Psychogeriatric SOS: e-outreach for rural Australia
The Crisis

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

77% FEWER PSYCHIATRISTS

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

RURAL AUSTRALIA IS UNDER-RESOURCED

77% FEWER PSYCHIATRISTS
46% FEWER PSYCHOLOGISTS
The Crisis

77% FEWER PSYCHIATRISTS
46% FEWER PSYCHOLOGISTS
18% FEWER MH NURSES

RURAL AUSTRALIA IS UNDER-RESOURCED
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The Crisis

20% MORE PEOPLE LIVING WITH DISEASE
The Crisis

20% MORE PEOPLE LIVING WITH DISEASE

SUICIDE RATE 100% HIGHER

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

20% MORE PEOPLE LIVING WITH DISEASE

SUICIDE RATE 100% HIGHER

LIFESPAN SHORTER BY 3 YRS

- 84.3 years
- 81.5 years
- 80.1 years
- 77.3 years

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

20% MORE PEOPLE LIVING WITH DISEASE

SUICIDE RATE 100% HIGHER

LIFESPAN SHORTER BY 10 YRS

RURAL AUSTRALIA IS UNDER-RESOURCED

84.3 years
69.1 years
80.1 years
73.7 years
RURAL AUSTRALIA IS UNDER-RESOURCED

IN 2050 1/3 OF AUSTRALIA WILL BE OVER 65…
The Crisis

IN 2050 1/3 OF AUSTRALIA WILL BE OVER 65… AND 1/10 WILL BE OVER 80

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

DEMENTIA IS THE 3RD LEADING CAUSE OF DEATH

RURAL AUSTRALIA IS UNDER-RESOURCED
The Crisis

DECLINING WORKFORCE RATIO

1970
 WORKING AUSTRALIANS  RETIREES

2010

2050
The Crisis

WE NEED TO ADD **77,976** AGED CARE WORKERS IN THE NEXT 10 YEARS

DECLINING WORKFORCE RATIO

1970

2010

2050

WORKING AUSTRALIANS

RETIREES
The Crisis

We need to add 77,976 aged care workers in the next 10 years.

How do we manage this in rural Australia?
The Crisis
The Solution

TASK SHIFTING
The Solution

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The Solution

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The Solution

TASK SHIFTING
The Solution

TASK SHIFTING
CARE INTEGRATION
The Solution

TASK SHIFTING
CARE INTEGRATION
Psychogeriatric SOS

UP-SKILLING MULTIDISCIPLINARY RURAL CLINICIANS
Psychogeriatric SOS

UP-SKILLING MULTIDISCIPLINARY RURAL CLINICIANS ACROSS NSW
Psychogeriatric SOS

UP-SKILLING MULTIDISCIPLINARY RURAL CLINICIANS ACROSS NSW VIA WEB-CONFERENCING
UP-SKILLING RURAL HEALTH WORKERS VIA WEB-CONFERENCING

“How can we be sure we’re covering all bases? …”

“How about a series of case conferences about…”

Case conferences
Psychogeriatric SOS

UP-SKILLING RURAL HEALTH WORKERS VIA WEB-CONFERENCING

“Our RACF needs in-services about…”

“Let’s organise a lecture series about delirium, depression and dementia”

Tailored education
Psychogeriatric SOS

UP-SKILLING RURAL HEALTH WORKERS VIA WEB-CONFERENCING

“I need clinical supervision.”

“We have a number of staff members who could offer you clinical supervision…”

Clinical supervision
Implementation

Literature review
Consultations
Partnerships
Funding
IT/telecommunications (barrier!)
Change management
Who are we?
Our team
Our team

15,000 OLDER ADULTS
Our team

15,000 OLDER ADULTS

125,000 OLDER ADULTS
13.6 FTEs 15,000 OLDER ADULTS
13.6 FTEs

25% (2.6 FTEs)
13.6 FTEs

25% (2.6 FTEs)

800% INCREASE IN AVAILABILITY
What are we doing?

