GOING TO EXTREMES

HOW ISOLATION, GEOGRAPHY & CLIMATE, BUILD RESOURCEFULNESS & INNOVATION IN HEALTHCARE

34TH CONFERENCE
GRAND CHANCELLOR • HOBART
12–14 OCTOBER 2016

CRANAplus
improving remote health

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CRANAplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

WELCOME

#CRANAplus2016

On behalf of the Board of Directors and the CRANAplus staff, I warmly welcome you to the 34th CRANAplus Conference, here in the beautiful southern city of Hobart.

We pay our respects to the Mouheneenner People, the traditional owners and custodians of the land on which we gather. We also acknowledge the Tasmanian Aboriginal community of today, who through their knowledge and culture, help to improve our understanding of history, the environment, science and our nation.

We also welcome all of you. Clinicians, students, educators, policy makers, managers and senior leaders, the diverse group that make up the matrix of remote and isolated healthcare across Australia.

It is imperative that as an industry we have an opportunity to debate the challenges and barriers we face in providing healthcare in some of the toughest conditions in Australia. This year's theme of '**GOING TO EXTREMES – HOW ISOLATION, GEOGRAPHY & CLIMATE, BUILD RESOURCEFULNESS & INNOVATION IN HEALTHCARE**' gives us an opportunity to celebrate and describe the innovation, passion and successes that we see routinely in our unique and isolated practice environments.

Conferences are an opportunity to learn about new and emerging evidence to help improve your knowledge, skills and awareness, while ensuring you remain contemporary within your professional field.

Please ask questions and engage with the many wonderful presenters and exhibitors, all of whom are here to share their knowledge. The CRANAplus staff are here to make sure you have a fun, educational and reinvigorating time, so please seek them out for any questions or assistance.

Cheers

Christopher Cliffe
CEO, CRANAplus

FROM OUR PATRON

Dear Delegates

I welcome visitors most warmly to the Conference of CRANAplus, taking place in beautiful and historic Hobart, Tasmania in October 2016.

Tasmania, named after the great Netherlands explorer Abel Tasman, was formerly known as Van Diemen's Land after a Governor-General of the Netherlands East Indies. On the other side of the Australian continent, on the coast of Western Australia, we mark this week the 400th anniversary of Dirk Hartog's pewter plate. Ours is a land of the indigenous peoples and those who came across the seas to seek new challenges and opportunities.

Reaching out for new challenges and opportunities is something that comes naturally to CRANAplus. Not all of the changes that were brought by the newcomers were beneficial to the original inhabitants of Australia. But one gift has continued and is inspiring. It is the dedication of heath care workers, scientists and support staff of all races and backgrounds to provide care in the remote, regional and rural areas of our huge country.

The ideal of bringing healthcare to all was emphasised last year by the adoption of the Sustainable Development Goals of the United Nations. The third of these goals promises that by 2030, humanity will ensure healthy lives and provide wellbeing for all people at all ages. This is not a new goal for CRANAplus. It is one which its members strive to deliver every day.

I am sure that the Hobart Conference will be a memorable success. It will remind us of our history. It will recommit us to our future.

The Hon. Michael Kirby AC CMG
Patron, CRANAplus

Photo: Sasha Hadden.

THANKS

We would like to acknowledge our Partners and Sponsors who contribute to the success of this event and thank them for their support:

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Sponsor

JESI

Attendance at this entire program provides 13 CPD points

GOVERNOR'S MESSAGE

It is my pleasure to write this welcome message for delegates attending the 34th Annual Conference of CRANAplus at Hotel Grand Chancellor, Hobart on Thursday 13 and Friday 14 October 2016.

A feature of your Conferences is the diversity of Australian locations where they are held, in this way reflecting the nature of the work of those whom you represent and support, namely Australia's remote health workforce.

Tasmania is, I am sure, a good fit, given that the entirety of the island is classified as either Outer Regional or Remote.

In my role as Governor I am Patron of many organisations, one of which is the Royal Flying Doctor Service in Tasmania. I'm very pleased that in recent months I have been able to work with the RFDS here, together with Foodbank Tasmania, in setting up a Breakfast/Oral Health Program for primary schools across Tasmania.

Collaborative efforts of this nature are no doubt a core feature of your work, given the necessity of building relationships with clients to ensure appropriate service delivery across the continent, and allied support services for the remote workforce. It has certainly proved very satisfying to see this form of collaboration being energetically developed in Tasmania.

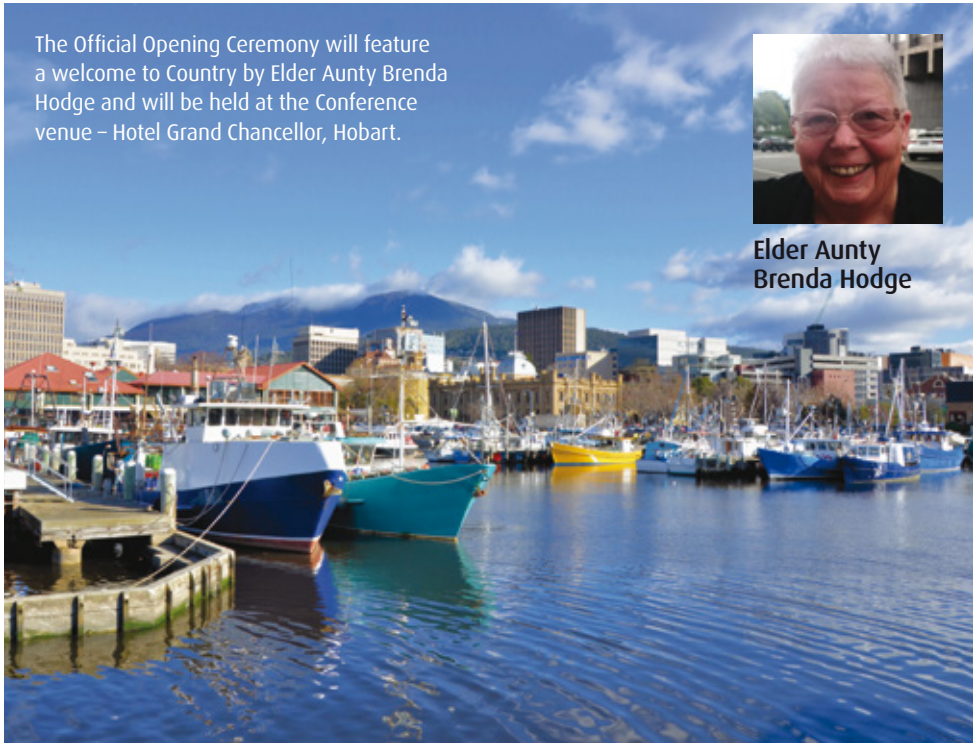
I wish you all the very best for a rewarding and stimulating conference and I can say with certainty that in Hobart you have chosen a wonderful environment in which to network and socialise.

The Hon. Kate Warner AM
Governor of Tasmania

Photo: Sue-Ellen Kovack.

OPENING CEREMONY

#CRANAplus2016



WEDNESDAY 12 OCTOBER

9:00 am	**Registration desk opens**
3:00 pm	**Registration desk closes**
4:00 pm	CRANAplus Annual General Meeting
6:30 pm	**Conference Opening Ceremony** (Sponsored by HESTA) held in Exhibiiton area
	Welcome to Country Elder Aunty Brenda Hodge
	Opening address Ms Francine Douce, Acting Chief Nurse & Midwifery Officer, Tasmania
	Sponsor address
	Presentation of new CRANAplus Fellows
	Cocktails and canapés
8:30 pm	**Finish**

Francine Douce FACM

Francine Douce is a registered nurse and midwife with more than 30 years' experience in the Tasmanian healthcare system. Francine has held many senior nursing and midwifery positions in both the public and private sector and is currently the Acting Chief Nurse and Midwife with the Department of Health and Human Services in Tasmania.

As the Chief Nurse and Midwife, Francine provides strategic leadership for the nursing and midwifery professions as well as representing Tasmania at a national level in a range of fora including the Australian and New Zealand Council of Chief Nursing and Midwifery Officers.

Francine is a member of the Australian College of Nursing and a Fellow of the Australian College of Midwives; and Tasmania's member at the National Council of the Australian College of Midwives.

Francine has a special interest in leadership; health service and practitioner regulation; and professional issues in nursing and midwifery. She was a member of the Nursing Board of Tasmania from 2005 to 2010; Deputy Chair from 2009 and the Chair of the Professional Standards Committee 2008–2010; and was the inaugural Chair at the time of transition to the national Regulation and Accreditation Scheme in 2010.

Francine completed the ICN leadership program at the Global Nursing Leadership Institute in 2015; the first Tasmanian participant in the program with less than a handful of Australians having participated since the introduction of the program in 2009.

Francine lives on the beautiful NW Coast of Tasmania with Michael, her husband of more than 30 years, and has two sons Jordan (25) and Keenan (21).

Photo: Sue-Ellen Kovack.

CRANAplus Bush Support Services 1800 805 391 Toll Free Support Line

CRANAplus improving remote health

Bush Support Services

CRANAplus Bush Support Services face-to-face counselling

Something on your mind?

Need to talk to someone who understands what it's like to live and work in remote Australia?

CRANAplus Bush Support Services is offering free and confidential face to face psychological counselling at the CRANAplus Conference in Hobart.

This service is available to all conference delegates. A team of experienced CRANAplus Bush Support Services' psychologists will be available for FREE one-on-one confidential counselling at a convenient, discreet and private venue, to offer support on a broad range of issues including; workplace mental health, drug & alcohol, trauma, sexual assault and family & relationship issues.

To avoid disappointment you are encouraged to book an appointment early via email (annmaree@crana.org.au) or mobile (0458 635 888).

DAY ONE

Over this two-day Conference you will hear from both national and international distinguished Keynote and Invited Speakers and colleagues.

We believe this will be both an entertaining and informative program.

This is a perfect opportunity to join colleagues from all over Australia, from all areas of remote healthcare, to get the latest news and developments affecting our professions.

Regular and new sponsors and exhibitors are showcasing their products and services. Take this opportunity to inform and update yourself about the range of products and the latest developments in technologies, therapeutic treatments, products and services for personal use and career opportunities.

Photo: Courtesy of Hotel Grand Chancellor.

