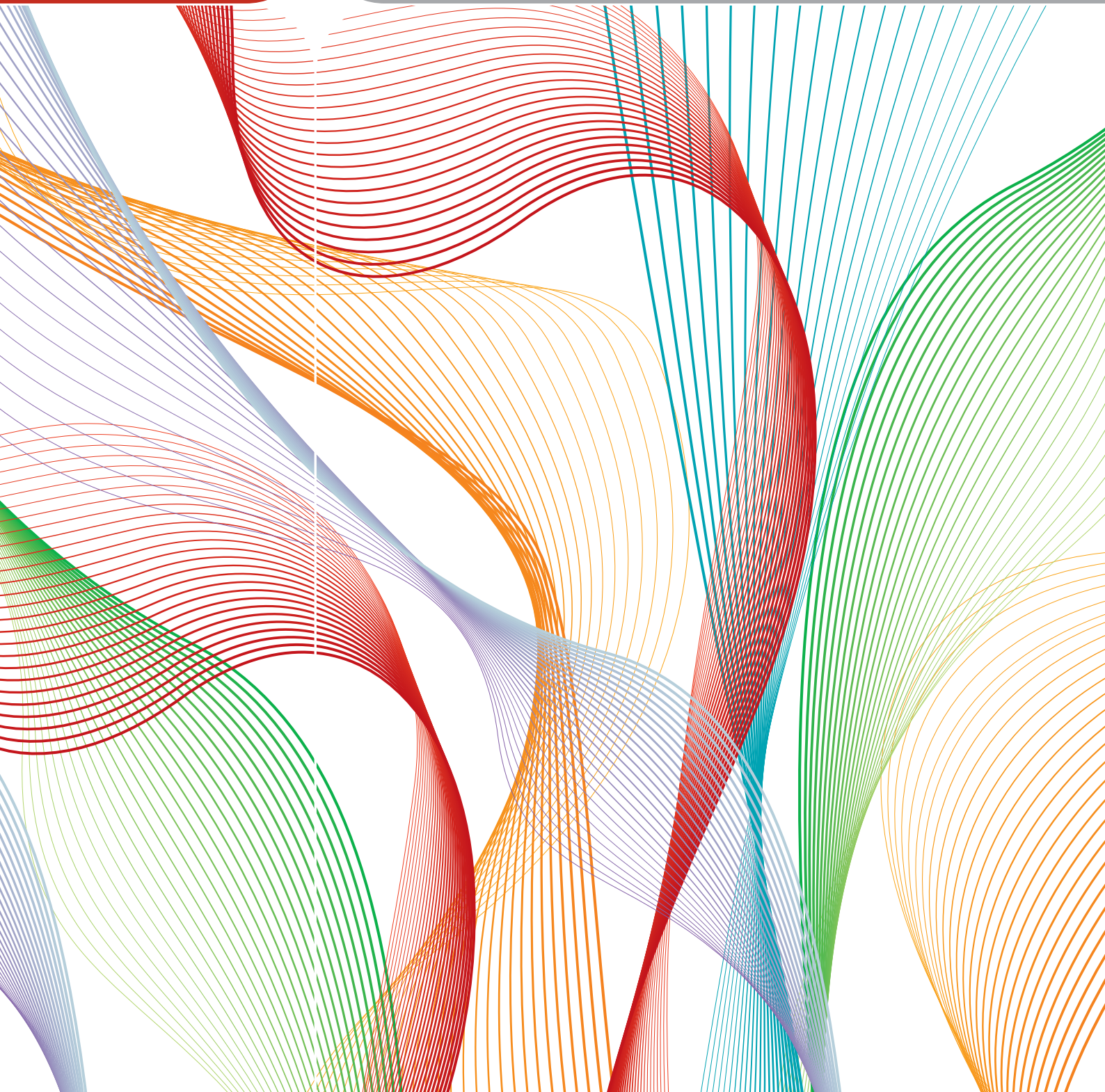
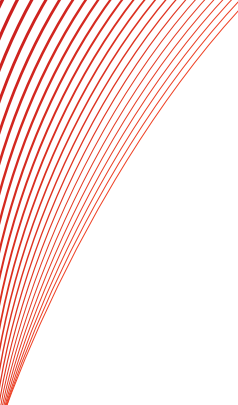


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# 2010 Victorian Public Healthcare Awards Showcase





The 2010 Showcase book provides an overview of the winners and highly commended entries in the 2010 Victorian Public Healthcare Awards. The entries listed in the Showcase book are abridged versions of the submissions made to the Victorian Public Healthcare Awards. If you would like further information, including the references cited in the submissions please contact the finalist.

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# Introduction

Now in their sixth year, the Victorian Public Healthcare Awards celebrate quality, innovation and excellence in our public health care system. These Awards recognise the diverse ways in which excellent public health and health care are achieved – honouring initiatives, projects, campaigns, services, individuals and teams delivering groundbreaking work that is improving Victoria's public health care.

Entries are accepted for the Premier's health service of the year and Excellence Awards; Minister's Awards for outstanding individuals and team achievements; Department of Health Secretary's Award; and Category Awards for leading health care and public health initiatives. Entries submitted in the Secretary's and Premier's Excellence Awards are also eligible to be submitted in the Category Awards.

## Selecting the 2010 winners

The Secretariat invites representatives from health services, community health, academia, non-government organisations and consumers to assess the entries. The judging panels include experts from positions such as board members, chief executives, general managers and directors, health researchers, quality managers, patient advocates and policy advisors. A panel of up to eight judges is assigned to each award. The Chair of Judges, Ms Prue Power is responsible for overseeing the process of selecting finalists and winners.

**Thank you to the judges of the  
2010 Victorian Public Healthcare Awards**

## Chair of Judges

### Ms Prue Power

Executive Director,  
Australian Healthcare & Hospitals Association

## Panel Chairs

### Ms Colleen Boag

Executive Director,  
Yarram and District Health Service

### Mr Philip Dunn

Operational Director of Mental Health/Drugs & Alcohol,  
Barwon Health

### Dr Jane Hendtlass

Coroner,  
Coroners Court of Victoria

### Dr Sophie Hill

Head, Centre for Health  
Communication and Participation,  
La Trobe University

### Mr Demos Krouskos

Chief Executive Officer,  
North Richmond Community Health

### Ms Fiona McKinnon

Director, Inpatient Rehabilitation Services  
& Clinical Director, Ambulatory Services,  
Barwon Health

### Associate Professor Richard Newton

Medical Director, Mental Health CSU,  
Austin Health

### Mr Robin Ould

Chief Executive Officer,  
The Asthma Foundation of Victoria

### Associate Professor John Rasa

Director,  
Australian Centre for Leadership Development

### Associate Professor Tony Snell

Director of Medicine and Community Care,  
Melbourne Health

### Mr John Turner

Chief Executive Officer,  
Bentleigh Bayside Community Health

### Mr Stephen Vale

Executive Director, Medical Services,  
Aged and Community Care,  
St Vincent's

### Ms Marg Way

Director, Clinical Governance,  
Alfred Health

# Judges

**Mr John Anderson**

Director, Corporate Services  
West Gippsland Healthcare Group

**Ms Elaine Bennett**

Operations Director Mental Health  
Peninsula Health

**Ms Anne Bergin**

Manager Capital Works -  
Planning & Design  
Eastern Health

**Professor Christopher Bladin**

Director, Dept. of Neurosciences,  
Clinical Lead, Victorian Stroke  
Clinical Network, Chairman,  
Division of Medicine  
Box Hill Hospital (Monash University)

**Ms Lyn Bongiovanni**

Manager Language Services  
Western Health

**Ms Debra Bourne**

Nurse Practitioner  
Seymour District Memorial Hospital

**Mr John Brown**

Executive Director, Finance  
and Corporate  
The Royal Children's Hospital

**Mr Harry Bryce**

Executive Director, Australian  
Community Centre for Diabetes  
Victoria University

**Ms Jill Butty**

Manager, Quality and Safety Unit  
Mercy Health Services

**Ms Caroline Byrne**

Director Psychiatric Services Division  
South West Healthcare

**Dr Thomas Callaly**

Professor, Deakin University;  
Executive Director & Clinical Director,  
Mental Health, Drugs  
& Alcohol Services  
Barwon Health

**Ms Pip Carew**

Assistant Secretary  
ANF (Vic Branch)

**Ms Bobbie Carroll**

Executive Director -  
Contracts & Clinical Support,  
Nursing and Midwifery Advisor  
The Royal Women's Hospital

**Ms Rowena Clift**

Executive Director of Operational  
Performance & Organisational  
Improvement  
Ballarat Health Services

**Dr Sally Cockburn**

GP Media Commentator and  
Health Advocate 'Dr Feelgood'  
3AW

**Mr Philip Cornish**

Director Community Services  
Centacare Catholic Family Services

**Mr Wallace Crellin**

Consumer Advocate

**Ms Maree Cuddihy**

Executive Director  
Business Performance  
Northern Health

**Ms Rae Davies**

Manager Clinical Programs  
Bass Coast Community  
Health Service

**Dr Sam Davis**

Senior Lecturer, Palliative  
& Support Services  
Flinders University

**Associate Professor****Sharon Donovan**

Executive Director of Nursing,  
Ambulatory Care and Mental Health  
Services, Chief Nursing Officer  
Alfred Health

**Ms Lesley Dwyer**

Chief Operating Officer  
Adelaide Health Service

**Ms Karleen Edwards**

Executive Director,  
Mental Health, Drugs & Regions  
Department of Health

**Ms Angela Erwin**

Aged Care Services Manager  
& Clinical Governance Manager  
Colac Area Health

**Dr Sue Evans**

Senior Research Fellow  
Centre of Research Excellence in  
Patient Safety Monash University

**Mr Peter Fitzgerald**

Executive Director,  
Strategy, Policy & Finance  
Department of Health

**Dr Simon Fraser**

Senior Paediatrician/Clinical Lead  
Clinical Governance,  
Latrobe Regional Hospital & Director  
Clinical Governance Bass Coast  
Regional Health

**Mrs Leigh Giffard**

Director of Nursing  
Nathalia District Hospital

**Ms Margaret Goding**

Associate Director  
Asia Australia Mental Health



**Ms Jenni Gratton-Vaughan**

Executive Director Planning  
and Innovation  
Royal Victorian Eye and Ear Hospital

**Ms Anna Green**

Manager/Nurse Practitioner  
ICU Liaison Department  
Western Health

**Ms Louise Greene**

Director Business Improvement  
the ideal consultancy

**Associate Professor****Sabine Hammond**

Head, School of Psychology  
Australian Catholic University

**Ms Tanya Hendry**

Community Participation Coordinator  
Alfred Health

**Ms Liz Hlipala**

Deputy Executive Director Workforce  
Department of Health, South Australia

**Mr Dan Hourigan**

Chairman, Board of Management  
MonashLink Community  
Health Service

**Mr Michael Janssen**

Chief Executive Officer  
Health Issues Centre

**Ms Sue Kearney**

Manager, Health Promotion  
and Communications  
Dental Health Services Victoria

**Professor Helen Keleher**

Head, Department of Health  
Social Science  
Monash University

**Professor Anne-Maree Kelly**

Director, Joseph Epstein Centre  
for Emergency Medicine Research  
Western Health

**Mr Graem Kelly PSM**

Chief Executive Officer  
Castlemaine Health

**Mr Mike Kennedy**

Executive Director  
Victorian AIDS Council /  
Gay Men's Health Centre

**Hon Rob Knowles AO**

Chair, Mental Health  
Council of Australia

**Ms Nicole Kondogiannis**

Manager, Organisational  
Development & Strategy  
Doutta Galla Community  
Health Service

**Mr John Krygger**

Chief Executive Officer  
South West Healthcare

**Mr Geoff Lavender**

Executive Director  
Leadership & Learning  
Hardy Group International

**Mr Allan Layton**

Vice President, Board of Management  
Alexandra District Hospital

**Ms Deidre Madill**

Volunteer Coordinator  
Echuca Regional Health

**Mr Michael McGartland**

Board Member  
Inner South Community  
Health Service

**Ms Jackie McLeod**

Project Director  
Clinical Systems Project  
Austin Health

**Ms Sue McNamara**

Human Resources Manager  
Bairnsdale Regional Health Service

**Emeritus Professor Nancy Millis**

Department of Microbiology &  
Immunology  
University of Melbourne

**Ms Jo-Anne Moorfoot**

Director Quality, Safety & Risk  
Management  
Austin Health

**Ms Lyn Morgain**

Chief Executive Officer  
Western Region Health Centre

**Ms Belinda Moyes**

Chief Nursing Advisor  
Department of Health

**Mr Gregg Nicholls**

Chief Executive Officer  
MonashLink Community  
Health Service

**Ms Catherine O'Connell**

Executive Director of Clinical  
Operations  
Albury Wodonga Health

**Dr Annette Pantle**

Director Clinical Practice Improvement  
NSW Clinical Excellence Commission

**Dr Grant Phelps**

Consultant  
Medical Specialist Services

**Mr David Plunkett**

Executive Director, Nursing,  
Access & Patient Support Services  
(Chief Nursing & Midwifery Officer)  
Eastern Health

**Ms Merrin Pricor**

Director of Primary Care  
Echuca Regional Health

**Dr Priscilla Robinson**

Epidemiologist and Senior Lecturer  
La Trobe University City Campus

# Judges

**Mrs Robyn Rourke**

Manager Quality and Risk  
EACH Social and Community Health

**Ms Jacinta Russell**

Manager Pathology Services  
Goulburn Valley Health

**Ms Nicole Shaw**

Quality and Safety Coordinator  
Sunraysia Community Health Services

**Professor Bruce Singh AM**

Deputy Dean, Faculty of Medicine,  
Dentistry & Health Sciences  
University of Melbourne

**Mr Mark Smith**

General Manager,  
External Relations  
Royal District Nursing Service

**Mr Paul Smith**

Executive Officer,  
Primary Care Services  
Swan Hill District Health

**Ms Mary-Jane Stolp**

Quality and Risk Manager  
Catholic Homes

**Mr Andrew Stripp**

Chief Operating Officer  
Alfred Health

**Dr Michael Summers**

Senior Policy Advisor  
MS Australia

**Ms Sally Taylor**

Clinical Risk Manager  
Wimmera Health Care Group

**Ms Valerie Thiessen**

Leader, Clinical System Project  
Western Health

**Professor Robert Thomas**

Distinguished Fellow  
in Surgical Oncology  
Peter MacCallum Cancer Centre

**Dr Julie Thompson**

Board member,  
General Practice Victoria  
Division of General Practice

**Ms Felicity Topp**

Director Operations  
Melbourne Health

**Associate Professor****Tony Walker ASM**

General Manager Regional Services  
Ambulance Victoria

**Mr Lance Wallace**

Executive Director,  
Hospital & Health Service Performance  
Department of Health

**Dr Euan Walpole**

Associate Professor of Medicine,  
Medical Director Cancer Services  
Princess Alexandra Hospital /  
Southern Area Health Service  
Queensland

**Dr Michael Walsh**

Chief Executive  
Cabrini Health

**Ms Fiona Watson**

Director of Quality  
& Organisational Development  
Peter MacCallum Cancer Centre

**Dr Rob Weller**

Medical Director,  
Subacute Services  
Austin Health

**Ms Maureen Williams**

Manager, Complex Care  
& Oral Health Inner South  
Community Health Service

**Ms Beth Wilson**

Health Services Commissioner  
Office of the Health  
Services Commissioner

**Ms Pauline Wright**

Senior Manager, Community,  
Children, Youth and Family Programs  
Nillumbik Community Health Service

**Associate Professor Mark Yates**

Clinical Director - Internal Medicine  
Service & Sub-Acute Medicine  
Ballarat Health Services

# Summary of Awards

## Premier's Awards

### Primary health service of the year

#### Winner

Inner South Community Health Service

#### Highly commended

EACH Social and Community Health  
Doutta Galla Community Health Service

### Rural health service of the year

#### Winner

Robinvale District Health Services

#### Highly commended

Alexandra District Hospital  
West Wimmera Health Service

### Regional health service of the year

#### Winner

South West Healthcare

#### Highly commended

West Gippsland Healthcare Group  
Western District Health Service

### Metropolitan health service of the year

#### Winner

Peter MacCallum Cancer Centre

#### Highly commended

Austin Health  
Peninsula Health

## Premier's Excellence Awards

### Tackling chronic disease and improving public health

#### Winner

The Royal Children's Hospital  
*Chronic illness peer support program*

#### Highly commended

Diabetes Australia – Vic & VACCHO  
*Feltman: a diabetes education tool*

Western Health  
*Improving health outcomes in Victorians at risk of low vitamin D*

### Improving cancer care in Victoria

#### Winner

Paediatric Integrated Cancer Service,  
The Royal Children's Hospital and  
Peter MacCallum Cancer Centre  
*GA? No way! Minimising the use of general anaesthesia in radiotherapy mask production for children: an innovative child-friendly approach*

#### Highly commended

Alfred Health  
*Improving quality of life for long-term cancer survivors through support services*

Barwon South Western Region  
Integrated Cancer Service  
*Changing the culture from corridor conversations to effective multidisciplinary communication*

# Summary of Awards

## Minister's Awards

### Outstanding achievement by an individual

#### Winner

Alex Auldist  
The Royal Children's Hospital

#### Highly commended

Bob Jones  
Austin Health  
Chris Kimber  
Southern Health

### Outstanding achievement by a team

#### Winner

Southern Health  
New innovations team

#### Highly commended

Austin Health  
Intensive care unit team  
The Royal Children's Hospital  
The twins' separation team

### Outstanding achievement by an individual in mental healthcare

#### Winner

Patrick McGorry  
Melbourne Health

#### Highly commended

Isabell Collins  
Victorian Mental Illness Awareness Council  
Priscilla Yardley  
Peninsula Health

## Outstanding team achievement in mental healthcare

#### Winner

Pathways and Barwon Health  
*Dialectical behaviour therapy team*

#### Highly commended

Incolink  
*Apprentice support team*  
Southern Health  
*Butterfly eating disorders day program team*

## Secretary's Award

### Improving the patient experience

#### Winner

Peter MacCallum Cancer Centre  
*Personalised souvenir movies for paediatric radiotherapy patients*

#### Highly commended

Austin Health  
*Improving the patient experience: health assistants in nursing*  
The Royal Women's Hospital  
*Partners in care – neonatal services model of care*

## Category Awards

### Delivering sustainable & efficient healthcare services

#### Gold

Barwon Health  
*Increasing information availability in health care*

#### Silver

Peninsula Health  
*Supply and deliver – supply chain initiatives*

#### Highly commended

Melbourne Health  
*Logistics improvements at Melbourne Health*

### Improving access performance

#### Gold

Southern Health  
*No wrong door – improving the client journey and referrer experience*

#### Silver

Alfred Health  
*Ensuring timely access to care for emergency medical patients*

#### Highly commended

Melbourne Health  
*Nurse-led non-muscle invasive bladder cancer surveillance service*



## Improving quality performance

### Gold

Melbourne Health

*Northern Psychiatric Unit clinical risk management initiative*

### Gold

Wimmera Health Care Group

*Using clinical pathways to improve and sustain quality patient care*

### Highly commended

The Royal Children's Hospital and Murdoch Children's Research Institute  
*Development and implementation of a paediatric sedation education and credentialing program*

## Reducing inequalities

### Gold

Diabetes Australia – Vic & VACCHO  
*Feltman: a diabetes education tool*

### Silver

Eastern Health

*Strong n proud – Indigenous youth transition program*

### Highly commended

Victorian Deaf Society  
*Human Services Video Relay Interpreting Service*

## Prevention & promotion

### Gold

Peninsula Health

*Cooking up a storm*

### Silver

The Royal Women's Hospital

*Young people's health and wellbeing – sexual assault prevention program for secondary schools*

### Highly commended

Barwon Health

*Preschool oral health program – smiles 4 miles & partnerships*

## Responding to mental health & drug & alcohol service needs

### Gold

Peninsula Health

*Breaking the ice – tackling amphetamine-related harms*

### Silver

Austin Health

*Improved inpatient management of people with eating disorders*

### Highly commended

Prahran Mission UnitingCare

*Voices Vic – the establishment of a Victorian hearing voices network*

## Responding to an ageing population

### Gold

Western District Health Service

*Men's out and about program*

### Silver

Northern Health

*Enhancing practice – a creative response to improving care for older people*

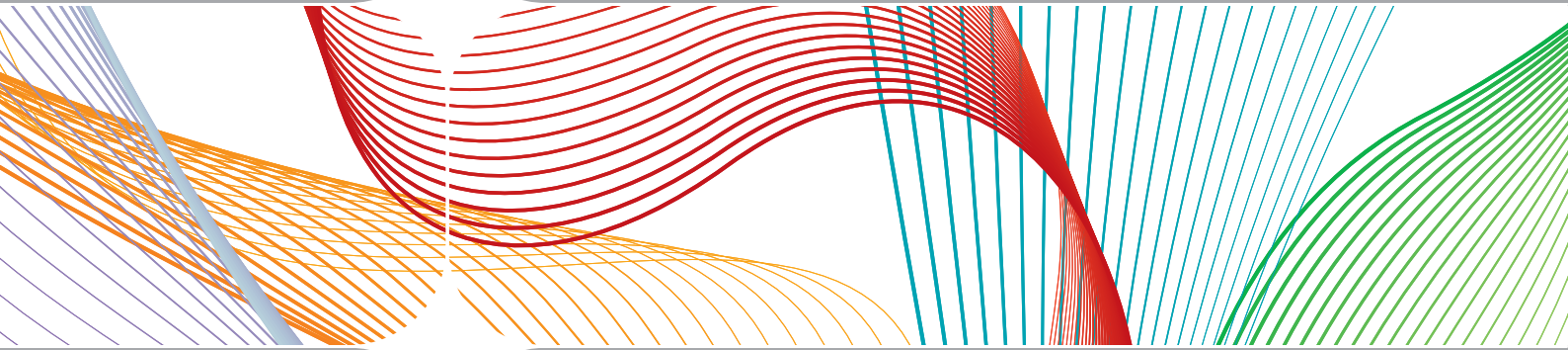
### Highly commended

Austin Health

*Aged care residential outreach program*

# Premier's Awards

The Premier's Awards for the most outstanding health services of the year are the most prestigious accolades to which a Victorian health service can aspire. These awards recognise leadership and excellence in the provision of publicly funded health care for the Victorian community.



Winner

Primary health service of the year

Inner South Community Health Service



## About the organisation

Inner South Community Health Service (ISCHS) is a major provider of health and community services in the inner southern region of Melbourne, servicing a catchment of 190,000 people. Our work spans the continuum of prevention, early intervention and long-term management.

ISCHS is increasingly being called on to deliver a range of regional and statewide services. This is in recognition of our specialist expertise in working with highly marginalised populations – for example, sex workers and street-based injecting drug users – and our success in developing effective engagement strategies, including innovative forms of outreach.

ISCHS is committed to breaking down service silos in order to improve population health. We play a leadership role in key networks, such as the Inner South East Partnership in Community and Health, which ISCHS chairs. Our investment in these networks underscores the commitment to driving service integration and coordination. We demonstrate this internally through our integrated models in chronic disease management, health promotion and community participation.

## Providing sustainable, well-managed and efficient health services

ISCHS has built organisational capacity to ensure its sustainability. Recruitment and retention of staff is supported by strategies including a defined budget allocation for training and development that ensures comprehensive orientation, excellent access to training and development, professional supervision and a reward and recognition scheme.

In December 2009, ISCHS successfully implemented a significant organisational restructure that will position the service for the next stage of growth.

ISCHS currently maintains more than 70 formal partnerships, which strengthen organisational sustainability and deliver better population health outcomes.

Through robust financial management and attainment of surpluses, the board has maximised investment returns in new service development, new infrastructure and new staff positions.

## Providing timely and accessible health services

ISCHS has enthusiastically embraced the Department of Health's Community Health Priority Tools initiative.

