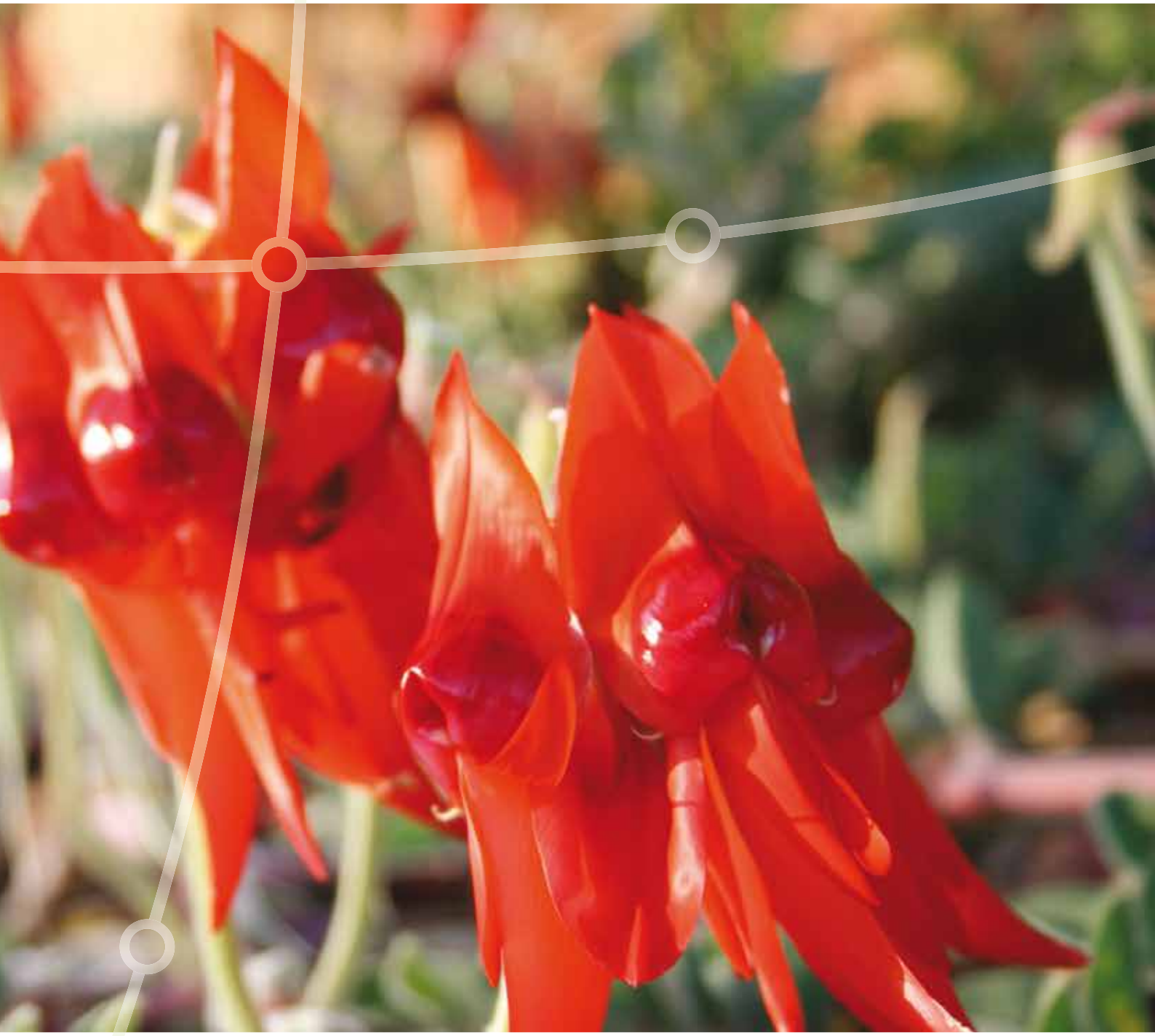
annual report 2009–2010



educating, supporting and advocating for remote health across australia

CRANAplus
remote health counts

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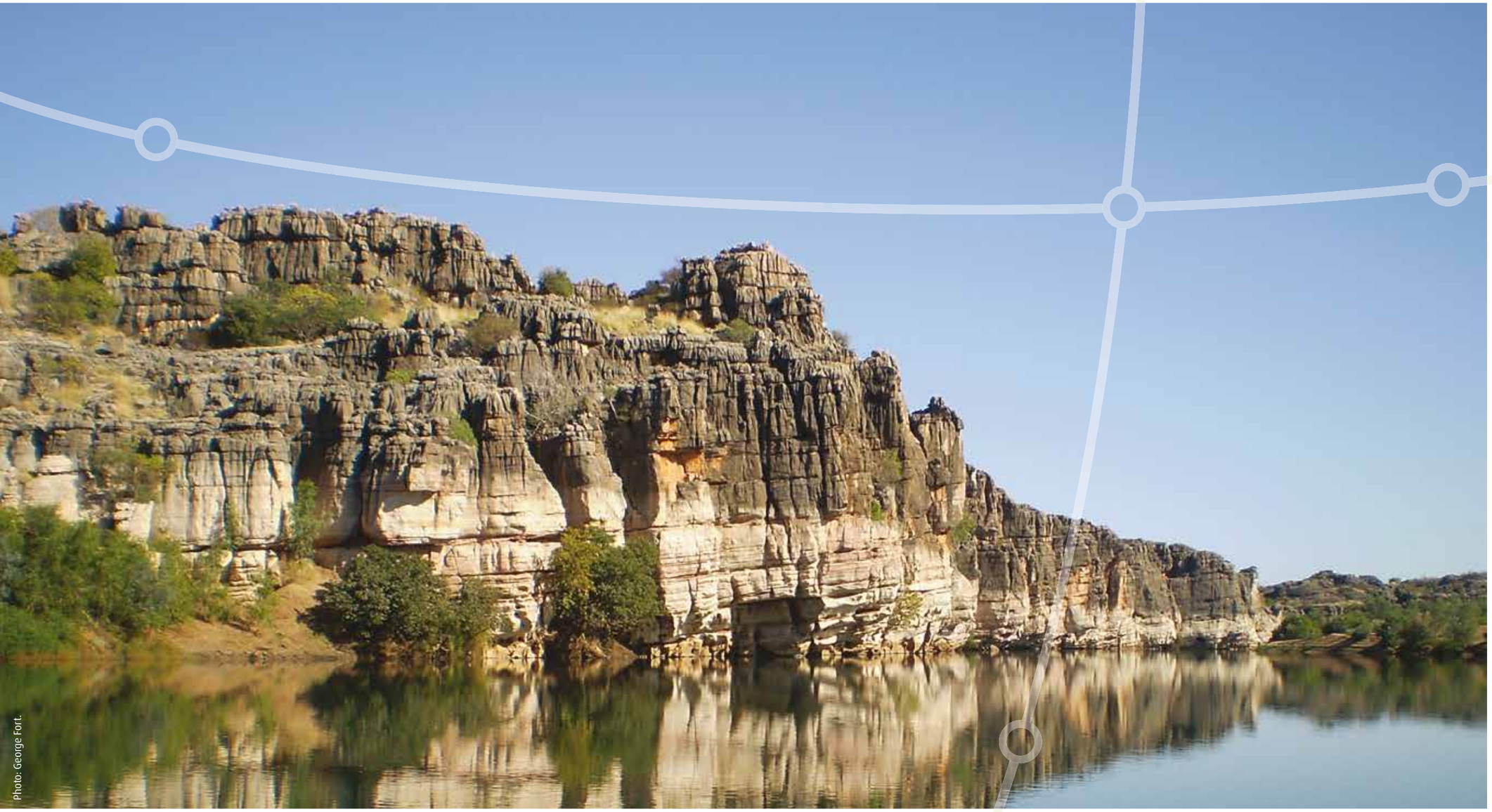


Photo: George Fort.

ceo's report



Another exciting and productive year at CRANA*plus*. We keep setting ourselves bigger goals to achieve improved health and a more highly trained workforce and, with your help, we keep on achieving them – and more.

As most members are aware, we have now trialled and introduced four more First Line Emergency courses including our eRemote program. The eRemote program is quickly evolving into a very well rounded learning tool, encompassing both the clinical and non-clinical pre-course needs of the remote health workforce. It has amazing potential and already includes a variety of modules. It has core mandatories such as Advanced Life Support and has widened its scope to include other essential information for the sector, such as an insight into the Australian Aboriginal culture.

It is thrilling to be a part of the move to electronic health assists, which are an important addition or prelude to the 'hands on' courses delivered by our education team.

This year, more than ever, CRANA*plus* has become the voice of remote Australia. The Federal Government, along with many other stakeholders, sees our organisation as having both the expertise and knowledge to advise them on most of the issues that pertain to the Remote Health sector. This is both a pleasure and a great responsibility.

