A Showcase of research and quality projects for Medicine, Nursing and Allied Health

Cairns Hospital Auditorium
Wednesday 3 August

Cairns and Hinterland Hospital and Health Service
Workshop Aim: Reforms in approaches to Aboriginal and Torres Strait Islander research are based on the need for researchers to acknowledge and respect different world views, knowledge systems and perceptions of benefit which impact on engagement, methodology and knowledge translation. This workshop will challenge participants to examine their own world views, knowledge systems and research approaches which influence how they engage with and conduct research with Aboriginal and Torres Strait Islander peoples.

Focus: This workshop will focus on research in a health context and is open to experienced researchers at different levels, early career researchers and those considering a research career.

2016 Workshop Date: 2nd August  
Cost of Program: Free

Venue: Room 1 Education Centre, 3rd Floor Block A (west) Cairns Hospital

Length of Program: 3 hours: 3pm-6pm (program will commence at 3pm sharp)

Workshop Outline:
- Welcome, aims and format
- Brief overview of the history of research in an Aboriginal and Torres Strait Islander context
- Examination of epistemologies, ontologies and axiologies and relevance to research
- Engagement, ethics and protocols
- Methodology, benefit, impact and research knowledge translation
- Sustainability

Pre reading: Selected readings will be provided via email to participants prior to the workshop.

Workshop Presenters: Professor Yvonne Cadet-James, Dr Felicia Watkin Lui
### Opening session 8:15am – 10.15am

**Research to improve the quality of care**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>7.45</td>
<td>Registration opens</td>
<td>Gudjugudju, Elder of the Gimuy Walubara Yidinji people</td>
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<tr>
<td>08:15</td>
<td>Welcome to Country</td>
<td>Clare Douglas Acting Chief Executive CHHHS</td>
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<tr>
<td>08:50</td>
<td>Symposium Opening</td>
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<tr>
<td>08:50</td>
<td>Reflecting on past, present and future directions in Indigenous research</td>
<td>Keynote Speaker Professor Yvonne Cadet-James</td>
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<tr>
<td>09:30</td>
<td>The long path to the north: Ageing and research in Cape York and the Torres Strait</td>
<td>Associate Professor Edward Strivens</td>
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<td>09:45</td>
<td>Dementia in the Torres Strait: Risks, rates and future directions</td>
<td>Sarah Russell</td>
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<td>10:00</td>
<td>Investigating outcomes for Aboriginal and Torres Strait Islander people after brain injury</td>
<td>India Bohanna</td>
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**Morning Tea Break: 10.15am-10.40am (25 Mins)**

### Session 2 10:40am – 12.20 pm

**Improving access to care**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>10.40</td>
<td>Striving towards a Centre of Excellence in Indigenous Primary Health Care: The Inala experience</td>
<td>Keynote Speaker Associate Professor Noel Hayman</td>
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<tr>
<td>11.20</td>
<td>Preventable hospitalisations in Far North Queensland – potential for primary health</td>
<td>Linton Harriss</td>
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<tr>
<td>11:35</td>
<td>Aligning what gets measured with what matters</td>
<td>Malcolm McDonald Kenny Lawson</td>
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<td>11:50</td>
<td>Early childhood anaemia in Cape York remote communities</td>
<td>Dympna Leonard</td>
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<tr>
<td>12.05</td>
<td>Developing a culturally safe and accessible service: An occupational therapy and Home and Community Care partnership</td>
<td>Moira Mau Robyn Glynn</td>
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**Session 3**  
**12:55pm – 2:35pm**

**Linking across health services**

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tr>
<td>12:55</td>
<td>Apunipima’s Journey over the last 21 years</td>
<td>Cleveland Fagan</td>
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<td>13:35</td>
<td>‘Coming to town’: a new approach?</td>
<td>Hylda Wapau</td>
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<tr>
<td>13:50</td>
<td>Aboriginal and Torres Strait Islander Stroke Project: A model for evidence-based and culturally appropriate stroke care</td>
<td>Jennifer Mann</td>
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<tr>
<td>14:05</td>
<td>Can speech pathologists reduce ENT Specialist outpatient waiting lists?</td>
<td>Natalie Winter Lenelle</td>
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<tr>
<td>14:20</td>
<td>Thinking outside the box: group therapy for Aboriginal people with chronic apraxia</td>
<td>Jessica Topp</td>
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**Afternoon Tea Break: 2.35pm – 2.50 pm (15 mins)**

**Session 4a Care closer to home**

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>14:50</td>
<td>Research at Apunipima</td>
<td>Alan Ruben</td>
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<td>15:30</td>
<td>Coming home – the experience of developing a satellite haemodialysis service</td>
<td>Daniel Winters-McAppion</td>
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<td>Samantha Smith</td>
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<td>15:45</td>
<td>Tele-pharmacy and CKD – A Making Tracks investment strategy</td>
<td>Laura Johnstone</td>
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<tr>
<td>16:00</td>
<td>A tale of two hubs: Building community health assets for Mums n Bubs in West Cairns</td>
<td>Colin Baskin</td>
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<tr>
<td>16:15</td>
<td>Expanding the dietitian’s scope of practice: Improved access to gastrostomy services for cancer care patients</td>
<td>Kara Cronin</td>
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<tr>
<td>16:30</td>
<td>When substance use becomes an emergency – a report from Far North Queensland</td>
<td>Linton Harriss</td>
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### Session 4b  Cultural safety in healthcare

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<tr>
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<th>Session Title</th>
<th>Presenter(s)</th>
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<tr>
<td>14:50</td>
<td>Flu-Shot not FluVax</td>
<td>Deborah Hunt</td>
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<tr>
<td>15:05</td>
<td>Differences between Normal, Stable MCI, and Converters across health, screening, demographic, and neuropsychological variables at a regional memory clinic in far north Queensland</td>
<td>Kerry Francis</td>
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<tr>
<td>15:20</td>
<td>Measuring a health service’s Aboriginal and Torres Strait Islander cultural capability: An audit and compliance framework pilot project</td>
<td>Simon Costello</td>
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<tr>
<td>15:35</td>
<td>Applying pharmacy telehealth to improve medication outcomes for Aboriginal and Torres Strait Islander people</td>
<td>Adam Hogan, Rachel Bernays</td>
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<td>15:50</td>
<td>Essentially sexual – Doing it in large groups in the name of education</td>
<td>Simon Doyle-Adams</td>
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<td>16:05</td>
<td>ReVive (Recruitment of Volunteers to Improve Vitality in the Elderly) – Cairns Hospital</td>
<td>Keith Layton</td>
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<td>16:20</td>
<td>Sink or swim – Lessons from a mixed method evaluation of a physical activity program for Aboriginal and Torres Strait Islander people</td>
<td>Ashleigh Sushames</td>
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<tr>
<td>16:45</td>
<td><strong>Presentation of Awards</strong></td>
<td>Donna Goodman</td>
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### Poster Session: posters will be displayed in the auditorium foyer

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<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td>1</td>
<td>Not Too Young for Dementia: A Young Onset Dementia Diagnosis Guide</td>
<td>Denise Craig</td>
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<td>2</td>
<td>Meeting the challenge of developing a culturally appropriate model of dementia care for the most disadvantaged and isolated Indigenous communities in far North Queensland, Australia</td>
<td>Sarah Russell, Edward Strivens, Gavin Miller, Sharon Bonython-Ericson</td>
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<tr>
<td>3</td>
<td>Evaluating the utility of the Kimberly Indigenous Cognitive Assessment short form (KICA screen) in a tele-health setting</td>
<td>Sarah Russell, Rachel Quigley, Edward Strivens</td>
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<tr>
<td>4</td>
<td>Can what you don't know hurt you? A study of misconceptions, knowledge gaps and commonly held beliefs about dementia within Aboriginal and Torres Strait Islander communities in far north Queensland Australia</td>
<td>Sarah Russell, Edward Strivens, Gavin Miller, Sharon Bonython-Ericson</td>
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<tr>
<td>5</td>
<td>Screening for depression among Indigenous youth in Yarrabah using the adapted PHQ-9</td>
<td>Mary Kyle, Edward Murgha</td>
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<td>6</td>
<td>Looking after your mates – Yarrabah’s 2016 Young Person’s Health Check</td>
<td>Katrina Connolly</td>
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<tr>
<td>7</td>
<td>Can allied health reduce ENT Specialist outpatient waiting lists?</td>
<td>Natalie Winter Lenelle Cibau</td>
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<tr>
<td>8</td>
<td>Does singing increase participation in group cognitive communication therapy for patients with dementia?</td>
<td>Petra McLean Shani Davi</td>
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<td>9</td>
<td>Dengue from the tiger: a new challenge for Australia</td>
<td>Odwell Muzari</td>
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<tr>
<td>10</td>
<td>Student Paediatric Physiotherapy Outpatient Training Initiative (SPPOTI)</td>
<td>Emma Flint Lauren Phillips Lynda McNamara</td>
</tr>
</tbody>
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*Morning tea, lunch and afternoon tea will be provided in the auditorium foyer*
Session one: Research to improve the quality of care

Keynote Speaker

Reflecting on past, present and future directions in Indigenous research
Professor Yvonne Cadet-James, Australian Aboriginal and Torres Strait Islander Centre, James Cook University

While the focus is often on the negative factors which impact on Indigenous research and the outcomes, much has happened over a relative short period of time to improve approaches to Indigenous research. Stronger commitments from research institutions, researchers, funding bodies, policy makers and other key stakeholders to ensure that research is effective, meaningful, beneficial and ethically sound has been instrumental in making a difference. This has been the result of strong Indigenous leadership and support from colleagues in bringing about research reform. In addition increased research understanding, capacity and demand for reform by Indigenous organisations and communities has also driven the change. As there is still much to be done, reflecting on the past and present sets the scene to think about future directions for Indigenous research. What will that look like? This presentation will address some reflections and thoughts on future directions.

