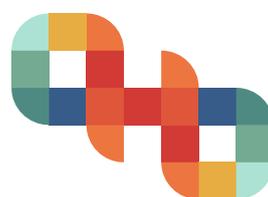


Systemic investigation  
into service provision  
at Gidgee Healing



OFFICE OF THE  
**HEALTH**  
OMBUDSMAN

# Contents

Acknowledgement .....	2
1. Introduction.....	3
2. Primary health service.....	3
2.1 Gidgee Services—Doomadgee .....	4
3. Background information .....	5
3.1 Complaint .....	5
4. Investigation.....	6
4.1 Scope of the investigation .....	6
4.2 Investigation process .....	6
5. National, state and local frameworks and guidelines .....	6
6. Issues .....	7
6.1 Governance.....	7
6.1.1 Issues .....	8
6.1.2 Recommendations .....	12
6.2 Staffing .....	14
6.2.1 Issues .....	15
6.2.2 Recommendations .....	16
6.3 Communication and engagement.....	17
6.3.1 Issues .....	18
6.3.2 Recommendations .....	19
6.4 Provision of Care .....	19
6.4.1 Issues .....	20
6.4.2 Recommendations .....	22
7. Conclusion .....	23
8. Recommendations.....	23

## Figures

Figure 1: Map of Queensland – Doomadgee location .....	5
--	---



# Acknowledgement

The Office of the Health Ombudsman acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and emerging.



# Introduction

Section 25(c) of the *Health Ombudsman Act 2013* empowers the Health Ombudsman to identify and report on systemic issues in the way health services are provided, including issues affecting the quality of health services.

Between September 2021 and March 2022, the Office of the Health Ombudsman (OHO) received several complaints regarding the provision of primary health services to the Doomadgee community by Mount Isa Community Controlled Health Services, trading as Gidgee Healing (Gidgee). Broadly, the complaints raised issues of concern regarding:

- appropriate levels of adequately trained staff available to provide primary health services to the Doomadgee community
- appropriate management pathways and processes for prevention and treatment of chronic disease
- compliance with accreditation and statutory obligations in relation to the provision of personal protective equipment and infection control processes.

Based on these complaints, the OHO identified systemic issues potentially impacting the quality of health services delivered to the Doomadgee Community. This report details findings of that systemic investigation undertaken into the provision of primary health services to the Doomadgee community by Gidgee. The investigation commenced in November 2021 and was focused on the status of Gidgee services during the period of July to December 2021. The OHO acknowledges that changes to the service may have since been implemented.

It is important to note that this report focusses on identifying deficiencies in the system and processes used to deliver services. It also provides recommendations for where improvements might be made, rather than on the performance of individual practitioners.

Reference made to the Gidgee executive throughout this report is inclusive of representatives of the following positions: Chief Executive Officer (CEO), Director of Primary Health Care, Gulf Services Operations Manager – Lower Gulf, Contracts and Compliance Manager and the Chief Financial Officer/Chief Corporate Services Officer.

## Primary health service

Doomadgee is a remote town on the Nicholson River in the far north-western corner of Queensland, near the Gulf of Carpentaria. The community is located approximately 432 kilometres by road to Mount Isa. The Waanyi, Ganalidda and Garawa people are recognised as the Traditional Custodians for the area, with Aboriginal and Torres Strait Islander comprising 93.7 per cent of the population of approximately 1400 people.

Gidgee is an Aboriginal Community Controlled Health Service that provides a range of primary health care services to Aboriginal and Torres Strait Islander peoples across the Northwest and Lower Gulf regions of Queensland. It is signatory to the Tripartite Agreement and works collaboratively with Western Queensland Primary Health Network and North West Hospital and Health Service. The aim of the agreement is to put the person and the community at the centre of care by working in partnership to develop comprehensive and integrated primary care services in the Lower Gulf region.<sup>1</sup> Gidgee commenced primary health care service provision in Doomadgee

---

<sup>1</sup> North West Queensland Primary Health Network, '*North West Tripartite Agreement Signing*', September 2020 (Website) <Western Queensland Primary Health Network | Recent News (wqphn.com.au)>.



in 2018, delivering primary health (GP services), allied health, and family health care services. Since Gidgee's establishment in Doomadgee, primary health care services have transitioned from Queensland Health to Gidgee in stages, however this transition is not complete and not well documented.

The community is also serviced by the Doomadgee Rural Hospital (the Hospital), a Level 2 remote hospital under the Rural and Remote Clinical Services Capability Framework. The Hospital provides 24-hour acute inpatient and accident and emergency care and in partnership with other agencies also provide health assessments, chronic disease management and coordination of visiting services.

In addition to the local health care service providers, the community is serviced by several visiting specialist medical and nursing services. These include outreach services such as rheumatic heart disease (RHD) nurse navigators, the Indigenous Cardiac Outreach Program, the Indigenous Respiratory Outreach Program, various allied health professionals and a Chronic Disease Nurse.

## 2.1 Gidgee Services—Doomadgee

As an Aboriginal Community Controlled Health Service, Gidgee is funded by both the Queensland Government and Australian Government to provide primary health care, allied health, and family wellbeing services to the Doomadgee community.<sup>2</sup> The following services are funded activities:

- child health— clinical services include immunisation and child health checks, health promotion, prevention and early education, referral and follow up care
- health promotion and community engagement activities
- access to GP, specialist and allied health professionals to provide:
  - chronic disease prevention, detection and management
  - access to specialist services for eye, ear and oral health
  - health crisis intervention and referral
  - population health activities including screening for diabetes, sexually transmitted infections, cardio-vascular and renal disease, and health promotion programs
- health support services to assist patients in a culturally appropriate way through Indigenous liaison officers/Aboriginal health workers
- transport services supporting access to primary health care.

---

<sup>2</sup> Doomadgee Primary Health Care Services, *Gidgee Healing* (Web Page).

Figure 1: Map of Queensland—Doomadgee location



## Background information

### 3.1 Complaint

On 12 September 2021, the OHO received a complaint regarding Gidgee. Subsequent complaints ensued on 6 March 2022 and 8 March 2022.

These complaints raised the following concerns that were within the OHO's remit, specifically whether Gidgee had:

- adequate levels of appropriately supervised/trained staff who were:
  - orientated and inducted to both the facility and cultural considerations of the community
  - able to carry out provision of primary health care according to its obligations and the needs of the community
- appropriate processes for pathology follow-up and management pathways for chronic disease prevention, diagnosis, treatment and coordination of care
- appropriate infection control policies and practices, including the provision of adequate personal protective equipment and cleaning procedures.

# Investigation

## 4.1 Scope of the investigation

The OHO received complaints and information that identified broad issues of a systemic nature. Therefore, the OHO commenced a systemic investigation focusing on the issues relating to the operation of the system, process or practice as opposed to a person's individual actions that occur within the system.

During the OHO's investigation, the following issues were highlighted and analysed in detail:

- governance
- staffing
- communication and engagement
- provision of care
- infection control.

## 4.2 Investigation process

During the investigation, information was obtained via:

- stakeholder engagement meetings<sup>3</sup>
- correspondence and requests for information made by the OHO to Gidgee and other relevant parties<sup>4</sup>
- receipt and review of information provided by Gidgee and other relevant parties<sup>5</sup>
- research relating to legislative and operating frameworks
- analysis and development of findings.

# National, state and local frameworks and guidelines

There are national and state standards, frameworks and guidelines that apply and influence the safety and quality of health services provided by Gidgee to the Doomadgee community. These include but are not limited to the:

- National Agreement on Closing the Gap July 2020
- Australian Health Performance Framework
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- Aboriginal and Torres Strait Islander Health Performance Framework
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

<sup>3</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022 and 21/04/2022.

<sup>4</sup> Requests for information to Gidgee Healing 25/11/2022, 16/03/2022 and 14/04/2022; North West Hospital and Health Service 14/04/2022.

<sup>5</sup> Information received from Gidgee Healing 16/12/2021, 31/03/2022, 28/04/2022; North West Hospital and Health Service 28/04/2022.

- Queensland Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026
- Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033—Policy and Accountability Framework
- Making Tracks Together: Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework
- North West Health Equity Strategy 2022–2025
- Gidgee Healing Strategic Plan 2018–2022
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Primary and Community Healthcare Standards 2021
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health 2017
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards, Communicating for Safety Standard
- Department of Health Strategic Plan 2019–2023
- Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024
- The Royal Australian College of General Practitioners Standards for General Practices 5<sup>th</sup> Edition (RACGP Standards).

