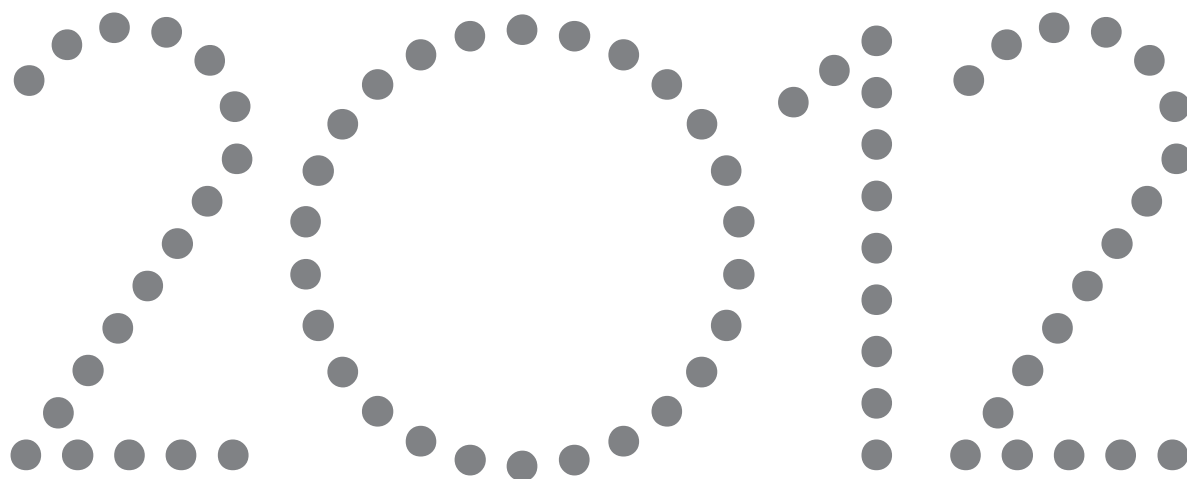


Victorian Public Healthcare Awards

Showcase



Victorian Public Healthcare Awards

Showcase





Premier of Victoria

These prestigious Awards, now in their eighth year, celebrate the outstanding work undertaken by our exceptional health services, leaders and innovators who drive excellence in healthcare for the benefit of all Victorians.

The *Victorian Health Priorities Framework 2012-2022*, the Government's blueprint for a more responsive and sustainable healthcare system, has laid the foundations for high-level improvements in healthcare provision. It demonstrates our commitment to better and more sustainable healthcare outcomes for Victorian individuals, families and communities.

The 2012 winners and finalists featured in this *Showcase* illustrate the breadth of innovation and quality in Victorian healthcare.

The Health Leader's Awards, which recognise outstanding leadership in the Government's priority areas, celebrate the outstanding leadership of individuals and teams who have identified a need, a risk, an opportunity, and who have advanced patient care and experience, and provided a more sustainable or innovative service. The winner of the Health Leader's Award *Advancing healthcare – putting the patient first*, the HYPE Team from Melbourne Health, is a fine example of leadership in designing and delivering healthcare around the needs and experiences of patients.

I pay tribute to them for their dedication and commitment to rise to the challenge to make healthcare in Victoria the best it can be.

I also congratulate the Health Service of the Year Awards winners; Western District Health Service, Austin Health, Orbost Regional Health and Sunraysia Community Health Services. These organisations are responding to the needs of their communities by providing high-quality, safe, effective, innovative and sustainable healthcare services.

It is this work and these leaders, the winners and the finalists in the 2012 Victorian Public Healthcare Awards, who help us to realise our vision of achieving the best possible health and wellbeing for all Victorians. I congratulate them for their significant contribution to our community.



Ted Baillieu MLA
Premier

Minister for Health



It is with great pleasure that I commend the 2012 Victorian Public Healthcare Awards winners and finalists to you.

This *Showcase* details the most innovative and exceptional work being undertaken in the Victorian health sector addressing areas for reform identified in the Baillieu Government's *Victorian Health*

Priorities Framework 2012-2022. The 2012 Awardees are committed and talented health professionals and staff who bring plans, innovations and best practices into reality; delivering services and programs that improve patient care and health outcomes.

These outstanding leaders and organisations are advancing our commitment to optimising the health status of all Victorians. They are delivering excellence in person-centred care, improving health literacy and self-management and progressing e-health and communication technology to support our ongoing commitment to providing Victoria with a productive and sustainable healthcare system. Projects such as the Royal Children's Hospital's Gait Analysis Laboratory and Alzheimer's Australia Victoria's 'Brainy-app' demonstrate the innovation and excellence being undertaken in healthcare every day.

We have three outstanding Lifetime Achievement Awardees this year, Professors Lester J Peters AM, Frank Oberklaid OAM and Alan Wolff, who have given extraordinary service and dedication to our community and the discipline of healthcare. They have been exemplary advocates, innovators, mentors, educators, professionals. We celebrate their achievements and the contribution they have made to the health and wellbeing of all Victorians.

Finally, I encourage you to celebrate with me the outstanding leadership, innovation and excellence of Victorian healthcare and be inspired by these achievements.

Hon David Davis MP
Minister for Health

Minister for Mental Health



The 2012 Victorian Public Healthcare Awards provide an important opportunity to celebrate the outstanding commitment to innovation and leadership amongst our alcohol and other drug and mental health partners.

So too, the Baillieu Government is demonstrating its commitment to innovation through a

comprehensive program of reform which will provide genuine and lasting improvements in the lives of many vulnerable Victorians.