THURSDAY 13 OCTOBER

9:00 am	**Welcome address** Christopher Cliffe, CEO, CRANAplus
	Session 1
9:15 am	**Keynote speaker** Dr Bob Brown
10:00 am	**Question time** (10 minutes)
10:10 am	**Invited speaker** Anneliese Cusack *Going to Extremes: Working & Living in Canada's Frozen North*
10:25 am	**Abstract** Rod Menere *Remote Area Nurse Occupational Health and Safety*
10:40 am	**Question time** (10 minutes)
10:50 am	**Morning tea** (30 minutes)

THURSDAY 13 OCTOBER CONTINUED

	Session 2
11:20 am	**Invited speaker** Dr Jeff Ayton, Chief Medical Officer, Polar Medicine Unit, Australian Antarctic Division
11:45 am	**Abstract** Sandy McElligott *How Truck..."On the road to health"....7 years on*
12:00 pm	**Abstract** Claire Boardman *Innovative technology to address remote education and clinician awareness of a preventable disease*
12:15 pm	**Abstract** Vanessa De Landelles *Is it "Geographical Isolation" or is it "Tranquility"*
12:30 pm	**Abstract** Lauren Gale *The Royal Flying Doctor Service (RFDS): More than a flying doctor*
12:45 pm	**Question time** (10 minutes)
12:55 pm	**Lunch & Book Launch** Dr Janie Dade Smith (1 hour)
	Session 3
2:00 pm	**Abstract** Kim McCreanor, CEO, AMRRIC *A consultative approach to improving animal and human health in remote Indigenous communities*
2:15 pm	**Abstract** Naomi Kikkawa *e-PIMH: A Perinatal and Infant Mental Health Workforce Development Pilot*
2:30 pm	**Abstract** Robyn Carmichael and Nola Fisher *"They Came Back"*
2:45 pm	**Abstract** Marjorie Middleton *Hair Dye and Health Promotion: Reaching Remote Youth in Innovative Way*
3:00 pm	**Abstract** Simone O'Brien and Linda Blair *Nurse Practitioner/Rural and Isolated Endorsed Nurse Assessment and Collaborative Care Project*
3:15 pm	**Question time** (10 minutes)
3:25 pm	**Afternoon tea** (30 minutes)
	Session 4
4:00 pm	**Abstract** Tony Barnett *Dental extremes: "They pull out their own teeth in the bush"*
4:15 pm	**Abstract** Jessie Cummins *Dentists' adherence to antibiotic prophylaxis guidelines for infective endocarditis*
4:30 pm	**Abstract** Chris Zeitz and Stewart Roper *Improving the management of Rheumatic Heart Disease in Remote Indigenous Communities*
4:45 pm	**Abstract** Amanda Akers *Methamphetamine management: Melting the ice in remote care*
5:00 pm	**Question time** (10 minutes)
5:15 pm	Remote Area Workforce Safety & Security Project Symposium
6:00 pm	**LGBTI Network of Interest** The Atrium Bar, Hotel Grand Chancellor

KEYNOTE SPEAKER

Bob Brown was elected to the Senate in 1996 after 10 years as an MHA in Tasmania's state parliament.

In his first speech in the Senate, Bob raised the threat posed by climate change. Government and opposition members laughed at his warning of sea level rises and it took ten years for them to finally begin to acknowledge the causes and effects of climate change.

Since 1996, Bob has continued to take a courageous, and often politically lonely, stand on issues across the national and international spectrum. Some of the many issues that Bob raised in the Senate included petrol sniffing in Central Australia, self-determination for West Papua and Tibet, saving Tasmania's ancient forests, opposing the war in Iraq, justice for David Hicks, stopping the sale of the Snowy Hydro scheme and opposing the dumping of nuclear waste in Australia.

Bob was re-elected to the Senate in 2001. Following the election of four Greens senators in 2004, Bob became parliamentary leader of the Australian Greens in 2005.

The 2007 election saw Bob re-elected to the Senate for a third term, receiving the highest personal Senate vote in Tasmania and being elected with more than a quota in his own right.

In 2010 Bob led the Australian Greens to a historic result with more than 1.6 million Australians voting for the Greens and the election of nine Senators and one House of Representatives member.

As a result, the Greens gained balance of power in the Senate and signed an agreement with the ALP which allowed Prime Minister Julia Gillard to form government. A key part of this agreement was the Greens requirement that a price on carbon be introduced, which led to legislation being passed at the end of 2011.

Bob stepped down as Leader of the Australian Greens, and then retired from the Senate in June 2012. After leaving parliament he founded the Bob Brown Foundation to support environmental campaigns and activists around Australia and our region.

INVITED SPEAKERS

Anneliese Cusack is an Australian nurse and midwife. In 1976, after finishing her formal education, Anneliese went bush. She worked for 25 years in remote communities across Australia providing primary care to a varied population. During her career in Australia she could be found in the Torres Straits in North Queensland, somewhere Western Australia or the Northern Territory, the AP lands in South Australia and many points in between, including Cook on the Transline and a brief stint on the west coast of Tasmania.

In 2001, while working with the Royal Doctor Flying Service in Port Augusta, Anneliese accepted a two-year CHN position further north... much further north... in the Canadian Arctic. A new adventure began. Anneliese, true to her adventurous nature, has been working for the past 14 years in communities throughout the far north of Canada – trading her passion for rescuing joeys to training and racing sled dogs.

Photo: Steve Batten.

Photo: Steve Batten.

Dr Jeff Ayton commenced with the Australian Antarctic Division as Chief Medical Officer in 2002 with responsibility for the Australian Antarctic program medical support and human biology and medicine research.

He is current Australian delegate to the Scientific Committee of Antarctic Research Life Sciences Scientific Group and member SCAR COMNAP Joint Expert Group Human Biology and Medicine.

Jeff graduated from the University of Melbourne in 1987 and spent his career seeking a generalist and procedural scope of practice.

In 1992, Jeff wintered at Casey Station, Antarctica, as a remote area general practitioner. He has subsequently gained varied experience in other rural and remote medical practices as a procedural general practitioner obstetrician and anaesthetist including Lorne Victoria, Norfolk Island, and remote mine sites in Papua New Guinea.

In recognition of the need to grow, train and sustain generalist doctors for rural and remote Australia he served on the ACRRM board and is a Past President of the Australian College of Rural and Remote Medicine.

PROGRAM

SESSION 1

Welcome by CRANAplus CEO Christopher Cliffe/ Housekeeping

Keynote address
DR BOB BROWN

Invited speaker
ANNELIESE CUSACK
Going to Extremes: Working & Living in Canada's Frozen North

ROD MENERE
Remote Area Nurse Occupational Health and Safety

Rod Menere is a Registered Nurse with a Bachelor's degree in Community Health and a Master's in Primary Healthcare. Since 1983 he has worked extensively as a Public Health Field Nurse, Remote Area Nurse, and in international development. Rod has researched and written extensively about RAN issues. He currently works with the ACT Mental Health Crisis Team, however he retains a passion for and interest in remote area nursing.

Abstract:
Workplace health and safety strategies do promote the wellbeing of remote area nurses, other health staff and communities. Improved understanding of Occupational Health and Safety (OHS) will support Remote Area Nurses (RANs) to effectively utilise available wellbeing strategies.

RAN occupational health and safety is influenced by a range of factors:

- **Context** – Expanded scope of practice, inconsistent community expectations, and clinical/social isolation, are widely acknowledged as creating risks to RAN safety and wellbeing.
- **Legislation** – State and Territory OHS legislation provides general expectations and guidelines for Health Services (as employers) and RANs (as employees). Over the past decade, OHS legislation has increased employer responsibilities to prioritise staff safety and wellbeing, while also increasing employee accountability.
- **Regulation** – Employer/Health Service and Community strategies, guidelines and procedures identify how services can be provided in a manner that promotes the safety of health staff.
- **Equipment** – This includes characteristics of housing and clinic construction, equipment fit for service provision, security lighting, reliable transport and communication equipment, gps tracking, and resources for disposal of sharps and contaminated materials.
- **RAN decision making** – There will be times when a RAN has to make a decision prioritising her/his wellbeing over possible challenges to the health of a patient. This is a difficult, lonely decision that will sometimes create animosity between RANs and their community/employer. Legislation, regulations, and safety equipment provide minimal immediate assistance if a RAN finds her/himself alone and unsupported in a threatening situation.

Conclusion:
Legislation, regulations, and equipment contribute to promoting RAN physical and psychological wellbeing. However, we need to empower RANs to decline participation in unsupported, potentially risky situations in order to promote workplace safety and reduce the incidence of assaults. RANs as a group can support individuals bullied/harassed in the course of pursuing reasonable actions to protect their wellbeing.

SESSION 2

Invited speaker
DR JEFF AYTON
Chief Medical Officer, Polar Medicine Unit,
Australian Antarctic Division

SANDY MCELLIGOTT
How Truck..."On the road to health"....7 years on

Sandra McElligott is the remote women's health educator who has been working in Central Australia for around 24 years. She is a registered nurse and midwife and has a passion for working with the local women on their priorities. She believes in a bottom up approach when it comes to projects and programs. She has been involved in the production of three DVD resources working with local groups in Central Australia as well, but she is here today to share another local initiative about redirecting health to the people. That is the progress seven years on of the Health on Wheels or HOW truck, as it is locally know.

Abstract:
The Central Australian remote mobile clinic, locally known as the (Health On Wheels) HOW truck, has been around since 2009.

This presentation celebrates the inception of an important much valued mobile health resource funded and supported by the NTG Department of Health (DOH) at the request of remote community people, for the people. It was recognised as a need to improve community people's access to much needed health services. Local community women and women's health services advocated strongly for a facility to enable well women's clinic health checks to be provided within their remote communities.

Hence the mobile health service began and was known as the Women's Health on Wheels (WHOW) truck. As other health programs and services recognised its value and convenience as mobile clinic the WHOW truck soon morphed into 'HOW' truck, which meant wider utilisation.

Currently the truck is used by multiple services including:

- Men's Health – to enable an appropriate, private place for men to have consultations.
- The visiting Podiatrist, who usually stays out for a few weeks, when in Central Australia.
- Women's health remains the main utiliser of the truck.
- It is used as a Third clinic space for the practical sessions of the town Well women's course training.
- Also taken to remote communities to follow up assessment and competency on staff
- Provides an additional self-sufficient consult room avoiding the impingement of existing clinic space in high demand from visiting services within health centres.

The vehicle has retained its popularity with local women, in that, the local women direct us as to where to park to run the service.

It provides a private, confidential space, where they feel comfortable to discuss issues affecting their lives.

It will be used this year for health promotion purposes at the Alice Springs and Tennant Creek Show indicative of its versatility, functionality and value to our PHC outreach service.

CLAIRE BOARDMAN
Innovative technology to address remote education and clinician awareness of a preventable disease

Claire Boardman is Deputy Director of RHDAustralia, based at Menzies School of Health in Darwin. Prior to this appointment Claire was privileged to be working with Aboriginal and Torres Strait island communities in public health and infection prevention and control in the Torres Strait, Far North Queensland.

Claire has worked in complex disaster and developing nation settings and has a strong ongoing interest in healthcare economics, developing nation and Indigenous health issues.

Claire has held a number of State and National appointments and is the immediate past President of the Australasian College for Infection Prevention and Control (ACIPC) and is a senior lecturer at Griffith University.

In 2013 she won one of four prestigious Council of Executive Women scholarships to attend the Australian Graduate School of Management Women in Leadership course at UNSW and, in 2014 Claire was a NT finalist for the Australian of the Year Awards.

Abstract:
Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) are a major healthcare problem in Australia affecting more than 6000 people, the majority of which are Aboriginal and Torres Strait Islander people where remoteness; transient population; poor living and education standards; high health practitioner turnover; and limited knowledge of the disease all contribute to delays and deficiencies in health service delivery and, ultimately, to the burden of disease.

ARF is an illness caused by a reaction to a bacterial infection with Group A streptococcus which can affect the heart, joint, brain and skin and cause fever, leading to hospitalisation and RHD, a chronic, disabling and fatal disease.

Under the Commonwealth funded Rheumatic Fever strategy, RHDAustralia (RHDA) works collaboratively with RHD control programs to provide technical assistance, promotion of best practice, a surveillance and reporting system, clinical guidelines and patient and clinician education resources.

Photo: Courtesy of Hotel Grand Chancellor.

To improve clinical understanding of ARF and RHD, RHDAustralia in collaboration with experienced clinicians, developed five healthcare worker and 15 specialist modules prepared by clinicians for clinicians. More than 850 health professionals have completed the free education modules endorsed by the Australian College of Nurses and Australian College of Rural and Remote Medicine.

