Walwa: born of necessity—the invention of a model of health for all rural Australia

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It is necessary to appreciate some of Walwa’s history, in order to fully grasp the enormity of the recent changes that this facility has undergone. The Walwa Bush Nursing Hospital (WBNH) built in 1923 and owned by the local community operated as a private 10 bed hospital until 2002. Relying entirely on the local community to fund its operations initially, then on income from private health insurance in latter years, the hospital could never really consider itself financially secure. In the eighties, an economic down turn in agriculture lead to many farmers giving up private health insurance, seriously impacting on potential bed days and income for the hospital. Suffering extreme financial hardship as a result the WBNH survived in the only way it could, staffing with only one staff member per shift (a registered nurse) and continual pressure to admit patients. This lead to an often extreme work load for nursing staff who maintained the balance between providing good nursing care and these heavy demands, with sacrifices to their own physical health, and hours of unpaid overtime. Despite the dedicated commitment from the nurses, and the Board of Management, the battle was downhill. Eventually, the diminishing numbers of privately insured community members and increasing numbers of admitted “nursing home type patients” with an associated payment of only $110 per bed day, meant the hospital’s income was exceeded by its expenses. In 2002 with only a fortnight’s wages left in the bank, the only option left to the Board of Management, was to announce the closure of the hospital.

The community were devastated by this development. Not only did they face losing the hospital beds, but along with them, the 24-hour emergency department (ED) and the general practitioners (GPs). Without the nursing presence that the hospital provided, the ED would not be available, placing significant pressure on the GPs to respond to out of hours emergencies themselves. Previously, emergencies often required phone consultation between nursing and medical staff, but far less often were the doctors required to actually attend. Neither doctor felt this was conducive to running a safe and effective practice during business hours and both were resigned to leaving. The closure of the WBNH held the very real possibility that the town of Walwa would be left without health services at all.

WBNH had attracted some press over its potential closure during preceding months including the ABC’s “Australia Story”, however other than this program, the press was low key. The offer from our nurses to work for free following the closure of the hospital providing palliative care for one patient loath to spend her final days anywhere else, lead to some remarkable press (the “Dora’s Angels” story, front page Herald Sun 5 June 2002). Ultimately this press lead to the involvement of Mr Ron Walker.

Mr Walker (ex Federal Liberal Party Treasurer, now organiser of the Melbourne Grand Prix, chairman of the recent Melbourne Commonwealth Games Committee and Deputy Chair of the Fairfax Board) on seeing the “Dora’s Angels” story, flew to Walwa and donated $150 000. This resulted in the front page coverage in the Herald Sun for a second day running.

Although a significant amount of money, this generous donation only had the capacity to provide “bandaid” treatment for the failing service. A fundamental change was necessary in order to avoid the very real likelihood of our return to the same poor financial position when this donation had been exhausted. Therefore, the Board of Management made the brave decision to continue with plans to close the WBNH, but to use this donation to begin to re-invent itself and reopen as a new and innovative model of rural health with a primary health focus, a range of community, health promotion, health education, and outpatient accident and emergency services and a co-located medical practice, but no hospital beds. It had as a very positive role model at the time its public partner in district health—Upper Murray Health and Community Services—with whom it had formed a regional health agreement. The Walwa service was capable not only of supporting our community, our doctors and our nursing staff but also, of vastly improving the health of Walwa and district residents; thus, of necessity, The Walwa Bush Nursing Centre was born.
Having made the decision to transition to a new model of health, it was apparent that our infrastructure was inappropriate. Old, in a poor state of repair and inadequate for the provision of our newly planned services, the Walwa Bush Nursing Hospital required an estimated $2.1mil of work to turn it into the new, vibrant Walwa Bush Nursing Centre.

An intensive fund raising campaign was undertaken culminating in almost equal thirds of contribution from the State Government, the Commonwealth Government and private sector contributions from both the Community of Walwa and a number of philanthropic trusts. The Walwa community successfully completed a $500 000 fundraiser to this end.

