

Rural Health and Research Congress

#RHRC2019

Connecting Communities



HEALTH
EDUCATION
& TRAINING

16-18 OCTOBER 2019 LISMORE, NSW

Connecting Communities

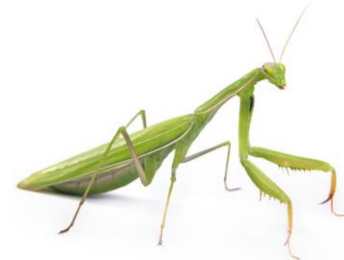
16-18 OCTOBER 2019
LISMORE, NSW

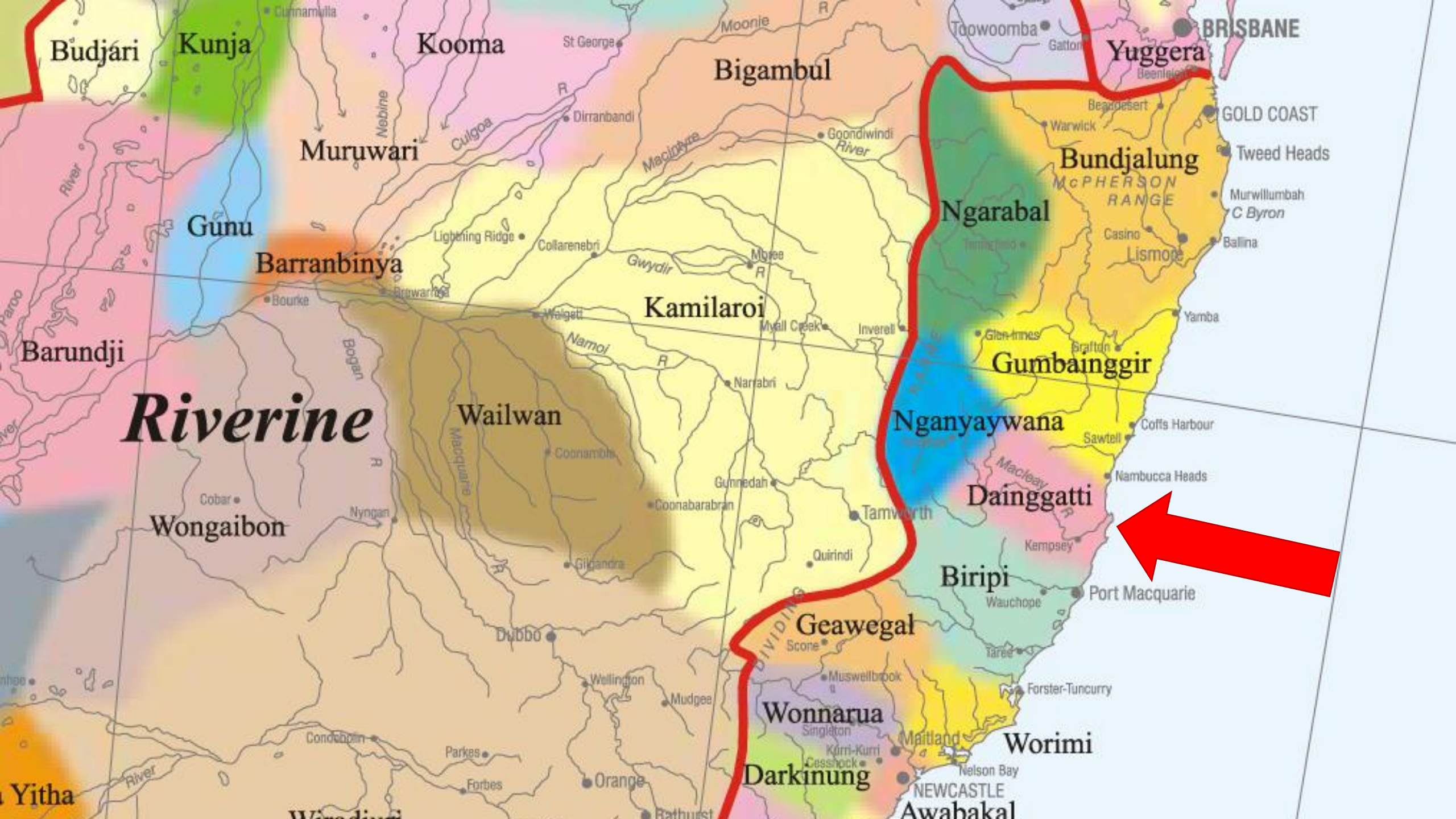


Dunghutti Muri Project

**Optimising Access to Rehabilitation Services for
Aboriginal People with a Brain Injury**

David Kelly and Craig Suosaari





Budjari

Kunja

Kooma

Bigambul

Yuggera

BRISBANE

Muruwari

Gunu

Barranbinya

Bundjalung

MCPHERSON RANGE

Ngarabal

Kamilaroi

