



Report To Dr Michael Kwek Ms Penny Townley

This report is a personal review of the Indian Ocean Territories Health service by Kim Gossage. The report is written in good faith and can be used in the final report if reference to author occurs. This report is not a judgement of past or present employees or meant as a personal criticism but as one to evaluate service delivery and to optimise future direction of the service. The evaluation is mainly from a Cocos perspective as I have only worked on Christmas Island for short periods.

The author commenced work with Cocos Island Health service in 1994 when Cocos Island and Christmas Island were separate sites with little integration of service delivery. Cocos Island Administration provided administrative and financial services to Cocos Island Health Service. A similar arrangement existed on Christmas Island.

A decision was made to rationalise service delivery and Indian Ocean Health Service was created. Initially, the service had a Health service Manager and a Director of Nursing. The Health service Manager identified that it would be more cost effective to combine the service delivery of both Islands, based on a model similar to that used by small Health Department hospitals in regional areas of Western Australia.

During my periods of employment, there have been a variety of consultants brought in to outline service delivery options and directions. Many reports have never been tabled to the staff (past or current) for their recommendations to be acted upon or even reviewed. Reports that have been available to review repeatedly suggest that Cocos Health Service needs to develop local health workers in their roles and continue to build on their Primary Health Care/ Health Promotion focus that currently exists. The recent report commissioned by HDWA and IOTHS has never been made available to staff and took the author twelve months to complete.

Public and Community Health

This area is often forgotten and always gets suspended during acute incidences. In the past the Health Service played an active role in on island public health issues (water sampling, disposal of vermin). Public health service delivery on Island now comes under the umbrella of the Cocos Island Shire who also has a Perth based advisor. Cocos Island Health Service involvement occurs on an ad-hoc basis depending on the interest of individuals currently employed. This area should be formalised, with a Health Service Representative attending meetings where Public health is discussed. The Health Service Representative would act as an advisor/ consultant during the planning and decision making process of

any change. A return to a team approach to Public Health issues by Shire and Health service would ensure optimal standard of service delivery.

The Shire has recently carried out a feral cat eradication program. There is a high incidence of hookworm on Cocos Island, which occurs as a direct result of keeping large numbers of cats as pets that then are released and become feral. There is no process in place at present for the Health Service to be formally involved. We have been recently approached to carry through with a prevention and treatment program. No formal delineation of roles has occurred and the on costs that would result. From a Health Service perspective as well as a shire perspective it is important that strategic plans are developed due to the contractual nature of employment.

An environmental officer based on Christmas Island visits Cocos on a regular basis to manage environmental health issues. Again, there is no formal process in place to ensure cooperation between agencies. A recent incident concerning the disposal of X ray chemicals could have been dealt with efficiently if there had been a system in place to approach Environmental Health Issues from a team perspective.

A regular meeting between the Shire, Water Corp, Environmental Health and the Health Service would ensure a team approach to all environmental health issues.

Community Health is well covered in the current framework of service delivery on Cocos Island. All health service members have skills as Community health providers. Health care services are delivered using Health Department of WA guidelines and adhere to protocols and standards for health care using Primary Health care principles.

Cocos Health Service would best be described as multi service site. All health needs are addressed between the two islands and range from Emergency management of inpatient care to the development of health promotion and primary health program and initiatives. It might be argued that current staff numbers could be reduced. We often do 12-hour shifts in order to care for inpatients needing continuous care. With a reduction in staff numbers, care of an inpatient would not be possible on either Island, unless health workers were given permission to work independently and not under the supervision of a Registered Nurse.

Christmas Island Health Service does not have a Community health focus. There are no staff permanently employed in this role and nursing staff has to juggle service delivery with shift work and meeting roster expectation of a 24-hour hospital cover. I feel a community nurse should be employed for this position as a dedicated role. It could be a composite role with the person responsible for Child health, School health, Immunisation and develop areas of Women's health and Aged care.

Christmas has on island personal with designated roles as Environmental officer.

General Practitioner Outpatient Services and In-Patient Care

Cocos Island runs as a Community health service with a GP service been offered on an appointment basis meeting the needs of two service sites between 0800 and 1630. The General Practitioner is second on call for after hour's service needs. The current position is that as a salaried officer no levy occurs to the client if they have current Medicare card. Most clients are pensioners or on health cards with very few private clients, these would be visiting tourists on yachts or workers compensation. If privatisation occurred the practitioner would have to be supported financially to cover overheads, as inadequate revenue is possible due to actual resident numbers. Another alternative would be to offer the same Registered Nurse covered that occurs at present or for similar remote areas and have a visiting service fly in Friday to review clients Friday to Sunday by the Dr. This could be serviced by either Christmas or Perth.

Inpatient care at present runs on an as required by demand of client needs. On average one inpatient per month overnight stays been required usually 2 to 3 days in duration. If staff are at full allocation 8 hour shifts occur otherwise 12 hour shift with one Registered Nurse meeting service and client needs. The question of safety and working with only one staff member might be a foreseeable problem but as yet not been an issue. If privatisation occurs or if Registered Nurse staff numbers are reduced this service would not be possible and all clients requiring in-patient care would have to be evacuated to nearest appropriate facility. The current practice meets both client and service delivery requirements. The only other option if services were reduced (i.e. West Island clinic closed due to staffing reduction) would be to staff Home Island clinic to cover service needs. The problems with this is that there is no accommodation for staff not on duty on Home Island the service site only has one bed to accommodate client needs, the airport is on West Island and if requiring inpatient care quite often requires evacuation. Logistically, difficult from Home Island. The community might also argue the promise of mainland standards of care as noted in the Memorandum of Understanding. With increasing privatisation of houses on West Island it will become more of an issue and expectation in the community.

