

INSIDE THIS ISSUE

- 1 Editorial
- 2 Private Home Care in Geelong
- 4 HITH Program Profile
- 5 AHOITA Conference Summary
- 7 VCACI Conference Feedback
- 8 Current Conferences
- 9 Wound Imaging System
- 10 Website Profiles
- 11 Book Review
- 11 Health Hero

Victorian Centre for
Ambulatory Care Innovation
The Alfred, Commercial Rd
Prahran Victoria 3181
Telephone: 03 9276 3535
Facsimilie: 03 9276 6901
Email: vcaci@alfred.org.au
www.dhs.vic.gov.au/ahs/vcaci

EDITORIAL

Assoc Prof Christopher Fairley, Medical Director - VCACI

I will be leaving VCACI in January next year to take up a position at the University of Melbourne. While I am very much looking forward to my new position as Professor of Sexual Health and Director of the Melbourne Sexual Health Centre, I have thoroughly enjoyed my two years working with the VCACI team. They are a highly motivated and cohesive team of individuals for whom I have a tremendous amount of personal respect. I have been given the opportunity in this editorial to make a few comments about what I think is really important in this area.

The trend for shorter hospital stays and much greater use of HITH services will only increase. In my mind the key issue is how this rapid growth in services can be best managed to deliver the best possible health outcomes. Unlike standard in-hospital care which is supported by years of accumulated evidence, and experienced individuals – HITH often has little experience or evidence to support the new practices. The great diversity of current practice in HITH is evidence of this.

The first important issue to monitor carefully is who needs HITH? Because it is easier to admit someone to HITH than to hospital, there may be a tendency to admit people who could be well managed at home on oral antibiotics for example. This was highlighted well in a recent study where 20-30% of people referred for HITH treatment were considered better managed on oral antibiotics (January OPIVITA Newsletter 1999;10:2). Clear reliable guidelines for who needs and does not need HITH would be of considerable value.

Monitoring the quality of HITH care for the individual and the community is critical, particularly considering many new therapies are moving in uncharted waters. Quality is a complicated area but an important one, not only because it ultimately correlates with mortality but because it takes considerable resources to measure in a meaningful way. The airline industry is the clearest example of how this can be done well. Those involved in clinical care should participate and lead this debate unless they wish to be dragged down the path by others with less clinical insight.

One final issue that is vitally important is appropriate antibiotic use in HITH. This is important for the patient's health, but also the community's health. Of particular concern is the use of broad spectrum antibiotics (e.g. third generation cephalosporins) instead of narrow spectrum antibiotics (e.g. penicillin) because they are more convenient to give. My personal view and one that the future is likely to support is that antibiotic resistance is a more important issue than convenience.

I wish you all well in the future and am sure that the VCACI team will provide you with support as you embrace these new therapies.

Geelong Nurse has set up the first private HITH service for private and public patients in Geelong

Petronella Smith RN set up 'Specialist Home Care Nurse' in Geelong one year ago. Petronella discusses the service and provides some background in the development of this service with Kaylene Fiddes.

Kaylene: How did your HITH service begin?

Petronella: I recognised a need for acute hospital care in the home in order to allow patients in private hospitals early discharge from hospital and to enjoy their own home environment. This would "free up" beds to reduce waiting times and length of stay in hospital.

There was a request for acute care at home for a patient requiring long term total parenteral nutrition (TPN). The hospital was unable to offer the service and the only option was to delay the discharge from hospital. I then decided to offer my services on a voluntary basis to teach the carer how to perform some procedures such as connecting and disconnecting the TPN line.

The increased demand for HITH convinced me to start a business and to offer such a service for the larger community and those with private health insurance in Geelong.

I attended a seminar for Division 1 Registered Nurses who were considering starting a business. This provided me with a great deal of knowledge to begin.

After receiving legal advice I proceeded to prepare my business proposal and registered as sole proprietor with the Victorian Corporate Affairs Department.

I did my own marketing face to face with the doctors and health funds. Most health funds accepted my request for provider recognition (some immediately, however, a couple do not grant RNs provider status). I have an ABN number, this is a must or no-one will deal with you.

The official launch was held at Ambassador Hotel last July. I have a lot of support for this service and I am kept very busy.

What services do you offer?

This is a 24 hour on call service and I work in collaboration with medical practitioners. I provide a

range of services including:

- Wound management
- Chemotherapy administration
- IV access device management including central lines
- IV therapy including IV antibiotics and IV APD (disodium pamidronate, *Aredia*)
- Home TPN and carer education
- Anticoagulant therapy
- Tube feedings
- Education to manage infusion pumps

How many employees do you have working for you?

One full time administrative/clerical position and six casual RNs. I work full time. Next year I am hoping to bring on permanent part time staff.

