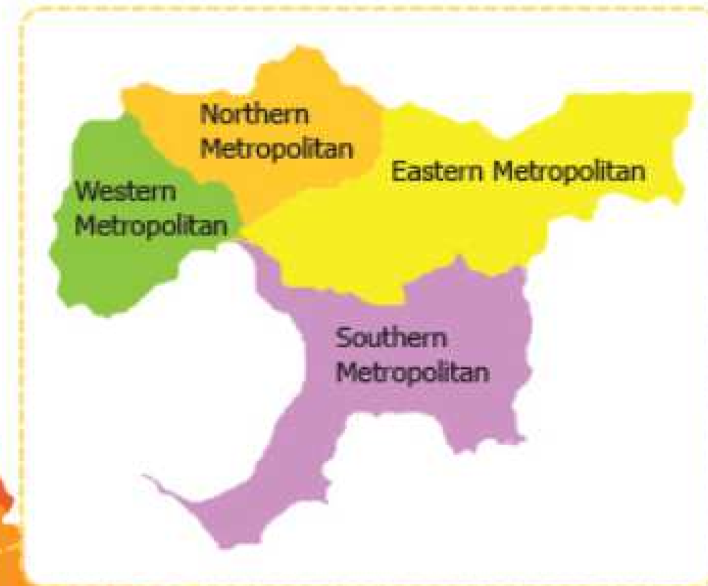
Rural Overview

Janet Bartolic CNC -Continence (East Hume)

Joanne Dean CNC -Continence (West Hume /NP Candidate)

Our Catchments

Hume Region -40,000km^2
Western Metropolitan -1,352km^2



"Victoria's Hume Region". Regional Development Victoria. State Government of Victoria. 8 May 2014. Retrieved 10 April 2018.
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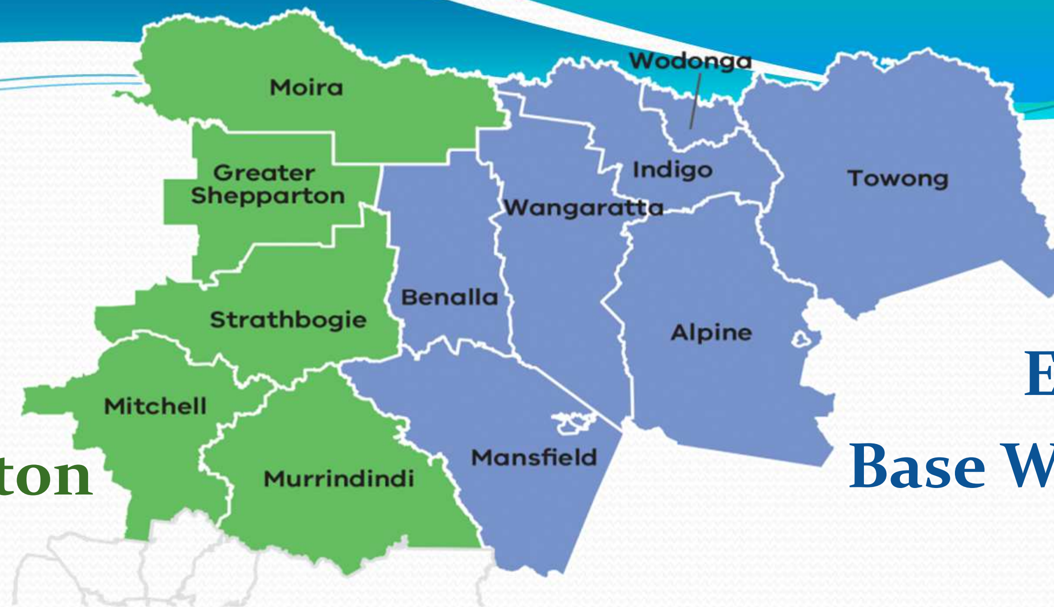
Travel Time



West Hume

Base Shepparton

East Hume

Base Wangaratta

West Hume	Time	Distance
Alexandra	1.26hrs	112.8kms
Broadford	1.10hrs	104.9kms
Cobram	47mins	62.1kms
Kilmore	1.23hrs	112.8kms
Seymour	56mins	82.1kms
Terip Terip	1.07hrs	86.9kms
Yea	1.22hrs	117.9kms

East Hume	Time	Distance
Corryong	2.13hrs	191.9kms
Kevington	2.10hrs	144.6kms
Mount Beauty	1.32hrs	115.5kms
Wahgunyah	34mins	43.4kms
Walwa	2.34hrs	198.6kms
Wodonga	49mins	68.9kms
Woods Point	3.14hrs	193.5kms

Staffing - Rural

WEST HUME

- 8 CNA = 5.9 FTE
- 2 EN = 1.3 FTE
- 1 CNC/NP = 1.0 FTE
- 1 Public Continence Physiotherapist = FTE
- 2 Continence Physiotherapists working privately
- 1 Urologist public/private sessional

