

## Opening address

### Jenny Richter<sup>1</sup>

<sup>1</sup>Deputy Chief Executive, Health SA

Now to the first federal address this afternoon. And as you may have seen in the program it was meant to be the South Australian minister, Jack Snelling. Well unfortunately as I understand it, the minister has been delayed on an overseas trip and he can't join us here tonight, but in his stead to give the first of our opening addresses tonight, I'd like you to welcome to the stage, Jenny Richter, who is the Deputy Chief Executive of Health SA. Jenny Richter, please.

>> Well, what an incredibly hard act to follow; however, I'm very pleased to be here today to represent the Honourable Jack Snelling, Minister for Health and Ageing, and providing the opening address for the 12th National Rural Health Conference. The minister sends his apologies and his best wishes for the conference. I would like to acknowledge David Plumridge, Councillor for the Adelaide City Council; Gordon Gregory, Executive Director National Rural Health Alliance; Ms Marie Lallie, the conference convener; Lee Radford, Conference MC; Leslie Barclay, Chair, National Rural Health Alliance; Ghana Elder, Mr Lewis O'Brien—and thank you Lewis for a wonderful welcome to our country. Jack Buckskin and the Kuma Karro Dance Group. Thank you for a wonderful welcome. And the Tutti Community Choir. What a wonderful experience that was. I welcome you all to Adelaide, particularly our interstate and overseas guests. Adelaide is a vibrant—as you've heard from David Plumridge—and beautiful city. I hope that you're able to enjoy many aspects of the city at some stage during your busy conference program.

The theme of your Conference, 'Strong Commitment, Bright Future', sets the scene for many interesting debates that I'm sure will be had during the conference. Rural health requires a strong commitment to ensure a bright future when considering the challenges faced by communities, governments and service providers in delivering effective health services for rural communities. One of the challenges facing all health ministers across the country is ensuring services are in place to meet the future demand for health care at a time when health funding is consuming a great—a greater share of state budgets. In South Australia, strong commitment is evident in the way our health professionals embrace new concepts and technology in the delivery of health care to provide the most efficient services possible. So I'm pleased to be able to talk to you today about some of the improvements South Australia is implementing in our rural and remote locations.

But first, for the visitors, some background about health services in country South Australia. Country South Australia has a population of about 477,500 residents or just 29% of the state's population. Of these, 15,500 are of Aboriginal origin, making up 51% of the total Aboriginal population of our state. Country Health covers around 983,000 square metres—square kilometres, sorry. Nearly a million square kilometres of the state. And it's one of the largest local health networks in Australia. Our largest rural centre has a population of only 20,000 people and of course there are many others that are much, much smaller. There are 65 country hospitals as well as a number of community health and aged care services which make up our country, our public country health network.

The latest report from the Australian Institute of Health and Welfare, *Australia's Health 2012*, shows, on average, people who live in regional and remote areas have shorter lives and higher levels of some illnesses than people who live in major cities. Governments, health planners and health care providers must look at new ways of providing health care to address this imbalance. That's why the South Australian Government has a health reform agenda which aims to provide access to health services closer to where people live. The government is working hard to prevent hospital admissions while improving access to technology to streamline service delivery and reduce the need for travel.

I would like to touch on just some of the areas where we're improving health services for rural communities. These include improved models of care, improved mental health services and highlight

also some of the major infrastructure projects that are in progress in our rural areas. In the country, we have developed a number of innovative models of care to provide a range of clinical services across the local health network and make use of the resources available in the most efficient and effective way. Many of you will be familiar with the renowned Integrated Cardiovascular Clinical Network, ICC Net in country health. This statewide cardiac network provides 24/7 clinical and technical support through Adelaide-based cardiologists and scientists.

A patient presenting to any country hospital with chest pain or other cardiac symptoms can be assessed for high risk of complications and poor outcomes in a timely manner using ECGs, point-of-care pathology testing, and the skills of local doctors and nurses, backed up by consultant cardiologists in Adelaide. The aim is to support local health care teams in delivering the best evidence-based early cardiac care, with transfer to tertiary centres where appropriate for high-risk patients. This system not only ensures that high risk patients receive appropriate early care, but also means that low-risk patients can receive their care closer to home. Supportive relationships between locally based primary care medical teams and the specialists in Adelaide are crucial, but modern, digital information and communications technology is increasingly critical to optimising network performance. ECGs that previously had to be printed in hard copy and faxed, are now generated, stored, and transmitted digitally, with an enormous improvement in quality and efficiency, leading to faster and more accurate diagnosis and improved patient outcomes.

The Digital Telehealth Network is enabling high-quality clinical video conferencing, which will become increasingly important in managing complex patients when they present at our country hospitals. It will also improve the capacity in regional areas for timely follow-up of patients. The Digital Telehealth Network has already proven its worth in providing technical support and training to remote health sites, with a recent deployment of point-of-care testing pathology devices in the remote APY Lands. Previously, the logistics of doing this in person were prohibitively difficult. All six medical clinics in the APY Lands now have access to this important technology, which vastly improves patient safety and quality of care.

Through its research and development work over more than ten years, ICC Net has become an internationally recognised clinical network, with outcome studies showing a reduction in 30 day mortality after a cardiac arrest by 22% across South Australian country regions. This illustrates how implementing appropriate support systems and modern technologies can coordinate care across clinical services and can achieve better patient outcomes for our country areas. I understand that Dr Philip Tideman and Rosie Tirimacco from ICC Net will be presenting further details about this program later in the conference. This is a fine example of strong commitment to ensure a bright future. Without the commitment and dedication of Phil Tideman and his team, these outcomes would not have been possible.