Do you have a maximum number of visits you will do for one particular patient per day?

No I don't. The most I have ever had to do for one specific patient was 3 visits in one day.

Where do you get your referrals from?

From the hospitals, both public and private, and directly from medical rooms. The direct admissions from the medical rooms enable hospital substitution. The service provides acute care in the home. We are not an ancillary service. I have referral pads and brochures in all hospitals.

So does the public sector subcontract your service?

Yes, they are very busy.

Do you have patient selection criteria?

Patient selection criteria for appropriateness and provision of service includes:

- clinical status assessment
- patient acceptance and ability to follow plan of treatment
- has telephone connection
- has support systems eg carer at home / neighbours
- is within 35 km radius from Geelong GPO

Patients are given a brochure, which covers patient responsibilities. The patient is given this to read before consent is obtained. Written consent is required from the patient.

What is your fee structure?

The cost of a visit ranges between \$60 - \$70, with the norm being \$ 60 per visit. In some cases, the health funds are billed directly and in other cases, I bill the hospital and hospital bills the fund. Patients qualify for rebate.

There have been patients that have received voluntary care. My most recent was a burns victim from the Phillipines. The hospital provided services during his inpatient stay free of charge and I continued his acute care at home. I gained a lot from this patient, learnt a lot about his life in Phillipines and he is now my sponsor/foster child. I enjoy hearing regularly from him and his mother.

The cost of the visit includes supplies, which I provide, except in the public sector where supplies are provided by the hospital. I have purchased emergency and medical equipment including ambubags and oxygen. I have established relationships with medical suppliers.

Is there anything else you would like to mention?

I can not stress enough the importance of clinical competency testing of the staff providing this

service. A condition of this service is that the RNs providing the service have met clinical competency testing and I do this in an ongoing manner. This includes basic life support and IV cannulation or at the very least working towards IV cannulation. RNs are required to keep up professional development. I often take RNs with me to attend seminars to increase our knowledge base and stay abreast of current needs in nursing. Again I cannot stress enough my requirement for competency testing and this is done as according to national competency standards.

My risk management strategies include individual RN professional liability insurance unless the nurse automatically qualifies for this insurance cover through the ANF and company indemnity insurance.

Thankyou very much Petronella for your time and for sharing this information on your service. Congratulations on setting this service up and providing acute care in the home.

Petronella's contact details are:

Specialist Home Care Nurse
Petronella Smith
PO Box 2141 Geelong
VIC 3220
Phone (03) 5250 4443
Mobile: 0410 503 561

Petronella Smith is a Registered Nurse with more than thirty years of experience. She worked in general acute nursing and midwifery for ten years in the acute and community health care setting in South Africa prior to moving to Australia. Petronella then worked for more than 14 years at Heidelberg Repatriation Hospital, with five years as an AUM. This experience includes medical, surgical and oncology/haematology nursing. After this she returned to work in South Africa for one year. Upon her return to Australia, she worked at Warringal Private Hospital, Heidelberg.

HITH Program Profile

This edition of the VCACI Newsletter features a program profile of Ballarat Health Services.

Trish Twaits, Senior Nurse Manager - Continuous Care Ballarat Health Services

Ballarat Health Services Hospital in the Home (HITH) program was established in 1994 as a shared model of care. The shared model of care includes the hospital, Division of General Practice and District Nursing Services in the delivery of care.

In 1999/00, there were 165 separations. The top three DRGS managed in the program include complex wound care, DVT, and antibiotic therapy. The program has begun to provide care for neonatal jaundice and is currently looking to expand their service to those with respiratory tract infection.

The maximum number of visits per day per patient is three. Usually one nurse will visit six patients per day. The service identifies appropriate patients through liaison with the units and medical referrals.

HITH care is available to all patients of Ballarat Health Services - Base Hospital. Forty percent of hospital patients live outside the greater Ballarat city.



The Senior Nurse Manager - Continuous Care manages the program. This involves:

- acceptance of referral
- assessment and screening of patient referral
- admission of the patient
- coordination of the patient care
- liaison with all care providers
- liaison with patient and support persons

Medical management of the patient remains the responsibility of the treating hospital unit, with involvement of the General Practitioner on an individual patient basis.

Nursing care is delivered by hospital staff to HITH patients within a 10 km radius. The District Nursing Service provides care after hours and to those who reside beyond the 10km radius. The HITH program also provides nursing care to patients referred from metropolitan hospitals.

Clinical care provided by the services includes:

- complex wound care
- antibiotic therapy
- anti coagulant therapy
- antenatal care
- paediatric care
- neonatal jaundice
- post operative varicose vein procedure

Over the six years the program has expanded and now provides greater than 2000 bed days per annum. The program has been successful in its growth with the support and collaboration of all parties in this shared model of care. Patient satisfaction surveys indicate a high level of satisfaction with the care delivered at home by Ballarat HITH.

