Rural and Regional Cystic Fibrosis Physiotherapy and Support Training Project

Kate McQueen\textsuperscript{1}
\textsuperscript{1}Cystic Fibrosis Victoria

Background: The Cystic Fibrosis Victoria (CFV) rural and regional physiotherapy and support project was developed in response to identified needs from those families living with the genetically inherited chronic illness cystic fibrosis (CF) and located outside metropolitan Melbourne, which is over one-third of the CF population. Following a survey, it was discovered that: CF adults and families living in rural and regional Victoria had less access to local physiotherapy and respite services, as there is often no one in the community with the appropriate skills/knowledge; they do desire and need local physiotherapy support and respite; and this may help prevent disruptive, unplanned and expensive travel.

Aims

- To upskill and provide rural and regional physiotherapists with up-to-date training regarding the latest in CF physiotherapy management.
- To educate rural and regional community health and council services about CF.
- To link in the regional physiotherapists with the three Melbourne CF specialist centres—The Royal Children’s, The Alfred and Monash Medical Centre.
- To ensure that all rural and regional CF families are aware of the program and can be referred for local assistance if they request.

Method: Victoria was divided into regions based on hospital and council catchment areas and number of CFV members with CF. CFV employed a physiotherapist to travel to the main public hospital of each region to implement an education seminar developed in conjunction with the Melbourne CF specialist physiotherapists, titled ‘Comprehensive physiotherapy management for CF’, which included theoretical and practical components. Regional hospitals were issued an up-to-date CF resource folder and contact lists for the Melbourne CF centres. A comprehensive resource consisting of
physiotherapists and other community health and council services was compiled for each region. All CF patients were advised regarding the program and encouraged to seek a referral from their Melbourne CF treating physiotherapist, to a local physiotherapist in their area.

Results: A total of 17 regions/hospitals were visited over 12 months, with a total of 168 rural and regional physiotherapists attending. From the post-seminar evaluation questionnaire, on a scale of 1 (not at all) to 5 (completely), 98% reported 4s and 5s that ‘they feel more comfortable with and have a greater understanding of the multi-systemic disorder CF as a result of attending this course’, and 96% reported 4s and 5s that ‘they feel better equipped to provide and monitor physiotherapy for a patient with CF’. In a client questionnaire post-program, so far at least 47% of regional families with CF reported that they would access local physiotherapy for support.

Conclusion: The feedback from the rural and regional physiotherapists was very positive and 100% of the regional hospital physiotherapists reported that they would like to participate in the program and take referrals from Melbourne CF centres. The most important factor for success in this program is the communication and ongoing link between the Royal Children’s, The Alfred and Monash and the regional physiotherapists regarding the CF patients’ ongoing care and management. Further evaluation is required to determine the numbers of rural and regional CF families accessing local physiotherapy services, if they are happy with the quality and quantity of support, and whether it reduces unplanned admissions to Melbourne.