This year, the reform of the *Mental Health Act 1986* will be critical in improving the quality of support, treatment and care that we provide to people with mental illness and their families and carers. Similarly, the reform proposals for the psychiatric disability rehabilitation support sector will provide better and more coordinated support in the community.

Reform of Victoria's alcohol and drug treatment services will deliver a system that supports people to make positive changes in their lives when they decide to seek help for an alcohol or drug problem.

These wide-reaching reforms are dependent on collaborative partnerships with mental health and alcohol and other drug services, consumers and carers.

Congratulations to Peninsula Health, which was selected by two independent panels, as the recipient of both my outstanding achievement and leadership awards, and congratulations to the other highly commended services for their commitment to excellence, innovation and collaboration.

The calibre of entries was outstanding and highlight the shared aspiration to provide services that are better for clients, better for families and better for communities.

Hon Mary Wooldridge MP
Minister for Mental Health

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Introduction

The Premier of Victoria, the Minister for Health, the Minister for Mental Health and the Secretary, Department of Health proudly present the 2012 Victorian Public Healthcare Awards (the Awards), Victoria's most prestigious health awards program.

The Awards are our annual account of excellence and innovation in public health, health services and service initiatives that deliver innovative, informed and effective healthcare. The Awards program is strongly aligned with the Victorian Health Plan to enable recognition across all parts of the public healthcare system including health promotion and disease prevention, primary healthcare, secondary care and tertiary care.

The program ensures recognition occurs across all parts of the public healthcare system and includes the Premier's Health Service of the Year Awards, the Minister for Health Lifetime Achievement Awards and two Minister's Awards for outstanding team or individual achievement, four Health Leader's Awards and six Healthcare Innovation Awards so that there are opportunities for all organisations, irrespective of size, location or area of expertise to showcase their quality, innovation and excellence.

Selecting the 2012 winners

The Awards Secretariat invite experts such as board members, chief executives, general managers, directors, health researchers, quality managers, patient advocates, consumers, academics and policy advisors to assess the entries. In 2012 there were 99 judges forming panels of up to eight judges assigned to each award. The Chair of Judges, the Hon Rob Knowles AO, was responsible for overseeing the judging processes for selecting the finalists and winners.

Thank you to the judges of the 2012 Victorian Public Healthcare Awards for their dedication and commitment to finding the best of the best in Victorian healthcare.

The *2012 Victorian Public Healthcare Awards Showcase* provides an overview of the winners and highly commended entries in the 2012 Victorian Public Healthcare Awards. The entries listed in the Showcase book are abridged versions of the submissions made to the Victorian Public Healthcare Awards. All images have been supplied by finalists. If you would like further information, including the references cited in the submissions please contact the finalist.

Judges

Chair of Judges

Hon Rob Knowles AO
Chair, Health Innovation
and Reform Council

Panel Chairs

Mr Trevor Carr
Chief Executive Officer
Victorian Healthcare Association

Ms Robyn Humphries
Manager, Northern Area
Mental Health Service
Melbourne Health

Ms Elaine Krassas
Executive Service Innovation & Standards
Royal Freemasons Ltd

Mr Demos Krouskos
Chief Executive Officer
North Richmond Community Health

Ms Fiona McKinnon
Group Manager, Allied Health
and Community Programs
St Vincent's

Ms Jo-Anne Moorfoot
Director, Sub Acute Clinical Service Unit
Austin Health

Associate Professor Richard Newton
Medical Director, Mental Health CSU
Austin Health

Mr Gregg Nicholls
Chief Executive Officer
MonashLink Community Health Service

Dr Pradeep Philip
Secretary, Department of Health

Associate Professor John Rasa
Chief Executive Officer
General Practice Victoria

Associate Professor Tony Snell
Director of Medicine & Community Care
Melbourne Health

Hon Nick Wakeling MP
Parliamentary Secretary for Health
Parliament of Victoria

Judges

Mr John Anderson
General Manager
Radiation Oncology & Cancer Imaging
Peter MacCallum Cancer Centre

Dr Lynda Berends
Programme Lead, Treatment & Systems
Turning Point Alcohol & Drug Centre

Professor Christopher Bladin
Director, Dept of Neurosciences;
Chairman, Division of Medicine,
Box Hill Hospital (Monash University)
Eastern Health

Ms Colleen Boag
Chief Executive Officer
Yarram and District Health Service

Ms Lyn Bongiovanni
Manager Language Services
Western Health

Ms Debra Bourne
Nurse Practitioner
Seymour Health

Mr Harry Bryce
Executive Director,
Australian Community Centre
for Diabetes, Victoria University

Ms Caroline Byrne
Director Mental Health Services Division
South West Healthcare

Adjunct Professor Hanny Calache
Director Clinical Leadership
Education & Research
Dental Health Services Victoria

Professor Tom Callaly
Executive Medical Director
Barwon Health

Ms Pip Carew
Assistant Secretary
Australian Nursing Federation
(Vic Branch)

Dr David Charlesworth
Executive Clinical Director of Emergency,
General Medicine & Intensive Care
Eastern Health

Ms Julianne Clift
Director of Nursing
South West Healthcare

Ms Rowena Clift
Executive Director of Operational
Performance & Organisational
Improvement
Ballarat Health Services

Mr Philip Cornish
General Manager
Hampstead Rehabilitation Centre
& Primary Health Care

Mr Peter Craighead
Chief Executive Officer
Latrobe Regional Hospital

Ms Elizabeth Crowther
Chief Executive Officer
Mental Illness Fellowship Victoria

Ms Maree Cuddihy
Executive Director Business Performance
Northern Health

Dr Sam Davis
Course Coordinator
Applied Gerontology Postgraduate
Program, Palliative & Support Services
Flinders University