Over and above departmental requirements, ISCHS made significant changes in other program areas to drive improvement and meet demand. One of these changes was the adaptation and implementation of the priority access tools in ISCHS's mental health program.

As a direct consequence, consumers report increased confidence in the system, and ISCHS can consistently deliver timely responses to assessment, avoiding unnecessary delays for consumers and referrers.

The organisation's investment in data collection, research and consumer participation in 2009–10 also highlights the extent to which ISCHS has responded to increasing and changing demand for services.

Projects like 'Ask me that when my health and housing is a lot better' – a landmark community health research initiative – have provided ISCHS with a platform to better understand growing demand and increasing client complexity.

## Promoting least-intrusive and earliest-effective care

ISCHS is committed to ensuring the right care is delivered at the right time in the right place.

We do this through:

- meaningful consumer engagement
- comprehensive needs assessment
- innovative service models
- strong partnerships to create formal pathways between services.

ISCHS has undertaken significant steps to facilitate least-intrusive and earliest-effective care.

Three new examples from 2009–10 are:

- The ISCHS/Alfred Health Community Psychiatry Clinic – an outstanding example of how clients with a major mental illness can be stepped-down to community-based care that is non-stigmatising while maintaining appropriate risk assessment to ensure provision of the earliest-effective care should there be a significant shift in mental state.
- ISCHS's model for managing hoarding behaviour includes linkages with an aged-persons psychiatrist and clinical psychologist, and practical support from skilled support workers in the hoarders' homes.
- The Possum Cloak project was a culturally sensitive health promotion activity developed in response to the significant rates of morbidity and mortality resulting from cervical cancer in Aboriginal women.

Our innovative, responsive approach has increased sector and partner capacity to respond appropriately to complex client needs.

### **Improving health service safety and quality**

Quality is a key focus for ISCHS and during 2009–10 the board reviewed the terms of reference for the Quality and Review and Audit and Risk subcommittees which provide strategic oversight and monitor organisational performance, client safety and risk against key performance indicators.

All staff undertake the ISCHS orientation program, which has a strong focus on quality and clinical governance. Staff are also supported through training and development.

ISCHS is a quality-accredited organisation with Quality Improvement & Community Services Accreditation and at the 2008 review received leading practice in the area of ensuring cultural safety and appropriateness. Our mid-year review document was submitted in January 2010 and all planned objectives are on track.

### **Strengthening the capacity of individuals, families and communities through effective prevention and health promotion**

ISCHS works at an individual, family and community level to promote health and wellbeing through a range of programs across the lifespan, from early-childhood screening and supported playgroups through to social support to isolated older people living in public housing.

Our Indigenous Access program has a strong prevention approach. A critical success factor has been the way in which ISCHS has positioned the program in a community setting, using the weekly indigenous Wominjeka BBQ as the gateway for other health interventions.

Our family violence program continues to be acknowledged at a national level, with multiple awards for best practice and innovation for building the capacity of parents to respond to inappropriate adolescent behaviour. It has positive outcomes not just for parents, but for young people at risk. Resources have been shared nationally.

### **Improving health and wellbeing for disadvantaged people and communities**

ISCHS places the health and wellbeing of disadvantaged people and communities at the core of all that we do.

Our health equity agenda is realised through:

- intake and referral protocols
- meaningful consumer participation
- population health planning and health promotion activities
- the creation of culturally safe spaces
- the development and implementation of client-centred service models, including assertive outreach to the most marginalised groups
- service coordination within our own organisation and externally.

Our client survey demonstrates significant satisfaction with services.

### **Contact**

Robbi Chaplin  
Inner South Community Health Service  
E: [rchaplin@ischs.org.au](mailto:rchaplin@ischs.org.au)



## Highly commended

### Doutta Galla Community Health Centre

Doutta Galla Community Health Service works with the most vulnerable and disadvantaged members of our communities, offering primary, community and mental health services.

We cover the cities of Melbourne and Moonee Valley with a combined population of over 170,000 people and more than 6,000 public housing units with an estimated 14,000 residents.

Our focus is on understanding health needs and designing programs including treatment services, early intervention programs, health promotion strategies and social support initiatives that build trust and ensure a positive experience.

Last year, 234 staff provided services to more than 17,500 clients who speak 37 different languages. Many are older and live alone, a large percentage are refugees, a significant number are people living with enduring mental illness, some are homeless, and an increasing number are children and young people.

The diversity of our clients provides the inspiration to improve our service each year.

#### Contact

Caz Healy

Doutta Galla Community Health Centre

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## Highly commended

### EACH Social and Community Health

EACH has over 35-years experience as an established non-government organisation, providing holistic and integrated primary health care, psychosocial and disability support services in Victoria and NSW.

It has a multidisciplinary workforce of approximately 680 employees, supported by more than 250 volunteers deployed over thirty health service sites.

The organisation provides services directly through its own staff as well as through brokered subcontract relationships and professional partnerships.

EACH's vision is to build healthy and inclusive communities, based on a social model of health. It has a strong record of delivering projects on time and within budget, including the implementation of more than 30 new contracts in the last 12 months.

EACH provides services through the following organisational structures for service delivery:

- community mental health and support
- community inclusion and social support
- employment and training
- primary health care
- regional counselling
- youth and family.

#### Contact

Robyn Rourke

EACH Social and Community Health

E: [rrourke@each.com.au](mailto:rrourke@each.com.au)



Winner

Rural health service of the year

Robinvale District Health Services



## About the organisation

Robinvale District Health Services (RDHS) is a multipurpose service that provides a diverse range of services to communities across a catchment area of approximately 60,000 square kilometres. We have a proud history of growth through innovation, investment in our staff and working in partnership with a broad range of stakeholders.

RDHS operates 20 acute beds, 55 residential aged-care places (high and low care) and provides accident and emergency services to both the Robinvale and Manangatang communities. The main campus at Robinvale supports a comprehensive range of services that includes dialysis, radiology, midwifery, visiting nursing and community health nursing services. A Commonwealth-funded allied health team with around 20 staff is also based at Robinvale.

RDHS employs 150 staff and has an operating budget of approximately \$13 million.

## Providing sustainable, well-managed and efficient health services

Last year we became registered as a simplified billing agent and achieved a gold medal in the Australasian Reporting Awards for corporate reporting and disclosure practices.

Support areas have introduced banqueting systems to streamline food services and steam cleaners have been purchased to implement a chemical-free cleaning regime.

We are a ResourceSmart organisation and will be certified to AS/NZS/ISO 14001:2004 before the end of 2010.

A combination of innovative recruitment strategies and workforce development initiatives has ensured that our vacancies are kept to a minimum and our workforce performs to a high standard. In the past year we provided an average of 41 hours of training per FTE employee.

We believe in achieving sustainability and service-growth at a community level through partnerships. Our extensive allied health service is underpinned by an alliance between six health services across southern New South Wales and north west Victoria.

## Providing timely and accessible health services

RDHS achieved all targets identified in the last service plan which ended in 2009. Over the past three years we have established a new radiology service, reintroduced dialysis services and commenced the delivery of audiology services in partnership with a private company.

We have established ourselves as a one-stop shop for acute, aged care, primary care and early childhood services. The expansion of our allied health team in 2010 resolved our outstanding waiting lists and enabled growth in health prevention and promotion activities.

We have actively worked with other agencies to subcontract services and deliver them locally, reducing the number of programs run by visiting services, increasing local employment opportunities, reducing service fragmentation and generating resource efficiencies.

Our secure financial position and innovative approach to service development has ensured that we are able to meet service demand and continue to strengthen our focus on individuals, families and the community.

## Promoting least-intrusive and earliest-effective care

RDHS operates one of the largest rural primary health service programs in Australia. This program is delivered using a hub and spoke model where staff travel to provide a range of allied health services to isolated communities.

Our SPOT program provides a team-based speech pathology and occupational therapy service to kindergarten programs and conducts joint allied-health intervention sessions with clients, particularly children, who have complex needs.

We have implemented a new discharge planning process that actively involves the Visiting Nursing Service (VNS) and the allied health team prior to patient discharge rather than via referral. VNS staff provide support to patients in the home seven days per week.

Earlier intervention and effective health promotion has reduced inpatient admissions and presentations to the emergency department. Midwifery has achieved improved outcomes due to better planning for birthing, health care screening and earlier diagnosis and intervention, and there have been no avoidable incidents.

### **Improving health service safety and quality**

RDHS maintains a risk register and management system that integrates with our quality management system to ensure risk mitigation action is taken. Our clinical risk policy and procedures were reviewed in the last year to meet best-practice standards and provide information and data to the clinical risk management committee for periodic review.

Our patients are surveyed for comment and are now routinely contacted by phone following discharge from hospital to enquire about their wellbeing and need for services or support.

As from 2010 all of our facilities now have adequate emergency power supply in the case of extreme weather events or power failure and air conditioning has been upgraded in residential aged care areas.

RDHS consistently achieves high standards for infection control and hand hygiene.

### **Strengthening the capacity of individuals, families and communities through effective prevention and health promotion**

Over the past two years RDHS has conducted in excess of 800 health promotion sessions. We have also recently completed a community-needs analysis to identify program delivery needs and opportunities.

Programs are delivered by a multidisciplinary team of allied health staff and health promotion officers. To achieve sustainability at a community level our health promotion and preventative health activities are also delivered in

partnership with community organisations such as sporting groups, neighbourhood houses and schools.

In 2010 RDHS commenced a three-year Festival for Healthy Living program in partnership with The Royal Children's Hospital, local schools and the local Aboriginal cooperative.

Health promotion and prevention activities have seen children's immunisation rates increase significantly.

### **Improving health and wellbeing for disadvantaged people and communities**

RDHS employs three cultural liaison officers to support the significant Indigenous and culturally and linguistically diverse (CALD) populations of our community. The liaison officers provide information to community members about health services and help health services staff make their practices more engaging.

Our health service partnership with the Murray Valley Aboriginal Cooperative is leading to positive outcomes. Where possible we are also delivering clinical services from the Aboriginal cooperative premises.

Using the social determinants model of health care we have engaged with culturally disadvantaged groups through early-years programs to support the development of our community's children.

We conduct several programs specifically designed to address the health needs of Indigenous and CALD communities.

### **Contact**

Laurence Burt  
Robinvale District Health Services  
E: [lburt@rdhs.com.au](mailto:lburt@rdhs.com.au)



## Highly commended

### Alexandra District Health

Alexandra District Hospital is a small rural health service located in north east Victoria. It has an annual budget of around \$6 million. It is the only provider of surgical services in the rural Shire of Murrindindi, with a catchment population of around 15,000.

Approximately 1,300 inpatients (including well over 800 surgeries) and 2,500 emergency attendances are treated per year by visiting medical officers and a staff of over 100. New and expanded services have been developed in response to consumer feedback.

Community health services have grown exponentially in recent years and now include many health and education programs. The hospital also runs an early childhood intervention service and family support for preschool children with special needs.

The Alexandra District Hospital has been providing health care to our community for 139 years. We are proud of our history, our achievements and our commitment to excellence in rural health care.

#### Contact

Heather Byrne

Alexandra District Hospital

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## Highly commended

### West Wimmera Health Service

West Wimmera Health Service (WWHS) is committed to the delivery of health, welfare and disability services that are compassionate, responsive, accessible and accountable to individual and community needs, and which result in quality outcomes for the people of the region.

WWHS encompasses six communities across 17,000 square kilometres. The organisation offers a full range of health services and employs 546 staff members and 50 volunteers who work across four acute hospitals, five nursing homes, five hostels, a disability service and a community health centre.

Information provided by a recent community analysis activity enabled the organisation to change its focus to ensure that it is meeting demand for services and keeping abreast of trends and burden of disease.

The organisation is fully aware and committed to reducing the health inequalities experienced by disadvantaged members of the community. We value our community engagement processes and welcome feedback from all stakeholders.

#### Contact

John Smith

West Wimmera Health Service

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Winner

Regional health service of the year

South West Healthcare



## About the organisation

South West Healthcare (SWH) is a leading regional health service offering a high level of care that enhances the quality of life for over 110,000 people living across 26,000 square kilometres within the five local government areas located in south west Victoria. SWH is a geographically dispersed organisation and has four campuses and 11 separate sites. It comprises two public hospitals, a mental health services division, an aged care facility and five community health sites. The organisation has a \$100 million annual budget, employs approximately 1,200 staff and is a vital contributor to the local economy.

In 2010 the health service has met or exceeded all performance metrics. Measures such as patient satisfaction, staff satisfaction, specialist recruitment, financial performance and accreditation outcome have all exceeded expectations. These outstanding results have been achieved in the midst of a \$170 million capital redevelopment occurring on the Warrnambool site.

## Providing sustainable, well-managed and efficient health services

The organisation has been operating in a challenging financial environment as a consequence of the major redevelopment. The health service has targeted big-ticket items of efficiency, which has resulted in:

- improvements to the operating surplus
- increase in the number of acute patients treated
- reduction in length of stay
- increase in primary care services
- reduction in dental waiting lists.

SWH is the first hospital in Victoria to implement the National Health Service *Productive Ward Releasing Time to Care* model which has improved efficiencies and allows more direct clinical contact time with patients.

SWH is actively recruiting specialist staff to ensure our skill-mix meets the needs of consumers in a subregional setting. All staff are equally valued and supported with focused professional development opportunities.

## Providing timely and accessible health services

SWH has met all statewide benchmarks for triage times in the emergency department and has actively reduced the waiting list for elective surgery by 16 per cent during the past year.

The service also has 100 per cent compliance with another key measure, which is transferring mental health patients from the emergency department to a mental health bed within eight hours.

Our internal and external emergency response systems have undergone significant improvements in recent years and were fully tested in November 2009 through a Displan response following a school bus crash in which 15 children were injured. This demonstrated SWH's preparedness for a mass-casualty event.

Patient-centred care approaches have included minimising functional decline for older patients and emergency management of stroke patients.

## Promoting least-intrusive and earliest-effective care

The construction of new facilities has provided a once-in-a-generation opportunity to review business practices and models of care to ensure best practice. These major change processes will be undertaken prior to the move to new facilities so that established inefficient practices do not transfer to the new environment. An enormous amount of business-process re-engineering has taken place to ensure that the transition to new facilities is as seamless as possible.

An innovative chronic illness model using a streams-of-care approach won an award at the 2009 Rural Health Conference and is now being replicated by other Victorian health services (including Western District Health Service and Alfred Health). This has resulted in an uninterrupted continuum of care for chronic illness clients from diagnosis to palliative care.

SWH has recently introduced the Transition Care Program in conjunction with Mercy Health in Warrnambool. This program has had the benefit of freeing acute beds for acute care patients (treating an additional 593 patients in the same number of bed-days as the previous year) while simultaneously allowing for an appropriate care setting for elderly recuperative patients and nursing home type patients.

### **Improving health service safety and quality**

SWH has a comprehensive risk-management framework across the organisation which is driven through the Quality Care Committee. Recent independent reviews by Victorian Managed Insurance Authority identified the risk framework at SWH as being very good and the site risk survey received a gold medal. SWH has the third-lowest WorkCover premium rate in its comparative group.

In 2010 the organisation was surveyed by eight Australian Council on Healthcare Standards (ACHS) surveyors. The organisation received a glowing report card with 34 extensive achievement levels and one outstanding achievement level (for the palliative care service).

SWH also won the Victorian Quality of Care Reporting Award presented at the 2009 Public Healthcare Awards (and is shortlisted again for the Award in 2010).

Our Mental Health Services Division consistently performs in the top three in the state in the mental health drugs and regions key performance measures. In the third quarter of 2009–10, the service topped the state in the mental health service performance framework indicators for 28-day readmission and seclusion rates, and pre- and post-admission contact.

### **Strengthening the capacity of individuals, families and communities through effective prevention and health promotion**

SWH's health promotion strategies are supported by health promotion research aligned with university partners. A comprehensive health promotion plan targets interventions and evaluation prior to implementation of any programs.

Significant achievements in leading multi-campus health promotion strategies include:

- research undertaken in conjunction with Deakin University that compares clients pre- and post-program using objective measures such as fasting blood glucose and blood pressures to analyse effectiveness
- the LIFE! program that targets people at risk of diabetes
- more than 300 clients treated in the Smoking Cessation Clinic within the last three years.

### **Improving health and wellbeing for disadvantaged people and communities**

SWH acknowledges its responsibility to improve access to health services and improve the health status of disadvantaged groups.

The cultural diversity committee has effected significant cultural change for people from diverse backgrounds.

The development and implementation of an Aboriginal programs unit spanning the continuum of acute and community-care settings is a leading model in Victoria that has significantly reduced the barriers of access and improved the health of the local Aboriginal community. Major highlights of their work include a regional NAIDOC day celebrated at SWH Warrnambool, increased numbers of Aboriginal people identifying their Aboriginality and increase in referrals made for Aboriginal clients, resulting in more comprehensive delivery of services.

### **Contact**

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## Highly commended

### West Gippsland Healthcare Group

West Gippsland Healthcare Group (WGHG) provides acute care, residential care and community health services to 40,000 people in the rural, urban residential, agricultural and industrial areas located within the Baw Baw Shire of Gippsland.

With an annual budget of \$70 million and over 1,000 staff, WGHG is proud of the service it provides. Generous community support provided over \$500,000 in donations this year and more than 200 volunteers gave countless hours of in-kind support.

Among our many achievements included a self-funded project to improve patient flow from the emergency department to the medical ward and discharge.

All our elective surgical targets were met and exceeded and a 20 per cent reduction in the waiting list achieved.

We know how valuable and important our health service is to Gippsland, and we strive to provide the best and safest health services appropriate to the needs of our community.

#### Contact

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## Highly commended

### Western District Health Service

The Western District Health Service (WDHS) incorporates a number of campuses: Hamilton Base Hospital, Frances Hewett Community Centre, Grange Residential Care Service, Youthbiz, Coleraine District Health Service, Merino Bush Nursing Centre, and Penshurst and District Health Service.

It is the sole provider of public health care services in the Southern Grampians Shire, with Hamilton Base Hospital the acute referral centre and regional trauma centre.

The WDHS has a catchment area with a population of over 37,000 people, including some of the most rural and remote communities in south west Victoria.

The catchment region has a lower socioeconomic profile compared to metropolitan areas and associated poorer health status and lower life expectancy in relation to cancer, cardiovascular disease and injury. The community has an aging population with a high prevalence of chronic disease. Young people are also disadvantaged due to rural isolation.

#### Contact

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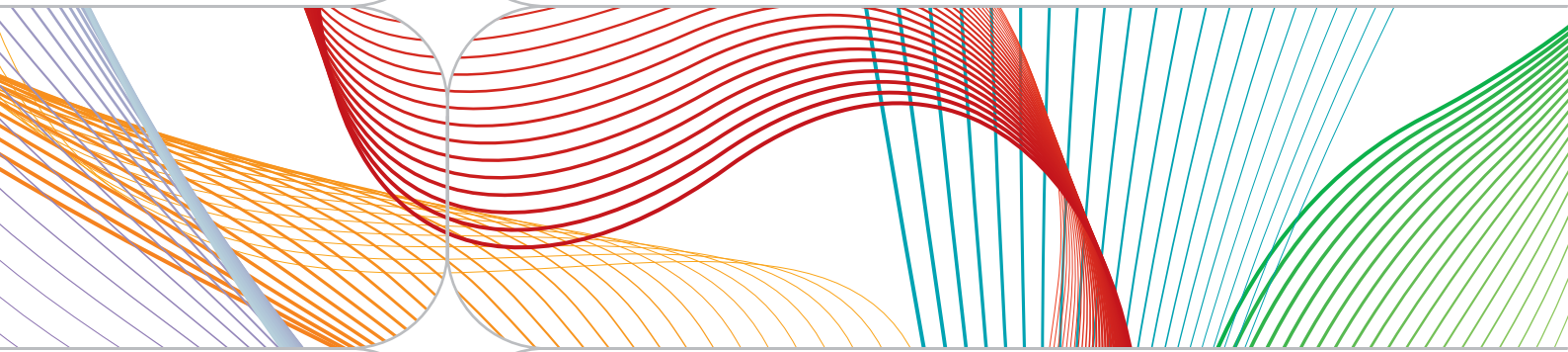




Winner

Metropolitan health service of the year

Peter MacCallum Cancer Centre





## About the organisation

Peter MacCallum Cancer Centre (Peter Mac) is Australia's only specialist cancer centre and a global leader in cancer therapy and research. Over 2,000 clinicians and scientists work together with Peter Mac patients to increase survival rates and quality of life for patients and decrease the burden of cancer on society.

With an annual operating budget of \$240 million, Peter Mac provides multidisciplinary patient care and services, with satellite services at Moorabbin, Box Hill, Epworth Richmond and Bendigo giving timely and responsive radiation therapy to patients who reside in surrounding suburbs and rural regions.

Peter Mac is home to Australia's largest site for cancer research and is a world leader in the rapidly accelerating advances in the understanding and treatment of cancer.

Peter Mac consistently achieves the highest scores in the A2 hospital category for the Victorian Patient Satisfaction Monitor.

## Providing sustainable, well managed and efficient health services

As at March 2010, Peter Mac delivered on the majority of the agreed targets set in the 2009–10 Statement of Priorities and expects to achieve all targets subject to finalisation of accounts and audit sign-off.

Learning and teaching is a significant part of work at Peter Mac and many of our staff hold joint appointments with universities in Australia and overseas.

Over the course of 2009, through the Improved Clinical Engagement and Leadership (ICEL) project, Peter Mac streamlined its executive and senior leadership structures with a particular emphasis on increasing senior clinical involvement.

## Providing timely and accessible health services

Increasing demand for Peter Mac's clinical services has resulted in the need to continually improve patient flow and access. Several important redesign projects were conducted in 2009–10, with excellent results, including:

- 30 per cent reduction in the length of stay for bone marrow biopsy patients
- 50 per cent reduction in the number of unplanned patients who can't be accommodated on the day
- 16-day reduction in median wait time for Category 2 gastrointestinal patients
- 27 per cent reduction in waiting time range for Category 2 skin patients
- 22 per cent reduction in length of stay in Day Surgery Unit for skin patients.

The *Releasing Time to Care* inpatient improvement project is an extensive redesign and major change-management program. It will lead to significant improvements in the management of patient journeys including improvements in admission and discharge processes, clinical handover and medication management.

Surgical activity increased by 13.7 per cent this year, facilitated by the opening of a fifth operating theatre. Peter Mac continues to attract outstanding surgeons and staff and provides advanced training for local and international trainees in surgical oncology and a commitment to continually developing the workforce resulting in retention of staff.

## Promoting least-intrusive and earliest-effective care

Peter Mac's Colorectal Service leads the nation in the novel treatment of locally advanced and recurrent rectal cancers and the use of intra-operative radiotherapy.

Many new, minimally invasive surgical techniques have increased options for Peter Mac patients, resulting in reduced length of stay and quicker recovery times.

With over 100 clinical trials currently underway, Peter Mac has a strong commitment to clinical research aimed at improving outcomes for patients. Clinical trials test a large array of fields including novel treatments, new combinations of treatment or new approaches to radiation oncology and surgery.

onTrac@PeterMac is an internationally renowned program for adolescents and young adults with cancer and exemplifies Peter Mac's statewide contribution to cancer control. This unique service model offers young people with cancer access to the latest therapies and clinical trials while providing the most comprehensive, evidence-based and age-appropriate psychological, social and emotional support.

### **Improving health service safety and quality**

Peter Mac is extremely proud of its achievements in relation to quality and safety.

In October 2009, the organisation achieved excellent results in its Organisational-wide Accreditation Survey conducted by the Australian Council on Healthcare Standards (ACHS). Peter Mac was awarded 17 moderate achievements, 22 extensive achievements and six outstanding achievements, the highest number achieved by any health service in Australia.

