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TEMSU: connecting rural and remote Queenslanders through acute telehealth

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Spanning 1,727,000 km² and with a population of nearly 5 million people, 40% of whom live outside major cities, Queensland continues to pursue health equality and equity. Sometimes, very appropriately, an option for improvement can come from the people who speak to the rural context the best.

The benefits of utilising telehealth, with a particular focus on clinical videoconferencing, have been clearly and repeatedly outlined to us as health practitioners. We understand the importance for 'face-to-face' or 'seeing with for ourselves' in every day practice. Our social interactions and the technical means we use to achieve them are heavily visually based.

Queensland is fortunate, having invested in integrated telehealth technologies throughout the state, including equipment primarily located in rural and remote facility resuscitation areas. The health facilities in the state are seamlessly connected via cohesive technology via a variety of means and tools to access telehealth. To improve or idealise acute patient care, clinicians in rural and smaller centres often seek collegial and expert clinical advice and support from larger site clinicians by telephone. Rural communities and clinicians asked if this technology could be used for such ad hoc consultation's to 'add a visual' or create the more inclusive 'face-to-face' experience—it happens for an outpatient endocrinology clinic 800kms away, then why not when the local clinician calls the base hospital for advice? From this came further queries: Why wasn't it occurring already by those clinicians and how could we reduce barriers and increase utilisation? What might be the better process to facilitate it occurring? Whether it could be done in a way that enhanced patient safety through simplified requesting and connecting, minimised work impact on isolated clinicians, and importantly, aligning with individual hospital processes within different health services. From this, the Telehealth Emergency Management Support Unit (TEMSU) was born.

This presentation offers an overview of how TEMSU evolved into a 24/7 service, supporting over 165 sites in 13 Hospital and Health services, and continues to expand. Examining generalist/acute presentation models of care will lead to appreciating the flexibility of applying TEMSU models to a vast variety of clinician-to-clinician interactions including paediatrics, nurse-to-nurse, midwifery, mental health, wound care, deaf interpreting, multi-disciplinary team handovers, aged care, etc. TEMSU contributes to, and complements, existing local networks of clinicians who, while separated by distance, are working together to achieve better patient care. There will be opportunity to touch on the experience of growing a unique acute telehealth service, the barriers, successes, surprises

and failures, including what we would/will do differently. Equally, how other areas could apply some aspects of our experience to their patient groups.

TEMSU is one model of connecting rural and remote clinicians acutely via telehealth. The TEMSU service is the conduit between local clinicians. It is vital to the original proposition that the local clinical networks and pathways are sustained and reinforced. Utilising local knowledge, work force and expertise, but creating a virtual space or hospital where that can be shared throughout the area. In laying down the process preferred by the area, TEMSU also plays a role in helping define what the clinical pathway is or may be.

TEMSU is not the panacea for the rural-urban health disparity, nor tyranny of distance. However, it has a place in the suite of options available to rural Queensland clinicians and their patients for support and advice.

Presenter

Dr Deanne Crosbie is a Senior Fellow of the Australasian College for Emergency Medicine (ACEM) based in North Queensland. She is an examiner for both ACEM and the Australian College of Rural and Remote Medicine (ACRRM). Heavily involved in training, Deanne has actively supervised and supported rural trainees in emergency medicine posts over several years. Deanne has been the Clinical Director of TEMSU since 2014, sharing her time between this and clinical work in The Townsville Hospital Emergency Department. She has worked as a medical coordinator for Retrieval Services Queensland (RSQ) for over 10 years, and prior to that, had a more 'hands on' role in retrieval medicine. As part of the TEMSU Leadership team, Deanne has travelled extensively throughout Queensland to meet rural clinicians and visit health facilities. She is also part of Queensland's wider telehealth community of coordinators, leads and central support. Deanne feels very fortunate for these experiences and sees both these aspects of her role as a privilege.