132 registrants
2-3 case conferences per week
6 education packages
14 supervision sessions per month
(4 individual, 10 group)
Outcomes
Outcomes: user confidence

Average confidence out of 5

- Before Psychogeriatric SOS intervention
- After Psychogeriatric SOS intervention

Psychogeriatric issues
Understanding psychological therapy
Understanding capacity and legislation
Understanding carer-related issues
Understanding service-related issues
Outcomes: user satisfaction

- Ease of webconference process
- Ease of use of technology
- I received the service I needed
- I would use the service again
- I would recommend the service to others

Levels of satisfaction range from 0 to 5.
“I really value this service, especially as a regional clinician. There is no where else we can get such expert opinion to help us…”

“Since this service has started… I feel that my knowledge of psychogeriatric issues has increased exponentially…”
Outcomes: provider satisfaction

<table>
<thead>
<tr>
<th>Has Psychogeriatric SOS improved your understanding of:</th>
<th>Has your involvement in Psychogeriatric SOS improved your confidence to:</th>
<th>During the changes required start and continue Psychogeriatric SOS, have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural psychogeriatric resourcing issues</td>
<td>Provide clinical supervision</td>
<td>Felt supported</td>
</tr>
<tr>
<td>Challenges in communication across cultural boundaries</td>
<td>Provide teaching using web-conferencing</td>
<td>Felt there was strong leadership</td>
</tr>
<tr>
<td>Technology barriers in communicating with rural areas</td>
<td>Appear in front of a camera</td>
<td>Known who to talk to if you needed to ask a question</td>
</tr>
<tr>
<td>Challenges in geographical and technological</td>
<td>Offer advice remotely using another clinician's assessment of</td>
<td>Felt listened to</td>
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</tr>
</tbody>
</table>

Percentage of 'Yes' Responses

- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%
“Amazing service! Proud to be part of it. Linking with rural clinicians provides perspective into how resource heavy the urban areas are but SOS provides an accessible link to those resources.”

“Overall a very positive experience being involved with this outstanding project and invaluable resource.”
## Packages: examples

<table>
<thead>
<tr>
<th></th>
<th>Education</th>
<th>Clinical Supervision</th>
<th>Case conferences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOS User Group</strong></td>
<td><strong>2 per month</strong></td>
<td><strong>8 groups per month</strong></td>
<td><strong>1 per week</strong></td>
</tr>
<tr>
<td><strong>NGO</strong></td>
<td></td>
<td><strong>3 individuals per month</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient ward</strong></td>
<td><strong>1 per month</strong></td>
<td><strong>2 groups per month</strong></td>
<td><strong>Nil</strong></td>
</tr>
<tr>
<td><strong>PHN team</strong></td>
<td><strong>1 per month</strong></td>
<td><strong>1 group per month</strong></td>
<td><strong>As needed</strong></td>
</tr>
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</table>
What are the limits?

<table>
<thead>
<tr>
<th>SOS Provider Clinician</th>
<th>Education</th>
<th>Clinical Supervision</th>
<th>Case conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td>1hr</td>
<td>1hr</td>
<td></td>
</tr>
<tr>
<td>Clinical Nurse Consultant</td>
<td></td>
<td>2hrs: 1 x group 1 x individual</td>
<td></td>
</tr>
<tr>
<td>Neuropsychologist</td>
<td>1hr</td>
<td></td>
<td>1hr</td>
</tr>
<tr>
<td>Psychiatric registrar</td>
<td></td>
<td></td>
<td>1hr</td>
</tr>
</tbody>
</table>
Future Directions: Scalability
Future Directions: Scalability
Future Directions: Scalability
Future Directions: Transferability

CASE CONFERENCING

EDUCATION

CLINICAL SUPERVISION
Future Directions: Transferability

CASE CONFERENCING

EDUCATION

CLINICAL SUPERVISION
Future Directions: Transferability

- Geriatrics
- Child and Adolescent Psychiatry
- Palliative Care
Future Directions: Hospital Outcomes

- Fewer, more appropriate admissions?
- Reduced readmission rate?
- Length of stay?
- Better collaboration?
Future Directions: Community Outcomes

- MORE APPROPRIATE MANAGEMENT?
- BETTER COLLABORATION?
- LESS TRAVEL TIME?
- IMPROVED HONOS 65+?