

Queensland Ambulance Service

Delivering pre-hospital care services to the remote communities of Cape York and the Torres Strait

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Area Director*



Synopsis

- Overview of Queensland Ambulance Service
- QAS Strategic commitment to enhancing service delivery to rural and remote areas in practice
 - Geographical context of Cape York & Torres Strait
- Statistics of Indigenous people living in Cape York & Torres Strait Island communities
 - The *Enhancing the Capacity Reports*
 - Traditional Paramedic's role and responsibilities
 - Field Officer's role and responsibilities
 - Profile of QAS First Responder Program
- Formation of the St Paul's community First Responder Group
 - Challenges with the establishment of the group
 - Expansion of First Responder Groups
 - Ongoing health issues and service delivery challenges
 - Opportunities



More than just an Emergency Service



QAS strategic commitment to enhancing service delivery to rural and remote areas in practice

The QAS strategic plan has two particular key result areas that relate to enhancing service delivery to rural and remote areas. These are;

Enhance Operational Service Delivery

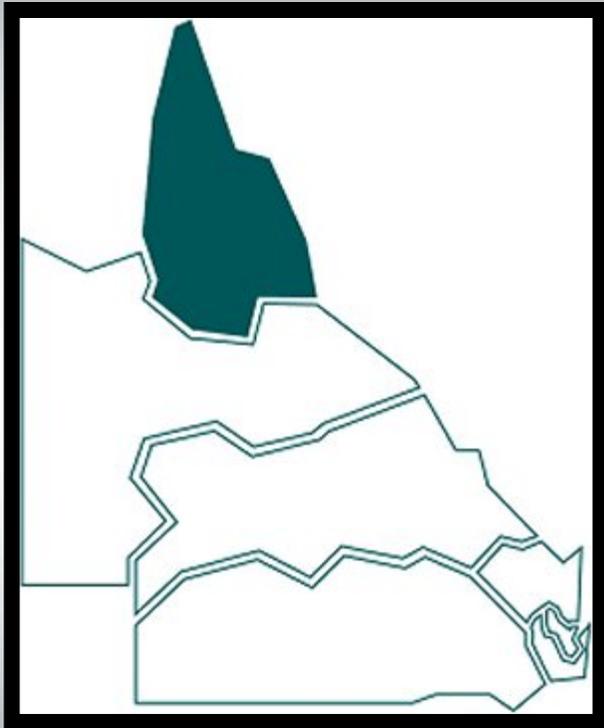
- Strategies to improve access to health care for rural, remote and isolated communities

Enhance Community Safety and Prevention Capability

- More relevant operational service delivery to rural and remote communities
- A higher rate of community first aid intervention to sudden illness and injury



Far Northern Region Profile



Far Northern region is 268,307 square kilometers

Population is approximately 230,000

Number of Operational Positions; 188

Number of Volunteers; 30

Number of Ambulance Stations; 26

Number of Field Office's; 4

Number of First Responder Groups; 3



Geographical context of Cape York



Source: Apunipima Cape York Health Council



Cape York Summary and Statistics

- Size 137,200km²
 - Population 18,000+
 - Indigenous Population 9,000+
 - Communities 9
 - Homelands 100+
-
- 23% of young people < 35 have an STI
 - Approximately 15% of adults have diabetes
 - 25% of adults have early kidney disease
 - > 50% of adults do not eat enough fruit and vegetables to stay healthy
 - 67% of adults smoke tobacco compared with 25% nationally

(Source; The Well Persons Health Check (Cape York Health Council) 2003. N=910.)