CRANA*plus* is a unique, inclusive and well-respected organisation. We will continue to act on your behalf and hopefully next year we will see further growth, while never forgetting the 'family' ethos that keeps us strong.

As the CEO of CRANA*plus*, I extend my personal thanks to you, our members, the Board of Directors, my fabulous staff, our psychologists who are on-call for remote staff and their families and, of course, our facilitators who provide training and experience for those who work in the sector.

Well done



Carole Taylor
CEO, CRANA*plus*

president's report



CRANA*plus* has made outstanding progress over the past 12 months. Numerous milestones mark significant achievements in providing the remote and isolated health workforce with a high level of support, advocacy and training opportunities. The past 12 months have required enormous amounts of energy from CRANA*plus* staff and volunteers as we have consolidated our operations within the complex reform agendas of the Rudd/Gillard governments. We have been fortunate with the high calibre of professionalism and the dedication shown by our staff under the guidance of Carole Taylor the CRANA*plus* CEO. On behalf of the membership, I thank them.

We are a strong, robust, and considered professional body: representing members across disciplines, across cultures and across the geographical extremes of this amazing land. As our membership has grown, so has our responsibility of ensuring a professional, considered and consistent educational, advocacy and support service.

Governance of any group is a time-consuming challenge, and for this I commend my colleagues on the Board of CRANA*plus*, all of whom volunteer huge amounts of time to comply with our obligations to the members under law. The Board provides high-level strategic direction and control mechanisms to ensure CRANA*plus* is responding to the needs of the remote health industry both now and in the future.

I won't speak of all of the reforms and changes that have occurred or are in the process of occurring now. I think we're all at saturation point. I will say, though, that I am proud of how the remote health workforce has risen to the challenge of helping to shape the healthcare of tomorrow. There are too many leaders to mention here, but clearly we owe a debt of thanks to Ass. Prof. Sabina Knight for ensuring a remote framework with the H&HRC.

Likewise, thanks must go to the remote academics and research members who gather the vital evidence to slowly 'turn the QE2': changing the way services are delivered to people who live, work and play in remote Australia.

CRANA*plus* is only a sum of its membership and as such I thank you for entrusting me with the role of President. I look forward to the coming year and working with many of you to continue driving ahead in developing an even bigger, more robust, more accessible and more powerful organisation, while retaining the culture and warmth we have all grown to love.

Cheers



Christopher Cliffe
President, CRANA*plus*

ceo



carole taylor

CEO

Carole Taylor has been CEO of CRANA*plus* since March 2008, instigating numerous changes in areas of training, support and Indigenous health. Her career path and personal life experiences have provided a wealth of knowledge and skills for the position.

Carole entered the political arena in the late 80s, working latterly as an advisor for the Federal government in areas of aged care and family health. Following this period, appointments included Executive Director of Save the Children, Victoria and Executive Director of the Optometrists Association of Victoria, positions where she achieved significant successes.

A two-week stint as a house parent at Worawa College, Victoria's only Aboriginal specific Boarding School, where her adopted son was a student, turned into a two-year experience, where Carole worked ultimately as Registrar and Submission Writer.

A growing love of the desert took Carole, her son, who is now 22, and her partner to Alice Springs in 2006, where she worked with Tangentyere Council as the Coordinator of the Remote Area Night Patrol program and then as the Coordinator of the Return to Country, Amatjere and Kurdudju projects with prisoner release, emergency relief and the Tangentyere ID card.

CRANA*plus* is "an excellent organisation that gives back much more than its size would suggest", says Carole. It now has a far greater role in the preparation of remote health professionals and is vital to the 'closing the gap' strategy of the Government.

She believes that, in concert with a very aware and supportive Board of Directors and fabulous staff, CRANA*plus* will continue to grow and to provide support to all those who work in this most challenging of sectors.

board of directors



christopher cliffe

President
Chair Education Subcommittee

Christopher is the Manager for Primary Health Care for the Royal Flying Doctor Service in Queensland.

An experienced clinical leader in the field of remote comprehensive Primary Health Care, Christopher has worked as a Remote Area Nurse in a variety of remote and rural communities in South Australia and the Northern Territory.

Christopher has provided leadership to a variety of health care organisations during his career, specifically as Nursing Director for Remote Health in the NT, Leigh Creek Hospital in SA, and Lorne and Colac Hospitals in Victoria.

Most recently Christopher was executive director of the National Centre for Quality Improvement in Indigenous Primary Health Care, helping to establish the centre as a sustainable not-for-profit entity for the health industry.

Christopher has extensive international experience, working for the Red Cross in war and disaster zones, with missions to the South of Sudan, Abkhazia (Georgia), Afghanistan, PNG, Sri Lanka, the Bali Bombing, the Boxing Day Tsunami and most recently the earthquake in Haiti.

In addition to undergraduate nursing qualifications, he holds a Masters Degree in Public Health and is a Justice of the Peace.

Christopher has served as President for the last four years.



sue kildea

Vice President

Sue is a Professor of Midwifery and holds the Clinical Chair in Midwifery as a joint appointment between the Mater Health Services Brisbane and the Australian Catholic University. Sue has extensive clinical experience in primary health care models and women's health in rural and remote areas of Australia and is one of Australia's leading advocates for maternity service reform, promoting the return of birthing services to rural and remote areas.

Sue's interests are in safety, quality and professional collaboration in maternity care. She has a particular interest in increasing the capacity of the health workforce to maximise their effectiveness to make a difference to the lives of Aboriginal and Torres Strait Islander families.

Sue was the Perinatal Health Analyst who compiled the Maternal Deaths in Australia Report 2000–2002. In 2004 she was awarded the UTS Human Rights Award for her contribution to advancing reconciliation between Indigenous and non-Indigenous Australians during her PhD work. Sue has worked as a technical advisor in the development of guidelines, competencies and protocols for reproductive health and maternity services.

Her international experience includes working as a midwife in South Africa and midwifery consultancies in Indonesia and Mongolia. She is currently working on a World Health Organisation project in Viet Nam, which aims to make pregnancy safer and reduce the numbers of mothers who die in childbirth, particularly in the primary care setting.



dr trudy yuginovich

Chair Fellowship Committee

Trudy is Associate Director of the Faculty of Sciences at Fraser Coast and is the Nursing Program Coordinator. She has extensive clinical experience in the area of rural and remote area health, aged care and rehabilitation in New South Wales and Queensland.

A Fellow of the Royal College of Nursing Australia, Trudy is an experienced academic and has completed research in various areas including: the amount of aged care content currently being provided in undergraduate nursing curricula throughout Australia; single nurse clinics in remote area Australia; and educational alternatives for teenagers who do not fit the traditional models in rural areas.

Trudy has successfully supervised Honours, Masters and PhD students to completion both on campus in Queensland, New South Wales, Northern Territory, South Australia as well as off shore (Canada, Austria, Solomon Islands, Emirates). In 2009 Trudy was invited to present the inaugural Fraser Coast International Nurses Day Oration.

In recent years, she has been an active Grant Reviewer for the Hong Kong Research Grants Board; has successfully developed and implemented the Clinical school within the Department of Nursing USQ Toowoomba; and served as the Director of The Clinical School (1998) within the Department of Nursing.

She has been successful in obtaining ARC linkage grants as well as a Queensland Health Grant in 2008 to explore the health needs of people in the Wide Bay Fraser Coast region. Trudy joined the Board in 2004 and is Chair Fellowship Committee.



lyn hinspeter

Secretary
Chair Conference Subcommittee

Lyn has more than 45 years in nursing and still considers having worked as a Remote Area Nurse in Queensland to be a highlight. Hospital trained, Lyn later graduated from CQU at 53 with a Bachelor Health Science in nursing.

Lyn has worked in such diverse places as off-shore islands, small remote towns, Aboriginal communities throughout Cape York and mining communities. She has been involved in PNG and the Philippines, still travelling to the Philippines for three weeks each year to teach at the International Christian College of Manila.

Lyn reckons being a member of the Board has been "an interesting and rewarding experience and a steep learning curve." She represents CRANA*plus* at both CoNNO (Coalition of National Nursing Organisations) where she has also been a council member for the past two years, and on DVA's Community Nursing Industry Advisory Committee.



john wright

Treasurer
Chair of Finance Subcommittee

John is a Remote Area Nurse working in the Northern Territory. He started work as a farmer, shearer, and grain handler before attending university and commencing a career in nursing. After two years as a ward nurse and seven years as an emergency nurse, John moved to the bush in 2003. Since then he has attained a Masters Degree in Remote Health Practice, and a second Masters Degree in Remote Health Management.

