LIVE TELE-OTOLOGY CONSULTATIONS VERSUS STORE AND SEND:

THE KIMBERLEY EXPERIENCE

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Dr Paul Bumbak

SERVICE PROBLEMS - PMH

- **ONLY** tertiary public paediatric health service in WA
- ↑ vol of referrals
- Long waiting time (ENT clinic appts & surgery)
  - Sept 2011 – 1598 waiting for 1st appt, 432 onWL
  - Sept 2012 – 2779 waiting for 1st appt, 410 onWL
- ↑ DNA rates (ENT clinic appts & surgery)
- Adds strain to service & resources

SERVICE PROBLEMS – PMH (2)

- Affects the quality of care delivered
- Impacts KPI, ABF & NEST - (Key Performance Indicator, Activity Base funding, & National Elective Surgery Targets)
- 75% country pts DNA

WA HEALTH SERVICES

KIMBERLEY REGION
- Furthest site
- 424,517 square km
- 45,763 in 2010
- 36% are Indigenous
- 1st site to trial adhoc PET

<table>
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<tr>
<th>Country</th>
<th>South West</th>
<th>South West Goldfields</th>
<th>Great Southern</th>
<th>Geographe</th>
<th>Southwest</th>
<th>Mandurah</th>
<th>Busselton</th>
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Sept 2011 – 421 pt ref & 505 pt seen in clinic
AIMS OF PET
• ↑ access to paediatric ENT care
• Link TH to deliver an extra Outpt service
• Improve clinic utilisation & activity
• Document & track the tele-otology activity

AIMS OF PET (2)
• ↓ travel & associated costs
• ↓ stress (family & health service)
• Better collaboration & communication
• Provides resource, support & guidance for remote regions

PET REQUIREMENTS
PMH
Personnel
• ENT Consultant
• ENT CNS
• TH coordinator
• ? ENT Clinic clerk support

Venue
• Telehealth centre
• Videoconference equipment /facilities

Administration Support
• Computer, phone, fax

REGIONAL SITE
Personnel
• Regional medical officer or hospital contact
• Community nurse ear health coordinator (CEHN) or ? Aboriginal Health Worker (AHW)
• Regional TH coordinator

Venue
• Telehealth centre
• Videoconference equipment /facilities

Administration Support
• Computer, phone, fax, & car

PET SERVICE PROFILE
• Children with ENT condition living in remote areas of WA
• Age criteria – <17yrs (Children should be accompanied)
• PMH ENT Telehealth@health.wa.gov.au - triaged
• Registered Clinic with an ENT Consultant
• Wed am (0830hr -1200hr) negotiable
• No cost to family
PET REFERRAL PROCESS

REGIONAL TEAM

REGIONAL MEDICAL OFFICER

CEHN/ABORIGINAL HEALTH WORKER

IDENTIFY PT/SCREENING & RECORDS MMEX

REFERRAL TEMPLATE/SENDS VIA EMAIL STORE & SEND METHOD

REFERRAL TEMPLATE

- Pt demographic details & contact person
- Ref reason & by whom
- Provisional diagnosis
- Current management plan
- Past medical history
- Family history
- Diagnostic test (audiogram, tympanogram, otoscopy images, tonsil grade)
- Other relevant findings

PET LINKING PROCESS

PMH TEAM

PMH ENT CNS/CENTRAL REFERRAL SITE

IDENTIFY/RV & TRIAGE PT

COLLATE LST PTS WITH CEHN

BOOK TH WITH PMH/REGIONAL TH COORDINATOR

ENSURE BOTH TEAM AVAILABLE FOR TH SESSION (STAFF & PT)
PET ACTIVATING PROCESS

CEHN ensure PT ears are worked up
CEHN collects PT/family/carers (live)
Both sites linked & ready to go

PMH team (DR & CNS)
RV referral (both
live PT & chart in)
Discuss plan of care
with CEHN & PT/family

Regional team - CEHN & PT/family
RV images (photos/videos)
Discuss plan of care
with CEHN & PT/family

Where will plan be actioned -
PMH or Regional team

PET IMPLEMENTING PROCESS - PMH

PMH team determines plan of care - if
W/Surgery at PMH

PMH team
Schedule surgery date at PMH
Liase with CEHN & PT/family
Ensure PT/family comes to Perth

PMH team
Liase with PMH Aboriginal officer
Accommodation, contact details &
Provide postop info
F/U PMH or Regional team?