Cape York Summary and Statistics

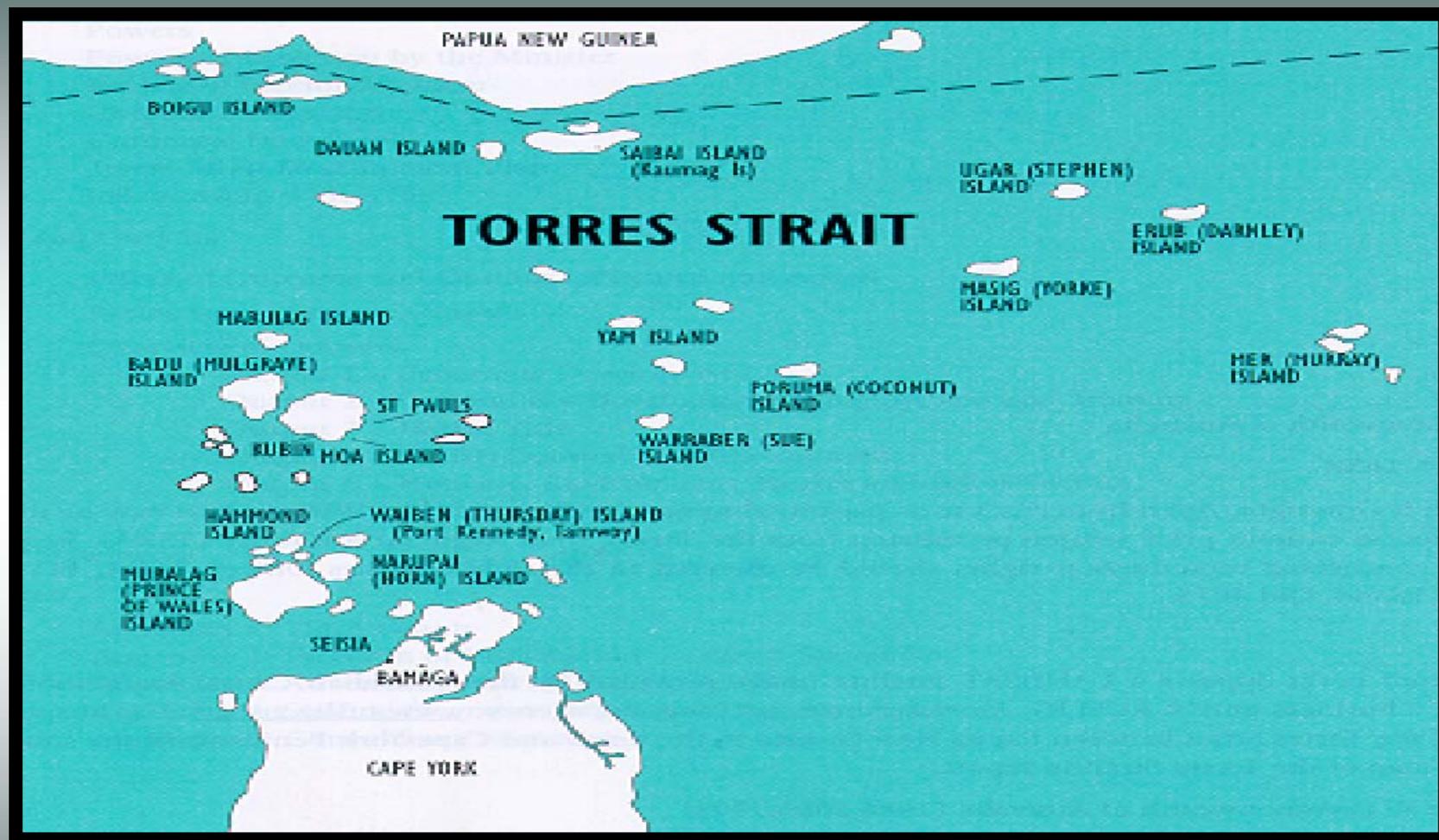
Major community health issues identified include;

- Alcohol abuse
 - Poor diet and the cost of fresh food
- Lack of environmental health education
- The need for greater access to doctors
 - The availability of birthing centres

Suicides increased fourfold during the period 1990 to 1997 for indigenous people in North Queensland.



Geographical context of the Torres Strait



What does an open border look like?

View to P.N.G from Saibai Island



View of Saibai Island



Summary of Torres Strait communities

- Size 1,862 km²
- Population 8,572
- Indigenous Population 5,667
- Communities 15
 - 4 out of 5 people are overweight or obese (BMI > = 25)
 - 54% of people are smokers. This is more than double the national rate
 - 23% of young men have high blood pressure
 - 39% of the indigenous population over 35 years old have diabetes
 - 16% of participants were found to be positive of an STI