RHDAustralia has used innovative technology in self-management strategies and to improve early diagnosis and detection of ARF/RHD. Using Facebook as a platform, the Self-Management App improves the uptake of LA-bicillin injections required every 21–28 days to prevent recurrence of ARF and the resultant condition RHD. The Diagnosis Calculator App has been downloaded and used by more than 4000 healthcare professionals across Australia and New Zealand.

The presentation will focus on examples of how technology can be used to provide targeted education and improve clinical diagnosis of an entirely preventable disease of which Australia has the highest recorded rate in the world.

VANESSA DE LANDELLES

Is it "Geographical Isolation" or is it "Tranquility"

Vanessa De Landelles was born and raised in Alpha and has lived in rural and remote Queensland for 90% of her life. Vanessa has been a RAN with Queensland Health for nine years within the Central West district with the past five years being permanent in Windorah.

She is of South Sea Island heritage and is happily married.

Vanessa loves rural nursing and being accepted as part of her community.

Abstract:
The vast distances, geographical isolation and lack of reliable communication is considered a major concern when it comes to recruitment and retention of Primary Health Centres within Queensland's Central West Hospital and Health Service. Monthly teleconferences are held, videoconferencing is regularly accessed for upskilling and education sessions whilst face-to-face conferences are held biannually, where mandatory skills, clinical updates and networking occur. Often this maybe the only time we get to personally meet other PHC colleagues.

This year, we took the week long conference to Windorah. Whilst some drove their vehicles some 800 km, others opted for domestic airflights taking a mere two hours. After some had been stopped by flood waters and had to back track making their trip a good 10 hour drive, networking and friendships began on the first night. Windorah has a population of 70 with no mobile phone service, only satellite internet, no shopping, cinemas, restaurants or casinos to visit. After hour group sessions were spent enjoying wine and cheese on the sand hill, swimming in the river and holding a Miss PHC parade. Imagine everyone sitting around talking face to face, getting to meet and know new friends and revisit old ones... why? Because there is no mobile phone service which also eliminates social media and texting. Special bonds were made during this week, some of these friendships will be life long. Some may call this living in isolation, I call it living in tranquility.

LAUREN GALE

The Royal Flying Doctor Service (RFDS): More than a flying doctor

Lauren Gale is the Director of Programs & Policy for the Royal Flying Doctor Service, responsible for leading the RFDS Research and Policy Unit in Canberra, which has most recently released publications looking into oral health in remote and rural Australia; accident and injury in remote and rural Australia; and, the demand from Indigenous Australians in remote and rural areas for aeromedical services.

Prior to commencing with the RFDS in 2013, Lauren was a Policy Adviser in the Department of the Prime Minister & Cabinet with responsibility areas including rural health, mental health, indigenous health and women's health.

Lauren completed a Master of Public Policy (Social Policy) at the Australian National University in 2013 and previously completed a Bachelor of Arts and Sciences (Hons.) at the University of Sydney, including an honours thesis on Australian rural health policy and persistent health workforce shortages in rural areas.

Lauren currently Chairs the Board of the Women's Centre for Health Matters ACT and the Board of Netball ACT.

Abstract:
The Purpose:
To describe and quantify the comprehensive suite of RFDS primary healthcare services provided to remote and rural parts of Australia through innovative service models, and briefly discuss the findings of recent RFDS research reports.

Scope:
For 88 years, the RFDS has been providing critical health services to those in remote and rural areas. The best-known service of the RFDS is likely emergency aeromedical evacuations – flying medical staff to remote destinations to retrieve critically injured or unwell patients and transport them to hospitals.

But perhaps less well-known is that the RFDS provides comprehensive primary healthcare services in remote and rural areas, particularly in places where low population numbers make it unviable to support permanent, local health services. This includes regular fly-in fly-out GP and nursing clinics; a 24/7 telehealth service; oral health programs; mental health and wellbeing programs; and health promotion activities.

In 2015, the Centre for International Economics assessed the value of RFDS primary healthcare services. This demonstrated that every year 65,000 people are seen by RFDS primary healthcare staff; have access to GP consultations (in person/over the phone); and to pharmaceuticals. The report demonstrated the importance of the innovative service model of the RFDS in communities too small to support all the health services required, and where travel time and costs in accessing primary and tertiary care facilities are prohibitive.

Since September 2015, the RFDS has also released research papers on oral health; accident and injury; and Indigenous Health as related to the RFDS service "footprint", each presenting never before published RFDS data.

Outcome:
The RFDS will continue to gather evidence about health inequities in the areas it serves; analyse outcome data from services; and compare RFDS data against broader population data in order to pursue more adequate and appropriate primary healthcare services for remote and rural Australia.

SESSION 3

KIM MCCREANOR

A consultative approach to improving animal and human health in remote Indigenous communities

Kim McCreanor is the Chief Executive Officer of Animal Management in Rural and Remote Indigenous Communities (AMRRIC). For the last 25 years, Kim has worked extensively in the field of community sector management. Her career focus has been in the disability services sector, including managerial roles within large organisations operating in remote areas of Western Australia. A recent two year role as Relationships Manager for the Bali Animal Welfare Association (BAWA) saw Kim move into the field of animal welfare, a longstanding passion alongside her work with people with a disability. Kim has a strong interest in animal and human health, community engagement and managing free roaming dog populations to improve the quality of life for people and their companion animals.

Abstract:
Dogs play an important role in the lives of people in Indigenous communities. However, in communities where residents do not have access to veterinary services, or where desexing programs are infrequent, overpopulation creates increased competition for food, increased disease risk, and nuisance problems such as increased barking, pack aggression and the spread of rubbish. Other contributing factors, such as lack of access to, or affordability of dog food and medicine, and a lack of knowledge about dog needs, means the health of dogs can unintentionally suffer, which can adversely affect the health and wellbeing of all people in community.

The non-Indigenous world view varies greatly from the Indigenous world view when it comes to animal management. Historical forms of animal management have been fraught with disaster, disrespect, lacking in knowledge, consultation and negotiation, which has often stalled programs through the wrong approach.

Bringing the two word views together is possible if paths are created in a mutually respectful and consultative manner. Attitudinal change becomes evident when best practice principles are applied over a sustained period. AMRRIC recognises that each community has different needs, strengths and resources, embedded in different sociocultural and historical environments. Therefore, a one-size-fits-all approach is unlikely to deliver the best results. Each community needs a respectful and culturally appropriate approach that engages with residents to ensure local relevance.

This presentation will highlight the positive way forward that we are seeing in communities today based on AMRRIC's best practice guidelines. Differing cultures and attitudes can meet respectfully at the coalface of animal management work to achieve great outcomes for animals and their owners under these guidelines. It will draw on examples of our OneHealth model to animal management which incorporates education through community engagement and educational resources available to enable safety around dogs in community.

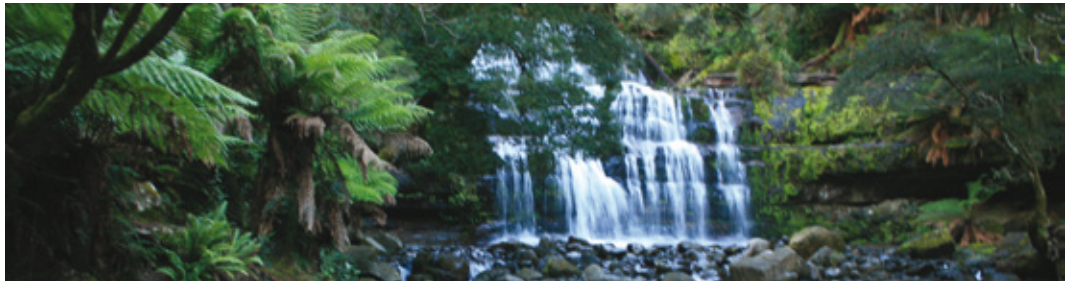


Photo: Steve Batten.

NAOMI KIKKAWA

e-PIMH: A Perinatal and Infant Mental Health Workforce Development Pilot

Naomi Kikkawa is the Rural and Remote Project Coordinator for the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) based in Brisbane. Naomi has an Arts degree, majoring in Psychology, and a Bachelor of Social Work (Hons). In 2008, Naomi completed the intensive Circle of Security (COS) Training and has continued to use the COS model and approach throughout her work. In the last ten years, Naomi has worked in the mental health sector, particularly multicultural mental health, including refugees and asylum seekers, and child and youth mental health. Naomi has a particular interest in community development and building workforce capacity of rural and remote communities to support the healthy social and emotional development of young families.

Abstract:
The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) was established in 2008 as a state-wide hub of expertise in perinatal and infant mental health, to provide consultation, liaison and support to public mental health services and the broader community sector, using whole-of-government and cross-sectoral clinical and community partnerships and networks.

Perinatal and infant mental health can be described as the emotional and psychological well-being of mothers, fathers, infants and families, including the parent-infant relationship, from preconception through pregnancy and up to three years post-birth.

Over recent decades a strong evidence base has emerged, which highlights:

- The importance of the early years of a child's life, including the establishment of secure attachment relationships.
- The impact of parental mental health issues, including trauma history, on a child's well-being and development.
- The effectiveness of interventions designed to minimise risk and increase protective factors for parents, infants and families.
- The need for an integrated approach to the provision of services for high-risk parents, infants and families.

Recognising high levels of need in rural and remote areas, QCPIMH aims to develop a rural and remote strategy to improve supports for the mental health and emotional wellbeing of expectant and new parents, and their infants and young children.

A key aspect of this strategy is the Perinatal and Infant Mental Health Workforce Development Pilot.

The Pilot aims to support the existing local workforce, to understand the importance of the early years and identify when the emotional well-being of the parents and child are at risk so appropriate intervention can be facilitated.

Assistance is provided via resources, training and education, phone, email and video conferencing consultation. The pilot also facilitates local networks and referral pathways to support smooth transition of care.

ROBYN CARMICHAEL AND NOLA FISHER

"They Came Back"

Robyn Carmichael originally came to the Territory in 1980, where she worked in Nhulunbuy-Gove Peninsula as a Midwife and the with the Aerial Medical Service. After returning to Melbourne, she worked as a Midwife and Paediatric nurse whilst raising her three boys. She then worked as Maternal and Child Health Nurse in Melbourne.

The love of the Territory was always there and she returned to Alice Springs in 2012 to work as an Outreach Child Health Nurse based in Alice Springs for six months, but like many others before her that six months turned into four years and she is now living and working in Yuendumu which is 290 km north-west of Alice Springs as a Remote Child Health Nurse.

Nola Fisher started work as an Aboriginal Health worker in 1994, she worked in Nyirripi and she cared for all the women and Children in the community. Nola moved to Yuendumu in 2005 and continued her work as an Aboriginal Health Practitioner and now works in Child Health alongside the Child Health Nurse delivering the Healthy Under 5 Kids program for over 120 children from 0–4 years.

Abstract:
How often when working remote have you heard it said "they won't come back?"

In Yuendumu we have created a 'Well Child Centre" where they do come back.

The importance of the early years is well documented, and across the NT the Healthy Under 5 Kids program aims to address the health and development of the under fives and their families in remote parts of the Northern Territory.

In remote Aboriginal communities children are seen at health centres where they present with acute illnesses or they are on recall lists for chronic health problems. At some health centres, individual staff with an interest in child health provide a more comprehensive service, but this is often staffing dependant.

The coverage of children seen in Yuendumu for the previous two months for Healthy Under 5 Kids checks prior to January 2016 was 22%.

