



# Managing Widely Spread Populations

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# Managing widely spread, sparsely populated and remote populations

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# **Delivering Comprehensive ACHD services to widely spread, sparsely populated and remote populations**

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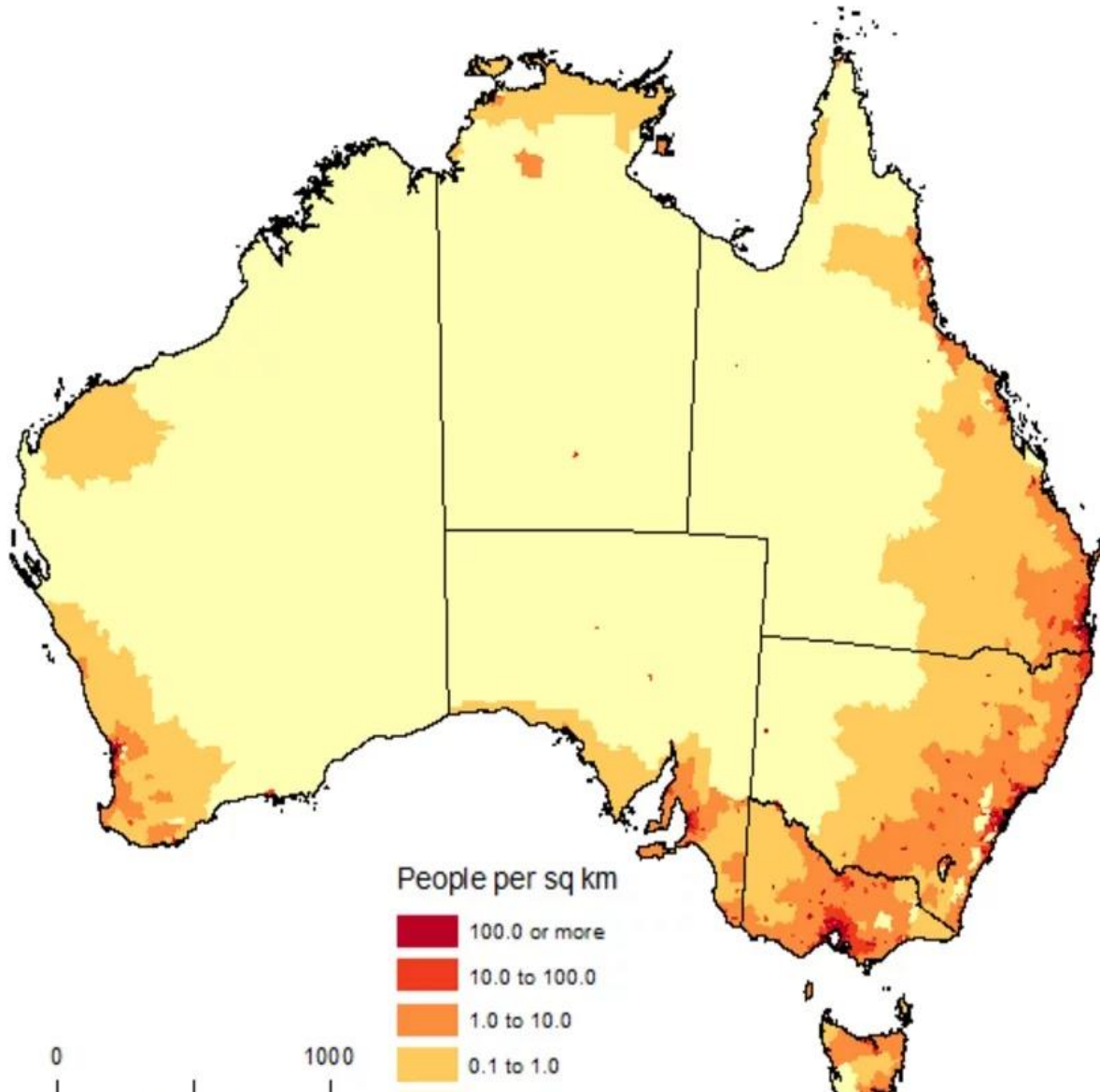