Ms Karella de Jongh
Chief Interpreter, Interpreter Services
St Vincent's

Ms Frances Diver
Executive Director, Hospital & Health
Service Performance
Department of Health

Ms Andrea Doric
ICU Redesign Project Officer
Eastern Health

Ms Mary Draper
Chief Executive Officer
Health Issues Centre

Mr Philip Dunn
Director of Operations, Mental Health,
Drugs & Alcohol Services
Barwon Health

Dr John Elcock

Director, Medical Services
Northeast Health Wangaratta

Dr Sue Evans

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

Dr Simon Fraser

Senior Paediatrician
& Chief Medical Officer
Latrobe Regional Hospital

Ms Margaret Goding

Associate Director
Asia Australia Mental Health

Dr Kathleen Gray

Senior Research Fellow,
Health & Biomedical
Informatics Research Unit
University of Melbourne

Ms Anna Green

Manager ICU Liaison Service
Western Health

Ms Louise Greene

Director Business Improvement
the ideal consultancy

Dr Stefan Gruenert

Chief Executive Officer
Odyssey House Victoria

Dr Sabine Hammond

Executive Manager, Science & Education
The Australian Psychological Society Ltd

Dr Jane Hendtlass

Coroner
Coroners Court of Victoria

Ms Liz Hlipala

Group Director, Workforce
Department of Health, South Australia

Ms Cayte Hoppner

Director of Mental Health
Senior Psychiatric Nurse
Latrobe Regional Hospital

Ms Wendy Hubbard

Executive Director – Sub-acute &
Community & Chief Allied Health Officer
Ballarat Health Services

Ms Jill Hutchison

Chief Executive Officer
Primary Care Connect

Ms Sue Kearney

Manager, Health Promotion
Dental Health Services Victoria

Ms Sandra Keppich-Arnold

Associate Director of Nursing
& Operations
Alfred Health

Ms Nicole Kondogiannis

General Manager
Organisational Development
Doutta Galla Community Health Service

Mr Michael Krieg

Chief Executive Officer
St John of God Health Care –
Ballarat Hospital

Mr John Krygger

Chief Executive Officer
South West Healthcare

Associate Professor Terry Laidler

Psychologist & Hon Fellow –
School of Population Health
University of Melbourne

Mr Allan Layton

Life Governor and former Board
President, Alexandra District Hospital

Professor Sandra Leggat

Head of School, Public Health
& Human Biosciences
La Trobe University

Associate Professor Erwin Loh

Executive Director
Medical Services & Quality
Southern Health

Mr Steven McConchie

Group Director, Clinical Audit,
Innovation & Reform
Epworth Healthcare

Professor Kathleen McLaughlin

Executive Manager, Member Relations
Australia College of Nursing

Professor John McNeil AM

Head, Monash School of Public Health
& Preventative Medicine
Monash University

Dr Michael Montalto

Medical Director, Hospital in the Home,
Melbourne Health, Director Epworth
Hospital in the Home Unit
Epworth HealthCare

Ms Lyn Morgain

Chief Executive Officer
Western Region Health Centre

Professor Daniel O'Connor

Professor of Old Age Psychiatry
Monash University

Mr Robin Ould

Chief Executive Officer
The Asthma Foundation of Victoria

Mr Gregory Phillips

Head of School (Acting),
School for Indigenous Health
Monash University

Adjunct Professor David Plunkett

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

Ms Sonia Posenelli

Chief Social Worker/ Supervisor
Aboriginal Hospital Liaison Officer
Program
St Vincent's

Ms Merrin Pricor

Director of Primary Care
Echuca Regional Health

Dr Priscilla Robinson

School of Public Health & Human
Biosciences, Faculty of Health Sciences
La Trobe University

Mrs Robyn Rourke
Quality & Risk Consultant
QRSolutions

Ms Jacinta Russell
Clinical Business Manager
& Manager Pathology Services
Goulburn Valley Health

Ms Nicole Shaw
Coordinator, Quality and Safety
Sunraysia Community Health Services

Mr Paul Smith
Acting Executive Director,
Mental Health, Drugs & Regions
Department of Health

Mr Paul Smith
Executive Officer, Primary Care Services
Swan Hill District Health

Ms Mary-Jane Stolp
Quality and Risk Manager
Catholic Homes

Dr Michael Summers
Senior Policy Advisor
Assistive Technology Suppliers
Australiasia Inc

Ms Anne-Maree Szauer
Director, Integration and Development
Northern Melbourne Medicare Local

Ms Sally Taylor
Clinical Risk Manager
Wimmera Health Care Group

Ms Valerie Thiessen
Director IT Projects & Business
Applications
Northern Health

Ms Therese Tierney
Chief Executive Officer
Bairnsdale Regional Health Service

Ms Felicity Topp
Executive Director Medical Services
Barwon Health

Dr Peter Trye
Director Medical Services
Eastern Health

Mr John Turner
Chief Executive
Bentleigh Bayside Community Health

Mr Stephen Vale
Executive Director Medical Services,
Aged & Community Care
St Vincent's

Ms Janney Wale
Community Advisory Committee
Melbourne Health

Associate Professor Tony Walker ASM
General Manager Regional Services
Ambulance Victoria

Ms Fiona Watson
Executive Director
Quality & Patient Experience
Peter MacCallum Cancer Centre

Ms Marg Way
Director, Clinical Governance
Alfred Health

Mr Andrew Way
Chief Executive Officer
Alfred Health

Mr Dan Weeks
Chief Executive Officer
West Gippsland Healthcare Group

Mr John Wigan
Health Consultant / Director
Keziah Pty Ltd

Ms Jane Williamson
Program Manager
Paediatric Integrated Cancer Service

Ms Beth Wilson
Health Services Commissioner
Office of the Health Services
Commissioner

