The Kimberley region of WA is vast, stretching from Broome in the west to Kununurra in the east. There are four towns and 200 Aboriginal communities in the region. Some communities are very remote and accessible only by airplane or four-wheel drive vehicles. Perth is the tertiary cancer centre, which is 2400 km from Broome and approximately 3500 km from Kununurra.

The population is estimated at 50 000, 42% of whom are Aboriginal. The population can double between May and October with the seasonal arrival of tourists to the region.

Rural cancer nurse coordinator and palliative care nurse coordinator positions were created as part of statewide initiatives, to improve outcomes for people diagnosed with cancer and to increase palliative care capacity in regional areas. Presently in the Kimberley the rural cancer coordinator is based in Broome and the palliative care coordinator is based in Kununurra.

Care coordination relies on teamwork and communication between all health care providers. Teamwork promotes continuity of care and provides a smooth transition from diagnosis to treatment to palliation and survivorship as required.

We will present a unique model of care delivery involving both cancer and palliative care coordination across a remote region to a diverse population, demonstrating best practice service provision for our patients, enhancing not impinging on either service.

Two case studies will provide examples of care coordination and collaboration to demonstrate service provision to our patients in the Kimberley:

- The first case study will examine and discuss a 52-year-old Aboriginal lady with breast cancer who didn’t complete treatment.
- The second study will look at a 48-year-old lady from a very remote community with a late presentation of metastatic pancreatic cancer.

These case studies will explain the strategies the rural cancer nurse coordinator and the palliative care nurse coordinator use to overcome the complexities of access to cancer treatment and palliative care for patients who live in remote areas.

We will provide an insight into the management of remote and rural patients, highlight the obstacles and achievements and demonstrate a strong commitment to service delivery from all members of the multidisciplinary team regionally.

By developing practical interventions and identifying achievable outcomes the shared model of cancer and palliative care demonstrated in this presentation provides opportunities for the future delivery of a complex service in a remote region.