ACCIDENT AND MEDICAL EMERGENCY CARE

The clients on island have an excellent access to rapid Emergency response. The service provided is limited to the equipment available and type of service delivery, but is of a high and rapid response standard. The Dr is available by phone and can be brought to the other island within 45 minutes of initial request if the lagoon is open. Nursing staff are employed because of their expertise to meet the potential need of this type of need as well as their community health background.

MEDICAL SPECIALIST SERVICES AND ANCILARY HEALTH SERVICES

Medical specialist visits are limited but usually adequate to meet service delivery needs. The need to expand this to meet the changing age demographics needs to occur i.e. Gerontology, Psychiatry. The problem with the timing of some visits occurs if short notice or change in scheduling occurs. No period for staff incursion or liaison with relevant community individuals occurs and would be more beneficial sometimes than all client consults as when the specialists leave it is again up to the health staff to meet the shortfall.

The lack of Ancillary health services is very apparent. The focus on Medical management is obvious with little regard to ancillary services. There is no Occupational therapy for the younger age group, which goes against all principles of early intervention to reduce disabilities. There is no regular speech therapy support for the younger members of the community to elicit expansion of learning potential and future independence of the community. This could also be extended to the aged care area as the need increases. Physio occurs three times a year, which is purely Band-Aid management for some injury management and gives local staff little time to expand their expertise to meet service needs when the specialist is not available. The children are not seen by the current Physio service, as they do not have expertise in that area.

The introduction of a Community service officer is an excellent increase in support for Social issues on Cocos Island but service delivery would best be met by a Social worker. Again if the service assisted in the development of local community members with training and experience in time an expatriate provision would not be required and a more culturally appropriate service would eventuate at less cost. Many clients come to these remote areas to address personal issues, which are subsequently percolated rather than resolved. Each service should look at one of their Registered Nurse's having qualifications in Psychiatric based training to assist other staff members in appropriate management.

The problem with all visiting services is the change in service providers with each visit on many occasions. Induction to this service and special needs of the community are not passed on time and money is wasted due to down time with orientation. We all know this is a difficult area to address but if we are examining service delivery changes needs to be examined.

HEALTH CARE OF NON- AUSTRALIAN RESIDENTS

Individuals that present to the health service are not dealt with any differently if they are non-Australian or Australian. The problem with this issue arises if accounts and collection of revenue is examined. Clear guidelines need to be written with each countries eligibility to service provision. Staff are currently expected to know which countries have reciprocal rights. With the rapid turn over of staff the need for service delivery guidelines are essential to avoid misinformation?

PATHOLOGY AND DENTAL SERVICES

Pathology services have improved over the period of my employment. With the availability of rapid testing equipment and dry reagent methods, Cocos are able to do many diagnostics on island. With the current air service link the use of Christmas and the rapid pathology results have also enhanced delivery and ultimately standard of care. The accounting problems for non-Australian residence is still an issue as many transient clients have already left island before accounts are created. At present no non-resident follow up for bills are occurring unless directly by the Path Centre. The Path Centre always assists us with any enquiries and we thank them for their professional service and also that of Christmas Island pathology

Dental services were occurring on a regular, efficient basis historically but with the loss of a permanent service we have reduced the standard of service to the community. Again having different practitioners with each visit has lead to increased pressure for the staff to meet these needs. With the recent review of dental needs it was identified as a high level of Orthodontic treatments in the future. Will PATS meet these needs in the future or will it be the responsibility of the individual?

The need for an introduction of Fluoridation units for Cocos water supply as has occurred on Christmas is essential to promote dental wellness in the community.

PHARMACEUTICAL

This issue has not been identified as an issue but is very REAL for the Cocos Island service site.

Currently a private service delivery operator supplies us with all medications that have been purchased by the health service prior to supply to clients. Dispensing of medications occurs after the local medical officer writes scripts. The health staff spends about 40hours per week of Registered Nurse time to supply this service. With privatisation this would need to be examined as could not continue to function in this method or with reduction of Registered Nurse staffing levels. The problem with delay in availability is a real issue and needs to be addressed. The accounting and collection of public monies for goods sold again takes up a large proportion of health service time and increases our exposure to bad debts.

BUDGETARY PLANNING

For Managers to manage the health service effectively and efficiently the financial budget needs to have a more detailed presentation. The overview is excellent but if cost centre management were introduced with a breakdown of actual expenditure, individuals would be able to make a five-year plan of service delivery.

If cost centre management occurred with the devolution of cost responsibilities to those managers, staff would have a better understanding of real costs and would be better able to practice within that framework.

To attain best practice and cost efficiency this need to occur.

CONCLUSION

The community receives a high level of service considering its geographical isolation. If any change in service delivery is to occur, community consultation and explanation needs to occur. Perhaps if we were to act on the recommendations of many previously undertaken and undertake the accreditation process many of these issues would be addressed.

In conclusion I do not feel service delivery would be enhanced by privatisation. Here is a need for better use of allocated funds and with better budgetary planning this would be achieved

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