The development and implementation of an environmental health clinic referral system in WA

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Why do we need a clinic referral system?

Why? Why do we need a clinic referral system in place? If a patient is diagnosed with a condition, it will fall into one of two groups, notifiable or non-notifiable. Notifiable diseases are sent through to an environmental health officer (EHO), who through investigation can find out how the disease started, how it was spread, who is at risk and more importantly how to stop it in the future. They do this by disease tracking, providing education and, if they are successful, they might even change patients' habits.

This does not happen for non-notifiable diseases. These disease can slip by without any committed intervention; even if these diseases are preventable, life-changing or just as contagious as any notifiable disease, they are not investigated. Some of these non-notifiable diseases include conditions like acute post-streptococcal glomerulonephritis (APSGN), methicillin-resistant *Staphylococcus aureus* (MRSA), scabies and Group A streptococcus, which are all very serious diseases that can lead to life-changing and lifelong conditions, so we knew we needed a system in place to catch and address these serious health issues.

Where to start? Well, first we needed a referral form, which is easy enough to create, but how do we get the form in place and ultimately used? We needed to make contact with our local medical service staff to let them know the environmental health support is available, and we needed to sell the idea, which through trial and error we did, and we did this in a presentation format not unlike this one. We wanted to have the referral form accessible in both the MMEx and Communicare data bases.

Our clinic referral system is voluntary and must be signed by the patient or by the parent or guardian. We are dealing with sensitive information and we are literally knocking on doors, so it is a must to have permission.

Where to start?

We had to create some basic supporting forms which we use to document, educate, inspect, refer and provide feedback with. These are all important to use in building a case file, and we have designed them so any one in our team at any stage can look it up and see where we are in the referral process. We recognised the importance of feedback early on; this way, everyone that was involved could now see the process and the outcomes, and they could see the benefits in engaging our team.

SMART goals

Our SMART goals are probably our most important educational piece. This is left with the client to work with, and the goals are targeted at specific conditions like APSGN and skin sores and include actions the client can do before our next visit. We work with the client to identify these goals and, importantly, we are allowing the client to choose and have control over what they can do.

Four key principles

Throughout our development and implementation, we have identified four key principles we consider vital in the success of a clinic referral system:

1. Being part of the treatment process
2. Having great rapport
3. Collaboration with other service providers
4. Changing people's habits.

Part of the treatment process

Having a good relationship with your medical service providers is a must. You need to work hard on liaising with your local doctors and nurses, and it's even better if you can work hard enough to be thought of as part of the treatment process, right up there with the prescribed pills and bandages. You need to be proactive and continue this relationship building because staff don't tend to stay forever in the Kimberley. So many doctors and nurses come and go, it's just the nature of working remotely. Feedback, as I have touched on before, is so important, it's part of the relationship building.

Rapport

Respect and space are important. Our first visit is purely focused on rapport building and If you are intrusive and commanding, people will just close up. We recognise referrals are personal matters and have found people will generally not open up on the first visit unless they already know you. While we acknowledge the importance of getting in quick to stop the further spread of disease, we have found through trial and error we have more success in client participation if we slow the process down a little. However, if there is an immediate issue that needs addressing, you will act straight away. This is just a guide and every referral will be different depending on the client and the circumstances.

So after introductions, we explain why we are there and show them the referral form they have signed. We talk about what we hope to achieve in working with the client and we issue them with a cleaning pack. This cleaning pack, with some simple SMART goals to start doing, can then start the change. Before leaving, we make a date and time for our next visit; we have found 1 week is a good time for the next visit. Too soon and the client can feel trapped, and too long and people tend to forget or slip in achieving their SMART goals.

Collaboration

It's also vital to identify partnerships in your area you can utilise; be resourceful. Don't wait for other service providers to approach you, use your liaising skills again to build and maintain these important relationships. The silo mentality is changing, organisations are starting to encourage collaboration to initiate different and more exciting ways of service delivery.

A benefit of collaboration is the sharing of resources. Through our partnerships, we can rely on our strengths and help each other where we can. We consider one of our key strengths is education, through our presentations, posters and programs, so we often help other service providers in this space if they need any materials. We work closely with Nindilingarri Cultural Health Services, the Department of Housing, Ngunga Womens Resource Centre, Emama Nguda and Marra Worra Worra; these are invaluable partnerships.

Changing habits

But our ultimate goal is to change the way people live their lives; we want to empower people to make changes to better not only their own health habits but their families' around them. Sometimes you have to engage other family members to support your client in their strive for change. You have to be resourceful in the methods you use; what works for one client won't necessarily work for another. Never leave without change, and never leave without improving your client's understanding of why they need to change.

Case study

We received a referral from DAHS concerning a young boy who had presented with recurring scabies and skin sores.