Ms Janet Wood
Board of Management President
Council of the Ageing

Ms Pauline Wright
Executive Manager
Families & Communities
Bellarine Community Health



Premier's Awards

Primary health service of the year

Winner

Sunraysia Community Health Services

Highly commended

Doutta Galla Community Health Service

Highly commended

EACH Social and Community Health

Rural health service of the year

Winner

Orbost Regional Health

Highly commended

East Wimmera Health Service

Highly commended

West Wimmera Health Service

Regional health service of the year

Winner

Western District Health Service

Highly commended

Ballarat Health Services

Highly commended

Barwon Health

Metropolitan health service of the year

Winner

Austin Health

Highly commended

The Royal Women's Hospital

Health Leader's Awards

Premier's Award for advancing healthcare – putting patients first

Winner

Orygen Youth Health – Helping Young People Early (HYPE) Program Team
Melbourne Health

Highly commended

Orthopaedic Surgery by Design Team
Austin Health

Highly commended

Acute Ward Team
Numurkah District Health Service

Minister for Health's Award for achieving a highly capable & engaged workforce

Winner

The Learning, Education, Training and Sustainability Program (LETS) Team
East Grampians Health Service

Highly commended

Patient Centred Team Based Ward Rounds Team – ticking all the boxes
Alfred Health

Highly commended

Maternity Services Education Program Team
The Royal Women's Hospital

Minister for Mental Health's Award for delivering innovative alcohol & drug or mental healthcare

Winner

Reducing Risky Drinking Project Team:
Early intervention for later in life
Peninsula Health

Highly commended

MadCap Café Geelong
and Fountain Gate Team
Pathways Rehabilitation and
Support Services with Ermha Inc

Highly commended

PACT Team – Police and
community triage
Southern Health with Victoria Police

Secretary's Award for delivering joined-up healthcare

Winner

DART-AMU Team: Direct admission
of referred patients to the acute
medical unit
Alfred Health

Highly commended

Orthopaedic Management Team
Barwon Health

Highly commended

Integrated Diabetes Education
and Assessment Service Team
Whitehorse Community Health Service
with Eastern Health

Minister's Awards

Outstanding achievement by an individual or team in healthcare

Winner

Molly Carlile
Austin Health

Highly commended

The Paediatric Liver Transplant
Service Team
The Royal Children's Hospital
with Austin Health

Highly commended

Jeannette Kamar
Northern Health

Outstanding achievement by an individual or team in mental healthcare

Winner

Peri Partners – The Peninsula
Perinatal Mental Health Partnership
Peninsula Health

Highly commended

The MAPrc Women's Mental Health
Clinic Team
Alfred Health with The Monash Alfred
Psychiatry Research Centre

Highly commended

Orygen Youth Health Inpatient
Unit Team
Melbourne Health

Health Lifetime Achievement Awards

Winners

Professor Frank Oberklaid OAM
Professor Lester J Peters AM
Professor Alan Wolff

Healthcare Innovation Awards

Optimising the health status of Victorians

Gold winner

Monash University

Healthy Lifestyle Program for
Australian Women (HeLP-her)

Silver winner

Eastern Health

Ambulatory Oncology
Rehabilitation Program

Highly commended

Incolink

Incolink Diet & Nutrition Education

Excellence in person-centred care

Gold winner

Rural Northwest Health

Person-centred care in the
Wattle Dementia Unit...and beyond

Silver winner

Kyabram and District Health Services

Rural response: community and hospital
midwifery model of care

Highly commended

Eastern Health

In the patient's shoes: the Eastern Health
Patient Experience of Care Program

Excellence in quality healthcare

Gold winner

Alfred Health

Innovative ambulatory very-low
intensity allogeneic stem cell
transplantation program

Silver winner

Northern Health

Building capacity from within

Highly commended

Southern Health

Cleaning innovations

Excellence in service provision

Gold winner

The Royal Children's Hospital

The Gait Analysis Laboratory

Silver winner

Western District Health Service

WDHS care coordination model

Highly commended

Alfred Health

Advanced practice musculoskeletal
physiotherapy services

Optimising healthcare through e-health & communications technology

Gold winner

Alzheimer's Australia

BrainyApp – using interactive technology
to facilitate dementia risk reduction
behaviour

Silver winner

Western Health

OrthoAnswer – national orthopaedic
patient resource

Highly commended

Southern Health

iPad iCare field-testing project

Excellence in supporting self-managed healthcare

Gold winner

Diabetes Australia-Victoria

Pictorial self management guides:
a simple solution for low health literacy

Silver winner

Peninsula Health

Better assessment – better health

Silver winner

The Royal Children's Hospital

Supporting parenteral nutrition
administration at home for children
with intestinal failure

Highly commended

Albury Wodonga Health

MY HEALTH, MY LIFE! Facilitating
change management by embedding
an ICDM interdisciplinary service model





Primary health service of the year

WINNER

Sunraysia Community Health Services

Primary health service of the year

Sunraysia Community Health Services

Sunraysia Community Health Services (SCHS) has been providing primary healthcare to the district of Mildura, in north-west Victoria, for over 30 years. Catering to around 50,000 people, it offers more than 50 services from five sites, with an operating budget of over \$11 million.

More than 150 staff provide services including home nursing, palliative care, aged care assessment, community dental, diabetes management, Well Women's Clinic, allied health, aged care and disability, counselling and mental health, drug treatment, refugee health, health promotion and education, and chronic disease management.

