

## Midwest magical journey

Penny Van Ast, Maeva Hall, Sue McDonald, Midwest and Murchison Health Service

[The stage is set with DOHE sitting and pondering while the narrator sets the scene]

Narrator I have pleasure to present today the story of a Health Service embracing Telehealth technology to enhance and develop services based on a primary health model. Our innovative approach to our presentation today, is a reflection of the flexibility that Midwest staff enjoys. So let's begin ...

Once upon a time about 18 months ago there lived in the Midwest of Western Australia people in scattered communities requiring enhanced health services but distance was proving a problem. A dedicated Department of Health employee pondered aloud what to do and how to increase services. It just so happened that her cries were heard by none other than Tinkerbell Telehealth.

The magic of this journey is all the more enlightening given that through the journey, people who doubted their skills in technology, would be transformed from the remote control bunnies to the professional TELEHEALTH operators and troubleshooters.

Narrator The magical journey begins

[Tinkerbell Telehealth enters the stage and DOHE becomes aware of her presence]

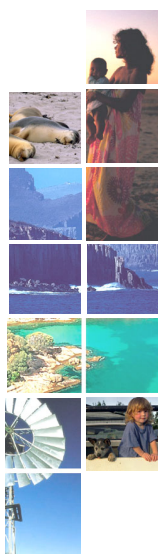
DOHE Who are you?

TT Haven't you been reading your fairy stories, I am Tinkerbell Telehealth. Now tell me your problem but hurry up as you only have 15 mins.

DOHE Well I come from the Midwest in Western Australia. We are 450 kms north of Perth and have 6 major communities, plus smaller communities making up our health service area. Our allied health team is located in Geraldton and they have to drive to each of these wonderful towns to provide services. This impacts on the type of services that can be offered as they only visit each community once a month. Unlike you we do not have wings, so it can have an impact on our ability to retain staff as they can tire of regular travel. I need to find a way to support this current service, while enhancing the accessibility, increasing the service options and supporting the staff for more sustainable programs I don't know what to do!

TT What you need my dedicated department of health employee is TELEHEALTH [TT waves the magical wand]

DOHE Telewhat?



TT TELEHEALTH. TELEHEALTH is the use of videoconferencing for the linking of destinations. This means that each destination has picture and audio contact and that interaction is in real time. So Telehealth can be used for clinical services, education programs and meetings, reducing the need for driving. My friends in the Department are always looking for new areas to establish networks and with some effort and my magic – you too can participate.

DOHE Wow, it sounds great but I couldn't do it. Look – I have trouble even with this remote control!

TT Yes you can do it. If you really want to enhance your service options and support staff and you are prepared to put some effort in, Telehealth is your answer. And don't be surprised, you may even rise to the ranks of a Telehealth Co-ordinator

DOHE Wow imagine that – a Telehealth Co-ordinator, where do I begin?

TT Take a deep breath, believe in yourself, hold my hand and jump into this magical journey. [TT waves the magical wand over DOHE] Now you are on board what is the first thing we should do.

DOHE Form a committee, we always like committees

TT Yes but you really need to find out about Telehealth

You need to understand what is really possible and what it will mean to your team and communities. Contact Melissa Vernon. Some of my magical dust has elevated her to the lofty heights of Rural Telehealth Project Officer. She flits across Western Australia seeming to be in six places at once, supporting the development of Telehealth programmes. With my magic and her energy, I believe you guys will make a very successful team

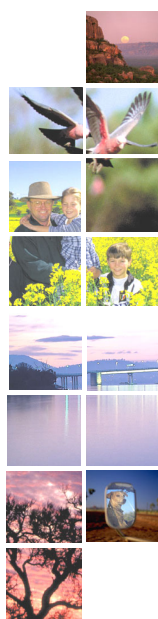
DOHE Right I'm on the case! Let the journey begin

DOHE Are you there TT

TT I'm here. How is the magical journey going?

DOHE Great! Let me bring you up to date. In preparation we have contacted Melissa and the Training and Development Unit who have provided clear information and support to assist us in our journey

We formed a committee that looked at the needs and the role of Telehealth in consultation with the stakeholders. we wrote project briefs covering clinical, management and education areas and submitted them for funding approval. While waiting for approval, we commenced a promotional campaign to staff and communities.