John is the CRANA*plus* representative on the NT Administrator's Medals in Primary Health Care panel. John is currently Board Treasurer.



isabelle ellis

Chair Credentialing Subcommittee

Isabelle Ellis is the Head of Department for Nursing and Midwifery in the new La Trobe Rural Health School, Latrobe University in Bendigo. Prior to this Isabelle held positions with both the Combined Universities Centre for Rural Health in the Pilbara, Western Australia and Charles Darwin University.

Isabelle has been involved with CRANA*plus* since 1993, when she was working as a Remote Area Nurse at One Arm Point in the North West of Western Australia. She has held various positions on the Board and is a Past President.



john ryan

Board Appointed Director

John is a lawyer living in Newcastle, focusing in recent years on medical negligence. As luck would have it, he says, his wife is a nurse.

As well as owning and operating successful practices, John has experience in a wide range of legal areas. He was the first president of the professional standards panel of the Newcastle Anglican Diocese; and is a past member of the Community Aid Program through Belmont Local Court.

He has been a tutor at Newcastle university; a supervisor at the Newcastle Legal Centre; and a lawyer representing patients at Mental Health tribunals.

John has worked with rural, remote and Indigenous clients and was drawn to CRANA*plus*, with its vision and energy, as a way to contribute to improved outcomes.



jo appoo

Chair Indigenous Subcommittee

Jo is a highly regarded and very experienced Aboriginal Health Worker. Jo currently works as a locum in a variety of remote community clinics.

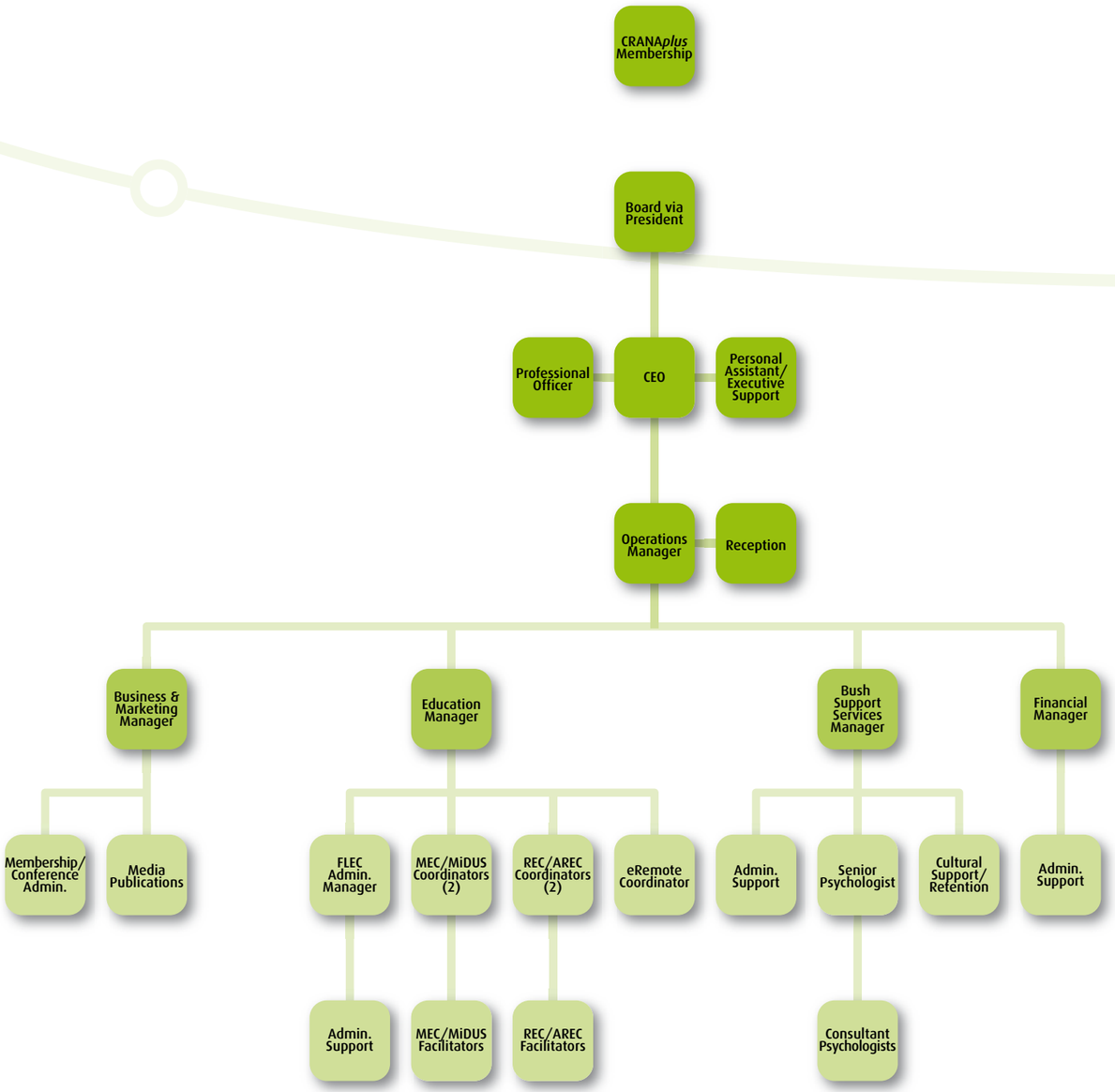
Jo, a Bunjalung woman, was born in Murwillumbah NSW. She was employed in a number of fields but it was when she went to work in Aged Care in Docker River that, in her words, "an old fella told me I'd be a good Aboriginal Health Worker" that she decided to give that a go. Completing Certificate 3 in Aboriginal Health Work she worked at Alice Springs Hospital and later on Tiwi Island. Here she set up and managed their first aged-care program and over five years, built it into a successful and sustainable service. In conjunction with the Tiwi Health Board, Jo assisted in the development of alternative care options for the elderly and culturally appropriate models for the residents of four communities on the Island and introduced a meals on wheels program.

Later Jo was appointed Clinic Manager, Central Australian Aboriginal Congress, the largest Medical Health Clinic in Central Australia. Jo's role was to oversee changes in intervention outcomes, patient flow and client complaints.

Jo is the first Aboriginal appointee to the Board of Directors of CRANA*plus*.



Photo: George Fort



our organisation at a glance

alice springs

CRANA*plus*' Corporate Services Centre (CSC), run from the head office in Alice Springs, is the engine room of the organisation. It provides the financial support, planning and grant income generation that the organisation needs to survive. The financial management for all programs and projects is run through the CSC, with line management responsible for their departmental budgets.

The CSC provides vital support to the Board of Directors and the subcommittees of the board to ensure the highest level of governance practices are maintained.

It also provides support to the general public and potential workers who are thinking of going remote. It maintains an extensive database of the sector and services a small retail outlet for CRANA*plus* merchandise and professional manuals vital for use in remote health.

In addition, as well as being responsible for website development, maintenance and IT support, the CSC also provides HR functions for the staff of both the Alice Springs and Adelaide offices: insurance policy maintenance, staff benefits, taxation requirements and the maintenance of the requirements of all statutory bodies.

Bush Support Services (BSS) program management and coordination of consultant psychologists for the BSS hotline also takes place in the Alice Springs office.

adelaide

CRANA*plus* works to reduce the isolation of the remote health workforce through the production of magazines, access to journals, web-based materials and weekly email bulletins. These communication tools and outlets are available to members through the dedicated work of staff members in our Adelaide office, with the CRANA*plus* business manager responsible overall for these activities. The Adelaide office is responsible for the challenging role of providing logistical and administrative support to ensure the overall management and delivery of the nationally acclaimed FLEC Programs.

This office also has CSC functions including, building and retention of membership, organisation of the annual CRANA*plus* Conference, coordination of the state member representative committee, additional income generation and scholarship administration.

our vision, goals and philosophy



our vision

To promote the development and delivery of safe, high-quality health care to remote areas of Australia and her external Territories (CRANA*plus* Constitution).

our goals

1. To provide enhanced and effective communication to members.
2. To advocate on behalf of members, clients, and stakeholders in the remote health sector.
3. To provide support, training and education to staff so that they can fulfill their roles effectively and efficiently.
4. To provide support and guidance to the Board of Directors in their governance of CRANA*plus*.
5. To provide services to those who deliver health care to all remote Australians.
6. To collaborate with other organisations that have an impact on remote health.
7. To optimise CPD opportunities for remote practitioners and services.
8. To assist Governments and decision-makers in the formulation and implementation of health policy especially in the remote sector.
9. To continue to grow the membership of CRANA*plus* by 20% over three years.
10. To have lessened the % dependency on the Government purse by 2013.

our philosophy

CRANA*plus* acknowledges the Aboriginal Peoples and Torres Strait Islander Peoples of Australia, many of whom live in remote areas, as the first peoples of the Nation who have suffered and continue to suffer the impact of colonisation.

CRANA*plus* believes that people living in Australia's 'remote' areas are entitled to access quality Primary Health Care; including emergency, clinical care, health promotion, and public health services.

