

NORTH WEST COMMUNITY REHAB PLANNING WORKSHOP

8th November 2022 from 12 – 4pm.

Workshop Report



ABSTRACT

North West Community Rehab (NWCR) is an allied health (AH) student-led service that was established in 2012, in Mount Isa for the people of North West Queensland (NWQ). The purpose of NWCR is to provide a service for people with neurological and ageing conditions, while at the same time build the future workforce for NWQ. The NWCR service model was based on recommendations made in 2010 by community members, service participants, students, staff and representatives of health and disability organisations. The aim of this planning workshop was to reflect on the first 10 years and devise recommendations for NWCR for the next 10 years.

A 4-hour afternoon workshop was conducted at NWCR, in Tjirtamai Hall at the Murtupuni Centre for Rural and Remote Health (MCRRH). Forty-one people attended including community members, previous and current participants, students, clinicians, managers, researchers and executive of collaborating or supporting organisations. In Session 1, recommendations made for the first 10 years were reviewed; in Session 2, changes to the landscape and outstanding needs of the region were discussed; in Session 3, new recommendations were devised for NWCR for the next 10 years.

The final 8 recommendations for the next decade for North West Community Rehab are to:

- 1) **broaden the range of services** and professions involved
- 2) strengthen referral pathways for **a smooth journey between services**
- 3) co-create a **workforce pipeline**, especially for Aboriginal and Torres Strait Islander Peoples
- 4) co-create a model for **transition in and out of hospital**
- 5) co-create a model for shared care with **specialist visiting services**
- 6) conduct collaborative **research, evaluation and quality improvement** projects
- 7) lead **community development initiatives**, which could address needs such as respite care and carer training.
- 8) design an agile **NWCR business model**.

The final eight recommendations for 2023 - 2033 will be presented to the NWCR Advisory Group for endorsement and creation of working groups to seek funding and plan for implementation.



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WORKSHOP REPORT

INTRODUCTION

North West Community Rehab (NWCR) is an allied health (AH) student-led service that was established in 2012, in Mount Isa for the people of North West Queensland (NWQ). The purpose of NWCR is to provide a service for people with neurological and ageing conditions, while at the same time building the future workforce for NWQ. The intent is that NWCR provides a service that would otherwise not exist, and that has the flexibility to innovate and be responsive to the needs of the people of NWQ. Core elements of the NWCR service model are depicted in Figure 1.

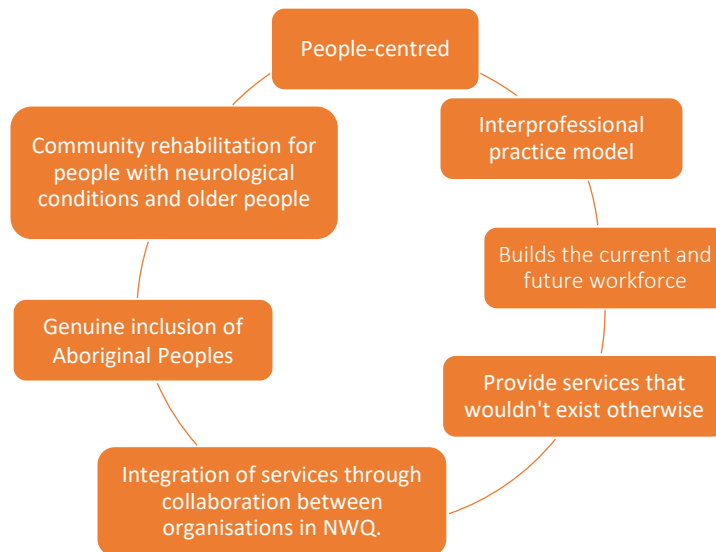


Figure 1: Core elements of the NWCR service model

The NWCR service model was based on recommendations made in 2010 by community members, service participants, students, staff and representatives of health and disability organisations. These recommendations were made following a 5-week collaborative pilot project funded in-kind by Mount Isa Centre for Rural and Remote Health (now Murtupuni), North and West Primary Health Care (now North and West Remote Health [NWRH]) and Mount Isa Hospital (now North and West Hospital and Health Service [NWHHS]). Based on these recommendations, a successful proposal to state and federal governments, led to trial of a NWCR service for 10 weeks a year for a 3-year period, and construction of a purpose-built facility. Over the subsequent 7-year period, the service expanded to become a year-round service, funded by NWHHS and Murtupuni, with in-kind support from NWRH and Gidgee Healing. The NWCR Advisory Team, consisting of representatives from these four organisations, has guided the process of development and expansion.

