

Executive Summary

Introduction

This Report documents the conduct and findings of a project funded by the Commonwealth Rural Health Support, Education and Training (RHSET) Program. The Project followed concerns expressed by the Federal Race Discrimination Commissioner in 1995 about the lack of ambulance services for the citizens of Mornington Island. Within the QAS concern had also been mounting about the access level of remote Aboriginal and Torres Strait Islander communities to locally based pre-hospital care services. Requests had been received from Mornington Island Shire Council on behalf of the community for the establishment of an ambulance service. Members of the Doomadgee community had also raised concerns about the difficulties experienced by those who were in need of transportation to hospital.

Using the RHSET grant, the Queensland Ambulance Service sought to design, implement and evaluate a rural and remote Aboriginal and Torres Strait Islander community based pre-hospital care service inclusive of funding, structure, staff recruitment, and training. Emphasis was given to community consultative processes to ensure compatibility with indigenous cultural beliefs and practices.

Importance of the Project (s 3.1)

The Queensland Ambulance Service RHSET Project to explore and respond to the pre-hospital care needs of remote indigenous communities appears to be the first of its kind in Australia.

The Project's research and consultation findings and the discussion of service models, training requirement and guidelines for establishing culturally appropriate responses will assist ambulance services throughout Australia to further consider ways for increasing service access to remote indigenous communities.

Implications of the Socio-economic and Demographic Profiles of Doomadgee and Mornington Island (s 5.1)

The high levels of socio-economic disadvantage and the low population of working aged people and elderly people in both communities point to their limited capacity to support the funding of ambulance services through household and individual subscriptions. A strategy for the provision of pre-hospital care services in remote and/or isolated indigenous communities recognising the disadvantage of these communities is required.

Health Profile Implications (s 5.2)

Both Mornington Island and Doomadgee have proportionally high rates of hospital separations, incidents of accident and emergency service and occasional out-patient service.

When compared with their neighbours, the communities of Mornington Island and Doomadgee had proportionally higher numbers of people treated for a greater number of disease and disorder categories.

The health profiles of both remote indigenous communities suggest that access to early intervention, pre-hospital care services and transport to health services are critical to timely health care.

Initial Round of Community Consultations (s 5.3)

The initial consultations in Doomadgee and Mornington Island in late 1995 and early 1996 revealed community members were of the view that there was a high level of need for pre-hospital care services.

It was apparent at this early stage that a permanent pre-hospital care service would have a wider range of roles and functions than its urban and regional counterparts, and that differences in activities would be influenced by factors including local health care needs, social changes and developments within the community, the extent of health service infrastructure and local geographic and climatic conditions.

Caseload of Honorary Pre-hospital Care Services (ss 6.1-6.2)

The comparison of the operational data for the temporary, honorary based services on Mornington Island and operational data of permanent QAS services during 1996 at Doomadgee revealed that:

the services at Mornington Island and Doomadgee attend proportionally 3-10 times the rate of Code 1 (serious and life threatening) calls as other services throughout Queensland.

At Mornington Island there is a high emergency workload between the hours of 6pm and 4am and at Doomadgee the peak period for emergency calls is 6pm to 2am.

Second Round of Consultations (s 6.4)

Due to the high pre-hospital care services work load, the time of day during which the serious cases occur, the traumatic and violent nature of the precipitating incidents, the close-knit nature of the communities, the associated stress and fatigue experienced by the part-time student officer at Doomadgee and the Mornington Island honoraries is high.

The communities, though highly impressed with the work of the honoraries, argued that the honoraries cannot continue to be the sole providers of pre-hospital care.

The commencement of pre-hospital care services in remote or isolated indigenous communities by community volunteers and without the presence of a fully trained ambulance officer is not recommended.

The high case load and the serious nature of many cases necessitates the employment of at least two fully trained ambulance officers in both communities.

Both Councils are willing to assist as much as possible with the establishment and operation of permanent services.

The need for permanent ambulance services to observe two working principles was stressed: being, one, co-ordination with other local services and two, operational independence.

Factors critical to ensuring culturally appropriate pre-hospital care services were considered to be: one, the acceptance of the need to adopt a wider role; and two, extensive community involvement in the establishment and operation of the ambulance service.