The long path to the north: Ageing and research in Cape York and the Torres Strait
Dr Edward Strivens, Associate Professor, James Cook University, Clinical Director, Older Persons Sub-acute and Rehabilitation, Cairns and Hinterland Hospital and Health Service

Background and rationale
Aboriginal and Torres Strait Islanders in Far North Queensland face unique and diverse health challenges, often distinct and more complex than those faced by other older Australians. Consequently both clinical services and research must be driven by community owned concerns to achieve success. Over the last 17 years, our research group has followed the long path to work with local partners to address issues of ageing within Aboriginal and Torres Strait Islander communities of Cape York and the Torres Strait.

Methods and Results
This presentation will describe the process of engagement, collaboration and design that this team has used when partnering with local communities in a variety of clinical and research projects focussing on ageing well, cognitive disorders and other diseases of ageing.

Implications for Aboriginal and Torres Strait Islander health
An approach to research that puts locally relevant clinical questions first, and in collaboration with local community partners, can be used to derive methods of project design, potentially leading to improved health outcomes.

Key message
Research can be effectively used as a way of answering specific clinical questions relevant and important to local communities and groups but only when engagement and reciprocity are paramount.
Dementia in the Torres Strait: Risks, rates and future directions

Sarah Russell, Clinical Neuropsychologist, Postdoctoral Research Fellow, James Cook University
Edward Strivens, Associate Professor, James Cook University, Clinical Director, Older Persons Sub-acute and Rehabilitation, Cairns and Hinterland Hospital and Health Service
Gavin Miller, Senior Medical Officer, Geriatric Medicine, Cairns and Hinterland Hospital and Health Service

Background and rationale
Recent research in both remote and urban Aboriginal communities has demonstrated higher rates of dementia, although the rates and risks factors for dementia in Torres Strait Islander communities remain unknown. This study aims to assess the prevalence of dementia within the Torres Strait, as well as determining potential risk factors and the prevalence of other diseases of ageing.

Methods
In a rolling prevalence study, 111 Torres Strait residents aged 41 to 91 years (M=64.1, SD11.4) were recruited, with 94% residing in the community. Participants underwent a full health assessment using the KICA Healthy Adults Survey, as well as a separate Geriatrician assessment.

Results
Dementia prevalence was 11.7%, significantly higher than in the general Australian population. All but one were diagnosed with Alzheimer’s disease (AD), vascular dementia (VaD) or mixed AD/VaD. Overall, cognitive impairment was found in 31% of the sample. Vascular risk was high, with 91% of those with cognitive impairment & 76% of those with normal cognition having at least one risk.

Implications for Aboriginal and Torres Strait Islander health
The results highlight the high levels of vascular risk and the potential impact of cognitive impairment and dementia in the Torres Strait. The need for a culturally appropriate model of care is also crucial to effectively address this problem and there is a role for all health professionals to actively promote healthy lifestyles across the lifespan to reduce dementia risk.

Key message
Increased dementia prevalence has been identified in the Torres Strait highlighting the urgent need for culturally appropriate, flexible models of care in these communities.

Investigating outcomes for Aboriginal and Torres Strait Islander after brain injury
India Bohanna, NHMRC Research Fellow in the College of Public Health at James Cook University

Background and rationale
Whilst there is a paucity of research into Aboriginal and Torres Strait Islander brain injury, rates of hospitalisation for head injury are higher and many of the risk factors for brain injury are also much higher in the Aboriginal and Torres Strait Islander compared to non-Indigenous population. Our ongoing program of research seeks to understand what is required to support people who have sustained a traumatic brain injury, after they are discharged from hospital as well as in their communities.

Methods
This presentation will detail qualitative consultations conducted in 2012-2013, as well as a current program of NHMRC funded research, seeking to examine the transition from hospital to home following traumatic brain injury (2015-2017). Both qualitative and quantitative methods are being used, to examine: cultural, social and clinical needs following traumatic brain injury; factors leading to good/poor outcomes following injury; participant experiences navigating the health service system following injury; and the lived experience of recovery from traumatic brain injury.
Results
Results of consultations in 2012 demonstrated: a lack of transition support for individuals returning home after injury; lack of knowledge regarding the causes and outcomes of a traumatic brain injury; lack of evidence-based understanding of what leads to good outcomes for Aboriginal and Torres Strait Islander people returning home after brain injury. The current study seeks to further investigate these issues using qualitative and quantitative measures, and aspects of this study will be described.

Implications for Aboriginal and Torres Strait Islander health
Our research thus far has shown that we understand very little about what will lead to good transition outcomes and community re-integration after brain injury for Aboriginal and Torres Strait Islander people. Our research seeks to elucidate this issue, providing the first systematic evidence regarding what is needed to improve the transition from hospital to home following brain injury.

Key message
Further investigation is required to understand how best to support Aboriginal and Torres Strait Islander people following traumatic brain injury, and how to turn this evidence into sustainable and transferable knowledge.

Session two: Improving access to care

Keynote Speaker

Striving towards a Centre of Excellence in Indigenous Primary Health Care: The Inala experience
Associate Professor Noel Hayman, Clinical Director, Inala Indigenous Health Service

Lack of appropriate health service provision for Aboriginal and Torres Strait people still remains an important social determinant of ill health. Historically, health services have been absent or inappropriate. Cultural factors, financial factors and distance from health services have been important barriers limiting indigenous access to mainstream health services.

The Inala Indigenous Health Service (IIHS), a mainstream health service has been in operation since 1995, and today has over 10,000 patients registered. The IIHS has analysed 413 Adult Health Checks aged 15-54 years in 2009 (Published in MJA). The Adult Health Checks provide an opportunity to evaluate health status, identifying chronic disease risk factors and for implementing preventive care. For every 26 health checks completed and new diabetic is diagnosed. High prevalence rates of CVD risk factors were found. All health check information is now entered into Eric (community data base) so that the prevalence of any risk factor over time can monitored and interventions implemented were needed.

Preventable hospitalisations in Far North Queensland – potential for primary health?
Linton Harriss, Senior Research Fellow, Centre for Chronic Disease Prevention, James Cook University

Background and rationale
The AIHW routinely collects and analyses potentially preventable hospitalisation (PPH) data (sourced from hospital diagnosis and procedure codes) as a component of the National Health Performance Framework to monitor and benchmark Australia’s health system performance. Specifically, PPH rates are
used to measure the quality and effectiveness of non-hospital primary and other community health services. The PPH data are classified into three main groups - vaccine preventable, chronic health and acute medical conditions. Hospitals in Far North Queensland (FNQ) have amongst the highest rate of PPH in Australia. The objective of this study was to characterise PPH by Indigenous status in Cairns Hospital to inform improvements required in primary health.

Methods
Cross-sectional analysis using QHAPDC (Queensland Hospital Admitted Patient Data Collection) data between 1 July 2012 and 30 June 2014. Records were linked to individuals using the unique Unit Record Number (URN). PPHs were identified from ICD-10-AM discharge diagnosis codes and relevant procedure codes using the National Healthcare Agreement definitions. Age-standardised presentation rates were calculated using the Australian 2001 reference population.

Results
Over the two-year period 2012-14 there were 68,867 separations from Cairns Hospital, of which three quarters (51,087, 74%) were to people residing in 10 Statistical Local Areas in the immediate Cairns area. Of these 5,488 (10.7%) were classified as PPH. Of these, 2,759 (50%) were among adults aged 45-84 and 1,420 (26%) among Indigenous adults. Of the PPHs, the following are stand-outs: COPD (n=620), diabetes complications (n=432), CCF (n=375), Asthma (n=258), Angina (n=322), Pyelonephritis (n=976), cellulitis (n=257), gangrene (n=126) and together represent 61.3% of all PPHs. The latter 3 conditions, while presenting acutely, often reflect a chronic underlying condition (e.g. diabetes). Indigenous people were 3.5 times more likely to have a PPH than non-Indigenous people.

Implications for Aboriginal and Torres Strait Islander health
Indigenous people carry a disproportionately high burden of disease which results in higher rates of hospital admission; much of which is potentially preventable.

Key message
Opportunities exist to enhance current co-ordinated hospital avoidance and primary health services in regional Queensland targeting common conditions, especially for Indigenous Australians.

Aligning what gets measured with what matters
Malcolm McDonald, Consultant Physician, Apunipima Cape York Health Council and Centre for Chronic Disease Prevention, James Cook University
Kenny Lawson, Associate Professor and Principal Health Economist, Centre for Health Research, School of Medicine, Western Sydney University

What gets measured gets managed. Surrogate markers are essential tools, both in research and day-to-day clinical practice; for example glycosated haemoglobin and blood pressure, are used to modify risks of ‘hard’ outcomes that include kidney failure, ischaemic cardiac events, stroke and all-cause mortality. In many settings, surrogates are all we have. Current research agendas and health funding models heavily rely on surrogate-based endpoints and key performance indicators [KPIs]. Whilst surrogates are convenient and provide immediate information, they are not always reliable guides. As such, there is an obligation to ensure that they are appropriate, reliable and validated in context. By contrast, hard outcomes, the real consequences of health and illness, are realised over extended timeframes. For a host of reasons, hard endpoints have the greatest social, emotional and economic impact for people at the far end of the health system; those in rural and remote settings, especially Indigenous Australians.

