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Isolation has its benefits

BY LINDY SWAIN, MPS

Danielle Deidun, was an invited speaker at the PAC13 rural session. She challenged and excited us with her stories of developing clinical services in the hospitals of the East Kimberley in Western Australia.

Danielle moved to Kununurra in early 2012 to take up a newly created pharmacy position focusing on medication reconciliation and medication review. There are three hospitals in the East Kimberley, Kununurra, Wyndham and Halls Creek, each supplied with medications by Broome hospital, 1,000 km to the west of Kununurra. With no registered pharmacy on the hospital premises the position requires minimal dispensing. Until Danielle took up her role in Kununurra none of these hospitals offered any clinical pharmacy services.

Although familiar with living and working in isolated environments, having worked as a volunteer in Malawi, Danielle has still found the professional isolation challenging and relies heavily on regular phone and email contact with colleagues in other parts of the state and the rest of Australia. Continuing professional development requires some co-ordination, but with regular education sessions arranged with the rest of the hospital team, it is still achievable.

Interdisciplinary care is essential in patient care in this region as continuity of care is difficult because of both the mobility of patients and the transience of health professionals. Although there are a core group of health professionals including nurses, doctors and allied health staff that have been located in the East Kimberley long term, short term and locum contracts are common.

Danielle's day may consist of driving 370 km to Halls Creek hospital,

conducting staff training in medication reconciliation or medicines use and providing medication review services or co-ordinating primary health services to follow up patients that have recently been in hospital. Many of her patients may be from remote Indigenous communities with cultural and language barriers posing huge challenges to effective communication about health and medicines. During the dry season the many Grey nomads [retired people in campervans] travelling through the region provide their own challenges as they often have complex medical histories, multiple medications and are thousands of kilometres from home. Many travellers do not anticipate their medication needs and place a huge burden on existing medical and pharmacy services.

The lack of integration of Aboriginal medication access schemes causes great frustration in the East Kimberley, as it does elsewhere. The community pharmacy in Kununurra is charged with supplying the Kununurra-based Aboriginal medical service and other East Kimberley remote Aboriginal communities with Section 100 services (free medications for remote Aboriginal Health Services). The GP services provided through Kununurra hospital are ineligible to become accredited to provide Close the Gap (CTG) prescriptions this causes much confusion with Aboriginal patients as to why they sometimes get free medicines and sometimes have to pay for prescriptions.

Similarly, the GPs in Wyndham, 100 km away, are unable to write CTG prescriptions. There is also no community pharmacy, no registered pharmacy on the hospital premises and no Section 100 supply of medicines in Wyndham, resulting in a heavy reliance on use of starter packs and prescriber dispensing.

There is allowance in the legislation for remote area nurses to supply medicines in remote clinics on the basis of various symptomatic algorithms and phone prescribing. This is relevant only in the remote clinics however, and is not allowed within the hospitals. Currently there are no accredited nurse practitioners in any of the East Kimberley Hospitals.

In remote clinics and Aboriginal medical services with S100, dispensing is carried out by accredited remote area nurses and appropriately trained pharmacy assistants, who are often Aboriginal Health Workers. As none of these places are registered, pharmacists are not legally permitted to dispense on these premises. In hospitals there is allowance for prescribers to dispense medicines in situations when a community pharmacy is not open.

The Kimberley Standard Drug List (KSDL) is a recommended list of medicines prescribed and available through clinics across the Kimberley. This list is a collaborative initiative between the State Government health providers and the Aboriginal Medical Services. Having such a list guides prescribers, minimises stock, reduces wastage and ensures reliable access to medicines for mobile populations across the region.

Working in an incredible remote community, such as Kununurra and the wider East Kimberley, provides an opportunity to constantly adopt new perspectives. Living and working with your colleagues and clients allows you to understand the challenges of social, emotional and physical wellbeing and gives opportunities for opening up communication that might not be available in larger communities. And of course, there is the sensational Kimberley backyard!