Gumbainggir

Nganyaywana

Dainggatti

Biripi

Geawegal

Wonnarua

Darkinung

Worimi

NEWCASTLE

GOLD COAST

Tweed Heads

Murwillumbah

C Byron

Ballina

Yamba

Sawtell

Coffs Harbour

Nambucca Heads

Port Macquarie

Taree

Forster-Tuncurry

Nelson Bay

Maitland

Kirri-Kirri

Cessnock

Orange

Bathurst

Wellington

Mudgee

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Condobolin

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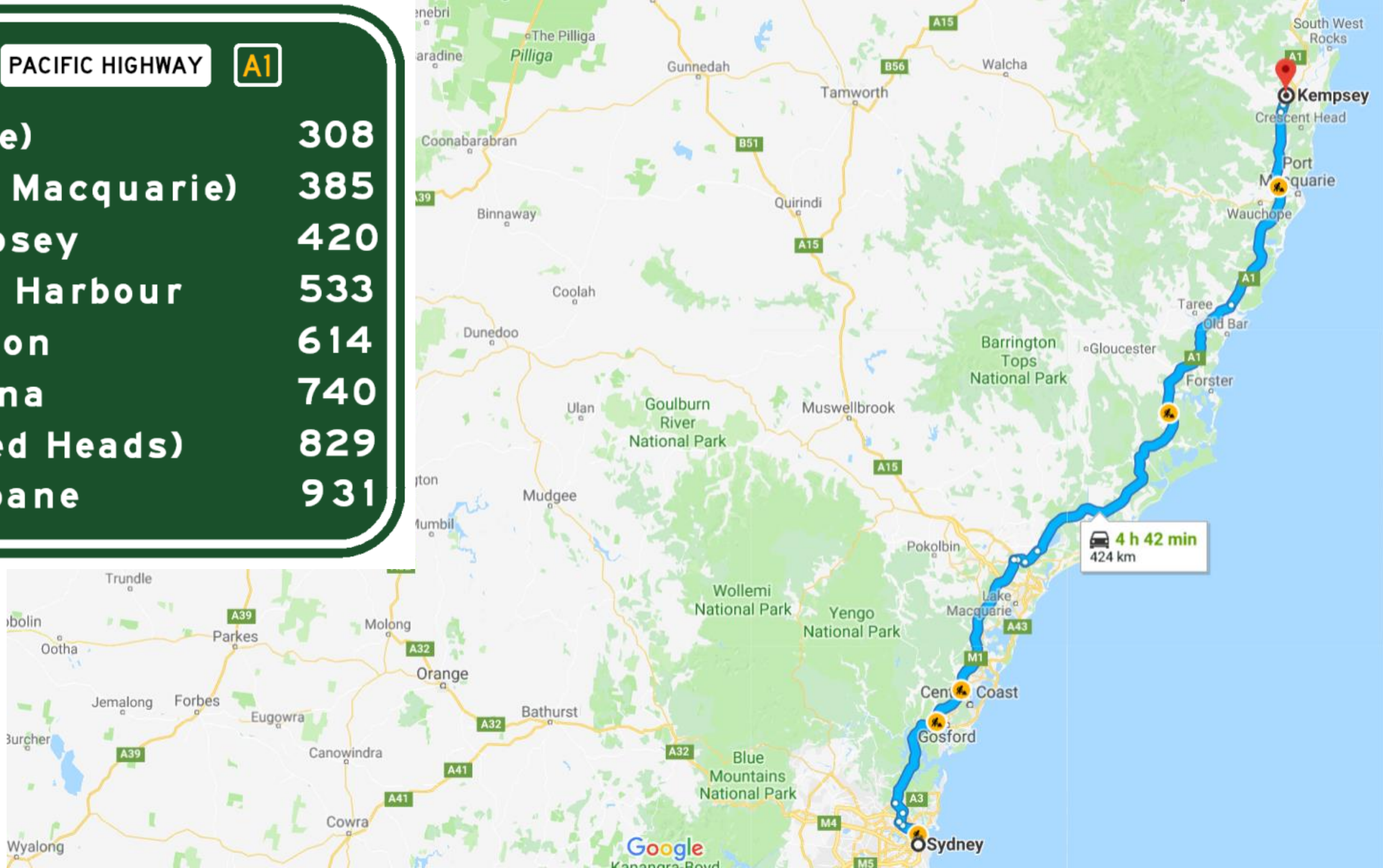
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PACIFIC HIGHWAY