We propose a research and health service assessment approach that transparently aligns short-term decision making with patient-centred and longer-term hard outcomes, taking into account community, cultural and environmental factors, especially remoteness. We explore how communities can have a major say in determining the health indicators that are measured and managed, and how solutions are evaluated and rewarded. In this way, the research emphasis can better move from just identifying problems towards finding meaningful solutions.
Early childhood anaemia in Cape York remote communities

Dympna Leonard, Public Health Nutritionist, PhD candidate at James Cook University

Background and rationale
Anaemia in early childhood is associated with reduced immunity, delayed development and poorer education outcomes. ‘Child Health Checks’ (CHC) include measurement of haemoglobin to diagnose anaemia. Effective interventions to prevent early childhood anaemia combine nutrition promotion and multi-micronutrient supplementation. An audit of Apunipima CHC records for eight of the eleven remote Cape York communities for quality assurance will provide information for community consultations, service planning and evaluation.

Methods
Information on haemoglobin was available for 155 children (53% boys) aged 6 up to 24 months, an estimated 94.5% of resident Aboriginal and Torres Strait Islander children of that age. Only the most recent haemoglobin result, measured between February 2014 and October 2015, was extracted. Information was downloaded into Excel and imported into SPSS (IBM SPSS Statistics 22) for analysis.

Anaemia was defined as per the Chronic Conditions Manual 2015 (haemoglobin less than 105 g/L in babies aged from 6 months up to 12 months, and haemoglobin less than 110 g/L for children from 12 months).

Results
About one in three children aged from 6 months up to 24 months was anaemic at the most recent haemoglobin measurement. There was more anaemia among children over 12 months, and more anaemia among boys compared to girls but these differences were not statistically significant. The prevalence of early childhood anaemia found here is higher than for most other Australian children but consistent with information for remote northern Australia.

Implications for Aboriginal and Torres Strait Islander health
Routine health service information is subject to measurement and other errors and these results should be verified. Subject to that, the information shows that early childhood anaemia is prevalent in the remote communities of Cape York. Effective interventions to prevent early childhood anaemia are available and could contribute to improved early childhood health and development, and to improved educational outcomes.

Key message
Despite limitations, routine quality assurance audits can provide information for community decision making about health issues and health services. Long established in the Northern Territory, an equivalent system would be of value in Queensland.

When substance use becomes an emergency – a report from Far North Queensland

Linton Harriss, Senior Research Fellow, Centre for Chronic Disease Prevention, James Cook University

Background and rationale
Emergency Department (ED) presentations for substance use disrupt clinical workflow and are challenging for staff and other patients. People presenting have complex conditions and are frequently hospitalised. In more rural and remote areas, these problems may be exacerbated. This study describes substance use ED presentations at a major regional public hospital in Queensland, Australia, and the overall health problems commonly experienced by people presenting with this diagnosis.

Methods
Cross-sectional analysis of ED presentations between 1 July 2011 and 30 June 2014.
138,755 emergency presentations linked at record level to 65,608 local residents. Demographic and clinical characteristics of people who presented with any substance use diagnosis (ICD-10-AM codes F10-F19) during the study period compared with people who had no such diagnosis.

Results
Substance use was the primary discharge diagnosis for 2,067 presentations (involving 1,265 individuals); 1.5% of all emergency presentations. Alcohol use accounted for most of the 2,067 visits (81.4%). Substance use presentations were more likely to arrive by ambulance (RR=1.93, 95%CI=1.87-1.99; p<0.001) and leave before treatment was completed (RR=2.22, 95%CI=1.98-2.49; p<0.001). The Indigenous age-standardised presentation rate (454.4 per 1,000 population) was nearly double the non-Indigenous rate (258.5). The median number of ED visits for all diagnoses among people with any substance use presentation was 3 (IQR=1-7) compared with 1 for other people [IQR=1-2, p<0.001]. This substance use group also had double the proportion of visits for other mental and behavioural conditions (11.3% and 4.9% respectively, p<0.001).

Implications for Aboriginal and Torres Strait Islander health
Properly targeted strategies, including services for Indigenous Australians, to manage these complex problems in the community may be effective in improving health status and reducing avoidable hospital use.

Key message
People who present to the ED for substance use have a high burden of chronic mental and other health problems and frequently use hospital services. The burden is highest for Indigenous Australians.

Session three: Linking across health services
Apunipima’s Journey over the last 21 years
Cleveland Fagan, Chief Executive, Apunipima Cape York Health Council (Invited Speaker)

Apunipima is a Cape York health organisation and is a part of the national community controlled health sector. We were established in 1994, by the people for the people. Our key aspirational goal was for the people to have control over their health. Control over our lives is an important foundation for all Aboriginal and Torres Strait Islander people as this was taken away through previous government policies and actions. Apunipima has been mandated by Cape York communities with progressing the community control agenda in Cape York and while there has been significant resistance, the communities know that this is the only sustainable, appropriate and common sense way to improving not only our health but our overall wellness. It has been a long journey based on our key focus of finding where things have worked well to provide positive outcomes, which we then worked out how this would work in Cape York. There have been mistakes, opportunities lost and it has been slow, but we have also had a lot of success and see changes in our people that continue to hold us to continue the work that was started 21 years ago with the creation of Apunipima.

‘Coming to Town’: a new approach?
Hylda Wapau, Primary Health Care Educator, Apunipima Cape York Health Council

Background and rationale
Coming-to-town for healthcare poses great challenges, especially for Indigenous Australians from remote communities. Numerous organizations are involved, communications are often fragmented and there is no central coordinating body. The system frequently fails to deliver and this generates unnecessary and often preventable cost burdens through missed flights, missed appointments, missed opportunities and extra administration. People lose out on treatment and may even need subsequent evacuation for entirely preventable health crises. A CTT workshop was planned to include service providers from Queensland Health, Red Cross, Royal Flying Doctor Service, Molokai Rosie Bi-Bayan, WuChopperen Health Service, Skytrans and Apunipima Cape York Health Council. The aim was to produce a set of practical and achievable recommendations.
Methods
The workshop was on June 10th 2016. Participants were divided into small multidisciplinary groups; each was given a different [de-identified but real] coming-to-town scenario. The task was to identify and prioritize key issues and explore ways to address them. Scenario suggestions were then shared with the larger group before all participants jointly crafted the final recommendations. Participants were also asked to individually post suggestions on a ‘wish list board’. A participant assessment surveys was conducted at the end of the workshop and a follow-up online survey planned after 6 weeks. There was prior QH ethics approval so that proceedings and conclusions could be published.

Results
There were 32 participants. The concluding survey indicated the workshop was well-received and people valued the collaboration across the sectors. There were 6 primary recommendations plus numerous suggestions posted on the wish list. The best supported recommendation was establishment of a CTT Hub with local coordinating team and community-based representatives. The recommendations will be discussed in more detail plus plans to mount a business case and secure funding.

Implications for Aboriginal and Torres Strait Islander health
Implementation of the workshop recommendations and support of all key service providers could make coming-to-town for healthcare less stressful, less costly and more culturally acceptable with better health outcomes for the travellers, their families and communities.

Key message
Coming to town for healthcare is messy and stressful. This should be addressed.

Aboriginal and Torres Strait Islander Stroke Project: A model for evidence based and culturally appropriate stroke care
Jennifer Mann, Clinical Co-ordinator of the Aboriginal and Torres Strait Islander Stroke Care Team

Background and rationale
In 2009, the National Stroke Foundation Acute Stroke Audit identified that Aboriginal and Torres Strait Islander patients had poorer access to stroke services and received a reduced quality of stroke care in the same hospitals than their non-Indigenous counterparts. In response to these findings, the CHHHS received funding from the Council of Australian Governments to investigate the service requirements of Aboriginal and Torres Strait Islander stroke survivors who access Cairns Hospital. The aim of this study was to provide recommendations for a model of stroke care that is evidence based and culturally effective.

Methods
This was an exploratory, cross sectional study using multiple methods of data collection.
1. Interview with key informants
2. Chart audit of acute episode of stroke care for Aboriginal and Torres Strait Islander patients admitted to the Cairns Acute Stroke Unit and comparison with National quality indicators.

Results
Study results indicate that Aboriginal and Torres Strait Islander people are not aware of stroke signs and symptoms and have difficulty accessing stroke services due to geographic barriers and service limitations. Aboriginal and Torres Strait Islander people are more likely to have a stroke at a younger age and are more likely to experience chronic co-morbidities. The results of this study emphasise the benefits of a highly co-ordinated multi-disciplinary team specific to the care of Aboriginal and Torres Strait Islander stroke survivors to enable fully engaged and integrated care, and positive discharge outcomes.

Implications for Aboriginal and Torres Strait Islander health
This study provides evidence for a co-ordinated and integrated response to the clinical care of Aboriginal and Torres Strait Islander stroke survivors. It also identifies the gaps in follow-up care post stroke.
Furthermore, this study provides evidence for the design and implementation of targeted primary prevention strategies across the Cape and Torres Strait.

Key message
An integrated and culturally responsive model of care is beneficial in achieving positive health outcomes for Aboriginal and Torres Strait Islander stroke survivors.

Can speech pathologists reduce ENT Specialist Outpatient waiting lists?
Natalie Winter, Lenelle Cibau, HP5 clinicians working at extended scope in Speech Pathology and ENT Departments, Cairns Hospital

Background and rationale
In October 2015, Cairns and Hinterland ENT Specialist Outpatient Clinic had 3626 patients waiting longer than recommended timeframes. Speech pathologists (SPs) have specialist skills applicable to ENT conditions. Other HHSs have used SPs to successfully reduce ENT waiting lists without requirement of ENT specialist input. CHHHS speech pathologists implemented a First Contact clinic for suitable patients to reduce the demand on ENT Specialist Outpatients and to streamline services.

