
Ear, Nose and Throat Service Delivery in Rural and Remote Cape York

Initiative Type

Model of Care

Status

Deliver

Added

18 May 2018

Last updated

11 May 2022

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/ear-nose-and-throat-service-delivery-rural-and-remote-cape-york>

Summary

ENT outreach will be offered by a team, led by an Ear Health educator (nursing or allied health) with an Ear Health clinician (Indigenous Health worker or nursing) to deliver face-to-face consults in

remote Indigenous communities. In addition, this service will respond to TeleHealth: Store & Forward requests for review. This Ear team will be the first port of call for primary health ear concerns (all staff can refer to this team: GPs, nurses, allied health clinicians and Indigenous Health workers). The team will triage ENT referrals, ensuring appropriate pre-review testing is undertaken. Once reviewed, patients will be triaged for surgery, enabling more accurate (fewer inappropriate referrals) and shorter ENT surgery wait times. Surgery and post op care will be provided at Weipa Hospital reducing travel requirements for the patients and their family.

Key dates

Jan 2018

Jun 2019

Implementation sites

Weipa Hospital

Partnerships

Apunipima, Children's Health Queensland Hospital and Health Service (Deadly Ears), Cairns Hospital, Healthcare Improvement Unit (Clinical Excellence Division), RFDS, Australian Hearing Service, Cairns Audiology Group, ENT Specialist

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Aim

Offer a new innovative outreach service, delivered by a team of clinicians (Ear Educator and Ear Health clinician, Audiologist) who will offer face-to-face and Store & Forward review of ear conditions. Once reviewed, patients will be triaged for surgery, enabling more accurate (fewer inappropriate referrals) and shorter ENT surgery wait times.

Benefits

- Improved ear condition management with a subsequent reduction in conductive hearing loss for remote living Indigenous children.
 - An opportunity to offer “Closing the Gap” improvements, as conductive hearing loss is a recognised health deficit in remote living Indigenous Australians.
 - Improved access to Ear Health services (clinical ear review and hearing testing).
 - Smoother processing of ENT referrals leading to shorter and more accurate ENT surgical waitlists.
 - A reduction in patient travel, by two mechanisms.
1. The Ear Health team will travel to remote communities and offer face-to-face review.
 2. Increased use of TeleHealth services should reduce need for patients to travel to referral hospitals for specialist ENT review.

Background

The TCHHS are presently unable to offer ENT outreach services (due to poor ENT specialist availability—in very remote areas). Referral hospitals outside TCHHS have their own long ENT waitlists, leaving TCHHS patients waitlisted for extended periods. The new model of care for Ear, Nose and Throat service delivery in rural and remote Cape York provides a “local” solution.

References

Further Reading

[CPC - Otitis media – acute suppurative otitis media \(ASOM\)](#) [CPC - Otitis media – with effusion \(OME or glue ear\)](#) [CPC - Perforated eardrum/chronic suppurative otitis media \(CSOM\)](#)

PDF saved 22/05/2025