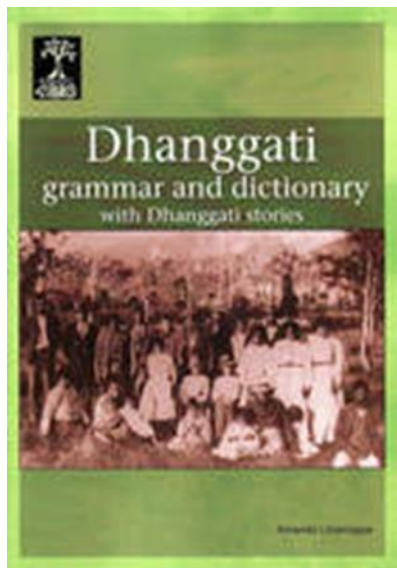
A1

(Taree)	308
(Port Macquarie)	385
Kempsey	420
Coffs Harbour	533
Grafton	614
Ballina	740
(Tweed Heads)	829
Brisbane	931









muri *noun.*

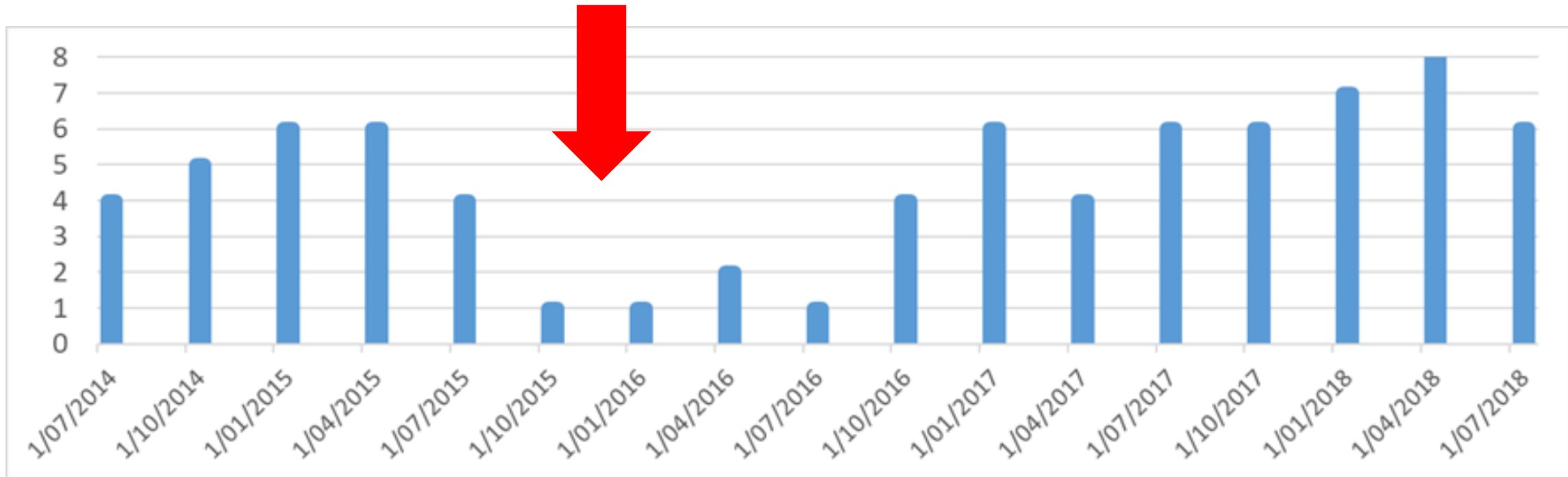
1) brain.



The problem:

- Noticeable reduction in Aboriginal clients on BIRS caseload
- Very few Aboriginal clients referred from typical referral sources (GPs and ED)
- Aboriginal clients weren't remaining engaged with the service during the time rehabilitation works best

People identifying as Aboriginal on Caseload per quarter



FROM VOLUME TO VALUE DRIVEN CARE



October 2015 Meeting and education sessions at Durri ACMS



...July 2016 and March 2017 Meetings and education sessions at Kempsey District Hospital with ED staff and Aboriginal Health Staff





July 2017

Dunghutti Muri Project committee









Rural Research Capacity Building Programme



The problem = 'ACCESS'

Dr Emily Saurman

Research Fellow-Rural Health
Broken Hill University Department of Rural Health
School of Public Health



“Access is defined as the degree of fit between the user and the service; the better the fit, the better the access.”