# Australia

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- ♥ 6<sup>th</sup> largest country in world  
*(Russia, Canada, USA, China, Brazil)*
- ♥ Population 24.511 million
- ♥ Population density 3.1 per km<sup>2</sup>
- ♥ 7<sup>th</sup> most sparsely populated country in world

# POPULATION DENSITY BY SA2, Australia - June 2016





# Western Australia

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- ♥ 33% total land mass Australia
- ♥ WA 10<sup>th</sup> largest country in world (2.64 million km<sup>2</sup>)
- ♥ Population 2.67 million
- ♥ Population density 0.89 souls per km<sup>2</sup>
- ♥ 3<sup>rd</sup> most sparsely populated country in world  
*(Greenland, Falkland Islands)*

**“Why  
is / does  
[Land]  
“...**





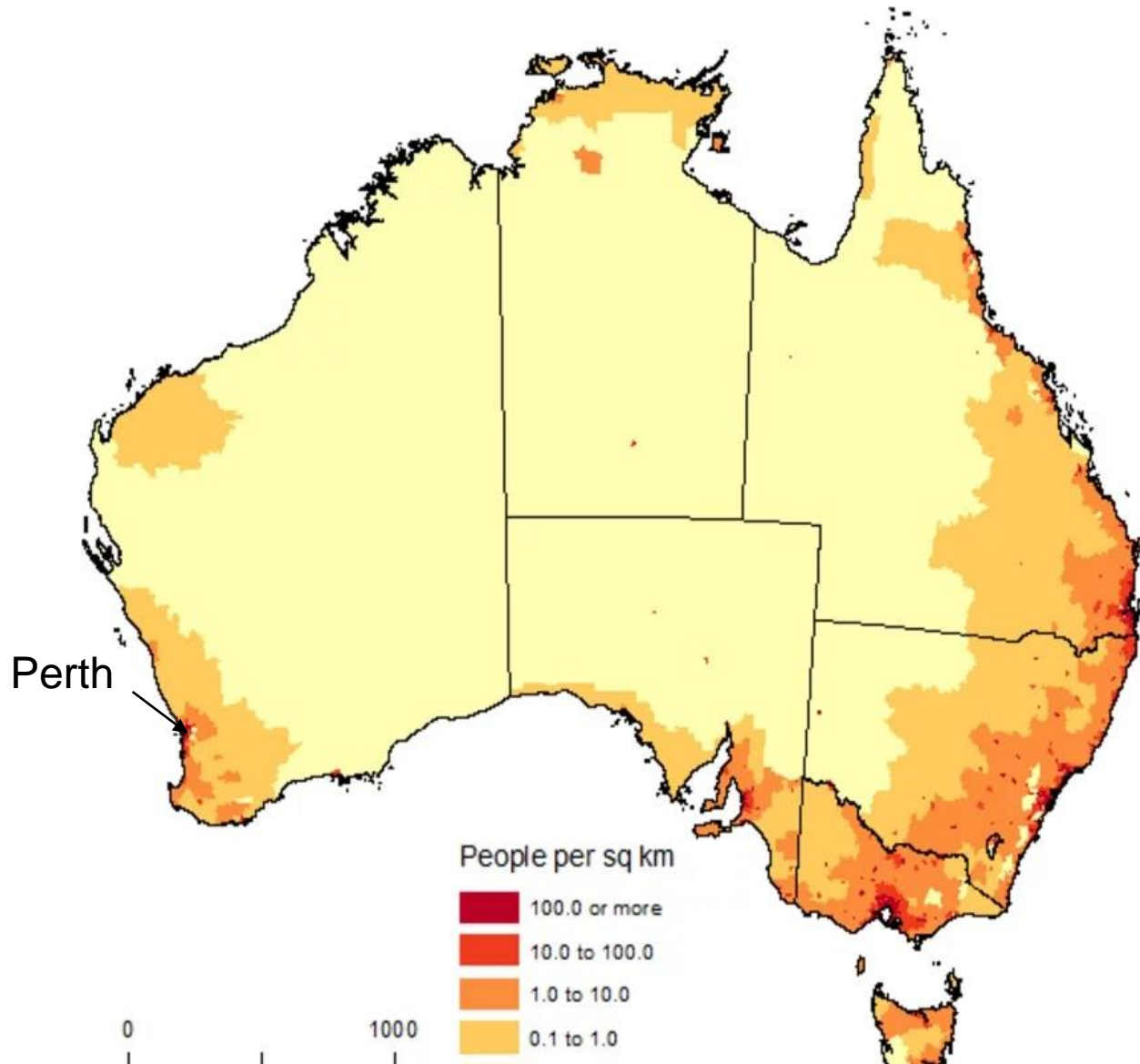


# Perth

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- ♥ Area described by semicircle 51.5 km radius
- ♥ 2.022 million
- ♥ 78% population WA

### POPULATION DENSITY BY SA2, Australia - June 2016





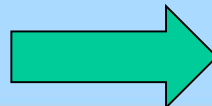
**Kununurra 3,200 km →**

**Newman 1,200 km**

**Auckland 1.415 million**

**New Zealand 4.7 million**

**Melbourne 3,418 km**



200 km



# Remote

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- ♥ RCH, Melbourne
  - ♥ Closest tertiary Paediatric Cardiac service
- ♥ RMH, Melbourne
  - ♥ Closest Comprehensive ACHD service



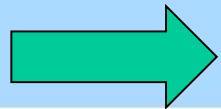
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200 km



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- ♥ Established authority to speak on the widely spread, sparsely populated and remote



# Principles ACHD service delivery

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- ♥ High quality
- ♥ Highly specialised
- ♥ Multidisciplinary team
- ♥ Cost effective
- ♥ Efficiency with limited resources



# Principles ACHD service delivery

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- ♥ CSANZ recommendations care of ACHD
  - ♥ Comprehensive and Regional ACHD services
- ♥ How that looks is going to differ
  - ♥ from state to state
  - ♥ from country to country
- ♥ Each centre is unique so requires
  - ♥ Resourceful
  - ♥ Adaptable
  - ♥ Collaborate





# Meeting Unique Challenges

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- ♥ Understand your unique challenges
