

Clinical supervision (via telehealth) for regionally based clinicians treating patients with complex lymphoedema

01 / INTRODUCTION

Recruitment and retention of allied health (AH) clinicians in rural settings remains a significant challenge across WA Country Health Service.

These challenges contribute to variability in clinical experience and access to support for managing patients with complex lymphoedema who live in the country. Despite significant investment in training, staff feedback indicates that workforce challenges, combined with relatively low case numbers, can impact clinician confidence and competence in managing these cases.



Travel and time comparison

Before intervention

Flight ~5 hours return

Drive ~48 hours return

After intervention

Drive <2 hours return



Local treatment reduces travel time and significantly reduces costs.

02 / INTERVENTION

Implementation of monthly case discussion meetings (via telehealth) between WA Country Health Service Kimberley clinicians and experienced Lymphoedema Occupational Therapists from Sir Charles Gairdner Hospital (SCGH).

The program commenced in October 2023 with an evaluation conducted after six months in May 2024.

03 / RESULTS

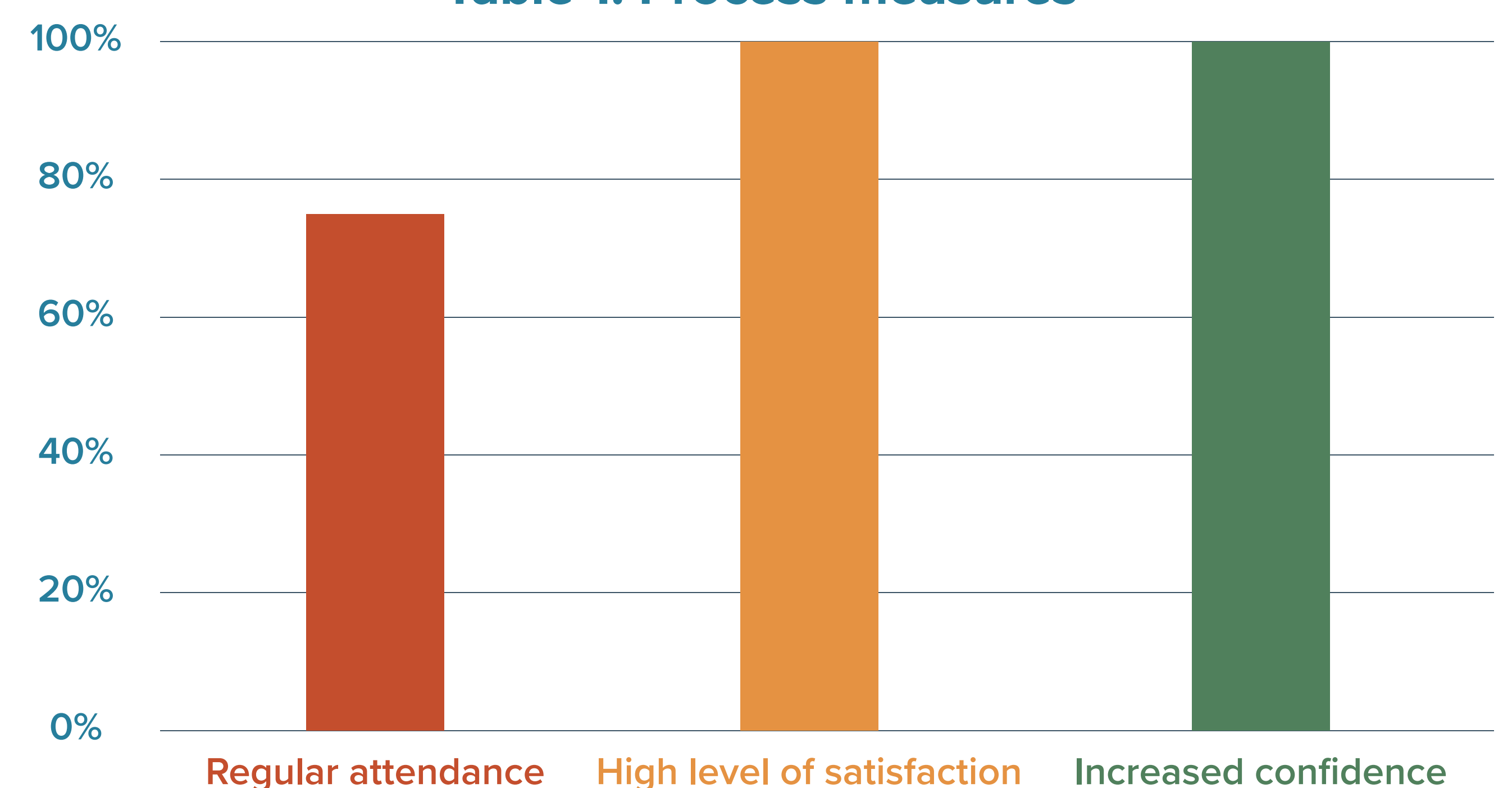
Outcome measures:

- ◆ Eight sessions were held over the six-month program pilot.
- ◆ Attendees per session ranged from two to four clinicians, plus one facilitator.
- ◆ Eight individual cases were discussed during the six-month program pilot, with some cases discussed during multiple sessions.
- ◆ See Table 1 for process measures.

Additional benefits reported:

- ◆ Change in consumable use in WA Country Health Service to be consistent with metropolitan tertiary practices with Kimberley clinicians reporting increased ease of use of alternatives.
- ◆ Improved discharge planning between metropolitan and regional sites.
- ◆ Shared care arrangements between metropolitan and WA Country Health Service Kimberley clinicians.

Table 1: Process measures



04 / CONCLUSION

The clinical supervision model has been successfully integrated into routine service delivery, with the formalised clinical supervision model embedded across both WA Country Health Service Kimberley and SCGH Lymphoedema Occupational Therapy Team. As a result, patients have improved access to local lymphoedema support from clinicians who report improved confidence treating complex cases.

Prior to implementing this model, case discussions occurred on an ad hoc basis. Formalising the process has enhanced efficiency and productivity by reducing the time spent coordinating ad-hoc case discussions. The model has also improved information sharing and handover, creating measurable efficiencies for both clinicians and patients.

Clinicians reported that without dedicated quarantined time, clinical supervision was often inefficient due to difficulties aligning schedules.

There has been excellent engagement from all participating clinicians involved with a high level of satisfaction reported by both the metropolitan facilitator and regional clinicians. Self-reported benefits from staff involved included: improved professional relationships, increased understanding of each other's capacity and scope, and enhanced sharing of knowledge.

As of May 2025 the program is operating effectively with two additional staff members attending. There is clear potential to expand this model to other regions that are linked to the tertiary site.