AHOITA CONFERENCE SUMMARY

ANNUAL SCIENTIFIC MEETING Sheraton Towers Southgate, Melbourne Friday 13th October 2000

Dr Michael Montalto, Chairman of AHOITA opened the meeting. There were two overseas guest speakers. Dr John Bradley, from the University of California and San Diego Children's Hospital, San Diego, USA and Dr John Hedley, Oncology Manager, Clinovia Ltd, United Kingdom.

Dr Bradley gave two presentations. The first focused on outcomes (including adverse events) and the second on anti-infectives in paediatric outpatient therapy. He discussed the JCAHO outcome parameters for home care including: unscheduled inpatient admissions; early discontinuation of infusion therapy; prevention and surveillance of infection, and; adverse drug reactions and the outcomes data from the Children's Hospital, San Diego. The outcomes data validated the administration of antibiotics in the home by parents. Outpatient parenteral antibiotic therapy (OPAT) in children is evolving as physicians and parents become more reassured with the safety and efficacy of outpatient treatment. A number of innovative antibiotic regimens with both newly available antibiotics, and less frequent dosing with older antibiotics are used in children. The main driving forces in antibiotic therapy for children are single drug therapy for home infusion and infrequent dosing.

Dr Hedley spoke of the establishment of different models and categories of Hospital in the Home (HITH) programs in the UK which include HITH provision from commercial organisations. These commercial organisations operate on a nation-wide basis and work with various healthcare professionals, NHS (National Health Service) funding bodies and private insurers across the country to establish HITH programs. The problem of non-uniformity of the current healthcare system across the country was highlighted and the need to have systems for the national distribution of HITH procedures.

Dr Robert Gill, General Manager of Research Activities in Imaging and Health, Division of Telecommunications and Industrial Physics at CSIRO, described the *CSIRO Hospital Without Walls project* which was devised in an attempt to enable elderly and chronically ill patients who are in institutional care to be managed at home. This includes the use of a compact low-powered wireless unit with a motion sensor, an alarm button and a two-way voice channel, which is worn by the patient and is capable of detecting falls, characterising patient mobility and allows continuous monitoring of the patient.

Ms Peta Cadd, Associate Director of Care Integration, Epworth Hospital in Melbourne described her experience setting up a

private hospital-based HITH program at the 500 bed Epworth Hospital. This Epworth HITH program is part of a Commonwealth trial investigating the efficacy of HITH substitution for acute care, the sustainability of the model and the degree of acceptability to patients and carers. Several issues were identified for the service including legislative reform, expectations of hospital care in the privately insured, clinician views of a change in practice, and the need to demonstrate cost benefits and achieving funding of the service.

A HITH carer's perspective was presented by Professor Helen Cox, from Deakin University and Epworth Hospital in Victoria, who is an academic and a nurse described her experience when her husband was managed with HITH.

There were both short and long research presentations these included:

Randomised trial of home versus hospital intravenous antibiotic therapy in adults with infectious disease presented by J.M. Wolter, from the Mater Adult Hospital, Queensland.

Can survival of PICCs be predicted by use of a predictive assessment tool? Presented by R. Starkey, from John Hunter Hospital, Newcastle, New South Wales.

Differences between clinical coding and medical record review in length of stay for Hospital in the Home patients presented by L. Demos, from VCACI, Victoria.

PICCs – Experience in the top end presented by S. Huffam, Royal Darwin Hospital, Darwin.

Comparison of inpatient versus outpatient antibiotic therapy for bone and joint infection presented by M. Loewenthal, John Hunter Hospital, Newcastle, New South Wales.

The HITH Outcomes Study presented by M.L. Grayson, Monash Medical Centre, Victoria.

Insulin initiation using a Hospital in the Home approach presented by S. Smith, Frankston Hospital, Victoria.

Frequency and reasons for use of nursing on-call service presented by P. Dobson, John Hunter Hospital, Newcastle, New South Wales.

A journey that crossed boundaries and built bridges to deliver Hospital in the Home presented by P. Kittler, Royal Darwin Hospital, Northern Territory.