## Issues

The scope of the investigation considered several issues that impacted overall service delivery of primary health care to the Doomadgee community.

### 6.1 Governance

Governing bodies bear ultimate responsibility for continuous improvement and accountability within health services, ensuring they are well run and deliver safe, culturally appropriate quality healthcare to communities.<sup>6</sup> The common understanding of governance is one where the governing body mandates the organisation to meet its goals, objectives and obligations. This requires the formulation of strategy, setting policy, delegating responsibility, overseeing management and ensuring appropriate risk management and accountability arrangements are in place throughout the organisation.<sup>7</sup>

Aboriginal Community Controlled Health Organisations (ACCHO) such as Gidgee are primary health care services initiated and operated by the local Aboriginal community. ACCHO’s aim to deliver holistic, comprehensive, and culturally appropriate primary health care to the community under their control, through a locally elected Board of Management.<sup>8</sup> The overall governing body for Gidgee is the Board, which sets and monitors strategic direction and performance targets. Operational responsibility is delegated to management under the direct leadership of the Chief Executive Officer. Gidgee’s Board consists of seven elected directors chosen by the members, and

<sup>6</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021).

<sup>7</sup> Australian Commission on Safety and Quality in Health Care, *National Model Clinical Governance Framework* (Website) <<https://www.safetyandquality.gov.au/our-work/clinical-governance/national-model-clinical-governance-framework>>.

<sup>8</sup> National Aboriginal Community Controlled Health Organisation (NACCHO), *Aboriginal Community Controlled Health Organisations (ACCHOs)* (Web Page).



up to two skills-based directors appointed by the elected directors. Gidgee Board members are required, under its constitution, to be selected from the Mt Isa Region. Additionally, Gidgee has a Board Audit and Risk Committee whose roles and responsibilities relate to financial reporting and financial and operational risk management. Ultimate responsibility for clinical governance is also held by the Board, supported by the Clinical Governance Committee and Chief Medical Officer.

Gidgee Healing 2021 Annual Report cites that its primary goal is to: *'provide high quality, sustainable and comprehensive Primary Health Care services that are culturally safe, responsive to community needs and integrated with other complementary service providers'*.<sup>9</sup> Similarly, Gidgee's strategic direction aims to improve health outcomes for Aboriginal and Torres Strait Islander people in the regions that Gidgee services, through the development of a regional plan to ensure coordinated and integrated service delivery in partnership with primary, secondary and tertiary care providers and other relevant stakeholders.<sup>10</sup> Further, the organisation owes obligations as set out in key performance indicators (KPIs) in each of its funding agreements and regulatory requirements as prescribed in relevant Commonwealth and state legislation.

## 6.1.1 Issues

Complaints and information obtained from Gidgee detailed the following governance issues.

### 6.1.1.1 Care coordination

Gidgee is party to the North West Tripartite Agreement, an agreement between the Boards of Gidgee, North West Hospital and Health Service and the Western Queensland Primary Health Network. Formed with the signing of a memorandum of understanding between parties in 2017, the Tripartite Agreement aims to use state and Commonwealth resources in a shared manner to improve health outcomes by delivering comprehensive primary care services in Lower Gulf communities where none were previously available.<sup>11</sup>

The former Gidgee CEO reported there had been a strong initial commitment by all parties to the Tripartite Agreement and its intention of working together to achieve better outcomes for Aboriginal and Torres Strait Islander people's health.<sup>12</sup> Sustaining this commitment has been reported as challenging, due to multiple changes to senior leadership at Gidgee and the NWHHS executive and Board since the signing of the Tripartite Agreement.

It was explained that some confusion exists at a local level for Gidgee, the Hospital and the community. This is due to the lack of agreed models of care outlining how primary health care services connect with other health service providers in the community to ensure coordination and communication of patient care.<sup>13</sup> Misunderstandings were also reported at times between Gidgee and the Hospital as to whether a patient required primary or acute care—this issue was described as complex and often complicated by patient comorbidities. These misunderstandings have, on occasion, resulted in patients being referred back and forth between the Hospital and Gidgee for treatment.<sup>14</sup> This limited care coordination and collaboration between health service providers in Doomadgee was also recognised by the North West Hospital and Health Service and was included on their risk register from 5 March 2021.<sup>15</sup>

<sup>9</sup> Gidgee Healing Annual Report 2021.

<sup>10</sup> Gidgee Healing Strategic Plan 2008-2022.

<sup>11</sup> Australian Healthcare and Hospital Association, *Blueprint Case Studies: The Lower Gulf Strategy: Integrating care, improving health outcomes* (2018) <[https://ahha.asn.au/sites/default/files/docs/policy-issue/blueprint\\_case\\_study\\_-\\_lower\\_gulf\\_strategy.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/blueprint_case_study_-_lower_gulf_strategy.pdf)>.

<sup>12</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022.

<sup>13</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting Agenda: marked with Gidgee Healing's comments on topics discussed 8.3.2022 see 2.1.

<sup>14</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022.

<sup>15</sup> Extract from North West Hospital and Health Service Risk Register provided in response to section 228 notice issue 14.4.2022 – date of inclusion for Risks no included on Register extract provided.



An agreed primary health services framework between Gidgee and the North West Hospital and Health Service at service level would assist with strengthening performance and improving services. This would be achieved by assigning respective responsibilities for service provision through a statement of expectation and performance deliverables and ensuring there are mechanisms for information sharing and escalation when services are interrupted. The agreed framework should be developed with community consultation, having regard to those primary health services that have or will be transitioned to Gidgee, and set out a program for those services that remain to be transitioned. Such an agreement is fundamental to ensuring that the health service providers and the community have an understanding of care coordination that better supports the community. This is reflected in the strategies contained in the recently released North West Health Equity Strategy 2022–2025.<sup>16</sup>

### 6.1.1.2 Communication and escalation

Gidgee executive advised that funding bodies were kept up to date with service provision issues during regular meetings, however no documentary evidence of this was provided.<sup>17</sup>

Complaints received raised concerns regarding Gidgee's ability to provide adequate primary health care services to the community due to staffing and resource deficits.<sup>18</sup> Gidgee's internal communication suggests management and clinical staff escalated their concerns regarding critical staffing issues and its impact on provision of primary health services and transition of additional services to Gidgee to senior management and executive.<sup>19</sup> For example, a concern was escalated by the Family Health Clinical Lead regarding the lack of a child health nurse in the community in May 2021. In July 2021, internal communications indicated there was growing frustration that the position was still vacant after several months due to a recruitment freeze.<sup>20</sup> Despite consistent advocacy supporting of recruitment through all levels of management, evidenced by internal communications from August to December 2021,<sup>21</sup> recruitment issues remained ongoing until a child health nurse locum was recruited in January 2022 for a 3-month period. Alternative solutions were offered by clinical staff prior to eventual recruitment, including one suggestion involving re-partnering with the Royal Flying Doctor Service to ensure child health service provision.<sup>22</sup> Although it was agreed this was a viable option, there was little follow up or action to realise it as at December 2021.<sup>23</sup>

Other senior staff including the Director of Primary Health Care consistently escalated concerns regarding staffing and service provision during the six months from July to December 2021. These communications advocated for advertising and recruitment to vacant positions citing frustration at the recruitment process, risks of not recruiting (including clinical risks), community members not receiving adequate care and growing staff dissatisfaction.<sup>24</sup> Despite Gidgee executive being made aware of staffing and transitioning service issues, there was no evidence of meaningful acknowledgment of these concerns, or steps taken to address them as at December 2021.<sup>25</sup>

---

<sup>16</sup> State of Queensland (North West Hospital and Health Service), *North West Health Equity Strategy 2022-2025*, September 2022.

<sup>17</sup> Requested information from Gidgee 14/04/2022.

<sup>18</sup> Complaints received by OHO September 2021 and March 2022; Internal communications received from Gidgee 28/04/2022 – Staffing and Recruitment date range 12/07/2021 – 31/12/2021.

<sup>19</sup> Internal email communications Gidgee including Director Primary Health Care to Executive/HR and Family Health Clinical Lead to Directors and Executive – date range 12/07/2021 – 31/12/2021.

<sup>20</sup> Email communications 9/7/2021 and 12/07/2021 between Family Health Clinical Lead to Director Primary Health Care.

<sup>21</sup> Email communications between Family Health Clinical Lead, Director Primary Health Care and Chief Financial Officer/Chief Corporate Services Officer.