With you magical assistance we were successful and funding was secured. We then continued our journey by sorting out our cabling and equipment specifications,( which at times consumed an excessive application of fairy dust) and installed the equipment. Also a Telehealth co-ordinator was appointed

TT the appointed co-ordinator was **me!**

TT I am impressed! I did tell you that you could become a Telehealth co-ordinator! What did you do next?

DOHE We went on line early November 2001 and each site was provided with technical training and an introduction to Telehealth.

TT Hope you missed Melbourne Cup day

DOHE My first mistake, corporate office staff was very relaxed after Melbourne cup lunch

TT How is the training progressing?

DOHE Well I have learned it is really important to identify a local champion at each site. Being up to 230km from where I am based in Geraldton, these local champions have proved invaluable in encouraging others to accept the technology and use it on a regular basis.

They take on an educational and co-ordination role for local staff, supporting the use of Telehealth.

Encouragement ++ and the occasional bribe works well in getting people to join our magical ride

Take every opportunity to practice. Management Meetings and informal educational sessions are a good introduction to Telehealth and a training opportunity.

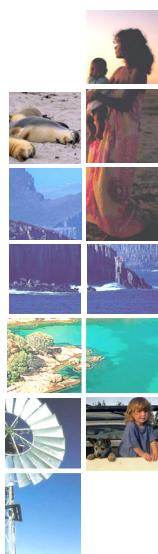
TT You seem to have the remote more under control. I think you are ready for my next step. Let's ask the Minister of Health to launch the Midwest service using Telehealth

DOHE Scary call TT. I can see it would be great promotion for the region, involving all the sites and provide the opportunity for the Minister to experience Telehealth, but won't this mean using a bridge? We know nothing about using a bridge! We will have 8 sites plus Perth **and** the Minister and all the big wigs – wow! Lots more practice would be required.

TT I will be nearby to support with magic at my finger tips.

TT Look what did I tell you. You did it!

All the sites were involved, each one spoke to the Minister, TDU was impressed and the Minister appeared to enjoy the occasion.



Furthermore the rooms were well set up with good lighting and seat arrangement, The colour and audio was clear and there were no problems with the Bridge. Invited community members experienced a positive exposure to Telehealth and joined in celebrations after the link.

Well done

DOHE

We did have a few slight hassles.

Co-ordination of practice sessions across all sites was a nightmare. You can not believe how many hours of practice were involved

The bridge failed during the final practice. I think you went to sleep during that time TT

There was loss of sleep and raised stress levels for the co-ordinator and many others, including an anxious General Manager and TDU

But on reflection this was a turning point for all of us and a good experience.

TT

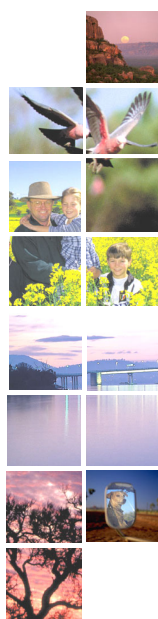
I knew my magic and your energy would work. Look what has been achieved.

- You have increased your Allied Health support for Therapy Assistants by introducing telehealth sessions between scheduled site visits, where the Therapist can provide support and program review
- You have established some direct client therapy services across a range of professional groups, including physiotherapy. This allows therapists an additional option for servicing when an urgent referral may be initiated immediately following a site visit
- You have shown how successful links can be with Perth-based speciality services like the Blind Institute. This was a great example of how a service could be provided without the child or their family needing to leave their home location. It also demonstrated how this integrated the local therapist into the session with the advantages of mentoring for the rural therapist and program consistency for the client.

During staff vacancies.

- a therapist 1000km away was contracted to provide limited clinical services., you also used local short-term contracts to provide clinical support to allow therapy assistant programs to continue during recruitment periods – without this, your therapy assistant programs would have had to cease until your recruitment was finalised.

When it comes to education, you have demonstrated your confidence and abilities in using Bridge connections very effectively to draw Midwest communities together, inclusive of staff and community



members. This has had the added benefit of promoting Telehealth and the possibilities throughout the communities for further access in education and clinical areas. Some of the education provided for staff included diabetes, back care, child development, parent support, palliative care, wound care, midwifery, domestic violence and asthma management. Allied health undergraduate students used Telehealth to link with Rural practitioners to learn more of rural models and as a result many expressed an interest in a Rural placement.