WITH MULTIPLE RESISTANT
GRAM-POSITIVE INFECTIONS
YOU HAVE TO DOT THE 'I'S
AND CROSS THE 'T'S

Targocid

The once-daily treatment
for MRSA/MRSE infections



ONCE-A-DAY
TARGOCID ^{IM}/_{IV}
[teicoplanin]

TARGOCID (M/V) (teicoplanin) PLEASE REVIEW THE FULL APPROVED PRODUCT INFORMATION BEFORE PRESCRIBING. The Full Product Information is available on request from Hoechst Marion Roussel Australia Pty Limited, A/CN 808 558 807, 27 Sirius Road, Lane Cove NSW 2066. **Uses:** Serious infections (osteomyelitis, septic arthritis, non-cardiac endocarditis, septicemia) due to staphylococci or streptococci. **Dosage (adults):** Septicemia/endocarditis, acute or chronic osteomyelitis: 400-800 mg (6-12 mg/kg) i.v. every 12 hours for 3 doses then 400 mg/day (6 mg/kg/day). **Septic arthritis:** 800 mg (12 mg/kg) i.v. every 12 hours for 3 doses then 800 mg/day (12 mg/kg/day). **Patients with renal impairment:** Reduce dosage from the 4th day of treatment - see pack insert. **Contraindications:** Hypersensitivity to teicoplanin. **Precautions:** Pregnancy, lactation, superinfection, cross-hypersensitivity; prolonged treatment; renal insufficiency; aminoglycosides; nephrotoxic or ototoxic drugs. **Adverse Reactions:** List A complete list. Fever, rash, nausea, vomiting, rigors, pruritus, diarrhoea.

Hoechst Marion Roussel
Hoechst

The Pharmaceutical Company of Hoechst

VCACI CONFERENCE FEEDBACK

The 2000 VCACI conference, *Emerging Trends in Acute Homecare and Disease Management in Australia*, was held on Thursday 12th October at the Sheraton Towers in Melbourne. Approximately 150 delegates attended the conference and feedback indicated that the presentations and venue were generally “excellent”.

The morning session focussed on the future of HITH. Peter Callanan from the Commonwealth Department of Health and Aged Services looked at HITH in the private sector while Louise Heuzenroeder from the Alfred presented on HITH in the nursing home. Merrian Oliver-Weymouth from the Health Issues Centre also provided a consumer perspective.

After lunch, the focus changed from HITH to emerging issues and trends in disease management. Assoc Prof Don Campbell from the Royal Melbourne Hospital provided an overview of disease management and Prof Geoffrey Tofler from the Royal North Shore Hospital and the University of Sydney presented on disease management and congestive heart failure. Assoc Prof Christopher Fairley also presented on the issues surrounding clinical coding of data.

The last session of the day concentrated on emerging technologies in home care and disease management. Prof Branko Celler from the University of New South Wales presented on integrating home telecare technologies into primary health care and two interactive presentations followed – the Medseed Wound Imaging System and computerised clinical algorithms, presented by Nick Santamaria and Hugo Stephenson respectively.

Congratulations to Melanie Bahuth from the Alfred on winning the NeXstar sponsored poster prize for a poster on a burns early discharge program.

The available presentation slides will soon be accessible on the VCACI website at <http://www.dhs.vic.gov.au/ahs/vcaci/vcacisem>.

Seminar Details

	Excellent (%)	Good (%)	Acceptable (%)	Unsatisfactory (%)	Poor (%)	No Response
Conference Content	24 (55.81)	15 (34.88)	1 (2.33)	1 (2.33)	0 (0)	2 (4.65)
Conference Venue	35 (81.40)	5 (11.63)	1 (2.33)	0 (0)	0 (0)	2 (4.65)
Conference Organisation	31 (72.09)	10 (23.26)	1 (2.33)	0 (0)	0 (0)	1 (2.33)
Conference Catering	29 (67.44)	8 (18.60)	1 (2.33)	2 (4.64)	0 (0)	3 (6.98)

Reasons for Attending

Reason	Number	Percentage*
Networking	27	62.79
Gain information applicable to own department	39	90.70
Gain information on current research	28	65.12
Professional development	34	79.07

* Percentage of total respondents



(L - R) Kaylene Fiddes and Marion Osborn, VCACI



Trade Displays

Current Conferences

AUSTRALIAN RESOURCE CENTRE FOR HOSPITAL INNOVATIONS & THE VICTORIAN DEPARTMENT OF HUMAN SERVICES

Hospital to Home: Achieving Effective Discharge
8 December 2000
Melbourne, Australia
E-mail: jacinta@imajeevents.com.au
Telephone: (03) 9859 5988

NHIA 10TH ANNUAL CONFERENCE

20-23 February 2001
Las Vegas, Nevada
Website: www.nhianet.org
Telephone: 703 549 3740

LEAGUE OF INTRAVENOUS THERAPY EDUCATION (LITE 2001)

A New Age in Education
7-9 March 2001
Pennsylvania, USA
Website: <http://www.lite.org/>
E-mail: infor@lite.org
Telephone: 00 111 412 678 5025

NATIONAL DEMONSTRATION HOSPITALS PROGRAM (PHASE 3)

21-23 March 2001
Sydney, Australia
Website: www.icmsaust.com.au/ndhp3conference
Email: NDHP3@icmsaust.com.au
Telephone: (02) 9241 1478