The NWCR service model evolved over the last decade, and so too did the health and disability landscape in NWQ. It was time to reflect on the first 10 years of NWCR and plan for the future.

Thus, the aim of the planning workshop was to:

- Devise recommendations for NWCR for the next 10 years

Objectives of the workshop were to:

- Review recommendations made for the first 10 years long with the successes and challenges
- Reflect on the current health and disability landscape and implications for NWCR in the future
- Devise new recommendations for NWCR for the next 10 years

WORKSHOP ATTENDEES

A four-hour afternoon workshop was conducted at NWCR, in Tjirtamai Hall at the Murtupuni. The workshop was conducted in-person (with the exception of two clinicians via zoom for session 3).

Attendees included community members, previous and current participants, students, clinicians, managers, researchers and executive of collaborating or supporting organisations. Emphasis was placed on representation by members of the community and by health, disability and aged care organisations, particularly Aboriginal and Torres Strait Islander members. To ensure all attendees participated and all voices could be heard, attendees were asked to write their thoughts on sticky notes and participate in group activities. Some participants were also invited to present.



Facilitators of the workshop were Shaun Solomon and Associate Professor Pim Kuipers.

- Shaun Solomon is a Birri and Ewamain man who has lived in the North West most of his life. Shaun is Head of Indigenous Health at Murtupuni and Chairperson of Gidgee Healing - Mount Isa Aboriginal Community Controlled Health Service. Shaun's role as facilitator was to ensure that the Aboriginal voice was heard and needs of Aboriginal Peoples prioritised.
- Pim Kuipers is a psychologist by trade with an interest in community rehabilitation and who has mostly worked in health services research in rural and urban Australia and Asia. Pim works for the new Central Queensland Centre for Rural and Remote Health. Pim's role was to objectively guide and manage the group process to achieve the workshop aims and objectives.



Group hosts were Occupational Therapy and Physiotherapy students on clinical placement in Mount Isa. Each host's role was to ensure inclusion, and promote individual and collective engagement to complete the group activity, and then to provide feedback on behalf of the group.

WORKSHOP PROGRAM

Lunch in the garden allowed workshop attendees time to register and meet and mingle, before moving into Tjirtamai Hall to begin the workshop.



Opening of the workshop was conducted by Linda Ford – Senior Academic Lead Allied Health. **Welcome to Country** was generously provided by Kalkadoon woman, Tyeena Pang, after which, **Workshop Facilitators**, Pim and Shaun, were introduced by Linda. Facilitators then took over proceedings and began by asked **attendees to introduced themselves** in readiness for Session 1.



Session 1: Reflecting on NWCR and the first 10 years.

A brief history of NWCR and the recommendations made for the first 10 years were presented by Ruth Barker who had played a key role in piloting and implementing the original NWCR service. The experience of NWCR was then described by a range of stakeholders: participants, students, staff, and representatives from collaborating organisations. Presenters were asked to comment on aspects of the service that were good and those that could be improved. Presentations were in-person or via a pre-recorded video clip for those unable to attend.

Changes in the health and disability landscape over the last decade and implications for NWCR in the future were then considered. Presentations were made by health and disability organisations, both locally-based and from outside the region. Presenters were asked to provide a brief overview of their service and comment on how NWCR could complement their service or fill gaps. Once again, presentations were in-person or via a pre-recorded video clip for those unable to attend.



Session 2: Recommendations for NWCR the next 10 years – different perspectives

To gain the perspective of different stakeholders in the region, attendees were allocated to one-of-four interest groups: i) participants and community members; ii) clinicians; iii) managers and iv) executives of health and disability organisations and workforce organisations. Each individual was asked to write down their own recommendations on sticky notes, share them and then come together with their group to select their top four recommendations. Each group host presented their group's four recommendations. Matching recommendations were then grouped until a final eight recommendations were identified.





Session 3: Recommendations for NWCR for the next 10 years – our priorities

To gain a comprehensive description of the eight recommendations identified, attendees were allocated to four different groups based on diversity of skills, knowledge and role in the health and disability sector. Each group was presented with two of the eight recommendations on a poster and asked to come up with at least four dot points to describe each of the recommendations. Once again, group members wrote their ideas down on sticky notes, shared them and then selected the four key descriptors. Group hosts then presented their groups four dot points for each of the recommendations. Final recommendations were compiled after the workshop by gathering together posters and sticky notes and transcribing them in part or fully.