In an Australian first, Peter Mac, with funding of \$900,000 from the Victorian Government's New Technologies Program, introduced a state-of-the-art robot to prepare chemotherapy drugs. This has radically improved safety and increased production capacity.

### **Strengthening the capacity of individuals, families and communities through effective prevention and health promotion**

Peter Mac's Familial Cancer Centre is a comprehensive cancer genetics centre that provides risk assessment, genetic counselling and genetic testing, medical advice and psychological support to people who have concerns about their personal and family history of cancer.

In 2010 an important patient resource DVD, entitled Lung cancer: understanding, managing, living, was launched. The DVD is now available at Peter Mac and on the Australian Lung Foundation website.

ChemoEd is an innovative nurse-led, patient chemotherapy education framework. The framework's successful implementation highlights Peter Mac's leading role in patient cancer education, innovation and excellence.

In 2009 Peter Mac established the Australian Cancer Research Foundation Cancer Genomics Program at its East Melbourne site. The program provides new and enhanced technologies in whole-genome screening and analysis.

### **Improving health and wellbeing for disadvantaged people and communities**

Peter Mac's Language Services Department works to reduce risk and improve access for patients by ensuring patients and health professionals are able to communicate appropriately. In addition, Peter Mac's Patient Information and Support Centre provides information in 16 community languages and has links to information on its website.

Peter Mac is working on a national project of continuous quality improvement in relation to Aboriginal health in Victorian hospitals. The project explores relationships between health, community and culture and how hospitals can work to provide services and close the gap.

Peter Mac is currently engaging in four research projects on the effects of cancer treatment on culturally and linguistically diverse (CALD) patients. The results of these projects will assist Peter Mac to ensure it provides the most effective and appropriate care and support for CALD patients.

### **Contact**

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## Highly commended

### Austin Health

Austin Health is a major academic medical centre providing health services, health professional education, and research to its local community and across the north east of Melbourne.

We are one of Victoria's largest health care providers, employing 7,942 people across the Austin Hospital, Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

Austin Health's primary catchment population includes the municipalities of Banyule and Darebin with over 260,000 people. Our extended catchment is in excess of 1.2 million people and includes an additional seven local government areas to the north and east of Melbourne.

Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities. In addition, it is the largest Victorian provider of training for specialist physicians and surgeons. Three Austin Health cardiac students won first, second and third prizes in the 2010 NHMRC Student Research Competition.

#### Contact

Dr Brendan Murphy

Austin Health

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## Highly commended

### Peninsula Health

Peninsula Health (PH), a consistently dependable metropolitan health service, is focused on improving the consumer experience. We do this by responding to community needs via our strong community engagement programs and by delivering sustainable, high quality comprehensive and integrated services.

PH works in partnership with stakeholders to build a healthy community. Our catchment area comprises 300,000 people, including 1,500 Koorie residents. The demographics of the catchment also reveal a significantly ageing population.

PH has strategically evolved to being a provider of primary, secondary, subacute and residential care services. As such, it is able to service the entire continuum of care from its 12 sites with an increased emphasis on health promotion and community models of care.

We are proud of our 4,484 skilled and committed staff and 900 dedicated volunteers, all of whom promote the values of service, integrity, compassion, respect and excellence.

#### Contact

Dr Sherene Devanesen

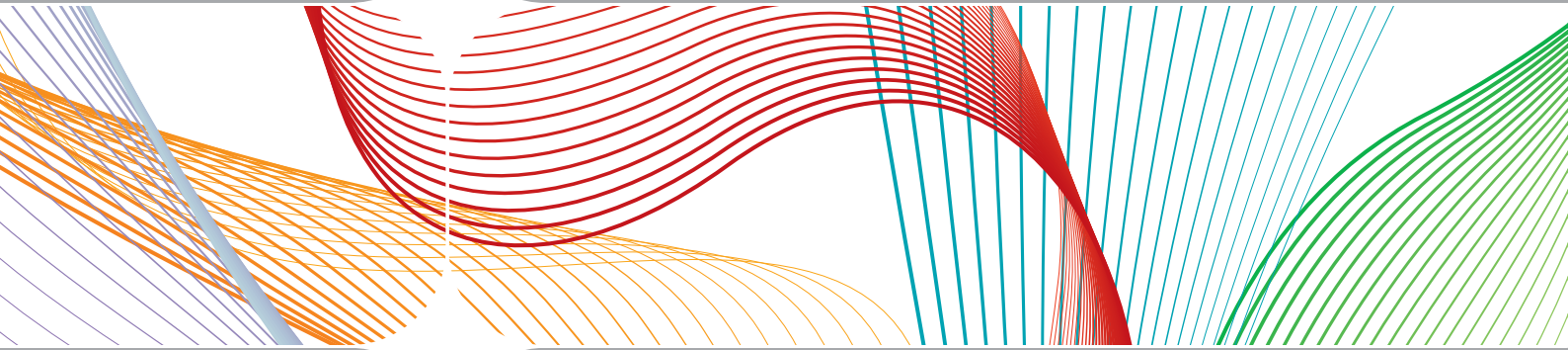
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# Premier's Excellence Awards

The Premier's Excellence Awards honour initiatives that are at the forefront of health improvement in the priority health areas identified by the Premier of Victoria: tackling chronic disease and improving public health and improving cancer care in Victoria.





## Tackling chronic disease and improving public health

More Victorians are overweight or obese and increasing numbers of people are at risk of suffering from chronic disease conditions. Physical inactivity, unhealthy eating and being overweight are the most important and preventable causes of chronic disease such as type 2 diabetes, heart disease and many types of cancer. This Award recognises initiatives that promote good health, prevent chronic disease, and/or reduce the burden of chronic disease across the Victorian population.



# Winner

Chronic illness peer support program  
The Royal Children's Hospital



## Abstract

Over 17 years, The Royal Children's Hospital (RCH) Chronic Illness Peer Support program (ChIPS) has helped hundreds of young people come together in a model of youth participation to share common experiences, learn from each other and engage in leadership roles that enable them to cope better with a chronic disease in adolescence.

ChIPS was established to respond to the substantial burden of disease in this cohort who experience greater social isolation, poorer self-esteem and higher rates of mental disorder than their healthy peers.

ChIPS is unique in its focus on adolescents and the inclusion of young people with different chronic conditions within the same program.

Health professionals, families and young people report improved social, emotional and physical wellbeing. Formal program evaluation shows reduced social isolation, improved self-efficacy, self-confidence and insight. To quote one member, 'I look at things differently now'.

## Planning and preparation

A significant proportion of patients at the RCH are adolescents aged 12-19 with severe chronic disease and disability. This ranges from common conditions such as diabetes to rare genetic conditions. Proportionally, more adolescents than children have chronic conditions.

In 1993, the Centre for Adolescent Health found that traditional health care models were not meeting the social and emotional needs of a number of adolescent patients with severe chronic illness. Many experiences such as social isolation were common across different diagnoses. Consultation with adolescents with chronic illness, a literature review and expert opinion led to the development of a peer-support group program.

## Objectives

The ChIPS program aims to reduce the overall burden of disease and enhance the health and wellbeing of young people living with significant chronic illness, helping them to:

- better adjust to life with a chronic illness
- develop a range of personal abilities
- increase their sense of control over their health
- become more active in their community.

A youth-participation approach ensures that ChIPS is patient-centred, with a consumer focus underpinning every aspect of the program.

## Methods and implementation

We invited a small group of adolescents with a variety of chronic illnesses to attend a weekly evening pilot group for eight weeks. Through discussion and activities, this group shared experiences and learned from each other. Feedback was overwhelmingly positive, with co-facilitation of each group by a young person with a chronic condition identified as a critical success factor.

A recurrent theme from our evaluation was interest in maintaining contact after the group ended. As a result, social activities were organised for past group participants.

Participants undertake leadership training to support them organising social activities and running the groups.

A youth reference committee effectively oversees the program, informing all aspects including the planning and delivering of activities via working groups, and engaging with the broader community through public speaking and newsletters. Working groups are assisted by mentors (volunteers with an interest in young people and chronic illness).

In response to the reference committee, the ChIPS program has grown into a major program of the RCH that now features:

- peer support groups
- quarterly social activities
- annual camps
- leadership training
- reference committee.

In the past two years an additional pathway has been introduced – two-day ChIPS intensives that aim to replicate the experience of the eight-week group over two days for participants who find it difficult to attend the group.

### Results and outcomes

All participants provide feedback which contributes to a constant cycle of improvement.

Pre- and post-evaluation of participants and parents show that the program:

- reduces social isolation
- builds leadership skills
- provides opportunities to explore positive solutions to living with a chronic illness during adolescence.

Over 420 young people with significant chronic illness have passed through the groups during the life of the program, with a current membership list of 130. In the 18 months since the first intensive, 40 new participants have joined.

Graduates of the program actively engage in subsequent activities such as social events, life-skills workshops, newsletter production, the annual camp and the reference committee.

The Centre for Adolescent Health is currently undertaking a detailed research study of the ChIPS program. Using both quantitative and qualitative methods, parents, young people and stakeholders are informing this evaluation.

### Status and sustainability

Through the cycle of youth participation, the program is self-sustaining, with a proportion of group participants remaining active in the planning and delivery of future activities.

ChIPS is funded through a combination of government (Department of Planning and Victorian Development) and philanthropic funding. It is now an integral component of the RCH's care of adolescents with chronic conditions, run by the Centre for Adolescent Health.

### Budget

The ChIPS program has an annual budget of around \$130,000.

The group intensives cost approximately \$30,000 per year including staffing, catering, accommodation and travel. The generous support of the HV MacKay Foundation allowed the development and running the ChIPS intensive.

### Achieving quality, excellence, innovation

The promotion of self-management in adults with chronic disease is an established feature of the health policy landscape. However, remarkably few programs have been developed to support the self-management capacity of adolescents with chronic conditions, whom we have shown benefit greatly from the social inclusivity and leadership experiences of a peer support program.

The dominant adult model of self-management support is disease-specific. ChIPS is unique in welcoming young people with different conditions. The generic aspects of ChIPS make it widely applicable, catering for both rare and common conditions, as well as multiple disorders.

The quality and innovation of ChIPS has been recognised through various awards and by seeding other ChIPS programs nationally and internationally (Sydney, London, Vancouver).

ChIPS stands out as a program that is built on a model of consumer engagement through youth participation. Continuous evolution has been a feature which reflects the strength of the model.

### Contact

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## Highly commended

### Feltman: a diabetes education tool

#### Diabetes Australia – Vic & Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Feltman is an educational tool for diabetes prevention and management developed through the Aboriginal and Torres Strait Islander program at Diabetes Australia – Vic with VACCHO.

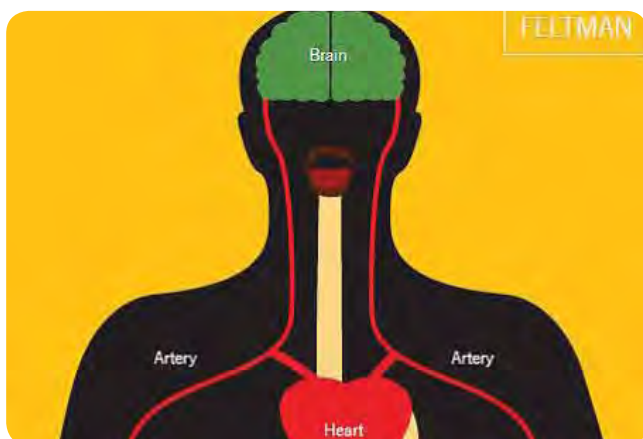
Diabetes is a chronic condition of huge importance in Aboriginal communities and it contributes significantly to low life-expectancy. The rates of diabetes among Aboriginal Australians are estimated to be at least three times higher than for other Australians.

The project set out to produce a Koorie-specific visual resource to increase awareness and knowledge of Aboriginal health workers and the Aboriginal community, and cater for a range of learning styles.

Feltman is a life-sized felt body that shows the main organs involved in the digestion and metabolism of food, and the main parts of the body affected by diabetes. The resource includes attachments such as flash cards representing risk factors, symptoms, prevention, management and foods relevant to diabetes management and the prevention of type 2 diabetes.

#### Contact

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## Highly commended

### Improving health outcomes in Victorians at risk of low vitamin D

#### Western Health

Most existing health care messages about Vitamin D deficiency are directed to caucasian Australians rather than many of the groups at higher risk.

Several at-risk groups, including the elderly and naturally dark-skinned people, are both under-recognised and under-treated, leading to an increased incidence of adverse musculoskeletal outcomes, and possibly other diseases such as cancer, autoimmune diseases and cardiovascular disease.

Appropriate and timely management of vitamin D deficiency is vital in at-risk people. We identified a need to advocate for better education initiatives and awareness amongst different groups of health care professionals to improve the overall management of vitamin D deficiency in a community setting.

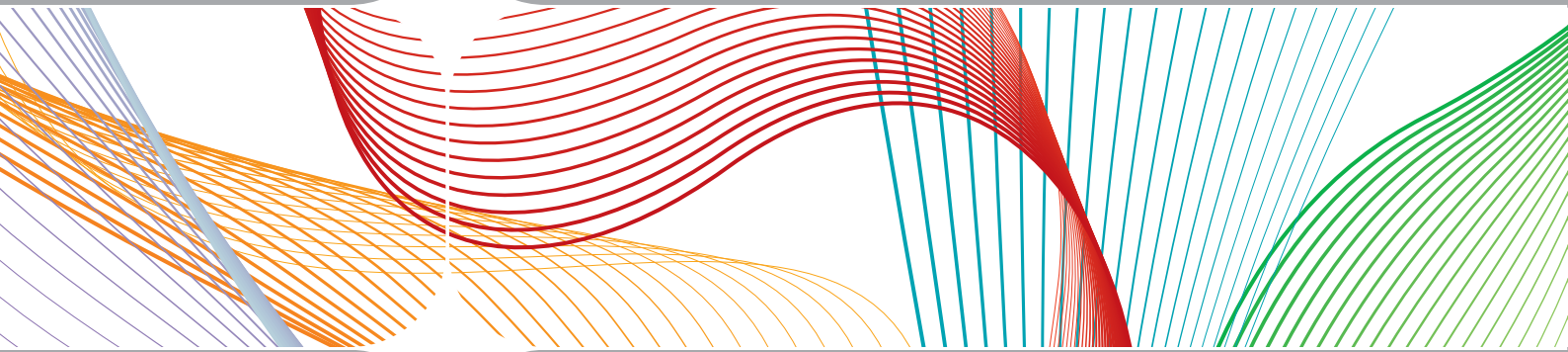
The project provided educational material about vitamin D deficiency and its treatment, gave high-dose vitamin D supplements at no cost to the individuals with vitamin D deficiency and performed a randomised clinical trial to compare the efficacy and safety of high-dose versus low-dose vitamin D replacement.

#### Contact

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## Improving cancer care in Victoria

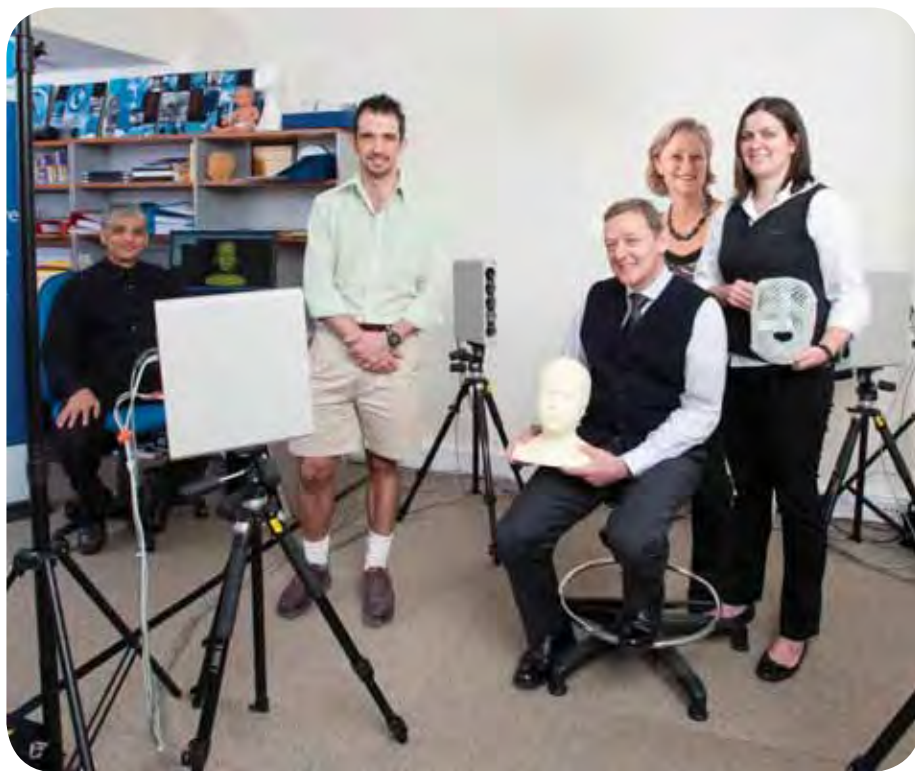
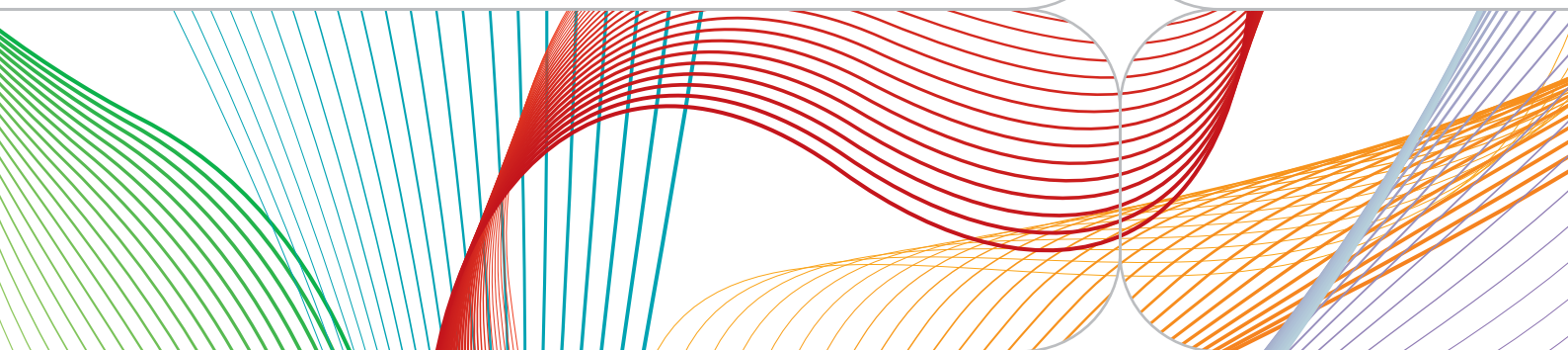
Cancer is the greatest cause of mortality in Victoria, and generates a high level of concern in the community. The care of cancer patients represents a significant proportion of all health care delivered in Victoria. This Award recognises initiatives that improve cancer care and outcomes for patients, their families and the Victorian community.



# Winner

GA? No way! Minimising the use of general anaesthesia in radiotherapy mask production for children: an innovative child-friendly approach

Paediatric Integrated Cancer Service, The Royal Children's Hospital and Peter MacCallum Cancer Centre



## Abstract

The Paediatric Integrated Cancer Service together with The Royal Children's Hospital (RCH), and the Peter MacCallum Cancer Centre (Peter Mac), have developed a world-first method of making custom-made stabilisation masks used to secure the child's head during radiation therapy.

Each year in Victoria, 40 children undergo radiation therapy (RT) to the head and neck. Of these, approximately 12 are unable to remain still during the moulding of the mask and require general anaesthesia (GA). Each child is required to have daily radiation treatment for a four to six week period, meaning that each child may have up to 30 GAs over the treatment period.

The new approach uses specialised cameras to take a 360 degree 3D image of the child's head and torso. A bust is made from polyurethane foam using a computer-aided design prosthetic carver. The mask is made directly onto the bust, rather than on the plaster cast, and negates the need for general anaesthesia.

This method has been used for four children (25 per cent of the target population), avoiding 92 GAs and demonstrating a significant improvement to the patient experience. The new process will be introduced as standard practice for all eligible children over the next year.

## Planning and preparation

Treatment to the brain, head and neck requires a custom-made stabilisation mask to hold the head still during RT. Traditionally, a plaster cast is taken of the head, face and neck. This is then modified by hand and the heated plastic moulded directly onto a plaster replica, a process that takes a minimum of nine hours over a four-day period.

This method of construction can be frightening for young children and can involve some physical discomfort. Most children under six as well as some older children are unable to remain still and require GA. Subsequent daily RT treatments are also performed under GA, requiring 30 anaesthetics over the six-week period. The GA is provided at Peter Mac by a visiting RCH anaesthetic team.

Mask construction is widely acknowledged as the most challenging aspect of RT in terms of patient compliance. In addition parents are concerned about the number of anaesthetics their children are expected to undertake for RT. As part of the statewide agenda to improve the safety of treatment and outcomes for children with cancer, this initiative was prioritised for action within the Paediatric Integrated Cancer Service (PICS) and Peter Mac agendas.

## Objectives

The objective was to design a new procedure for mask manufacture that avoided the need for a GA and would:

- be child friendly and meet parents' expectations
- reduce the stress, discomfort and time associated with the delivery of RT
- reduce the number of multiple GA procedures for children
- reduce the likelihood of adverse consequences associated with daily GA over a prolonged period of time
- improve the efficiency of both RT bookings and RCH anaesthetic resources
- be sustainable and cost-effective.

## Methods and implementation

There are three stages of construction. A 3D image is taken of the child's head and upper torso, a process that takes a moment and is performed using five digital cameras. The image data is sent electronically to the prosthetist who then mills a bust out of high density polyurethane foam using a computer aided design prosthetic carver. The bust is then couriered to Peter Mac where the mask is moulded directly to the bust.

To date, four children aged between four and eight judged as unlikely to tolerate traditional methods of mask construction without GA have participated. All four then completed RT without GA, avoiding 92 potential GAs. Quality assurance procedures both before and during treatment demonstrated the new masks were of equivalent or superior quality to the masks produced by traditional means.

## Results and outcomes

This process negates the need for GA for mask construction in 100 per cent of children requiring RT for head and central nervous system tumours.

As preparation for RT is anxiety-free, many children over the age of three are able to try RT without a GA, radically changing the treatment experience for the next six weeks.

No GA means no fasting and no time in recovery. Daily treatment has reduced from two hours to forty minutes.

The risk of adverse events is reduced and there is less stress for families. Parents have reported high levels of satisfaction with quality of care and improvements in their child's self-confidence.

For the organisations involved, it is easier for staff to build trust and improve compliance with treatment. Staff also have increased confidence and satisfaction.

Shorter RT treatments means a reduction in waiting lists, and the time required for mask manufacture saves two days and more than five hours of labour.

## Status and sustainability

This new methodology is now incorporated into the treatment plan for children aged over three who need a GA for their mask manufacture or radiation treatment.

The new process of incorporating 3D image photography and prosthetic computerised manufacture is an international first. An abstract has been accepted for the 2010 ANZCHOG conference (Sydney) and an oral presentation was made at the Pediatric Radiation Oncology Society Congress in Montreal, 2009. Joint papers in appropriate journals are planned.

## Budget

Staffing costs were absorbed within allied health operating budgets at the RCH and Peter Mac. PICS accepted budgetary responsibility for the additional costs during the development phase, total cost less than \$1,000.

## Achieving quality, excellence, innovation

The new process avoids the need for GA, reduces the associated discomfort and anxiety, and provides a less stressful introduction to RT. This in turn reduces the need for ongoing GA.

The material cost of manufacture is equivalent for both methods of manufacture, the time-saving for manufacture is around two days. The efficiency-gain in RT bookings and reallocation of scarce anaesthetic resources is an advantage to both hospitals.