<sup>22</sup> Email communications between Gidgee Director of Primary Health Care, Gidgee Operational Planning and Reporting Manager and RFDS State Manager – Strategy and Engagement 12/10/2021 and 15/10/2021 – 1/12/2021

<sup>23</sup> Email communication 14/02/2022 between Family Health Clinical Lead, Director Primary Health Care and Chief Financial Officer/Chief Corporate Services Officer and attachment outlining RFDS transition plan.

<sup>24</sup> Internal communications received from Gidgee 28/04/2022 – Staffing and Recruitment date range 12/07/2021 – 31/12/2021.

<sup>25</sup> Ibid.



At service level, Gidgee follows an ad hoc process for escalation and notification to the community, hospital and council regarding staffing deficits or service delivery changes. Communication of these issues is delivered by phone, email, social media posts or flyers around the community.<sup>26</sup> However, there is evidence these methods of communication are not always effective. For example, email communication between the Hospital and Gidgee suggested community members called or attended the Hospital when unable to contact Gidgee when the clinic was closed over Easter, asking where to get their medication.<sup>27</sup> This was despite emails, social media posts and community flyer updates regarding Easter closure and where to obtain medication packs. On one occasion, the Hospital requested Gidgee record a voice message to advise community members of closures and when the clinic was reopening due to the volume of phone calls received from community members asking about Gidgee's services. They were also requested to include in the voice message where the community could go to get assistance. On another occasion, the Hospital requested Gidgee provide an update to the community on accessing children's immunisations, after a parent had attended the Hospital and asked where to get children immunised, as there was no vaccination nurse available at Gidgee.<sup>28</sup>

Internal communications suggested there was growing frustration in the community regarding the lack of availability of a child health nurse in the community.<sup>29</sup> Review of these internal communications indicated that there was likely ineffective engagement with the community regarding child health nurse recruitment difficulties, and with staff on the ground regarding changes in recruitment plans or delays in HR processes affecting recruitment.<sup>30</sup>

While these failures in communication processes appear minor in nature, they indicated significant issues during the period subject to investigation, including how information was communicated and understood by the community, and how internal and external escalation processes were managed.

As at April 2022, Gidgee advised they were in the process of drafting formal documentation that would capture processes for escalation both within the service, and externally, when primary health services are unable to be provided.<sup>31</sup>

### 6.1.1.3 Risk Management

Risk management principles apply to both clinical and non-clinical areas of primary health care and should underpin the design and implementation of a system to identify and avoid or minimise risks to patients, employees, visitors and the organisation. Effective risk management in health care services includes, but is not limited to, supporting the workforce to identify, mitigate and manage risks, having a monitored risk register document, and planning for and managing ongoing service provision during internal and external impacts.<sup>32</sup>

Following the OHO's request for a risk register, Gidgee provided a risk assessment of its primary health care clinics undertaken in March 2022 and a risk register containing relevant organisational risks transcribed from the risk assessment report. The risk register lists the following overarching risks:

---

<sup>26</sup> Gidgee information received 28/04/2022 - Mechanisms for Escalation.

<sup>27</sup> Doomadgee Rural Hospital information received 28/04/2022 Communication - email communications between Doomadgee Hospital and Gidgee Doomadgee.

<sup>28</sup> Ibid.

<sup>29</sup> Internal email communications provided by Gidgee 28/04/2022: Staffing and Recruitment.

<sup>30</sup> Internal email communications provided by Gidgee 28/04/2022: Staffing and Recruitment; Doomadgee Rural Hospital information received 28/04/2022 Communication - Email between Doomadgee Rural Hospital and Gidgee December 2021.

<sup>31</sup> See cover letter Gadens response to section 228 28/04/2022.

<sup>32</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021).

- communication and consultation
- manual handling
- staff safety
- delays in medical equipment/stores
- fire safety
- chemical storage
- electrical safety
- staffing
- medication/controlled substance management
- budget
- service and facility maintenance
- system access and data management
- emergency response
- pandemic response
- maintenance of medical equipment
- infection control and cleaning.

However, the risk register does not clearly outline actions associated with escalation/communication processes with the community, other health service providers, or funding bodies, when service delivery is critically impacted. Actions listed against risks did not have any due dates for completion.

#### 6.1.1.4 Accreditation

Accreditation processes are used to provide assurance regarding the safety and quality of health services.<sup>33</sup> As an organisation, Gidgee advised they were accredited against the Royal Australian College of General Practitioners Standards for general practices. Gidgee Healing Primary Health Care Clinic, Doomadgee, is not currently accredited however Gidgee advised they were continuing to work towards obtaining accreditation for the Doomadgee clinic in 2023, and have employed a dedicated resource responsible for this workstream.<sup>34</sup> In the interim, Gidgee advised it follows the clinical policies aligned with industry best practice and standards, including but not limited to the RACGP Standards for general practices (5th edition), the International Standard for Quality Management Systems ISO 9001:2015, and the Human Services Quality Standards, until accreditation is achieved.<sup>35</sup>

Complainants raised concerns surrounding infection control, cleaning, and medication management at Gidgee.<sup>36</sup> While Gidgee has appropriate documented policies and procedures in place in relation to these issues,<sup>37</sup> investigators were unable to find evidence of how these were monitored or adhered to. Auditing and reporting processes are conducted as a requirement of the

<sup>33</sup> Ibid.

<sup>34</sup> Email: Letter from Gidgee Healing to OHO in response to section 228 notice issued 16 March 2022.

<sup>35</sup> Ibid.

<sup>36</sup> Complaint received by OHO September 2021.

<sup>37</sup> Gidgee Healing Infection Control Guidelines; Gidgee Healing Personal Protective Equipment Policy and Procedure; Gidgee Healing Medication Management Policy.

accreditation process and would provide assurance of adherence to policies/procedures and identifying deficits, allowing for improvement if required.

### 6.1.1.5 Reporting

It is evident from KPI reports provided that Gidgee is not meeting key performance measures. Actual data was not always provided in KPI reports on performance measures, with many programs citing significant barriers with achieving targets due to staffing issues.<sup>38</sup> Examples of this include health promotion activities, patient follow up after initial 715 health check,<sup>39</sup> numbers of team care arrangements, patients with type 2 diabetes with care plan follow up, and childhood immunisation and skin health programs.<sup>40</sup>

Gidgee's 2020 and 2021 annual reports demonstrate inconsistency in reporting data which does not effectively allow for transparency and data comparison from one year to the next. For example, the 2020 Annual Report provided actual numbers of patients for each community in the health service delivery data, displayed per calendar year. However, in the 2021 Annual Report the patient numbers for each community were displayed as a column graph without actual numbers. The reference set for 2020 was also changed to represent the financial year rather than calendar year as in previous reports but appeared to contain the same patient numbers.<sup>41</sup> Further, the 2020 Annual Report outlined data on RHD patients treated across the Gidgee footprint and provided a breakdown of these patients receiving Bicillin injections at primary health centres in each community.<sup>42</sup> This data was absent in the 2021 Annual Report.<sup>43</sup> This may be indicative of a lack of transparency of data presented, allowing the organisation to be selective in what and how information is made public.

Robust data collection is necessary for reporting measured impacts of policies and funded programs on Aboriginal and Torres Strait Islander people, and to allow Gidgee to identify progress against intended outcomes, enabling continuous improvement and to inform future planning.<sup>44</sup>

## 6.1.2 Recommendations

Over the course of the investigation, Gidgee undertook an organisational risk assessment and development of a risk register which includes some of the issues identified above and outlines actions for risk management. However, it is considered that Gidgee has further work to do to appropriately manage the identified issues.

<sup>38</sup> Outcome Measures – Making Tracks Doomadgee Primary Health Care, July to December 2021; Performance Report; Performance Report Mount Isa Community Controlled Health Service Doomadgee and Mornington Island Child and Family Health Service, January 2021 – June 2021.

<sup>39</sup> See Australian Government, *Department of Health 715 Health Checks to improve Indigenous Health* <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/676F6DA8771CEEE3CA2583BD00199117/\\$File/715\\_HealthCheck\\_FactSheet%20-Practitioner.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/676F6DA8771CEEE3CA2583BD00199117/$File/715_HealthCheck_FactSheet%20-Practitioner.pdf)>; *A 715 health check is a specific health check available for Aboriginal and Torres Strait Islander people annually, it includes an assessment of the patient's physical, psychological and social wellbeing and is designed to identify risk factors for chronic disease and identify strategies for the patient's good health.*

<sup>40</sup> Outcome Measures – Making Tracks Doomadgee Primary Health Care, July to December 2021; Performance Report; Performance Report Mount Isa Community Controlled Health Service Doomadgee and Mornington Island Child and Family Health Service, January 2021 – June 2021.