In January this year our well child centre became operational two days per week. The Child Health Nurse and Aboriginal Health Practitioner deliver the Healthy Under 5 Kids program which includes immunisations. We are working within an educational facility that includes Child Care and FAFT (Families as First teachers) and the Strong Women program.

We have developed a 'wellness centre' where families come because their children are well and they have their health checks and immunisations. They don't have to wait at the busy clinic. The focus is on health and development, not illness. We are also working in a multi-disciplinary team to develop this wellness model. In the first month of operation the coverage for the children's checks was 77%.

One young Mum did not want her 12 month old to have four immunisations in one day; she asked if she could come back tomorrow. And yes she did come back.

MARJORIE MIDDLETON

Hair Dye and Health Promotion: Reaching Remote Youth in Innovative Way Indigenous communities

Marjie Middleton is a Canadian nurse who came to Australia to work as a remote area nurse 'for just one year'.

That was in 2004 – and she is still here! Marjie is passionate about Remote Indigenous Health in Australia, and has worked as a RAN/RAM in Queensland, South Australia, and the NT.

Marjie's other role is a as a humanitarian: she has worked for Medecins sans Frontieres/Doctors Without Borders since 2009, and thus has had the priviledge to work with women and children throughout Asia, Africa, and the Middle East.

Abstract:
Remote health professionals often have to extend their roles in order to meet community needs. Young people are often hard to engage and require innovative ways in which to attract them to the health centre.

In 2015 I began trialling a technique to engage young girls and women to come in for women's health checks, contraceptives, and early antenatal care.

This involved becoming a hair dresser, and holding 'hair and health promotion events'. Girls only sessions of hair dying and pampering combined with informal education about taking responsibility for their own health have resulted in a unique relationship, the effect of which has been an increase in clinic presentations for Implanon insertion, earlier first antenatal visits, and increased 'women's checks'.

The additional incentive of receiving a package of hair dye for every completed women's health check/Pap Smear has further engaged young women to present to the clinic. This engagement was initially focussed on young women, but has been so popular that young men have asked for their own hair and health promotion events, as have the older women.

The program started in one community, but has extended to include three communities with great success.

SIMONE O'BRIEN AND LINDA BLAIR

Nurse Practitioner/Rural and Isolated Endorsed Nurse Assessment and Collaborative Care Project

Simone O'Brien is a Rural and Remote Nurse Practitioner who works in a small rural health service in Central Victoria that never knows what is going to walk through the door. She also works as a Midwife and Women's Health Nurse Practitioner at a large regional hospital in Central Victoria. Simone was instrumental in setting up a NP Outreach Model of Care for a rural health service that goes beyond age and chronic illness and delivers healthcare to the most marginalised and isolated in the community.

Prior to this Simone has spent extensive years working in rural health across the life spectrum, she was a Forensic Nurse Examiner for the Victorian Institute of Forensic Medicine and worked closely with victims of sexual assault, a pap nurse provider, rural nurse educator, midwife, and occasional lecturer at La Trobe University.

Linda Blair is a Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) and Nurse Immuniser who works in a small Victorian rural hospital.

Linda has been an active participant in the pilot project of a Nurse Practitioner/RIPERN Assessment and Collaborative Care outreach model.

The model goes beyond age and chronic illness to deliver healthcare to the most marginalised and isolated in the community.

Linda has been working within rural Victoria for the past 3 years and is passionate about the RIPERN model of care and expanding its practicality in rural and remote areas.

In her downtime Linda enjoys spending time with her family, bushwalking as well as an avid reader in a Book Club.

Abstract:
Introduction: There is documented evidence regarding the burden of disease in rural communities; the absence of public transport to supporting larger towns, lack of sustainable infrastructure and an aging population. With the introduction of a Nurse Practitioner (NP) service at Heathcote Health the focus had been on supporting clients who required Urgent/Acute Care, and residential care clients experiencing a change in functional status. Review of this role found that it was underutilised and constrained by the traditional 'silos'. Further there was a need to address identified service gaps in the healthcare delivery, and to provide the community access to a more seamless model of healthcare.

Design:
An interdisciplinary outreach model of care, known as the Nurse Practitioner/Rural Isolated Practice Registered Nurse Assessment and Collaborative Care (NPRACC), was implemented for an initial period of six months. Action research methodology underpinned the implementation, data collection, analysis and evaluation processes of the project. Both qualitative and quantitative data were collected using tools specifically developed for the project. Statistical and thematic data analysis processes informed the results.

Objective:
The aim of this innovative healthcare delivery project was to implement a model of healthcare that moved beyond bed-based care and addressed the healthcare needs of the small rural community.

Results:
As a newly implemented model data collection, analysis and evaluation remain active processes. Interim results indicate that the project is meeting the specifications of the project and, more importantly, the healthcare needs of the community.

Conclusion:
Implementation of the NPRACC model of care has found that thus far it has proven to be a seamless, safe model of healthcare delivery that is clinically and financially sustainable. Additionally, the model can be replicated in other small rural health services.

Question time (10 minutes)

Afternoon tea (30 minutes)

SESSION 4

TONY BARNETT

Dental extremes: "They pull out their own teeth in the bush"

Tony Barnett is the Director of the Centre for Rural Health at the University of Tasmania. He trained as a nurse at Whyalla (South Australia), has previously worked in a number of hospitals in Victoria and South Australia and held senior positions at Deakin and Monash Universities. He is engaged in a number of projects in Tasmania and elsewhere on topics that include: rural health, interprofessional practice, simulation and clinical education. He is a chief investigator with the (national) Centre of Research Excellence in Primary Oral Health Care.

Abstract:
Oral health is a significant problem for many remote communities. Residents experience higher rates of dental caries, report reduced visits to a dentist and are more likely to present to non-dental healthcare professionals for problems such as toothache, abscesses and trauma for treatment than residents of major cities. Poor oral health can have a broader impact.

"They have no front teeth and that is depressing. Mental health is worse with bad teeth... and all my patients have bad teeth." (Remote Area Nurse) There are strong imperatives to investigate ways in which these communities can be provided with better oral health services in realistic and cost effective ways. Stronger links and cooperation between primary care providers and dental professionals may improve service provision such that interventions are both timely, effective and result in appropriate follow-up or referral.

We report on a rural health workforce research project that investigated the relationship between dental services and primary care practitioners (nurses, doctors, pharmacists).

The broad aim of this study was to assess if stronger interprofessional collaboration could help address issues exacerbated by problems of access and dental workforce shortages to improve the provision of oral health services to rural and remote communities.

We interviewed over 100 healthcare professionals from 15 rural and remote communities across Tasmania, Queensland and South Australia in which there was no resident dentist. We wanted to learn of their experiences and advice on what could be done to improve oral health in the bush.

We found that little communication occurred between primary care providers and either visiting dental professionals or those located in their nearest larger town.

Strategies to improve oral health services included: education and public health measures, improving communication and referral pathways as well as providing more regular and reliable visiting dental services through various mechanisms.

Photo: Steve Batten.

JESSIE CUMMINS

Dentists' adherence to antibiotic prophylaxis guidelines for infective endocarditis

Jessie Cummins is a final year dentistry student at James Cook University, Cairns. During the course of her studies Jessie has developed a strong interest in the dental management of clients with complex medical issues, and following graduation, wishes to pursue a career in Special Needs Dentistry.

Abstract:
The overall consensus from the current evidence indicates that dentists frequently misidentify certain cardiac conditions and dental procedures resulting in a tendency to over-prescribe antibiotic prophylaxis for the prevention of infective endocarditis. These results are concerning as the over-prescribing of antibiotics by dentists may be contributing to the rapid rise of antibiotic resistance and increasing the patients' risks of developing antibiotic associated complications. To date, there are no known studies that have been conducted to assess the prescribing habits of Australian general dentists regarding the use of antibiotic prophylaxis for patients at risk of infective endocarditis in accordance with the 2012 Australian Therapeutic Guidelines.

The study hypothesised that "The supervising dentists at the Cairns James Cook University Dental Clinic over-prescribe antibiotic prophylaxis for the prevention of infective endocarditis and are non-compliant with the 2012 Australian Therapeutic Guidelines". With the overuse of antibiotics contributing to the development of drug resistant organisms, the importance of antibiotic stewardship is at the forefront of patient care. The results of this pilot study have the potential to improve the dental profession's awareness and accurate adherence to the Therapeutic Guidelines, thereby reducing inappropriate antibiotic prescribing.

A retrospective chart audit of patients who attended the Cairns James Cook University Dental Clinic between 2012–2014, identified as requiring antibiotic prophylaxis (n=57). A chart-auditing tool was developed to determine the supervising dentists' adherence to the 2012 Australian Therapeutic Guidelines for prescribing antibiotic prophylaxis for the prevention of infective endocarditis. Data was analysed using descriptive statistics and Cohen's Kappa Tests using SPSS version 22 to determine the inter-assessor agreement.

The results from the study revealed the over-prescription and lack of adherence to the current 2012 Australian Therapeutic Guidelines for antibiotic prophylaxis for the prevention of infective endocarditis by the supervising dentists at the Cairns James Cook University Dental Clinic.

CHRIS ZEITZ AND STEWART ROPER

Improving the management of Rheumatic Heart Disease in Remote Indigenous Communities

Chris Zeitz is the associate professor for rural and Indigenous cardiovascular health for the University of Adelaide. He has spent more than 20 years delivering cardiac services and education to rural and remote communities in South Australia and has had a long standing involvement in Indigenous health, including supervising an Indigenous PhD student to completion. He is an interventional cardiologist and clinical director of Medicine for the Central Adelaide Local Health Network which incorporates the Royal Adelaide, Queen Elizabeth and Hampstead Rehabilitation Hospitals. He learnt to fly over ten years ago which has added both efficiency and enjoyment to his outreach activities.

Stewart Roper's original tertiary studies were in Zoology and Biochemistry, becoming a Registered Nurse at the Royal Adelaide Hospital (RAH) in 1984 then at Flinders University, Adelaide, in 1988 as a biology lecturer in the undergraduate and postgraduate nursing courses. In October 1990 Stewart left to commence work with Nganampa Health Service in Amata, 1500 km north of Adelaide.

His original intention was to stay for six months to a year. He eventually left after nine and a half years full time as a Community Health Nurse. He's not completely sure how this happened, but somehow the character of the people and magic of the landscape overcame the challenges of living and working in such a remote location.

Stewart continued to work with Nganampa in various roles and as a locum relieving nurse. Since 2010 he has been employed as a projects officer with a variety of duties.

Over the past two years a major role has become coordination of the Rheumatic Heart Disease Programme.

He also recently managed to publish a book of his photographs and recollections over the years on the Anangu Pitjantjatjara Lands; Palya. It has given him great pleasure that the book has been so well received by all, but especially Anangu, without whose knowledge, assistance and access to their beautiful country the book would not have been possible.

Abstract:
Rheumatic heart disease (RHD) remains a significant issue for Indigenous Australians with a high prevalence in remote communities. This preventable disease requires a coordinated health system that readily identifies acute infections, provides appropriate secondary prevention therapies and monitors those with established valvular disease.

In 2014, the Nganampa Health Council, which had already invested in an RHD program manager, partnered with SA Health (RHD Program Advisory Group and Central Adelaide Cardiology Service) to improve the management of patients with RHD. The program manager coordinated the antibiotic prophylaxis management, linked with the RHD registry and utilised visiting cardiology and echocardiography services to improve the overall compliance with prophylaxis and monitoring with a view to reducing the potential for patients to proceed to end stage valvular disease.