The time-saving for families can exceed 60 hours and up to 33 general anaesthetics are avoided per child. This project has brought together the multidisciplinary allied health teams across two hospitals and has resulted in an innovative, cost-effective approach to improving the treatment processes for a small but significant subset of the paediatric population facing RT treatment for brain and CNS tumours.

## Contact

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## Highly commended

Improving quality of life for long-term cancer survivors through support services

### Alfred Health

Stem cell transplantation (SCT) offers the only chance of long-term survival for many patients with blood or bone marrow diseases. As such, it is an increasingly common procedure with survivor numbers steadily rising. The Late Effects Clinic at Alfred Health leads survivorship care in Australia, ensuring patients' quality of life is optimised in the years after transplantation.

The clinic was established in 2008 as Australia's first clinic dedicated to survivorship, care and health promotion for long-term survivors of haemopoietic SCT. It provides diagnosis, treatment and education for a range of potential late effects, including physical, social and psychological concerns.

Patients and their carers have access to a multidisciplinary team with expertise in survivorship care. Our clinic has established links with specialists and community care providers, particularly focusing on re-establishing general practice care for our patients. The clinic also provides leadership and education on survivorship care to the wider medical community.

#### Contact

Andrew Spencer

Alfred Health

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## Highly commended

Changing the culture from corridor conversations to effective multidisciplinary communication

### Barwon South Western Region Integrated Cancer Service

Since its establishment in 2005, Barwon South Western Regional Integrated Cancer Service (BSWRICS) has achieved incremental and sustainable change with multidisciplinary cancer care which is now embedded within the culture at Barwon Health.

With an expanding body of literature worldwide, multidisciplinary care has been identified as a key aspect of providing best-practice treatment and care for cancer patients.

The Multidisciplinary Care Project supports patient-centred care across the region in a number of ways, including creating a standard platform for multidisciplinary meetings, enabling case-conferencing with teams in different locations and evaluating outcomes and contributing to the current knowledge-base of multidisciplinary care.

In the future the program aims to increase linkages from smaller regional sites to tumour-stream-specific meetings in Geelong and Melbourne.

BSWRICS is at the cutting edge of development in this important area. The program has been introduced in three other services in the last 12 months.

#### Contact

Kate Morrissy

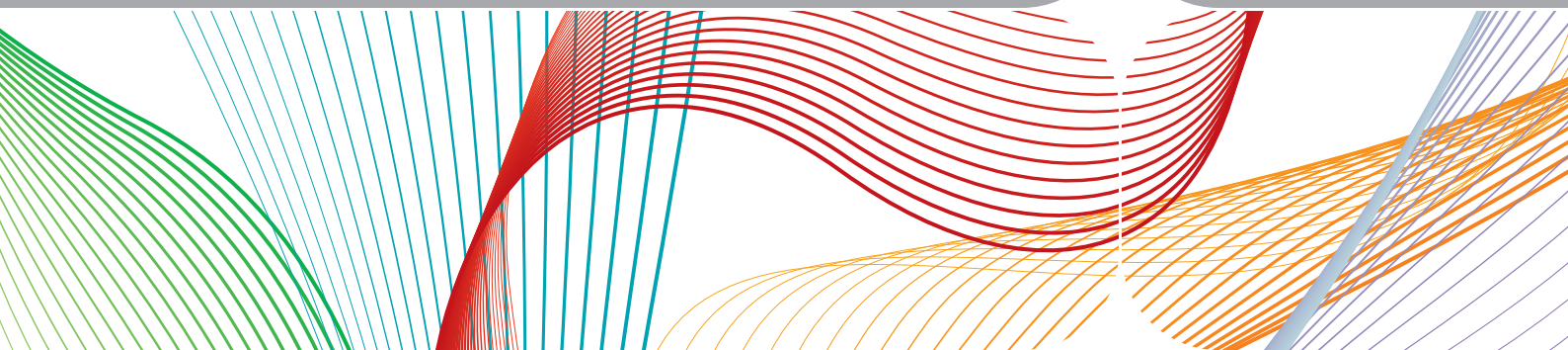
Barwon South Western Region Integrated Cancer Service

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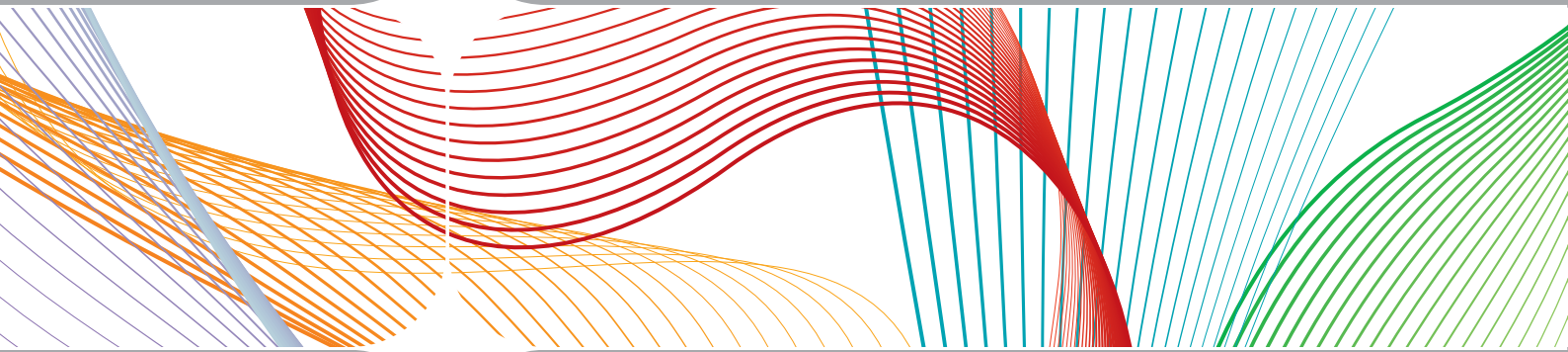


# Minister's Awards

The Minister's Awards recognise outstanding achievement by an individual and outstanding achievement by a team. The winners and finalists reflect exceptional dedication to delivering the best possible care for consumers and communities.



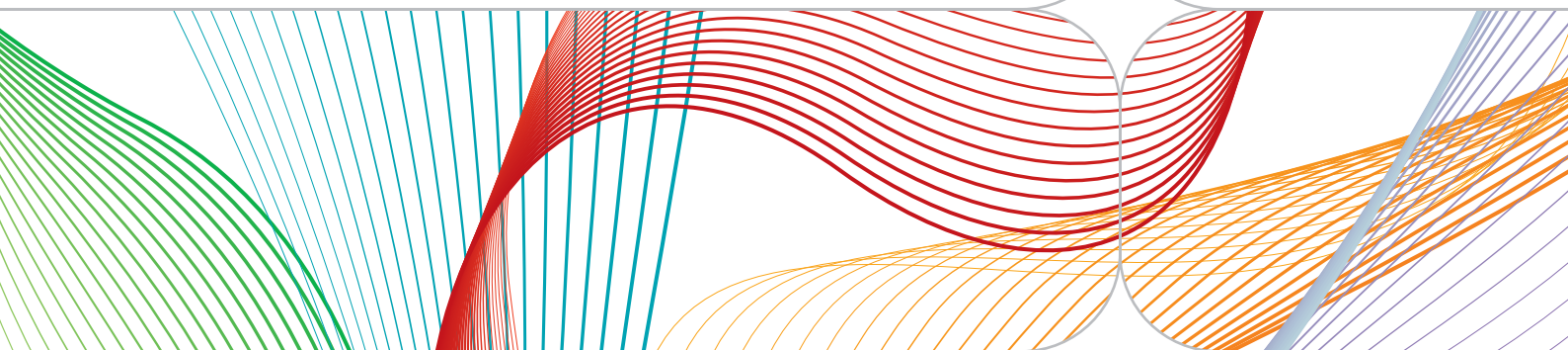




Minister's Award  
for outstanding  
achievement by  
an individual

# Winner

Mr Alex Auldish  
The Royal Children's Hospital



## About the nominee

Alex Auldist has devoted his life to providing surgical services to children, improving surgical techniques and treatment, and setting the highest possible standards of care to ensure the best possible outcomes for children. He has been associated with The Royal Children's Hospital (RCH) since 1965.

Mr Auldist, a general surgeon, was the Divisional Director of Surgery at RCH, and contributed significantly to the hospital's management group.

He was a clinician, a researcher, an educator, and a mentor for scores of young doctors from Australia and overseas. Mr Auldist's attention to detail, his advocacy for the role of the paediatric surgeon, and his enthusiastic approach to teaching earned him the respect of both the national and international medical fraternities.

Mr Auldist has had much of his work published dealing with a variety of conditions including thoracic surgery, oesophageal atresia, acute appendicitis, heart conditions, hernia, corrosive ingestion in children, and pancreatitis. His main ambition, however, was not to tally the number of publications he wrote or to build a career as a published clinician. Instead, he aimed to set the highest possible standards of paediatric care and to work towards continually improving paediatric services and facilities, always with an eye to the future.

He never asked more of anyone than he would give of himself.

Mr Auldist's patients and their families have the highest regard and admiration for him, and for the exceptional quality of care he has provided. Mr Auldist likes to put it in another way. He says he was lucky to have had the honour of treating all the patients he did.

On Wednesday 30 June 2010, Alex Auldist retired, leaving the hospital with many fond memories, and a massive legion of loyal friends and fans. His contribution to the hospital was recognised in 2004 when he was awarded a Gold Chairman's Medal, the hospital's highest award.

## Reason for nomination

Alex Auldist had an extraordinary personal work ethic. All through his time at the RCH, his decisions and actions were motivated by one core principle – providing the best possible care for patients and the community.

Mr Auldist always made himself available to his patients and other health professionals, answering his mobile phone any time, any place. He often postponed private practice commitments to make himself available for hospital commitments outside sessional hours.

He initiated the hub and spoke model of health care which took paediatric services beyond the RCH. It was a pioneering strategy that epitomised his family and patient-centred approach.

Under the model, patients no longer had to travel long distances to one central place, or hub, to receive treatment. He understood a child's health-needs should not be constrained by their geographic location. His hub and spoke model led to the building of new hospitals and health services in the suburbs such as Box Hill, Prahran, and Preston, and in regional Victoria and New South Wales.

He was also a major force in encouraging health professionals to go to regional centres, and was among the health professionals who practised outside metropolitan Melbourne. For the past 20 years, Mr Auldist spent one day a fortnight at the Goulburn Valley Base Hospital in Shepparton. He also regularly visited the Echuca Hospital providing consulting and surgical services for families in the area.

Mr Auldist also advocated strongly for enhancing the efficiency and quality of services at RCH.

His standards and attention to surgical and medical detail set a benchmark that others have followed and emulated.

## Innovation and excellence

In the latter part of his career, Mr Auldism was still searching for innovative procedures which improved the outcome for patients.

- He introduced Nuss surgery, a minimally invasive surgery, to Australia. He adopted this procedure to repair pectus excavatum chest wall deformities. Being the recognised expert in this technique in Australia, Mr Auldism travelled interstate and to New Zealand to teach other surgeons the technique.
- He was the first to use laparoscopic surgery at the RCH for procedures including laparoscopic fundoplication and laparoscopic appendicectomy. These techniques have now been accepted as conventional surgery at the RCH.
- Mr Auldism initiated the hub and spoke model of health care which, for the first time, took paediatric services beyond the RCH into the suburbs and regional centres.
- In 1984 Alex Auldism along with Dr Jim Tibbals introduced the use of opiate drug infusion in general wards. This involved giving children continuous analgesia after surgery and is still the most commonly used form of analgesia today.
- Mr Auldism was involved in the South Pacific Project where he held and attended seminars for health professionals in the Cook Islands and Fiji, and he had affiliations with the Society for Aid to Children Inoperable in Mauritius, and the Children's First Foundation.
- In 1995, Alex Auldism successfully separated Siamese twins from the PNG island of Bougainville.

Mr Auldism had high expectations of himself and others. By placing such high standards on himself, by making himself available at all hours, by being strong, honest and forthright, by taking the lead in using new surgical techniques or adapting innovations, Mr Auldism went above and beyond the call of duty to enhance patient, family and community wellbeing. In doing so, he has truly extended the definition of excellence in his field.

## Benefits to the community

Mr Auldism dedicated his adult life to the advancement of the RCH and the paediatric surgical profession, nurturing both with patience, guidance and care. His primary goal was that all children in Victoria receive the highest level of medical care, while their families received appropriate support within the hospital environment.

He was a strong advocate for the progression of his surgical profession through the use of new and innovative surgical procedures. He personally supported many surgical trainees, colleagues and peers, and was an enthusiastic educator and mentor to countless young surgeons.

These attributes have greatly benefited the RCH, regional hospitals and the Victorian public and have earned him the respect of all he has worked with.

## Contact

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[The Royal Children's Hospital](#)

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## Highly commended

### Professor Bob Jones

#### Austin Health

Many of Professor Bob Jones' patients are just hours from death. Then he replaces their diseased organs with healthy donor organs.

Just months later, most of them are well again. They are back working, studying, caring for their families or playing in the schoolyard. It is an extraordinary miracle of modern medicine.

Professor Jones, who emphasises all that liver transplants are a team effort, is Director of the Austin Liver Transplant Unit. Professor Jones' work balances clinical care, advocacy and leadership.

In 2010, he made history by completing Australia's first intestinal transplant. He and his team replaced a 33-year-old man's small intestine, liver, pancreas and duodenum in a complex 12-hour operation.

He performed Victoria's first liver transplant in 1988, when the surgery was still in its infancy in Australia. He has led about 500 of the 800 transplants in which he has been involved.

#### Contact

Dianne Kelleher

Austin Health

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## Highly commended

### Mr Chris Kimber

#### Southern Health

Chris Kimber has a passionate commitment to the health of the community achieved through world-class surgical care, best practice in clinical management, and leadership skills.

Mr Kimber holds the position of co-clinical lead of the Paediatric Clinical Network, Department of Health and concurrently he is also the Director of Paediatric Surgery and Paediatric Urology for Southern Health. This workload balances clinical care, surgical research, fetal surgery, policy contributions and outstanding clinical leadership.

Over the past 10 years he has developed a comprehensive surgical training scheme at the National Institute of Paediatric in Hanoi and he has been recognised both nationally and internationally.

He is a talented clinical researcher, a respected clinical leader, a mentor of young researchers and surgeons, a generous colleague who gives freely of his substantial intellect and knowledge, and a committed surgeon. He is a role model for young medical scientists and doctors.

#### Contact

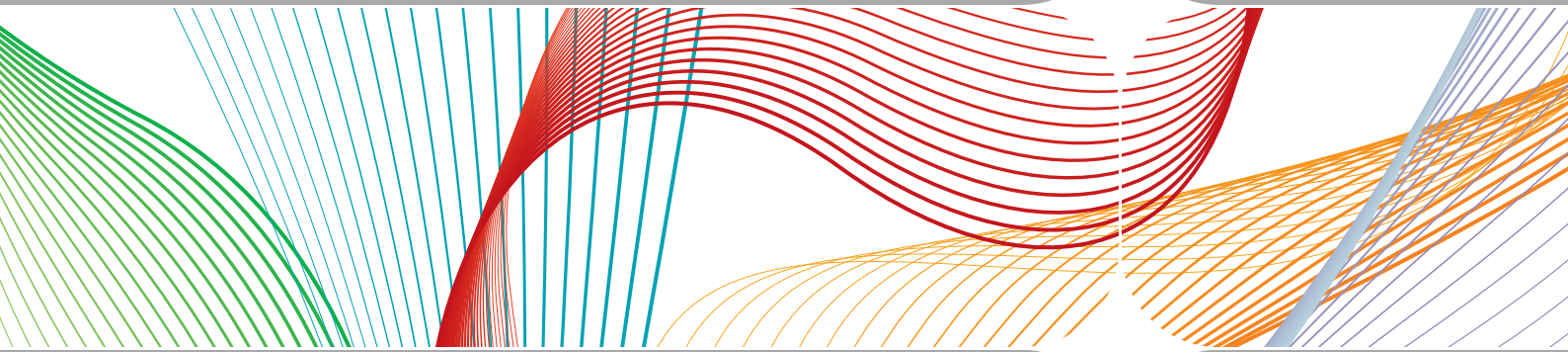
Cindy Hawkins

Southern Health

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Minister's Award  
for outstanding  
achievement  
by a team

# Winner

New Innovations Team  
Southern Health



## About the nominee

The New Innovations Team was assembled to overcome an almost impossible challenge: to rescue a baby girl from a rare and fatal disease that had not been treated successfully in humans before. The team consisted of:

### Clinical Team

- Dr Alex Veldman, Neonatologist, Monash Newborn, responsible for development of the treatment concept, execution of treatment and principal investigator of the active international study.
- Dr Andrew Ramsden, Director, Monash Newborn, responsible for clinical treatment supervision.
- Dr Flora Wong, Neonatologist, Monash Newborn, responsible for neurodevelopmental follow-up.

### Clinical Ethics Committee

- Professor Geoffrey Parkin, Chair of the Clinical Ethics Committee, responsible for the ethical and legal deliberation.

### Human Research Ethics Committee

- Malar Thiagarajan, Manager of Research Directorate and Lawyer, and Dr James Doery, Medical Administrator (HREC) were responsible for considering the supply of an unapproved therapeutic good pursuant to the Special Access Scheme.

### Technology and Clinical Practice Committee

- Dr Richard King, Head of the Technology and Clinical Practice Committee, responsible for the assessment of the treatment plan based on the scientific evidence.

### Drug and Therapeutics Committee

- Ian Larmour, Director of Pharmacy and Executive Officer of the Therapeutic Committee responsible for preparation of the compound cPMP.

### Legal Office

- John Snowdon, Chief Legal Officer and Manager, Research Directorate and Lawyer, responsible for legal advice and representation at the Family Court of Australia.

## Reason for nomination

Molybdenum Cofactor Deficiency is a rare and fatal inborn error of metabolism, affecting approximately one in 200,000 babies born (there were only 300 cases reported worldwide in 2008). In patients affected by the disease, the accumulation of a highly toxic sulphite in the body results in progressive brain destruction, intractable epileptic seizures and a slow and inevitable death.

When a baby with this condition was admitted to Monash Newborn in June 2008 the team was assembled to evaluate the possibility of treating the disease with cyclic pyranopterin monophosphate (cPMP), a compound developed by Professor Guenter Schwarz in the University of Cologne, Germany and only previously used in mice.

Within only 14 days, the team led by Dr Alex Veldman, with the assistance of a biotechnology company, imported cPMP into Australia. They reviewed the scientific rationale and literature, analysed purity and sterility of the compound, developed a treatment plan, specified biochemical, clinical treatment and safety monitoring, ensured the treatment plan was assessed by a combined clinical ethics, human research ethics and new technology committee and obtained court approval for the treatment of this first patient.

Ethical considerations were paramount in this project. While cPMP had never been injected into humans before and little to no information on possible side-effects and toxicology was available, a human life was at risk and the only alternative to treatment was a slow and painful death.

Southern Health had not been confronted with an ethical dilemma such as this before and expertise was shared between a number of governance committees. After careful consideration of the pharmacology of comparable compounds and studying the natural course of the condition, a recommendation for approval was made and endorsed.

However, given the highly experimental approach to save this baby, there were still concerns that an independent voice representing the Australian public was needed to confirm that the treatment attempt was in the patient's own best interests. The Southern Health Corporate Counsel

and Manager of the Research Directorate proceeded to obtain a court order from the Family Court of Australia together with a supporting affidavit from the Manager of the Research Directorate to confirm that the provision of this experimental treatment by Southern Health was lawful. The Family Court of Australia issued a court order confirming that it was lawful and the baby girl received her first treatment within 60 minutes of court approval.

For the first time in human history, a patient suffering from Molybdenum Cofactor Deficiency was rescued from sulphite poisoning. The extremely elevated sulphite levels normalised within days and have remained normal ever since. The baby girl stopped having seizures, recovered from a coma and started to feed on a bottle. She was discharged soon after and is today on daily home treatment under close supervision by the team.

The clinical team wanted to make this treatment available for other families faced with the grim outlook of having a baby affected by an untreatable disease. As a consequence, a worldwide clinical trial protocol has been developed.

### **Innovation and excellence**

The treatment of Molybdenum Cofactor Deficiency was developed based on the work by Professor Guenter Schwarz, who used cPMP with success in an animal model of the disease. Although he had published these findings in 2004, nobody had attempted to use cPMP in humans.

This team, faced with a rapidly deteriorating baby girl for whom death was accepted as inevitable by all international experts in the field, went far above and beyond the call of duty, inspired by the vision that there could be a way to save this life and those of children yet to be born with Molybdenum Cofactor Deficiency.

By coordinating all the available resources at Southern Health and beyond, the team achieved treatment of this baby girl within only 14 days, a timeline which is probably unheard of in drug development.

In April this year, the treatment success was published in the prestigious scientific journal *Paediatrics*, the official publication of the American Academy of Paediatrics. This publication, as well as presentations on scientific meetings and conferences will help to create awareness that a treatment for this disease is now available thanks to innovation originating in Victoria.

### **Benefits to the community**

This novel treatment provides hope for individuals and their families affected by this deadly condition in Victoria and around the world. The team's approach changed the paradigm of this disease from being untreatable and fatal to being both treatable and survivable. Babies who are treated early in life show a normal development.

The impact of this newly developed treatment is enormous and as of today is saving the lives of babies in Australia, Germany, the UK and the Netherlands.

To meet the increasing demand for the treatment, a large-scale production of cPMP has been set up, creating employment in Australia. The cPMP produced here is also used in animal toxicology studies to learn more about the therapeutic range of the product, possible side-effects and to develop alternative modes of drug administration, for example a subcutaneous injection similar to insulin used in diabetes.

Preliminary investigations showing a connection between sulphite toxicity and neurodegenerative diseases might expand the impact of this novel compound far beyond treating newborn babies with rare metabolic conditions in the future.

### **Contact**

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## Highly commended

### Intensive care unit team Austin Health

Austin Health's Intensive Care Unit (ICU) leads Australia in its clinical care and research. The close-knit team of senior doctors, junior doctors, nurses, research staff, education staff and consultants work within a culture that demands the incessant pursuit of excellence.

Each year, 2,100 patients are admitted to the ICU's 18 funded beds. Its pioneering Medical Emergency Team treats another 1,500 patients throughout the hospital who have been identified as being at risk of deteriorating to the point they need intensive care.

The ICU assists patients who have undergone liver transplantation, liver failure, spinal injuries, cardiac surgery and kidney failure. This is in addition to general intensive care patients with conditions including infectious disease, cardiac arrest and septic or respiratory shock.

By any measure, the contribution of the Austin's ICU team to research has been world class, including published papers and citations, and contribution to databases on critical care.

#### Contact

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## Highly commended

### The twins' separation team The Royal Children's Hospital

In November 2009, a multidisciplinary team of talented and dedicated clinicians from The Royal Children's Hospital captured world attention with the successful separation of conjoined twins in a mammoth 32-hour procedure.

One of the most extraordinary cases in medical history, the separation of the conjoined twins was the culmination of two years' extensive planning which included six highly technical operations to prepare the twins for separation.

The team included neurosurgeons, craniofacial surgeons, an interventional neuroradiologist, anaesthetists, nurses, allied health, ethics and other medical staff, as well as a significant number of support staff throughout the hospital.

This multidisciplinary neurocraniofacial team has worked together for over 20 years and has established itself as a world leader in treating complex neurosurgical and craniofacial conditions that require this unique combination of skills.