EAST HUME

- 7 CNA = 4.1 FTE
- 1 CNC = 0.9 FTE
- 1 Allied Health = 0.6 FTE
- NP (medical clinic) = 0.37 FTE
- 3 Public Continence Physiotherapists = 1.4 FTE
- 1 Continence Physiotherapist working privately
- 3 Urologists + 1 visiting mthly

Rural Pathways

- Direct (self) referral
- GP referral
- Specialist Referral
- Hospital Referral
- Other Program referral
- NDIS
- MAC

CONTINENCE SERVICES:

- Sub acute care x2
- Sub acute care & community x1
- Community x2
- Sole Practitioners x2
- 2 Regional Clinical Nurse Consultants

Rural Barriers

Clients

- Distance
- Public Transport
- Waiting Lists to services
- Limited specialists
- Known personally to staff
- Low socio economic region
- Health Literacy

Services/Staff

- Distance
- Staffing levels
- Known personally to staff
- Access to personal development/educational opportunities
- Equipment procurement & distance equipment needs to cover

Rural Gains

- CNC's –Continence nil waiting lists
- SAC's continence clinics endeavour to coordinate appointments with other client appointments
- Networking amongst clinicians strong
- Client's home visits regardless of distance
- Innovative client's

"I throw nothing out & if it doesn't work I will make it work!!!" a farmer.

RURAL CASE PRESENTATION

Joanne Dean CNC-Continence (West Hume) /NP Candidate

Janet Bartolic CNC-Continence (East Hume)

MRS JD

- 63 years old
- Request for review by local DNS – 5 month history of faecal incontinence

MEDICAL HISTORY

- MS- 28 years
- Depression
- Hypertension
- Spc for bladder management (no issues)

MEDICATIONS

- Bacolfen 10mg bd
- Telmisartan 40mg daily
- Cholecalciferol 1000u/s daily
- Paroxetine 20mg tds
- Paracetemol prn
- Coloxyl with senna & movicol intermittently

FUNCTIONAL

- Declining mobility – hoist transfer; electric wheelchair
- ISP = $116,000 (largely self-managed)
- Supports:

  personal care morning & night

  transport

  purpose-built disability house

- Lives alone
- Small rural town
- No local family
- Limiting social opportunities due to faecal incontinence

ISSUES

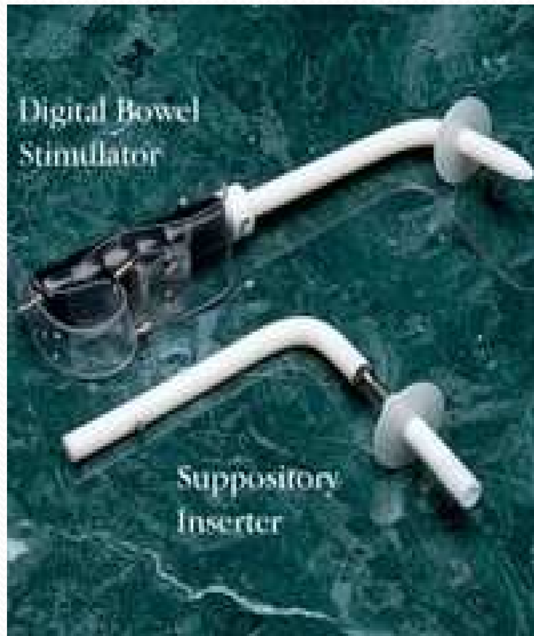
- Gp in next town – 30 minutes drive
- Radiology – closest 45 minutes drive from home; 1 ¼ hours from GP
- Admitting hospital in town where GP practices
- DNS part-time service; no out of hours
- Personal carers have no ability to schedule extra visits
- Relies on maxi-taxi for transport – only one between 3 towns

- Reported as 5 month history
- Previous admission to out of area small hospital for same issue 3 years previously – not adequately resolved
- Local CNA had not performed examination
- Did not think client was impacted

- AXR – Gross faecal loading without complications
- GP – admitted to local hospital. Picolax for bowel clearing
- Requested follow-up x-ray post-bowel clearing prior to discharge due to distances and travel complications: Not attended – no transport available
- Not referred back to CNC post-discharge although still faecally incontinence
- Readmitted two weeks later: faecal overloading had not resolved on follow-up x-ray

- Wants to remain in own home in local community
- To be able to socialise without fear of faecal incontinence

OUTCOME



- Bowel regime established – use of suppository gun to give glycerin suppositories
- Dietician referral
- Gastroenterologist referral
- Occupational therapy referral
- Ongoing CNC-Continence involvement as secondary consult to CNA & DNS
- Anal plugs/anal irrigation - declined
- Client still at home 3 years later

Issues impacting rural client

- Limited transport options
- Distance from GP and radiology
- Limited service hours to meet care needs
- Skill level of involved services
- Need to communicate across multiple layers of health services
- Need to co-ordinate care to ensure follow-up