<sup>41</sup> See [Gidgee Healing – Reports](#) for 2020 and 2021 Annual Reports.

<sup>42</sup> See Queensland Government, *Rheumatic Heart Disease* (February 2021) <[<sup>43</sup> See Gidgee Healing Annual Report 2020; Gidgee Healing Annual Report 2021.](http://conditions.health.qld.gov.au/HealthCondition/condition/14/33/824/rheumatic-heart-disease#:~:text=The%20only%20effective%20control%20strategy,further%20damage%20to%20the%20heart.>; The only effective control strategy for RHD is a penicillin injection called Benzathine Benzylpenicillin G (Bicillin) every 3 to 4 weeks.</a></p></div><div data-bbox=)

<sup>44</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), Clinical Governance Standard; Governance, Leadership and Culture.



It is recommended:

1. Gidgee develops partnerships with secondary and tertiary health service providers to ensure effective collaboration and coordination regarding each patient's health care journey to ensure integration of care.<sup>45</sup> This will require:
  - a. Gidgee working proactively and collaboratively with the local HHS to develop a set of working principles for a local service partnership agreement that cover reciprocity (for the benefit of the Aboriginal community), communication, involvement and knowledge. This partnership should be formalised through a local service agreement, formal representation in governance structures and regular meetings that have defined reporting processes, ensuring there is clarity and coherence about responsibilities for all aspects of health service delivery.<sup>46</sup> All health services should have full knowledge of the principles and priorities for service provision and coordination in the community, and understand what primary health services have transitioned to Gidgee and what remains the responsibility of the local Hospital and Health Service (HHS).
  - b. Promotion of improved communication between service providers as part of the local service partnership.<sup>47</sup> This would be achieved through collaboration with the local HHS to undertake a review of existing communication pathways, identifying and implementing any improvements for information sharing as patients move from one service to another to ensure an individual's engagement with the health system is as seamless as possible. Where consent is given, all health services must have access to current patient information including new diagnosis, investigation and/or health assessment findings, care plans, medications and referrals.
2. Gidgee develops and documents appropriate internal and external escalation processes, which include:
  - a. Service level agreements which clearly articulate escalation processes with other service providers when service provision issues arise.<sup>48</sup>
  - b. Priorities and strategic direction for service provision and service transition plans. Communication of these priorities and plans with the workforce will ensure staff have oversight of expected outcomes and can identify escalation points.<sup>49</sup>
  - c. Processes for internal escalation, communicating concerns and the subsequent reporting back regarding these concerns at all levels of the organisation.<sup>50</sup>
  - d. Mechanisms for making information available to the community regarding what healthcare services are available and by whom, what alternative services are accessible including when the service is closed, after-hours and in an emergency.<sup>51</sup>
    - i. Ensure this process includes consultation with community groups/members who can inform appropriate mechanisms for communication within the community (for example

<sup>45</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic direction 1: Improve Health outcomes for Aboriginal and Torres Strait Islander people in the region and 4: Implement an innovative and collaborative approach to planning and service delivery and North West Health Equity Strategy 2022-2025.

<sup>46</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 3.19 Multidisciplinary collaboration.

<sup>47</sup> Ibid 3.27 Communication to support patient referral and multidisciplinary collaboration; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 1.2 Addressing health needs of Aboriginal and Torres Strait Islander people.

<sup>48</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.01 Governance, leadership and culture; North West Health Equity Strategy 2022-2025.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 2.07 Accessing healthcare service information.

local community groups, Elders, Doomadgee Aboriginal Shire Council or other interested community members).<sup>52</sup>

- ii. Seek, record and review the community feedback regarding satisfaction with care provided and the processes used for communication, implement change where necessary.
3. Continue development of Gidgee's risk register, to include and align with the RACGP Standards including:
    - a. Expected completion dates for actions listed for risk management.
    - b. An action to establish documented planning and management processes for ongoing service provision during internal and external emergencies.
    - c. Actions regarding mechanisms for escalation/communication processes for when service delivery is critically impacted.<sup>53</sup> This should include processes for escalation/communication both internally, and externally with other health service providers, funding bodies and the community.<sup>54</sup>
    - d. Actions regarding clinical governance, general business, human resources, medical practice, information technology and cultural capacity.
  4. Gidgee completes accreditation under the appropriate standards for primary health care clinics in 2023 as planned.<sup>55</sup>
  5. Ensure robust data collection to guarantee KPI reporting and annual reports include meaningful and consistent data that accurately reflect service provision achievements and shortfalls to enhance accountability mechanisms and guide future planning.<sup>56</sup>

## 6.2 Staffing

The OHO recognises the significant and longstanding workforce recruitment and retention challenges faced by rural and remote health services, including Gidgee. The difficulties in recruiting and accommodating health professionals in remote communities particularly long-term, and the accompanying reliance on locum doctors and nurses on short term contracts, have been compounded by the impact of COVID-19.<sup>57</sup>

The OHO also acknowledges the importance of the inclusion of Aboriginal and Torres Strait Islander peoples in the health workforce. Aboriginal and Torres Strait Islander health workers have the required skills to assist with ensuring culturally safe and responsive care is provided to families and communities. These members of the workforce bring with them their lived experience, cultural knowledge and local-level community connections.<sup>58</sup> The best way to grow a culturally safe and

<sup>52</sup> Ibid 2.06 Communication that supports effective partnerships; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 2.13 Working in Partnership.

<sup>53</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.04 Risk management.t

<sup>54</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017), 1.4 Implementing and monitoring targeted strategies.

<sup>55</sup> Letter from Gidgee Healing to OHO in response to section 228 notice issued 16 March 2022; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*; Royal Australian College of General Practitioners, *Standards for General Practice (5<sup>th</sup> Ed)*; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017).

<sup>56</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.10 Patient populations and social determinants of health; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 1.2 Addressing health needs of Aboriginal and Torres Strait Islander people.

<sup>57</sup> Portfolio Committee, Parliament of New South Wales, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (Report No 57, 5 May 2022) 83.

<sup>58</sup> Commonwealth Department of Health, *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (2021).



responsive healthcare service is to grow the Aboriginal and Torres Strait Islander workforce and embed their representation across clinical and non-clinical roles. These workers, who are often part of the community, can assist with building community trust and help patients overcome cultural and communication barriers to accessing care.<sup>59</sup>

Gidgee provided information outlining staffing requirements for the provision of primary health services to the Doomadgee community. This included doctors, nurse practitioners, registered nurses (including a child health nurse), Aboriginal health workers, a community liaison officer, reception staff, cleaner, transport officer and practice manager. The service is also supported by visiting specialist services and allied health professionals.

## 6.2.1 Issues

Concerns raised in the complaints made to the OHO and review of these issues through this investigation indicates that the provision of primary health services in the Doomadgee community during the past year has been significantly impacted by staffing shortages. Gidgee has primarily attributed this to challenges in recruiting and accommodating appropriate qualified and trained staff to remote areas, made more difficult by the impact of the COVID-19 pandemic. There is evidence of escalation by senior staff regarding the impact of staffing deficits and recruitment activities undertaken by Gidgee in response to those deficits during the latter half of 2021. Decisions regarding recruitment and advertising for vacant positions at Gidgee were made at the executive level and the organisation was using medical officers from Mt Isa and locum medical and nursing staff on short term placements to cover staffing deficits when available.

Rosters and staff vacancy reports revealed staffing deficits were particularly evident during the second half of 2021. During this time, Gidgee attempted to maintain primary health services in the community by providing General Practitioner (GP) services via telehealth from Mt Isa with occasional locum services in community. The face-to-face in-community primary health service was primarily managed during this time by one or two registered nurses and a nurse practitioner often available only via telehealth.