We examined the rates of compliance with BLA prophylaxis between December 2012 and December 2015, following the introduction of the above services. In 2013, 40% of patients were receiving <50% of recommended BLA prophylaxis doses and 80% receiving < 80% of doses. By 2015, these respective rates had fallen to 7% and 28%.

Conversely, over the same period, the proportion of patients with RHD that achieved 100% of recommended BLA prophylaxis doses increased from 3% to 45%.

The partnership forged between Nganampa Health, the RHD registry program and SA Health has significantly improved compliance with BLA prophylaxis. It has also significantly improved compliance with rates of clinical and echocardiographic screening of patients with established rheumatic valvular heart disease. This is a robust example of communities and health services working collaboratively together at a local level to achieve good health outcomes.

AMANDA AKERS

Methamphetamine management: Melting the ice in remote care

Amanda Akers is a Clinical Psychologist with research specialisation in the field of drugs and alcohol. She has worked for the Hunter New England Drug and Alcohol Service in rural NSW offering an outreach service to clients and supervision to residential drug and alcohol rehabilitation workers. She has run a SMART Recovery group in Armidale NSW.

She has a strong background in providing assessments for trauma victims, as well as drug and alcohol assessments for forensic purposes. Amanda has been working in private practice for the past 11 years. She is casually employed as a psychologist for CRANAplus Bush Support Services and is acutely aware of situations faced by remote area nurses and other health practitioners, including issues relating to drug and alcohol problems. Amanda has become a regular contributor to the CRANAplus magazine. She has a keen interest in supporting partners and families of people negatively affected by substance abuse, and supporting individuals to achieve self-respect and self-care strategies.

Abstract:
Issue:
With the increase in methamphetamine (ice) abuse in metropolitan areas and spilling out into remote areas of Australia, the need for appropriate management of methamphetamine-related presentations is becoming more apparent as these presentations become more frequent and extreme.

According to the Australian Drug Foundation, 7% of Australians over 14 years of age have used amphetamines one or more times in their life, 2.1% of those had used amphetamines in the previous 12 months, and 50.4% of them reported that crystal meth, or ice, was the main form of amphetamine used.

Methamphetamine is now the 4th most common drug involved in ambulance attendances following alcohol, benzodiazepines, and non-opioid analgesics in Australia. An increased awareness of how to detect and manage presentations where methamphetamine abuse is present is vitally important.

Problem:
Patients affected by methamphetamines behave out of character, showing verbal aggression, violent threats and actions. Despite knowledge of the patient's typical presentation, nurses and health professionals working in remote areas are not assured that previous behaviour is a predictor of current or possible behaviours, or adherence to policies relating to zero tolerance of abuse in clinics or emergency departments, and as such, nurses and health professionals remain at risk of abuse, injury, or psychological trauma.

Conclusion:
Basic education or re-education on the effects and visible signs of methamphetamine abuse are recommended, appropriate management of methamphetamine abuse presentations are highlighted, and referral possibilities are suggested, to assist with maintaining resilience in communities where these difficult presentations exist.

Question time (10 minutes)

Remote Area Workforce Safety & Security Project Symposium

LGBTI Network of Interest
The Atrium Bar, Hotel Grand Chancellor

Photo: Sue-Ellen Kovack.

NOTES

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DAY TWO

#CRANAplus2016

FRIDAY 14 OCTOBER

9:00 am	**Welcome address** President, CRANAplus
	Session 1
9:15 am	**Invited speaker** Adj Prof Deb Thoms, Commonwealth Chief Nursing & Midwifery Officer
9:40 am	**Abstract** Daniel Terry *Getting them out there: The impact of rural exposure on satisfaction and practice intention among nursing student*
9:55 am	**Abstract** Kadee Rae Jones *I am a New Graduate Nurse and I am working in Rural and Remote Australia*
10:10 am	**Abstract** Marcia Hakendorf *Remote Area Nursing certification, a workforce process*
10:25 am	**Abstract** Danni-Lee Dean *The innovative health system we want to work in*
10:40 am	**Question Time** (10 minutes)
10:50 am	**Morning tea** (30 minutes)
	Session 2
11:20 am	**Keynote speaker** The Hon. Michael Kirby
12:05 pm	**Question Time** (10 minutes)
12:15 pm	**Official address** The Hon. Dr David Gillespie MP, Assistant Minister for Rural Health
12:35 pm	**Abstract** Leona McGrath *Birthing on Country – A Collaboration*
12:50 pm	**Question Time** (10 minutes)
1:00 pm	**Lunch** (1 hour)
	Session 3
2:00 pm	**Official address** Mr Tony Zappia MP, Assistant Shadow Minister for Medicare
2:20 pm	**Abstract** Karen Deininger and Vanessa De Landelles *Team Building under 'Vast Distances & Isolation' – with a little bit of Extreme climatic conditions added*
2:35 pm	**Abstract** Leanne McGill and Katrina Rohrlach *LINKS: e-mentoring to the Extreme*
2:50 pm	**Abstract** Catherine Jacka *A Rights Based Approach – Consideration for Geography Distant Service Providers*
3:05 pm	**Abstract** David Carpenter *25,000 feet and climbing... aeromedical retrieval in Central Australia*
3:20 pm	**Question Time** (10 minutes)
3:30 pm	**Afternoon tea** (30 minutes)
	Session 4 Sponsored by Jesi Management Services
4:00 pm	**Q & A: Maintaining Staff Safety in Complex and Diverse Environments**
	Martin Boyle Emergency Management Coordinator, Australian Antarctic Division
	Brendan Boucher International Security Advisor, Australian Red Cross
	Guy Sansom Senior Emergency Physician, St Vincent's Hospital Melbourne
	Pat Allen President, Police Association Tasmania
	Mick Stephenson General Manager, Emergency Operations, Ambulance Victoria
5:00 pm	**Wrap up and close**
7:00 pm	**CRANAplus Annual Awards Dinner** Hobart Function Centre

The Hon. Dr David Gillespie MP, Assistant Minister for Rural Health

Dr David Gillespie was elected to the Australian Parliament in 2013 and was appointed to the Australian Government Ministry following his return at the 2016 election.

David and his wife Charlotte have three children Isabelle, Oliver and Alice, raising the family on their farm in the Hastings Valley on the outskirts of Wauchope and Port Macquarie, on which they run grass-fed Angus beef for the export market.

Dr Gillespie graduated from the University of Sydney and is a Fellow of Royal Australasian College of Physicians. As an undergraduate, he gained experience training both in Papua New Guinea and British Columbia. Dr Gillespie's post graduate specialist training included stints at hospitals in Bathurst, Orange and Dubbo, while based at Royal Prince Alfred Hospital in Sydney. He also gained two years of paediatric experience at Royal Alexandra Hospital for Children in Camperdown, St George Hospital in Kogarah, and at Sydney's St Vincent's Hospital. David obtained a Diploma of Anaesthetics (London) and Diploma of Child Health (United Kingdom [UK]) after working in the UK National Health Service.

Before entering Federal Parliament, David had 33 years of medical practice, including 21 years as specialist gastroenterologist and consultant specialist physician in Port Macquarie. David was active in postgraduate medical training as Director of Physician Training at Port Macquarie Base Hospital and was instrumental in the hospital achieving accreditation by the Royal Australasian College of Physicians for specialist training and becoming a centre for college examinations.

David and Charlotte built, licensed and ran the Hastings Day Surgery in Port Macquarie for 12 years. During this period, David also lectured and tutored at UNSW Rural Medical School from its inception.

David is using his first-hand experience in public and privately managed health delivery and small business to ensure Australia's health system delivers high quality, cost-effective care in an affordable and fiscally sustainable manner.

Mr Tony Zappia MP, Assistant Shadow Minister for Medicare

Tony has lived in the north-eastern suburbs of Adelaide since early childhood, attending Pooraka Primary School and Enfield High School. He began full-time work in 1969 with the ANZ Bank. From 1976 to 1980, Tony was employed as a research officer to Senator Jim Cavanagh.

Between 1981 and 2007, Tony part-owned and operated a local fitness centre. He was also an Australian power lifting champion and an accredited fitness and weight training instructor.

Tony served as an elected member with the City of Salisbury between 1977 and 2007 and served on many different boards, committees and community organisations. From 1997 to 2007 Tony was Mayor of Salisbury. Under his leadership, the City of Salisbury became a world leader in environmental and water management.

Parliamentary service: Elected to the House of Representatives for Makin, South Australia in 2007, 2010, 2013 and 2016.

Tony lives in Pooraka. He is married to Vicki and they have three children.

Photo: Courtesy of Hotel Grand Chancellor.

KEYNOTE SPEAKER

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When he retired from the High Court of Australia on 2 February 2009, **Michael Kirby** was Australia's longest serving judge. He was Acting Chief Justice of Australia twice.

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). He also serves as Editor-in-Chief of The Laws of Australia. He has been appointed Honorary Visiting Professor by 12 universities.

In 2010, Michael Kirby was awarded the Gruber Justice Prize. He served 2011–2012 as a member of the Eminent Persons Group investigating the future of the Commonwealth of Nations.

He was appointed as a Commissioner of the UNDP Global Commission of HIV and the Law In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. In 2013, he was appointed Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea. He was also appointed in 2013 as a Commissioner of the UNAIDS Commission on moving from AIDS to the Right to Health (2013–2014).

Photo: Courtesy of The Hobart Function and Conference Centre.

INVITED SPEAKER

Debra Thoms commenced in the position of Commonwealth Chief Nursing and Midwifery Officer at the end of August 2015. She was formerly the inaugural Chief Executive Officer of the Australian College of Nursing, a position she took up in mid-2012 following six years as the Chief Nursing and Midwifery Officer with NSW Health.

During her career Debra has gained broad management and clinical experience including as a clinician in remote and rural Australia, as CEO of a rural area health service, general manager of the Royal Hospital for Women in Sydney and as Chief Nursing and Midwifery Officer within the Health Departments of South Australia and New South Wales.

In 2005 Debra was selected to attend the Johnson and Johnson Wharton Fellows Program and the Wharton School of Business at the University of Pennsylvania.

Her contribution to nursing and healthcare has been recognised by an Outstanding Alumni Award from the University of Technology, Sydney and she also holds appointments as an Adjunct Professor with the University of Technology, Sydney and the University of Sydney.

PROGRAM

#CRANAplus2016

SESSION 1

Welcome by CRANAplus President/ Housekeeping

Invited speaker
ADJ PROF DEB THOMS
Commonwealth Chief Nursing & Midwifery Officer

DANIEL TERRY

Getting them out there: The impact of rural exposure on satisfaction and practice intention among nursing student

Daniel Terry completed his PhD in 2014, which focused on the acculturation and retention of International Medical Graduates in rural and remote contexts. He has a background in Nursing and a Masters of International Health. He is a research fellow and has worked as a research assistant for the University of Tasmania and Deakin University. He has been involved in many projects concerning the health and wellbeing of rural migrant communities; and he is currently undertaking a number of research projects related to chronic ill health and rural health workforce.

Abstract:
Background:
Australia continues to experience difficulty recruiting rural and remote healthcare practitioners. While initiatives target this challenge, most are medically focussed, with research indicating that rural undergraduate student placements impact positively on graduates taking up non-metropolitan positions. Less attention is given to rural nursing workforce and the impact of such placements on nursing students.

Aim:
A placement evaluation study was undertaken involving all eleven University Departments of Rural Health (UDRHs) in Australia. This presentation profiles nursing student placements in UDRHs and examines student satisfaction and future intention to enter rural and remote practice.

