Where is the Voice of Community in Rural and Remote Allied Health Service and Workforce Design?
Debra Jones

Background: Rural and remote Australian communities can experience multiple and simultaneous allied health disadvantages and service inequities. Engaging communities in the identification of their allied health needs and solutions to address these needs, and associated workforce shortages, is critical in enhancing service accessibility and acceptability. New approaches that centrally locate communities in allied health service and workforce design are required however these voices can be marginalised in their own health care agendas.

Methods: Findings from a qualitative study that explored the impact and outcomes of participation in a rural community-campus partnership and associated allied health service-learning program that sought to address allied health service inequities in far west NSW have been drawn on in the identification of nine key features for enhanced community engagement in service and workforce design.

Results: The nine features of engagement are: 1) responding to community need, 2) acquiring a sense of rural place, 3) provision of services of value, 4) community innovation, 5) community leadership, 6) reputation and trust, 7) continuity and continuums, 8) multi-directional knowledge transference, translation and generation, 9) and adaptability.

Discussion: A failure by health and higher education systems to address these features contributes to mal-aligned services to community needs, practice to contexts, and lack of service accessibility and acceptability. These engagement features need to be addressed if we are to enhance systems’ capacity to engage with rural and remote communities, support the active collaboration of communities in allied health service and workforce design, and ultimately improve rural and remote health outcomes.
**Falls risk screening and assessment: barriers and enablers for rural Physiotherapists**

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**Background**

This study explored perceived barriers and enablers of the use of the Falls Risk for Older People in the Community (FROP-Com) screening and assessment tools among physiotherapists in the Country Health South Australia Local Health Network (CHSALHN).

**Methods**

In 2015, a survey was sent to all CHSALHN physiotherapists to determine perceived barriers and enablers of the FROP-Com screening and assessment tools.

**Results**

Fifty one physiotherapists completed the survey (52%). Overall there was a positive attitude toward the FROP-Com tools. The majority of respondents reported that referral pathways for falls risk screening and assessment had been developed for their region (90%). However, results suggested a breakdown in referral pathways and an increased reliance on physiotherapists to complete the FROP-Com tools. The greatest enabler for screening was staff interest in falls management (70%). Superior falls education (71%) was the greatest enabler for assessment with barriers identified as time (89%) and prioritisation (73%).

**Discussion and recommendations**

Understanding physiotherapists’ perceptions concerning the FROP-Com tools is an important platform in contributing to an effective falls management system. This research presents a number of recommendations to improve the adherence and process of performing FROP-Com screening and assessments, most pertinent being further education of staff around use of the tools and recording practice. Other recommendations include a review of referral pathways and amendments to the FROP-Com tools. Further research around falls intervention uptake in other health networks and across disciplines may guide increased adherence to falls screening and assessment and improve delivery of rural patient care.
Stroke rehabilitation in country: are we getting it right?

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Background
Stroke is a major health care concern in Australia. Therefore there are best practice standards, informed by current best research evidence, on the management of stroke. Despite these standards, translating these into practice face numerous challenges, especially in rural and remote areas where access to health care is already compromised, resulting in poor health outcomes. A clinical audit project was undertaken to determine if the current physiotherapy practice adhered to current best practice for stroke patients in Country Health SA Local Health Network (CHSALHN) inpatient rehabilitation services.

Methods
Medical records documentation and client contact data from the three CHSALHN inpatient rehabilitation services for all patients admitted for inpatient stroke rehabilitation in the financial year 14/15 was audited. Compliance was measured against national clinical practice guidelines using a customised clinical audit tool.

Results
Findings from the data indicate that physiotherapy services are compliant for task specific training, retraining of sitting balance, transfers/gait, standing balance, progressive resisted strengthening and cardiovascular training. However, areas for improvement were identified including initial assessment, client/family-centred goals setting and decision making, intensity of therapy, prevention of shoulder subluxation, and intervention for somatosensory impairments.

Discussion
These findings highlight the ongoing challenges confronting rural and remote allied health clinicians in providing best practice care for stroke. While the challenges are evident, the solution to these issues remains difficult. This is because of the complexity of the health system, competing clinical priorities etc. If these issues are to be addressed, a system wide approach to change is required.