I'm sure that you're all aware of the impact of kidney disease in rural communities, and the need for renal dialysis for people with renal failure, particularly amongst our Aboriginal communities. To deal with this issue, in 2010-11, the State Government funded an additional 10 dialysis chairs, increasing numbers of chairs available in country South Australia to 42. With now 11 dialysis units of varying sizes and capacity in rural South Australia, we have been able to more than double the dialysis treatments available to rural communities over the last six years.

We were fortunate last year to receive funding from the Australian Government for a renal dialysis truck to provide mobile respite dialysis to remote Aboriginal communities, and we are grateful for the assistance of the Northern Territory Hills for the lease of one of their dialysis trucks, to enable this service to be established as quickly as it was. This mobile service has enabled many Aboriginal patients who have not visited their home in the APY Lands, North and South Australia, and the far north—far west coast, to return home for short periods of time. An example of how important this service is was recently brought to the minister's attention. An Aboriginal elder was able to return home to her community after many years on dialysis in Adelaide. She felt happy to be home with her family and her

new baby granddaughter, and she was also delighted to have, after a long period of absence, been able to have a meal of wombat.

Another fantastic project that the Commonwealth and South Australian Governments are implementing is the regional cancer centres. This initiative is to establish and redevelop a network of chemotherapy units across country South Australia. This will improve access to essential cancer services and address the poorer cancer outcomes experienced by rural communities. Fifteen sites across rural South Australia have been identified for placement of a chemotherapy unit. Three sites are already up and running through the support of a visiting oncologist, and the remaining sites will be available later this year.

Being able to receive care close to home with the support of one's family and friends has to be a brighter option for everyone involved. Metropolitan based Adelaide tertiary centres will continue to provide high risk chemotherapy services. One of the excellent technology advantages that will support this program is the Enterprise Patient Administration System, affectionately known in South Australia as EPAS. EPAS will transform the way our clinicians deliver care and will enable staff based in our hospitals and health care services to be able to have 24 hours a day, 7 days a week access to real-time patient information. They will be able to create orders, view test results, order medicines and document clinical information while supported by automated clinical decision support. Clinicians will be able to access x-rays and test results and other electronically held information in real time. This means that in the case of a cancer patient, chemotherapy prescriptions be available in a timely and accurate manner and case notes can be easily viewed wherever the patient is located.

Telehealth facilities have been available for some time in South Australia and other parts of Australia. Now thanks to the South Australian Government and the Commonwealth and the Commonwealth Digital Regions Initiative, funding has improved access for patients with over 100 new video conferencing units running across the Government Information Technology Network in over 80 health service sites. These provide access to mental health care services in rural and remote South Australia. With the aid of a Digital Telehealth Network, a consumer, local clinician and health specialist can consult with each other from different locations, enabling a faster and timelier service for the consumer. Assessments and reviews required under the Mental Health Act can be undertaken using telehealth allowing more consumers to remain closer to home while receiving care.

Of the services provided, approximately 1700 clinical calls were made in a six-month period of time late last year, which is about 210 calls a month. Consumers and their families are embracing the new technology and finding it much more convenient, avoiding the tyranny of distance, time constraints and petulant parking costs associated with trips to the city. Given these services are provided in over 80 sites it has been necessary to ensure the right procedures and guidelines are in place for staff and consumers. One of the key guidelines is to ensure that patients most in need take priority and that the right governance frameworks are in place to enable this. Country Health SA local health network is achieving this and other opportunities are being created to extend the use to other clinical specialties.

Another focus of our health reform agenda is providing access to effective out-of-hospital services. Since 2009, a range of programs have been implemented in Country Health units to increase the capacity of community-based services which provide alternatives to hospitalisation. One of these programs is the Rapid Intensive Brokerage Support Program that is having excellent results in preventing hospital admissions and reducing length of stay. For instance, during the months of November and December in 2012, 360 packages were provided across country areas. This resulted in 209 admissions being avoided, and an estimated 891 bed-days saved for clients who were able to be discharged early with additional support in their home or community.

In South Australia, we have also been working hard to modernise many of our health service facilities, and we have invested significantly in major infrastructure works over the past few years. We are rebuilding and redeveloping many of our larger regional hospitals through a mix of Commonwealth

and State Government funding. This is occurring in Mount Gambier, Berry, Whyalla and Port Lincoln. Many of these sites will gain new operating theatres, modernised single bedroom wards and emergency departments, as well as enhanced rehabilitation, mental health, renal dialysis, cancer care and ambulatory services through purpose-built facilities.

As you can see, in South Australia we have a range of health reform projects and programs to improve the health outcomes for country residents, and we will continue these efforts in the years to come to ensure a bright future for rural health. But just like other rural areas across Australia, we are faced with a range of challenges. These include ensuring a highly skilled clinical workforce, providing aged care in small rural communities, and addressing new challenges such as ensuring services do not fall between the gaps created between Medicare Locals and the local health network. I see from your conference program, that these topics will be explored in some detail over the next few days and I look forward to hearing the recommendations arising from your deliberations.

Finally, on behalf of the Minister of Health and Ageing, I wish you all a terrific conference and hope that you take this time to network with others and share your passion and commitment for rural health, safeguarding its bright future. It now gives me great pleasure to formally open this event.

Thank you.