CRANA*plus* believes that collaboration within and between health care professional groups, services and other sectors which impact on health is fundamental to effective quality care and quality health outcomes for remote populations.

Remote health professionals are specialist practitioners who provide and/or coordinate a diverse range of health care services for remote, disadvantaged or isolated populations within Australia and her Territories and who undertake appropriate educational preparation for their practice.

Remote health professionals are guided by 'Health' as a whole-of-life concept, encompassing physical, spiritual and emotional wellbeing of individuals, family, community and the environment.

Remote health professionals embrace codes of professional ethics that respect cultural safety, the diverse range of social values, beliefs and lifestyles and commit to deliver care regardful of these differences. They adhere to standards of practice and aspire to provide the highest quality of health care at all times, seeking to achieve improved health outcomes.

Remote health professionals value partnerships with other health professionals, individuals, families, local communities and outback towns to identify needs, plan care and evaluate services. To further this they work to facilitate communication between these populations and both government and non-government organisations. Advocacy and empowerment are critical strategies used to promote health choices and self-determination.

Remote health professionals are professionally accountable to engage in competent, reflective practice and accept their responsibility to maintain competence through professional development.

Photo: Stephanie Jeremy.

who we are

For the benefit of readers new to this amazing sector, it is worth giving a brief explanation of who we are and what we do.

CRANA*plus* is a member-based organisation.

Our core business is to educate, support and advocate for health professionals working in the remote sector of Australia. We are the only health organisation that has the remote sector as its sole focus.

What that really means is that it is incumbent on us to help ensure that those who choose to work in this most difficult of sectors are as prepared as they can be for the challenges they will face.

We provide vital training opportunities to potential and existing staff to help them work in settings that have very little access to the wide variety of professional staff and resources that other nurses, allied health professionals and doctors take for granted.

A likely scenario is that a remote Indigenous Community will be staffed by a team of two or three nurses and an Aboriginal Health worker. This small team will have the sole care of the complete health needs of that community.

Working in these types of situations is an enormous responsibility and the people who do this work deserve the best training opportunities possible and a great deal of support if they are to practise safely and remain able to continue their work.

The education and support provided by CRANA*plus* is unique. It is totally focused on remote staffing needs and provides the kind of support that is vital for staff satisfaction and retention.

Health professionals who undertake such work deserve our thanks.

Those who work in remote Indigenous communities, in mining camps, on off shore islands and oil rigs and the few lucky ones who work on island holiday resorts are the backbone of remote health. It is for these professionals that we provide the service we have developed over the years. And it is for the health of those who rely on these people that we continue to meet the challenge.

our key messages

CRANA*plus* as the voice for remote health, strongly advocates the following:

1. Heath care in Australia is based on **comprehensive Primary Health Care approach**. The gatekeepers of a client's healthcare need to be responsible for coordination and case management; this needs to be broadened from the current model to encompass other providers such as remote area nurses, nurse practitioners and midwives.
2. **A nationally adopted scope of practice for all Aboriginal Health Workers** is implemented. This requires both, a **'clinical'** and **'cultural'** stream.
3. **'Single nurse posts' are unsafe for patients** and clinicians, a structured plan for phasing them out across the country is required urgently.
4. **Remote area nurses** have a **consistent** and **nationally adopted scope of practice** to ensure they are supported, empowered and prepared to meet the needs of clients.
5. **Nurse Practitioners** and **Eligible Midwives** have **uninhibited access to the MBS** and their clients access to the **PBS** to make these roles a viable alternative choice for clients when accessing healthcare in Australia.
6. A **national minimum standard for emergency care** in isolated areas is developed, for all remote health professionals, including an **ongoing skills maintenance program** with regular **mandatory competencies**.
7. All women have access to a **skilled maternity care provider regardless of where they live** and safe options should be developed for women who choose to have **uncomplicated births where they reside**, including remote areas. The closure of further birthing services in regional and rural areas are ceased.
8. Remote communities with a population greater than 200 people should have the opportunity and funding to have their water supply **fluoridated**.
9. The resourcing of the management of chronic disease is **based on the chronic disease prevalence** of the population served.
10. A minimum of **1/3 of all health funding is quarantined for preventative** care measures.



Photo: Stephanie Jeremy.

FLEC report

education

Education and training continues to be one of the three main focuses for CRANA*plus*.

CRANA*plus'* focus of improving health outcomes through the delivery of safe, quality health care has been enhanced by the successful further development and piloting of the FLEC programs in 2009–2010.

Our courses are endorsed by the Royal College of Nursing, Australia and recognised internationally. All disciplines of health are welcome to register for the appropriate course.

FLEC now specifically caters for all levels of practitioners working in the remote setting including:

- Remote Area Nurses
- Flight Nurses
- Registered Nurses working in the rural setting
- Enrolled Nurses working in the rural setting
- Third year nursing students (preparation for practice in remote)
- Aboriginal Health Workers
- Ambulance officers
- Paramedics including those who work in the mining environment
- Isolated practice Medical Officers
- Allied health such as dentists and physiotherapists

This was achieved by taking the very successful REC and MEC courses and further developing them to meet the needs of all. This was based on feedback, discussions with organisations and evaluations of both courses which identified the need for:

- A more advanced REC course (AREC) that would focus on physiology, team leadership and trouble shooting in emergencies
- A specific course for midwives (MIDUS) that would focus on the clinical skills needed to work in a remote environment and the ability to work with minimal supervision
- A REC and MEC course specifically designed for AHWs. These courses are based on the standard REC and MEC but allow for more time (3 days) and have a focus on the practical skills required to work as part of a team in the remote setting.
- An online program (eRemote) to meet the needs of the remote practitioner on an every day basis through case studies, articles and policies and the mandatory annual competencies included ALS. eRemote's focus is to also provide clinical support with a coordinator to the isolated practitioner through the varying programs and case studies.

FLEC remote emergency care (REC)

REC was developed in consultation with the Australian College of Rural and Remote Medicine and the College of Emergency Medicine with input from several other emergency specialties and RANs. The course was designed to enable health practitioners to develop knowledge and skills essential to provide safe emergency care and treatment in emergency situations encountered in the remote setting.

This course continues to meet the needs of the Remote Area Practitioner with all courses full or overflowing in the last 12 months. Since the NT coroner mandated the REC course for all NT practitioners we have had an overwhelming response to all REC courses this year. This has allowed for consistency amongst practitioners working in teams in community settings and was a focus when developing both AREC and AHWREC. This also falls in line with a strong commitment by the FLEC team to provide up to date emergency skills and knowledge, to allow teams to work together for the best possible patient outcome.

The Department of Health and Families NT has contracted CRANA*plus* to a further 4 REC courses in the NT as part of their Remote Area Nursing orientation program for 2010. Two of these courses are held in Alice Springs in June and December and two in Darwin in May and November.

Testimonials

- *This has been a good experience for me to take back and to assist/implement back in my community. Especially gaining new skills that are very appropriate to my community. This has been an EXCELLENT course. Well done facilitators. Well done! To all facilitators and God bless you all and your families back at home.*
- *Bloody fantastic! Thanks so much for all the hours and years you have spent making this course so valuable!*
- *The presentations have been excellent! I have enjoyed how we get to participate in discussion. Level of info has been good, refreshing stuff we have already learnt. SKILL STATIONS HAVE BEEN AWESOME!!!*







Clockwise from top:
Left to right (back): Karen Clarke, Helen Phipps, Steve Batten, Heather Gulliver, Wendy Bowyer; (front) Libby Bowell. Sue Orsmond, Claire Prophet, Monica Ostigh, Caitlin Steiner.
REC course, Charleville 2009.
Left to right (back): Caitlin Steiner, Sue Orsmond, Julia Stewart, Heather Gulliver; (front) Libby Bowell, Monica Ostigh, Wendy Bowyer.

maternity emergency care (MEC)

MEC was developed in consultation with the Australian College of Midwives with input from several specialist Midwives and rural and Remote Nurses (RANs). The course was designed to enable non midwives to deliver the basic maternity emergency care in a remote setting when required.

The course continues to fill a specific need with almost all courses full this year. Whilst there is a shortage nationally of midwives the MEC course will continue to deliver up to date skills and emergency maternity knowledge to the non midwives working in the remote setting. The Department of Health and Families NT has contracted CRANA*plus* to provide 2–3 MEC courses as part of the orientation process in 2011. Two of these courses will be held in Alice Springs and one in Darwin.