Service delivery via telehealth has broadly been described as less than optimal for First Nations people.<sup>60</sup> While telehealth has a role to play, evidence suggests increasing reliance on it as a health service delivery method may be linked to a significant drop in people seeking medical advice in some communities due to Aboriginal people's preference for face to face interaction.<sup>61</sup> Gidgee's 2021 Annual Report may be indicative of such a drop in Doomadgee community members seeking medical advice. The report lists occasions of service for telehealth for Doomadgee at 108, despite not having a doctor on site for most of the later part of the year. This is significantly lower than the Normanton community, which has similar demographics and recorded 556 telehealth occasions of service for the same period.<sup>62</sup>

The Aboriginal health worker and community liaison officer positions had been vacant since at least July 2021 and remained so as of December 2021. These positions are integral to ensuring the primary health service has First Nation employees who understand the social and cultural context of the community and can assist with gaining trust and building connection with the community.

---

<sup>59</sup> A Durey et al, 'Owning solutions: a collaborative model to improve quality in hospital care for Aboriginal Australians' (2012) Nursing Inquiry 19:144-52.

<sup>60</sup> Portfolio Committee, Parliament of New South Wales, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (Report No 57, 5 May 2022) see evidence, Associate Professor Malouf, 5 October 2021; Dr Perron, 19 May 2021; Ms O'Hara, 6 October 2021.

<sup>61</sup> Portfolio Committee, Parliament of New South Wales, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (Report No 57, 5 May 2022) 156-157.

<sup>62</sup> Gidgee Healing Annual Report 2021, 45.



Throughout the 2021 year there were also vacancies at Gidgee in other support service positions such as administration, cleaning and transport. Responsibility for the duties carried out by these positions then fell to clinical staff who were trying to provide clinical care to patients with a limited workforce.

Concerns were also raised regarding orientation to the community and cultural awareness training of clinical staff, given reliance on short-term contracts and locum clinical workforce to support primary healthcare delivery both in the community and via telehealth. High staff turnover results in a lack of continuity of local and cultural knowledge and a constant need for Aboriginal people to build new relationships, which may impact on their willingness to engage with the health system at all.<sup>63</sup> Cultural competency in terms of knowledge, skills and attitudes is critical and must include recognising and engaging with the cultural knowledge, values and beliefs of the local Aboriginal community. Gidgee advised new in-community staff are inducted to clinical service requirements and provided with cultural orientation in partnership with the local council. While documents provided outlined these processes and appear sufficient, the investigators were unable to ascertain whether these orientation processes were routinely followed. Gidgee confirmed the use of locum medical and nursing staff to provide services via telehealth presented challenges with service and cultural orientation. The cultural competence required to understand and appropriately respond to the needs of clients and local health issues present in the Doomadgee community place greater importance on ensuring clinical staff providing primary health care via telehealth are orientated to their clients and their environment.

## 6.2.2 Recommendations

6. Gidgee will create a coordinated, targeted recruitment and retention strategy to develop a sustainable workforce and address workforce shortages. Acknowledging the significant cultural barriers Aboriginal people face accessing health care, this strategy must aim to:
  - a. provide continuity of quality care by recruiting staff permanently or on long term contracts, where possible
  - b. prioritise pathways for the recruitment or development of Indigenous liaison officers/Aboriginal health workers within six months, to support delivery of culturally safe services<sup>64</sup>
  - c. prioritise its recruitment strategy pathways for recruitment or development of a local workforce to fill health support positions such as cleaning, transport, and reception
  - d. ensure there is a regular on-site doctor servicing the Doomadgee community
  - e. ensure a staffing model that uses virtual care technology, such as telehealth, is used to supplement, rather than replace, face-to-face services
  - f. jointly engage with Gidgee staff, community leaders, Doomadgee Aboriginal Shire Council and other agencies to explore solutions to staff accommodation
  - g. conduct interviews with staff on ceasing employment, as an information gathering exercise to inform a deeper understanding of the organisation and provide insight into why employees initially come to work in the community, why they leave and what might be done differently to retain employees.

---

<sup>63</sup> P J Dossetor et al, 'Review of Aboriginal child health services in remote Western Australia identifies challenges and informs solutions' (2019) *BMC Health Serv Res* 19, 758.

<sup>64</sup> North West Health Equity Strategy 2022-2025, Strategy 5 Delivering Sustainable, Culturally Safe and Responsive Health Care Services

- 
7. Gidgee develops orientation packages and materials that support culturally safe and responsive practice, including local clinical service and cultural orientation for staff providing services both in-community and via telehealth.<sup>65</sup>
    - a. Engage with the Doomadgee Aboriginal Shire Council, Traditional Owners, local community members and appropriate community groups about their experiences to ensure orientation material highlights local community needs, cultural values, beliefs, and practices to assist with strengthening the relationship between Gidgee and the Doomadgee community.<sup>66</sup>
    - b. Include this orientation as part of mandatory education for completion by all staff during the first month of employment and keep accurate records of staff completion.
    - c. Orientation packages that provide information relating to health issues of particular relevance or significance to the Doomadgee community. For example, Acute Rheumatic Fever and RHD. These orientation packages should include details of recognised resources for education and management of these health issues.<sup>67</sup>
    - d. Seek and evaluate feedback from the community as a measure of cultural safety across service delivery. Develop and implement any improvements necessary to enhance cultural safety.

### 6.3 Communication and engagement

The importance of strong partnerships between primary health care services and local health districts in providing high quality services, that are cooperatively planned and successfully delivered, cannot be understated.<sup>68</sup> Partnerships between the Aboriginal Community Controlled Health Service and the local Hospital and Health Service that become fragmented or not well understood can impact the quality of care Aboriginal people receive because of gaps and confusion in a patient's health journey.<sup>69</sup>

The National Safety and Quality Health Service Standards dictate as a component of accreditation of hospitals that local health districts must work in partnership with Aboriginal Community Controlled Health Services to meet community health care needs.<sup>70</sup> The Tripartite Agreement also calls for the Boards of the North West Hospital and Health Service, Gidgee and the Western Queensland Primary Health Network to work together in partnership to develop comprehensive primary care services that are integrated and centered around the person and the community.

Partnerships should be designed in consultation with the wider community to ensure delivered care meets the needs, expectations and preferences of patients, families and carers. This process is critical to gaining and maintaining community confidence in accessing health services, as is

---

<sup>65</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 1.16 Safety and Quality Training; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 1.21 Improving cultural competency; North West Health Equity Strategy 2022-2025, Strategy 5 Delivering Sustainable, Culturally Safe and Responsive Health Care Services

<sup>66</sup> North West Health Equity Strategy 2022-2025, Strategy 2 Actively Eliminate Racial Discrimination and Institutional Racism within the Service.

<sup>67</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic Direction 5: Developing and empowering our workforce; North West Health Equity Strategy 2022-2025, Strategy 1.8 Rheumatic Heart Disease.

<sup>68</sup> Portfolio Committee, Parliament of New South Wales, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (Report No 57, 5 May 2022) 167; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 2.13 Working in Partnership.

<sup>69</sup> Hospital and Health Services are independent statutory bodies responsible for delivering hospital services and other public health services in their areas see *Hospital and Health Boards Act 2011* (Qld) pt 2, div 1, ss 17-21.

<sup>70</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017), 2.13 Working in Partnership.

communication and engagement with the community regarding where and when health services can be accessed.

### 6.3.1 Issues

Gidgee executive reports there was a strong commitment by parties to the Tripartite Agreement to execute its intention of working together to achieve better outcomes for Aboriginal and Torres Strait Islander patients. However, evidence suggests at a local level there was no formal documentation of the partnership between Gidgee and the local HHS since Gidgee transitioned to take responsibility for primary health care in 2018.<sup>71</sup>

Gidgee executive acknowledged there have been difficulties with executing the Tripartite Agreement at the operational level without a documented framework for the transition of care between services, an adequate handover, or an outline of how continuity of care and sharing of information would be managed. Operational relationships at ground level have been impacted by these deficits in the transition process. For example, some outreach programs provided by Queensland Health are managed by a shared calendar, and Gidgee does not have access to this calendar. Communication between the parties regarding the outreach clinics was reported as sporadic. Communication and notification of these clinics is usually sufficient to allow for preparation and organisation of patients for appointments, but on some occasions, last minute changes cause issues for Gidgee and the patients who have scheduled appointments.<sup>72</sup>

Gidgee has a Clinical Handover Policy which outlines when and how the handover of clinical care should occur both within and outside the primary health care centre when care providers change.<sup>73</sup> The Clinical Handover Policy covers situations when a handover is planned. However, difficulties arise when patients seek treatment at the Hospital out of hours, are not admitted and need follow up at Gidgee afterwards.<sup>74</sup> The difficulties with sharing patient information have been attributed to the fact that the two organisations use different patient record systems limiting the sharing of patient information.<sup>75</sup> During Gidgee's initial introduction to the Doomadgee community, each weekday a daily handover was scheduled in person, or by phone, between the Hospital and Gidgee to share information, including patients who may need follow up.<sup>76</sup> It was explained that this is occasionally replaced with an email communication when staffing pressures prevent the handover conversation.