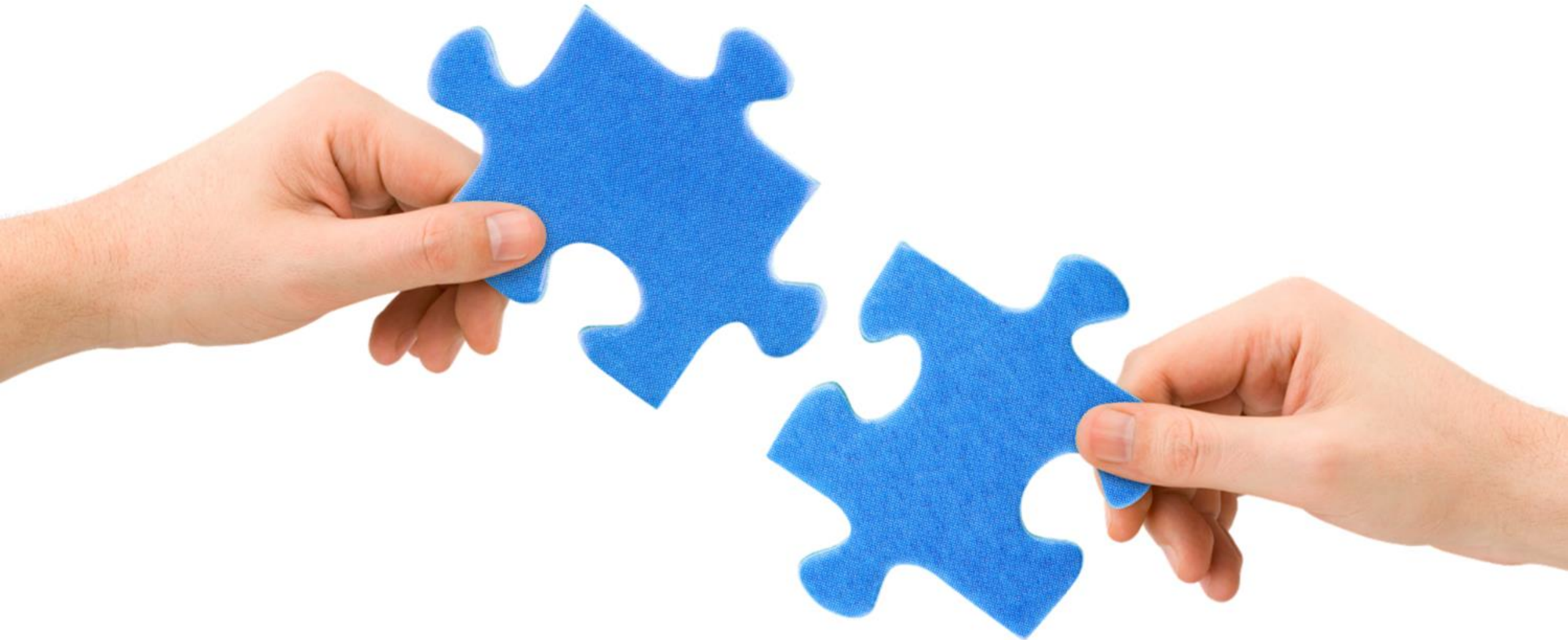


Table 1. The dimensions of access.

Dimension of access	Definition	Dimension components and examples
Accessibility ^a	Location	An accessible service is within reasonable proximity to the consumer in terms of time and distance.
Availability ^a	Supply and demand	An available service has sufficient services and resources to meet the volume and needs of the consumers and communities served.
Acceptability ^a	Consumer perception	An acceptable service responds to the attitude of the provider and the consumer regarding characteristics of the service and social or cultural concerns. For instance, a patient’s willingness to see a female doctor may determine whether a service is acceptable or not.
Affordability ^a	Financial and incidental costs	Affordable services examine the direct costs for both the service provider and the consumer.
Adequacy ^a (Accommodation)	Organization	An adequate service is well organized to accept clients, and clients are able to use the services. Considerations of adequacy include hours of operation (after-hour services), referral or appointment systems, and facility structures (wheelchair access).
Awareness ^b	Communication and information	A service maintains awareness through effective communication and information strategies with relevant users (clinicians, patients, the broader community), including consideration of context and health literacy.

^aThe five dimensions of access identified by Penchansky and Thomas.⁶

^bA sixth dimension that may influence access.