Testimonials

- *It has given me greater confidence in dealing with pregnant ladies that come through A&E rather than looking at someone else to go to attend to them. Having no midwifery experience at all, I've found this course very interesting and am wanting to study midwifery in the near future.*
- *The fact that all facilitators have had experience in remote areas makes this course so good as they can apply their practical skills gained in these areas to us.*
- *I did my midwifery 23 years ago, I wish I had these facilities back then maybe I would have pursued my midwifery career further, gave me a greater understanding being able to practice with such awesome mannequins.*

AFLEC

Based on our experience and several years of feedback from participants and organisations a proposal was successfully submitted to the DoHA to seek further funding to develop more courses to specifically meet the needs of all practitioners working in the remote setting.

advanced REC

This was developed and piloted to specifically meet the growing needs of the advanced practitioner in the remote setting. Feedback over the last few years had shown that we had a growing number of 'serial RECer's' who wanted to keep their skills up to date but were also yearning to be challenged further. This course was developed following an extensive collaborative process that included the formation of an advisory committee, surveying 80 RANs nationally and several semi structured interviews.

Two pilots were successfully completed in Darwin and Alice Springs with a further course requested and run in Mackay in August. As with all FLEC programs it is anticipated that this course will continue to develop as we further explore the market and try to meet the needs nationally for the advanced practitioner. Feedback has been extremely positive about the inclusion of the on line advanced life support in this course. Participants for this course included, RANs, registered nurses, flight nurses, mining paramedics and doctors. This course has recently received support from Rural Leap as a recommended course for GPs and we will pursue to get it formally endorsed.

This course is almost an unknown entity and more work needs to be done around marketing in the next 6–12 months to fully maximise the potential especially amongst the GP market.

The funding requirement for 2010–2011 is for five scheduled courses.

Testimonials

- *A great wealth of knowledge by the facilitators, highly motivated and skilled people, excellent-pitch at right level for advanced practitioners attending the course, increased confidence to detect early clinical deterioration, great program, thoroughly enjoyed.*
- *This will have me looking for clues before they fall off the perch!*

MIDUS

This course was developed and piloted to specifically meet the growing needs of midwives working in the remote setting. Feedback around the MEC course was that midwives needed and wanted the same style of course but with information specific to midwife skills. This course was developed following an extensive collaborative process that included the formation of an advisory committee surveying 380 midwives nationally and with several others participating in semi structured interviews.

Four pilots were successfully completed in Darwin, Alice Springs, Mackay and Toowoomba. Further courses have been requested for later this year in Port Augusta and Alice Springs. The course has undergone amendments to ensure that the most up to date and relevant course is provided.

The funding requirement for 2010–2011 is for 5 scheduled courses. This course is already in demand and we anticipate several private MIDUS courses in the next 12 months.

Testimonials

- *Excellent program. High need for this program and hope it will have ongoing funding – ESSENTIAL with need to keep midwives skilled, competent, confident and registered.*
- *Wonderful facilitators (if only I had them during my training). Very effective techniques of providing information.*











Clockwise from top left:
MEC course, Port Augusta 2009.
AHW REC and RN ALS course, Layhnupuy homelands 2010.
AHW REC course, Alice Springs 2010.
AHW MEC course, Alice Springs 2009.

AHW REC and MEC

These courses have been further developed as a result of requests from DHF in the NT who felt that AHWs often benefit from learning with other AHWs in an environment that allows them to ask questions and feel comfortable to participate in skill stations. The REC and MEC courses are essentially the same course but we have allowed an extra half day to maximise the learning environment. Where possible further skill stations and case scenarios have been included to make it as beneficial as possible to participants. There is also a strong commitment from the FLEC team to provide facilitators who have extensive remote experience.

These courses were developed following an extensive collaborative approach that included formation of an advisory committee that remains active to stay abreast of issues that relate to AHW national registration in 2012. It is our aim to meet the needs of mandatory competencies that relate to emergency and maternity care. Several focus groups and semi structured interviews were held with AHWs in the Alice Springs, Darwin, Katherine and Derby regions.

Several courses have now been piloted in Alice Springs, Darwin and Tennant Creek including a male only MEC course. All courses have received extremely positive feedback around relevance, comfort of learning environment and level of information.

There has also been a big interest from AHWs around the on line learning and several health workers have recently volunteered to take part in piloting on line learning. They will be guided through the process by the coordinator and then provide us with any necessary feedback. This is an exciting time for us!





The funding requirement for 2010–2011 will see five courses scheduled. There is also a request for several private courses including Walgett AMS. This is another first for the FLEC program, the first request for an AHW course outside of the NT.

Testimonials

- *This course is the right one because you talk to us in the right way, we want to be part of the team so we need this information!*
- *This course should be 2 weeks long so we can learn more!*
- *Great to have a better understanding, to be able to know, educate young men about the complications their wife might be having (male MEC).*
- *I thought the heart explanation was fantastic and easy for AHWs to understand. Overall, the course was excellent. Thank you!*



Clockwise from top left:
Have truck and equipement...will travel!
AHW REC course, Layhnupuy homelands 2010.
eRemote launch, Alice Springs 2010.

eRemote

The on line program is a result of a commitment from CRANA*plus* to fill the void of readily available learning material and information for remote practitioners in between attending face to face learning. It is based on feedback from participants and organisations and perception of experienced coordinators and facilitators.

Currently core mandatory skills are available and include:

- basic life support
- building a respectful workplace
- cultural awareness
- fire awareness
- introduction to infection control
- manual handling including ergonomics
- managing difficult behaviours
- medication calculation
- medico-legal documentation
- natural disasters
- professional development
- advanced life support
- first aid for AHWs
- Other modules/programs are being developed to ensure a capacity for remote health professionals to maintain clinical currency in emergency care in-between the face-to-face courses. Interactive case studies and journal articles and current policies will be included in these programs as well as learning packages. All materials have a strong remote focus.

Testimonials

New Users

- *I have been eagerly awaiting these courses for months, each time I was on the computer for anything, I would quickly check the CRANAplus site. I was quite excited yesterday to see I could actually enrol! Well done Julia (and others), this is a great site and education for remote nurses.*

ALS Program

- *Their online ALS is great, and is very detailed and impressive.*

Core Mandatory

- *Great layout and presentation, easy to navigate and utilise functions offered. Great extra resource links and theoretical information included.*
- *I like the various tools given as part of this package e.g. the checklist for fire drill, the competency which allows me to take these to my workplace and implement. I found the package easy to navigate through and liked the reinforcement provided from viewing the package and the ppt. The use of different resources made it more interesting e.g. the video links. The general nature of the information in this package makes it user friendly for all staff regardless of location.*
- *Just the reminder again of how different we are but how some basic behaviours like showing respect and taking the time to listen can help us develop such profound relationships despite our differences. Thanks Lenny.*
- *A big yes – much better than any other cultural program I have done.*

FLEC course numbers

Total participant numbers for this financial year was 839.

Commonwealth funded courses

REC	12
MEC	11
AREC	2
MIDUS	4
AHW REC	1
AHW MEC	1
eRemote	48 completed ALS 63 eRemote users

Privately funded courses

REC	5
MEC	3
AHW	4

Breakdown of disciplines

	2009/2010
Doctor/Dentist	10
Paramedic	13
RN	513
RN/RM	84
EN	17
AHW	71
Other	4
	712

	2009/2010
REC	357
MEC	247
AREC	30
MIDUS	68
AHW	37
	739

CRH short courses

remote health practice

CRANA*plus* is a major stakeholder in the Remote Health Practice Program run in conjunction with the Centre for Remote Health and a joint venture between Flinders University and Charles Darwin University.

Through this program, we support the continuing education efforts of remote health practitioners in an effort to build a highly sustainable workforce in remote and isolated Australia.

The Graduate Certificate and Graduate Diploma in Remote Health Practice have three major areas of study – the remote context, primary health care and advanced practice.