OUTCOMES OF THE WORKSHOP

Forty-one people from 16 organisations attended with over 20% identifying as Aboriginal Peoples. More than 90% of attendees participated for the entire four hours. The full list of attendees and their respective organisations are listed in Appendix 1.

Attendees	n = 41
Former or current participants	4
Students	4
Clinicians	11
Managers	12
Executive	4
Researchers	3
Other	5

Reflections on NWCR over the last 10 years.

Current and previous NWCR participants (6), a past student (1) past staff members (2), and a representative from a collaborating organisation (1), a regional service referring to NWCR (1) and Indigenous Allied Health Australia (1), shared their reflections on their experiences with NWCR.

The service provided by NWCR was viewed in a resoundingly positive way particularly for:

- the people-centred approach and commitment to working towards their goals.
- group programs and the opportunities to socialise with, and support each other
- streamlining access to rehabilitation because of the way NWCR liaises with other services
- having 'somewhere to go' for rehabilitation meant being able to move forward with recovery.
- those living outside Mt Isa, although transport challenges restricted participation

In the next decade, the view was that with its origins rooted in community, NWCR should continue to focus on what is needed by community (e.g., carer support) and in community (e.g., transport).

NWCR was highly valued as a workforce pipeline for NWQ, particularly for the following:

- it offers positive staff and student experiences
- collaborating with other services enhances students' learning experiences
- it provides a supportive environment for Aboriginal and Torres Strait Islander AH students on clinical placement
- NWCR participants are contributing to training the future workforce in and for the region
- it provides AH workers with opportunities to progress their careers while staying in the region, both clinically and in research

Looking ahead to the next decade, the view was that NWCR could play an even stronger role in developing and extending the skills of the current and future workforce, including Aboriginal and Torres Strait Islander allied health assistants, students and professionals. Dedicated and ongoing funding would be needed for clinical educators to do this. A key challenge that was recognised for the future was how to establish NWCR as a sustainable rehabilitation service and remote workforce development model.



Reflections on changes in the health and disability landscape and implications for NWCR

Presentations were made by 9 organisations within NWQ: NWHHS Allied Health, NWHHS Frail and Older Person's Service, NWRH, Gidgee Healing, WQPHN, Headspace, MCRHH Service-Learning Team, Aspire to Achieve Occupational Therapy, and Mercy Community Services.

Presenters' reflections indicated that over the last decade since NWCR began, services available in the region have increased overall. Some organisations have continued providing services (e.g., NWHHS), some have expanded (e.g., Gidgee and NWRH) and some are new to the region (e.g., MCRHH Service Learning).

Areas of unmet need were presented and consideration given to whether NWCR or other services could meet those needs over the next decade. Services for consideration included:

- Balance and Mobility groups (physical, education) for people presenting to hospital with falls
- Support for people who receive infrequent visiting services, to ensure continuity of care and to maximise the benefits of the visiting services
- Telehealth support for people in remote communities who receive infrequent visiting therapy services, to ensure continuity of care and maximise benefits of visiting therapy services
- Functional capacity assessments for NDIS applications, to ensure timely access to services
- Collaborative discharge planning meetings for people returning from the Townville inpatient rehabilitation unit
- Review assessments and top-up therapy blocks for previous NWCR participants
- Incontinence Services
- Mental health services for young people,
- Services for children who have a NDIS package
- Accommodation / housing for NDIS participants
- Transition Care

Recommendations for NWCR over the next 10 years

Working in groups, attendees came up with 16 recommendations, which were collapsed into 8 recommendations, then key points were made. When brought together with sticky notes and presentations made on the day, one recommendation became part of an existing recommendation, and a new recommendation was created. The final eight recommendations, which are presented on the following page, are yet to be circulated to attendees for comment, then refined and presented to the NWCR Advisory Group for endorsement. Working groups for each recommendation will be formed to prepare a plan for implementation which includes determining funding sources.



Workshop close

Kylie Bower, the newly appointed Clinical Manager of NWCR, wrapped up the workshop, described the next steps, thanked attendees and facilitators and closed the workshop.



RECOMMENDATIONS FOR NWCR OVER THE NEXT 10 YEARS

These **recommendations** are based on the understanding that collaboration will occur between NWQ health and disability organisations and universities within and outside the region. The intent is to take-up opportunities to share knowledge, skills and training, accommodation, transport and resources and to access all funds that are available to the region. The NWCR Advisory Board is the vehicle that will drive the collaborative process for implementation of the recommendations.

Recommendation 1:

Provide a **broad range of services**, disciplines and delivery modes, to enable access to culturally responsive integrated people-centred care and interprofessional workforce training in Mount Isa and across NWQ.

