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# Pioneering Burns Services for Rural Kids

Initiative Type

Model of Care

Status

Sustained

Added

05 December 2018

Last updated

10 January 2024

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/pioneering-burns-services-rural-kids>

## Summary

The Townsville Hospital Paediatric Burns Service is the first of its kind in Australia, allowing families to make a choice about how and where they will receive their care. Children with deep partial-thickness and full thickness burns require complex post-surgical techniques to minimise scarring, improve healing, reduce contractures, maximise range of movement, and ultimately reduce complications requiring additional surgical procedures, provided by specialist occupational therapy

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(OT) services. Rehabilitation can be a stressful time for families, made more stressful when travel is required to receive interventions pivotal to their child's recovery. This model transfers the primary treating clinician role for burn rehabilitation from paediatric surgeon to the occupational therapist (OT). Children are reviewed by the surgeon only if there are clinical indicators they require surgical intervention. Consultations are delivered by telehealth within the family's home, or arranged at the closest health facility or Aboriginal Health Facility, via telehealth. The project won the Delivering Healthcare Category at the 2018 Queensland Health Awards for Excellence.

### Key dates

Jan 2017

Jun 2017

### Implementation sites

Townsville Hospital - North Queensland Burns Service

## Key Contacts

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## Aim

Treat vulnerable children with burn injuries in a model co-designed with families and delivered into homes and communities across northern Queensland.

## Benefits

- Comprehensive and client centred management of children with burn injuries.
- Flexible model of service delivery utilising telehealth and delegation to allied health assistants.
- Consultant time saved, as few clients seen during the pilot service required paediatric surgeon review due to their clinical condition.

## Background

The Townsville Hospital is a tertiary care facility for northern Australia, providing specialist care to a footprint including Torres Strait, Cape York, north-west Queensland and the tropical regions of Australia. The North Queensland Paediatric Burn Service treats some 150 children who sustain burn injuries each year, with half of these originating from remote communities outside Townsville. 40 per cent of the families identify as Aboriginal and/or Torres Strait islander. Previously, remote children were reviewed 4-6 monthly whereas local children were reviewed 6-8 weekly. There were a range of barriers identified for rural children to receive timely and accessible care and Townsville clinicians identified that children from remote areas were not receiving adequate advice or treatment regarding scarring, garment fit, or compliance with therapy plans. Irregular or delayed reviews placed remote children at higher risk of complications, resulting in un-necessary reconstructive surgery.

## Solutions Implemented

To address this situation, Townsville clinicians developed an innovative model which is elegant in its simplicity, and multi-faceted in its innovation. Key features of innovation include:

- to the best of our knowledge, this is the first service in Australia to utilise alternative clinical roles to deliver review appointments for children undergoing burns rehabilitation.
- added to this complexity, the service is ostensibly delivered by telehealth
- there is a strong empowerment model involving families in “how” and “where” care can be delivered. 50 per cent of care is delivered into people’s homes using routine home-based technology
- there are clear safety nets for children with protocols which drive quality practice
- transfer of care between clinicians has a clear focus, so that the child’s treatment is always in good hands

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- acts a flagship for the way that other services could be delivered for vulnerable populations into remote communities.

## Evaluation and Results

During the first phase, guidelines were developed to ensure a safe and effective service, these included:

- inclusion / exclusion criteria
- clinical identifiers for Paediatric Surgeon re engagement
- the role and tasks of the Allied Health Assistant
- service delivery and booking pathways
- wound management protocols for cases involving clinical nurses (in remote sites) in telehealth consultations.

Great efforts were taken to understand the problem from a range of lenses. Perspectives from families were important in so that the service was designed with the recipients in mind. A pilot was conducted with 28 children, who received a total of 76 interventions. The results provided essential information on the patient outcomes, staff experiences, consumer experiences and process design. Subsequent adaptations have been made, including the provision of person-centred information for consumers to better prepare them for telehealth.

## Lessons Learnt

The evaluated outcomes provide a compelling case for adoption across Australia. Most notably for the way care is designed with the consumer and family in mind, optimising home-based technology, with a focus on quality and safety, and utilising highly-skilled allied health professionals working to the “top-of-scope” to release capacity in the specialist workforce. It now provides a blueprint for other burns services, both adult and paediatric in Australia, with the appropriate protocols, processes and evaluation to support further adoption.

## Further Reading

Please contact the project lead for detailed project resources.