SCHS's commitment to continuous improvement and the best outcomes for publicly funded healthcare for the community has been recognised with ongoing accreditation against the International Quality Standard AS/NZSISO 9001: 2008. In addition, 98.9 per cent of clients surveyed reported that visiting SCHS helped their problem.

In the past year, SCHS provided almost 7,500 hours of allied health services, more than 15,500 in-home meals and more than 6,500 hours of palliative care. Its dental program saw more than 7,000 clients, and the health service delivered 940 aged care assessments and 480 episodes of drug treatment.

SCHS runs a number of specific projects to support and develop staff and pursue quality care. One innovation is the Community Health Access Team (CHAT), which contains staff from both clinical and administrative backgrounds who undertake initial contact and screening of all clients accessing primary health services.

SCHS has also trained allied health assistants to help health professionals, such as assisting the podiatrist with low-risk foot care, preparing clients for consultations and running groups previously run by the physiotherapist.

In recognising the diverse needs and unique circumstances of the palliative care service, staff and volunteers completed the Palliative Care Pastoral Care and Spirituality Program.

SCHS also carries out health education programs, such as: a two-school pilot project to improve school students' nutritional intake; promoting oral health in the Aboriginal community; engaging 'community champions' from the Samoan community in six hours of training around diabetes and its prevention; a 'Black Dog' depression float at the Mildura Mardi Gras to promote mental health; a six-month education program about hepatitis A, B and C for students; and development of 17 playgroup leaders' skills to introduce active-play activities into weekly playgroup sessions.

SCHS also provides services to address emerging needs in its community, such as a refugee health nurse, a survivors of torture and trauma counselling program to better support both staff and clients, and flood recovery counselling for people suffering emotional and economic loss due to flooding in early 2011.

SCHS believes that care plans developed in consultation with clients help promote ownership and self-management of chronic conditions.

The Healthy Living program aims to assist those with a diagnosed chronic disease, or with at least two chronic-disease risk factors, to develop the abilities and confidence to manage their condition.

The health service also runs a lifestyle modification program aimed at preventing type 2 diabetes in people over 40 who have been identified as having high risk of developing diabetes.



The Aboriginal Health Promotion and Chronic Care Program, run by SCHS and Mildura Aboriginal Health Services Program, aims to improve health outcomes of Aboriginal clients with chronic illness while ensuring cultural needs are respected and maintained.

Additional programs targeting clients from at-risk groups include family-inclusive planning in the care of clients with problems associated with substance use. SCHS has integrated this approach into its drug treatment and counselling and allied health services. Five staff have completed their Graduate Certificate in Family Therapy. This system will be expanded across SCHS.

SCHS has developed a centralised initial intake, screening and assessment service. Although the project is still in progress, it is showing improved outcomes. In June 2012, electronically accepted e-referrals increased from 0.4 per cent of total referrals to 38 per cent.

The SCHS has also strengthened its partnership with Mildura Rural City Council's HACC assessment services. Achievements include identifying shared training opportunities and conducting a clinical exchange program. The project was initially funded for 12 months, but has been extended for another three years.

Since 2003, SCHS has held external quality-system accreditation in line with the international standard AS/NZS ISO 9001. The system has delivered improvements including an external security company monitoring and supporting visits with higher risks, an after-hours telephone triage and support system that has helped significantly decrease call-outs, and the purchase of an industrial hospital-style steriliser to improve processing efficiency.

SCHS publishes all key client handouts in Easy English with consistent symbols, and translates these versions into other languages.

SCHS is a key partner of metropolitan hospitals and health services in delivering specialist outpatient services, such as a network of regional Burns Link nurses.

The Mildura Specialist Palliative Care Clinic uses a visiting specialist physician from Peter MacCallum Cancer Centre, and the Memory Clinic has, since 2003, used visiting specialists to provide a diagnostic service for people concerned about memory loss or changes to their cognitive thinking.

SCHS also uses local partnerships, such as an infectious diseases clinic with local medical practices that saves people diagnosed with an infectious disease from a minimum round trip of 770 kilometres.

In line with recommendations from the Victorian Aboriginal Palliative Care Program, SCHS worked with other providers to improve the delivery of a person-centred palliative care service.

Other local initiatives include community-based groups targeting management of ulcers, and single-session counselling sessions to address urgent needs of clients and improve waiting times.

SCHS is a regional leader in the adoption of e-health systems and technologies, introducing a single client management and electronic medical record system to replace 12 client management databases.

SCHS demonstrates how staff and volunteers committed to the community can make a real difference by ensuring quality public and allied health outcomes and health education for the Mildura region.

Contact

Phillip Ripper
Sunraysia Community Health Services
E: phillipr@sunburychc.org.au

Highly commended

Doutta Galla Community Health Service

Working in the inner west of Melbourne with a population of more than 170,000, including 6,000 public housing units with about 14,000 residents, Doutta Galla Community Health Service (DGCH) addresses health disparities and prioritises access to its primary, community and mental health services to those in greatest need.

DGCH's turnover is \$19.45 million, up from \$11.96 million in 2006–07. This growth has enabled both an increase in service delivery and investment in infrastructure.

Last year, DGCH provided services to more than 19,000 clients.

Responding to the needs of the homeless, DGCH launched the Central City Community Health Service in April 2012 after 12 months of planning with key partners, including City of Melbourne.

In partnership with University of Melbourne, it has opened Australia's first student-run medical clinic. Medical and allied health students lead and manage the clinic and work in an interdisciplinary model supervised by volunteer professionals.

Contact

Caz Healy
Doutta Galla Community Health Service
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EACH Social and Community Health

EACH covers a wide area of Melbourne's eastern suburbs, and provides an integrated range of more than 150 programs in health, disability, counselling, child and family, mental health and social services.