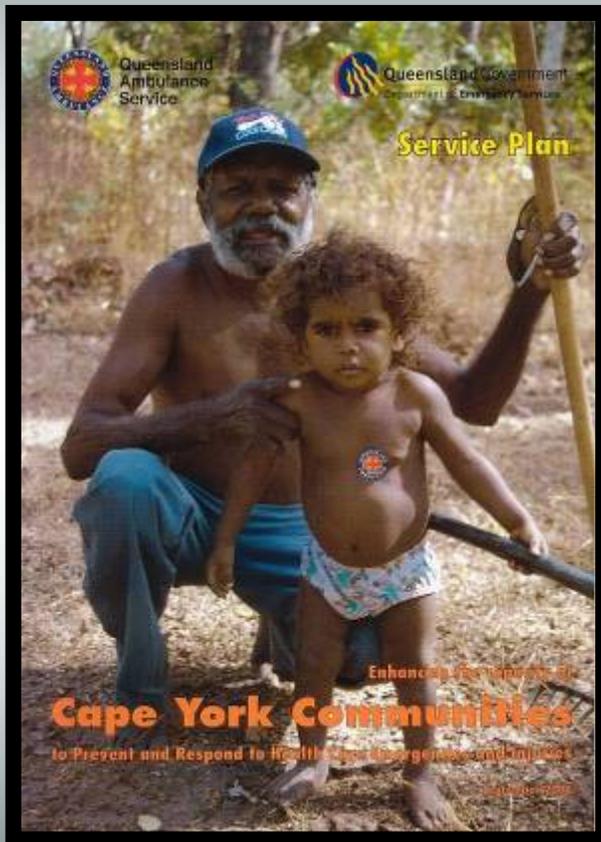
In summary, the main health problems in the Torres Strait arise from poor nutrition and lack of exercise leading to obesity which combined with smoking leads to diabetes, heart disease and kidney problems.

(Source; Q Health, 2002)

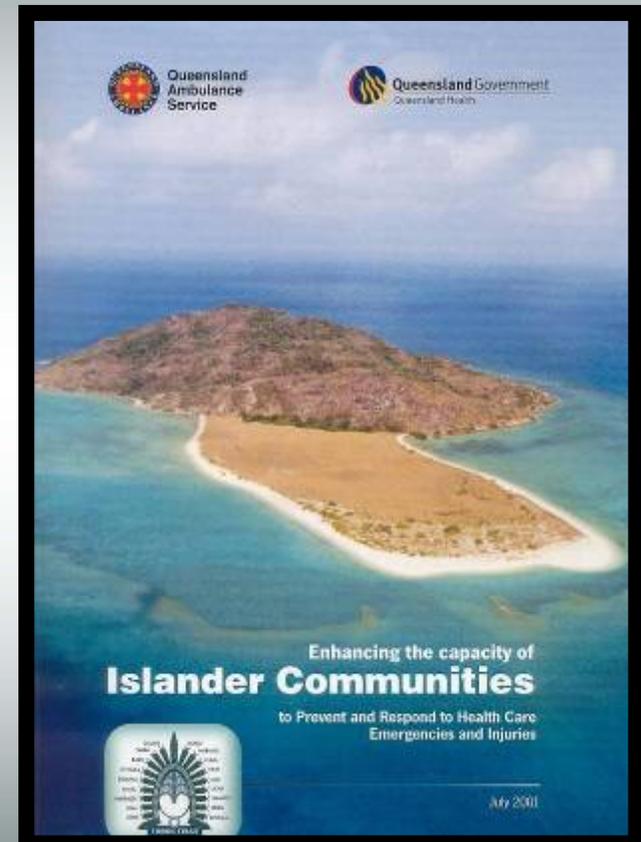


The Enhancing the Capacity Reports

Cape York Peninsula



Torres Strait Islander Communities



Cape York Plan

The service plan was developed following a recommendation of a previous report to study the aboriginal communities in Cape York and also from visits it was apparent that QAS services needed to be expanded in the area.

In developing the Cape York plan, we were mindful of the diverse nature of Cape York including;

- The large number of scattered communities and associated homelands;
 - Limited infrastructure;
- Logistical difficulties for service delivery arising from demographic, topographic and climatic factors;
 - Significant levels of illness and other health problems; and
 - The high level of remoteness and isolation

We were also mindful of the need to respect the relevant cultures and clans and the desire by the communities for community driven and sustainable solutions to their health care needs.



Project Recommendations

- The QAS established Field Officer positions in Coen, Kowanyama and Cooktown to service communities and homelands in the Cape York area.
- A service delivery framework is implemented and should include support and community education from existing QAS stations located at Cooktown, Weipa and Bamaga.
- A service delivery reference group is formed with members from Indigenous communities, Queensland Health, Royal Flying Doctor Service and Queensland Ambulance Service to act as a consultative advisory and reference group.
- Investigate funding sources to resource homelands for the provision of pre-hospital care resources such as first-aid equipment and Basic Life Support and Advanced Life Support training.
- Additional consultations should be undertaken in the Torres Strait area, where it appears similar pre-hospital care issues to those in Cape York exist, and the viability of field officer model is assessed.