Methods
2956 category 2 and 3 ENT referrals were audited by a speech pathologist and an ENT consultant in an 8 month period. Relevant referrals were diverted to the ENT Specialist Speech Pathology (ENT SP) Service and removed from the ENT waiting list. Diverted patients were seen by an advanced speech pathologist for assessment. An ENT consultant attended the end of the appointment to review nasendoscopic assessment and allow joint decision making. Patients were discharged from ENT and ENT SP, referred for ongoing SP or other specialist care, or returned to ENT. Data collection included number of patients seen, respective clinic pathway, discharge rates, referrals for ongoing treatment, and patient satisfaction.

Results
84 patients were identified from the clinical audit as suitable for diversion to the ENT SP Service. 70 patients (82%) were discharged without need for ENT specialist input. 18 (20%) were referred for ongoing SP management or to other services. All patients were seen earlier than if they'd remained on the ENT waitlist. 92% of patients who completed consumer feedback surveys reported the quality of the ENT SP service as excellent. The ENT SP service removed 3% of the total ENT waiting list.

Implications for Aboriginal and Torres Strait Islander health
Eligible patients are receiving a timely and quality service for assessment of swallowing and voice conditions. The ENT SP service could be adapted into an outreach model to be more accessible to Aboriginal and Torres Strait Islander people living in rural and remote areas.

Key message
Speech pathologists can provide a timely, valued, and effective first contact service to suitable category two and three ENT patients. ENT SP services can reduce ENT waitlists by 3% and achieve an 82% discharge rate.

Thinking outside the box: Group therapy for Aboriginal patients with chronic apraxia of speech
Jessica Topp, Speech Pathologist, Cairns Hospital

Background and rationale
Apraxia of speech (AOS) is a motor speech disorder which can have debilitating effects on a person’s ability to communicate post-stroke. The vast majority of AOS research focuses on individual therapy approaches. The Aboriginal and Torres Strait Islander stroke team had a number of outpatients with chronic AOS with varying levels of engagement with speech pathology services. This project aimed to investigate whether group therapy was an effective method of engaging A&TSI patients with services and improving functional outcomes in chronic AOS.
Methods
Three patients from different geographical areas with moderate-severe chronic AOS were identified from the existing wait list. The patients were offered support from Patient Travel to attend an intensive therapy block in Cairns consisting of seven sessions in a ten day period. Established individual AOS therapy methods were combined with an aphasia group therapy structure to develop treatment plans. Outcome measures included patient attendance, impairment-based measures of articulation, self-report via visual analogue scales and informal interview and carer report.

Results
One patient was unable to attend at late notice. There was a high level of engagement with the remaining two patients attending six of the seven therapy sessions. The patients enjoyed sharing experiences and responded well to feedback from a peer. Patients reported general improvements in speech and increased confidence in using speech as primary means of communication despite only minor improvements in impairment-based measures. The model may have been less cost-effective than individual sessions given only two participants were able to attend.

Implications for Aboriginal and Torres Strait Islander health
Delivering culturally appropriate services should be an ongoing goal for all clinicians. This small project identified that Aboriginal and Torres Strait Islander patients with chronic impairments post-stroke may respond well to feedback and support from peers as opposed to clinician-centred models. Administrative support would assist in improving time and cost-effectiveness of organising attendance for remote patients.

Key message
Adapting traditional service delivery models for patients with chronic impairments post-stroke may be beneficial in increasing patient engagement with services and in achieving functional outcomes.

Session four a: Care closer to home

Alan Ruben, Senior Outreach Community Paediatrician, Public Health Physician (Invited Speaker)
Jacki Mein, Senior Medical officer, Apunipima Cape York Health Council
Karla Canuto, Research Coordinator, Apunipima Cape York Health Council
Mark Wenitong, Public Health Medical Advisor, Apunipima Cape York Health Council

Apunipima is a community controlled health service based in Cairns servicing Cape York. Embedded into our strategic plan, the final of our five domains is about being a leader in remote health, nationally and internationally. We are passionate about practical outcomes and effective knowledge translation into primary health care in Cape York.

Driving us is input from local families and communities. Despite some difficult experiences with research in the past, Aboriginal and Torres Strait Islanders remain committed to positive and effective partnerships to better health outcomes in Cape York. As well as supporting quality outcomes based research we place a strong emphasis on evaluation of our own programs to ensure they are improving people’s health.

Coming home – the experience of developing a satellite haemodialysis service in Yarrabah

Daniel Winters-McAppion, Acting Clinical Nurse Consultant, Yarrabah Assisted Dialysis Unit
Samantha Smith, Indigenous Health Workers, Yarrabah Assisted Dialysis Unit

Background and rationale
Rates of renal disease in indigenous populations in Far North Queensland are well documented. Yarrabah has an increasing number of people progressing to End Stage Renal Disease. Only a few of these people may qualify for home based haemodialysis or peritoneal dialysis, so the majority were either relocating or travelling to Cairns. This was time consuming and disruptive to personal, individual
and community life, and may have caused potentially dangerous non-compliance with dialysis treatment regimens. A need was identified for more appropriate treatment options for Yarrabah people and their families.

Methods
Yarrabah Assisted Dialysis Unit was opened in February 2014. A new model of care delivery was planned to engage Indigenous Health Workers to provide clinical care to haemodialysis patients, under the supervision of a Registered Nurse. Indigenous Health Workers are employed on a small scale in regional dialysis units in Western Australia and the Northern Territory. Provision of care by Indigenous Health Workers may lead to positive experiences, improved compliance and greater patient satisfaction.

Results
No formal training programme has yet been implemented for Health Workers. This may have led to a high turnover of staff. Six Health Workers have been employed at YADU since the commencement of services, but only two remain. Health Workers have been unable to work unsupervised, and unable to manage routine adverse responses by patients to their treatment. Anecdotally, there is a much greater patient satisfaction with having treatment in Yarrabah. There is a need for more structure to training to reduce staff turnover. Water quality is an ongoing risk that has caused recent shut downs of the service.

Implications for Aboriginal and Torres Strait Islander health
More appropriate complex care in own communities; greater quality of life; increased compliance leading to less emergency presentations and hospital admissions. Executive level support is needed to sustain novel developments in care.

Key message
Time is needed when implementing a new and potentially challenging service. Be prepared to alter planning to reflect outcomes.

Tele-pharmacy and Chronic Kidney Disease (CKD) – A Making Tracks Investment strategy
Laura Johnstone, Chronic Kidney Disease Pharmacist at The Department of Renal Medicine, Cairns Hospital

Background and rationale
Chronic Kidney Disease (CKD) is a growing public health burden that affects an estimated 1.7 million Australians. Aboriginal and Torres Strait Islander people are up to 4 times as likely to have late stage CKD. In addition to this those who live in remote areas of Australia are 18 to 20 times higher than that of comparable non-Indigenous people. Tele-health is a service that can improve access for these high risk patients to a specialised pharmacy service.

Methods
Patients are identified by an appropriate health professional to undergo pharmacy tele-health review. A consent form, appointment letter and tele-health brochure are provided to the patient. Standardised appointment scheduling is used for pharmacy appointments, prior to nephrologist or nurse practitioner. Treating clinician or nurse is present with the patient during the tele-health consultation. A patient medication list and recommendation letter is developed and delivered to the treating clinician for review. All interventions are documented and reported biannually.

Results
In July to December 2015 the Pharmacy Telehealth Clinic recorded 30 successful occasions of service. The majority of patients (64%) identified as being indigenous. 179 pharmacist interventions were documented, an average of 7.2 interventions per patient. 80% of patients received education from the pharmacist. Other interventions were medication record discrepancies, drug indication, drug dose, allergies, adverse reactions, laboratory monitoring, compliance and supply issues.
Implications for Aboriginal and Torres Strait Islander health
Pharmacy services targeting ATSI chronic conditions like CKD are necessary to improve medication management, awareness and adherence to regimes, and ultimately improving patient outcomes. Telehealth services improve access and allow for the provision of cost effective healthcare management.

Key message
High fidelity haemodialysis simulation using hybrid renal adaptations and simulated patients is an innovative way to deliver renal training, mastery of competencies, and an opportunity for staff to debrief and learn in a risk free environment. Online access of this work has the potential to positively influence patient safety and quality patient care both nationally and internationally.

A tale of two hubs: Building community health assets for Mum’s N Bub’s in West Cairns
Colin Baskin, QH representative, Cairns Safer Streets Task Force

Background and rationale
In February 2016, the Connecting Mum’s N Bub’s Project was established by the Cairns Safer Streets Task Force. The aim - to engage new mums in West Cairns through two Community Hubs – one based at Mooroobool, the second an NGO located in Manoora. The goal - to link participating Mum/Bubs to playgroup and other age-appropriate activities through co-responder initiatives including Child, Youth & Family Health services, Playgroups Queensland, Cairns Libraries and Sing & Grow child development. To achieve this, the CSSTF partnered with My Pathways (Mooroobool), and Indigenous Job Connections (Manoora) to combine three primary models of Community Health Development:

1. A network of child health and well-being services supported by visiting agencies.
2. A hub to meet, locate and deliver the project and its services, and;
3. An agenda to mobilise/build community, empowerment & self-sufficiency amongst residents.

Methods
This presentation is a case study, citing the background of the project, approaches taken to build community (ABCD; Pinkett, 2003), empowerment (Zimmerman, 1999), self-sufficiency (Mattessich, P. & Monsey, B; 1997); the methodology employed, and early results, mapping four project phases: (I) Pre-assessment/awareness; (II) Co-responder Capabilities (III) Building community, empowerment & self-sufficiency; and (IV) Post-assessment/evaluation.