ONCOLOGY NURSING SOCIETY

Pursuing Excellence in Challenging Times
17-20 May 2001
San Diego, California
Website: <http://www.ons.org>
E-mail: onpress@ons.org
Telephone: 412 921 7373

THE SEVENTH ANNUAL QUALITATIVE HEALTH RESEARCH CONFERENCE 2001

26-29 June 2001
Korea
E-mail: QHR2001@mm.ewha.ac.kr
Telephone: 82 2 3277 4341

HEALTH OUTCOMES 2001

The Odyssey Advances
27-28 June 2001
Website: www.health.act.gov.au/epidem/ahoc.html
E-mail: jan.sansoni@act.gov.au

1ST ASIA PACIFIC FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE

Australian Council for Safety and Quality in Health Care
25-27 September 2001
Website: www.quality.bmjpg.com
E-mail: kirsty.cheyne-macpherson@health.gov.au

QUALITY IN PRIMARY CARE

28 February – 2 March 2002
Gold Coast, Queensland
Website: www.agpal.com.au
E-mail: nmckay@agpal.com.au
Telephone: (07) 3876 6370

THERAPEUTIC GUIDELINES Antibiotics

The latest edition of the Therapeutic Guidelines for Antibiotics has recently been released. These contain a number of references to Hospital in the Home within these guidelines.

<http://www.tg.com.au/>

THE VCACI HAS MOVED!

For those of you who are unaware, the VCACI has recently been relocated. The VCACI now resides on the Ground Floor at the Alfred, behind the Emergency Department. You are welcome to visit us. Our mailing address remains the same.

HITH COORDINATORS

The next HITH Coordinators meeting is:

Date: Monday February 26 2001

Time: 4– 5pm including afternoon tea

Venue: The Alfred, Board Room

Please note the venue change – it will be a lot easier to access this room!

Rural sites: please contact Kaylene to make arrangements for teleconferencing

Come along to:

- discuss current HITH issues,
- learn about current events,
- network with your colleagues, and
- hear about other programs in the “program profiles series”

Would you like to add a topic to the agenda? Is there an issue you like to discuss? If so please contact Kaylene.

Please RSVP before Friday 23rd February 2001 - Kaylene Fiddes (03) 9276 6964

4th Annual Case Management Society of Australia Conference:

Case Management: Art or Science?

Thursday 8 & Friday 9 February 2001
The University of Melbourne, Melbourne, Australia

The conference will include workshops and papers on Evaluating Case Management Programs in:

Acute Care	Aged Care
Community Care	Insurance
Disability	Disease Management
Mental Health	Rehabilitation

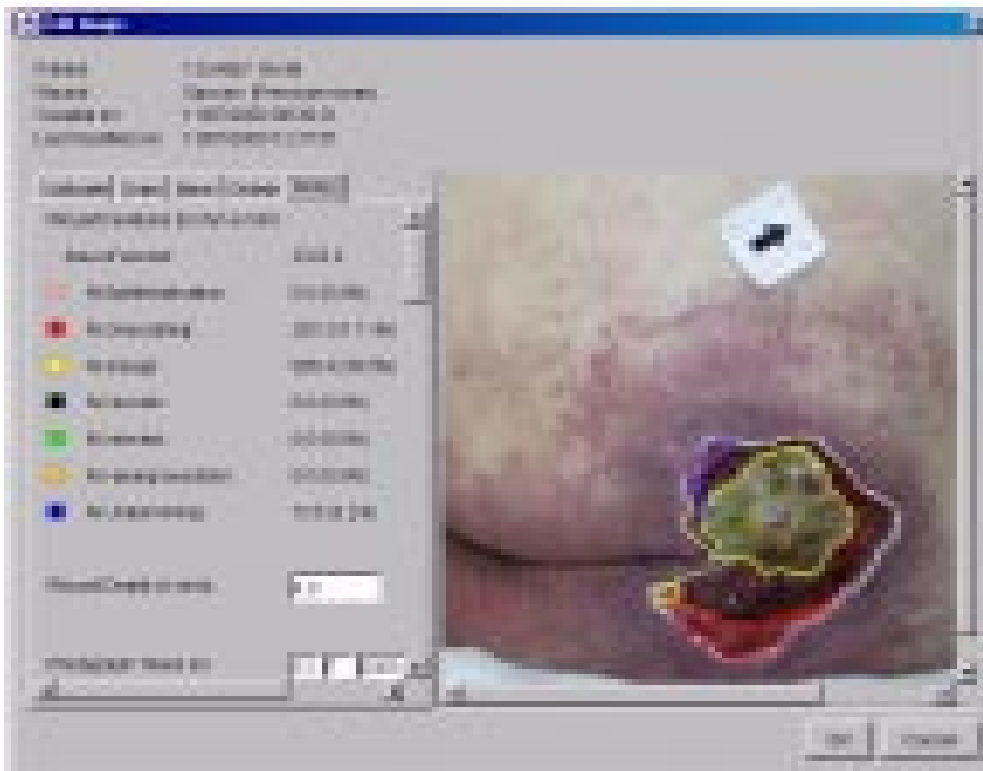
John Øvretveit, Professor of Health Policy and Management at the Nordic School of Public Health Sweden, will be delivering a keynote address and an evaluation workshop.