The Torres Strait Island Communities

The service plan focused primarily on two issues in line with national targets for the improvement of the health of indigenous and Torres Strait Islander people;

- Reduction of injuries and poisons
 - Reduction of excess deaths

The concept was to develop a model for the provision of training and support to remote Island communities in preventing and responding to injuries and health care emergencies.

In developing this plan, we were mindful of the need to ensure that our services are;

- Culturally appropriate;
- Builds on and reflects better practise;
- Builds on and integrates with existing health services; and
- Addresses logistical difficulties of service provision due to the remoteness of the area



Issues associated with responses to medical emergencies in the Torres Strait.

- Lack of stretcher and emergency vehicle capacity
- Problems with use of 000
- Stress on nurses and health workers
- Lack of adequate emergency health care equipment
- Lack of an affordable public transport system
- Lack of transportation of sick or injured people in the communities



Project Recommendations

Establish a Field Officer position in the Torres Strait to enhance the capacity of outer Island communities and their primary health care centres to provide effective pre-hospital care responses, prevent injuries and plan for disaster management;

- To equip outer island communities to provide effective pre-hospital care and emergency responses;
- To work with communities to identify and assist community members to prepare for employment within the QAS and Department of Emergency Services;
- To collaboratively address currently unmet pre-hospital care needs;
- To proactively address future pre-hospital care requirements in the Torres Strait and Northern Peninsula Area in partnership with the relevant authorities;
- To ensure that service development in the Torres Strait and Aboriginal communities in the area is;
 - * Community focused and accountable;
 - * Coordinated, supported and sustained;
 - * Of a high quality; and
 - * Culturally appropriate



Traditional Paramedic's Role and Responsibilities



Traditional Paramedic's Role and Responsibilities

- Provide a high standard of pre-hospital emergency patient care and the provision of ambulance transport services for members of the community.
- Undertake and accept responsibility for the self-maintenance of patient care skills (theoretical and practical) for the provision of a high standard of pre-hospital patient care in accordance with QAS policies and procedures.
- Maintain all Ambulance vehicles and equipment in a state of operational readiness and ensure that QAS premises are kept clean at all times.
- Provide information and education on Ambulance related matters to members of the public and other training services as deemed necessary by the Commissioner, QAS.
- Provide supervision and guidance to Paramedic Student Officers in the provision of patient care.



Field Officer's Role and Responsibilities

Claine Underwood

**Cooktown Field
Officer**



Rod Muller

Coen Field Officer



Field Officer's Role and Responsibilities

Locations of the Field Officers:

- Coen
- Kowanyama
- Horn Island
- Cooktown

Roles and responsibilities:

These officers are qualified paramedics, however do not perform front line emergency care work.

- To work with indigenous communities to increase the capacity of community members to respond effectively & appropriately to health care emergencies and injuries and develop strategies to prevent them.
- To assist communities to establish or further develop effective arrangements for pre-hospital emergency care
- By working with councils, primary health centres, providing assistance and training to relevant persons



Profile of QAS First Responder Program

Purpose:

- To have at the scene of a medical or emergency incident within prescribed communities, a person or persons providing basic life support until the arrival of professional assistance

Definition:

- Defined as “An authorised officer of the QAS who is competent in basic life support, oxygen therapy, and use of a semi-automatic external defibrillator, and works within a medically supervised and accountable system”

Context:

QAS First Responders are authorised to practice within the scope of ‘advanced first aid’ and will be competent in and hold QAS authorities to practice;