Results
Results indicate that (1) Participants have strengthened/expanded local ties, (2) Sense of engagement, social contact, empowerment/community is positively correlated with project capacity building; (3) Participants/agencies have a heightened awareness of child health resources, (4) are better informed through improved information and communication flow, and (5) locals have cultivated a meta-competence of renewed confidence in their ability to grow local assets.

Implications for Aboriginal and Torres Strait Islander health
West Cairns boasts a significant Indigenous/Torres Strait Islander population. Economic disadvantage, transport, housing, overcrowding and poor schooling outcomes are just some indicators of the levels of social disadvantage. Young mothers are a high need group within this population given the lack of accessible child health/development services. Outcomes presented here are records of a community response involving elders, responsible service providers, Hub Managers and the mum’s and bubs of Mooroobool/Manoora.

Key message
This case study describes a reorientation of community health towards notions of building community, empowerment, and self-sufficiency in the lives of health consumers.
Expanding the dietitian’s scope of practice: Improved access to gastrostomy services for cancer care patients  

Kara Cronin, Clinical dietitian, Cairns Hospital

Background and rationale
Patients from Cairns and Hinterland HHS requiring chemo-radiation treatment for head and neck cancer must travel to tertiary hospitals in Townsville or Brisbane to access this service. Many patients require insertion of prophylactic gastrostomy devices to maintain nutrition during and after treatment. On return to CHHHS, these patients receive no coordinated care with respect to the management of their gastrostomy device and typically are not under the care of a specialist at Cairns Hospital. These patients must present to their GP or Emergency Department for management of their gastrostomy device.

In this clinical setting, Aboriginal and Torres Strait Islander peoples are known to have poorer treatment outcomes; head and neck cancer is the second highest cause of cancer-related death compared with 17th highest in non-Indigenous populations.

Methods
Royal Brisbane and Women’s’ Hospital (RBWH) has an established dietitian led model of care (MOC) and training program for dietitians’ expanded scope of practice in management of gastrostomy devices. In December 2015, two CHHHS dietitians attended the three week training program at RBWH. On completion, credentialing in expanded scope of practice in the Management of Gastrostomy Tubes was sought by a senior dietitian and approved by the CHHHS Allied Health Credentialing Committee. The CHHHS service commenced under supervision (via tele-health) from a credentialed dietitian at the RBWH.

Results
Since the service commenced, nine patients have received post-treatment management of their gastrostomy device while attending nutrition appointments, 30% (n=3) were Indigenous. Services provided include checking of balloon volume, adjustment of external bumper, preventing and managing skin excoriation and patient education. This potentially saved an additional ten clinical transactions while providing an accessible and coordinated service. Patients have expressed high levels of satisfaction at being able to receive both gastrostomy and nutrition management at the same point of care. A cost effectiveness analysis is being completed to evaluate potential savings to the HHS.

Implications for Aboriginal and Torres Strait Islander health
Access to care is a significant issue for Aboriginal and Torres Strait Islander peoples.

Key message
This MOC improves access to gastrostomy care and decreases clinical transactions. It may present an opportunity for cost savings and efficiencies and is planned to be expanded to patients living in rural areas where many Indigenous patients reside and where access to gastrostomy services is further limited.

Developing a culturally safe and accessible service; An Occupational therapy and Home and Community Care partnership

Moira Mau, Coordinator of the Northern Peninsula Area Home and Community Care Service  
Robyn Glynn, Director Allied Health, Torres and Cape Hospital and Health Service

Background and rationale
Australian Aboriginal and Torres Strait Islander health is well documented as being comparatively poorer than mainstream Australians. One of the factors in improving health care is ensuring services appropriate are culturally appropriate and safe to optimise access and effectiveness.

Methods
Using a case study approach two service providers, one Indigenous Home and Community Care (HACC) Service coordinator and one non-Indigenous occupational therapist, reflected on their five years of
collaboration to make the outreach occupational therapy service culturally safe. Identified strategies were compared with literature on culturally competent and safe occupational therapy practice.

Results
Challenges and strategies were consistent with themes identified in the literature on culturally competent and safe occupational therapy services. The challenges included cultural safety of Indigenous clients when receiving a home assessment service from a non-Indigenous clinician, difference in priorities between clinician and client, communication and the impact of cultural roles on therapy interventions and outcomes. Strategies included reflexivity skill development, initial home visit delivered with an Indigenous co-worker from the HACC service, shared control of the occupational therapy site visit, shared two way learning to enable shared leadership in sessions, pre and post session reflections, using culturally specific information and screening tools and shared learning activities.

Implications for Aboriginal and Torres Strait Islander health
This case study reflection on challenges and strategies adopted to optimise cultural safety compared with findings in the literature suggest that different approaches and strategies are easier to adopt and others need to evolve over time. The strategies take time which needs to be factored into reporting systems. Development of formal evaluation of these strategies would be useful to monitor implementation of existing knowledge and develop further knowledge.

Key message
Partnership between Indigenous and non-Indigenous service providers can enable implementation of culturally safe and competent health professional practice that is consistent with research and service quality standards requirements. Service hours need to be allocated to establish partnership and processes for culturally safe services.

Flu-Shot not FluVax
Deborah Hunt, Registered Nurse, Gurriny Yealamucka Health Service (GYHS)

Background and rationale
One of the priorities of GYHS after transitioning to community control in 2014, was to improve historically very low rates of influenza (flu) vaccination and high rates of flu-related hospitalisation in the community.

Methods
The 2015 and 2016 Flu Vaccination Guidelines were followed to create a program of delivery that aimed to educate the community on the benefits of vaccination as well as build confidence within GYHS to deliver good quality care. Dedicated outreach teams were trained to implement a community-wide flu-vaccination program complementing the more passive existing clinic-based vaccination service. The program included:

- Professional multidisciplinary approach to care.
- Off-site access to the clinical information system (Communicare).
- Provision of holistic approach to care.
- Family-centred home visits.
- Priority vaccination of aged-care staff/residents and other community groups as local schools, play groups, Men’s group, Elders Group, Council, Police and shop staff.

Results
The 2015 program offered 1,182 vaccinations with total uptake of 91% (1,078). So far in 2016, 866 vaccinations have been offered with uptake of 95% (824). No serious adverse reactions have been reported. Challenges include:

- Initial sub-optimal community reach was successfully addressed by including a wide variety of GYHS staff including receptionists, cleaners, drivers and gardeners. These people opened up access to segments of the community previously declined to health-related staff.
- In 2016, the program was blindsided by a Facebook posting highlighting negative issues related to a 2010 Fluvax news article. An immediate community-wide response from GYHS
followed to reinforce vaccination benefits, quell community fear and educate people on possible side effects. Subsequently, the Fluvax Program became the Flu-Shot Program.

- GYHS staff initially had difficulty convincing clients to remain for the required 15-minute monitoring period. As a win-win solution to this, staff now use the time to discuss other client health issues, outstanding recalls/reminders and provide brief interventions.

Implications for Aboriginal and Torres Strait Islander health
The GYHS Flu-Shot Program has resulted in wider community engagement, improved vaccination rates and opportunities to improve health literacy and provide value-added care for other health issues.

Key message
The Flu-Shot Program provides benefits beyond simply improving vaccination rates.

**Differences between Cognitively Normal, Stable MCI, and Converters across Health, Screening, Demographic, and Neuropsychological Variables at a Regional Memory Clinic in Far North Queensland**

Kerry Francis, Senior Psychologist, Cancer care Services, Cairns Hospital
Sarah Russell, Clinical Neuropsychologist, Postdoctoral Research Fellow, James Cook University
Tim Hannan, Head of School of Psychology, Charles Sturt University

**Background and rationale**
To explore the utility of routinely collected baseline data in distinguishing between cognitively normal patients, those diagnosed with mild cognitive impairment (MCI) who remained stable over time, and those who progressed to dementia.

**Methods**
A chart review was conducted with a cohort of 96 memory clinic patients who attended the Tablelands Aged Care Health Service between 2004 and 2014. Group differences on demographic, routine screening, health, and neuropsychological variables were examined using univariate analyses.

**Results**
Mean age for the sample was 73.4 years (±9.26) and mean education was 9.4 years (± 2.85). Most of the sample was born in Australia (69.8%). Aboriginal and Torres Strait Islanders were underrepresented within the sample (4.2%). High rates of vascular risk factors were noted, with 68% of the sample experiencing one or more risk factors. A total of 37 patients converted to dementia over the timeline of the study, with all but three from the MCI group. The health variables that distinguished the groups at baseline were the presence of neuropsychiatric symptoms and blood pressure readings. Of the screening and demographic variables, there were significant group differences in age and on the Mini Mental State Examination (MMSE). There were significant differences between the cognitively normal and MCI groups on multiple neuropsychological variables; however, few distinguished the stable MCI group from those who converted to dementia.

**Implications for Aboriginal and Torres Strait Islander health**
The under-representation of Aboriginal and Torres Strait Islander people attending the memory service needs to be addressed given the higher rates of dementia found in Indigenous communities.

**Key message**
Smaller memory clinics can successfully identify their most cognitively vulnerable patients through careful and routine targeted screening.
Measuring a Health Service’s Aboriginal and Torres Strait Islander Cultural Capability: An Audit and Compliance Framework pilot project
Simon Costello, Aboriginal and Torres Strait Islander Health Unit, Cairns and Hinterland Hospital and Health Service

Background and rationale
Rarely has there been evidence to describe the design and implementation of an Aboriginal and Torres Strait Islander Cultural Capability Audit and Compliance Framework. Nor has there been a toolkit that guides the engagement of frontline health staff to identify what they do as a team when delivering health services to Aboriginal and Torres Strait Islander people. The implementation of this Audit and Compliance Framework delivers practical solutions for engaging frontline staff, improving service delivery and measuring performance against the Department of Health’s key cultural capability principles.