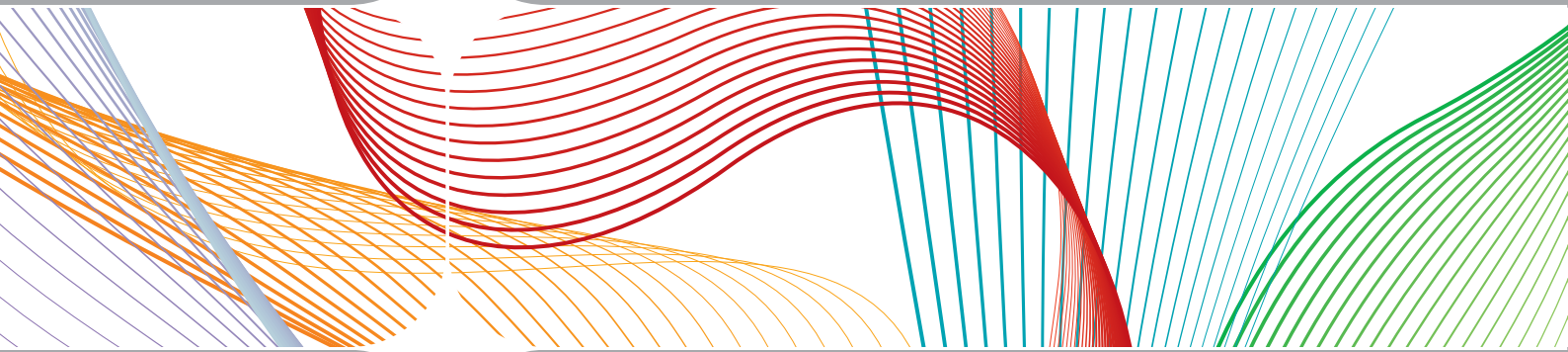
By improvising and inventing new techniques, the team well and truly extended the definition of excellence in their field.

#### Contact

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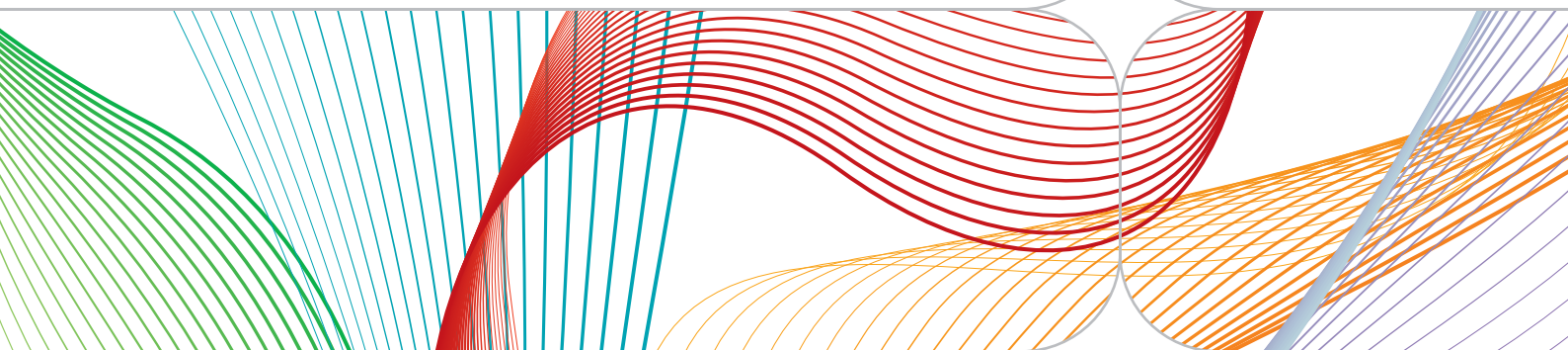




Minister's Award  
for outstanding  
achievement by  
an individual in  
mental healthcare

# Winner

Professor Patrick McGorry  
Melbourne Health



## About the nominee

During a distinguished career spanning almost three decades, Professor Patrick McGorry has demonstrated unparalleled commitment to ensuring young people with mental health issues receive timely, caring and effective treatment.

He was instrumental in the design, construction and evolution of a range of innovative service models, including Orygen Youth Health Clinical Program (OYH-CP) and Orygen Youth Health Research Centre (OYH-RC), all established to improve clinical care for those with complex mental illness.

His extensive work across many facets of the mental health sector resulted in him being named Australian of the Year in January 2010.

As well as his ongoing role as director of clinical services with OYH-CP, he is the Executive Director of OYH-RC. He is also a Professor of Youth Mental Health and an Honorary Professorial Fellow, School of Behavioural Science, both at the University of Melbourne

He is a program advisor for the Sunrise Foundation and he sits on the Victorian Ministerial Advisory Committee on Mental Health. He is the immediate past-president and current treasurer of the International Early Psychosis Association and a board member of the National Centre for Youth Mental Health, *headstrong*.

## Reason for nomination

For more than 25 years, Professor McGorry has been instrumental in setting up and guiding services, foundations and centres for youth mental health services in Victoria.

He established the Mental Health Services for Kids and Youth program (MH-SKY), which ultimately evolved into OYH and OYH-RC. Unlike any other clinical and research organisation, OYH-RC is fully integrated within OYH-CP, a large comprehensive youth mental health service for those between 12 and 24 years, covering a catchment

of one million people in north western metropolitan Melbourne. This unique integrated arrangement means the blend of biological, clinical, and population-based research is directly translated into improvements in clinical practice.

He played a key role in the development of the International Early Psychosis Association (IEPA) which supports service reforms nationally and internationally. His paradigm for early intervention and treatment has been successfully adopted in many countries in Europe, Asia and North America.

In practical terms, he has been a central figure in the development and implementation of the rollout of early psychosis intervention units throughout Victoria.

He successfully tendered for the management of the National Youth Mental Health Foundation (headspace), a \$54-million national reform process in youth mental health. He is currently chair of its executive committee. This program raises awareness of youth mental health and has supported the construction of 30 youth health service platforms across Australia, representing an internationally unique resource in service provision and research opportunity.

## Innovation and excellence

A career built on continued excellence and innovation has been rewarded and honoured, demonstrating his extraordinary impact.

For his achievements and lasting impact on the sector, Professor McGorry was named 2010 Australian of the Year. In the same year he was awarded an Order of Australia for his services to medicine and mental health.

He was also awarded the Founder's Medal of the Australasian Society for Psychiatric Research in 2001 and the Centenary Medal from the Australian Government in recognition of the development of the EPPIC program. His contribution to community was recognised in 2009 with the Melbourne Award.

He has also be honoured internationally with the Castilla Del Pino Award in recognition of his significant contribution to the field of psychiatry in Spanish-speaking countries in 2009.

OYH won the prestigious Gold Achievement Award at the Mental Health Services Conference in 2008, for their innovative achievement in creating an internationally recognised youth mental health treatment and research facility.

### **Benefits to the community**

By conducting a wide range of teaching and workshop sessions at undergraduate, postgraduate and professional development levels, Professor McGorry ensures Victoria continues to be viewed as the world's youth mental health research and clinical service hub.

He mentors many OYH-RC senior researchers, who are destined to become the next generation of leading researchers and clinicians. This is incredibly beneficial to Victorian patients and clients who can know they are receiving world-class treatment.

In 2008, he commissioned independent economic analysts, Access Economics, to determine the cost-savings associated with early intervention in psychosis. Results indicated that much better health and social outcomes are achieved, and the direct health costs are about a third of standard care over an eight-year follow-up period, when guaranteed and quality care is delivered during the crucial early years of illness.

Armed with this compelling evidence, he continues to lobby state and federal governments to ensure the early-intervention model is adopted universally for all mental health and substance-use issues in the future. The economic and human cost savings have already and continue to make a substantial contribution to society.

Throughout his 28-year contribution to youth mental health service reform and research, Professor McGorry's work has benefitted Victorian patients, clients and the community in outstanding ways.

It begins with his extraordinary insight into the special needs of young people, who face unique issues specific to their particular period of life, and his consequent founding of a whole new area of psychiatry: early intervention. It continues with his determination to reject the status quo in psychiatry.

Others would have been daunted by the task of changing attitudes and instigating reform, but Professor McGorry's drive and willpower have persisted in the face of great adversity.

He will tell you that what he has achieved is just the beginning, as one in four young people are likely to experience a mental health or substance-use issue in the next 12 months and only a third of those young people will receive any help at all. His fight continues to ensure this situation is turned around and young people receive the care they need at the time when they need it most.

### **Contact**

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## Highly commended

**Ms Isabell Collins**  
**Victorian Mental Illness**  
**Awareness Council**

Isabell Collins has made a significant contribution towards mental health reform as an active and effective voice of mental health consumers. She is well-known in the national and Victorian mental health sectors and has been the Director of the Victorian Mental Illness Awareness Council (VMIAC) since 1995. VMIAC is the peak mental health consumer organisation in Victoria, and has been a strong voice in representing consumers since the early 1980s.

Ms Collins upholds VMIAC's core principle which is to never reject any calls for assistance from consumers, some of whom are amongst the most vulnerable members of our community. Under her guidance, VMIAC has become a unique mental health consumer organisation that provides a network of mutual support, advocacy for mental health consumers and their carers, and education for the community and its policy-makers.

She is a determined advocate for the protection of the human rights of mental health consumers.

### Contact

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Victorian Mental Illness Awareness Council  
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## Highly commended

**Dr Priscilla Yardley**  
**Peninsula Health**

Dr Priscilla Yardley works as an everyday mental health team member and as a clinical leader within the Peninsula Health Mental Health Service. She has ongoing involvement in consumer care, supervision of students and management of staff.

In addition to her regular role, she is a visionary leader and teacher who has contributed to the provision of the best possible treatment for consumers and their carers. She is the coordinator of the Dialectical Behaviour Therapy Program which she implemented in 2006 for consumers with borderline personality disorder. She is a member of the Mental Health Executive and is a Senior Lecturer at Monash University.

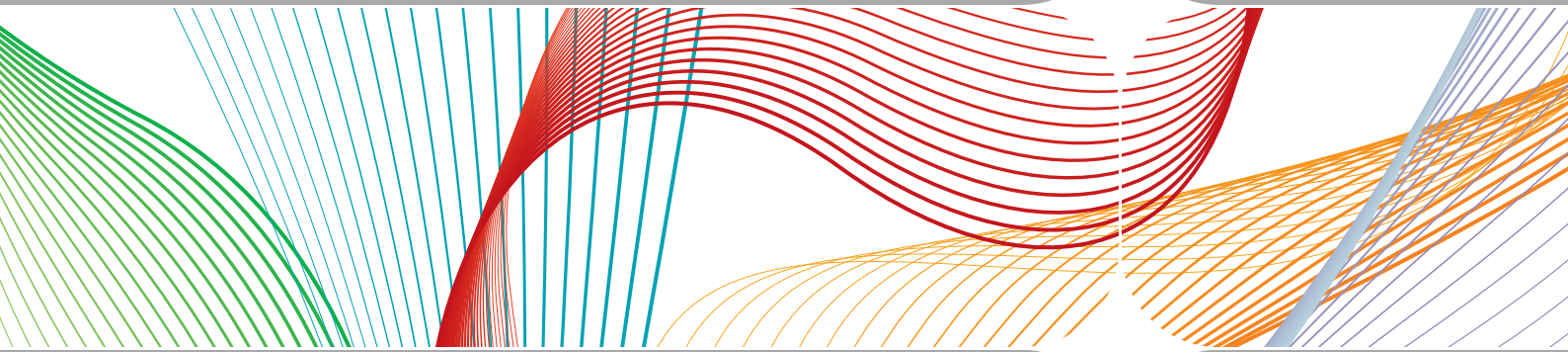
Dr Yardley has been nominated for this award because of her quiet but extraordinary contribution to mental health care and because of her innovative approach to individualised consumer care and recovery and her ongoing passion, enthusiasm and commitment to implement and maintain service progress.

### Contact

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Minister's Award  
for outstanding  
achievement  
by a team in  
mental healthcare

# Winner

Dialectical behaviour therapy team  
Pathways and Barwon Health



## About the nominee

Dialectical behaviour therapy (DBT) is a psychological therapy combining cognitive behavioural principles with eastern philosophies of acceptance and mindfulness. The therapy aims to treat people with borderline personality disorder (BPD), a serious mental illness that affects an estimated two to five per cent of the population.

It is characterised by a pervasive instability in mood, interpersonal relationships and self-image, as well as by impulsive and often risk-taking and self-destructive behaviours (including self-harm and suicide attempts). DBT attempts to address these symptoms by building interpersonal, emotion-regulation and distress-tolerance skills.

The Barwon DBT team is a partnership initiative between Pathways, a Psychiatric Disability Rehabilitation Support Service (PDRSS), Barwon Health Mental Health and Drug and Alcohol Services. The initiative started in January 2006 as the Barwon DBT interest group. The interest group focused on knowledge-sharing and professional development for members, and was chaired and supported by a staff member from the statewide BPD specialist service, Spectrum. In June 2006 the group outgrew this model, and team members decided to put their knowledge into practice to provide a specialist clinical service to individuals with BPD.

The DBT program offers group and individual treatment that moves through stages and focuses on different targets as participants progress. It has a logical progression that first addresses behaviour that could lead to serious harm or death, then behaviours that could lead to premature termination of treatment, to behaviours that affect the quality of life, to the development of alternative skills.

## Reason for nomination

The DBT team in Geelong is the only partnership in the state between a public mental health service and a PDRSS that specifically focuses on providing specialist clinical services to people with BPD.

People with BPD often display feelings of anger and rejection through very difficult behaviours, and as a result are often labelled by health professionals as 'bad', 'manipulative' or 'attention-seeking'. As a result, most services tend to focus on reducing dependency on services by limiting access to services for this client group. This approach is often the norm in public mental health services, rather than attempting to proactively engage the client group into treatment.

The DBT team on the other hand focuses on engaging people with BPD in treatment in a proactive way. The team initially established itself without formal management support and resources, driven by a passion for innovation and a commitment to improving the quality of life for this client group and the community they live in. The team bases their interventions on a sound knowledge of effective treatment described in the international literature.

The team's commitment to effective, appropriate, efficient and responsive health care provision further shows in their recently developed business plan that includes capacity building activity in the local region. To achieve this, the team developed innovative ways of funding direct clinical service delivery.

## Innovation and excellence

The DBT team consists of clinicians who are committed to continuous quality improvement, not just regarding their own practice and model of care, but in regards to care provided to the client group by other health professionals as well.

In the face of poor outcomes and worker frustration, they researched best-practice evidence, identified DBT as the way forward, attended training, networked and developed partnerships with specialist services. From the beginning, the program was set up to be evaluated, reviewed and continuously improved based on research and other evaluation outcomes.

All this occurred in 2006 in the absence of direct support. The team, however, effectively advocated with their respective managers to access funding. As the group expanded, clinicians often completed work on their own time to provide the best possible service for participants.

Significant outcomes such as reduction of acute inpatient admissions and reduction of visits to the emergency department raised the standards and treatment expectations in the region. Although the treatment paradigm, with its origins in eastern philosophy and mindfulness, represents a challenging cultural evolution in psychiatric practice, the outcomes generated show how people with BPD can be effectively treated.

Another example of the team's commitment to innovation and excellence is the choice of location in which treatment is provided. The property is a weatherboard home in which the bedrooms are converted to staff offices, and the open-plan kitchen living dining room is converted into a therapy space. Consumer satisfaction reports show consistently that clients appreciate this environment as more engaging and safe than a usual clinical treatment space.

### **Benefits to the community**

The DBT team benefits the Geelong community in three ways: client benefits, health professional benefits, and economic benefits.

A treatment outcome study over a two-year period in 2007–2009 showed that clients reported significant improvement post-treatment. For example, clients reported a significant reduction in the mean number of BPD traits and reported a significant improvement in mood.

The DBT team is providing a significant benefit to health professionals in the region by giving them confidence in dealing with this client group. Already, the initial number of three clinicians involved in clinical service delivery in 2006 has grown to eight.

People with BPD pose a significant financial burden on health systems through frequent emergency department visits, contact with the police, use of ambulance services, hospital admissions, and contact with other health professionals. In Australia, research suggests estimated costs per person in the year prior to attending treatment programs such as DBT are \$25,526.

However, this cost was reduced by an approximate \$18,000 per person per year after treatment completion. Without effective evidence-based treatment approaches that focus on recovery rather than clinical risk management, clients will continue to re-present to health services. The DBT team in Geelong offers a model of recovery that will benefit clients, the people around them and the wider community.

### **Contact**

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## Highly commended

### Apprentice support team Incolink

Incolink has been operating since 1989 as a joint enterprise of unions and employer associations in the Victorian building and construction industry.

The Incolink Apprentice Support Team delivers programs that support the health and wellbeing of apprentices, providing individual advice, counselling and support each year to over 2,000 apprentices across Victoria.

On average the team provides group services to approximately 8,000 apprentices each year through education programs, which include drug and alcohol prevention, suicide prevention, financial awareness, depression awareness and financial counselling.

The team aims to empower apprentices to optimise their health and wellbeing by giving them skills, information and resources. This is achieved through a flexible, client-centred and empowerment-oriented approach in which the workers do not assume the role of the expert, but provide opportunities for apprentices to learn critical life skills and be supported if needed.

#### Contact

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Incolink

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## Highly commended

### Butterfly eating disorders day program team Southern Health

The Southern Health Butterfly Eating Disorders Day Program team was developed to deliver a three-year pilot project to provide accessible, specialist and effective treatment options for individuals with eating disorders in the public health sector.

The program is a joint initiative between Southern Health and the Butterfly Foundation that has reduced inpatient admissions and increased the physical and mental health of participants.

The team represents a highly specialised multidisciplinary group designed to address the complexity and severity of eating disorders and enable recovery for sufferers and their families.

The team consists of a manager, consultant psychiatrist, mental health workers, dietician, paediatrician, and a family therapist and complemented by a teacher and art therapist.

Together the team has created and implemented a specialised intensive eating disorder day program for a client group that has the highest mortality and morbidity rate of any mental illness.

#### Contact

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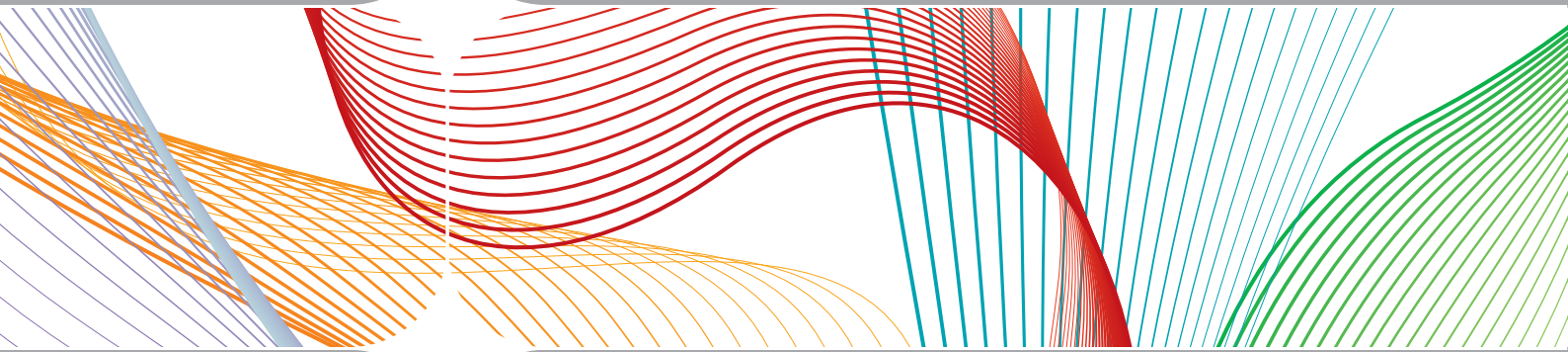
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# Department of Health Secretary's Award



## Improving the patient experience

Each year the Secretary of the Department of Health selects an important area of work that deserves recognition through the Victorian Public Healthcare Awards. It also provides an opportunity for new and established programs or initiatives to receive recognition for outstanding work.

A patient's perception of their hospital stay or health service encounter is a key indicator of health care quality and in 2010 the Secretary's Award will recognise innovative approaches to improving the health care experience of patients and consumers in Victoria.

## Message from the Department of Health Secretary

*Improving the patient experience* has been an exciting theme to honour in the 2010 Awards – the entries show how inventive, resourceful and determined you can be in order to improve the patient's experience.

Congratulations to all the finalists, who are drawn from diverse specialties and services. Austin Health's *Health assistants in nursing* program streamlined workforce practices to deliver better patient encounters and the Royal Women's Hospital's *Neonatal services* designed a new model of care with a renewed focus on the patient experience.

This year, Peter MacCallum Cancer Centre's *Personalised souvenir movies* was the standout and I commend Peter Mac for this great initiative, which is helping young patients cope better with very serious cancer treatment.

There is a lot to learn from each other, and I hope these Awards inspire you to achieve greater outcomes for yourself, your health services and most importantly your patients and consumers.

**Fran Thorn**  
Department of Health Secretary



## Winner

Personalised souvenir movies  
for paediatric radiotherapy patients  
**Peter MacCallum Cancer Centre**



## Abstract

Explaining radiotherapy to a seven-year-old patient is not easy, but it's even harder for that patient to explain it to their classmates, friends and family. A unique program at Peter Mac gives paediatric radiotherapy patients the opportunity to create a short movie about their experience. The movies help them understand their treatment and explain the processes to friends and family.

Movies are themed according to the child's interests and are shot in a flattering style in an effort to boost self-esteem and provide a positive experience of health care. Treatments are filmed by a radiation therapist familiar with the procedure, preventing distraction associated with an external camera crew.

At the time of submission 68 children (aged two to 17) have made movies. A wide range of benefits have been reported including reduced anxiety, increased willingness to attend and improved reintegration into school.

## Planning and preparation

The idea for this project came from a paediatric patient. When asked her opinion of existing information videos she commented that they would be better if she was the star. Her treatment was filmed and a special version was created for school. Her teachers used it, to great effect, as part of a program to combat the bullying which resulted from her hair loss. Following this success, souvenir treatment movies were offered to other children.

The process of production involves consultation with the family about their interests and concerns so that a personalised, flattering movie can be created. The treatment procedure is filmed and subsequently edited into an age-appropriate movie, typically with review and further input from the child. Two Peter Mac Radiation Therapists lead this work, including filming and editing, with oversight of various aspects by a multidisciplinary team.

## Objectives

All aspects of movie production are intended to improve each patient's experience by providing a positive alternate focus over the course of treatment. The movies are designed to provide a unique record of their journey that can be shared with others, extending the positive experience beyond the hospital.

Each movie is tailor-made for the individual child. This includes selection of music, genre and narration and in some cases additional sequences reflecting their interests. The child is invited to contribute throughout the postproduction process.

The aim is to create a movie that the child is proud of, and willing to show to others. Parents and teachers have frequently commented that the child's self-esteem has increased through creating and presenting these movies. Other health care professionals have also commented on increased confidence and willingness to comply with treatment requirements.

## Methods and implementation

A multidisciplinary team was established, including the Chair of the Peter Mac Paediatric Service, several radiation therapists, nurse coordinators, music therapists and a consumer. The production of information movies is overseen by this team in accordance with Peter Mac policy on patient information and members are also consulted regarding movies for individual patients.

In order to improve the quality of the movies, the project leaders have undertaken self-education, consulted with film industry professionals and sourced additional equipment via grants and donations.

As the production work is not currently funded, it has been performed out-of-hours on a voluntary basis, around full-time radiotherapy workloads. This has largely precluded a formal evaluation of its effectiveness.

## Results and outcomes

To date 68 movies have been produced for paediatric patients aged between two and 17. Patient benefits include increased confidence and self-esteem, reduced need for daily general anaesthetic and greater positive engagement with their health care journey. Greater community engagement has also resulted, with involvement of families, schools, community groups and businesses in a range of activities designed to directly improve patient experiences.

## Status and sustainability

This is a world-first and, as such, no formal literature is available to support ongoing funding. An application has been made for a 2010 Victorian Cancer Agency Supportive Care Research Capacity Building Grant. This is in collaboration with the Melbourne University Centre for Program Evaluation and aims to generate formal evidence.