For conference information visit the website:
<http://www.cmsa.org.au>

Tel: +61 (03) 8344 6389 Fax: +61 (03) 8344 6122
Email: fionacam@unimelb.edu.au

WOUND IMAGING SYSTEM

The Alfred/Medseed Wound Imaging System (AMWIS) commences clinical evaluation trials



The Alfred/Medseed Wound Imaging System (AMWIS) is now undergoing clinical evaluation trials in three states. The trial sites have been chosen because they will enable an evaluation of the performance of AMWIS in metropolitan, rural and remote locations. The trial sites include The Alfred, Warringal Private Hospital, Cairns Base Hospital, Royal Perth Hospital and Silver Chain Nursing Association in WA. Initial data has been very positive regarding the performance and stability of the system. Use of AMWIS in remote sites has also shown significant improvement in the time take to provide a complex wound care consultation as well as cost savings due to the reduction in the need for travel for both staff and patients.

WEBSITE PROFILES

For HITH Information on the Internet, check the following websites

The American Academy of Home Care Physicians (AAHCP)

<http://www.aahcp.org/dvt.htm>

DVT Guidelines. These include:

- Diagnostic Checklist
- Inclusion/Exclusion Criteria
- Patient Consent Form
- Patient Counselling for DVT
- AAHCP Treatment Protocol
- Frequently Asked Questions and References

Outpatient Parenteral Antimicrobial Therapy (OPAT)

<http://www.idlinks.com/opat.htm> and <http://www.opat.com>

This US site contains the outcomes registries (both international and the US registry), OPAT Resources Book and OPIT Source Book, references on OPAT and information on how to order the Handbook of Outpatient Parenteral Therapy for Infectious Diseases. Links are provided to several associations including the National Home Infusion Association and the Intravenous Nursing Association. A previously active website: <http://www.opivita.com> from the Outpatient Intravenous Infusion Therapy Association, which had an online Newsletter now links to the OPAT website.

American Society of Health-System Pharmacists - Section for homecare practitioners

<http://www.ashp.org/homecare/>

This site has guidelines on:

- Pharmacists role in homecare
- Minimum standards for homecare pharmacists
- Quality assurance of pharmacy-prepared sterile products
- Technical assistance bulletin on handling cytotoxic and hazardous products

Information is also available on credentialing in pharmacy and the continuing education section includes the use of intravenous inotropic therapy in the home.

Outpatient and Home Parenteral Antibiotic Therapy (OHPAT)

<http://www.ohpat.org.uk>

This UK site is password protected. The website has

- OHPAT guidelines
- published papers
- Resource library which lists leading experts in: Infectious Diseases (the expert, Dr Chris Conlon, Infectious Diseases Unit, Oxford Radcliffe Hospital, visited Australia in June this year and gave a presentation on OHPAT for serious gram positive infections); Oncology; Paediatric Haematology; Nurse Practitioner intravenous therapy; support groups, and; case studies
- regional roundup with local updates
- national and International Events, and
- newsletters (current issue includes articles on endocarditis, infection control)

Other UK websites include: <http://www.home-care.co.uk> , <http://www.ukhomecare.co.uk/> (which is still under development) and <http://www.clinovia.co.uk>.

BOOK REVIEW

McNeal, GJ. **AACN Guide to Acute Care Procedures in the Home**. Lippincott, Williams and Wilkins: Philadelphia.

The *AACN Guide to Acute Care Procedures in the Home* is a clinical support text designed to serve practicing homecare nurses, faculty, and senior-level nurses delivering care to the technologically dependent patient in their home setting.

The *AACN Guide to Acute Care Procedures in the Home* is divided into seven units, and each unit is subdivided into parts.

Unit One provides a broad overview of the homecare setting, covering the following topics: scope of practice, role of the nurse, regulatory considerations, multidisciplinary homecare team, documentation, time management, infection control, and use of telecommunication technologies.

Unit Two provides guidelines for obtaining the health history by offering an overview of the body systems across the lifespan, factors to consider when assessing growth and development, tools used to assess mental health, and approaches to performing a cultural and environmental assessment.

Units Three through Seven provide guidelines for implementing procedures arranged for body systems for each of the following client populations: perinatal, newborn, paediatric, adult and geriatric.