Methods
A draft project plan and audit and compliance framework was developed in consultation with an Indigenous Leadership Working Group. The project was subsequently promoted through Senior Nursing Leadership group meetings. An orientation and training program was provided to project teams to enable them to familiarise with project documents. Information and results were collated into summary reports and quality action plans during a series of focus group meetings.

Results
Preliminary findings suggest project leads experienced workload and staffing issues limiting their focus group meeting attendance. Capturing Aboriginal and Torres Strait Islander patient satisfaction is limited due to a lack of cultural capability survey questionnaires. Training Indigenous officers and the development of protocols for managing Indigenous compliments and complaints may improve patient experiences. Cultural Practice Program attendance rates may also be improved through monitoring mandatory training at Performance Appraisal and Development meetings. Furthermore, responses to checklist questions indicated a low Indigenous male health workforce when managing Indigenous gender issues.

Implications for Aboriginal and Torres Strait Islander health
The Health Service can utilise this framework to improve Aboriginal and Torres Strait Islander patient experiences through increased cultural knowledge and incorporating cultural intelligence into the planning and delivery of health services.

Key message
The Aboriginal and Torres Strait Islander Cultural Capability Audit and Compliance Framework provides team leaders, clinicians, allied health professionals and Indigenous staff with a culturally safe, practical toolkit to guide the review of work practices and improve the organisation’s cultural capability.

Applying Pharmacy Telehealth to Improve Medication Outcomes for Aboriginal and Torres Strait Islander People
Adam Hogan, Pharmacist, Atherton Hospital
Rachel Bernays, Clinical Nurse Consultant, Malanda

Background and rationale
Difficulty accessing equitable medication services and poorer medication insight results in a greater risk of medication misadventure especially amongst Aboriginal and Torres Strait Islander people. Clinical pharmacist medication reviews, and medication services such as Dose Administration Aids (DAA) are known to improve medication outcomes. The Pharmacy Telehealth Service at the Atherton Hospital has been successfully delivering culturally appropriate medication education and co-ordinating access to community based medication programs for Aboriginal and Torres Strait Islander Peoples.

Methods
Patients attend Primary Health Centres (PHC) to connect via telehealth to a clinical pharmacist at the Atherton Hospital. Medication counselling is culturally focussed using analogies to associate a patient’s
body with land, and medications with healing. Comprehensive medication reviews are completed, and nationally funded DAA’s co-ordinated for delivery to the patient. Follow-up appointments are made to review ongoing adherence and maintain service access.

iPads are also being utilised by a Nurse on home visits to link patients to a clinical pharmacist using the 4G network. The goals are the same for those attending at a PHC, and are useful as some patients feel more comfortable in their home environment.

Results
By using culturally centred counselling to improve medication insight and adherence, one patient’s diabetic control (defined by HbA1c <8.0) improved from 9.9% in September 2015 to 6.7% in May 2016. Another patient had difficulty adhering to multiple medication regimens prescribed by multiple medical officers in different organisations. A DAA was co-ordinated by the pharmacist after collaborating with medical officers, improving medication adherence. Patient feedback collected indicates a high level of satisfaction, with comments including: “Glad to have my medicines sorted”; and “easy to understand”.

Implications for Aboriginal and Torres Strait Islander health
Pharmacy Telehealth can facilitate positive health outcomes for Aboriginal and Torres Strait Islander People by improving medication insight and adherence. Greater access to a Pharmacist can be achieved by Indigenous Health Workers utilising Telehealth via iPads during routine visits.

Key message
Pharmacists collaborating with Nurses and Indigenous Health Workers utilising iPADs, can provide culturally focussed medication reviews which reduce the risk of medication misadventure and improve health outcomes.

Essentially sexual – Doing it in large groups in the name of education
Simon Doyle-Adams, Clinical Nurse Consultant, Cairns Sexual Health Service

Background and rationale
Providing good sexual health services requires clinicians comfortable in their role. Factor in the diversity of clients and clinicians in far north Queensland and challenges abound. Take that reality, toss in innovation, creativity and a sense of humour and you have the birth of an unusual, slightly naughty, but engaging education workshop.

Methods
Cairns Sexual health service team members plan and facilitate an annual day of presentations and interactive workshops to educate health professionals on relevant sexual health topics, providing them with tools and resources to become more effective in their respective roles. Each annual event is built around a fun, tongue-in-cheek theme maintaining attendee’s attention and participation in the most unusual manner. Keynote speakers and topic experts are enlisted to present and educate.

Results
Launched off in 2012 as “Sex Essentials”, the annual education event has grown its audience from 100 attendees to 230 in 2016. The audience is comprised of doctors, nurses, allied health professionals, health workers and rural health professionals. Since the second event in 2013 themes have ranged from “hot and sticky issues,” to “the love boat” in 2014, sex in the bush in 2015, culminating with “the big bang” in 2016. In 2015, survey data was used to gather feedback from the attendees, when 76.67% of respondents rated the day as “Excellent”. Attendees praised the fun themes and unusual delivery of very serious topics. In 2016 doctors earned RACGP and ACRRM points for attendance.

Implications for Aboriginal and Torres Strait Islander health
Every Sex Essentials has included implications specific reference to Aboriginal and Torres Strait Islander people and sexual health. In 2015 the whole event was focused on Aboriginal and Torres Strait Islander specific sexual health issues and was held at Tjapukai Cultural Park. Sexual Health’s Health Workers and their key stakeholders play a key part in the planning of Sex Essentials each year.
Key message
Written and verbal feedback received about Sex Essentials validates the value that this education day provides. The awarding of RACGP and ACRRM points has also validated the educational value of the program and workshops.

ReVive (Recruitment of Volunteers to Improve Vitality in the Elderly) – Cairns Hospital
Keith Layton, Senior Physiotherapist, Older Persons, Sub-acute and Rehabilitation

Background and rationale
Currently one in three patients admitted to the OPERA ward will experience delirium. It has been well established that volunteers can play a pivotal role in preventing cognitive and functional decline in older patients admitted to hospital. Using trained volunteers to target known risk factors researchers found significant decreases in occurrence, severity and length of episodes of delirium. It is recognised that there is a lot more that could be done to better diagnose, manage and prevent delirium not only on the OPERA ward but across other wards in Cairns hospital and health service. Implementing a ReVive program can address some of these issues.

Methods
The ReVive (Recruitment of Volunteers to Improve Vitality in the Elderly) program has been adapted from a number of existing programs already running in hospitals in Queensland, New South Wales and in America and Canada. The ReVive program at Cairns Hospital has been implemented on the OPERA ward, with a trial program commenced in mid-2015. Volunteers are recruited through our Hospital Foundation and are trained by the OPERA multi-disciplinary allied health team. To date 10 volunteers have been trained.

Results
We are still in the process of data collection. However qualitative feedback from staff, family, volunteers and patients has been very encouraging. However despite a population of 10-15% of Aboriginal and Torres Strait Islander patients on the ward, no volunteers of Aboriginal or Torres Islander descent have been recruited.

Implications for Aboriginal and Torres Strait Islander health
This model currently encompasses Aboriginal and Torres Strait Islander people. We are working with the Hospital Foundation to utilise Aboriginal and Torres Strait Islander volunteers to improve engagement, communication and cultural appropriateness with these patients.

Key message
Volunteers are an effective and financially viable solution to have an impact on length of stay, falls, delirium, morbidity and mortality and overall patient satisfaction with care across our hospitals and health service. Inclusion of Aboriginal and Torres Strait volunteers will ensure the population receives culturally appropriate engagement.

Sink or swim – Lessons from a mixed method evaluation of a physical activity program for Aboriginal and Torres Strait Islander people
Ashleigh Sushames, PhD student, Sport and Exercise Science, James Cook University

Background and rationale
There is substantial evidence for the health benefits of physical activity in chronic disease prevention and management. Indigenous Australians have low physical activity levels and there is little evidence regarding the best practice to ensure physical activity interventions are effective and culturally appropriate.
Methods
The objective of this report is to evaluate the effectiveness of a pragmatic trial in Indigenous communities in Far North Queensland. The original study design was to utilize an intervention group and a wait-listed control group. The function of the intervention was to be standardised, but the form varied across the communities. This project started in February 2016 and is still ongoing.

Results
The trial has faced significant challenges thus far. It has proven difficult to get a control group. Factors that have affected the program include poor recruitment, low attendance and external environmental factors, such as the weather. Despite the challenges, there has been success with engaging previously non-active participants and a transition of program ownership to the community for long term sustainability. The evaluation interviews provided an understanding of the participants’ experiences and factors that influenced attendance. This information, in conjunction with health outcome measures such as functional capacity and metabolic markers, can help develop information for best practice for future physical activity studies.

Implications for Aboriginal and Torres Strait Islander health
This pragmatic trial has been designed to increase physical activity levels of Aboriginal and Torres Strait Islander adults in a culturally appropriate manner. There is flexibility in terms of the function of the intervention being standardised, but with variations in form.

Key message
Although evidence-based practice is needed in this area, in reality, implementing such programs is difficult and requires a great deal of flexibility. Be prepared for trial and error and be flexible: you do not fail - you learn.