Dimension of access	Definition	Dimension components	Specific examples employed for the Dunghutti Muri Project
Accessibility	Location	An accessible service is within reasonable proximity to the consumer in terms of time and distance.	<ul style="list-style-type: none"> * Appointments for Macleay clients are organised in that locale. * Home visits are offered as required.
Availability	Supply and demand	An available service has sufficient services and resources to meet the volume and needs of the consumers and communities served.	<ul style="list-style-type: none"> * An additional 0.2 FTE Project Officer and 0.4 FTE Aboriginal Health Worker have been employed to support the project.
Acceptability	Consumer perception	An acceptable service responds to the attitude of the provider and the consumer regarding characteristics of the service and social or cultural concerns.	<ul style="list-style-type: none"> * Clients are involved in decisions about their care with personal values and priorities considered (as consistent with person centred care). * Development of rapport between BIRS staff and clients is considered vital to effective service provision. * Creation of a relaxed working relationship is considered essential to establish an acceptable service. * Ongoing consultation with Aboriginal Health Worker ensures culturally appropriate care. * If considered appropriate, Aboriginal Health Worker makes initial contact with Aboriginal clients. * Possible stigma associated with disability is recognised and efforts are made to avoid issues relating to this. * If preferred, use of the word rehabilitation is omitted from communication due to connotations with drug rehabilitation. * Appointments can be held in the Wutu room (this is a culturally appropriate space at Kempsey District Hospital). * Culturally appropriate resources developed for the project are offered. * Gender preference for case worker is taken into account. * Non-attendance, refusals of individual appointments and preferences regarding timing of intervention are considered and do not result in discharge from the service. * Aboriginal administrative staff for MNCBIRS employed in last year.
Affordability	Financial and incidental costs	Affordable services examine the direct costs for both the service provider and the consumer.	<ul style="list-style-type: none"> * No costs are associated with the service. * Travel costs are minimal due to appointments being held at a client's home or convenient locale. * Clients are assisted with access to schemes providing financial assistance towards travel and accommodation costs when long distance travel is required for treatment that is not available locally e.g. Isolated Patients Travel and Accommodation Assistance Scheme.
Adequacy (Accommodation)	Organization	An adequate service is well organized to accept clients, and clients are able to use the services.	<ul style="list-style-type: none"> * Sustainable referral pathways are being developed in conjunction with referral agents. * Accommodations to create a relaxed & working relationship are considered essential for clients being able to use services. * AHW assists clients with system navigation and recommendations as required. * Current referral criteria were examined as part of the project. Suitable referrals for people with mild TBIs or ABIs who have identified rehabilitation needs are accepted dependant on service capacity.
Awareness	Communication and information	A service maintains awareness through effective communication and information strategies with relevant users (clinicians, patients, the broader community), including consideration of context and health literacy.	<ul style="list-style-type: none"> * BIRS is promoted at local events likely to be attended by Aboriginal people e.g. NAIDOC week activities, local sporting events. * Targeted promotion to typical referral agents such as ED and Durri ACMS. * Local Aboriginal Health Workers likely to encourage appropriate referrals are aware of the service. * Promotion of service via social media (Facebook) has occurred. * Video displays in ED waiting areas etc. are being investigated as part of the project. * Investigations into automatic prompts to refer based on diagnostic codes have been investigated.

Acceptability (Consumer perception)

