

Reporting by location—measuring health needs in NT rural and remote communities

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In 2014, the Top End's aero-medical retrieval service developed a series of reports that identify key diagnostic related groups and their associated sub groups for the Northern Territory (NT) Department of Health's Joint Aeromedical Services Operations Committee (JAMSOC). These 'by location' reports provide a unique insight into the nature and frequency of the clinical conditions being retrieved across the territories Top End.

A review of data captured in the retrieval database for the July–September 2014 quarter revealed the retrieval of more patients with a provisional diagnosis of bronchiolitis and bacterial pneumonia than any other respiratory condition, more abscess and cellulitis than any other musculoskeletal condition, more missed dialysis than any other renal condition and more appendicitis than any other gastrointestinal condition. This data is broken down and reported by type and location to provide a regular clinical snapshot.

Reports identifying the time of aeromedical retrieval referrals have also been developed. We now know that the highest rate of referral from the Top End's regional hospitals occur between 1300 and 1500; and across all Top End remote communities, the majority of referrals are made at 1800. These referral times appear to be linked to the daily routines of individual health services. Having access to this information may assist these services when developing models of care.

The burden of disease in Indigenous communities coupled with the challenges arising from the vast geographic landscape that is the Top End ensures that measuring the health needs of rural and remote Territorians is both complex and challenging. Although rudimentary, these aero-medical retrieval reports have the potential to inform a targeted approach to health promotion and disease prevention in rural and remote communities that supports the national goal of 'closing the gap' in health outcomes.