- Basic life support (BLS)
- Oxygen therapy
- Automatic external defibrillator

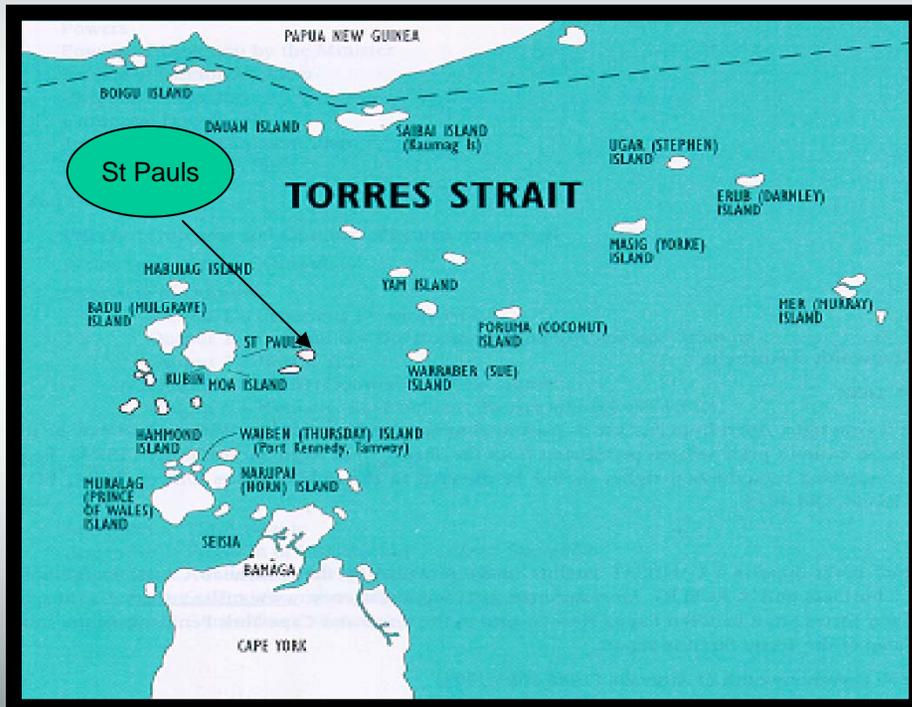
Establishment Criteria:

- Remote and / or rural area
- Limited or no QAS presence
- Proximity to nearest QAS location by time and distance
- Caseload and Affordability
- Location categorisation integrated with QAS Station classification
- Community sustainability and capability



Formation of the St Pauls community First Responder Group

Map of the Torres Strait



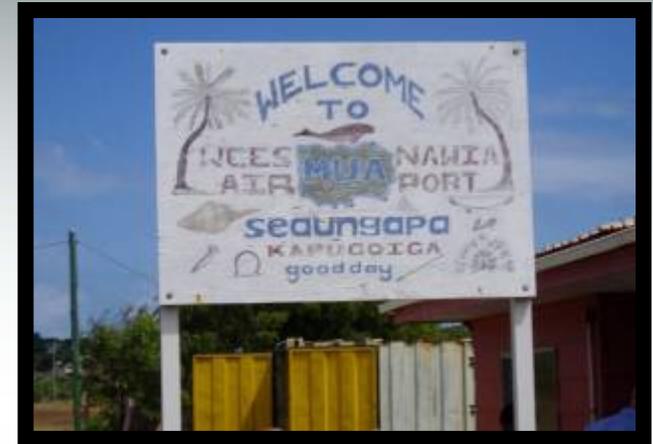
St Pauls First Responder Group



Challenges with the establishment of the St Pauls group

Establishment:

- Access Issues
- Cultural Issues
- Communication difficulties (Creole and English)
- Training



On-going Challenges:

- Access issues
- Funding for on-going training and development
- Staff Commitment



Expansion of First Responder Groups

CAPE YORK 2005/2006

- Pormpuraaw

TORRES STRAIT 2005/2006

- Badu Island
- Warraber Island

TORRES STRAIT 2006/2007

- Yam Island



Ongoing health issues and service delivery challenges

To continue to work with communities and other agencies to ensure that our service delivery models not only meet the needs of Indigenous communities, but make a contribution to the improvement of health care.

Cape York:

- Chronic disease management and it's ongoing effects on community health
- Access to definitive health care
- Seasonal variations
- Introduction of alcohol management plans

Torres Strait:

- Cross border health issues including;
- Importation of HIV in to the Torres Strait region from PNG provinces
- Increasing incidents of vector borne diseases including;
 - * Dengue Fever
 - * Japanese Encephalitis (JE)
 - * Malaria
- Raising outbreaks of Tuberculosis (TB) in the region
- Increasing rates of IDDM type 2 in children < 15 years old
- Access to definitive health care
- Emergency ground transport to the communities



Opportunities

- Explore research opportunities with ACPHR (Australian Centre for Pre-Hospital Research) and other institutions on our achievements with the communities
- Expansion of Field Officers role with a focus on health promotion and a chronic disease detection in partnership with Queensland Health
- Expansion of First Responder Groups to enhance communities capacity to respond to health care emergencies and injuries
- Expansion of paramedic's scope of practise at existing QAS stations to reduce gaps in primary health care delivery
- Cape York Health Reform – The move towards Community Controlled Health Organisations (CCHO)



Any questions.....?