Poster session
Not Too Young For Dementia: A Young Onset Dementia Diagnosis Guide
Denise Craig, Psychologist, Chair Statewide Dementia Clinical Network

Background and rationale
Young Onset Dementia is affecting increasing numbers of young Australians. Aboriginal and Torres Strait Islander populations experience significantly higher prevalence rates than other Australians. With symptom onset typically insidious, complex and unexpected, patients are often misdiagnosed and inadequately supported which further increases their burden. The Younger Onset Dementia Diagnosis Guide seeks to support a timely diagnosis for people exhibiting symptoms of dementia prior to age sixty-five.

Methods
Based on Clinical Practice Guidelines and Care Pathways for People Living With Dementia in the Community (Qld University of Technology, 2008), the Qld Statewide Dementia Clinical Network has generated an evidence based, best practice diagnosis guide.

Results
The Younger Onset Dementia Diagnosis Guide is a ready reference flowchart which can guide clinicians and inform the diagnostic pathways. The guide prompts consideration of the person’s history; physical, cognitive and functional assessment; behavioural or mood symptoms; diagnostic investigations; differential diagnoses; and dementia subtypes. The guide concludes with post-diagnosis referral information.

Implications for Aboriginal and Torres Strait Islander health
This guide will support the timely diagnosis of Young Onset Dementia in people of Aboriginal and Torres Strait Islander heritage. Timely diagnosis supports opportunities to better understand symptoms, plan for future needs and get on with the business of living.
Key message
The Younger Onset Dementia Diagnosis Guide supports appropriate diagnostic pathways for people with symptoms of dementia who are younger than age sixty-five. This Guide is a ready reference flowchart designed by clinicians, for clinicians, to inform an accurate and timely diagnosis of increasingly prevalent Younger Onset Dementia.

Meeting the challenge of developing a culturally appropriate model of dementia care for the most disadvantaged and isolated Indigenous communities in Far North Queensland, Australia
Sarah Russell, Clinical Neuropsychologist, Postdoctoral Research Fellow, James Cook University
Edward Strivens, Associate Professor, James Cook University, Clinical Director, Older Persons Sub-acute and Rehabilitation, Cairns and Hinterland Hospital and Health Service
Gavin Miller, Senior Medical Officer, Geriatric Medicine, Cairns and Hinterland Hospital and Health Service
Sharon Bonython-Ericson, Harvard Research Fellow, Harvard School of Public Health Department of Society, Human Development and Health and Australian Fulbright Scholar

Background and rationale
As life expectancy for older Aboriginal and Torres Strait Islander adults continues to rise, dementia and associated problems of ageing are becoming an increasing issue in remote communities in Far North Queensland (FNQ). For clinicians working up to 800km away in Cairns, there are significant challenges in providing effective healthcare to older adults living with dementia and their carers in the region. This qualitative research project aims to investigate the unmet needs of older Aboriginal and Torres Strait Islander people with dementia and their carers living in remote communities in Far North Queensland.

Methods
Semi structured interviews and focus groups will be conducted with people with dementia and their caregivers, local aged care service providers, health workers, and community members on Thursday Island to identify current service provision, gaps in service and elicit suggestions on how to improve local community-based dementia care services.

Results
Results will be utilized to develop a culturally appropriate, community driven model of care suitable for implementation and evaluation on Thursday Island.

Implications for Aboriginal and Torres Strait Islander health
Culturally appropriate flexible models of care may improve equity of access to programs for older Aboriginal and Torres Strait adults with dementia and their carers living in far north Queensland.

Key message
Community consultation is integral to the success of projects aiming to develop and implement culturally appropriate, flexible models of care within Aboriginal and Torres Strait Islander communities.

Evaluating the utility of the Kimberley Indigenous Cognitive Assessment short form (KICA screen) in a tele-health setting
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Rachel Quigley, Older Persons Liaison Service – Advanced Clinician
Edward Strivens, Associate Professor, James Cook University, Clinical Director, Older Persons Sub-acute and Rehabilitation, Cairns and Hinterland Hospital and Health Service

Background and rationale
This study aimed to evaluate the utility of the KICA-screen in a tele-health setting. The KICA was originally developed as a culturally appropriate assessment tool to screen for dementia in Aboriginal and Torres Strait Islander people living in remote regions of Australia, with the shorter KICA-screen having been validated in Far North Queensland. The KICA-screen has 10 questions resulting in a score out of 25, where 21 or less indicates possible dementia for further review.

Methods
A total of 33 Aboriginal and Torres Strait Islander, medically stable, inpatients or outpatients of the Cairns and Hinterland Hospital and Health Service participated in the study. Mean age was 62.9 (SD9.8, range 45-81) and mean education was 9.4 years (SD1.4, range 7-12). Of these, 24% had a diagnosis of dementia, 15% mild cognitive impairment and 61% had normal cognition.

The KICA-screen was administered twice to each participant, once face to face and once via videoconference, with order of presentation counterbalanced to reduce practice effects.

Results
Mean KICA-screen scores for the sample were 21.36 (SD3.6, range 8-15) face to face and 21.67 (SD3.4, range 11-25) via videoconference.

Implications for Aboriginal and Torres Strait Islander health
The KICA-screen can be reliably administered via videoconference and resulted in comparable scores to face-to-face testing in the majority of cases, although the importance of screening for sensory deficits prior to testing is emphasized.

Key message
This study demonstrates the utility of having a validated cognitive screening tool available for tele-health clinicians who work with Aboriginal and Torres Strait Islander clients in remote communities.

Can what you don't know hurt you? A study of misconceptions, knowledge gaps and commonly held beliefs about dementia within Aboriginal and Torres Strait Islander communities in far north Queensland Australia
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Background and rationale
Aboriginal and Torres Strait Islander people have lower life expectancy and worse health outcomes than the general Australian population and an increased risk of dementia within these communities has recently been found (Smith et al., 2008). Although studies have shown that dementia is not widely understood within urban Aboriginal communities (Garvey et al. 2011), knowledge in remote communities where health inequalities are greatest, has not been investigated. As knowledge of symptoms has been linked to willingness to seek treatment and early diagnosis is crucial for optimal treatment of dementia, the aim of this study was to investigate understanding of dementia amongst remote Aboriginal and Torres Strait Islander communities and to clarify variables that influence dementia literacy.

Methods
A total of 462 Aboriginal and Torres Strait Islander people completed the Alzheimer’s Disease Knowledge Survey for Indigenous Australians whilst attending three cultural festivals in Far North Queensland. Responses were analyzed to evaluate overall knowledge of Alzheimer’s disease and dementia as well as identify commonly held beliefs, misconceptions and knowledge gaps.
Results
Consistent with previous research, dementia knowledge was low (mean score = 5.23 (SD 2.9), range 0-13 out of 20) and did not differ significantly between Aboriginal and Torres Strait Islanders. Although there was a commonly held belief that memory loss was a central feature of Alzheimer’s disease, there were shared misconceptions about the cause, prevalence and treatment of dementia and how dementia is diagnosed.

Implications for Aboriginal and Torres Strait Islander health
Results highlighted the importance of developing culturally appropriate interventions to improve dementia literacy amongst Aboriginal and Torres Strait Islanders given the increased risk of dementia within these communities.

Key message
Low levels of dementia literacy within Aboriginal and Torres Strait Islander communities highlight the need for culturally appropriate interventions to improve health outcomes for older community members.

Screening for depression among Indigenous youth in Yarrabah using the adapted PHQ-9
Mary Kyle, Life Promotion Officer, Gurriny Yealamucka Health Service
Edward Murgha, Life Promotion Officer, Gurriny Yealamucka Health Service

Background and rationale
Gurriny Yealamucka Health Service (GYHS) is an Indigenous community-based health organisation delivering holistic health care to the people of Yarrabah in Far North Queensland. The GYHS conducts an annual Young Persons Health Check (YPC) for people aged 14-25 years. This commenced six years ago as a simple check for sexually transmitted diseases and has since developed into a comprehensive health promotion and screening program. In 2016, GYHS and James Cook University (JCU) introduced a depression screening tool to the YPC in response to national reports indicating high levels of psychological risk among Indigenous youth.

Methods
We used the adapted Patient Health Questionnaire 9 (PHQ-9) which has been recently modified for depression screening across Indigenous Australian communities. Participants attending the 2016 YPC were provided information regarding PHQ-9 screening. Consenting participants were administered the PHQ-9 over a ten-minute period in a private area of the clinic. Participants chose to complete the PHQ-9 with either of two Life Promotion Officers (one male and one female) from the GYHS Social and Emotional Wellbeing (SEWB) or a JCU Registered Nurse. Participants were referred to SEWB and medical staff if they scored ≥10 or if the team felt otherwise concerned.

Results
Of the 350 young people attending the YPC, 139 (39.7%) consented to take part in additional JCU research. Of these, 122 (88%) agreed to complete the PHQ-9. Nine participants (7.4%) scored 0 (no depression), 49 (40.2%) scored 1-4 (minimal), 42 (34.4%) scored 5-9 (mild), 14 (11.5%) scored 10-14 (moderate), 4 (3.3%) scored 15-19 (moderately severe) and 4 (3.3%) scored 20-27 (severe). Approximately 30 participants (25%) were identified with potential depression. The majority of those identified for referral were already known to GYHS/SEWB.

Implications for Aboriginal and Torres Strait Islander health
The adapted PHQ-9 was easy to administer and well accepted by staff and youth. It provided a platform and structure for staff to ask sensitive questions, facilitated follow-up of those identified as high risk and enhanced communication between Life Promotion Officers and GPs.