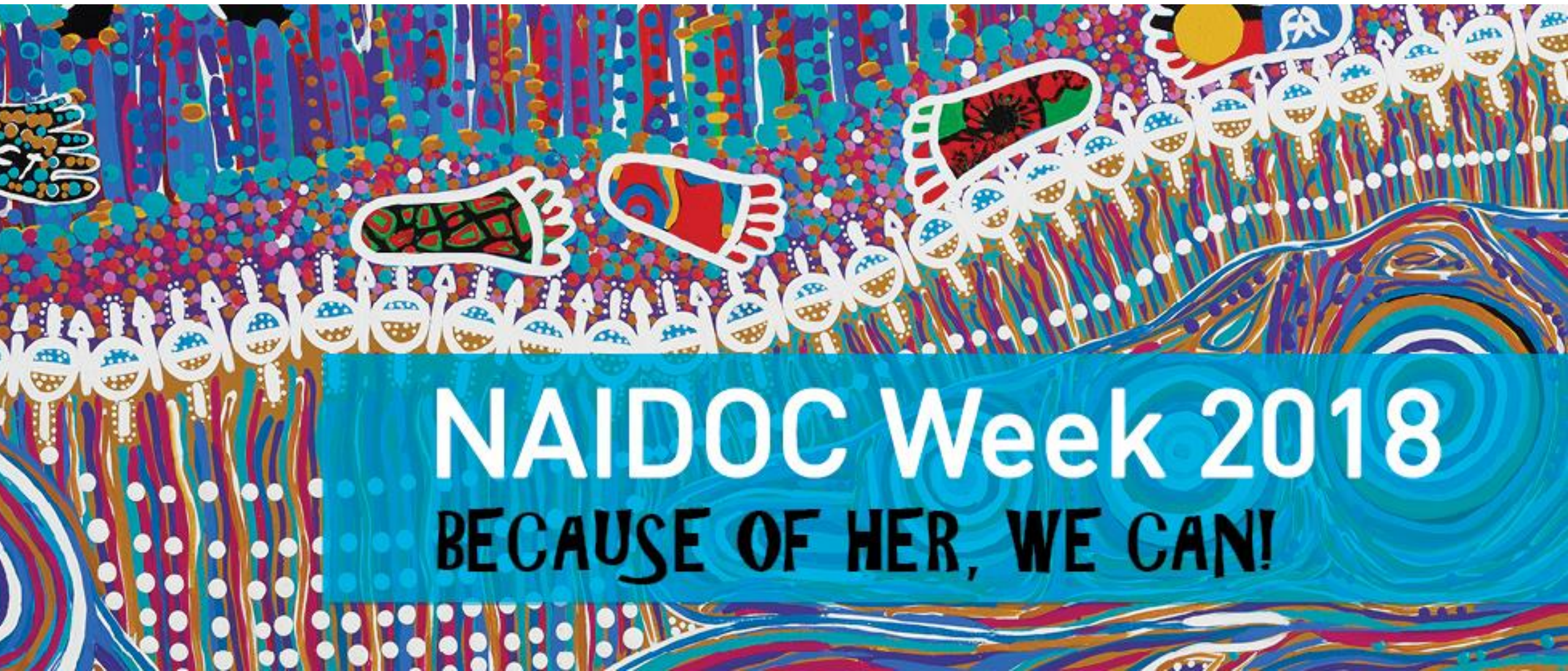
BIRS = BIS



Acceptability and Accessibility (Location) Appointments at home or Wutu room



**Awareness (communication and information)
Raising BIRS profile within the local community**







AGENCY FOR
**CLINICAL
INNOVATION**



AGENCY FOR
**CLINICAL
INNOVATION**

....July 2017February 2018
0.4 FTE Aboriginal Health Worker





Health
Mid North Coast
Local Health District

.....July 2017.....November 2017
0.2 FTE Project Officer





File audit



	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	Age at injur	Type of inju	Severity of	Address_tim	other dia	Old injuri	Referred	Compensa	referral date	time from	Referral_	Referral_	Referral_	Referra
2	2 28	Non TBI		Kempsey	no	no	na		15/01/201	0.25	GPDurriA	no	yes	yes
3	1 00	TBI MVA	No data	Other	yes	yes	no	Injury pric	17/01/20	9.69	Other	yes	no	yes
4	1 36	TBI Fall	Moderate	Other	yes	no	na		13/01/20	0.04	PMBH	no	yes	yes
5	4 28	TBI Fall	No data	Other	yes	yes	no		28/01/20	0.02	PMBH	no	yes	no
6	5 36	Non TBI		Kempsey	yes	no	na		11/01/20	0.41	GPDurriA	no	no	no
7	1 64	TBI Sport	Mild	Kempsey	no	yes	no		29/01/20	0.00	KDH	no	yes	no
8	2 16	TBI Sport	Moderate	Other	yes	yes	no		13/01/20	0.03	PMBH	yes	no	yes
9	5 07	Non TBI		Kempsey	yes	no	na		21/01/20	2.81	GPDurriA	no	yes	yes
10	1 07	TBI Assault	Severe	Other	yes	no	na		22/01/20	1.29	Other	no	yes	yes
11	2 06	TBI Assault	Mild	Other	yes	no	na		24/01/20	0.02	Other	no	yes	no
12	1 04	TBI Fall	Moderate	Other	yes	no	na		5/02/01	0.04	PMBH	no	no	yes
13	4 01	TBI strike	Moderate	Other	yes	no	na		16/01/20	0.01	Other	no	yes	no
14	3 03	TBI Fall	No data	Other	yes	no	na		18/01/20	15.77	GPDurriA	no	no	no
15	1 09	TBI MVA	Severe	Other	yes	yes	no	LTCSA	20/01/20	0.44	Other	yes	yes	no
16	1 05	Non TBI		Kempsey	yes	yes	no		16/01/20	1.02	Other	no	no	yes
17	1 64	TBI MVA	Severe	Other	yes	no	na	CTP	14/01/13	0.12	Other	yes	yes	yes
18	1 07	TBI MVA	Severe	Kempsey	no	no	na	CTP	23/01/23	14.28	Other	no	yes	no
19	1 09	TBI Fall	Severe	Kempsey	no	no	na		21/01/20	0.04	Other	no	no	no
20	1 04	TBI Assault	No data	Kempsey	no	no	na		10/01/20	0.02	PMBH	yes	no	yes
21	1 01	TBI MVA	Moderate	Kempsey	yes	yes	no	Ineligible	22/01/201	0.01	KDH	no	yes	no
22	5 06	Non TBI		Other	yes	no	na		11/01/201	0.06	PMBH	no	no	yes
23	3 07	Non TBI		Other	yes	no	na		10/01/201	0.13	Other	no	no	yes
24	1 00	TBI Fall	Mild	Kempsey	yes	no	na		30/01/201	0.03	GPDurriA	no	yes	yes
25	2 03	TBI MVA	Severe	Other	yes	no	na	Ineligible	23/01/201	1.01	Other	yes	yes	no