Methods:
Under the Australian Rural Health Education Network (ARHEN), the Student Survey Working Group (SSWG) collaborated to develop a student placement evaluation questionnaire that included 21 common questions.

Data collected between July 2014 and November 2015 was aggregated and analysed, including demographics, placement location, length and type of placement, level of satisfaction and future intention to work in a rural or remote area.

Results:
In total, 1,273 nursing and midwifery students responded. The sample was 89.4% female and 32 respondents (2.5%) identified as Indigenous. The majority of students had placements of less than four weeks (82.9%) and were mainly placed in Public Hospitals (64.5%), Community Health (16.6%) and Residential Aged Care (8.7%). Students were placed in Modified Monash Model (MMM) 3–5 (Rural) (86.5%) or MMM 6-7 (Remote) (11.4%) locations. Overall satisfaction was high at 91.0%. Though not statistically significant ($p > 0.05$), a marginally higher proportion of students expressed satisfaction with rural (91.4%) versus remote (89.3%) placements. Before placement 55.8% said they intended practicing in a rural or remote location after graduation, while after placements this increased to 61.6% ($p < 0.001$).

Conclusion:
The UDRHs provide nursing and midwifery students with highly satisfactory placement experiences that increases positive attitudes to future remote and rural practice.

KADEE RAE JONES

I am a New Graduate Nurse and I am working in Rural and Remote Australia

Kadee Rae Jones is currently completing her New Graduate year within the Far West of NSW. She has previously rotated through the remote clinic in Ivanhoe, NSW. Currently she is working in Broken Hill within the surgical department.

Kadee is a part of the executive committee of the Australian Student and Novice Nurse Association (ASANNA) as the Rural and Remote Representative.

This position requires her to engage and support Novice Nurses and Students within rural and remote Australia access resources and develop relationships with people in similar areas. In her previous life she was an Early Education Teacher in Canberra, ACT and Sydney, NSW.

She is undeniably passionate about helping others and providing the best care in others most vulnerable situations.

Abstract:
I am a new graduate nurse and I am doing what everyone told me I couldn't. I am a New Graduate Nurse and I am working in Rural and Remote Australia.

The Australian Student and Novice Nurse Association support new and upcoming Registered Nurses all over the country, working in all sorts of typical, extreme and unusual situations. As the Rural and Remote Representative for ASANNA I intend to share my stories and the stories of other New Graduate Registered Nurses like me who are going to extremes and completing the liberating and terrifying task of transitioning not only to becoming a Registered Nurse but a Registered Nurse working in a rural and/or remote area.

Photo: Steve Batten.

MARCIA HAKENDORF

Remote Area Nursing certification, a workforce process

Marcia Hakendorf was born in the Riverland of South Australia and trained as a nurse in the mid-late 70s, and then returned to the Royal Adelaide Hospital in the 80s to continue her nursing career. Over the past 30 years a substantial amount of that time has been dedicated to rural South Australia working in various roles, such as, Nurse Educator, Senior Project Officer in Country Health SA dealing with various nursing and midwifery workforce development projects. Then was selected to undertake the role of Research Officer/Project Nurse for the Parliamentary Select Committee Inquiry into 'Nurse Education and Training in South Australia'.

Prior to her employment with CRANAplus was employed as Senior Nursing and Midwifery Policy Advisor in the SA Health's Nursing and Midwifery Office has extensive experience in dealing with state-wide projects, policy development, issues around Nursing and Midwifery Professional Practice, and the development of Nurse Practitioner Workforce.

Marcia joined CRANAplus in 2012 as the Project Officer for the National Standards and Credentialing Project, which resulted in the production of the Clinical Governance Guide for remote health professionals. Completed a Master of Health Administration. Over the past four years and has been responsible for a number of professional workforce development programs and projects including the RAN Certification program.

Abstract:
The Remote Area Nurse Certification is a new and exciting initiative of CRANAplus, which acknowledges the importance of adaptability and flexibility needed in our workforce to ensure the highest quality standard of health care to remote communities.

It is well recognised that remote nurses and midwives are predominately, the permanent residing workforce within remote and isolated areas across the Australia. Their scope of practice is often described as generalist specialists coordinating a diverse range of comprehensive primary health care services not just for individuals but the entire community.

Whilst the Certification of Remote Area Nurses is a vital workforce process whereby nurses demonstrate their practice against the 9 Professional Standards of Remote Practice to ensure the minimal standard of care, the benefits are long reaching. Thus allowing nurses to set the bar for their own professional practice; providing professional recognition of our specialist generalist role; giving clarity and confidence around their scope of practice, outlining education preparation; and greater clarity around workforce recruitment and retention. RAN Certification is the cornerstone for professional recognition of a competent, confident remote nursing workforce.

DANNI-LEE DEAN

The innovative health system we want to work in

Danni-Lee Dean has actively engaged with SPINRPHEX Rural Health Club and nursing students during her degree. She has assisted in advocating for her fellow nursing students during her many representative roles within university. Danni has experienced rural international healthcare in Laos and Kolkata, India. Danni is passionate about becoming a rural and remote nurse and working collaboratively within a multidisciplinary team.

Abstract:
Background:
The National Rural Health Student Network (NRHSN) represents the future of rural and remote health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories. It is Australia's only multi-disciplinary student health network. In 2016, the NRHSN celebrates its 21st Birthday. The NRHSN will take the opportunity to look forward to the next 21 years and think about the future rural and remote healthcare system we want to work in. We will look at the role of technology, preventative healthcare, community empowerment and other innovative future healthcare models to meet rural and remote community health needs.

Aim:
To explore how today's students believe rural and remote healthcare models will evolve and generate ideas and recommendations for healthcare innovations to improve health outcomes and empower communities.

Method:
The NRHSN Council will be surveyed via an anonymous, online questionnaire about innovative models of rural and remote healthcare. The responses will be synthesised and grouped into common areas. The NRHSN Council will force rank the ideas with different criteria – potential positive impact, easiest to implement and most innovative.

Results:
Results will be presented as a brief overview of the range of ideas generated and then focus on those determined by the NRHSN Council as likely to make the most impact of the future of rural and remote healthcare.

Conclusion:
Not available at the time of abstract submission. The conclusions from the recommendations for future innovative healthcare models will be presented.

Question Time (10 minutes)

Morning tea (30 minutes)

SESSION 2

Keynote address
THE HON. MICHAEL KIRBY

Question Time (10 minutes)

Official address
THE HON. DR DAVID GILLESPIE MP
Assistant Minister for Rural Health

LEONA MCGRATH

Birthing on Country – A Collaboration

Leona McGrath is a proud Aboriginal woman originally from Queensland from the Woopaburra peoples of Great Keppel Island and the Kuku Yalanji peoples of far North Queensland.

Leona is the Senior Adviser to the NSW Aboriginal Nursing and Midwifery Strategy. The Strategy was developed in 2001 by the NSW State Government to increase the number of Aboriginal nurses and midwives in NSW.

Leona is a mother, grandmother, registered midwife and contemporary Aboriginal artist. Leona co-chairs the Rhodanthe Lipsett Indigenous Midwifery Trust Fund, as well as Chair of the Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee.

Abstract:
This presentation will describe, from CATSINaM's perspective, the collaborative work undertaken with CRANAplus and the Australian College of Midwives (ACM) to develop a Joint Position Statement about Birthing on Country.

Aboriginal and Torres Strait Islander women have been advocating for many years that Birthing on Country (BoC) will improve maternal and infant outcomes because of the integral connection between birthing, country, and place of belonging. Birthing on country occurred for many thousands of years before women were removed to birth in other settings, hence, from a historical perspective it is a relatively new phenomenon to not birth on country.

BoC Models can be described as maternity services that are designed, developed, delivered and evaluated for and with Aboriginal and Torres Strait Islander women that are community based and governed, provide for inclusion of traditional practices, involve connections with land and country, incorporate a holistic definition of health, value Aboriginal and/or Torres Strait Islander as well as other ways of knowing and learning, encompass risk assessment and service delivery, and are culturally competent. For others, BoC is understood as 'a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families…'

Accordingly, BoC Models can be incorporated in any setting and it is important that wherever an Aboriginal and/or Torres Strait Islander baby is born, his or her mother and family are encouraged, supported and enabled to incorporate relevant cultural aspects within that place or service.

This aim was reflected in the National Maternity Services Plan , which highlighted the development of a BoC framework and the establishment of BoC programs.

To this end, CATSINaM partnered with the ACM and CRANAplus to develop a position paper with calls to governments for action in this very important area.

Question Time (10 minutes)

Lunch (1 hour)

SESSION 3

Official address

MR TONY ZAPPIA MP

Assistant Shadow Minister for Medicare

KAREN DEININGER AND VANESSA DE LANDELLES

Team Building under 'Vast Distances & Isolation' – with a little bit of Extreme climatic conditions added

Karen Deininger started nursing as an AIN 1983, EN 1984, RN 1993 and spent 20 years working as an Anaesthetic Nurse at the Princess Alexandra Hospital Brisbane. She thought she would stay there for another 20 years but instead travelled around remote parts of Australia in 2008 and realised there was more to life than the PA.

Karen, along with her husband and son, packed up and moved to Muttaburra to provide PHC DON relief for Muttaburra/Boulia. Best move ever and my husband is my 'house bitch'.

Vanessa De Landelles was born and raised in Alpha and has lived in rural and remote Queensland for 90% of her life. Vanessa has been a RAN with Queensland Health for nine years within the Central West district with the past five years being permanent in Windorah.

She is of South Sea Island heritage and is happily married.

Vanessa loves rural nursing and being accepted as part of her community.

Abstract:
How do you become part of a team or know who your team is when there are 'vast distances and isolation caused by geography'? The Central West Hospital & Health Service (CWH&HS) commenced a Primary Health Clinics (PHC) Director of Nursing (DON) 'conference' approximately nine years ago. All staff attended for a week in Longreach QLD for education and mandatory training. This started the creation of a team.

I was fortunate to attend my first PHC DON Conference in Longreach 2009 after commencing as the relieving DON between Boulia and Muttaburra PHC. Wow! What a great bunch of nurses to meet. So inspiring, for someone who has just spent 20 years cocooned in anaesthetics at large tertiary hospital. We had one or two dinners together, otherwise it was just time spent in a motel room and the classroom. It was very valuable time for a 'newbie' to meet the team. A few people I could 'phone a friend' if needed.

Move forward to 2016 another WOW! moment. Windorah PHC DON Conference (six days) can never be under estimated in how it helped to create a team. Getting to Windorah was a challenge due to flooded roads and people travelling long distances. Spending all day and every meal together including the presenters from the PHTLS trainers, CRANAplus team (Marcia, Geri and Leonie), Lifeline, Benchmarque, Public Health Doctor and Nurse. We had so much fun getting to know the 'newbies', the presenters, catching up with the regulars and meeting the Windorah locals. In recognition of International Women's Day, CWH&HS Board Member Mr Bruce Scott presented each PHC DON with a 'sash' for the hard work under 'extreme conditions and isolation' that we do.

It helps when the nurses can share time having a cuppa, dinner and a drink with their peers – it is what some nurses take for granted. So under 'vast distances and isolation' – with a little bit of extreme climatic conditions, the Windorah PHC DON Conference 2016 managed to help build a team of great nurses.