This work has been presented at national and international conferences including the Paediatric Radiation Oncology Society Congress in Montreal 2009, creating considerable interest in developing similar programs elsewhere.

## Budget

The initial equipment grant of \$6,000 from the Eric and Elizabeth Gross Foundation has since been supplemented with further grants and donations of money and equipment to a total of approximately \$75,000. In addition to purchasing equipment this has allowed the establishment of a video production suite and also a screening room.

A multidisciplinary team with consumer representation is involved in oversight of the work, but the bulk of it is performed by two staff. Between them they have donated in excess of 1,600 hours over two years.

## Achieving quality, excellence, innovation

The team involved won the 2009 Peter Mac Team Award for Innovation, which is a remarkable achievement given the high calibre of nominations.

The main challenge was actually filming in the treatment room. Treatment is clearly the priority so filming cannot interfere with safety procedures, accurate treatment delivery or impede efficiency. The filming must also not extend the duration of treatment sessions for the sake of patient comfort and also because of the high demand for these facilities.

This has been overcome by having filming performed by the project-leading radiation therapists. Both have several years experience, including time spent in charge of treatment units and expertise in paediatrics. As such, they are familiar with the procedures and safety requirements. Treating therapists can therefore concentrate on the child, not the film crew.

Filming happens in real-time with no second takes. Where children want an extra scene, for example performing a dance routine after their treatment, filming happens out of clinical hours or with the aid of green-screen digital enhancement to give the appearance of action happening in the treatment room.

From an initial equipment grant of \$6,000, this innovative project has resulted in greatly improved treatment experiences for Victorian paediatric cancer patients. By producing high quality movies that children are proud of, and eager to show others, the positive experience extends beyond the hospital and into the future.

## Contact

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## Highly commended

### Health assistants in nursing Austin Health

Nurses' workloads have increased dramatically and nursing shortages are inevitable in the future. Nurses and patients in the wards report that nurses are commonly too busy with high-end clinical tasks to respond to the personal-care needs of patients.

Austin Health introduced Health Assistants in Nursing (HAN) under the supervision of registered nurses to provide a stable but flexible workforce to improve the patient experience and release registered nurses to attend to clinical tasks. We introduced six HANs in three pilot wards in July 2009 after an initial feasibility study.

The HANs' duties include feeding, toileting and assisting patients with hygiene, clinical manual handling, making beds and supervision of confused and other at-risk patients. This means more manageable workloads for nurses and a strong focus by HANs on the personal needs of patients.

The evaluation of the pilot showed a striking and consistent improvement in patient experience and staff satisfaction.

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## Highly commended

### Partners in care – neonatal services model of care The Royal Women's Hospital

An innovative model of care (MOC) for Neonatal Services at the Royal Women's Hospital has set new benchmarks, and actively engages families, in the care of newborns.

It was a key component of the hospital's redevelopment and relocation to its new site in June 2008.

The MOC was designed to benefit the approximately 1,300 premature and sick babies admitted to neonatal services each year, their families and carers, and over 300 FTE multidisciplinary staff.

The project involved participatory action learning, including parent and staff focus groups, working groups of health professionals, internal and external consultation, literature reviews and visits to relevant local and offshore units, process mapping, benchmarking and satisfaction surveys.

The significant cultural, operational and structural changes brought by the MOC have improved consistency and continuity of care for premature and sick newborns, further engaged families in the care of their babies and improved staff organisation and morale.

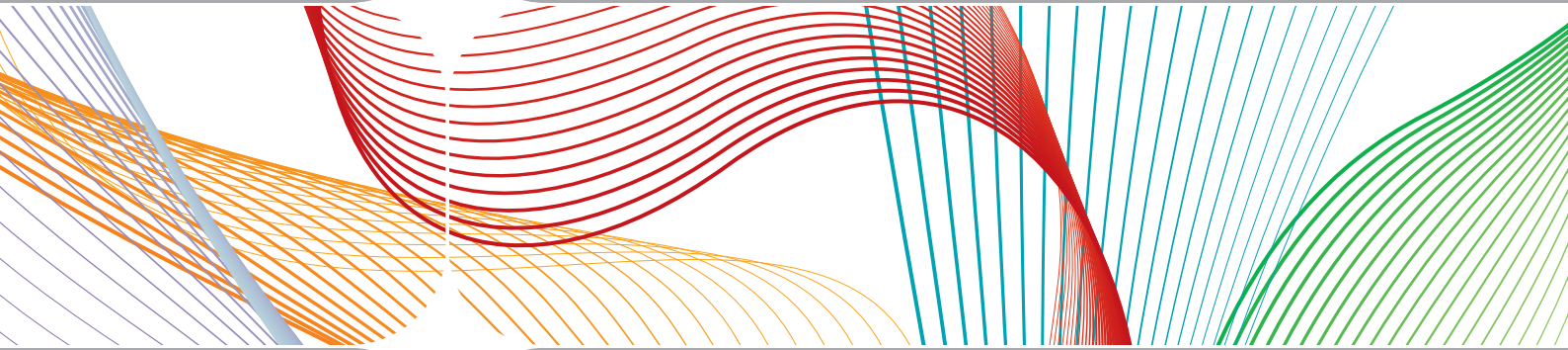
#### Contact

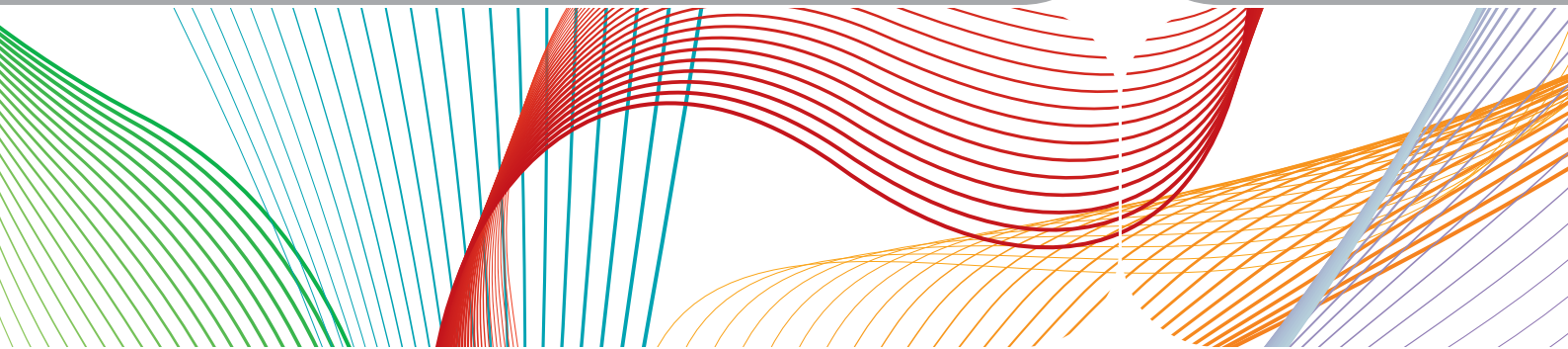
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# Category Awards

The Category Awards recognise the diverse ways in which excellent public health and health care is achieved, and reflects the Department of Health strategic priorities. These categories honour initiatives and services that demonstrate excellence, innovation and quality.





# Delivering sustainable & efficient healthcare services

## Providing sustainable, well-managed and efficient health services

A health care system that is accessible, equitable and sustainable requires high performing, effective health services. This Award recognises successful improvements and innovations that build the organisation's capacity to respond to current and future challenges. Whether it's through workforce innovation, better resource use, transforming health care through information technology, or implementing sustainable practices, this Award honours initiatives that lead to stronger and more sustainable health services.

## Gold winner

Increasing information availability in health care  
Barwon Health



## Abstract

The Digital Medical Record (DMR) Project was a major project rolled out sequentially over a 12-month period to replace traditional paper medical records at Barwon Health. Significant training and change management were required for all personnel, including clinical staff. Moving to digital format represented major change in daily operating methods – for some staff it was possibly the biggest change in their career.

The change was well-managed and functioned as a platform for strategic integration with other information systems to progress towards an electronic, fully integrated medical test and record system.

The project delivered much more value than anticipated. Some patients will never have a paper record. Their information will be accessed at point-of-care for their lifetime and shared as-needed by providers elsewhere in Australia. In 2009, Barwon Health received an outstanding achievement from the Australian Council on Healthcare Standards surveyors for information management, reflecting their observation of our outstanding performance.

DMR provides a catalyst for the ongoing extension of e-health throughout Barwon Health. It is an important enabler of the strategic plan, and will continue to deliver significant clinical and business benefits, positioning the organisation as the leader across the Australian health sector.

## Planning and preparation

There were many project drivers for both patients and staff, given the increasing burden of population ageing, growth and incidence of chronic disease. These included:

- providing clinicians with a single reference point for all patient information
- enhancing access to information for research and audit
- faster delivery of patient information to clinicians

- seamless integration with electronic patient systems
- improving ability to manage expected increases in health information services workloads
- enabling simultaneous access for patient treatment, remote consultation and teaching
- reducing medico-legal risk associated with lost or delayed access to records
- improving quality of clinical service.

## Objectives

The project set out to:

- provide any medical record image, anywhere, any time, quickly
- free-up physical space for other patient-care purposes
- create a secure paperless medical record
- provide cost-savings through reducing paper use, consumables, transport and storage
- decrease service delays and cancellations waiting for paper record retrieval
- create more productive time through high quality scanned document retrieval via fast computer interface compared to manually locating paper records.

## Methods and implementation

A major challenge for the project was the significant change management effort required over extended periods of time. For some staff groups DMR has represented the largest change to work processes experienced in their career. Particularly impacted were clinical, medical records and coding staff.

Methods used included regular forums for feedback, user-group sessions, electronic feedback mechanisms in the record itself and through key stakeholder engagement across clinical units identified in the project plan.



## Results and outcomes

The system had positive feedback as soon as it went live, with patient data being far more accessible. Data that was previously locked away or in use by one member of the care team can now be accessed concurrently, allowing clinicians in different locations to case-conference.

Significant additional benefits not identified in the business case include further innovation in information technology such as the development of nursing admission assessments for the *Long Stay Older Persons Project* and a community-wide system for managing palliative care services. Both systems are being driven by a wider user-base awareness of the potential of digital clinical systems.

Successful introduction of DMR has spawned additional scanning projects, including personnel records and financial information.

The developers also provided a software application using optical character recognition to recognise words embedded in images. Handover notes used extensively by medical teams have been transferred into DMR, linked to other electronic systems and to this tool. This has enabled the coding team to search for codable terms within the database.

## Status and sustainability

DMR has been live at the acute site since October 2008 and continues to be expanded and developed as clinicians discover new and innovative ways to make use of the data and integration across systems now available to them.

DMR is available from any device within Barwon Health as well as externally over secure internet connections. For clinical staff, access to information is now real-time, which has significant clinical and cost implications for patient management.

Before DMR, paper notes were manually sent from the emergency department to admitting wards on patient transfer. Notes would often be delayed, causing absence of information and increasing the potential for risk. Information is now available prior to the patient arriving on the ward.

Similarly, mental health information was previously not filed in the general paper history. Now this information, including crisis plan and medications, is available real-time across all services and is critical for acute management when these patients present to the emergency department.

The next phase will be to reduce the volume of paper scanned each day and replace it with information that is entered electronically at source.

Some of these projects include direct entry of nursing notes by emergency department nurses, accounting for approximately 10 per cent of scanned documents, and the palliative care management system, which has resulted in care plans and nursing information being entered at point of care plus a complete system of internal referrals and triage available throughout Barwon Health.

## Budget

The project's actual costs compared against planned and accrued benefits are favourable.

## Achieving quality, excellence, innovation

The DMR project was a complex experience in improving the quality of care offered across Barwon Health. Change management for clinical staff will continue with movement to a complete electronic health record.

Measured against the initial business-case benefits and evaluation criteria, it has been very successful. The DMR innovation will drive exponential improvements in our ability to deliver health care into the future.

We will continue monitoring world's best practice in this area and work closely with clinical staff to ensure the system is developed through continuous improvement cycles to exceed clinician expectations for access to information, compliance with medico-legal requirements and tangible improvement in patient outcomes through prevention.

## Contact

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## Silver winner

### Supply and deliver – supply chain initiatives Peninsula Health

Following a successful submission for funding, Peninsula Health initiated a review of its supply chain processes, including essential elements of a complex organisation, such as:

- policy and procedures
- structure
- roles and responsibilities of supply staff
- essential skill base
- business processes
- key performance indicators.

This led to the identification of supply-based and process-driven improvement opportunities across the organisation.

The methodology used cross-functional, multidisciplinary project teams to complete analysis of current work practices and to suggest ways to increase patient focus and efficiencies.

Results have been extremely successful with greater patient-care focus and savings of over \$1.35 million achieved for the 2009–10 year.

The initiative has resulted in staff embracing a culture of working together to improve patient focus and outcomes across areas such as:

- product catalogue
- supplier management and consolidation
- procurement system performance
- barcode scanning
- contract management system
- patient meal services.

Projects have now been incorporated into operational plans and budgets and reflect the improved processes and financial savings.

New projects are constantly being put forward as staff understand the importance of continuous improvements.



Peninsula Health has been very active in sharing achievements with other health services and we have provided site visits and discussion notes with three metropolitan and one rural service. Innovative new processes are openly shared and suppliers for new technology are put on notice that all Victorian health agencies must be offered the same benefits.

Most projects have achieved an immediate or very short pay-back period. Our approach has also been to become more customer and efficiency focused rather simply looking at cost savings.

#### Contact

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## Highly commended

### Logistics improvements at Melbourne Health Melbourne Health

The Logistics Improvements project at Melbourne Health aimed to reduce the amount of money spent on taxis and couriers annually. It looked at integration of service provision and opportunities to provide a better level of service at a lower cost.

Site and service reviews were also undertaken, involving a number of other health services. The project was an important part of the cultural change and brought together a multidisciplinary team to improve on the previous silo approach.

It has resulted in a 36 per cent reduction in external courier runs and has freed up \$278,000 for direct patient-care.

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# Improving access performance

## Providing access to the best health care for all Victorians

The best possible care is equitable, effective, timely and delivered in the right settings. This Award recognises Victorian initiatives that improve access to health care services and result in the best clinical outcomes, improved confidence and patient's experience.

## Gold winner

No Wrong Door – improving the  
client journey and referrer experience  
Southern Health





## Abstract

No Wrong Door is a partnership of services within the Southern Health catchment area committed to improving the experience of the referrer. The underlying principle of No Wrong Door is that all referrals are accepted by a receiving service. Where not deemed eligible, the referral is redirected to an appropriate service in consultation with the referrer.

The partnership covers a wide range of services including Southern Health Ambulatory and Community Care, South East Palliative Care, Peninsula Hospice, MonashLink Community Health Services and Dandenong Casey General Practice Association.

No Wrong Door is supported by referral redirection tools and protocols. A dedicated website ensures that intake services have access to Choose and Redirect, an online decision matrix enabling timely referral redirection. The tool has an associated database which highlights referrers who continue to refer to the wrong service, enabling tailored education and training.

Internal to Southern Health, the framework is further supported by a range of iRefer tools which assist referrers to access the correct service in the first instance. A defined point of access for ambulatory and community care and a dedicated 1300 telephone number have also proved invaluable in ensuring timely referral management.

## Planning and preparation

No Wrong Door was initiated in 2008 following a Southern Health planning forum with internal and external ambulatory and community services. Services reported frequent inappropriate referrals and general practitioners (GPs) were frustrated that referrals were returned to them with limited assistance or advice in offering an alternative.

A steering committee and three working parties were established to look at intake processes, the training needs of intake staff and information management.

Two consumer representatives were included in the steering committee and provided a valuable perspective to ensure that the client's needs were central to the process.

## Objectives

The main objective was to implement an effective referral navigation system. The success of the project is due to the ease of the search and redirection process. This ensures timely response to referrals and a truly client-centred model of care.

## Methods and implementation

Partner agencies were represented in working parties and the steering committee. The planning phase spanned eight months before implementation, which included:

- gathering service information to populate the website
- website design
- intake staff training
- website launch
- consolidation of intake teams
- launch of 1300 telephone number
- development and launch of iRefer tools.

The project is now progressing to stage two, which will focus on GP practices.

## Results and outcomes

Abandoned call rates have reduced significantly from 59 per cent to 19 per cent since the implementation of a new integrated telephony, fax and email system called Qmaster. Data shows this can be reduced further to 11.8 per cent if the auto attendant was replaced with a personal call response.

Data for the Choose and Redirect service is tracked monthly. On average, 45 referrals per month are redirected and the database currently indicates education is required for GPs in relation to community rehabilitation services referrals.

The effectiveness of the No Wrong Door partnership was evaluated and each partner felt that it was an invaluable collaboration and that their opinions were considered and incorporated.

The InterPAC tool has saved a significant amount of time and effort. Previously ward staff reported spending in excess of four hours to prepare a referral. The time to identify the service and referral form has now been reduced to a matter of seconds.

The tools were trialled three months prior to launch with identified wards. Feedback collated indicates 100 per cent satisfaction with the tools and some suggestions for minor improvements. In its first two weeks, iRefer was used over 1200 times.

### **Status and sustainability**

No Wrong Door has been implemented across the original partner agencies. Expressions of interest have been received from Royal District Nursing Services to be included and three Victorian health services wish to extend the No Wrong Door principle and technology to their catchment area.

In June 2010, Southern Health was invited to present No Wrong Door at an Ambulatory Services Health Round Table, where great interest to share the technology and tools was expressed.

The iRefer tools were put in place to further support the No Wrong Door initiative by ensuring that referrals from internal services and depart

The next stage of the project is to scope whether the No Wrong Door search tool could be adapted for use by GPs to assist in initial referral navigation. This would allow the GP to search for and select the right service and then submit the referral automatically via eReferral, all within the one integrated system. Early discussions have proved positive and the project will progress to the next stage.

### **Budget**

The project had a total budget of \$29,900.

### **Achieving quality, excellence, innovation**

The No Wrong Door framework is a unique collaboration of services and agencies which, over time, has resulted in a truly effective and user-friendly referral navigation system. Innovative solutions have been developed which reduce time taken in identifying appropriate services for referral and redirection.

A defined point of access supported by Qmaster and a single 1300 number has increased ease of access to services. To optimise engagement and uptake of the tool, they were developed in collaboration with services and amended according to feedback. Further opportunities for improvement and sustainability of the initiative have been identified, consistent with quality improvement principles.

Feedback from conference and forum presentations, external visits to Southern Health and presentations delivered to Victorian health services confirms that these high quality tools were developed at a fraction of the expected costs.

### **Contact**

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## Silver winner

### Ensuring timely access to care for emergency medical patients Alfred Health

Long waits in crowded hospital emergency departments (EDs) prior to hospital admission are uncomfortable, frustrating and increase both morbidity and mortality for patients.

The whole-of-hospital initiative at the Alfred identified that the biggest access problem was for patients requiring admission to standard inpatient wards. ED responses, inpatient specialty unit responses, bed allocation and ward transfer service processes were reviewed, resulting in improved access performance monitoring systems, and protection of patient streams in the ED.

The inpatient bed capacity was re-profiled to match demand by time of day and by clinical specialty. Standardised service delivery processes and systems for monitoring our performance quality were established alongside changes to the emergency medical admission model of care.

For all emergency-admitted patients our median monthly eight-hour KPI performance increased from 56 per cent to 78 per cent. In addition, our median monthly four-hour KPI performance increased from 71 per cent to 81 per cent.

The project demonstrated marked and sustained improvement in many indices of timeliness and quality of care. The Alfred ED is now less crowded, despite increasing monthly presentations.



This initiative is ongoing and many of the changes were embedded into practice early on. It has prompted further work to expand on the front-end assessments of admit versus non-admit streams at ED triage and improvement in the use of information made available to the hospital by outside sources to assist with triage.

Our ED four- and eight-hour KPI data continues to be amongst the best in the state for like hospitals.

Improved quality of patient care has been achieved by more timely treatment in the right location. Earlier access to specialist care has also been achieved.

#### Contact

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## Highly commended

### Nurse-led non-muscle invasive bladder cancer surveillance service Melbourne Health

Bladder tumours are the second most common urological cancer treated. Non-muscle invasive tumours are easily treated while they remain superficial, but patients need to be followed by regular cystoscopy to detect early, and easily treat, recurrences prior to progression.

Due to the volume of cystoscopies required, it had not been possible to keep up with demand.

One way to address these issues was to establish a nurse-led program to undertake surveillance cystoscopies, and coordinate patients with superficial bladder cancer.

Since the pilot in February 2010, all patients are seen on schedule and the waiting list is 100 per cent on target.

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# Improving quality performance

## Providing the best health care for all Victorians

All health care organisations strive to provide high quality health services that are safe and appropriate and aim to involve and inform patients and their carers. In addition, the Victorian community seeks the world's best evidence-based treatment options to achieve the best clinical outcomes. This Award recognises outstanding initiatives using evidence based treatment options that result in the best clinical outcomes, improved confidence and patient's experience.



## Joint gold winners

Melbourne Health



Wimmera Health Care Group



# Northern Psychiatric Unit

## clinical risk management initiative

### Melbourne Health

#### Abstract

The nature of acute psychiatric illness creates a unique set of risks in the acute psychiatric inpatient setting. These risks have historically been managed by nurses through the use of visual observations – a clinical practice without a clear rationale or demonstrated effectiveness.

To determine if there was an improved alternative model to manage risk in an acute psychiatric inpatient setting, a project at the Northern Psychiatric Inpatient Unit (NPU) examined the current method used by the multidisciplinary team to manage at-risk patients.

The Clinical Risk Management Initiative (CRMI) to our knowledge was the first comparison in Australia of an alternative model to the practice of visual observations in an acute psychiatric inpatient unit.

It demonstrated a significant reduction in the number of violent incidents, absconding and episodes of seclusion, and was the model preferred by staff for risk management. It can serve as an evidence-based template for the management of clinical risk in acute psychiatric inpatient settings.

#### Planning and preparation

Acute psychiatric inpatient units provide an environment for treatment and care for patients who are experiencing an acute episode of mental illness. This care and treatment must be provided in a safe environment where adverse events, such as aggression, absconding, sexual disinhibition, self-harm and suicide are minimised.

Although a variety of factors contribute to the maintenance of a safe and therapeutic environment, there has been a strong reliance on the practice of visual observation by nursing staff. The variability of this practice has created confusion for staff and discrepancies in its implementation.

Disquiet about the utility of and lack of evidence-base for visual observation prompted North Western Mental Health (NWMH) to identify the following limitations:

- inconsistent application and documentation of practices across NWMH services
- no definitions around the use of visual observations
- lack of connection between risk assessment and treatment plans
- risk that clients were able to manipulate the times observations were to occur so as to engage in risk behaviours.

#### Objectives

This project aimed to review the practices of managing risk in the inpatient psychiatric unit (IPU) setting to improve patient outcomes by:

- critically analysing the current practice of visual observation
- reviewing the literature on best practice models of managing risk in the IPU
- developing an alternative model of care for the Northern IPU and implementing this model
- evaluating the effect of the change (if any) of the new model of care.

#### Methods and implementation

Consumer focus groups were included so that patient experience could be improved. The information from this group of former patients was fundamentally important in the development of the alternative model of care. The new model was iterative, with ongoing consultations and modifications.

Evaluation was conducted using a pre- and post-implementation comparison of rates of absconding, aggression, seclusion, self-harm and sexually inappropriate behaviour for 18 months. Staff satisfaction was also assessed using a Likert scale questionnaire pre- and post-implementation.

A comprehensive literature search provided no specific rationale, time of introduction or evidence base for the practice of visual observations. The literature, anecdotal evidence and data collected showed how improvements in practice could be made, which resulted in a new model of care, the NPU Clinical Risk Management Initiative.