A Brunch for Breast Cancer session was hugely successful with 8 sites linked via bridge with guest speakers from Perth with over 100 Midwest residents and staff participating in a very informative session.

Another innovative use of Telehealth was the introduction of a grandfather to his new grand daughter. This enabled grand dad to share the excitement of her birth even though he was not able to be there physically.

And let's not forget the efficiencies demonstrated by using Telehealth in the management area. The savings in cost and time of travel and therefore productivity for staff across the district has just been tremendous

Your role and leadership as a Telehealth Co-ordinator has ensured the drive and development of Telehealth use in the Midwest. Without this dedicated approach, the early phases your journey and the integration of Telehealth as a normal part of health service business would have been very much more difficult.

It was no surprise that the Midwest was the inaugural recipient of the Telehealth Award of Excellence

DOHE

There has always been a team approach to Telehealth and apart from your magic, there have been other very important players in this sometimes-bumpy journey.

Telehealth Development Unit supported my role, provided additional training and assisted with trouble shooting.

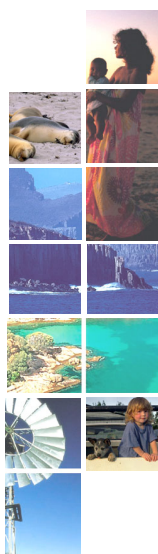
Management have embraced the technology and encouraged it's use.

The local contact champion at each site has been invaluable in driving the project for their site.

I must commend the Midwest staff for their willingness to accept, use and expand their use of Telehealth. Additional training after our first twelve months has been made available to the sites and well attended.

Community awareness and acceptance of Telehealth, is gradually increasing and requires continual promotion, education and inclusion.

Establishment of State Co-ordinators Meetings (via Telehealth) has been excellent for networking



Innovative ideas have encouraged the use of this technology

TT Fine. Now I was not always there so what lessons have you learned

DOHE Don't attempt initial training on Melbourne cup day

Ministerial launches can be very stressful but beneficial The official launch by the Minister of Health was challenging and provided a common goal for the entire team focusing on attention to detail and resulted in a sense of achievement for all involved.

Encourage well-meaning persons not to lock up room after setting up for a videoconference

Room layout, lighting and sound need to be effective

Maintain interest and commitment offer incentives

Market to Health Services plus Community

Orientation program for all staff to include Telehealth

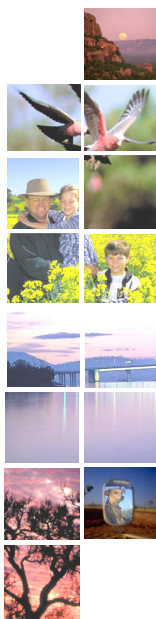
Plan and be prepared for each session

Wine Helps

Believe in fairies and yourself

TT Your 15 mins are up you do seem to have Telehealth under control. I would not advise you to rest on your laurels rather seek to advance the technology! My role here is now finished but I am sure there are other services calling out for my magical touch.

DOHE Thank you TT and Thank you for your interest in our journey



## PRESENTERS

**Maeva Hall** completed a Bachelor of Science in the Health Services as an Occupational Therapist in 1975. Since then she has worked predominantly in the rural health sector in clinical and management roles. For the last 19 years she has been based in Geraldton, working in both the regional centre and more remote communities.

Maeva's work experience has been broad, covering all aspects of clinical occupational therapy from acute to preventative programs and children to the aged.

Maeva has also had opportunities to be involved in management of allied health and health information services, taken on a role of quality coordinator and then a Project Officer within the Western Australian Multi Purpose Service program

Maeva is currently the Primary Health Coordinator for the Midwest District Health Services.

**Penny Van Ast** completed her hospital-based nursing diploma at Princess Margaret Hospital Perth in the late 60's. She returned to nursing in 1987 and worked on the paediatric ward at Geraldton Health Service for 5 years. While employed at St John of God Geraldton she developed an interest in Palliative Care and became actively involved with palliative care in 1995.

She was a member of the working party to establish the Geraldton Palliative Care Service and developed the Palliative Care Unit that opened at St John of God in 1996. This involved developing a palliative care nursing team and the education deployment and support of volunteers for Geraldton Palliative Care Service.

Penny has been working with Midwest Health since October 2001 in the dual role of Telehealth coordinator and assisting with the delivery of palliative care.