File Audit

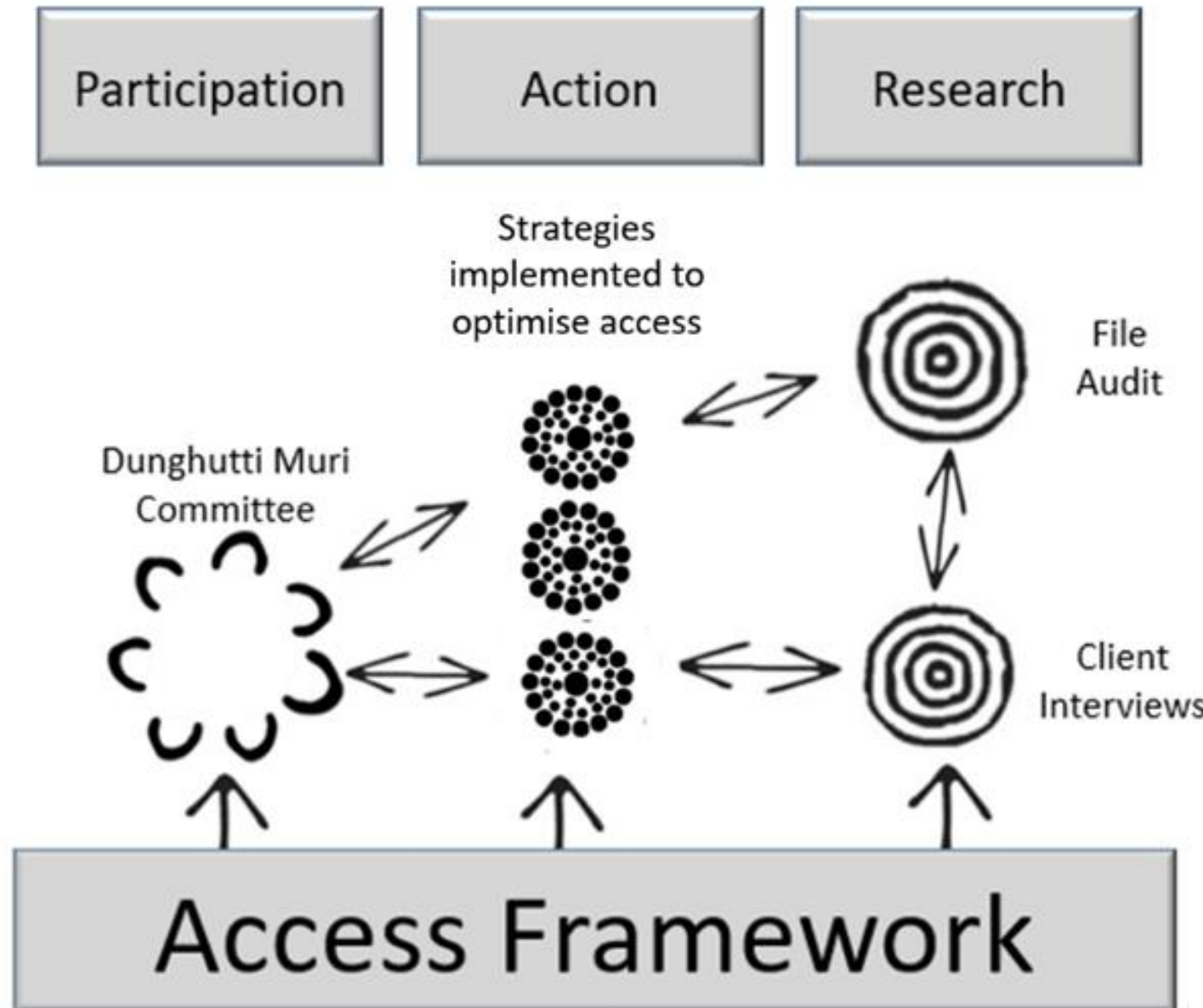
- Relatively large proportion of both non TBI brain injuries and mild injuries.
- Females accessing the service 6/24
- Children accessing the service 5/24.