The model of care has two parts and is based on the principle that engagement between patient and clinician is the core mechanism to both assess and reduce risk:

- a protocol for conducting risk assessments
- guidelines for managing risk based on risk assessment.

The NPU assessment of clinical risk protocol describes when an individual risk assessment must be completed. It defines strategic points as well as specific circumstances where a risk assessment must be completed and a patient categorised as low, medium or high risk.

The NPU clinical risk management guidelines describe patient management depending on risk categorisation status.

## Results and outcomes

The new model was evaluated over 18 months, and it showed significantly lowered risk for absconding, aggression and seclusion.

At-risk behaviours of self-harm and sexually inappropriate behaviour decreased, but this was not statistically significant due to the low number of episodes.

In addition, staff satisfaction was more positive in all aspects, particularly in creating a safe environment for patients, providing optimum care for patients and personal satisfaction at work.

## Status and sustainability

The new model of care is now fully incorporated into current practice. The senior nurses on the ward are advocates for the change and ensure that all staff adhere to the protocol and guidelines.

The initiative is being introduced to three other adult acute inpatient units. After this, it will also be reviewed for use in the youth and aged persons mental health programs.

The project's outcomes were presented at the Victorian Collaborative Psychiatric Nursing Conference and Australian College of Mental Health Nurses International Conference in late 2009. A scientific paper is currently being written to promote clinical discussion on this important area.

## Budget

The NPU Clinical Nurse Educator, Ms Allison Harrington, was released to lead this project on a .5 EFT basis for nine months and the cost of replacement was met by all four NWMH Area Mental Health Services. The CRMI was overseen by Associate Professor Suresh Sundram, Director Clinical Services NAMHS.

## Achieving quality, excellence, innovation

No other research project in Australia has compared the practice of visual observations to an alternative model, and international studies were not directly comparable.

The project developed, implemented and evaluated a new model of care, which reduced clinical risk and was more satisfying for staff.

The new model offers a fundamentally different approach to the important task of assessing and managing clinical risk in an acute psychiatric inpatient unit.

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## Using clinical pathways to improve and sustain quality patient care

### Wimmera Health Care Group

#### Abstract

Through the clinical pathway initiative, the Wimmera Health Care Group (WHCG) sought to detect adverse events in the treatment of particular conditions, the frequency of the condition, the consequence of suboptimal treatment and increased length of stay. The project aimed to improve patient care, reduce adverse outcomes, increase patients' involvement in care and reduce length of stay. These goals were achieved through multidisciplinary clinical pathway development, education, key process measure statistical analysis and review.

The project has led to significant improvements. Checklists and reminders in clinical pathways mean that evidence-based guidelines are integrated with the patient medical record and delivered at the patient's bedside. These improvements have been sustained over 10 years for both ST elevation myocardial infarction and stroke pathways. In addition, we have been able to show high rates of compliance with the 'all or none measurement', providing greater precision in measuring the quality of care being provided and improvements in care being made.

Improvements have been significant. What started as a project in 2000 has become an integral and sustained component of health service delivery at WHCG, receiving national and international recognition.

#### Planning and preparation

In order to improve patient care there was a need to provide evidence-based care, standardised management of frequently treated conditions, and reduced length of stay.

WHCG determined to assess whether checklists and reminders in clinical pathways could increase compliance with evidence-based guidelines.

Clinical conditions deemed suitable for pathway development included:

- conditions where adverse events were detected consistently
- conditions that were treated frequently in the hospital
- the consequences of treating the condition sub-optimally were significant
- length of stay for patients treated for the condition was significantly greater than the Victorian state average.

The clinical pathway program initially focused on management of stroke, acute myocardial infarction and acute coronary syndrome patient care. Analysis showed that the use of checklists and reminders could improve clinical outcomes for patients and quality of care could be improved and sustained. Since then, 38 clinical pathways have been introduced and continually reviewed.

#### Objectives

The project aimed to:

- improve patient care and reduce adverse outcomes for patients and the organisation through improved use of resources and the provision of standardised clinical care
- reduce length of stay
- provide a patient version of the clinical pathway to ensure they are aware of what will occur during each day of their treatment for a specific condition, assisting them in their patient journey.

#### Methods and implementation

In the design phase, a multidisciplinary team developed the pathway based on current best-practice evidence relevant to the local environment. Where appropriate a patient pathway was also developed to support the clinical pathway, ensuring local ownership.

Pilot implementation involved extensive education of staff using each pathway before it was formally launched. Full implementation occurred once review of the piloted pathway was completed.

Each pathway was evaluated by measuring key processes known to have considerable positive impact on patient outcome. A pre- and post-statistical analysis model was used to evaluate the outcomes of introducing clinical pathways.

Where improvement in the key process measures had not occurred, the multidisciplinary team reviewed the pathway and took corrective action including altering the pathways to make them clearer and easier to use, implementing further reminder systems, leaving staff messages and holding further education sessions.

A continuous improvement cycle was adopted and several cycles of development, implementation and review were undertaken.

## Results and outcomes

Key process indicators have been continuously measured for nine years in both ST elevation myocardial infarct patients and stroke patients. During this time, the significant initial improvements have been sustained.

The results demonstrate significant improvements in the quality of patient care using pathways.

WHCG has also found high rates of compliance with the 'all or no measurement', using indicators for the ST elevation myocardial infarction patient group based on Safer Systems Saving Lives acute myocardial infarction discharge medication care components and stroke process indicators based on National Stroke Foundation guidelines.

## Status and sustainability

Outcomes presented are evidence of sustainability which has been achieved through the ongoing monitoring of compliance with key processes as part of the continuous improvement cycle, and staff orientation and education.

The results of the clinical pathway program have shown not only an increased improvement in clinical care in the Wimmera, but have also led to pathways being used nationally and internationally.

## Budget

The project budget includes a clinical pathway coordinator for 24 hours per week and administration and production for 16 hours per week. In the initial stages, funding was provided by Victorian Managed Insurance Authority and Department of Health.

## Achieving quality, excellence, innovation

The innovative approach at WHCG meant that the pathway is the patient's medical record, unlike other organisations which had implemented flow charts or checklists at the back of a patient's medical record.

With the clinical pathway acting as the medical record, all health professionals involved in the patient's care had agreed statements of care to be signed off or achieved on each day of the patient's anticipated stay in hospital. This approach improved key process indicators, documentation and multidisciplinary care.

Clinical pathways have also led to:

- increased communication among multidisciplinary health professionals and standardisation of care
- incorporation of evidence based guidelines (which are often large, complex and not based on the local environment) into one simple clinical pathway that is integrated into the patient medical record and thus delivered at the patient's bedside
- current evidence-based practice delivery prompts for each episode of care.

WHCG's ability to achieve high rates of compliance with achieving the 'all or no measurement' for stroke and ST elevation myocardial infarction patients is testament to the success of the program.

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## Highly commended

### Development and implementation of a paediatric sedation education and credentialing program The Royal Children's Hospital and Murdoch Children's Research Institute

The project is Australia's first sedation education and staff credentialing program to improve safety and quality in sedation for paediatric patients in the emergency department (ED).

The objective was to ensure all nursing and medical staff working in EDs had thorough knowledge of how to properly apply sedation to paediatric patients.

The education and credentialing package was designed as part of a multidisciplinary collaborative effort.

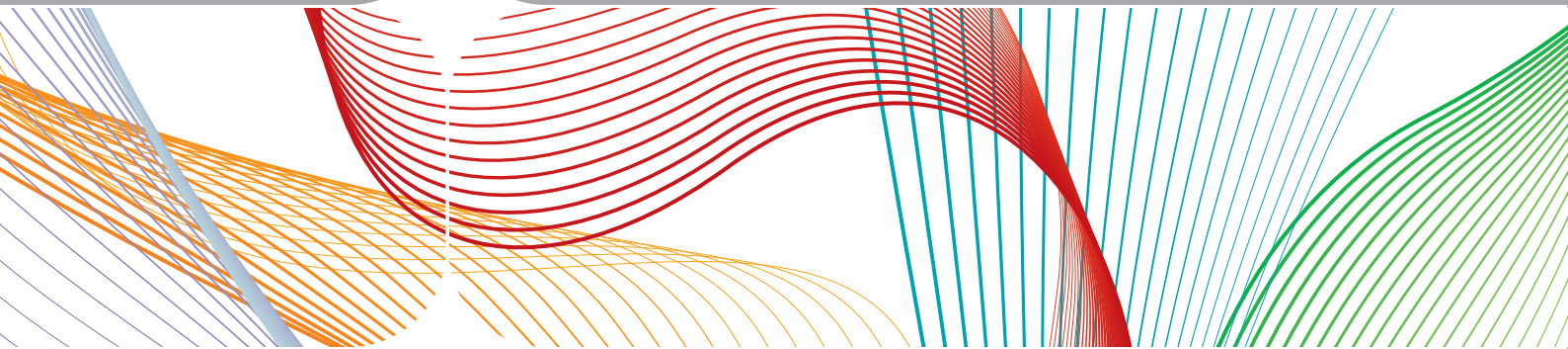
In the past seven years more than 400 doctors and nurses have taken part in the program.

The program has recently been selected for statewide rollout to all EDs.



#### Contact

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## Reducing inequalities

Tackling the differences in health access and outcomes, especially for disadvantaged groups in our community

To achieve the best health and wellbeing for all Victorians, health services need to address the differences in health access and outcomes, especially for disadvantaged groups in our community, including Indigenous Victorians, those living in rural and remote areas, or with low socio-economic means. This Award recognises initiatives that help to achieve health outcomes for disadvantaged groups that are comparable to the broader Victorian community.

## Gold winner

Feltman: a diabetes education tool

Diabetes Australia – Vic & Victorian Aboriginal  
Community Controlled Health Organisation (VACCHO)



## Abstract

Feltman is an educational tool for diabetes prevention and management developed through the Aboriginal and Torres Strait Islander (ATSI) program at Diabetes Australia – Vic (DA–Vic) and VACCHO.

Feltman is a life-sized felt body that shows the main organs involved in the digestion and metabolism of food, and the main parts of the body affected by diabetes. The resource includes attachments such as flash cards representing risk factors, symptoms, prevention, management and foods relevant to diabetes management and the prevention of type 2 diabetes, and stick-on discs representing glucose, insulin and ketones to help explain and simplify the physiological aspects of diabetes. It promotes an interactive, hands-on approach to diabetes education, and the package also includes a DVD and worksheet.

## Planning and preparation

Aboriginal Australians are one of the most disadvantaged and under-resourced population groups in Australia. Life expectancy for Aboriginal Australians is approximately 17-years less than for other Australians.

Diabetes is a chronic condition of huge importance in Aboriginal communities and it contributes significantly to low life-expectancy. Rates of diabetes among Aboriginal Australians are estimated to be at least three times higher than for other Australians.

## Objectives

The ATSI Feltman project aimed to:

- produce a Koorie-specific diabetes resource to be used in the prevention of type 2 diabetes and diabetes management
- increase diabetes awareness and knowledge of Aboriginal health workers and the Aboriginal community.

The objectives of the Feltman project are to:

- produce a visual resource that caters for a range of learning styles
- produce a resource that is easily transportable and simple to use
- produce a culturally appropriate resource with input from the local ATSI community
- increase Aboriginal health workers' knowledge of diabetes
- provide education on diabetes to all Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria and demonstrate how to use Feltman as a teaching tool
- stimulate conversation and discussion about diabetes in the Aboriginal community.

## Methods and implementation

In 2007, in response to the high levels of diabetes in the Victorian Aboriginal community, a focus group was conducted by DA–Vic with Aboriginal health workers to identify gaps in the diabetes resources available to the Aboriginal community. This process identified the need to develop visual and tactile resources as opposed to text-based resources to cater to the specific teaching and learning styles of the Aboriginal community.

The brief for the development of a resource for diabetes prevention and management for the Aboriginal community required that it:

- be visual
- cater to a variety of learning styles
- assist in explaining diabetes
- stimulate discussion around diabetes prevention and management issues
- be durable yet light and easily transportable
- be easy to use
- be culturally appropriate and feature local Aboriginal faces.

Feltman, an interactive diabetes teaching tool, was then developed. Consultation with health workers from VACCHO resulted in a number of ideas to make the final resource more culturally appropriate including: using Aboriginal colours – yellow for the background, black for the body silhouette and red for the carry bag; changing the body shape to be more lifelike rather than the previous stylised version; including removable teaching cards detailing factors associated with the prevention and management of type 2 diabetes; and featuring Aboriginal Australians on the cards.

DA–Vic also commissioned an accompanying instructional DVD featuring Aboriginal Australians, produced by Sistagirl, an Aboriginal film and production company.

ACCHOs in Victoria were recognised as key centres for communicating diabetes prevention and management messages to the Aboriginal community. A total of twenty-three ACCHOs were invited to take part in the Feltman program which involved attending training and receiving a resource. Training days were held in six regions of Victoria including Bairnsdale, Swan Hill, Melbourne, Shepparton, Warrnambool and Horsham between March and May 2010. The training facilitators were DA–Vic staff members, including the Aboriginal Liaison Officer.

## Results and outcomes

*‘Feltman has made a huge impression on all of my clients who have seen him. They all said that seeing the real visual image gives them a much better understanding of diabetes.’* – Julian Goss, Credentialed Diabetes Educator, Gippsland Lakes Community Health.

The first phase of implementation of the Feltman project was completed in May 2010. Sixteen ACCHOs received the Feltman resource through the ATSI Program Feltman training sessions, and another three when training for the Aboriginal Victorians Life! program.

The Feltman training days were well-received by all participants, and the impact-evaluation indicated an overall increase in general understanding of diabetes prevention and management.

Feedback from the training has shown that participants found Feltman useful and easy to understand and had increased confidence in their ability to deliver information on diabetes prevention and management with the help of the Feltman resource.

Analysis of the feedback found that 97 per cent of all participants found the training very useful and 95 per cent said they would use Feltman often or sometimes.

## Status and sustainability

The ATSI Program at DA–Vic is in the process of carrying out a rigorous outcome evaluation of the first phase of Feltman training, including face-to-face interviews with ACCHO staff who attended the training days.

The instructional DVD and package that accompany Feltman increases sustainability as it can be viewed several times to ensure a clear understanding of Feltman and reinforce learning from previous education sessions.

Feltman has applications other than diabetes. Through the Quality Medicines Program, the Pharmacy Guild of Australia – Victoria is also using Feltman in Victorian ACCHOs to explain the effects of medication on the body. There is also a capacity to further develop the Feltman resource and DA–V is investigating adding gestational, eye and dental care components to the Feltman resource package.

## Budget

The project had a total budget of \$31,000.

## Achieving quality, excellence, innovation

Overall, the Feltman resource and training program has demonstrated innovation in teaching and diabetes management with the Aboriginal community. Feltman is the only diabetes education resource that caters specifically to the Aboriginal community in Victoria.

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## Silver winner

### Strong n proud – Indigenous youth transition program Eastern Health

Strong n Proud is an opportunity-bridge for Indigenous students and represents an innovative response to educational inequality in the Shire of Yarra Ranges. Beginning in 2007 as a young women's social support group, it developed into a Victorian Certificate of Applied Learning (VCAL) accredited program in 2009. It delivers an integrated education, health and social development curriculum in response to low school-retention rates – only 14 per cent of Indigenous students were completing Year 10.

The attending young women and their families have demonstrably the most disadvantaged intergenerational socioeconomic status across education, employment, justice, family and health criteria. The need for Strong n Proud was articulated by young people themselves through consultation surveys over four years. They have a hunger for culture and education and an innate resilience and hope for the future.

Strong n Proud is the final stage in an educational support continuum developed over the last decade, beginning with a playgroup and ending with access to VCAL and Indigenous pathways to employment and training.

In 2010, 11 Indigenous young people are studying Certificate 4 in Youth Work, with supported transport and onsite tutoring.

The Swinburne coordinator confirms that it is the most successful Indigenous youth program delivered in five years. In November 2010, 11 ambassadors will be ready to mentor new students in the program.



Community engagement is essential for success. Community own the program, have guided the development, have engaged local youth and Elders, past and present.

Strong n Proud is a developmental journey, unique and extraordinary – a revolutionary synthesis of health and education outcomes. It has engaged Indigenous elders, youth, parents, family and service providers.

What started as a visionary collaboration to evolve the Oonah Pathways Program developed further into a curriculum embodying Indigenous culture and heritage, re-engaging with disengaged students.

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## Highly commended

### Human services video relay interpreting service Victorian Deaf Society

The Video Relay Interpreting Service aims to improve access to health and community services and information, and reduce social isolation to ensure people are not disadvantaged because of communication barriers or location.

The service commenced in September 2009 with four regional sites and two interpreter services providers located in Melbourne (Vicdeaf and ONCALL). The service is now fully functional and endorsed as an important alternative remote interpreting service with other sites being established throughout Victoria.

Feedback has been extremely positive. Benefits include improved access to health and community services, reduced interpreting costs and more efficient use of the existing interpreting workforce.

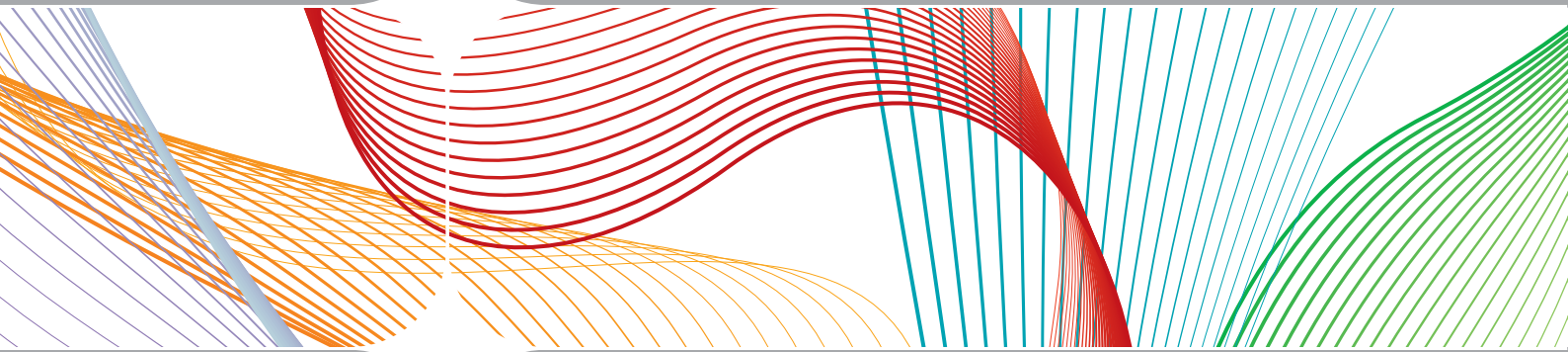


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## Prevention and promotion

Reducing the incidence of preventable disease through education, programs and regulation

Effective prevention and health promotion will significantly enhance quality of life, life expectancy and reduce the burden of disease across the Victorian community. This Award recognises initiatives that assist people to live healthy lifestyles and reduce the future incidence of preventable and avoidable illness, leading to a more resilient Victorian community.

# Gold winner

Cooking up a storm  
Peninsula Health



## Abstract

Community Kitchens (CK) enable the sharing of cooking skills, healthy food and social contact to hundreds of participants across Victoria each week. Since 2004 Peninsula Health has grown CK from a local Frankston project to a nationally recognised program. With sustainability embedded in the model, any organisation can establish a CK in their community.

CK are based on partnerships, with community at the centre of decision-making. Building skills and knowledge about healthy eating, CK also support participants to make social connections and increase confidence. Peninsula Health provides practical support and has developed a range of quality support resources, including a website, recipe books, facilitator's manual and a DVD. Evaluation results show that the CK model can enhance participants' quality of life. The program has been acknowledged for its innovation and effectiveness and has been adopted across Australia.

## Planning and preparation

Based on local and national evidence about food insecurity, a Peninsula Health dietician visited Canada on a research fellowship to investigate health promotion responses, including the Canadian Community Kitchens model. On return, a community forum enthusiastically supported a trial of CK in Frankston.

In the ensuing five years, with support from the Commonwealth Government, the project grew, and has continuously improved based on evaluations, participant involvement, and forums to share findings, models and experiences.

A 2007 survey found that 11.6 per cent of Frankston respondents had experienced food insecurity, the highest prevalence by local government area in Victoria. Through CK, Peninsula Health led the way for addressing the issues of food insecurity.

## Objectives

The goal of the CK project is to promote healthy eating (including food security), social inclusion and community participation. The project builds the capacity of participants to sustain CK.

Objectives for 2009–2010 include:

- enabling participants to improve food security through skills development (nutrition, budgeting, shopping and cooking skills)
- providing opportunities for participants to network within their communities (local, national and cultural), and with the wider CK community
- enabling more efficient operation of project activities.

## Methods and implementation

Underpinned by the principles of health promotion and community development, emphasis is on community involvement in planning, implementation and evaluation. A recent consultation involved 25 different partners, volunteers and participants.

The main themes identified included:

- need for regular opportunities for CK members to network and learn from each other
- need for regular skills and training workshops to build the capacity of volunteers and community members
- importance of evaluating and focus-testing CK resources to ensure their relevance and accessibility.

## Results and outcomes

CK successfully attract, retain and positively impact participants from population groups which experience the greatest inequality.

For the 2009 evaluation, participants were asked about the differences between their situation before joining the kitchen and after. Significant changes in knowledge, skills and behaviours related to healthy eating, cooking, budgeting, food safety, social inclusion and community participation were reported.



- 68 per cent reported improved knowledge of healthy eating
- 46 per cent reported eating more fruit and vegetables
- 52 per cent reported greater confidence in their ability to cook from basic ingredients
- 70 per cent reported improved cooking skills
- 51 per cent reported improved knowledge of budgeting for food
- 60 per cent reported an improvement in their ability to meet new people, work with and offer help to others
- 57 per cent reported improved confidence.

Qualitative responses indicated that the vast majority of participants made new friends as a result of joining CK and approximately half reported increased community involvement.

Key successes during 2009–2010 were:

- 16 CK across Frankston and the Mornington Peninsula
- 64 CK across Australia
- 46 partner organisations
- 208 participants and 51 facilitators engaged
- 74 attended CK skills workshops
- 46 people participating in training – budgeting, kitchen safety and food safety
- 63 attended the 2010 Australian Community Kitchens Forum in April
- 13 participants received a food handlers qualification.

By using a multi-faceted approach the model embeds sustainability and is community-needs focused. CK can be readily implemented successfully in many different community-based settings, such as community houses, churches, schools, housing estates and men's sheds, thereby reaching people who are at risk of chronic disease and mental health issues, and who experience greater inequality in health outcomes.

## Status and sustainability

Sustainability is embedded in the project model, which offers flexibility to tailor to specific populations, communities, settings or needs. External funding has enabled growth and continuous improvement.

Peninsula Health provides leadership by supporting organisations to establish their own CK. Attractive, high quality resources, promotional and instructional DVD, workshops, forums and training make it possible to do this efficiently.

CK has been presented at five national conferences and cited in several strategic documents.

## Budget

The Frankston Community Kitchens Pilot Project was initially funded in 2004 for three years by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The 2009–10 FaHCSIA funding was for \$120,000. Peninsula Health has continued to support the CK project. The model is built on the principle that partner agencies contribute in-kind in so far as they have capacity.

CK participants make a financial contribution to the cost of meals, as it is an empowerment not a charity model. Participants are not excluded if they have no capacity to pay. The aim is to develop skills in cooking nutritious, affordable meals.

## Achieving quality, excellence, innovation

As an innovative model for reducing the incidence of preventable disease and enhancing the quality of life of its participants, CK is at the cutting-edge of health promotion in Australia. As Peninsula Health's flagship health promotion program, a further level of evaluation is planned for 2010–2011 to better measure impacts and health outcomes, and to develop a validated tool for use across populations and settings.