When primary care transition began, Gidgee employed community liaison officers. These staff were members of the local community and were able to share information regarding Gidgee services and provide support and assistance to Aboriginal and Torres Strait Islander patients. Unfortunately, these positions became vacant and despite recruitment attempts remained so as of December 2021. Gidgee explained that service provision confusion arose and was still reported to be an issue in the community during the period of the investigation, as Gidgee shares a building with Queensland Health and is co-located with some community health services. Despite significant community engagement and education initially regarding Aboriginal Community Controlled Health Services, including GP services, Gidgee explained there remained an element of distrust in the community.

The investigation noted that the hours of operation and services available are communicated via the Gidgee website, social media and locally through various mechanisms including flyers. Service delivery changes are communicated to the Aboriginal Health Council and the Hospital via email

---

<sup>71</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022.

<sup>72</sup> Ibid.

<sup>73</sup> Gidgee Clinical Handover Policy.

<sup>74</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022.

<sup>75</sup> Ibid.

<sup>76</sup> Gidgee Healing and Office of Health Ombudsman Stakeholder Meeting 08/03/2022.

and to the community via social media posts and flyers.<sup>77</sup> Despite these communication strategies the investigation found that not all community members were able to access these service updates and there remained some confusion regarding what services are available, and when and where they can be accessed.<sup>78</sup>

### 6.3.2 Recommendations

See recommendation 1 above.

8. Gidgee collaborates with the local HHS and other community health service providers to develop and implement a framework for community consultation. This process must seek input from appropriate community representatives including the Doomadgee Aboriginal Shire Council and other appropriate community body/bodies, either existing or newly established, to ensure genuine community consultation on local health service design, delivery and evaluation, and community communication strategies.<sup>79</sup> The framework for community consultation should include:
  - a. for any working party established— terms of reference, a meeting schedule (no less than quarterly), responsibilities for recording and distribution of minutes and action items
  - b. plans for consultation with the local community regarding culturally safe healthcare design, delivery and evaluation, and communication solutions that work best for the community to ensure critical information and alerts are communicated and received in a timely manner<sup>80</sup>
  - c. plans for consultation with the local community regarding the use of virtual care in the community<sup>81</sup>
  - d. development of a public information campaign specifically targeted to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions<sup>82</sup>
  - e. methods for monitoring and evaluating the progress of agreed outcomes, using data and information to drive change where necessary.

## 6.4 Provision of Care

According to the Australian Institute of Health and Welfare, effective primary healthcare in rural and remote communities is important for prevention, treatment and management of health risk factors and conditions to improve health outcomes, avoid unnecessary hospitalisations and increase equal access to healthcare.<sup>83</sup>

Primary health services are aimed at improving access to, and coordination of, health services particularly for those at risk of poorer health outcomes. Gidgee's ability to recruit and retain staff,

<sup>77</sup> Information received from Gidgee 28/04/2022, Mechanisms for Escalation.

<sup>78</sup> Information received from Doomadgee Rural Hospital 28/04/2022, Communication.

<sup>79</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic Direction 2: Partner with Indigenous community to improve health outcomes; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017), 1.21 Improving cultural competency, 1.33 Creating a welcoming environment; North West Health Equity Strategy 2022-2025, Strategy 6: Working with First Nations' Peoples, Communities and Organisations to Design, Deliver and Monitor and Review Health Services.

<sup>80</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.29 Communication of critical information.

<sup>81</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.27 Communication to support patient referral and multidisciplinary collaboration.

<sup>82</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.28 Maximising patient attendance; North West Health Equity Strategy 2022-2025, Strategy 6: Working with First Nations' Peoples, Communities and Organisations to Design, Deliver and Monitor and Review Health Services.

<sup>83</sup> Australian Institute of Health and Welfare, *Primary Health Care*, July 2020 (Website) <<https://www.aihw.gov.au/reports/australias-health/primary-health-care>>.

as outlined above, appears to have significantly impacted the primary health care services Gidgee was able to provide to the community during the period examined.

## 6.4.1 Issues

Complainants and evidence received raised concerns regarding staffing impacts on particular areas of service delivery including:

### 6.4.1.1 Pathology follow up

Gidgee's ability to provide timely follow up and treatment for patients with adverse pathology results could be somewhat attributed to staffing issues, however other factors may also contribute to difficulty with this process. Patients are sent SMS messages and letters of recall as per the local Clinical Correspondence Policy after a GP has reviewed results,<sup>84</sup> however Gidgee acknowledged many of these recalls do not reach patients due to patient location, cultural issues and technology related issues. No evidence was available regarding auditing of the recall processes for efficiency and effectiveness.

For patients who do receive the communication regarding recalls, some may have difficulty with understanding the context of these communications and the importance of responding to the call for follow up. While many Indigenous patients converse in English about everyday matters, grasping language used and context of health communications may prove difficult.<sup>85</sup>

Review of staffing information provided revealed that no Aboriginal liaison officer or community liaison officer was employed at Gidgee for most of 2021, and the driver of the transport bus resigned during this year. If staff were consistently employed in these roles, it is expected that they would play a critical role in locating patients in the community, encouraging them to attend for follow up and treatment, and providing transport to enable them to attend.

### 6.4.1.2 Chronic disease management

Doomadgee has a population of 1405 and Gidgee primary health care has 712 current and active Aboriginal and Torres Strait Islander patients,<sup>86</sup> many of whom suffer with chronic diseases including diabetes, hypertension, renal impairment, chronic kidney disease, hyperlipidaemia and mental health issues. Doomadgee also has a high prevalence of RHD in the community which increased by 2.8 per cent in 2021.<sup>87</sup> In 2020, Gidgee assumed responsibility for primary healthcare management of RHD patients.<sup>88</sup> During the investigation period it was evident that primary health care services were limited due to staffing shortages. Internal email communications suggested the capacity of Gidgee to provide treatment, management and follow up of patients to be of significant concern.<sup>89</sup>

The impact of the current service delivery model with limited staffing and medical services predominantly provided via telehealth can be seen in the decrease in the number of 715 health checks undertaken in the community. During the first half of 2021 Gidgee averaged 30 to 40 health checks per month, however between July and November 2021 data provided indicated the total

<sup>84</sup> Gidgee Healing Clinical Correspondence Procedure v4 (no date).

<sup>85</sup> Aboriginal Resource and Development Services, *An Absence of Mutual Respect*, 2008.

<sup>86</sup> Gidgee Healing Annual Report 2021.

<sup>87</sup> Ibid.

<sup>88</sup> Gidgee Healing Annual Report 2020.

<sup>89</sup> Gidgee Healing s228 response 31/03/2022 Staffing and Recruitment and 28/04/2022 Staffing and Recruitment – internal email communications between Director of Primary Health Care, Recruitment and Chief Financial Officer/Chief Corporate Services Officer.

number of 715 health checks performed was eight.<sup>90</sup> Information provided suggests this was due to the lack of General Practitioner presence in the community.<sup>91</sup>

These health checks are important as they are designed to identify risk factors for chronic disease and provide access to preventative and early intervention management strategies. The health checks involve information gathering, overall assessment of patients, referral for appropriate follow up care and provision of advice.<sup>92</sup> Every Aboriginal and Torres Strait Islander person is eligible for an annual health check and ensuring and increasing access to health checks has been flagged as an important part of achieving the Council of Australian Governments Close the Gap reforms.<sup>93</sup>

The Clinical Correspondence Policy process outlined above is used to send reminders to patients with outstanding 715 health checks and similar issues may be experienced with receipt of and action on these reminders. According to data provided, as of 1 February 2022 Gidgee had 43 patients overdue for 715 health checks.<sup>94</sup> Gidgee explained the ability to conduct 715 health checks was significantly impacted by COVID-19 restraints and a lack of sufficient workforce.<sup>95</sup>

### 6.4.1.3 Child health

Children and young people up to 18 years of age represent approximately half of Queensland's total Indigenous population with almost one-third of Queensland's Indigenous population under 12 years of age.<sup>96</sup>

In 2021, Gidgee became the sole provider of child health services at Doomadgee (previously a shared service with Royal Flying Doctor Service). Evidence provided shows Gidgee did not have a child health nurse during the second half of 2021. Child health nurses traditionally work alongside Aboriginal health workers to provide comprehensive and culturally acceptable primary health care which is designed specifically to address the needs of Aboriginal families and assist them with accessing other health services as required. The lack of a child health nurse and Aboriginal health workers in the Doomadgee community presents a significant risk resulting from missed opportunities to carry out childhood vaccinations, healthy skin checks and prevention and early interventions in relation to nutrition, child development, positive parenting and health education.