Visit 1. No phone number was supplied, so a house visit was required to make initial contact. The mother was welcoming and happy to sit down and talk to us. During the conversation, we were made aware that the young boy was currently sharing a bed with other boys in the household; this was a concern and an immediate response was needed. Pulling on our resources, we provided the family with new linen, mattresses and towels for not only the client but all the siblings in the house, which we hoped would stop the sharing of high-risk personal items that could spread the scabies mite. All the old items were taken and disposed of at the local land fill. We identified some SMART goals and arranged a date and time for our second visit.

Visit 2. Client and mother were not home.

Visit 3. Returned the next day and made contact with the mother of our client. The mother was happy for us to complete our inspection/questionnaire. Our inspection highlighted several issues that had the potential to contribute to the spread of scabies and skin sores. These included:

1. Not enough bedding for everyone in the household
2. The shower rose was not working effectively due to the calcium build-up
3. Hot water running out quickly and the booster not working
4. The washing machine was broken; they were able to get access to one but it was at a relative's and hard to access on a regular basis
5. The mother's sisters were staying in the house until they could get their own place
6. There was no evidence of soap in the kitchen or bathroom
7. There was evidence of a cockroach problem.

A matrix is always good to have to identify the risks, log our response, commit to timeframes and when complete demonstrate our outcomes. A matrix will help you keep track of your progress and will ensure you do not miss any of your targets.

Issue	Response	Time frame	Outcome
Not enough bedding	SDWK - resources	Immediate	Bedding and linen supplied
Shower not working effectively – calcium build-up on shower rose.	Department of Housing referral	1 week	A new shower head was supplied/fitted by visit 4.
Little/no hot water – booster button faulty	Department of Housing referral	1 week	Booster button/switch was replaced by visit 4 (reminder after visit 3).
No working washing machine – uses other house/family's machine.	SDWK education. In-home tenancy support (nils loans)	2-3 weeks	Nils loan applied for/approved and new machine received within 2 weeks.
Washing done monthly.	SDWK - education	Immediately	Client aims to do washing weekly.
9 people living in the house (4 adults/5 children).	Department of Housing referral/CEO (waiting list)	2-3 weeks	CEO aware of situation. Tenants were already on waiting list, new housing available after wet season refurbishments planned for this 2018.
No soap in the bathroom.	SDWK - education	Immediately	Client will buy soap. In home tenancy support can offer support if needed.
Cockroach infestation.	Department of Housing referral.	2-3 weeks	DOH not responsible for cockroach spray, however due to health implications made exception.

Table 1. Response matrix

Visit 4. At the end of our fourth visit, we had addressed most of our targets. All of the house maintenance issues, including the shower rose and the hot water, had been repaired or replaced. We had worked with the client's mother and engaged money management to get a NILS loan applied for and approved. A new washing machine had been delivered and installed. client's mother had agreed to wash the clothes and bedding weekly and had also committed to buying soap for the kitchen and bathroom. She had also agreed to sign up for in-home tenancy support for ongoing help if needed.

Visit 5. Being able to document several improvements, the SDWK AEH team could now close the referral and provide feedback to the doctor or nurse.

Where to from now?

We have already identified some considerations and improvements and we can work on to better our health referral system. We would like to one day redesign our referral form to include traditional language, we can even create specific language group forms that can be used to break down the barriers of understanding. Recently in WA, environmental health workers have been given permission to once again undertake some minor plumbing work in communities; this will have a direct impact on our ability to get results quickly, cutting down the sometimes lengthy waiting times endured to get much-needed repairs. We are also already starting to think about creating a short promotional video on our referral process that doctors and nurses can use in the treatment process.

Conclusion

Non-notifiable diseases are not required to be followed up by an EHO, so these diseases can slip by without any committed intervention. We saw the need for a system to be set in place to catch and address these serious health issues.

To start, you need to create or acquire some basic supporting forms which can be used to document, educate, inspect, refer and provide feedback with. These are all important to use in building a case file.

It is vital to make contact with your local medical service staff to let them know the environmental health support is available, and you need to sell the idea. You need to be proactive and continue this relationship building because staff don't tend to stay in one spot forever. Remember, feedback is important, it's part of the relationship building.

Work hard on our four key principles: be recognised as part of the treatment process; have great rapport with both your clients and your medical service staff; collaboration with other service providers makes your job easier and gets better outcomes for your clients; and, finally, never leave without changing people's habits, that's why you're there.

Respect and space are important; you need to recognise that referrals are personal matters and we have found people will generally not open up on the first visit unless they already know you. While we acknowledge the importance of getting in quick to stop the further spread of disease, we have found through trial and error that we have more success in client participation if we slow the process down a little.

The process is never perfect; it is always evolving and for good reason. No referral is the same and you need to tailor your response to each referral.

For more information

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Glossary

AEH	Aboriginal Environmental Health
APSGN	acute post-streptococcal glomerulonephritis
DAHS	Derby Aboriginal Health Service
EHO	environmental health officer