A Workable Model and Guidelines for Pre-hospital Care Services (s 9.3 & s 11)

If access to existing health care is to be improved in remote indigenous communities, a shift in policy is required from the conception of an ambulance service, funded by state governments to provide pre-hospital emergency transport to that of a comprehensive, community wide health care transport policy and system specifically for remote and/or isolated indigenous communities; the collaborative effort of all levels of government.

Given the circumstances in remote indigenous communities and despite funding difficulties, it is clear that the only viable model of pre-hospital care is one based upon a standard fully staffed ambulance service with close links to remote area training and paramedic services.

The starting point of the model preferred by both communities is the acceptance of the view that the local permanent ambulance service would have a wider range of roles and greater community involvement than services in urban and less isolated areas.

The model supported by Project data and preferred by the two communities, being process oriented, will have general applicability to other remote indigenous communities.

Establishment and Infrastructure Issues (s 9.5)

Key establishment issues included: the cost of establishment and ongoing operation; the possibility of local assistance; vehicle requirements; and the provision of adequate accommodation for officers.

Given the circumstances in remote indigenous communities, there is a need for QAS to establish a package of remote Aboriginal and Torres Strait Islander pre-hospital care training and education for local communities, honoraries, recruits, qualified officers and paramedics.

The consultations and the research findings of this current project lend support to the need identified in the Queensland Ambulance Service 1996 to establish a state-wide Aboriginal and Torres Strait Islander Co-ordination Unit.

Ambulance Recruit Training for Members of Remote Indigenous Communities (s 9.6 & s 10)

The Aboriginal and Torres Strait Islander Recruit program needs to be formalised and resourced to specifically target and assist members of Aboriginal and Torres Strait Islander communities whose formal education has been interrupted.

A system of effective and appropriate employment support for recruits to enable them to complete their studies and to remain in QAS employment is required.

Summary of Recommendations

Government Recognition of Pre-hospital care service in Aboriginal and Torres Strait Islander Communities

The National Perspective

1. That where applicable state and territory ambulance authorities commence to explore the possibility of collaborating with a range of relevant government departments and instrumentalities (State and Territory Health Departments, State and Territory Offices of Aboriginal and Torres Strait Islander Affairs, State and Territory Department of Family and Community Services, Commonwealth Department of Health and Family Services, Department of Employment, Education, Training and Youth Affairs, National Training Authority, Commonwealth Department of Primary Industries and Energy, Aboriginal and Torres Strait Islander Commission etc) to develop in full consultation with Aboriginal and Torres Strait Islander communities a community wide, comprehensive and integrated health care transport system. (s9.8)
2. That the QAS distribute a copy of this report to ambulance, health and Aboriginal and Torres Strait Islander authorities throughout Australia for their information and consideration. (s9.8)

The Queensland State Perspective

3. That the role of pre-hospital care service in the delivery of health care be formally recognised by the Queensland Government in particular through the Queensland Health Policy, ATSI Health Policy and the Indigenous Community Infrastructure Coordination Strategy and that where appropriate this should include comprehensive and integrated health care transport systems.

Funding and Co-ordination

4. That the QAS continue to seek the ongoing funding from a range of relevant government departments and authorities (including State and Territory Health Departments, State and Territory Offices of Aboriginal and Torres Strait Islander Affairs, State and Territory Department of Family and Community Services, Commonwealth Department of Health and Family Services, Department of Employment, Education, Training and Youth Affairs, National Training Authority, Commonwealth Department of Primary Industries and Energy, Aboriginal and Torres Strait Islander Commission etc) necessary to progressively meet the pre-hospital care needs of remote Aboriginal and Torres Strait Islander communities. (s9.8)
5. That the funding include funds for the provision of officer training, officer housing and other capital infrastructure. (s9.8)
6. That the QAS commence negotiation with the Aboriginal Coordinating Council, Island Coordinating Council and where appropriate individual Aboriginal and Torres Strait Islander Councils for the development of strategies for the implementation of group ambulance subscription coverage for remote indigenous communities. (s9.8)