Evidence suggests the community was not kept informed on where to access child health services, such as childhood vaccinations, during this period and were presenting to the hospital for information. While Gidgee was able to administer some vaccinations utilising the nurse practitioner, her in-community work was also limited during the 2021 year due to Covid-19. This lack of a child health nurse in the community is reflected in the number of children vaccinated in Gidgee in 2021 which was 15 in total,<sup>97</sup> despite the 0-14 years age group representing almost 39% of the population of 1405.<sup>98</sup> In comparison, Normanton, a community with similar demographics with a population of 1257 of which the 0-14 years age group represents 26%,<sup>99</sup> for the same period had 168 children vaccinated.<sup>100</sup> This data highlights serious inequity in health care services for children reliant on services provided by Gidgee in the Doomadgee community.

<sup>90</sup> Information received from Gidgee Healing 16/12/2021, Patient 715 Statistics.

<sup>91</sup> Information received from Gidgee Healing 16/12/2021, Patient 715 Statistics.

<sup>92</sup> Commonwealth of Australia Department of Health, *Annual checks for Aboriginal and Torres Strait Islander people*, June 2022 (Website) <Annual health checks for Aboriginal and Torres Strait Islander people | Australian Government Department of Health>.

<sup>93</sup> Australian Institute of Health and Welfare, *Indigenous health check (MBS 715) data tool*, December 2017 (Website) <<https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-check-mbs-715-data-tool/contents/data-information#closing>>.

<sup>94</sup> Information received from Gidgee Healing 31/03/2022, 715 Health Check.

<sup>95</sup> Information received from Gidgee Healing 13/01/2023, Gidgee adverse comments submission.

<sup>96</sup> Queensland Government, *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*, June 2012.

<sup>97</sup> Gidgee Healing Annual Report 2021.

<sup>98</sup> Australian Bureau of Statistics 2016 Census Doomadgee – All persons QuickStats.

<sup>99</sup> Australian Bureau of Statistics 2016 Census Normanton – All persons QuickStats.

<sup>100</sup> Gidgee Healing Annual Report 2021.

#### 6.4.1.4 Infection control

Primary health care services must ensure they have systems and processes in place to mitigate the risk of infections. These systems cover identification of individual risk factors for infection, risks associated with clinical intervention and the clinical setting in which care is provided. Health services must have processes in place to maintain a clean, safe, and hygienic environment in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.<sup>101</sup>

Staff vacancies at Gidgee indicated the primary health care service was without a cleaner for several months in the later part of 2021. Environmental cleaning responsibilities for the clinic during this time fell to the clinical team leader as per Gidgee's Infection Control Guidelines.<sup>102</sup> These cleaning responsibilities include daily damp dusting/wiping surfaces across the clinic, cleaning sinks and surrounding surfaces, waste management, vacuuming and mopping floors of the clinic, cleaning toilets, managing hand sanitising solutions and paper towel dispensers. Additionally, weekly duties such as washing children's toys, ordering and replacing cleaning stock, cleaning the fridge and laundering kitchen tea towels were also required. Concerns were raised by complainants regarding the ability of the clinical team leader (often the only clinical staff member in the clinic) to manage these responsibilities on top of the clinical workload leading to potential non-compliance with the Infection Control Guidelines.

Effective environmental cleaning processes are an essential component of any effective healthcare infection prevention and control program aimed at providing quality healthcare for patients and a safe working environment for staff.<sup>103</sup> The lack of environmental cleaning processes due to staffing shortages poses serious risk to the safety of patients, staff and visitors.

Further concerns were raised by one complainant regarding personal protective equipment (PPE) supplies. Gidgee advised they had adequate stock of PPE on hand and adequate stock control measures. Evidence of infection control guidelines and a PPE policy were provided to investigators and Gidgee advised staff undertook infection control training on commencement and at regular intervals, including hand hygiene, infection control and COVID-19 infection control.<sup>104</sup> This evidence resolved the concerns raised in relation to the PPE supplies, although the OHO acknowledges there may have been issues with supply in the 2021 year due to the COVID-19 pandemic.

#### 6.4.2 Recommendations

See Recommendations 2 and 6 above.

9. Prioritise recruitment of a child health nurse to the Doomadgee Community. If no solution for recruitment to this position has been found within 6 months, consider reestablishing partnerships with other service providers (such as the RFDS) to ensure the community consistently child health services available.<sup>105</sup>

<sup>101</sup> National Health and Medical Research Council, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, (2019 (Website) <<https://www.nhmrc.gov.au/sites/default/files/documents/infection-control-guidelines-feb2020.pdf>>.

<sup>102</sup> Gidgee Healing Infection Control Guidelines (no date).

<sup>103</sup> National Health and Medical Research Council, *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2019); National Safety and Quality Primary and Community Healthcare Standards, Clinical Safety Standard 3.09.

<sup>104</sup> Gidgee Healing Infection Control Guidelines (no date); Gidgee Healing Personal Protective Equipment Policy and Procedure (no date).

<sup>105</sup> North West Health Equity Strategy 2022-2025, Strategy 3: Increasing Access to Health Care Services.



# Conclusion

The OHO recognises the unique challenges of healthcare provision in a remote community, particularly where responsibilities for health care lie with different service providers. Further, the OHO acknowledges and appreciates the difficulties faced by Gidgee with attracting and retaining a skilled healthcare workforce and how this may exacerbate health inequities faced by the local Aboriginal community.

The findings of this investigation highlighted serious potential risks posed to members of the Doomadgee community who rely on primary health services provided by Gidgee. An inability to provide the community with comprehensive primary health care services on a coordinated basis with linkages across all service providers may lead to poorer health outcomes, increased mortality and morbidity through inadequate management of and/or delayed diagnosis of health conditions. Further, the increased reliance on telehealth services could result in missed occasions to provide opportunistic care to patients and contribute to an inability to fully consider the cultural appropriateness of care offered to members of the community. The highlighted service provision issues may also erode community trust in primary health care services within the Doomadgee community.

The highlighted inadequacy of child health services in community raises serious concerns related to missed opportunities for:

- childhood vaccination leading to unnecessary risk of preventable childhood disease
- healthy skin checks, potentially reducing the risk of developing RHD
- preventative and early intervention in relation to nutrition, childhood development, positive parenting and health education.

This report's recommendations are aimed at ensuring where there is shared responsibility for the provision of health care services, that all parts of the system operate in a coordinated and integrated way. These recommendations require dedicated attention to a well-documented and agreed service framework defining transitioned services and shared care pathways to rectify the issues. Further, the process requires improved communication of information and coordination of care between health services and necessitates collaboration with members of the Doomadgee community to ensure culturally appropriate delivery of health care services.

The OHO will monitor the recommendations to give the community confidence that they will be implemented in a timely manner.

## Recommendations

It is recommended:

1. Gidgee develops partnerships with secondary and tertiary health service providers to ensure effective collaboration and coordination regarding each patient's health care journey to ensure integration of care.<sup>106</sup> This will require:
  - a. Gidgee working proactively and collaboratively with the local HHS to develop a set of working principles for a local service partnership agreement that cover reciprocity (for the benefit of the Aboriginal community), communication, involvement and knowledge. This

---

<sup>106</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic direction 1: Improve Health outcomes for Aboriginal and Torres Strait Islander people in the region and 4: Implement an innovative and collaborative approach to planning and service delivery and North West Health Equity Strategy 2022-2025.



partnership should be formalised through a local service agreement, formal representation in governance structures and regular meetings that have defined reporting processes, ensuring there is clarity and coherence about responsibilities for all aspects of health service delivery.<sup>107</sup> All health services should have full knowledge of the principles and priorities for service provision and coordination in the community, and understand what primary health services have transitioned to Gidgee and what remains the responsibility of the local Hospital and Health Service (HHS).

