Integrated Ear, Nose and Throat Service - Sustainable specialist care on country

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Model of Care
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Plan
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Summary

The Torres and Cape Hospital and Health Service (TCHHS) Ear Nose and Throat (ENT) program adopts a generalist model of integrated specialist level care. This multidisciplinary approach allows

the team to address the inequitable distribution of specialist level Ear, Nose and Throat services through remote Queensland, whilst also clinically supporting understaffed and under-resourced primary health care centres. A snapshot of the Pilot Project in 2019 indicated that 79% patient care was retained in the community. TCHHS ENT 2022 snapshot:

- referrals received: 445
- occasions of service provided: 1300+
- communities served: 32
- surgical procedures performed Locally: 54
- 94% of care kept locally and provided on country (% of patient care prevented from being referred onwards to tertiary referral centres)

The outreach team consists of an ENT Senior Medical Officer, an Audiologist, senior Aboriginal Health Worker Practitioner, a Clinical Nurse Consultant, Speech Pathologist and a Rural Generalist.

Key dates

May 2023

May 2023

Implementation sites

Torres and Cape Hospital and Health Service

Key Contacts

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Aim

To address the inequitable distribution of specialist level Ear, Nose and Throat services throughout remote Queensland.

Benefits

- culturally appropriate and local care provided
- early diagnosis and management
- rehabilitation services provided by speech team
- surgical intervention in the community
- community support and teleotology
- knowledge translation through clinic staff and health worker education
- community engagement and health education
- · build capacity whilst addressing a need

Background

The inequitable distribution of health resources is of disadvantage to the rural communities in Australia, who have a very high rate of middle ear disease. The TCHHS service more than 30 remote and isolated communities and for some the nearest referral centre is 800km away. In remote TCHHS poor health literacy and education, limited access to healthcare, stable food supply and housing are common among its residents.

Solutions Implemented

The focus of this project was not to provide a temporary band-aid fix, but a sustainable culturally appropriate solution, focussing on local care. The expansion of speech services was highlighted in this project:

• focus on children aged 0-6 years

- supporting families develop speech and language
- children impacted by chronic ear disease
- adults with swallowing and communication difficulties.

Evaluation and Results

Results in 20221 showed the following: Average Outpatient (OPD) wait times

Category 2 ENT OPD wait times: State average: 253 days - TCHHS ENT average: 123 Days Category 3 ENT OPD wait times: State average: 339 days - TCHHS ENT average: 135 Days **Average Surgical wait times**

Category 2 ENT Surgical wait times: State average: 78 days - TCHHS ENT average: 19 Days Category 3 ENT Surgical wait times: State average 200 days - TCHHS ENT average: 30 days Elective surgery – ENT - % of patients waiting within the clinically recommended wait times: State ENT average 71.5% - TCHHS ENT 100% Patient service satisfaction survey:

- 89% of patients surveyed felt very safe with staff
- 89% of patients surveyed felt very respected by staff
- 89% of patients surveyed felt their emotional needs were completely looked after (eg: having family or people they knew travel with them)
- 89% of patients surveyed said their treatment was properly explained so they completely understood what was happening
- 89% of patients surveyed always felt included in decision-making about their treatment
- 100% of patients surveyed felt completely comfortable telling the staff about their health information
- 100% of patients surveyed would be likely to recommend this surgery service to family or friends

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