

2007 NSW Health Awards Entry

Entry Title (50 characters or less)
Rural Model of Service Delivery for People with Spinal Cord Injury (SCI) in NSW: Promoting access to health care and building capacity of clinicians to deliver services locally.
Abstract (120 Words)
The Motor Accident Authority (MAA) funded the Rural Spinal Cord Injury Project (RSCIP) ¹ to examine the specific needs of rural people with SCI. This provided opportunities to identify issues relating to the provision of rural services in NSW and enabled a sustainable model of service to be recommended: the Rural Spinal Cord Injury Service (RSCIS). The goal is to ensure more equitable delivery of specialist spinal services in rural NSW, in partnership with local agencies and service providers. The service has been integrated into the Spinal Outreach Service and has achieved the outcomes listed below:
<ul style="list-style-type: none"> ❑ An accessible statewide multi-disciplinary assessment opportunity within a clinic environment. ❑ Education and support to rural clinicians. ❑ Alignment of metropolitan and rural services.
Aim (30 Words)
<ul style="list-style-type: none"> ❑ Improve equity of access ❑ Minimise risk of adverse health events and hospitalisations ❑ Build local clinician's capacity to identify and manage health risks, and make appropriate linkages.
Nature of the Problem (100 words)
Rural people with SCI report barriers including fewer health care providers, particularly those with expertise in SCI or rehabilitation, transportation limitations, attitudinal restraints, and lack of knowledge about specific needs of people with SCI ²
Rural people benefit from the provision of direct health services within their local community. Providing education and building expertise of local health providers will increase their capacity to manage rural people with SCI and will build consumer confidence in local providers. The establishment of local rural positions integrated with speciality services will ensure a coordinated and consistent management approach.
Extent of the problem (150 words)
Approximately 1/3 (30 per annum) of people sustaining a SCI return to rural areas of NSW. Prevalence is unclear, as people have been lost to follow up, have moved into rural areas, or have not accessed spinal services recently. Clusters of rural people with SCI are known to live in and around regional and remote centres, with 300 people being identified across NSW since 2004 (excluding the Hunter and Illawarra area).
A range of health issues have been identified through RSCIP and RSCIS. Pressure ulcers, skin conditions, urinary tract infections, bladder issues, gastrointestinal, pain, psychosocial and other health issues have been reported. Access to mobility, other equipment, functional changes, aging issues impacting upon community participation such as transportation have been identified. Other challenges recognised in the support of rural people with SCI include

¹ Rural Spinal Cord Injury project report 2006, Phase 2

² K Hagglund and D Clay (1997) 'Rural Healthcare Initiatives in Spinal Cord Injury' *Archives American Rehab.*

discharge planning, access to specialist and diagnostic services, accommodation, finances, isolation and geographic distances to appropriate services and specialist clinicians.

Strategic importance (100 words)

Lack of specialised services, access to expertise, and confidence amongst rural clinicians has been well documented through RSCIP. RSCIS now plays a key role in promoting the health and well being of people with SCI. The service has worked at all levels of the Area Health Service, in the acute, rehabilitation and community sectors, across government departments, in the public and private domains and across all disciplines to establish a highly integrated service capable of delivering long term solutions. Clients across NSW now have the ability to be linked to a clinic near their home on an annual basis.

Planning and implementing solutions (300 words)

- Findings from RSCIP indicated that rural clients need access to specialist spinal medical services and multidisciplinary review within a health maintenance model, and complex health reviews, in order to minimise secondary complications and hospital admissions.
- Planning has involved establishing a twelve month visit schedule that is determined by known clusters of clients and needs identified through liaison with local service providers. A team including a spinal medical specialist and disciplines from the RSCIS attend the visit.
- A monthly program of rural visits has been implemented which covers the major regional centres of rural NSW including Coffs Harbour, Lismore/Ballina, Tamworth, Dubbo and Wagga Wagga/Griffith. Other centres in 2007 include Walgett, Goulburn and Bega.
- The model includes a pre triage phone assessment and liaison with local service providers, a specialist medical and multidisciplinary assessment and follow up recommendations to relevant service providers based on the assessment.
- RSCIP found that consumers lack confidence in their local service providers, and that some rural clinicians are lacking expertise in the treatment and support of clients with SCI.
- RSCIS/SOS has aimed to address this by implementing an education program in conjunction with its rural clinic visits. The goal is to increase local service capacity, rural clinician's knowledge and expertise in the management of spinal cord injury and to increase consumer's confidence in their local service providers.
- Education has included didactic teaching sessions and workshops and clinical support in a consultative capacity to rural clinicians via telephone, electronic means and through the provision of written and other resources.

Outcomes and Evaluation (200 words)

1. Nine rural and remote specialist multidisciplinary clinics and clinical education sessions conducted in 2007 (in identified areas with significant clusters) in partnership with health teams in rural locations, with a focus on health monitoring and maintenance
2. Nine cross sector partnerships established with existing rural service providers to minimise key adverse health events and hospitalisation.

3. Mentoring, specialist education and peer support provided for rural health professionals.
4. 200 rural clinicians provided with education in SCI (as of June 2007)
5. The securing of funding for a rural equipment lending pool in 2007.
6. Clinic capacity developed to enable review of 150 rural clients with SCI on an annual basis. 50 rural clients assessed between February and June 2007.
7. 100% of the reviewed clients General Practitioner's receiving a letter with summary of the clinical assessment and recommendations.

Sustaining change (100 words)

The network of clinicians will continue to be nurtured and opportunities sought for further development at a strategic and local level. Opportunities for selected rural clinicians to attend further and specific education will be sponsored by the service in an effort to build, promote and sustain the capacity to manage clients locally. The integration of RSCIS within the SOS and SSCIS allows for referral pathways to be developed and documented and appropriate management solutions combining tertiary metropolitan specialist services with shared care and local rural implementation options.

Future Scope (100 words)

A primary finding of RSCIP was that a network of local clinicians is required in NSW to coordinate services locally, link clients to appropriate health professionals and promote the prevention of negative health events and hospitalisation.

RSCIS is underway as a model for providing specialised rural services. As part of the process of establishment, it requires a very extensive and integrated consideration of the application of health promotion and adult learning principles, and the effective provision of health care via monitoring of its outcomes. A multi- disciplinary and an information and process driven approach is essential to its success.

References

1. Rural Spinal Cord Injury project report 2006, Phase 2
2. K Hagglund and D Clay (1997) 'Rural Healthcare Initiatives in Spinal Cord Injury' Archives American Rehab.