

## Clinical services via telehealth in the Kimberley

Linda Hannig<sup>1</sup>, Kerrie Cunningham<sup>1</sup>

<sup>1</sup>WA Country Health Service, Kimberley

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Linda Hannig has worked in WA Health for over 15 years (and is not willing to admit any more than that!) with experience in PMH, RPH and KEMH. She started work in health at PMH as a medical photographer before going overseas to work in hospitals in the Middle East for six years. On her return to Australia, Linda accepted a position at KEMH establishing a satellite medical illustrations department. After two years her interests moved to telehealth and in 2006 she moved to WACHS Great Southern to develop clinical services within the region. With the great success of telehealth within the region, Linda accepted a secondment to WACHS Kimberley in 2008 to again establish services. The Kimberley provided a fantastic challenge for telehealth, and she could see the potential for major change and achievement within the region. Linda has remained in the Kimberley for two years. The past six months she has been coordinating both the Great Southern and the Kimberley for telehealth and Intranet web design.

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Providing quality palliative care across the Kimberley Region due to its size, remoteness and large transient population is always going to be a challenge. This presentation will outline the importance of the monthly palliative care videoconferences that has been established by the Kimberley Palliative Care Service.

Through funding from the Medical Specialist Outreach Assistance Program and Rural Health West, a visiting palliative care physician had been visiting the Kimberley Region every second month for patient reviews and education. Due to time constraints, usually travel time, we were unable to do as much patient-focused care as required. After exploring options, we established monthly 4-hour palliative videoconferences, linking in with Sir Charles Gairdner Hospital in Perth, and areas across the Kimberley.

The videoconferences allows for patient reviews, including family members, primary health practitioners and patients. They provide ongoing education opportunities for health care professionals in remote areas. However the most important outcome of the monthly videoconferences has been the ability for palliative patients to die in country, whether it be home, under a tree, or local hospital, and has reduced the number of palliative patients being transferred to Perth and then dying thousands of miles away from family and country.

Through the monthly videoconference, Kimberley Palliative Care has supported the end-of-life care of patients from remote communities such as Warmun (200 km south of Kununurra), Billiluna (150 km south of Halls Creek) One Arm Point (225 km north of Broome) as well as the six major towns in the Kimberley.