Tables, charts and illustrations are included throughout to support the content. The units end with pertinent appendices and references. The text ends with a glossary of explanatory terms the reader may reference to clarify terminology used.

RRP: \$56.10 (inc. GST)

HEALTH HERO

Reproduced from Health Hero website at <http://www.healthhero.com>

Enabling healthcare professionals to stay one step ahead in caring for their patients, before symptoms become acute, has long been the challenge in managing the health of chronically ill patients in the home environment. Under the premise that solving this challenge is the key to unlocking the power of disease management, Health Hero has developed and makes available to health insurance funds, hospitals and disease management companies, among others, the industry's most advanced platform for delivering structured communications between healthcare providers and their patients in the home. The company's core focus is to significantly empower its customers to effectively leverage the Internet as a means of collecting, analysing and reporting on the day-to-day condition of their patients while fostering the one-to-one relationship evident in traditional face-to-face healthcare environments.

To deliver on this promise and serve the current needs of the aged and chronically ill, Health Hero has developed a unique patient communications appliance that is easily deployed to patients at home. This revolutionary appliance, known as the Health Buddy, was specially designed as a patient-to-care manager communications interface, thereby enabling daily, ongoing communications regardless of age group and technical knowledge. Now a new study by a major healthcare organisation confirms the applicability of the Health Buddy and the Health Hero platform as valuable tools for keeping patients connected to the healthcare system, thereby enabling care managers to do a better, more effective job in managing their overall health.

The results of the patient satisfaction study make a strong testament to the overall value of the Health Hero platform and of the goals of the Health Buddy appliance. Furthermore, it provides a strong basis that patients quickly come to rely on Health Buddy as an easy and effective means of daily communication with their care manager. For healthcare providers seeking to stay in touch with and increase patient compliance with care management regimens the Health Hero platform provides a practical solution that can have extremely positive implications towards increasing the quality of care while reducing its cost.

To find out more about how the Health Hero platform can be applied to your care management needs, or to read the details of the patient satisfaction survey, visit the Health Hero website or contact Health Hero at:

Health Hero Network, Inc.
2570 West El Camino Real, Suite 111
Mountain View, CA 94040
Phone: 650-559-1000
Fax: 650-559-1050
Email: info@hnh.com