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# Silver winner

## Young people's health and wellbeing – sexual assault prevention program for secondary schools The Royal Women's Hospital

The Sexual Assault Prevention Program for Secondary Schools (SAPPSS) promotes young people's health and wellbeing through the primary prevention of sexual assault and violence by building skills and behaviours for respectful relationships in the formative years.

SAPPSS was developed in 2004 by the Royal Women's Hospital's Centre Against Sexual Assault to:

- reduce the incidence of sexual assault in school communities
- establish safe environments for young people to discuss relationships, consent, communication
- enhance young people's knowledge of, and access to, support
- enhance the capacity of secondary schools to respond to sexual assault.

The program enables schools to embed violence-prevention in school curricula through a whole-school, multi-year, phased approach in partnerships with specialist health care providers.

The program is now being implemented in 20 secondary schools in Victoria, three in the Australian Capital Territory and one in the Northern Territory.

SAPPSS features principal-driven commitment, staff professional development on issues of sexual assault, six-session student curriculum for Years 9 or 10, train the trainer workshops for selected teaching and support staff, school policy and procedures to support the program, a peer educator program for Year 11 or 12 students and ongoing evaluation.



SAPPSS has helped build respectful relationship skills for thousands of secondary school students over the past decade, and given more than 200 school staff the capability of delivering respectful relationships curricula.

SAPPSS works to prevent violence before it occurs by instilling in young people the values of gender equality and respect in their relationships. This innovative approach breaks the cycle of violence by preventing sexual assault happening in the first place, and doing this within a structural, holistic long-term strategy.

In this way, SAPPSS works to overcome the challenges of unequal power relationships between men and woman, rigid adherence to gender stereotypes and broader cultures of violence.

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## Highly commended

### Preschool oral health program – smiles 4 miles & partnerships Barwon Health

Barwon Health Oral Health Service, in collaboration with Dental Health Services Victoria Health Promotion Unit and local partners, commenced the Smiles 4 Miles pilot program in June 2004.

The program aimed to develop and implement a targeted oral health program to the pre-prep age group to 4–5 years old with the focus on those most at risk.

Learnings from the program were used to inform the development of the statewide Early Childhood Oral Health Program.

During the last three years the program has pioneered significant developments, including a formal partnership of local early childhood health promotion projects.

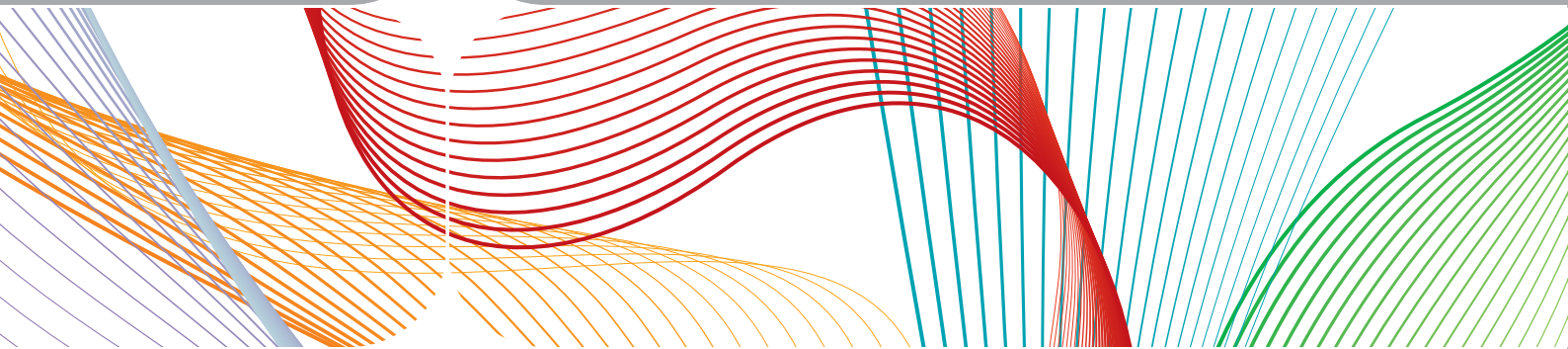


#### Contact

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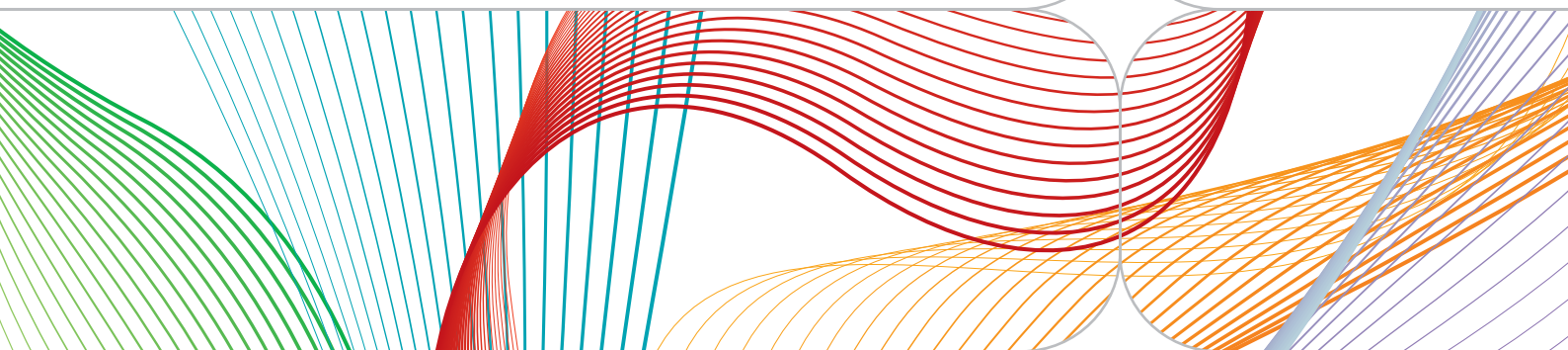
## Responding to mental health & drug & alcohol services needs

Provide help earlier, deliver effective treatment and support recovery outcomes for those with, or at risk of, mental health and drug and alcohol use problems

Victoria's health care system is determined to provide earlier support and treatment – earlier in life, illness and episode. Those with complex social, mental health and drug and alcohol use problems will receive more joined-up responses between services and service systems. Effective treatment also involves consumer and carer participation in treatment and care decisions. This Award recognises outstanding initiatives that improve the health outcomes associated with mental illness and drug and alcohol use problems.

# Gold winner

Breaking the ice – tackling amphetamine related harms  
Peninsula Health





## Abstract

With increasing public attention on amphetamine use, Peninsula Health's Peninsula Drug and Alcohol Program (PenDAP) saw that it needed to build the capacity of its staff to improve confidence to manage amphetamine users, and increase public awareness of the consequences of amphetamine use. The project engaged a range of partners including consumers in developing two cutting-edge resources, as well as undertaking significant staff development that dramatically improved staff confidence.

## Planning and preparation

Over the last 15 years, amphetamine-type stimulant (ATS) production, potency and use in Australia has increased. In 2007 and 2008, ATS use was featured heavily in the media. Prime Minister Howard and Premier Brack both announced strategies and funds to respond to the 'ice crisis'.

At Peninsula Health, PenDAP recognised the need to improve access for ATS users and program responses. ATS users comprised more than 70 per cent of contacts at the Needle Syringe Program (NSP), yet only 10 per cent of clients at treatment.

The NSP Consumer Advisory Group identified a belief among ATS users that there is little on offer for them in drug treatment services. Victoria Police, the area mental health service and the emergency department all reported increasing problems managing ATS use, and PenDAP staff expressed a general lack of knowledge of ATS-specific treatment.

This project was designed to develop our workforce, enhance quality and provide innovative, appropriate and better consumer experiences.

## Objectives

The objectives of the project were to:

- develop staff capacity to engage ATS users through training, education and first-hand experience in the treatment of ATS users
- develop resources to educate ATS users to the potential harms of ATS use, attract ATS users into treatment and support the broader Frankston and Mornington Peninsula community in addressing ATS use.

## Methods and implementation

The project recognised that to decrease ATS-related harm it would need to build capacity by targeting staff, ATS users and the broader community. Staff were provided opportunities to improve their knowledge and skill base. ATS users were targeted through a range of measures that would help them to recognise drug-related harms and identify support and treatment options.

A steering committee oversaw the project and a project worker coordinated the 18-month project. Each resource had its own advisory committee of relevant partners and consumers.

Twenty-four scholarships were used by staff to undertake placements at services both locally and abroad. Staff were required to submit a report on their return outlining learnings and service improvement recommendations as well as deliver a 60-minute presentation. A vetting process ensured diversity and suitability. Backfill was provided for workers to undertake professional development.

Two key resources were also developed. 'Early on ice' was a catchment-specific awareness campaign that employed narrowcast advertising to target specific groups. The 15-week campaign promoted PenDAP as an available service.

Break the ice was a DVD tackling ATS use amongst the gay, lesbian, bisexual, transgender and intersex (GLBTI) communities following evidence that this population was at high risk of ATS harms and lacked suitable resources. The film acknowledged the differing social norms around ATS use in this community while not minimising the harms.

## Results and outcomes

A total of 24 staff visited 46 agencies with expertise in ATS treatment and attended three international conferences.

As a result of staff placements a range of training and assessment programs have been put in place. Evaluation shows that PenDAP staff confidence in dealing with ATS treatment improved from five on a scale of one-to-ten before the project, to nine at the end.

The 'Early on ice' campaign was seen by an estimated four million people, and 10,000 cards were distributed. Referrals to PenDAP for ATS treatment for the period of the campaign increased by greater than 20 per cent in comparison for the same period the previous year.

Three thousand copies of the Break the ice DVD were distributed at Melbourne's Midsumma Carnival. An additional 2500 copies have been distributed via general practices, alcohol and other drug services and GLBTI venues. The film was launched to more 200 people at ACMI in Federation Square and was shown at the International Harm Reduction Film Festival in Liverpool, UK. The Ontario Alcohol and Drug Film Festival have requested to show the film. Peninsula Health has established a GLBTI Community Advisory Group that will further improve services for this community

## Status and sustainability

A cultural shift has occurred within PenDAP whereby all staff feel more confident addressing ATS use. Significant changes have occurred in practice to improve the consumer experience for ATS users.

'Early on ice' will be reused in future years across summer months for minimal cost. This campaign has been used by three other treatment services across Victoria.

Break the ice will continue to be distributed. It has been placed in several libraries and will continue to be viewed.

## Budget

Funding for the project was received from the Department of Health and Ageing. Cost of the 'Early on ice' campaign equated to \$11.79 per thousand reached. Break the ice was produced for \$65,000 including 10,000 copies of the DVD. The entire cost of the project including project worker, was under \$300,000.

## Achieving quality, excellence, innovation

Break the ice was described as a cutting-edge resource by Gay and Lesbian Health Victoria and has been recommended to alcohol and other drug service providers as a key resource for engaging the GLBTI community.

'Early on ice' was a locally relevant campaign that has since been used by other alcohol and other drug services.

The ATS consumer experience has been improved by better trained staff, more confident in their approach and who have a greater array of options by which to treat and inform clients.

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# Silver winner

## Improved inpatient management of people with eating disorders Austin Health

Anorexia nervosa is a severe and devastating mental illness that affects between one and five per cent of young women and their families. It has a mortality rate of between 15 and 20 per cent.

The Austin Health Eating Disorder Unit introduced changes at the beginning of 2009 to ensure that people with eating disorders get the best care available. In line with evidence-based practice, only patients with sufficiently low weight are admitted to hospital. Others are now managed in the community – an approach preferred by patients and families.

A new pre-admission assessment of all patients identifies the best treatment pathway. Care planning for those benefiting most from community-based care includes referral and linkage to appropriate community treatment and support.

Care has been restructured using best-practice techniques such as daily goal-setting with patients, motivational interview techniques and much stronger involvement of families. Staff have enthusiastically embraced and trained in the new approach.

This new model of care has led to markedly improved weight gain and change in body mass index for inpatients, as well as fewer readmissions. Importantly, there has also been positive feedback from patients, families and staff.

The results reflect that the inpatient program now receives referrals for those who are truly in need of inpatient care because of significant low weight. While community care is preferred, inpatient care is the next step for patients who have been unsuccessful in improving as outpatients.



The changes introduced at the Eating Disorders Unit have already been highly successful and the positive results have been sustained.

Patients and families consistently provide positive feedback, and staff are a much stronger and happier work group.

The new program represents excellent value and reflects the commitment of a dedicated and compassionate team.

### Contact

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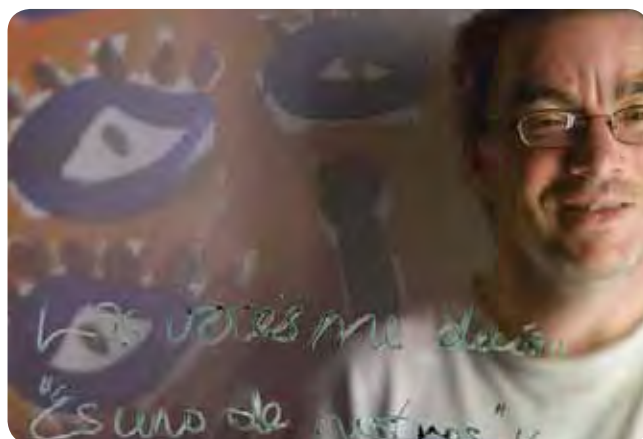
## Highly commended

### Voices Vic – the establishment of a Victorian hearing voices network Prahran Mission UnitingCare

The Hearing Voices Network (HVN) supports people who hear voices and are distressed by the experience. This includes more than 24,000 people in our community known to be diagnosed with psychosis, and an additional unknown number of people who hear voices and remain outside mental health services.

They are among the most extremely disadvantaged groups in Australian society.

The HVN establishes and supports groups of people who hear voices. It provides training and support to facilitators, leadership development of voice hearers, issues management, and dissemination of information. Voice hearers are involved in every aspect of the groups and network.

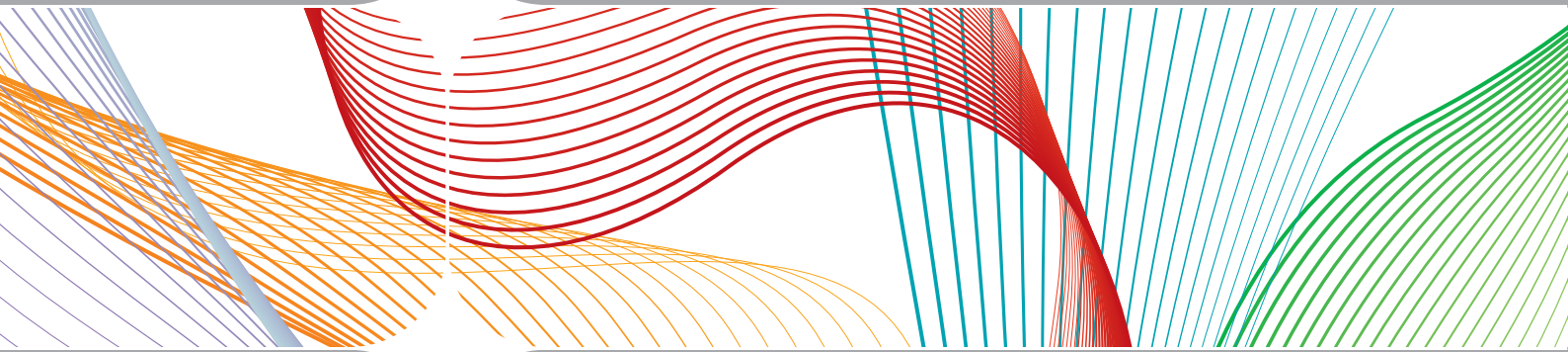


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## Responding to an ageing population

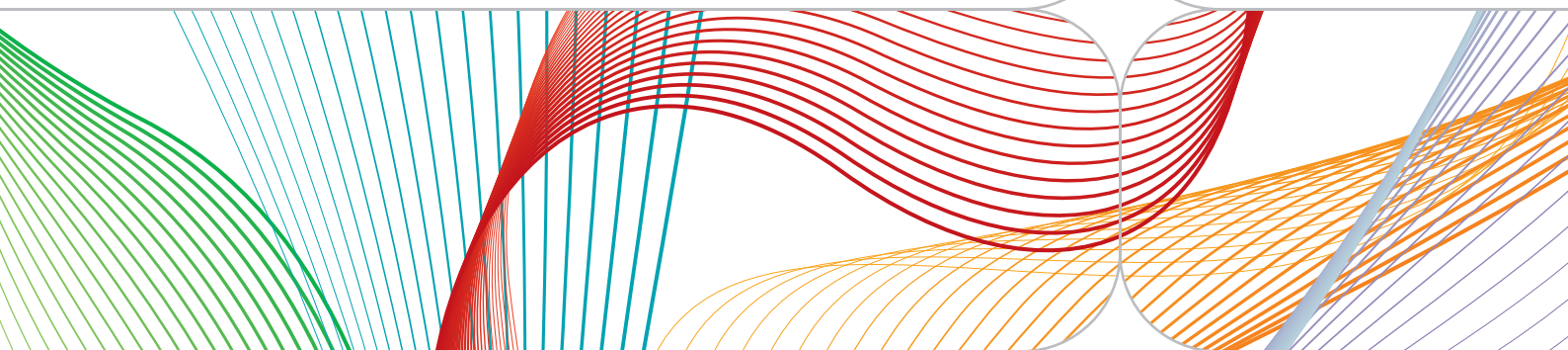
### Meeting the health and wellbeing needs of older Victorians

A key goal is for older people to play active and valued roles in society, to age with dignity and have their rights respected and upheld. Health and aged care systems can maximise independence, maintain people at home and promote healthy ageing by meeting individual needs with an appropriately skilled workforce. This Award recognises health care approaches that foster active participation in the health and wellbeing of older Victorians.



# Gold winner

Men's out and about program  
Western District Health Service



## Abstract

The Men's Out and About program was an initiative developed from recognition that men living in residential aged care are a minority with reduced opportunities for participation in relevant social activities and community interaction. This is exacerbated by living in a rural location, which creates further barriers for men.

The project aimed to develop a diversional therapy program for men living in residential aged care (RAC) at Western District Health Service (WDHS) based on their needs and desires to increase social interaction with other men. A six-month evaluated program conducted weekly activities chosen by men for men, and the benefits were assessed.

## Planning and preparation

The move to residential aged care is challenging for all residents and can impact on a person's physical, emotional and social experience of life. These effects can be intensified when a person is part of a minority group residing within that particular environment. A challenge all aged care facilities must face is catering not only to the physical and emotional needs of an individual but also assisting them to maintain social contact.

WDHS is a leading regional health service that prides itself on the provision of innovative health care. Amongst its suite of services the organisation provides services to 170 residents living in six residential aged care services. The organisation recognised men were a minority group in the residential aged-care setting and applied for funding under the 2009 'Count us in! Social inclusion for older people living at residential aged care services' funding program to implement a men's diversional therapy activity program in an attempt to increase social opportunities for men living across six RACs.

ABS statistics indicate that as people become older there is an obvious change in the ratio of males residing in residential care in comparison to females. When reviewed at WDHS as a whole we discovered that only 25 per cent of residents were male, but that this number fluctuated between campuses.

## Objectives

The project aimed to increase social activity for men living in residential aged care facilities by promoting social interaction with other men.

Its objectives were to identify men and find their level of ability, interests and previous social activities, and then provide them with a scheduled program of activities tailored to their needs.

These objectives reflected the organisation's commitment to person-centred care by providing a framework where interviews and assessments of all men living in the facility guided the overall development and implementation of the project. One of the key strengths was that the program was developed in consultation with the residents, thus making it relevant and reflective of residents' needs. Evaluations of the program occurred throughout and at the conclusion of the program to ensure it continued to meet its objectives.

## Methods and implementation

All men living in residential aged care across the organisation were interviewed and assessed and a reference group was established to assist in the development and sustainability of the program.

A six-month pilot program of three days per week of activities included evaluations conducted individually and in groups at the completion of each activity, plus an overall evaluation completed by both staff and participants.

A further aspect of the project was to provide education, mentoring and support for diversional therapy staff to better manage the needs of men living in residential aged care facilities.

## Results and outcomes

The program aimed to take men out of the facility in order to participate in social activities they had enjoyed in the past and to expose them to new experiences. This involved building allegiances with many different people within the community in order to allow the program to grow and cater to the individuals needs. Some of these contacts were groups such as the Hamilton Men's Shed, Wood Turners Guild and Vintage Car Club; others were individuals who operated farms, a sheep dairy, and silos.

Participation numbers indicated there were on average 50 occasions per month various residents were able to be involved in access to the wider community.

From our program we saw a dedicated group of residents who looked forward to the camaraderie of the men's program and joined in a wide range of social activities which renewed their enthusiasm for life.

Other benefits for men included increased appetite on the days of the program, increased socialisation with family and other residents as a result of the program, increased cognition, and better mood. These physiological benefits support the feedback from residents as to the overall benefit of such a program.

## Status and sustainability

Upon completion of the initial project the program has continued on with monthly men's activities involving men across all WDHS campuses. The diversional therapists have started meeting as a group and each site takes turns to host a men's event. The organisation is considering allocating a budget contribution in 2010–2011 to employ a project worker to liaise and coordinate with each campus diversional therapist and to increase program frequency to fortnightly.

## Budget

The total budget was \$28,000, which included staffing, administration, developing a resource tool and evaluation.

## Achieving quality, excellence, innovation

The Men's Out and About project was a product of quality improvement and identification of service gaps by WDHS. The program's aims and objectives reflected an approach which prioritised residents' needs to maintain contact with the wider community.

The program was innovative in bringing together minority residents across multiple campuses in an attempt to increase their social experience and break down the isolation felt by many living in an environment predominantly occupied by women (both residents and staff).

The result was a program that was responsive to resident needs and which lead to psychological and physiological benefits for residents, as well as flow-on benefits to staff, other residents and families.

The program had to overcome many challenges, including distance between campuses, lack of resources such as vehicles and drivers, and ensuring facility staff were informed and involved.

Review of the benefits achieved demonstrates that the program returned significant value for the relatively small amount of money committed.

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## Silver winner

### Enhancing practice – a creative response to improving care for older people Northern Health

The Enhancing Practice program assists health care workers to be more person-centred in their care of older people. Initiated at Northern Health in 2004, more than 1500 staff and 400 managers in publicly funded health services across Victoria have participated in the program.

The Enhancing Practice team works with managers and a broad range of clinical and non-clinical staff to improve the health services delivered to older Victorians. The program has been run in acute, sub-acute, community care and residential aged care settings.

Using experiential learning, small group work and reflection, the program explores current attitudes to older people and current practice. It challenges stereotypes of ageing and encourages participants to rethink the way they deliver care.

Participants identify an area of their current practice that could be improved. With support from facilitators and service managers, they undertake a project that makes a sustainable improvement in care. As changes are initiated from the ground up, the practice enhancements can make a real and lasting difference to the care of older people.

A key challenge in any transformational process is sustaining outcomes once the focused change effort has concluded. There are a number of aspects of the program that make sustainability more likely: ground-up worker-driven projects, active managerial support and building the changed processes into existing systems through quality assurance and accreditation activities.



The program has continued to evolve from its inception. The team has worked with a wide variety of audiences, adapting to many different environments. Continuous improvement is informed by regular feedback from participants and stakeholders and the adaptation needed for engaging with each new health service.

Ongoing requests from a cross-section of organisations provide objective evidence of its quality and usefulness.

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## Highly commended

### Aged care residential outreach program Austin Health

Austin Health has developed a program to prevent unnecessary trips to emergency by treating patients effectively and comfortably in their home residential care facility.

The Residential Outreach Program provides residential care facilities with a direct telephone contact to an outreach nurse as a first point of call.

The nurse can provide advice and triage patients, in conjunction with an emergency department consultant who can assess and treat the patient at the facility. The nurse follows up with the patient the next day and provides education for the facility's staff in dealing with common conditions to prevent future emergency department presentations.



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