This year it provided services to more than 13,123 new clients from 24 locations, handled about 30,000 phone requests and received more than 14,000 referrals, with more than 40,000 individual episodes of care (excluding group attendances).

In the past 12 months, EACH has strengthened its service to communities through a range of strategies including: supporting Lakewood Community Social Housing development; growing the stock of social housing for people with severe and profound disabilities through EACH Housing; and developing a service model and transitioned management of Comely Bank as a viable respite care centre in Healesville.

This past year, the training program supported 68 staff to gain tertiary qualifications from Certificate II to advanced diploma, and 199 participants attended training courses.

Contact

Peter Ruzyla
EACH Social and Community Health
E: PRuzyla@EACH.com.au





Rural health service of the year

WINNER

Orbost Regional Health

Rural health service of the year

Orbost Regional Health

Orbost Regional Health (ORH) is a multipurpose health service located in Far East Gippsland, one of the most remote parts of Victoria. It won the 2011 Premier's Rural Health Service of the Year Award. The health region is made up of the township of Orbost, which accounts for almost a third of the 9,130 people in the service area of one million hectares.

The service was created 14 years ago. It now has an annual budget of \$13 million and is the largest employer in the sub-region, with 189 staff. ORH has 50 beds and delivers 63 designated health programs.

The main services include acute services made up of: an emergency care service, operating theatre and three-chair dialysis unit; a birthing service; residential aged care complemented by diversional therapy and social inclusion programs; home and community care services; a district and community nursing service; three transitional care beds; community health services including allied health, welfare, housing support, health promotion, Men's Sheds, community garden and community kitchens; an Early Years Program including maternal and child health, young mums programs, toddler gym and early intervention strategies; school dental, an oral health outreach service to Cann River and a weekly Koori-specific dental session; and an onsite medical clinic.

Significant investment and focus on professional development ensures the workforce is achieving its best, along with a resolute commitment to ensuring staff wellbeing. ORH was a finalist in the 2011 Victorian Worksafe Awards for Commitment to Employee Health and Wellbeing.

ORH considers the needs of the community using a community-needs survey and reviews other relevant population health data, including trend data from medical clinic files. This data, along with program monitoring and evaluation, guides the planning for service delivery. Training and support of staff to develop goal-based care plans and person-centred care training has developed a culture of ensuring that consumers understand their condition and how to self-manage, and are able to link to self-help and educational groups.

The four overarching priorities of health promotion for East Gippsland include physical activity, healthy eating and oral health, mental wellbeing, and sexual and reproductive health. Health interventions are delivered in a variety of methods and settings to cater for individual needs and preferences. This recognises that 'one size does not fit all' and offers a number of health-promoting opportunities for the community.

Some of the strategies implemented regionally and by ORH include Heart Foundation Walking, community garden, community kitchen and Men's Shed. These activities are planned in conjunction with the East Gippsland Primary Care Partnership.

Other services offered in response to community needs include cardiac rehabilitation and quit-smoking programs, which are designed for people of all literacy levels.

Service integration planning is a high priority with the East Gippsland Primary Care Partnership for Home and Community Care (HACC), early years and Koori health. Using Service to Service (S2S) to link healthcare providers internally at ORH and externally ensures a collaborative care planning approach. These projects demonstrate that ORH is a strong regional participant that has led the way in supporting the development of strategies, data transfer and health information to support better self-management and changes in behaviour to improve health status.



In the past 12 months, ORH has been working on a project to build the capacity of home-based care staff to act as mentors and coaches to support HACC clients to follow through with recommended home-based strategies for improved health. HACC and district nursing services are also involved in patients' discharge to ensure timely reviews, helping to avoid unplanned critical health events and readmissions.

Community strategies such as toddler gyms enable parents and children with developmental problems to participate in physical activity and practise recommended home-based programs in a non-threatening environment. Strong operational backup and program links with the Koori mums and bubs group has seen marked improvements in the stability and health indicators of young Aboriginal children.

Health conditions are impacted by social determinants. For those at risk through social isolation and sedentary lifestyle – in particular older people – ORH continues to develop and support social connection, with volunteers and staff providing support for at-risk community members.

Substantial resources have been invested to educate staff in the principles of person-centred care to ensure patients' and residents' needs and values guide all care planning.

ORH has implemented RiskMan Q (quality module) as the support tool for managers. This fulfils the requirement for all departments to include quality-improvement activities in their work plans, embedding the culture of continuous improvement. This year, more than 100 improvement activities have been recorded.

ORH has undergone expert reviews from the Victorian Managed Insurance Authority, completing both the risk management framework review and site-risk survey. External comparisons highlight ORH as one of the overall highest-rated public healthcare organisations for 2011–12.

In addition, ORH's quality manager chaired the regional Gippsland Quality and Safety Network committee to engage with other regional health providers and provide opportunities for sharing of ideas, knowledge and benchmarking.

ORH has forged collaborations with East Gippsland Palliative Care Nurse Practitioner Project, East Gippsland Bush Nursing Services and Moogji Aboriginal Council.

ORH is a member of the Gippsland Health Alliance, which has enabled the provision of advanced technology and communications such as videoconferencing, VOIP internet telephone systems and healthcare-specific software programs. This technology reduces travel time and supports integration with other regional providers.

General practitioners at Orbost Medical Clinic have embraced telehealth consultations with specialists. These new Medicare item numbers enable patients from Orbost to consult with specialists around Australia using a dedicated consulting room with large computer monitor and high-resolution camera.

Orbost Regional Health continues to demonstrate its leadership and excellence in providing innovative health services in one of the most remote parts of Victoria.