- ♥ Understand your ACHD population
  - ♥ Clinical database essential



# Meeting Unique Challenges

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- ♥ Understand existing cardiac services and their utility
  - ♥ Private Paediatric cardiac services
  - ♥ Private Adult cardiac services
  - ♥ Outreach Paediatric cardiac services
  - ♥ Outreach Adult cardiac services



# Meeting Unique Challenges

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♥ Identify key personnel

★ Cardiac Nurse Specialist ★

*("The people who really run the service")*

♥ Working across Paediatric and ACHD



# Unique challenges with remote, widely spread populations

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- ♥ Greater potential for loss to follow up
  - ♥ Transition process
    - Even more important
    - Even more important done well



# Transition CACHD

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- ♥ Consistency amongst all those transitioning
- ♥ Outline benefits care within CACHD service



# Unique challenges with remote, widely spread populations

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- ♥ Selling the benefits of CACHD care
  - to patients
  - to parents
  - to local GP's, other health care providers
  - area health finance officers (PATs)



# Transition CACHD

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- ♥ Outline differences CACHD service delivery
- ♥ Clearly define expectations to patient/family



# Transition CACHD

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- ♥ Provide clear communication to patient, family, GP, regional area health authorities
  - ♥ Verbal
  - ♥ Written
  - ♥ Electronic
- ♥ Patient/family held comprehensive medical record
- ♥ Prescribed date of first ACHD appointment





# Transition CACHD for the remote and widely spread

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## ♥ GP

- ♥ Even more important
- ♥ Establish the importance of trusted GP
- ♥ Establish the role of GP
- ♥ Establish that they have a GP
- ♥ Establish that they will engage with GP



# Transition CACHD for the remote and widely spread

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♥ Review effectiveness of transition