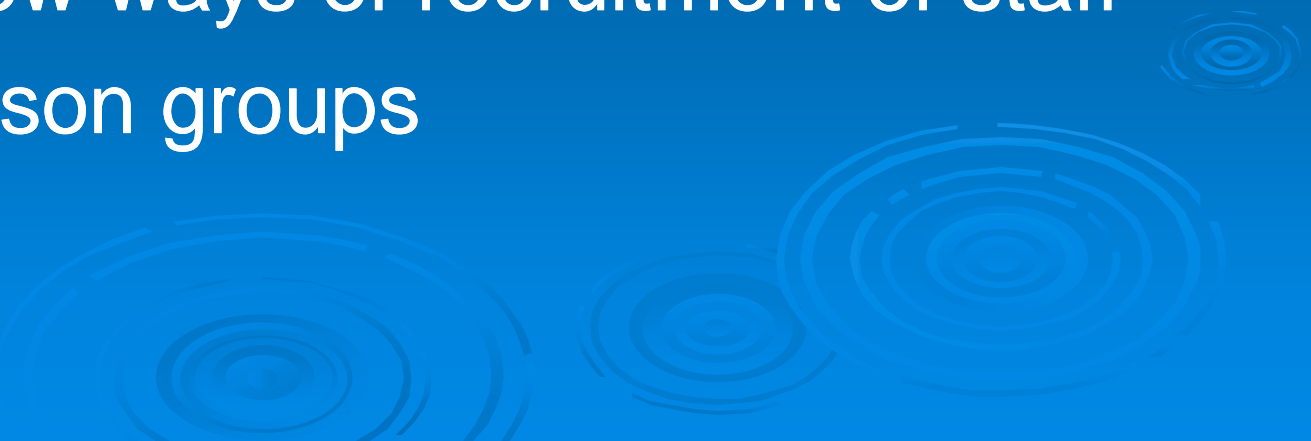
This does create some difficulties:-

- Lack of knowledge of the individual
- Follow-up of assessments and intervention
- Consistency of input
- Strain on existing services
- Inequity of service delivery
- Funding issues
- Timing of appointments

Lessons Learnt

- A variety of outreach possibilities is needed to suit different locations
 - Planning and co-ordination is the key to success
 - Maintaining 'outreach' services requires more advanced clinical skills
 - Local commitment and involvement is necessary
 - Families need to be fully informed of the service constraints
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Where to from here?

- CQHSD outreach policy:
 - Dysphagia outreach
 - Long term outreach
 - Specialist Service outreach
 - Evaluation of new Gladstone services still pending
 - Develop new ways of recruitment of staff
 - Agency liaison groups
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Acknowledgements

- Judith Rathmell –Acting District Director during 2008
- Rachael Byrne – Clinical Educator during 2008
- Meda Black –Social Worker, Focus group facilitator
- All the Rockhampton Speech Pathology Team

References

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