Victorian HITH Contact Names and Numbers

Angliss Health Services	Albert St	Upper F ¹ tree Gully	Ms	Shiela	Korda	(03) 9764 6114	(03) 9764 6399
Austin & Repat Medical Centre	Studley Rd	Heidelberg	Ms	Helen	Fithall	(03) 9496 3378	(03) 9496 3359
Austin & Repat Medical Centre	Studley Rd	Heidelberg	Mr	John	Scott	(03) 9496 3603	(03) 9496 0971
Bairnsdale Regional Health Service	PO BOX 474	Bairnsdale	Ms	Gael	Traa	(03) 5150 3333	(03) 5152 6784
Ballarat Health Services	PO BOX 577	Ballarat	Miss	Trish	Twaites	(03) 5320 4676	(03) 5320 4549
Barwon Health	PO BOX 281	Geelong	Ms	Linda	Balaam	(03) 5226 7108	(03) 5226 7302
Benalla & District Memorial	PO BOX 406	Benalla	Ms	Margaret	Aldous	(03) 5760 2258	(03) 5760 2246
Bendigo Health Care Group	PO BOX 126	Bendigo	Mr	Stuart	Daw	(03) 5441 0222	(03) 5441 0280
Box Hill Hospital	Nelson Rd	Box Hill	Ms	Lesley	Poulton	(03) 9895 3442	(03) 9895 4901
Central Gippsland Health Service	Guthridge Pde	Sale	Ms	Wendy	Harwood	(03) 5149 6704	(03) 5149 6633
Colac Community Health Services	Corangamite St	Colac	Ms	Marie Louise	Tucker	(03) 5230 0275	(03) 5230 0191
Djerriwarrh Health Services	Grant St	Bacchus Marsh	Ms	Jane	Cape	(03) 5367 2000	(03) 5367 4537
East Grampians Health Service	PO BOX 155	Ararat	Ms	Yvonne	Bryon	(03) 5352 2221	(03) 5352 4612
Echuca Regional Health	PO BOX 25	Echuca	Ms	Diane	Egan	(03) 5482 2800	(03) 5482 5478
Goulburn Valley Base Hospital	102 Corio St	Shepparton	Ms	Christine	Ryan	(03) 5831 6390	(03) 5822 2584
Kyneton District Health Service	PO BOX 34	Kyneton	Ms	Mandy	Greetham	(03) 5422 1177	(03) 5422 2373
Latrobe Regional Hospital	PO BOX 424	Traralgon West	Ms	Rosemary	Nation	(03) 5173 8117	(03) 5173 8063
Latrobe Regional Hospital	PO BOX 424	Traralgon West	Ms	Trish	Van Donk	(03) 5173 8117	(03) 5173 8063
Maroondah Hospital	PO BOX 135	East Ringwood	Ms	Robyn	Kirsch	(03) 9871 3712	(03) 9871 3716
Mercy Hospital for Women	Clarendon St	East Melbourne	Ms	Cathy	Simons	(03) 9270 2569	(03) 9270 2307
Mildura Base Hospital	PO BOX 620	Mildura	Ms	Leanne	Dellar	(03) 5022 3333	(03) 5022 3258
Monash Medical Centre	Locked Bag 29	Clayton	Ms	Jenny	Silvers	(03) 9594 2433	(03) 9550 6925
Monash Medical Centre	Locked Bag 29	Clayton	Ms	Fran	Chambers	(03) 9594 2433	(03) 9550 6925
Peninsula Health Care Network	PO BOX 52	Frankston	Ms	Leanne	Bell	(03) 9784 7241	(03) 9784 7242
Peter MacCallum Cancer Institute	St Andrews Place	East Melbourne	Ms	Elizabeth	Petterson	(03) 9656 1017	(03) 9656 1422
Peter MacCallum Cancer Institute	St Andrews Place	East Melbourne	Mr	Anthony	Sulkowski	(03) 9656 1353	(03) 9656 1415
Portland & District Hospital	Bentinck St	Portland	Ms	Hazel	Anthony	(03) 5521 0345	(03) 5521 0358
Royal Children's Hospital	Flemington Rd	Parkville	Ms	Louise	Devereux	(03) 9345 6548	(03) 9345 6231
Royal Melbourne Hospital	Grattan St	Parkville	Ms	Sharon	Smith	(03) 9342 8597	(03) 9342 8268
Royal Women's Hospital	132 Grattan St	Parkville	Ms	Pam	Bull	(03) 9344 2324	(03) 9348 1840
South West Health Care	Ryot St	Warrnambool	Ms	Claire	Letts	(03) 5563 1437	(03) 5563 1627
South West Health Care	Ryot St	Warrnambool	Ms	Jenny	Dean	(03) 5563 1592	(03) 5563 1627
St Vincent's Hospital	41 Victoria Pde	Fitzroy	Ms	Tamara	Rowan	(03) 9288 3818	(03) 9288 3848
Stawell District Hospital	PO BOX 116	Stawell	Ms	Jan	Sherwell	(03) 5358 8572	(03) 5358 4092
Sunshine Hospital	176 Furlong Rd	St Albans	Ms	Elizabeth	Rykers	(03) 9365 1793	(03) 9365 1794
Swan Hill District Hospital	PO BOX 483	Swan Hill	Ms	Dallas	Brown	(03) 5033 9375	(03) 5032 9528
The Alfred	Commercial Rd	Prahran	Ms	Dianne	Richards	(03) 9276 3908	(03) 9276 2794
The Northern Hospital	185 Cooper St	Epping	Ms	Anne	Bentley	(03) 9219 8000	(03) 9219 8633
The Williamstown Hospital	PO BOX 125	Williamstown	Ms	Claire	DelRosario	(03) 9393 0133	(03) 9393 0178
Wangaratta District Base Hospital	PO BOX 386	Wangaratta	Ms	Marianne	McKelvie	(03) 5722 0348	(03) 5722 0419
Wangaratta District Base Hospital	PO BOX 386	Wangaratta	Mr	Cameron	Butler	(03) 5722 0444	(03) 5722 0419
Werribee Mercy	300 Princes Hwy	Werribee	Ms	Jenni	Lovel	(03) 9216 8699	(03) 9216 8692
West Gippsland Hospital	Landsborough St	Warragul	Ms	Marie	Young	(03) 5623 0611	(03) 5623 0609
West Wimmera Health Service	PO BOX 231	Nhill	Ms	Anne	Munn	(03) 5391 4222	(03) 5391 4228
Western District Health Service	PO BOX 283	Hamilton	Ms	Betty	Joosen	(03) 5571 0222	(03) 5571 0300
Western Hospital	Gordon St	Footscray	Ms	Jennifer	Mackay	(03) 9319 6199	(03) 9319 6314
Wimmera Health Care Group	Baillie St	Horsham	Mr	Don	McRae	(03) 5381 9184	(03) 5381 9187
Wodonga District Hospital	Vermont St	Wodonga	Ms	Dianne	Egan	(03) 6051 7334	(03) 6051 7337

Updated November 2000



The Alfred, Commercial Road, Prahran
Victoria,
Australia, 3181

Telephone: + 613 9276 3535
Facsimilie: + 613 9276 6901
Email: vcaci@alfred.org.au