A Master of Remote Health Practice is also offered as part of the program. The program combines distance learning, online education and intense short courses held in locations throughout Australia.

short courses 2009–2010 financial year

Pharmacotherapeutics

Umuwa	September 2009	8
Alice Springs	October 2009	12
Darwin	October 2009	13
Broome	October 2009	17
Darwin	November 2009	14
Alice Springs	March 2010	17
Darwin	May 2010	14

Primary health care: making a difference (in conjunction with context of remote health care)

Alice Springs	September 2009	26
Alice Springs	March 2010	28
Darwin	May 2010	11

Remote advanced nursing practice and pharmacotherapeutics

Alice Springs	September 2009	11
Alice Springs	March 2010	16
Darwin	May 2010	11

Fracture assessment and plastering in remote practice

Alice Springs	September 2009	11
Alice Springs	March 2010	16
Darwin	May 2010	11

Child abuse and adult sexual assault and forensic examination

Alice Springs	March 2010	5

Remote nurse practitioner family nursing

Alice Springs	March 2010	5

Sexually transmited infections – a population health approach

Alice Springs	March 2010	5

our national conference

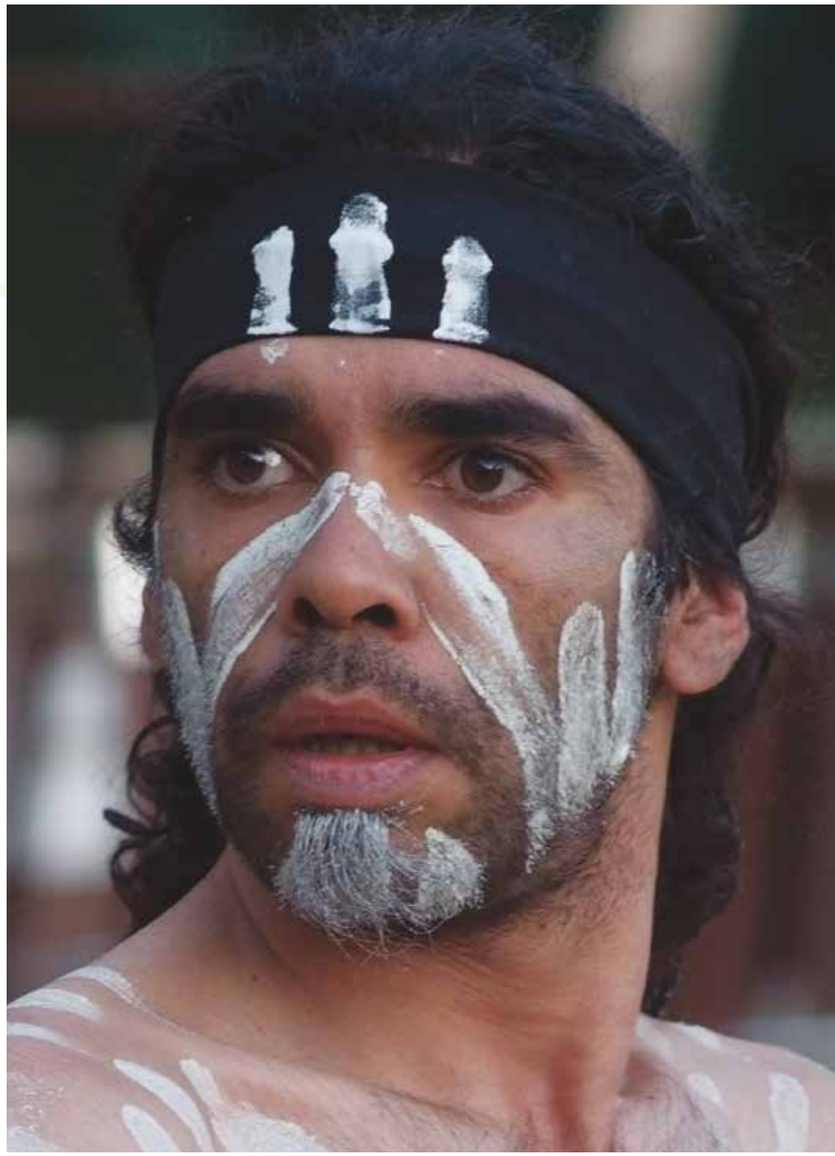




CRANA*plus* has held an annual conference since the organisation's inception in 1982. Delegates are representative of all areas of remote health delivery, student bodies and educational institutions. Also in attendance are representatives from state and federal governments, academics, managers and policy makers.

Many of our participants are located in isolated areas and therefore have limited access to ongoing professional development. They often rely on our annual conference to keep abreast of the latest information and technology available to their field.

During the three day conference participants are informed of the latest developments in remote health care policy, drug therapies, technologies and therapeutic treatments for clients in their care.



Clockwise from top left:
CRANA*plus* 27th Annual Conference, Alice Springs:
CRANA*plus* President, Christopher Cliffe.
Robert Bamblett of 'One Fire' dance troupe.
Arctic wilderness midwife, Elsie Myreng,
in traditional costume.

our publications

the CRANA*plus* magazine

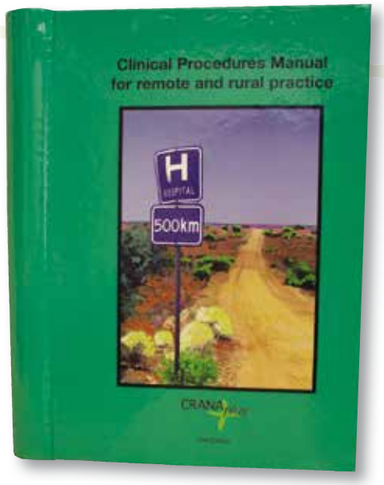
The CRANA*plus* magazine, with a circulation of 2000 copies, is published four times per year. The magazine replaces the 'Outback Flyer' which had served the organisation for over 20 years. The new look publication reflects the broadened scope of the organisation, with the content focusing on the three areas of CRANA*plus* core business; to educate, advocate and support the remote health sector.

the friday flyer

The 'Friday Flyer' is a weekly e-newsletter available to current and lapsed members. Designed to keep readers in touch with current events and educational opportunities, it has an informal style and invites readers to contribute information relevant to their colleagues and the remote health sector. It reaches in excess of 1900 recipients weekly.

the clinical procedures manual

The aim of CRANA*plus* is to promote the development and delivery of safe, high quality health care to remote areas of Australia. CRANA*plus* has initiated, and continues to develop practical programs and resources for remote practitioners.



The second edition of the *Clinical Procedures Manual for remote and rural practice* reflects the collaboration between Australian and New Zealand health professionals facilitated by CRANA*plus* and the New Zealand Institute of Rural Health.



Photo: Stephanie Jeremy.

Above: The second edition of the Clinical Procedures Manual for remote and rural practice.

our voice

CRANA*plus* is now recognised as the voice of remote health. There is now a clear recognition, both within Government and in the wider sector, that the people who make up our organisation have an unparalleled level of knowledge and expertise in this area. It is also understood that we are the primary providers of post graduate emergency care training and the only organisation providing complete support for all health professionals in the remote health context.

This recognition has made advocacy for the sector easier — but much more demanding. We are now on almost every committee, reference group and advisory panel pertaining to health and health reform and we are regularly called on for comment on most papers and policy that impact on the sector.

This year we spent a great deal of time working on the health reform agenda and are very visible on Minister Snowdon's implementation group.

There was a short period of time following the election this year when we thought it possible that the health reform process would be stalled or even abandoned. However, it would appear that our involvement has not been in vain and that a large part of the reforms will continue. The implementation of many of the proposed reforms is still to be negotiated and we expect this will keep us busy over the coming months.

As members are aware, this year has seen the inclusion of midwifery and Nurse Practitioners in the Medicare and PBS legislation. This is an amazing step forward but has taken a lot of work and discussion to get the decisions this far. There is no doubt that some of the regulations around these decisions could be better and only time will tell how effective they are in the remote and rural sectors.

We will continue to work towards an understanding of 'remote' and to fight for the sector to be seen as separate from rural. There are certainly some overlaps between the two areas of work, but the challenges facing those living and working in the remote sector are unique; and so too must be the solutions. Most policy decisions that benefit the rest of the health sector often either don't work in remote situations or, worse, have a negative impact. This has yet to be clearly understood, with each decision having to be unravelled and rethought for this area. It is a job that is ongoing and difficult.

Remote health has a small population, a huge geographic land mass and poorly resourced infrastructure. It is hard to find cost effective health solutions where it is understood that everything else is expensive – but this is our chosen area of work and one we love.

We will push on in the hope that we can make a difference and we will continue to be heard – that is what advocacy is all about.

our representation on committees

CRANA*plus* is currently represented on the following committees:

- National Rural Health Alliance (Canberra)
  Sophie Heathcote (Past CRANAplus President)
- Queensland Health Ministers Advisory Group (QLD)
  Chris Cliffe (CRANAplus President)
- Office of Rural Health – Funded Program Review (Canberra)
  Carole Taylor (CEO)
- Queensland Health Rural and Remote Training Working Party
  Libby Bowell (Education Manager) and Chris Cliffe (CRANAplus President)
- National Technical Reference Group on Clinical Guidelines
  Chris Cliffe (CRANAplus President)
- Expert Advisory Committee: Development of MIDURS: Midwifery Upskilling Program for Rural and Remote Areas
  Dr Sue Kildea (Vice President)
- National Primary Health Care Roundtable,
  Chris Cliffe (CRANAplus President)
- NT Cancer Plan (NT) *Carole Taylor (CEO)*
- Rural and Remote Health Roundtable (Canberra)
  Carole Taylor (CEO) and Chris Cliffe (CRANAplus President)
- Northern Territory Emergency Response (Darwin and Canberra)
  Carole Taylor (CEO)
- National Technical Reference Group on Clinical Guidelines
  Chris Cliffe (CRANAplus President)
- Territory Palliative Care Network (Alice Springs)
  Carole Taylor (CEO)
- CoNNO (Canberra)
  Lyn Hinspeter (Secretary)
- National Health and Medical Research Council (NHMRC) Maternity Collaboration Project Reference Group
  Dr Sue Kildea (Vice President)
- Veterans Affairs Health (Canberra)
  Lyn Hinspeter (Secretary)
- Centre for Remote Health Advisory Group (Alice Springs)
  Carole Taylor (CEO)
- CARPA Editorial Committee (Alice Springs)
  John Wright (Board Member)
- Core Competencies and Education Framework for Maternity Services in Australia (Sydney)
  Dr Sue Kildea (Vice President) and Caitlin Steiner (MEC Coordinator)
- Nursing and Midwifery Stakeholder Reference Group (Canberra)
  Chris Cliffe (CRANAplus President)
- National Council to Reduce Violence Against Women and Their Children (Canberra)
  Carole Taylor (CEO)
- Expert Advisory Committee: Indigenous Working Group for National Evidence-based Antenatal Care Guidelines
  Dr Sue Kildea (Vice President)
- CRANA*plus* Clinical Procedures Manual Editorial Committee
  Libby Bowell (Education Manager)
- QLD Health Rural and Remote Training Working Party
  Libby Bowell (Education Manager)
- Department of Health and Ageing Eligibility and MBS technical workshops for the Maternity Services Package
  Dr Sue Kildea (Vice President)