The relentless hunt for funds often lead to innovative inclusions to an already growing service profile. For instance, funding available from DOTARS Regional Partnerships Program inspired us to add a community meeting room and technology centre, a community bank and a community space. Funding from Department for Victorian Communities—Community Support Grant—led to the inclusion of a Community Garden and a number of innovative programs specific to the community space and inclusive of the adjacent Walwa Primary School. The potentially difficult issue of co-location of the Walwa Medical Clinic was solved with a joint consultancy funded through the Victorian Department of Innovation, Industry and Regional Development’s “Partners at Work” program.

Other significant contributors to our Centre have included Regional Development Victoria, Department of Health and Ageing, Department of Human Services (DHS) and three local government authorities—Towong, Tumbarumba and Holbrook (now Greater Hume) shires.

Ultimately the new facility includes,

- medical practice with 3 consulting rooms
- new emergency department
- office space specific to the provision of business services to our community such as an accounting and financial counselling
- shared reception space between the medical practice and the WBNC enabling cross skilling and more effective use of small staff pools
- community technology centre with broadband internet access
- shared Board and public meeting room
- community banking service
- allied health rooms for the provision of physio, child and maternal health, podiatry, hypnotherapy and counselling
- kitchen for the production of meals on wheels and the provision of healthy cooking and food preparation programs
- community centre
- community garden
- gym
- nursing and management offices
- North East Division of General Practice branch.

From these rooms we provide and co-ordinate the following services:

- District Nursing and Hospital in the Home
- Home and Community Care
- Personal Care (home based)
• Palliative Care (home based)
• Community car
• Meals on Wheels
• Community Internet Access
• Community Banking 2 days per week
• 24/7 Accident and Emergency
• general practice 5 days per week (Walwa Medical Practice)
• Webster Packing of medications (Walwa Medical Practice)
• Pharmacy (Walwa Medical Practice)
• gym with numerous scheduled programs such as aerobics, tai chi, Yoga, weight loss groups and weight training as well as self directed access
• Community Centre available for training, meetings, group sessions, education and functions.
• physiotherapy (through Upper Murray Health and Community Services).
• masseur (private business)
• podiatry (both private and HACC funded).
• accountant (private business)
• health promotion eg Fitkids, nutrition seminars, weight loss and bush walking programs
• health education
• care planning
• outpatient clinic
• Continuum of Care program
• case management
• diabetes education
• asthma education
• Planned Activity Group
• community vegetable garden
• four independent living units.

This comprehensive list of services does not do complete justice to the remarkable programs at the BNC. For instance, as part of its health promotion program the WBNC has developed and is currently providing the “Kidfit” program to the children of the Walwa Primary School. This program incorporates exercise opportunity in the form of regular aerobics sessions and circuit training that the children are supported to develop themselves, with healthy cooking classes using produce grown by the children in the community garden in conjunction with residents of the independent living units. Although primarily focused on exercise and healthy eating education and opportunity, the program has proven to have a number of unexpected benefits. The children have developed comfortable relationships with the nursing staff (who provide the aerobics and cooking classes) and feel welcome in the facility. This has lead to an increased preparedness to seek assistance in times of crisis. Having noted this development, the concept was expanded by using the doctors as “celebrity chefs” in the cooking classes also improving relations.

The benefit of the many health promotion programs has led us to more fully explore our beliefs and philosophy around the meaning of health. This has culminated in WBNC operating on the belief that health encompasses a great deal more than simply the absence of illness. To this end we are involved in
a number of community development programs as well as those services listed above, for example; a current interpretation of Environmental Protection Authority regulations by the Towong shire has led to severe restrictions on building in our town. Concerned about the effects this will have on population decline and resultant reduction in service, the WBNC is actively investigating alternate sewerage systems, and facilitating a community group that seeks to address these restrictions.