LEANNE MCGILL AND KATRINA ROHRLACH

LINKS: e-mentoring to the Extreme

Leanne McGill has been a Remote RN and Clinical Educator for many years in the NT and is currently an e-mentor for the CRANAplus LINKS program. She has just completed a Master of Nursing in Advanced Clinical Education and continues to work in the two-way learning, training and assessment space with remote and very remote Aboriginal Heath Practitioners and Nursing students and clinicians.

Katrina Rohrlach studied a Bachelor of Nursing at the University of South Australia from 2012–2014. She graduated in 2015 with the Margaret Grace McNair AM Foundation Prize and received the Chancellor's Letters of Commendation from 2012–2014. Whilst at university she helped run a 'study-buddy' group for Scientific Basis of Clinical Practice and was involved in the Nursing Student Leadership group in 2013 and 2014. She was also involved in undertaking the 'Safe Administrations of Medications Policy Review' in early 2015.

In late 2014, she was also invited to CRANAplus' REC course and then soon after began her journey with the CRANAplus LINKS program. In 2015, she commenced her graduate year at Port Augusta Hospital and Regional Health Service and is still employed there. Currently she is studying Module 2, Fundamentals of Renal Nursing through the Royal Adelaide Hospital.

Abstract:
Workplace The LINKS Mentoring Program (Learning, Integration, Networks, Knowledge, Support) was introduced to both Katrina Rohrlach and Leanne McGill across opposite sides of Australia in early 2015 by Marcia Hakendorf (Professional Officer, CRANAplus).

Katrina (Port Augusta, SA) and Leanne (Katherine, NT) were introduced via Skype screens and both completed the Mentoring Training Module which outlines the policies, procedures and protocols to follow.

The experience that these two RNs have navigated is amazing as they built up a trusting, confidential, professional relationship and discussed various aspects of nursing, healthcare issues, cultural care and task-orientated nursing evolving to the holistic care of clients, patients, family members and the outcome for communities. Sometimes the electronic devices they communicate with suffered from either low battery power, poor reception or lack of bandwidth and they had to persevere with numerous call-backs and re-dials, but that never stood in the way of the continued e-mentoring.

They Skyped each other regularly for the 12 months of the program as outlined in their e-mentoring contract, however, when the year came to an end they both decided to contact Marcia and invite her to join them in an 'e-cuppa' to reflect on what they had learnt from each other. They also wanted to continue their two-way learning through the e-mentoring sessions for an undisclosed period of time into the future.

Thus, Katrina, who is now studying a Graduate Certificate in Renal Dialysis, and Leanne, who has just completed a Master of Nursing in Advanced Clinical Education, will continue their strong bond of critical analysis, professional development, friendship and electronic communications based in the LINKS Mentoring Program through CRANAplus.

They hope to eventually meet up in person during their nursing career at some time, some-where, some-how across the vast geographical extremes of Australia.

CATHERINE JACKA

A Rights Based Approach – Consideration for Geography Distant Service Providers

Catherine Jacka (Waanyi Woman, Burketown) has worked in the Indigenous health arena for 23 years. Catherine has planned and delivered the culturally sensitive and safe delivery of health promotion and created supportive networks (gender specific, community and healthcare providers), provides client support and advocacy in clinical service delivery, liaise with health and palliative care services to ensure culturally safe experiences for Aboriginal and Torres Strait Islander people, families and healthcare providers.

Abstract:
Purpose of the presentation:
(note: figures and % are approximates)

Australians lifestyles and systems have established services in major cities and regionally.

A rights based approach to care supports all Australians having equitable access to services. Establishing and maintaining diverse knowledge of professionals and connectedness to specialists advice and services is required.

Nature and scope of the presentation:
For people, culture defines how interactions occur and how people access services. History informs us of the experiences of peoples, connections place human faces to the stories.

Racist attitudes are used to divide people and espouse notions of superiority over others. Research identifies that worldwide the colonisation of first nations people included the relocation to distant locals and poor access to nutritious food sources which impacted on people's acceptance, achievement of social determinates.

Photo: Steve Batten.

Equally impacting first nations people is the impacts of being the long term recipients of all forms of racism. These are key factors of the poor health of all Indigenous nations.

Consider:
Culture defines how people communicate, beliefs about illness and all other aspects of life. Missing from many facets of health is the recognition of culture (and the diversity within) of the receivers of care and understanding the impacts when people of different cultures interact. The critical reflection of individual service providers about their cultural beliefs and values to ensure there is no negative experiences based on service provider beliefs, focus on the outcomes is integral.

Grave importance lays with the Australian organisations and health service providers, addressing inclusive policies, practices and enhancing service professionals knowledge, skills and attitudes towards and about Aboriginal and Torres Strait Islander people.

Outcome:
Addressing these factors will ensure organisations are culturally capable, service providers are culturally responsive and receivers of care will be empowered to advice of factors cultural safety.

DAVID CARPENTER

25,000 feet and climbing... aeromedical retrieval in Central Australia

David Carpenter is Tasmanian born and bred and worked as an emergency nurse in Launceston for a number of years. After a short period as a locum remote area nurse in 2008, David qualified as a midwife and swapped temperate island life for the deserts of Central Australia. He has worked as an Alice Springs-based Flight Nurse/Midwife with the Royal Flying Doctor Service since 2011.

Abstract:
The Royal Flying Doctor Service of Australia (RFDS) is one of the largest and most comprehensive aeromedical organisations in the world. Staff at the Alice Springs base provide emergency evacuations for people living, working and travelling in remote Central

Australia. Vast distances, dramatic climatic variation, cultural diversity and a wide spectrum of clinical presentations combine to provide a unique practice setting with a birds-eye view.

This presentation outlines the influence of each of these extremes on aeromedical operations in the region, before showcasing the development of some innovative solutions that support the provision of safe and efficient aeromedical transport across a region the size of Western Europe. These include partnerships with Central Australian Remote Health and the Alice Springs Hospital Retrieval Service, and a unique seven-tier priority coding system for tasks. The presentation will also incorporate the use of interactive technology to poll the audience for their answers to scenario-based questions in real time.

Question Time (10 minutes)

Afternoon tea (30 minutes)

SESSION 4

Q & A: Maintaining Staff Safety in Complex and Diverse Environments

PANELISTS:

MARTIN BOYLE

Emergency Management Coordinator, Australian Antarctic Division

Martin Boyle coordinates field support and emergency management for the Australian Antarctic program. He has been south on many occasions in various leadership and management positions.

Martin has 20 years' experience across the emergency management industry in both private and public sector as a consultant, emergency services manager, operations coordinator, and international delegate. He has previously worked for Australian Customs and Border Protection and the Tasmania State Emergency Service.

He was awarded a Certificate of High Commendation for Search & Rescue operations in 2002 from Tasmania Police and the Bravo Zulu award in 2015 from the International Association of Emergency Managers.

Martin is an internationally recognised Certified Emergency Manager (CEM)®, Certified Practising Project Manager (CPPM) and a member of the Business Continuity Institute.

He holds a Masters in Emergency Management, Graduate Certificate in Management, BA(Hons) in Business and Information Technology, and Advanced Diploma in Public Safety (Emergency Management). Martin is also the Chair of the Australian New Zealand Search and Rescue Conference.

BRENDAN BOUCHER

Security and Risk Advisor, International Programs, Australian Red Cross

Brendan has 12 years' experience working as an International Security and Risk Advisor within humanitarian relief and development programs around the world. His work has included, conducting security assessments, delivering training and managing the safety and security of large scale humanitarian operations, across 25 countries, many of which were characterised by complex conflict such as D. R. Congo, Pakistan, and Sri Lanka.

During this period Brendan has worked extensively with World Vision International, as a Global Security Advisor and member of the Rapid Response Team; worked within the World Bank's Security Operation Centre in Washington DC, and delivered safety and security training to humanitarian professionals with RedR Australia. Brendan is currently working as the Security and Risk Advisor at Australian Red Cross, International Programs team.

GUY SANSOM
Senior Emergency Physician,
St Vincent's Hospital Melbourne

Dr Guy Sansom is a long-time Emergency Department Physician at St Vincent's Hospital Melbourne where he was formally trained in peer-supported Critical Incident Stress Debriefing in 1997. He is also currently a Field Emergency Medical Officer with Victoria Displan (Disaster Management). He has previously worked and taught in Pakistan, PNG, and the Solomon Islands, and has assisted with the delivery of the A/REC programs since 1999.

He continues to aim for the stress-free life... an ongoing project.

PAT ALLEN
President,
Police Association Tasmania

Patrick Allen is the President of the Police Association of Tasmania (PAT), the union that represents 99.6% of sworn police officers of all ranks within Tasmania Police. He remains a serving member of Tasmania Police and has been seconded into his current role for the last four years following his election as President.

He has been a police officer for over 36 years and has served in various positions throughout the State. He has performed roles in isolated areas such as Queenstown, and has been also served in single and two person stations in the Derwent Valley, Tasman Peninsular and on the East Coast.

He has previously trained with the Australian Federal Police and was seconded into that organisation for a period of 2 years.

As President of the PAT he serves on the Executive Council of the Police Federation of Australia and works alongside all the Presidents of Police Unions and Associations throughout Australia and New Zealand.

He has continued on with the work of previous presidents of the PAT over the last 18 years in relation to single unit policing and the work, health and safety implications as a result of police officers conducting such duties.

This culminated in the development of a Response Model and Policy which is based around the requirement of the Work, Health, Safety Act and the harmonised laws introduced by the Gillard Federal Government in 2012.

Both the model and policy were developed through consultation with the members of the PAT and ongoing negotiations with the Police Service and Government. The result is seen as a major step forward in the area of safety for frontline police officers, particularly in rural and isolated areas.

MICK STEPHENSON
General Manager,
Emergency Operations,
Ambulance Victoria

Mick Stephenson commenced his career with Ambulance Victoria in 1996 as a paramedic, becoming a Mobile Intensive Care Ambulance (MICA) paramedic in 1999. A former intensive care nurse his special interests lie in algorithmic patient care, cardiac arrest improvements, systematic patient assessment and the validation of paramedic work through research.

He is a co-author and steering committee member on a number of trials including hypothermia in cardiac arrest and brain injury, oxygen use in STEMI and cardiac arrest and the relevance of blood pressure to survival after cardiac arrest. He has held positions including MICA Team Manager, MICA Group Manager, Regional Manager and is currently A/General Manager with AV. Mick was awarded the Ambulance Service Medal in the Australia Day Honours 2015 for his contribution to improving patient care and clinical outcomes.

CONFERENCE DINNER

The culmination of the Conference is the Annual Awards Dinner on Friday night, held at the Hobart Function and Conference Centre – a short walk from Hotel Grand Chancellor (see maps on page 67). The Centre enjoys a waterfront location like no other, situated as it is on Elizabeth Street Pier, spanning 100m out over the sparkling water of the Derwent, the centerpiece of Hobart's bustling waterfront community.

Photo: Courtesy of The Hobart Function and Conference Centre.

Karen Cook – MC

Karen has been a registered nurse for over 30 years and is currently the Director of Innovation and Reform in the Health Workforce Reform Branch at the Australian Government Department of Health where her responsibilities include providing secretariat for the National Nursing and Midwifery Education Advisory Network of which CRANAplus is a member.

Karen is also the President of the Board of Carers Australia, the national peak body representing Australia's carers and advocating on their behalf of Australia's carers to influence policies and services at a national level.

And in her spare time Karen is a marriage celebrant and event MC.

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Photos: Courtesy of The Hobart Function and Conference Centre.