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Highly commended

East Wimmera Health Service

East Wimmera Health Service (EWHS) is a five-campus, \$23 million health service serving about 10,000 people in the north-west of Victoria.

With 355 staff, it offers acute inpatient services, aged residential and community-based services.

This year, flooding permanently closed the Charlton Campus. Continuity of service was maintained initially by an Ambulance Victoria mobile locum service, and then in demountable accommodation. The flooding directly impacted the entire campus, with the loss of all communication and power.

EWHS has experienced a great deal of organisational change over the past 12 months, changing focus from bed-based to community-based service. It has implemented a unique CIS intake system where all community health consumers first talk to a registered nurse who makes the necessary referrals.

EWHS conducts a number of community lifestyle programs, such as quit-smoking programs, community kitchens and community gardens.

It has also embraced videoconferencing between the five campuses and the wider health network.

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West Wimmera Health Service

West Wimmera Health Service (WWHS) delivers health, welfare and disability services in the west and south Wimmera and southern Mallee.

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

In the past year, it delivered 28,686 allied-health occasions of service, 186,097 meals, 6,254 day centre group sessions and 7,952 district nursing occasions of service.

It has embarked on a health promotion and illness prevention blitz, developed in partnership with the Wimmera Primary Care Partnership and local government.

WWHS staff have been involved in numerous health promotion activities, such as a health and fitness centre in Nhill, early intervention program Let's Make Tracks and working with the regional migration officer to assist with the transition of the growing Karen community.

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Regional health service of the year

WINNER

Western District Health Service

Regional health service of the year

Western District Health Service

Western District Health Service (WDHS), based in Hamilton, Coleraine and Penshurst in western Victoria, has had another outstanding year.

The service performed strongly in meeting key performance indicators and achieving an operating surplus of \$303,000. The financial highlight was the fundraising result of \$1.314million, which shows just how strongly the community supports and values their health service.

WDHS's person-centred care-coordination model was given finalist status for the 2011 Primary Health Service of the Year Award and the Victorian Healthcare Association Population Health Award. The model is now recognised in the *Victorian Rural and Regional Health Plan 2012*, and will be rolled out to other agencies across the Barwon-South Western Region in 2012–13.

The health service's volunteers won the 2012 Minister for Health Volunteer Awards for outstanding team achievement in a regional health service (Grange Residential Care Volunteer team) and outstanding individual achievement in a regional health service (Mr Ian McLean).

WDHS is the only provider of public health services in the Southern Grampians Shire and incorporates a number of campuses. It is the regional referral and trauma centre for the Glenelg/Southern Grampians sub-region, and provides a wide range of acute, primary and preventative health and aged care services.

In 2011–12, WDHS had a total revenue budget of \$63.3 million, an effective full-time staff of 555, treated 7,562 inpatients with an average stay of 2.88 days, had non-admitted patient occasions of service of 54,951, and provided 7,221 accident and emergency occasions of service.

WDHS is undertaking a \$35 million capital development program, including the new \$26.5 million Coleraine District Health Service.

Another key achievement this year was the completion of the 2012–17 Human Resource Strategic Plan which focuses on the integration of WDHS values in recruitment, orientation, performance management and workforce communication. WDHS is also implementing a management mentoring program.

WDHS coordinates the Continuing Nurse Education Program for the south-west region, and this year more than 260 nurses attended clinical education. WDHS also implemented regular 'knowledge forums' to foster interprofessional learning, which had excellent feedback.

WDHS strongly supports work experience and clinical placements. A refocused work experience program concentrated on the career interests of students. In 2011–12, WDHS provided clinical placements for 300 nursing undergraduates, 17 allied health students and nine medical students.

A new initiative for 2012 is the South-West Collaborative Graduate Nurse Program. Three participants started in February and will rotate on placement through WDHS, Portland District Health and Moyne Health Service.

WDHS continues to build service capability through initiatives such as: a digital theatre system; improving emergency medicine through training, education and enhanced supervision delivered through a collaborative consortium with neighbouring health agencies; developing visiting oncology services through Barwon Health; establishing both bed- and community-based transition care and rehabilitation-in-the-home programs; expanding chronic disease programs; and expanding residential aged care programs, including a sensory program for dementia care.

The health service has a strong primary and preventative health division that delivers illness-prevention and health-promotion programs focused on the key areas of need: chronic illness, diabetes, Aboriginal and Torres Strait Islander health and farmer health.



Key achievements in this area included delivering workplace health programs for external organisations, which had participation rates of 70–89 per cent, and a pilot community kitchen project to improve healthy eating habits.

WDHS has an active Youth4Youth program, including a holiday program that in 2011–12 had 485 participants join in 25 activities. Another initiative is the Engagement with Young Mums Program, which provided support and linkages for 15 mothers aged 18–21. The Indigie-grins oral health research project for Aboriginal children aged 5–12 demonstrated an improvement in behaviour, awareness and key oral health indicators.

The award-winning National Centre for Farmer Health (NCFH) continues to grow as a centre of excellence. To date, 66 students from four states have completed the NCFH Agricultural Health and Medicine subject, the only one of its kind in Australia. This year, units in agricultural health for students in the vocation and education training sector have been added.

The NCFH's Sustainable Farm Families program provides an initial health assessment and the development of individual plans in partnership with the consumer. This program produces long-term positive effects, including lifestyle and behavioural changes.

WDHS is in the second year of a Cancer Link Nurse program. This program has assisted the self-management of a range of cancers by providing information on services and support available to patients. WDHS is also linking in with the Cancer Survivorship pilot project over the next 18 months, which will assist cancer patients after they complete their treatment.