Other community development initiatives also include accessing broadband internet for Walwa, the provision of community development workshops to establish a “whole of town strategic direction” the provision of business seminars to facilitate the development of tourism initiatives and the development of the Walwa Progress Association. The more Walwa can grow and develop, the more services are likely to be necessary and sustainable. This of course will have flow on effects ultimately for our community who will have greater access, less stress, more time, more economic security, and ultimately better health.

Further to this philosophy the WBNC is currently engaged in developing seventeen retirement village homes adjacent to the Centre. These strata titled homes will provide accommodation opportunities adjacent to the BNC and its services. The promise of easy access to medical services, a 24/7 emergency department with a five minute maximum wait time, on-call nursing staff 24 hours per day, the availability of district nursing, home and community care and meals on wheels within 24 hours of referral, the availability of a gym and associated programs for gold coin donation, has proved to be a powerful marketing strategy with expressions of interest from around Australia. The capacity to increase our population by filling this retirement village with people from outside Walwa will significantly impact on our local economy and the sustainability of services.

Of course none of these services are possible without the dedicated staff that provide them. Succession planning for these staff, has formed a significant part of the Board of Management’s strategic plan. In an effort to positively position ourselves in the competition to attract new doctors we have paid close attention to current research on the issue. Studies clearly identify that one of the major factors affecting the desire of GPs to practice in country Australia is associated with lack of professional support and the on-call requirements. Having the BNC nurses on call on-site 24/7 addresses some of these concerns. The nurses are skilled in assessment and are First Line Emergency Care, Trauma Nursing Core Course, and Remote Areas Emergency Nursing, trained. This enables comprehensive assessment and intervention into most presentations with the GP only having to provide phone consultation and not having to actually attend. The active encouragement of nursing staff to pursue nurse practitioner endorsement has the capacity to further reduce the on call load. The Walwa community has also formed a Rural Ambulance Victoria auspiced Community Emergency Response Team (CERT) in April 2005 to provide first line emergency response (winner of the Victorian KleenHeat Volunteer Community Group of the year 2006).

The new purpose-built, co-located medical practice provides very effective integrated medical and nursing services which also underpin our position in attracting new or partner GPs and RNs by providing a very effective continuum of care. With the BNC nurses providing practice nursing services parallel to the community nursing and health promotion of the BNC, cross referral is effective and collaborative. Having the ability to immediately refer patients to smoking cessation, exercise opportunity, district nursing etc and then receiving feedback client progress vastly improves the ability for GPs to be effective and therefore improves job satisfaction. Further to this, the co-location of the medical practice provides the BNC with the capacity to manage the business operations of the practice. This will address a further identified disincentive to rural practice enabling the BNC to take over the arduous of practice management with the GP position salaried. This also negates the need for potential GPs to purchase a share in a practice which they view as unsaleable in the future.

Whilst the Board of Management is aware that these initiatives will not necessarily guarantee the attraction of GPs in the future, we hope to have placed ourselves in the best possible position in this highly competitive market. To further assist with this process, the BNC has facilitated the formation of a community support group that will assist with recruiting medical staff by investigating the potential for the community to collectively fund GP accommodation, and providing support to the spouses and families of GPs.
Attracting nursing staff has not proven to be as difficult. The diverse role undertaken by the BNC nurses spanning high levels of clinical work in the ED and community nursing through to the provision of community education and gym programs has proven to be an attractive challenge. In the past 5 years, any advertisement for nurses has resulted in at least four quality applications on each occasion. Given the diversity of the role, our applicants have not always had the range of qualifications necessary—either possessing advanced clinical and ED qualifications and skills, or community nursing and health promotion skills, but not necessarily both. Thus, the BNC is prepared to provide educational opportunities to fill the gaps. As a result, the current WBNC nursing staff of three has the following range of post graduate qualifications.