Patient interviews



Dunghutti Muri Project Structure

RURAL HEALTH AND RESEARCH CONGRESS 2019



Aim: Improving access via culturally appropriate care.



Take home points;

- Culturally safe and responsive services encourage Aboriginal people to access services.
- Service flexibility and a person-centred approach, focusing on the specific needs of the individual is a priority.
- Creation of a genuinely effective partnership is vital.



Acceptability (Consumer perception)

An acceptable service responds to the attitude of the provider and the consumer regarding characteristics of the service and social or cultural concerns.

Acceptability (Consumer perception)

It's just with the whole Kempsey dynamics it's very... Aboriginal and non-Aboriginal, it's like a very straight line down the middle. So to have ... a non-Aboriginal turn up and could have a very negative impact where if an Aboriginal person turned up they'd be more welcoming and comfortable 007

Acceptability (Consumer perception)

...you're building rapport ...you find out what their interests are and then you can use it as examples in the things that you're working on ...and they would see that you've listened to them and find out what they like and what they don't like and you know they feel more trustworthy towards you 008

Acceptability (Consumer perception)

Yeah, I reckon that's good, but I wouldn't call it a 'special room'... it maybe should be known as the 'family room'... I think as long as people explain that, it's like a family room then I think that's a good idea 008



Accessibility (Location)

An accessible service is within reasonable proximity to the consumer in terms of time and distance.

Accessibility (Location)

Yeah, yeah because, especially after an accident or something, it's too hard to get out the door, it's too hard to go to a million appointments, you know, potentially with someone that's not well. Yes, it makes perfect sense for me, it makes it easier 003

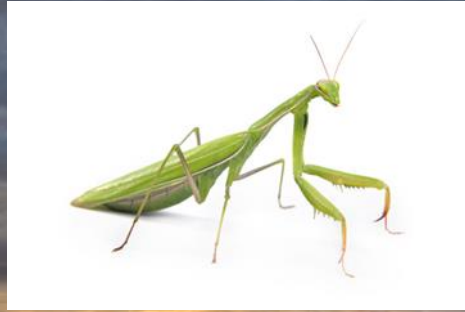


Availability (Supply and demand)

An available service has sufficient services and resources to meet the volume and needs of the consumers and communities served.

Availability (Supply and demand)

...he still feels he can just ring up and say G'day 006
she has been brilliant for twenty odd years and I dread the day when she hangs her hat up ...it's not like we have heaps of contact but whenever we need her she is always there with the door open, so there is nothing I can say but positivity about her 006



Awareness (Communication and information)

A service maintains awareness through effective communication and information strategies with relevant users (clinicians, patients, the broader community), including consideration of context and health literacy.

Awareness (Communication and information)

...that was good because that got the ball rolling....
no that was excellent yeah 001



Adequacy / Accommodation (Organisation)

An adequate service is well organised to accept clients, and clients are able to use the services.

Adequacy / Accommodation (Organisation)

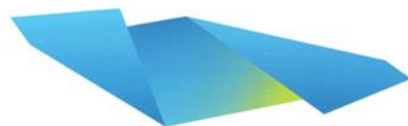
An adequate service is well organised to accept clients, and clients are able to use the services.

I was given two paths and I took one path which in all honesty, I feel is the right path 004



Acknowledgements

RURAL HEALTH AND RESEARCH CONGRESS 2019



Ingham Institute
Applied Medical Research



AGENCY FOR
CLINICAL
INNOVATION

Coffs Harbour and Port Macquarie

MNC BIRS

Mid North Coast Brain Injury Rehabilitation Service



Health
Mid North Coast
Local Health District



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Dunghutti Muri committee

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Orry Berry

Tristam Morris

Amanda Halpin

David Kelly

Narelle Miller

Cassandra Carswell

Michelle Cramer

Kera Ritchie

Amanda Ryan

Grahame Simpson

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Thanks!



Join the conversation



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