Achieving Better Ear Health for Aboriginal Children
by
Improving Collaboration and Communication

ENT specialist Dr John Curotta, supported by AHP, Laurie Clay, and other Werin staff, attending to a young patient in Port Macquarie.
RDN’s HEBHBL hearing service pathway template (pathway and gaps identified in each region)
Gap-filling HEBHBL services are now delivered across NSW.
The stakeholders work together

- Hearing health stakeholders worked together to identify both the need and the solution and continuously communicated to improve the model and troubleshoot hurdles. These included administrators and clinicians from:
  - Werin Aboriginal Corporation Medical Clinic
  - Durri Aboriginal Corporation Medical Service
  - Mid North Coast Local Health District
  - NSW Rural Doctors Network
  - The visiting ENT surgeon
  - The locally-based ENT surgeon

ENT specialist Dr John Curotta, supported by Werin staff, consult with a young patient from Port Macquarie.
Mid North Coast Hearing Pathway Model

Aboriginal families seeking care

GP + AHW 71S clinics/post-surgery monitoring
Health checks inc. hearing checks at Durri AMCS & Werin ACMC

Hearing condition detected?
Yes

Speech condition detected?
Yes

GP + AHW audiometrist (AHW)/hearing pathway coordinator
Monthly/Weekly assessment clinics at Durri AMCS & Werin ACMC. Audiometrist (AHW) also provides family education and support, and hearing pathway coordination.

Further assessment needed?
Yes

No, GP + AHW monitoring

GP opportunistic ear checks
Acute presentations at Durri AMCS & Werin ACMC

Speech condition detected?
Yes

HEBHBL speech pathologist clinics
Weekly/Fortnightly assessment and therapy at Durri AMCS and Werin ACMC

Hearing assessment needed?
Yes

Referral to audiology

Speech condition detected?
Yes

Audiologist (Local)
Australian Hearing service provides assessments, amplification devices, and others.

Further assessment needed?
Yes

No, GP referral to ENT

Post-surgery monitoring

Yes, higher risk: ie. tonsillectomy procedures

Yes, lower risk: ie. Grommets, myringoplasty, adenoidectomy

Further assessment needed?
Yes

GP referral to ENT

Procedures needed?
Yes

Higher risk ENT surgical sessions
GP provide preadmission clinic at Durri AMCS and Werin ACMC
Tonsillectomy procedures and monitoring provided by local ENT surgeon and theatre team at Port Macquarie Base Hospital

HEBHBL ENT surgery assessment & follow-up clinics
Quarterly at Durri AMCS & Werin ACMC

Procedures needed?
Yes

HEBHBL ENT surgical sessions (quarterly low risk procedures)
GP provide preadmission clinic at Durri AMCS and Werin ACMC
Procedures provided by outreach ENT surgeon and theatre team at Port Macquarie Base Hospital
Outcomes

• Aboriginal families have access to full spectrum of hearing services.
• Waiting times have reduced by six to 12 months.
• 13 ENT assessment/follow-up clinics have been delivered at Werin ACMC and Durri ACMS.
• 25 additional ENT procedures have been provided for Aboriginal children and young people, including five tonsillectomies.
• 36 AHP-audiometry/patient coordination clinics have been provided during which and 270 patient occasions of service (OoS) were delivered.
• 145 speech pathology clinics were provided and reported 853 OoS.

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What did we learn?

Recommendations:

• ACCHSs are best placed to provide advice on their community’s priority health needs and how to engage the community.

• Multiple health agencies should actively communicate to design and deliver integrated services – can’t be done alone.

• A pathway coordinator is essential to patient-centred care and agency integration.

• Whenever practical, services responding to Aboriginal health needs should be delivered at an ACCHS to be successful and truly be embedded in the community.

• Regularly seeking and acting on feedback from agencies, practitioners and consumers will enhance service effectiveness and, ultimately, improve outcomes.