- b. Promotion of improved communication between service providers as part of the local service partnership.<sup>108</sup> This would be achieved through collaboration with the local HHS to undertake a review of existing communication pathways, identifying and implementing any improvements for information sharing as patients move from one service to another to ensure an individual's engagement with the health system is as seamless as possible. Where consent is given, all health services must have access to current patient information including new diagnosis, investigation and/or health assessment findings, care plans, medications and referrals.
2. Gidgee develops and documents appropriate internal and external escalation processes, which include:
    - a. Service level agreements which clearly articulate escalation processes with other service providers when service provision issues arise.<sup>109</sup>
    - b. Priorities and strategic direction for service provision and service transition plans. Communication of these priorities and plans with the workforce will ensure staff have oversight of expected outcomes and can identify escalation points.<sup>110</sup>
    - c. Processes for internal escalation, communicating concerns and the subsequent reporting back regarding these concerns at all levels of the organisation.<sup>111</sup>
    - d. Mechanisms for making information available to the community regarding what healthcare services are available and by whom, what alternative services are accessible including when the service is closed, after-hours and in an emergency.<sup>112</sup>
      - i. Ensure this process includes consultation with community groups/members who can inform appropriate mechanisms for communication within the community (for example local community groups, Elders, Doomadgee Aboriginal Shire Council or other interested community members).<sup>113</sup>
      - ii. Seek, record and review the community feedback regarding satisfaction with care provided and the processes used for communication, implement change where necessary.
  3. Continue development of Gidgee's risk register, to include and align with the RACGP Standards including:

---

<sup>107</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 3.19 Multidisciplinary collaboration.

<sup>108</sup> Ibid 3.27 Communication to support patient referral and multidisciplinary collaboration; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 1.2 Addressing health needs of Aboriginal and Torres Strait Islander people.

<sup>109</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.01 Governance, leadership and culture; North West Health Equity Strategy 2022-2025.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> Ibid 2.07 Accessing healthcare service information.

<sup>113</sup> Ibid 2.06 Communication that supports effective partnerships; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 2.13 Working in Partnership.



- a. Expected completion dates for actions listed for risk management.
  - b. An action to establish documented planning and management processes for ongoing service provision during internal and external emergencies.
  - c. Actions regarding mechanisms for escalation/communication processes for when service delivery is critically impacted.<sup>114</sup> This should include processes for escalation/communication both internally, and externally with other health service providers, funding bodies and the community.<sup>115</sup>
  - d. Actions regarding clinical governance, general business, human resources, medical practice, information technology and cultural capacity.
4. Gidgee completes accreditation under the appropriate standards for primary health care clinics in 2023 as planned.<sup>116</sup>
  5. Ensure robust data collection to guarantee KPI reporting and annual reports include meaningful and consistent data that accurately reflect service provision achievements and shortfalls to enhance accountability mechanisms and guide future planning.<sup>117</sup>
  6. Gidgee will create a coordinated, targeted recruitment and retention strategy to develop a sustainable workforce and address workforce shortages. Acknowledging the significant cultural barriers Aboriginal people face accessing health care, this strategy must aim to:
    - a. provide continuity of quality care by recruiting staff permanently or on long term contracts, where possible
    - b. prioritise pathways for the recruitment or development of Indigenous liaison officers/Aboriginal health workers within six months, to support delivery of culturally safe services<sup>118</sup>
    - c. prioritise its recruitment strategy pathways for recruitment or development of a local workforce to fill health support positions such as cleaning, transport, and reception
    - d. ensure there is a regular on-site doctor servicing the Doomadgee community
    - e. ensure a staffing model that uses virtual care technology, such as telehealth, is used to supplement, rather than replace, face-to-face services
    - f. jointly engage with Gidgee staff, community leaders, Doomadgee Aboriginal Shire Council and other agencies to explore solutions to staff accommodation
    - g. conduct interviews with staff on ceasing employment, as an information gathering exercise to inform a deeper understanding of the organisation and provide insight into why employees initially come to work in the community, why they leave and what might be done differently to retain employees.

---

<sup>114</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.04 Risk management.t

<sup>115</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health (November 2017)*, 1.4 Implementing and monitoring targeted strategies.

<sup>116</sup> Letter from Gidgee Healing to OHO in response to section 228 notice issued 16 March 2022; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*; Royal Australian College of General Practitioners, *Standards for General Practice (5<sup>th</sup> Ed)*; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health (November 2017)*.

<sup>117</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards (2021)*, 1.10 Patient populations and social determinants of health; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health (November 2017)* 1.2 Addressing health needs of Aboriginal and Torres Strait Islander people.

<sup>118</sup> North West Health Equity Strategy 2022-2025, Strategy 5 Delivering Sustainable, Culturally Safe and Responsive Health Care Services

- 
7. Gidgee develops orientation packages and materials that support culturally safe and responsive practice, including local clinical service and cultural orientation for staff providing services both in-community and via telehealth.<sup>119</sup>
    - a. Engage with the Doomadgee Aboriginal Shire Council, Traditional Owners, local community members and appropriate community groups about their experiences to ensure orientation material highlights local community needs, cultural values, beliefs, and practices to assist with strengthening the relationship between Gidgee and the Doomadgee community.<sup>120</sup>
    - b. Include this orientation as part of mandatory education for completion by all staff during the first month of employment and keep accurate records of staff completion.
    - c. Orientation packages that provide information relating to health issues of particular relevance or significance to the Doomadgee community. For example, Acute Rheumatic Fever and RHD. These orientation packages should include details of recognised resources for education and management of these health issues.<sup>121</sup>
    - d. Seek and evaluate feedback from the community as a measure of cultural safety across service delivery. Develop and implement any improvements necessary to enhance cultural safety.
  8. Gidgee collaborates with the local HHS and other community health service providers to develop and implement a framework for community consultation. This process must seek input from appropriate community representatives including the Doomadgee Aboriginal Shire Council and other appropriate community body/bodies, either existing or newly established, to ensure genuine community consultation on local health service design, delivery and evaluation, and community communication strategies.<sup>122</sup> The framework for community consultation should include:
    - a. for any working party established— terms of reference, a meeting schedule (no less than quarterly), responsibilities for recording and distribution of minutes and action items
    - b. plans for consultation with the local community regarding culturally safe healthcare design, delivery and evaluation, and communication solutions that work best for the community to ensure critical information and alerts are communicated and received in a timely manner<sup>123</sup>
    - c. plans for consultation with the local community regarding the use of virtual care in the community<sup>124</sup>

<sup>119</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 1.16 Safety and Quality Training; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017) 1.21 Improving cultural competency; North West Health Equity Strategy 2022-2025, Strategy 5 Delivering Sustainable, Culturally Safe and Responsive Health Care Services

<sup>120</sup> North West Health Equity Strategy 2022-2025, Strategy 2 Actively Eliminate Racial Discrimination and Institutional Racism within the Service.

<sup>121</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic Direction 5: Developing and empowering our workforce; North West Health Equity Strategy 2022-2025, Strategy 1.8 Rheumatic Heart Disease.

<sup>122</sup> Aligns with Gidgee Healing Strategic Plan 2018-2022, Strategic Direction 2: Partner with Indigenous community to improve health outcomes; Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards – User Guide to Aboriginal and Torres Strait Islander Health* (November 2017), 1.21 Improving cultural competency, 1.33 Creating a welcoming environment; North West Health Equity Strategy 2022-2025, Strategy 6: Working with First Nations' Peoples, Communities and Organisations to Design, Deliver and Monitor and Review Health Services.

<sup>123</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.29 Communication of critical information.

<sup>124</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.27 Communication to support patient referral and multidisciplinary collaboration.



- d. development of a public information campaign specifically targeted to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions<sup>125</sup>
  - e. methods for monitoring and evaluating the progress of agreed outcomes, using data and information to drive change where necessary.
9. Prioritise recruitment of a child health nurse to the Doomadgee Community. If no solution for recruitment to this position has been found within 6 months, consider reestablishing partnerships with other service providers (such as the RFDS) to ensure the community consistently child health services available.<sup>126</sup>

Dr Lynne Coulson Barr OAM

**Health Ombudsman**

**Date:** 28 April 2023

---

<sup>125</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Primary and Community Healthcare Standards* (2021), 3.28 Maximising patient attendance; North West Health Equity Strategy 2022-2025, Strategy 6: Working with First Nations' Peoples, Communities and Organisations to Design, Deliver and Monitor and Review Health Services.

<sup>126</sup> North West Health Equity Strategy 2022-2025, Strategy 3: Increasing Access to Health Care Services.