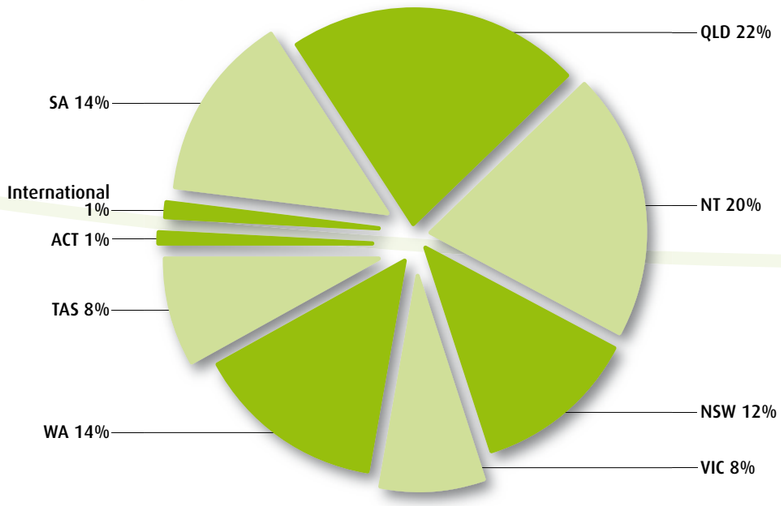
our membership

In the two years since membership opened up to all health disciplines, almost 14% of our members are from outside the nursing profession. Social Workers, Paramedics, Doctors, Aboriginal Health Workers and Ambulance officers are among the growing range of disciplines featured in our membership today.

Historically Queensland and the Northern Territory are the states where we have enjoyed the greatest proportional membership. This year has seen increased awareness of our organisation in South Australia, New South Wales and the ACT, with a resulting significant increase in membership numbers.

CRANA*plus* enjoys continued growth – bucking the current trend of membership decline within many organisations. We believe our increasing membership is an acknowledgment of the value of CRANA*plus* expertise in the areas of remote education, support and advocacy for all remote health professionals.

membership by state



membership by profession

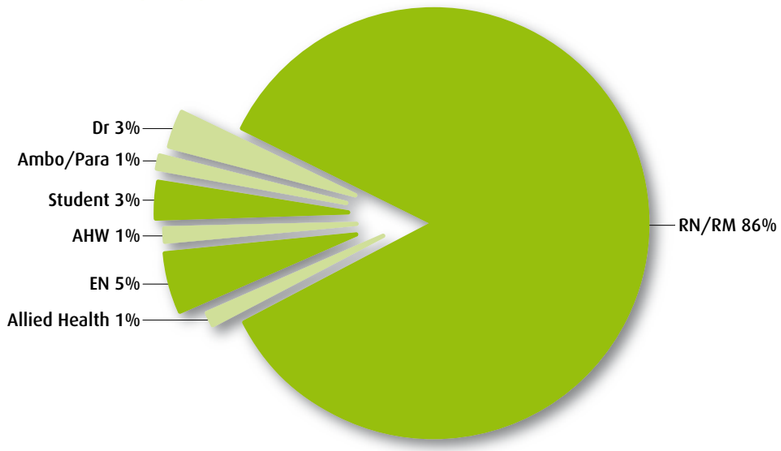




Photo: Stephanie Jeremy.

bush support services report

Counselling, workshops and up-to-date information are just some of the services provided to remote health professionals and their families by the Bush Support Services (BSS).

A national programme established 13 years ago, the team currently comprises Manager Colleen Niedermeyer, Senior Psychologist Annmaree Wilson and seven fully-qualified psychologists.

While continuing to focus on the invaluable support offered on the confidential and anonymous 24/7 telephone hotline, there is now a greater focus on prevention.

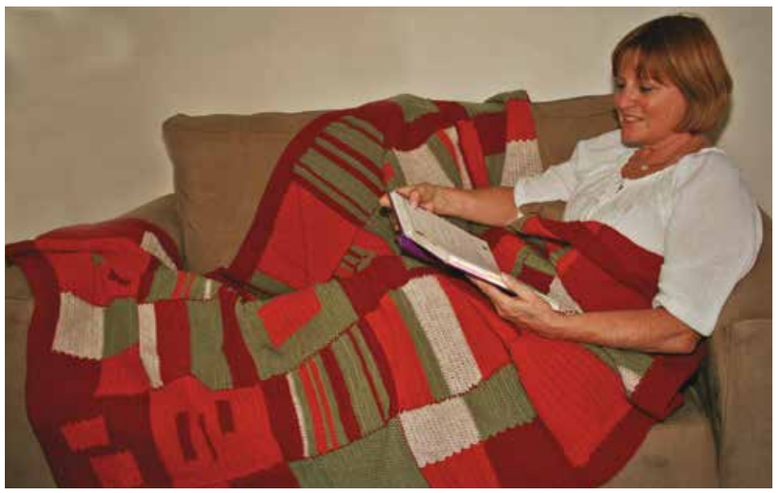
In particular, stress-related and anti-bullying workshops have been delivered to a number of clinics and organisations throughout the country in the past year.

In addition, BSS provides self-help materials for health workers assisting in disaster situations – most notably in recent times in the flood and bushfire affected communities in Queensland, NSW and Victoria.

The proactive approach taken by the team at BSS is illustrated by measures constantly introduced to improve access to the service.

These include:

- Contact via email
- Counselling via Skype
- Personalised 'Care plans' for clients
- Ability to access the same counsellor on a repeat basis
- Proactive and immediate response to national disasters, including self-help materials sent to health professionals working in recognised disaster areas
- Introduction of the national 'Stress Buster' competition inviting members to share their de-stressing strategies
- The Cosy Blanket Project – encouraging members to 'knit their stress away and help a mate in need'. BSS has on request provided hundreds of sets of wool and needles to members who have knitted squares for blankets to send to those in need. Finished blankets have been distributed throughout Australia, most recently to Aboriginal homeless after the recent floods and unprecedented cold weather in Alice Springs.



Above: Blanket received from Allison Wilkinson on Thursday Island, shown here being tested by BSS staff person Laura Nelson.

Testimonials

Feedback from workshops which were conducted by Mark Millard and Therese Forbes in the Torres Straits Islands, May 2010:

- *Just a note to thank you both for the BSS Workshops that I feel were successful. The attendance was good and the information very, very, valuable.*
- *It was engaging and increasingly more relevant to clinical practice these days.*
- *Excellent presentation, overheads and written take home material.*

From a RAN who needed help and was sent a pamper pack at the discretion of the BSS team:

- *Colleen and Laura,*
  Just a heart felt thank you for the pamper pack you thoughtfully sent me. It was very timely and appreciated. The gifts are lovely and well thought out and the music was just what I needed. Cannot thank you enough. I feel that I am not alone and there are people (CRANAplus) who really understand the physical and the emotional isolation that can happen in remote. I will happily use the wool and send you the squares for the blankets. Thanks again...

