

Geoff's journey

Richmond LGA – Chronic Obstructive Pulmonary Disease

Geoff is a 77-year-old married man who lives on a cattle property 25 minutes out of Richmond. He and his wife are finding it increasingly difficult to remain on the property. Geoff's son and daughter-in-law have recently moved to the property, as it will be handed down to them. Geoff's other son lives in Brisbane. Over the last 5 years, Geoff has had frequent admissions to the Richmond multiple purpose health service due to exacerbation of his COPD. These admissions are now becoming more frequent and for longer periods of time. There has been a severe decline in his health over the last 12 months.



RESPIRATORY SPECIALIST CARE - TOWNSVILLE



It took Geoff a long time to make an initial appointment with the respiratory specialist. He was always too busy with the cattle.

Over the years, Geoff has been flown to Townsville a few times with severe chest infections. Geoff feels uncomfortable with all of the people & lack of fresh air in the hospital there.

VISITING PHYSIOTHERAPY

Early on, the physiotherapist's monthly visits often coincided with mustering, while recently Geoff & his wife have been too unwell to drive in.

PRIMARY HEALTHCARE

Geoff's wife pressures him to go to town regularly to see the General Practitioner & pick up his medication. Once when Geoff was unwell the doctor did a home visit.

The pharmacist often reminds Geoff on how to use his inhalers & when to take his medication.

RICHMOND MULTIPURPOSE HEALTH SERVICE (MPHS) ADMISSIONS

The nurses know Geoff refuses to be transferred to Townsville again. Geoff feels useless now but refuses any supports or services.

TELEHEALTH

The nurses often telehealth with the respiratory team during Geoff's admissions.

CARER STRESS

With no formal supports, Geoff's son & daughter in law find it very difficult to manage the property and care for Geoff's parents between hospital admissions. Geoff's other son visits for 3 weeks to help.

BEREAVEMENT

Geoff dies at the Richmond MPHS surrounded by his family. Geoff's family are upset but also relieved that Geoff is no longer suffering.

SPECIALIST PALLIATIVE CARE

Geoff's family are increasingly distressed about his confusion & breathlessness.

They agree to a referral to Specialist Palliative Care Rural Telehealth (SpaRTa).



HOSPITAL-BASED AMBULANCE

Geoff's wife calls 000 after finding him in the garden confused & more short of breath than usual. Geoff's son is off mustering.

The ambulance driver and registered nurse arrive 45 minutes later. They know Geoff well.

Key Themes:

- Health Literacy / Education
- Preference to be in the bush
- Property is just within 50km radius of Richmond
- GP & Community Nurse from MPHS can home visit occasionally when workload allows
- Early referral to specialist palliative care vs generalist palliative care
- Advance Care Planning

Potential issues/barriers:

- Pathology courier unavailable Friday pm to Monday am
- Not all medications are readily available
- Reluctance to document wishes
- SpaRTa is a small team with a high workload. During staff leave there can be a 2 week wait for a telehealth appointment
- Palliative care not always considered for respiratory disease



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Ruby's journey

Richmond LGA – Multipurpose Health Service – Renal Failure and Cardiovascular Disease

Ruby is an 82 year old widowed woman who resides in an aged care bed at the Richmond Multipurpose Health Service (MPHS). Ruby has renal failure and cardiovascular disease secondary to type 1 diabetes. The doctor and nursing staff have noticed a severe decline in Ruby's wellbeing over the last 6 months - a reduced appetite, sleeping a lot and reduced mobility.



Key Themes:

- Remote location - 500km to Townsville
- No direct flights to Brisbane
- One doctor is the GP & Hospital Medical Superintendent
- Pathology only available 4 days a week (point of care 24/7)
- Advance care planning - moving away vs staying
- Visiting service availability
- Only 4 funded aged care beds at MPHS
- Long standing relationship with Aged Care workers

REGULAR PRIMARY HEALTHCARE

Ruby's General Practitioner (GP) has attended Renal, Cardiology and Endocrinology specialist telehealth appointments with Ruby in the past. The GP has also assessed Ruby when she returned exhausted from her last 1000km round trip to see the cardiologist in Townsville.

VISITING SERVICES

Ruby sees the visiting diabetes educator and allied health services from Townsville once a month.

RUBY MOVES INTO RICHMOND MPHS

Ruby's mobility doesn't improve. She refuses to move to an aged care facility in Brisbane near her daughter. The nurses support Ruby & her daughter through their difference of opinion. Ruby's daughter is very distressed when she must return to Brisbane.

HOME CARE PACKAGE

Richmond Aged Care (RAC) workers are a constant presence in Ruby's life for many years. The RAC workers know Ruby wants to stay at home and doesn't want to move. They notice a blank Statement of Choices form on Ruby's bench but she refuses to talk about it.

RUBY HAS A FALL

RAC calls 000. Hospital-based ambulance responds. It takes Ruby's only daughter 2 flights and 48hrs to arrive from Brisbane.

SPECIALIST PALLIATIVE CARE

Nurse recommends the Medical Superintendent refer Ruby to Specialist Palliative Care Rural Telehealth (SpaRTa) to assist with pain management, nausea and advance care planning.

ONGOING NURSING CARE

Richmond MPHS nurses provide ongoing care and receive support from SpaRTa as required via telehealth. Ruby's ageing friends visit occasionally.

BEREAVEMENT

Ruby dies 1 day after her daughter & grandchildren arrive. The MPHS nurses support the family. The SpaRTa social worker assists the family with referral for ongoing bereavement support.

RUBY'S CONDITION DETERIORATES

Nurse calls Ruby's daughter. SpaRTa recommend a syringe driver. The recommended medications are not available in Richmond. It takes 48hrs for the medications and Ruby's family to arrive.

Potential issues/barriers:

- Timely access to medication, pathology & medical aids
- Ability to make early referral to SpaRTa - patient/family consent and early recognition of end stage disease
- SpaRTa input in time to plan for end of life care before imminent death
- Aged care bed availability
- Telehealth coordination
- Completing demands on generalist workforce (ambulance & acute vs aged care)



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