CRANAplus award sponsors 2016

CRANAplus Excellence in Education & Research Award
Sponsored by:
Centre for Remote Health (CRH)

CRANAplus Excellence in Remote Health Practice Award
Sponsored by: Mt Isa Centre for Rural & Remote Health (MICRRH)

CRANAplus Excellence in Mentoring in Remote Award
Sponsored by:
Remote Area Health Corps (RAHC)

CRANAplus Outstanding Novice/ Encouragement Award
Sponsored by:
Aussiewide Economy Transport

CRANAplus Collaborative Team Award
Sponsored by:
Brad Bellette Design

The Annual CRANAplus Awards recognise those colleagues for their special contribution to remote health. The Centre for Remote Health Awards and the Health Care Australia Award will also be presented.

The winner of the prestigious Aurora Award, which recognises the 2016 Remote Health Professional of the Year will be announced.

And you can bid farewell to our 34th successful Conference by dining and dancing till late.

NOTES

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CRANAplus MEMBERSHIP SURVEY

CRANAplus improving remote health

MEMBERS

13% Male

87% Female

77% Australian

WORK & PROFESSION

89% work in remote and/or rural health

78% work in Clinical Care

65% indicated **workplace bullying** impacted them

71% indicated **lack of professional support** impacted them

76% indicated **inadequate management** impacted them

92% indicated the importance of **internet/email access in their accommodation**

80% indicated the importance of **educational preparation and skills maintenance in the workplace**

69% Older than 50 years of age

CRANAplus MEMBERSHIP

94% found their individual CRANAplus membership good value for money

56% indicated job related trauma impacted them

78% would download and use a CRANAplus App on a smart device to access resources, tools and information

83% found our online processes intuitive and easy to use

3% are Aboriginal and/or Torres Strait Islander

42% Have been in their current position for more than 6 years

49% Anticipate not to be working in remote health in 5 years

TOP 5 THINGS MEMBERS VALUE...

1. Free online training/resources
2. CRANAplus website
3. Discounts on courses/conferences
4. Weekly email and member alerts
5. Quarterly magazine

Data collected during 2016 Membership Survey

TRADE DISPLAYS

Centre for Remote Health

Panda Pearls australia

CRANAplus improving remote health
Bush Support Services

QUT Queensland University of Technology Brisbane, Australia

global kids OZ

RAHC
REMOTE AREA HEALTH CORPS

HCA Healthcare Australia

RHD Australia

implox Pty. Ltd. HEALTHCARE

phn

independence AUSTRALIA

HR

rural LAP

MIRRIJINI DISPENSING SYSTEMS

Torres and Cape Hospital and Health Service

NATSIHWA National Aboriginal and Torres Strait Islander Health Worker Association

Yna Your Nursing Agency

NORTHERN TERRITORY GOVERNMENT

ZOLL

SCHOLARSHIP PROGRAM

The CRANAplus scholarship program specifically targets undergraduate students studying in a health discipline at an Australian university who have a genuine interest in remote and isolated health.

Through the generous support of members and organisations these scholarships offer students the opportunity to experience health service delivery in a remote location.

Opportunities to undertake a clinical placement in a remote setting are quite limited. The travel cost, especially for students who do not receive financial assistance, is also prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placements.

We know the importance of a positive clinical placement experience and the impact that can have on a health professionals' career path. We also know that the success of clinical placement is based on many factors and it is why CRANAplus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document *"Optimising Rural Placements Guidelines"*. This document, endorsed by CRANAplus, identifies criteria that needs to be met both by the student and the hosting location.

The purpose of the scholarships is to assist with the cost of travel, meals and accommodation, which may be incurred when undertaking such a placement. The scholarship does not cover loss of wages, University fees or textbooks.

Eligibility for our Scholarships includes CRANAplus membership and membership of a Rural Health Club **www.nrhsn.org.au**

At the completion of their placement, students are required to write a short report which is published in the CRANAplus Magazine.

These positive clinical experiences for students have changed their awareness and passion to potentially work in this exciting sector.

ARE YOU INSPIRED?

If you think you would like to sponsor a scholarship, you can contact Anne-Marie Borchers **(scholarships@crana.org.au)** to discuss the options.

CRANAplus has DGR status (Designated Gift Recipient) and any donations over $2 are tax deductable.

ARE YOU READY FOR A REMOTE PLACEMENT???

The CRANAplus Undergraduate Student Remote Placement Scholarship is available to students who, as part of their undergraduate course of study through an Australian University, undertake a remote location placement. The Scholarship provides financial assistance of up to $1000 per successful applicant, and is intended to provide assistance towards the cost of fares, accommodation and other incidental costs incurred by a student while undertaking a remote placement. The Scholarship may be claimed for placement undertaken for the current calendar year and may be retrospective to the closing date, and funds awarded on provision of tax invoices for costs incurred.

Email scholarships@crana.org.au for more details.

SCHOLARSHIPS 2016

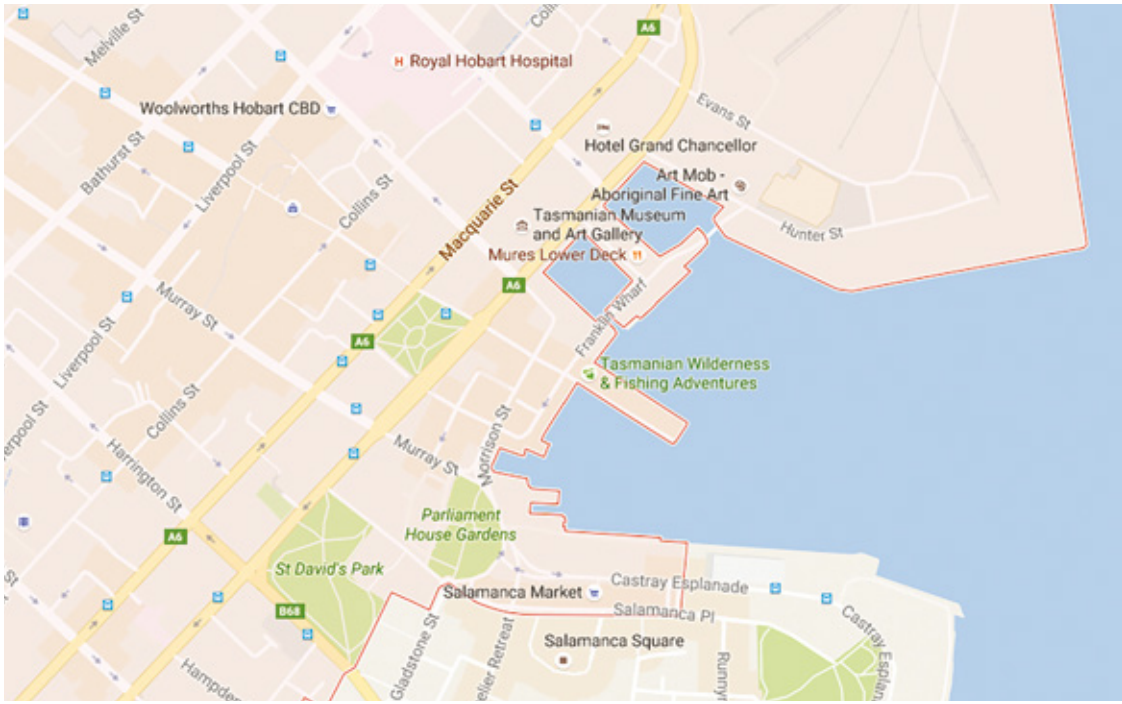
Scholarship sponsor	Recipient	Placement location	Discipline
Colleen Van Onselen Memorial Scholarship	Steve Arnold	Carnarvon Hospital WA	Nursing
HESTA	Katarina Samotna	Alice Springs Hospital, Haast Bluff and Titjakala Clinics	Nursing
CRANAplus	Elizabeth Pressley	Coomealla Aboriginal Health	Nursing
ZEITZ ENTERPRISES	Gabby Tentye	Mount Gambier Hospital	Nursing
CRANAplus	Katie Louise Conway	Kununarra Hospital	Nursing
Michael Ilijash Perpetual Scholarship – sponsored by Jan Ilijash	Kate Tran	Alice Springs Hospital	Nursing
HESTA	Dennis Nguyen	Tennant Creek Hospital NT	Bachelor Medicine/Surgery
CRANAplus	Lily Sideris	Riverland General Hospital Berri SA	Nursing
CRANAplus	Zoe Bonsema	Alice Springs Hospital	Nursing
Colleen Van Onselen Memorial Scholarship	Melissa Gina Mellan	Carnarvon Public Hospital and Mount Magnet	Nursing
CRANAplus	Claire Matheson	Alice Springs Hospital	Medicine
HESTA	Georgia Myers	Alice Springs Hospital	Nursing
CRANAplus	Jennifer June Turner	Thursday Island Hospital	Nursing

Photo: Steve Batten.

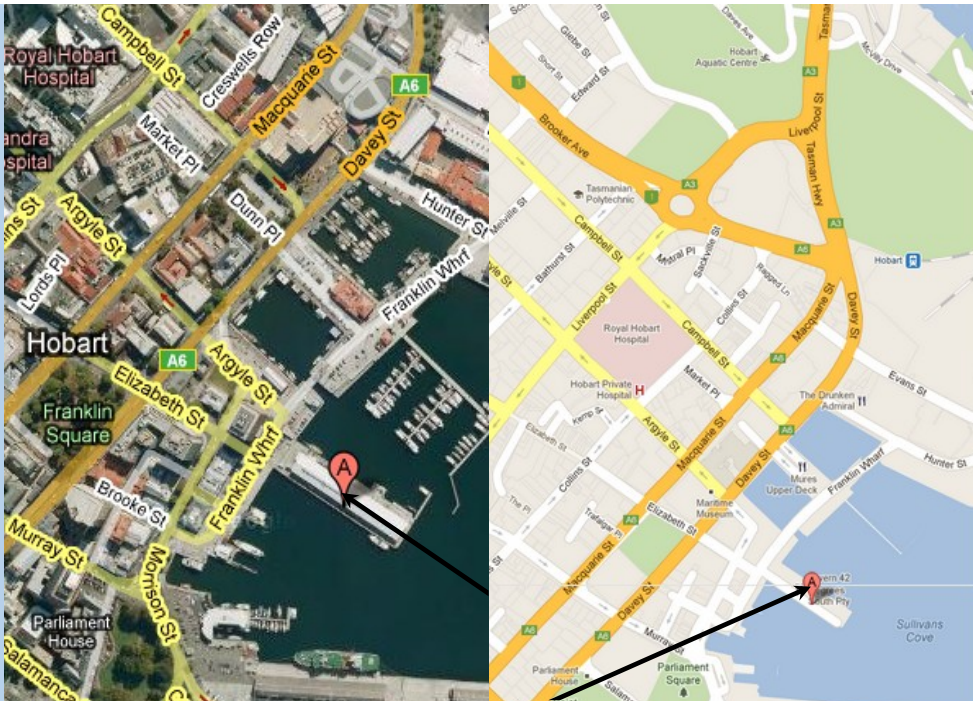
MAPS

#CRANAplus2016

HOBART OVERVIEW



THE HOBART FUNCTION AND CONFERENCE CENTRE



Maps: Courtesy of The Hobart Function and Conference Centre.

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35TH ANNUAL CONFERENCE

THE FUTURE OF REMOTE HEALTH AND THE INFLUENCE OF TECHNOLOGY

Broome Western Australia
October 18-20 2017

www.crana.org.au

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education | support | professional services