If Regional team
see next slide

PET IMPLEMENTING PROCESS - REGIONAL TEAM

PMH team determines plan of care - if
W/Surgery at Regional site

Regional team
Schedule surgery at Regional site
Liase with PT/family about procedure
Obtain consent & perform surgery

Regional team
Provide postop instruction & determine F/U
Managed locally or refer back to PMH th
PET TRACKING PROCESS - PMH

PMH TEAM

PMH ENT CNS DOCUMENT PET ACTIVITY

IDENTIFY PT'S STATUS

COLLATE LIST OF PT'S WITH CEHN WHICH PT NEEDS RESCHEDULE LVE/CHASE UP

PTL (NAME, WEEK OF & CATEGORY)

ENTER PTS ON TOPAS OUTPT CLINIC ACTIVITY (KPI & ABF)

KEEP LIAISING ? NEXT SESSIONS WHICH PT & REPEAT PROCESS

PET - SERVICE AUDIT 2011

ENT TELHEALTH 2011

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<th>MONTH</th>
<th>TOTAL 48</th>
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TOTAL ENT TELHEALTH ACTIVITY 2011 - 124 PTS

% VC PTS 2011 - 39%

% DNA PTS 2011 - 40%

% CHART REVIEW 2011 - 21%

CHALLENGES - PT/FAMILY

- Kimberley region (remoteness, climate)
- Children/family health needs & awareness
- Attendance (location & availability - live vs chart review vs DNA)
- Time (travelling, work/school/home environment)
- Cost (accommodation, living expense, loss of income)
- Resources (car, phone, local health services)

CHALLENGES - BOTH SERVICES

- Kimberley region (remoteness, climate)
- PET activity (DNA vs attendance, live vs chart review)
- Time (collate data, screen pt, collect pt)
- Resources (phone, computer, car, equipment, TH facilities)
- Technical issues (otoscope, connection, folders too large to store & send)
- Committed team (available, dedicated & skilled appropriate)
**BENEFIT OF PET-PT/FAMILY**

- ↓ stress (more family/community support)
- ↓ time (travel, distance, away from family/school)
- ↓ Personal $ (travel & accommodation)
- ↓ waiting time & ↓ DNA rate (clinic & surgery appointment)
- Greater pt/family involvement & control in decision making

**BENEFITS PET – BOTH SERVICES**

- ↑ access ENT care
- ↑ Outpt activity & service
- Register pts directly onto the WL
- ↓ DNA rate both sites
- ↓ travel & associated cost (personal, health services)

**BENEFITS PET – BOTH SERVICES (2)**

- Ease of reviewing pt & directing pt care
- Improve d/c planning & f/u
- Greater pt/family involvement in decision making
- Sharing health info (different specialities & different regions if families relocate)

**BENEFITS PET – BOTH SERVICES (3)**

- Minimal infrastructure in delivery of service
- Provides resource, support & guidance for remote regions (discuss issues, pts, innovative research & best practice & to ensure remote health services are consistent with tertiary standard of care)
- Utilising existing resources (tap & build)
SUMMARY - PET

• TH helps to deliver innovative service despite ongoing challenges

• Only successful with a dedicated team

• TH needs to be open & flexible

• Provides communication framework to bring change (practice & type of service available)

• Tap & build on existing TH services

“...To succeed in business you need a clear, unambiguous goal and not be deflected from it. You need to motivate people to be passionate about achieving that goal. You need to develop great relationships and aim to be the best in the world at what you do.”

Michael Chaney (AO), chairman of Woodside and NAB, and former managing director of Wesfarmers.

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• WACHS Telehealth Program
• WACHS PATS Officers
• Rural & Remote Clinicians
• Our Patients & Families

THANK YOU