Recommendation 2:

Improve the **participant journey** through strong referral and care pathways, service collaboration and integration, care coordination and regular updates to keep pace with service changes and staff and student turnover.

Recommendation 3:

Co-create a **workforce pipeline** through work-based training for AHAs, AH student clinical placements, AH new graduate programs and post-graduate opportunities for the current workforce, with particular emphasis on the pipeline for Aboriginal Peoples of the region.

Recommendation 5:

Co-create a model for a smooth and timely **transition in and out of hospital** for individuals and families participating in rehabilitation services in Mount Isa, or a regional or metropolitan hospital. A key requirement is carer training prior to discharge or with carer turnover.

Recommendation 6:

Gain the full benefit of **specialist visiting services** for the individual, family and community through shared care and reciprocal learning for the local and visiting workforce. Continuity of care can be provided by AHAs and AH students by preparing with the individual and family, a holistic assessment and overview of what matters, what resources are available to them and what more is needed, by attending consultations and by following-up with all recommendations.

Recommendation 7:

Undertake collaborative **research, evaluation and quality improvement** projects beginning with evaluation of the NWCR service and workforce training models, and current and future NWCR programs designed specifically for the NWQ context.

Recommendation 7:

Undertake **community development projects** in response to community-identified need, by drawing on the strengths and resources available within and to the community. This may include community-identified needs such as respite care services and carer support and training needs.

Recommendation 8:

Design an **agile NWCR business model** that is able to respond to the changing Australian health and disability system and changing need for services in NWQ by complementing rather than duplicating or competing with other community services.

Appendix:

Attendance list

	Name	Position	Role
Murtupuni CRRH	Shaun Solomon*	Head of Indigenous Health	M
	Linda Ford*	Senior Academic Lead, Allied Health	M
	Kylie Bower	NWCR Manager & Clinical Lead Occupational Therapy	M
	Chelsey Carr	Clinical Lead, Physiotherapy, NWCR	C
	Lauren Jeffs	Clinical Lead, Public Health Nutrition, Service Learning	C
	Bridget Greathead	Clinical Lead, Speech Pathology, Service Learning	C
	Sarah Jackson	Adjunct lecturer, Murtupuni Centre	O
	Rickisha Hills*	Administration assistant, NWCR	O
JCU	Pim Kuipers	Principal Research Fellow, Central Queensland CRRH	R
	Ruth Barker	Associate Professor, Rehabilitation, JCU Cairns	R
Gidgee	Louise Gilbey*	Aboriginal Health Worker – Diabetes care	C
	Chanoa George	Team leader, Nukal Murra	M
	Daniel Perdon	OT, Team Leader, Gidgee Healing	M
	Fay Willetts*	NDIS Gidgee Healing	O
	Millie Nathan*	Gidgee Healing	O
NWRH	Cassandra Loizou	(OT) Team leader	M
	Rahni Cotterill	Executive Manager, AH and Community Services	E
	Becky Moulton	General Manager, Community services	M
NWHHS	Andrew Quabba	Acting director AH	M
	Hannah Russell	Senior OT, clinical lead	C
	Michelle Stempel	Discharge planner	C
	Amanda Corradi	Older persons CNC	C
	Christine Mann*	Executive director indigenous health	E
	Tracey Wiley	ADON, Mount Isa Hospital and Health Service	M
Council	Danielle Slade	Mayor, Mount Isa City Council	O
Participants	Stephen Batty	Participant in 2012	P
	Mona Phillips*	Current participant	P
	Roslyn Loveday	Current participant	P
	Gary Osman	Current participant	P
AHPOQ	Liza-Jane McBride	Queensland Chief Allied Health Officer	E
	Ilsa Nielsen	Principal Workforce Officer	E
PHN	Bronwyn Draper	Regional Services Navigator, Psychosocial Support	M
Visiting NDIS providers	Bronwyn Bathern*	Support Coordinator, Mercy Community	O
	Talisha Bryden	Team leader / senior OT OpportunOTy	C
	Madelyn G	OT OpportunOTy	C
	Shannon Goodwin	NDIS Aspire to achieve OT	C
	Prue Clarke	NDIS All Abilities Physio	C
Students	Melan De Livera	Physio yr3, JCU	S
	Emily Furness	Physio yr 3, JCU	S
	Jane Wallace	OT, yr 3, JCU	S
	Charms Duplessis	OT, yr 3, JCU	S

P= participant; M = manager; C= clinician; S = student; E = executive; R = Researcher; O = Other

***= Aboriginal**