
Specialist Palliative Care Rural Telehealth

Initiative Type

Model of Care

Status

Deliver

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06 March 2022

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<http://staging.clinicalexcclence.qld.gov.au/improvement-exchange/specialist-palliative-care-rural-telehealth>

Summary

Specialist Palliative Care Rural Telehealth (SPaRTa) focuses on palliative care patients and their local health care providers in rural and remote regions of Queensland where tertiary level specialist palliative care services are not readily accessible due to local workforce availability and/or geographical isolation. Palliative Care Australia acknowledges that hospitalisation is inappropriate for

many people at the end of life and is a potential indicator of sub-optimal care. Telehealth consultations have been successfully used to provide culturally appropriate cancer care services for Indigenous Australians (Mooi et.al, 2012, Taylor et.al, 2021) and in RACFs for medication management (Hanjani, Peel, Greeman & Gray, 2019). The project is ongoing and has received funding for a further two years at reduced service levels.

Key dates

Mar 2022

Dec 2021

Implementation sites

Gold Coast (Robina), Sunshine Coast (Gympie), Townsville, Cairns

Partnerships

The University of Queensland - Centre for Online Health. Qualitative evaluation of the project.

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Aim

- to establish a statewide Specialist Palliative Care Telehealth service to provide comprehensive multi-disciplinary telehealth to patients in rural and remote Queensland
- to improve patient access to specialist palliative care in their local community
- increase the knowledge and skills of the rural and remote workforce in providing palliative care.

Benefits

- the project has vastly improved access to specialist palliative care services in rural and remote Queensland.
- end of life care has been achieved in the location of patients choice. This improves quality of life by reducing travel away from home and country.
- over 300 rural clinicians have participated in education provided by the hub sites.

Background

Approximately 48 per cent of Queenslanders live outside of metropolitan areas and many residents do not have access to tertiary specialist palliative care services.

Solutions Implemented

Use of the Multi Purpose Health Service (MPHS) or GP videoconferencing equipment in areas where there are infrastructure issues or where patients do not have access to video enabled communication devices.

Ongoing and frequent contact with primary healthcare providers has enabled several Indigenous patients to remain on country for End of Life Care. Preparing the patient and family about death and dying issues leads to a better understanding of what matters most to the patient. Advising local providers on symptom management is a significant contributor to hospital avoidance.

Evaluation and Results

The interim evaluation report was tabled in December 2020 and evaluated activity data, patient demographics, evidence supporting reduced hospital utilisation and preliminary stakeholder feedback. The Centre for Online Health at the University of Queensland is working with SPaRTa to examine user perspectives, activity, and clinical outcomes of the service to inform strategic planning and potential improvements to increase user satisfaction and improve outcomes.

The number of referrals taken at the Townsville Hub exceeds the Indigenous population for the three Hospital and Health Service (HHS) regions (North West HHS, Townsville HHS, Makay HHS), but lower than the Indigenous consumer use of health care services.

We believe that Indigenous Queenslanders are underrepresented in the referrals to palliative care services. Notwithstanding, SPaRTa has enabled a number of Indigenous people to die at home, on country, surrounded by their family.

Aboriginal and Torres Strait Islander (ATSI) patient referrals since July 2020

Total ATSI referrals	Totals
Gold Coast	18
Sunshine Coast	4
Townsville	60
Cairns	Awaiting confirmation

Lessons Learnt

The key elements that have influenced all hub-sites' ability to implement the program and provide optimal service delivery include the following:

- infrastructure: internet connection and patient access to video-enabled communication devices have prevented telehealth consults to occur in patients homes, leading to use of land-line telephone consult only. We rely on the equipment available at the local MPHS and GP clinic to enable videoconferencing.
- environmental: the distance between very remote patient residence and nearest community nurse or spoke site has been a challenge for local clinicians to be present with the patient for the specialist consultation.
- clinical staff capacity: some areas within Queensland have few or no non-government organisations to provide services within the patients home. Furthermore, remote communities experience a high-turnover of local staff, which leads to a continual loss of available service provider knowledge.