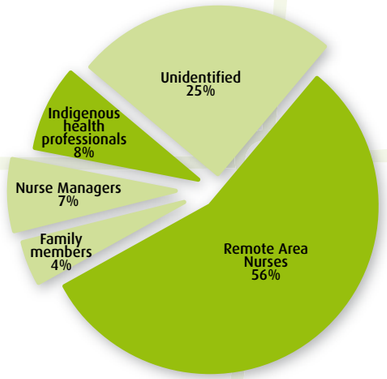
From an Indigenous Health worker re: their 'test call' to the BSS 1800 line:

- *BSS Psychologist was extremely professional, reserved with her responses and was quick to refer me back to yourself. She remained highly professional in attitude which I find a good attribute especially when dealing with someone who is vague, confrontational and having a hidden agenda (myself I am talking about). I have explained how the counselling service would need to understand the complex web of remote culture, law, ceremony and stressors placed on our AHWs which she handled. I will with confidence highlight my views and advocate strongly that our organisation use your service as our professional service with myself and our manager providing local support.*

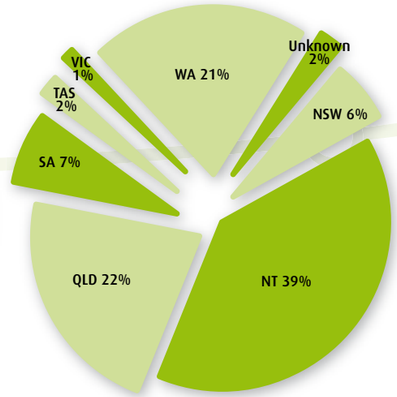
bss hotline at a glance

Calls are up 35% from 2008–2009

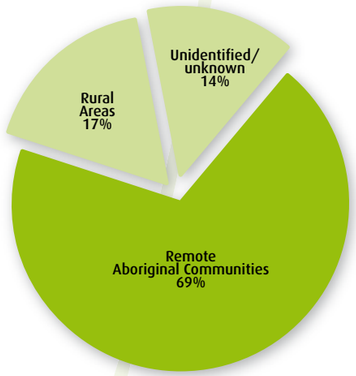
who?
70% of callers are female



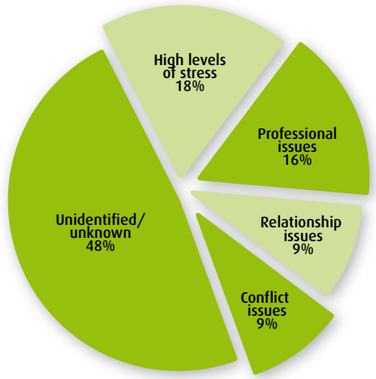
where?
location



what?
workplace type



why?
reason for the calls



when?
45% of call are made during business hours



Photo: George Fort.

from mark millard



BSS psychologist Mark Millard has written quarterly reports for the CRANA*plus* Magazine to share experiences and feedback from different approaches used in workshops in which he has participated.

health workers: is it better to be a lighthouse or a torch?

If you were part of the BSS self-care workshop series recently conducted in the Cape York Northern Peninsula Area and Torres Straits, you would know what most of the participants thought was the best answer to this question.

In fact, one participant had everyone falling off their chairs with laughter when he suggested, in response to an exercise about how he could be a 'lighthouse' in his work, that he was often used more as a torch than a lighthouse:

"...people sometimes want to pick you up, turn you on and point you in a particular direction to illuminate the way they want to go...then when they're finished, they turn you off again and put you back in the cupboard...this works OK in the short term, but its not the same as showing the way from a solid place like a lighthouse does – as a lighthouse we can show the direction for our communities!"

This was one of the many messages, some light-hearted, some serious, some both, that were taken home by participants from the workshops, which were groundbreaking in many ways for CRANA*plus* and for the principal employer involved, Queensland Health.

Two members of the BSS Team, Psychologists Therese Forbes and me, joined with QH Team members Bev Hamerton, Henri Aviga, Kylie Parry, Ghislaine Wharton, Nellie Enosa and Philomena Morseu to provide a series of self-care and coping workshops for workers from throughout the tip of Cape York and the Torres Straits.

In all, four workshops were conducted, in a range of different formats. There was one at Bamaga, another 'drop-in' day at Thursday Island, and planned day-long sessions for Health workers conducted on two of the major outer island Health Centres at Badu and Saibai Islands.

In addition, the Psychologists visited the Northern Peninsula Area Community Health Centres at Injinoo, Umagico, New Mapoon and Seisia – the four other NPA communities outside Bamaga.

The Bamaga workshop was less formal than the others, but resulted in a high level of participation and interaction from those who attended. As a result of the workshop, Shirley Hill, Diabetes Educator based at Bamaga, offered to help facilitate further ongoing links between BSS and the NPA staff.

At TI Hospital the BSS Team tried a new format – a drop-in day (with some food, of course) which allows staff to just drop by and pick up some CRANA*plus* information packs, have a brief or not so brief chat, and, if needed have a spontaneous formal session with one of the Psychologists.

This format, where the BSS Team are located somewhere private but quite close to the working environment of the staff, was very successful. Well over 30 people came by to the BSS station during the day.

Participants in the two major Outer Island workshops said it was the first time such a stress and self-care workshop had been presented at these island locations. They appreciated BSS taking the time and effort to visit their home bases.

Material for the workshops had been specially developed to meet the needs of an audience made up of primarily local TSI Health workers and the RNs working with them in their communities.

Queensland Health had provided substantial support for the workshops also, not only through the time of many of the staff, some of whom are mentioned above, but also by providing a charter aircraft which did the rounds of smaller islands on the days of the workshops bringing workers from these to Badu and Saibai respectively. Henri Aviga, the acting Educator for the Torres who along with the regular Educator Kylie Parry, contributed enormously to the success of the exercise by assisting with organising and by participating in the workshops, had to work the day of the Saibai workshop in the clinic to cover for other workers to attend, because staff had been up most of the night with an emergency.

All in all, there were 14 participants in the workshop on Badu, and up to 25 people participated in the Saibai workshop.

Participants' evaluations for the workshops were exceptionally positive. Apart from saying that they liked the interaction and many of the group exercises in the workshops, many participants also expressed appreciation of new sections of material on mindfulness and meditation, trauma and traumatic stress and the exercise on sharing stories of how you can be a lighthouse in your work!

That means, of course, sticking to the right place at the right time, holding firm in a storm, not wavering or shifting when things get tough, showing the way that is the right course, seeing farther than a torch, and giving guidance that is long-sighted rather than short-sighted.

Its a big ask, being a lighthouse – but one that many of the NPA and TSI Health Worker participants were not only comfortable with, but also very expressive about. Their response to this exercise were illuminating not only for other participants, but also for the presenters as well.

financial overview

profit & loss statement

July 2009 through June 2010

Income

Grants	$3,433,991.58
Carry forward	$255,558.00
To be coded	$2,769.25
Sponsorships	$300.00
Scholarships	$4,250.00
Administration collected	$387,707.10
Website	$4,772.74
Memberships 2009–2010	$34,077.41
1-year membership	$95,160.23
2-year membership	$1,090.92
5-year membership	$3,136.35
Conference fees 2009	$88,724.67
Course fees	$301,054.81
Interest	$63,468.95
CP manuals	$84,000.00
Sales	$67,509.28
Recovered costs	$1,340.04
Total Income	**$4,838,411.36**

Cost of sales

Purchases	$72,296.63
Opening Stock	-$2,916.55
Total cost of sales	**$69,380.08**

Expenses

Accounting	$500.00
Advertising	$33,642.58
Bank charges	$6,964.23
Bookkeeping	$2,831.23
Cleaning	$9,323.69
Consumables	$24,887.57
Conference costs	$41,346.70
Venue charges	$13,934.53
Course costs	$18,915.94
Catering costs	$70,484.75
Facilitator costs	$30,751.72
Donations	$903.00
Interest paid	$0.46
Insurance	$29,777.80
IT costs	$120,787.41
Legal & other fees	$4,620.42
Marketing products	$64,536.98
Membership packs	$5,352.73
Motor vehicle	$31,911.55
Postage & freight	$78,593.73
Reference mtrls/subscriptions	$21,516.78
Rent & utilities	$78,779.58
Repairs & maintenance	$43,496.49
Scholarship awards	$5,318.15
Staff amenities	$5,991.75
Staff training & development	$44,903.49
Stationery & printing	$158,983.33
Telephone & fax	$68,608.90
Equipment purchases	$47,867.51
Equipment purchase >$500	$131,884.41
Audit fee	$9,875.00
Magazine	$16,012.56
Newsletter	$1,465.41
Wages & salaries	$1,601,372.19
Wages non-payroll	$15,180.27
Employment entitlements	$60,606.75
Allowances payroll	$17,550.00
Superannuation	$142,424.09
Travel allowance	$63,191.38
Consultancy fees	$2,220.04
Sub-contractors	$193,598.93
Workers compensation	$15,316.83
Travel: fares	$212,656.83
Travel: accommodation	$154,638.52
Organisational Support	$387,707.10
Total Expense	$4,091,233.31

Other Expenses

CRANA*plus* conference raffle	-$722.83
Clearing account	$3,614.22
Total other expenses	$2,891.39
Net profit (loss)	**$674,906.58**

* Unaudited. Audit still in progress.
** Please contact CRANA*plus* if you wish to be sent the final report.

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Photo: Steve Batten.

CRANAplus
remote health counts