Key message
The adapted PHQ-9 may play an important role in routine depression screening and treatment among Indigenous youth.
Looking after your mates – Yarrabah’s 2016 Young Person’s Health Check
Katrina Connolly, Sexual Health Officer, Gurriny Yealamucka Health Service

Background and rationale
Gurriny Yealamucka Health Service Aboriginal Corporation (GYHSAC) is an Indigenous community-based health organisation delivering holistic health care to the people of Yarrabah in FNQ. An annual Young Persons Health Check (YPC) has been operating in Yarrabah for people aged 14-25 years since 2010. GYHSAC took over coordination of the YPC in 2013, after funding was withdrawn from Cairns Sexual Health Unit by the then Premier Campbell Newman. What started as a simple check for sexually transmitted diseases has since developed into a comprehensive health promotion and screening program run by local Indigenous Health Workers (IHWs) and staff from Social and Emotional Wellbeing (SEWB). The GYHSAC vision is for the YPC to be run by locals for locals, and significant time is devoted to developing a capacity-building culture among employees. In 2016, for the first time, YPC included a chronic disease research component run in collaboration with James Cook University (JCU).

Methods
The YPC operated for three weeks from 29 March to 15 April 2016 using the theme ‘looking after your mates’. Promotion of the YPC and additional research program started several weeks prior with community door-knocks. Promotion was assisted by four young community ‘recruiters’ selected on personal attributes including maturity and leadership. Young people were offered phone cards and ‘Deadly Choices’ T-shirts as incentives to attend. Regular barbecues were provided onsite. A multidisciplinary team ran the YPC and assisted in promotion and recruitment of the research program. JCU staff co-ordinated the research with three SEWB staff assisting in youth depression screening.

Results
The 2016 YPC was attended by 350 young people (~60% of target population) - the highest participation since inception. Forty percent of youth (n=139) agreed to participate in the research. Staff benefitted from the personal development opportunities and the young recruiters helped gain greater engagement from the community.

Implications for Aboriginal and Torres Strait Islander health
YPC provides serious capacity building opportunities for GYHSAC staff - now including development of research skills.

Key message
The annual Yarrabah YPC continues to grow and is highly valued by GYHSAC staff, local young people and the wider community.

Can allied health reduce ENT Specialist outpatient waiting lists?
Natalie Winter, Lenelle Cibau, HP5 clinicians working at extended scope in Speech Pathology and ENT Departments, Cairns Hospital

Background and rationale
In October 2015, CHHHS ENT Specialist Outpatient Clinic had 3626 patients waiting longer than recommended timeframes. Speech pathologists (SPs), audiologists, and physiotherapists (PTs) have skills applicable to ENT populations. Other HHSs have used Allied Health (AH) First Contact clinics to successfully reduce ENT waiting lists without requirement of specialist input. A clinical audit of 2956 ENT referrals identified 620 (21%) patients suitable for ENT AH First Contact clinics. This project implemented ENT SP, Audiology, and PT First Contact clinics to reduce CHHHS ENT waiting lists.

Methods
Patients identified on clinical audit as suitable for SP, audiology, or PT were diverted to the respective First Contact clinic and removed from the ENT waiting list. The ENT SP and PT services were provided by Cairns Hospital staff and the audiology services by Cairns Audiology Group. The respective AH disciplines provided first contact to the diverted patients with in-session attendance or case discussion with an ENT consultant. Joint decisions were made regarding further management (discharge, return to
ENT, or referral for alternative management). Data collection included number of patients seen, resultant care pathway, and discharge rates.

**Results**

As of June 2016, 440 patients were identified as suitable for diversion to AH clinics and offered an appointment. 218 (49%) were discharged without need for ENT specialist input. 68 (15%) were referred for ongoing AH or other specialist management. ENT SP and PT outcomes were in line with benchmarked data. ENT Audiology outcomes were significantly lower than benchmarked site discharge rates (37% versus 80%). This is as result of the audiology outsourcing model, limiting scope of practice and autonomy in clinical decision making. AH First Contact clinics have removed 7% of the audited ENT waitlist and continue to divert suitable patients.

**Implications for Aboriginal and Torres Strait Islander health**

ENT Allied health First Contact clinics can provide earlier access to required services for Aboriginal and Torres Strait Islander people who have a high proportion of ear disease and need for ENT and audiology services.

**Key message**

Allied Health First Contact clinics can successfully reduce CHHHS ENT outpatient waiting lists. Outcomes could be improved with access to in-house audiology services.

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**Does singing increase participation in group cognitive communication therapy for patients with Dementia?**

**Petra McLean and Shani Davi, New graduate speech pathologists, Cairns Hospital**

**Background and rationale**

Group therapy is understood to be an effective means of facilitating functional treatment for people with Dementia and age related cognitive and communication changes. It was identified that there was limited patient engagement and participation in pre-existing group therapy delivered for cognitive communication on the OPERA ward. Emerging literature evidence suggests that music can be a useful tool in facilitating cognitive communication and reminiscence. Implementation of a singing group was trialled to increase participation and engagement in group cognitive communication therapy on the OPERA ward at Cairns Hospital.

**Methods**

Appropriate participants with known cognitive communication impairments on the OPERA ward were identified. OPERA speech pathologists developed session plan structure and resources to facilitate a singing group. Over a four week trial period, weekly one hour signing group sessions were implemented, led by 2x OPERA Speech Pathologists with facilitation from allied health assistants. Data collection included number of participants and qualitative outcome measures using a visual analogue scale to rate mood/ satisfaction with group.

**Results**

Attendance at the group increased from 11 participants (attendance at the previous cognitive communication group in a four week period) to 43 participants who attended the new singing group over the 4 week trial. Positive feedback was verbally received from patients, family, and staff and was captured qualitatively. Although stimuli used in the group sometimes evoked nostalgia and unexpected emotional outbursts, patients did not reflect negatively on this, and reported this further contributed to their experience. Additional unexpected outcomes which further facilitated patient engagement included engagement and attendance of ward staff and attendance of patient family members.

**Implications for Aboriginal and Torres Strait Islander health**

The implementation of a singing group may have potential benefits with Aboriginal and Torres Strait Islander populations in other clinical populations, such as those post-stroke. Although this was not the primary focus of the singing group and culturally appropriate sessions are yet to be specifically
developed, Aboriginal and Torres Strait Islander people reflected positively on their attendance at the singing group and demonstrated equal participation and engagement in sessions.

Key message
Implementing a singing group can improve participation, engagement and satisfaction in group cognitive communication therapy.

Dengue from the tiger: a new challenge for Australia
Odwell Muzari, Senior Medical Entomologist, Tropical Public Health Services Cairns

Background and rationale
For the first time since 2004 the Torres Strait islands experienced a dengue outbreak in March 2016. The traditional vector for dengue in North Queensland is the peri-domestic mosquito species Aedes aegypti and dengue control normally entails spraying inside houses, but this species was not detected on the affected islands at the time of the outbreak. The intervention strategies had to adapted to target an alternative vector Aedes albopictus, the Asian tiger mosquito, a more sylvatic species. The strategies had not been used in Australia for dengue control previously.

Methods
The main vector control approach involved application of residual insecticide to vegetation in the backyards supplemented by treatment of mosquito breeding sites throughout the community. Mosquito species on the affected islands were determined by collection and identification of larval samples and adults.

Results
Mosquito surveys detected high densities of the Asian tiger mosquito on Erub Island and Badu. Despite some logistical issues, the intervention strategies led to a rapid decline in dengue cases and effectively stopped further disease transmission.

Implications for Aboriginal and Torres Strait Islander health
The intervention methods used in this outbreak can be applied on other Torres Strait islands to intercept local transmission of dengue, chikungunya and zika viruses where Aedes albopictus is prevalent.

Key message
Dengue transmission by Aedes albopictus is now a reality and major challenge for Australia. The threat of expansion of the Asian tiger mosquito means that in future dengue outbreaks may occur in parts of Australia not currently infested with Aedes aegypti, including NSW, VIC, NT, WA etc.

Student Paediatric Physiotherapy Outpatient Training Initiative (SPPOTI)
Emma Flint, Paediatric physiotherapist, Cairns Hospital
Lauren Phillips, Senior physiotherapist, Cairns Hospital
Lynda McNamara, Advanced physiotherapist, Cairns Hospital

Background and rationale
With rising physiotherapy student numbers, new approaches to clinical education are required to meet increasing demands. Internationally, student led clinics have been established to target health service gaps and support student education. The SPPOTI project aimed to implement a student led outpatient clinic in paediatric physiotherapy. It was anticipated that this model may address outpatient waitlists and increase student placement opportunities.

Methods
The SPPOTI project established a paediatric placement model and supporting resource package. This model involved an intensive education week followed by student led clinics over a standard five week
placement. The SPPOTI model was implemented across five placements, involving 16 students. Occasions of service and stakeholder satisfaction were used to evaluate the success of the model.

Results
The SPPOTI project reduced paediatric physiotherapy waitlists, facilitating 698 student appointments across the 20 week trial phase. Student led clinics were well received by clients/ families with an overall mean satisfaction score of 98%. Students enjoyed the placement structure and demonstrated a 78% increase in confidence throughout the placement. The SPPOTI model benefited all stakeholders and will be adopted for future paediatric placements, with potential for extrapolation across other health districts. Sustainability within the Cairns and Hinterland Hospital and Health Service needs further investigation.

Implications for Aboriginal and Torres Strait Islander health
The SPPOTI project serviced a high proportion of Aboriginal and Torres Strait Islander clients. Greater access to healthcare was possible through reduced waiting times and additional outpatient appointments. Student clinics enabled further opportunities to target health promotion, education and self-management strategies through detailed home programs. This model also challenged common barriers to healthcare access as students had greater capacity to contact families for appointment reminders and assist with organisation of transport.

Key message
The SPPOTI model had an overall net benefit for all stakeholders involved. This model will be adopted into routine practice for future paediatric placements, with potential for adaptation in other health districts. Further innovation is required to address barriers to sustainability.