A Model Of Pre-hospital Care for Remote and Isolated Communities

7. That the QAS further develop, finalise and prepare for publication the policy framework discussed in this report for the delivery of pre-hospital services in remote and isolated Aboriginal and Torres Strait Islander communities in consultation with other agencies and Aboriginal and Torres Strait Islander communities. (s11)
8. That the QAS recognise service demand and community needs in contrast to population when planning Aboriginal and Torres Strait Islander pre-hospital care services. (s9.8)
9. That the model for the commencement of the provision of pre-hospital care for remote and isolated Aboriginal and Torres Strait Islander communities as described in this report be endorsed by the QAS. (s11.7)
10. That key features of the service model include:-
 - the provision of two (2) permanently employed qualified QAS officers living in the community providing a minimum of one officer rostered coverage teamed with trained members of the community able to respond 24 hours per day 7 days a week.
 - a service with an extensive role in health promotion and education and injury prevention initiatives and in the provision of support to traditional healing initiatives.
 - a service that assumes a wider range of roles than is the case in urban and less isolated areas including for example:
 - the provision of leadership in problem solving around health care access problems;
 - the provision of community wide first aid training relevant to the experiences of families (ie taking training to family groups and tailoring the training to the health care needs of family members);
 - the provision of first aid training to Council employees and to other human service providers;
 - a service that co-ordinates a clinic transport service and assists with the training of locals as ambulance officers;
 - a service that is closely co-ordinated with other services and agencies to identify obstacles to health care access and provide leadership in establishing a comprehensive and integrated system of health care transport;
 - an operationally independent service but integrated into the health care continuum and where appropriate underpinned by a service

- agreement between Queensland Health, the QAS and other relevant agencies;
- a service with close links with paramedic services; and
- a service with access to the QAS Priority One Program (employee assistance scheme) to provide timely and appropriate counselling and debriefing services. (s11.7)

The authors wish to acknowledge and thank the Mornington Island and Doomadgee communities, who accepted us into their community and were giving of their time and effort. Without the guidance, ideas and generosity of community members the success of this Project would not have been possible.

Key Guidelines for Consultation and Service Development in Remote Aboriginal and Torres Strait Islander Communities

11. That the QAS further develop, finalise and prepare for publication the guidelines for consultation and service development in remote Aboriginal and Torres Strait Islander communities discussed in this report and that the guidelines be endorsed by the QAS and included in the policy framework for the delivery of pre-hospital services in remote and isolated Aboriginal and Torres Strait Islander communities. (s11.7)

The QAS Training Curriculums.

12. That the development of the curriculums for Aboriginal and Torres Strait Islander communities proceed in consultation with a relevant range of training and education bodies including VETEC, Australian National Training Authority, Aboriginal and Torres Strait Islander Curriculum Consortium and Rural Health Training Units etc and be consistent with national standards and guidelines. (10.3)
13. That the QAS continue to proceed with the review and development of appropriate training curriculums necessary to support the proposed model of service delivery including:
 - training for Aboriginal and Torres Strait Islander community members as ambulance officers, ambulance transport officers and honoraries;
 - Diploma level education and training in cross cultural communication and practice in indigenous health care;
 - continuing education for ambulance officers working with Aboriginal and Torres Strait Islander communities (urban, rural and remote);
 - remote Aboriginal and Torres Strait Islander Extended Care training for ambulance officers wishing to work with remote indigenous communities;
 - an elective component in the paramedic training which deals with remote Aboriginal and Torres Strait Islander components;
 - continuing professional development and clinical education and support for officers working with remote Aboriginal and Torres Strait Islander communities; and
 - community education for remote Aboriginal and Torres Strait Islander communities. (s9.8)

The QAS Statewide Aboriginal and Torres Strait Islander Co-ordination Unit

14. That a statewide Aboriginal and Torres Strait Islander Unit based in Far Northern Queensland be established within the QAS to provide a systematic approach to meeting the pre-hospital care needs of Aboriginal and Torres Strait Islander communities. (s9.8)
15. That QAS establish links between TAFE or tertiary institution based education and employment preparation programs, bridging courses and the QAS ambulance training courses with a view to addressing the learning and educational needs of prospective recruits from Aboriginal and Torres Strait Islander communities. (s10.3)
16. That an Aboriginal and Torres Strait Islander Educator be appointed with the responsibility of co-ordinating support to Aboriginal and Torres Strait Islander recruits to assist them to complete their studies and remain in employment with the QAS. (s10.3)

Further Research

17. That a longitudinal study into the efficient and effective introduction of a pre-hospital service in remote Aboriginal and Torres Strait Islander communities be conducted. (s13.2)
18. That research be conducted to explore strategies for meeting pre-hospital care needs in remote and smaller Aboriginal and Torres Strait Islander communities. (s13.2)