- a bachelor of Nursing (post grad)
- Masters of Advanced Nursing Practice (rural and remote)
- Certificate of Pharmacology for Advanced Practice
- Diploma of Community Nursing
- Nurse Immuniser certification
- Asthma Educators certification
- First Line Emergency Care Certificate (three nurses)
- Trauma Nursing Core Course (two nurses)
- Remote Area Nurse Emergency Care (two nurses)
- Diploma of Solution Based Counselling
- Diploma of family counselling and hypnotherapy
- Yoga teaching accreditation
- Tai Chi for Arthritis accreditation
- Cert 1V in fitness (personal trainers course) in progress (two nurses).

Having this range of qualifications and working so diversely across all of our services has lead to a remarkable benefit of care continuum. For example, if a patient was to present to ED with an illness that may require discharge with community nursing, the same nurse that provided the ED service, is likely to be providing the district nursing, if that nurse then discovers the patient may benefit from referral to a smoking cessation or exercise program and refers them, it is also highly likely that it will be the same nurse providing these programs as well. This has lead to highly beneficial therapeutic relationships that have a remarkable holism, and therefore, increased capacity for effectiveness.

With such diverse qualifications, the Board of Management is constantly looking to increase our service. Together with Ron and Barbara Walkers ongoing involvement with the BNC, this has lead to investigations of the potential to provide a “satellite chronic pain management service”. Although very early days, these investigations are about capitalising on all possible development opportunities for the BNC and the community of Walwa.

Critical to our ability to grasp new opportunities and provide an ever increasing service mix, has been the development of a number of key partnerships. These relationships ensure an efficient use of resource, avoid service duplication, and enable us to respond to community identified need in the development of our service plan. These partnerships include to date:

- a memorandum of understanding (MOU) with Upper Murray Health and Community Services in neighbouring Corryong that has provided exceptional support and the auspicing of funding and allied health services
- an MOU with North East Division of General Practice that enables the provision of diabetes education through the MAHS program
• an MOU with the Walwa Medical Practice that covers our working relationship from the same facility and provides practice nursing services to the medical practice and access to Division funded practice nursing programs for the BNC staff

• an MOU with the Walwa Primary School for the use of WBNC facilities and access to programs. This also includes a “Kids in Community” Award that recognises positive community involvement by a school child and is presented in the memory of a BNH nurse

• CERT/RAV although no formal MOU exists, the CERT team work very closely with the BNC. The BNC and RAV are currently involved in discussions to formalise the use of nursing staff in local emergency responses

• DHS has provided enormous support and guidance throughout the process of change, and through our current operations. We consider this organisation to be one of our most beneficial partnerships.

It has been a long journey over a short timeframe from our status as a private 10 bed hospital to the vibrant effective health service we now have. The redevelopment has involved an extraordinary change management program for both staff and community. Where the community originally saw little value in any service without beds, they have now embraced the Centre and are beginning to appreciate our ability to provide a far better and more comprehensive service to our entire community, not just those that are privately ensured. To ensure our continued growth and sustainability, the Board of Management are continually chasing every opportunity they perceive as having the potential to positively influence the community and its health. What has developed through necessity, but more importantly, through vision, commitment and hard work, is a model that has the potential to be reproduced across rural Australia as a cost effective efficient method of providing health services in small rural areas.

Presenter

Sandi Grieve is the CEO of Walwa Bush Nursing Centre (WBNC) and has worked at this facility for 17 years, commencing as a ward nurse. In the past five years, Sandi has managed the transition of the Walwa Hospital to the now sustainable, vibrant and effective Walwa Bush Nursing Centre. During this time, she has also completed a Bachelor of Nursing (postgraduate) and a Master of Rural and Remote Nursing, as well as qualifying as an asthma educator and nurse immuniser. She is currently enrolled in a Certificate of Pharmacology, with the ultimate goal of qualifying as a nurse practitioner. An accomplished horse woman, Sandi also competes dressage horses.