The Hospital Admission Risk Program continues to achieve strong results in assisting people to better manage their own chronic/complex health conditions, and to reduce readmission rates and emergency department presentations.

The Men's Health Clinic, established in partnership with the local medical practice in 2011, and the Work Health Program have both provided individual health assessments and developed, again in partnership with the consumer, health and wellbeing plans to improve aspects of lifestyle that can lead to chronic disease.

WDHS is part of the South-West Alliance of Rural Health IT network, which provides best practice innovative communications and e-health technology. In 2012, WDHS introduced a telehealth trial to link patients suffering chronic pain by videoconference to a pain specialist at The Royal Melbourne Hospital.

A comprehensive aged care education program, covering all 44 aged care standards, is now offered online with access to live and recorded tutorials available to staff from home.

The provision of online training has continued to expand to help staff maintain mandatory competencies. Of the 46 online education programs available to staff, 24 have been implemented in the past 18 months.

WDHS has had another strong year, demonstrating its commitment to patient-centred public healthcare in a regional setting.

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Highly commended

Ballarat Health Services

Ballarat Health Services (BHS) is the principal referral centre for the Grampians region, covering 48,000 square kilometres, and provides services to almost 230,000 people across 32 sites. BHS works with sub-regional and local health services as well as metropolitan specialist and tertiary centres, and provides a comprehensive range of health services, including acute, subacute, residential, community care, mental health and rehabilitation services.

BHS has implemented a number of innovative service and infrastructure developments, such as the short-stay unit relocation of the Maternity Outpatients Clinic, refurbishment of the Mental Health Adult Acute Unit and expansion of the emergency department.

Operational highlights this year included building and consolidating partnerships with Department of Health, the City of Ballarat, Primary Care Partnerships and the Grampians Medicare Local, and continuing to expand the partnership with Ballarat and District Aboriginal Cooperative. Of particular note is the initiative to deliver dental services to the Aboriginal community.

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Barwon Health

Barwon Health is Victoria's largest regional health service, with more than 6,000 staff serving up to 500,000 people in the Barwon-South Western Region across 21 sites.

It won the 2011 Premier's Regional Health Service of the Year Award.

Barwon Health recently initiated an arrangement with six regional health service providers across the south-west, and supports the Barwon-South Western Regional Integrated Cancer Service.

Among many initiatives, it is pioneering technology programs including: video conferencing between specialists and patients in regional areas; working with Colac Area Health to provide emergency department specialist video conferencing; and conducting virtual bed rounds at both Hamilton and Warrnambool hospitals.

Barwon Health conducts an integrated health promotion program developed in partnership with the community and focusing on the needs of people most at risk. Initiatives include involvement in projects such as the 2012 Blokes Day Out, Barwon Mental Health Week, community kitchens and the Whittington Advocates for Youth program.

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Metropolitan health
service of the year

WINNER

Austin Health

Metropolitan health service of the year

Austin Health

Austin Health is a major academic medical centre in north-east Melbourne providing health services, health professional education and research to its local community, and a range of specialised services to the whole Victorian community.

It is one of Victoria's largest healthcare providers, employing 8,038 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 more than 263,000 people. The extended catchment has more than 1.28 million people and includes an additional seven local government areas to the north and east of Melbourne.

Austin Health has 980 beds across acute, subacute and mental health, with a 2011–12 annual operating budget of \$702 million. In 2011–12, 100,765 inpatients and 185,526 outpatients were treated. The emergency department was the busiest in Victoria in 2011–12, with 70,325 people presenting.

Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities. It is the largest Victorian provider of training for specialist physicians and surgeons.

It has a significant research commitment through Austin LifeSciences, which brings together eight internationally renowned research institutes and more than 800 Austin Health researchers.

Austin Health provides an extensive range of specialty and super-specialty services, mental health services and subacute services including aged care, rehabilitation and palliative care. Statewide services include the Victorian Spinal Cord Service, Victorian Liver Transplant Unit, veterans mental health services, Acquired Brain Injury Unit and the Victorian Respiratory Support Service.

In 2011–12, Austin Health established the first nurse endoscopist program in Australia, training nursing staff to commence ultrasound-guided PICC line insertion.

The Mature Workforce Initiative is engaging the over-50 workforce with regular onsite information, programs and enhanced education opportunities. The initiatives have seen Austin Health recognised as a corporate champion in the federal government's Experience Plus Program, with 32 mature workers participating in Certificate IV Business or Graduate Diploma Business.

The Victorian Spinal Cord Service recently worked with the health service and community partners to establish a hub where people with spinal cord injury can meet each other and find out up-to-date information.

Austin Health also released a DVD to empower families to participate in their children's treatment within child and adolescent mental health services.

Collaboration continues with healthcare partners through the North East Primary Care Partnership, the North Eastern Melbourne Integrated Cancer Service and the Northern Melbourne Medicare Local on a diverse range of health improvement and supportive care initiatives.

More than 80 members of the community were involved in planning, fundraising governance, building design and the development of models of care for the Olivia Newton-John Cancer and Wellness Centre (ONJCWC).

More than 60 patients and carers, and 13 local service partners, were involved in planning for the Ambulatory and Continuing Care Service, resulting in a new service model that provides improved access to community-based service options.



Austin Health supports self-managed care for people with chronic and complex conditions through programs such as a diabetes lifestyle program, hosting a range of cancer support groups, working closely with Access Services for Kooris to improve post-discharge care coordination of Aboriginal and Torres Strait Islander people, as well as the Hospital Avoidance and Risk Program, which helps people with chronic diseases to improve self-management.

A youth consumer advisory group also provides a weekly peer support and drop-in centre for young people accessing Austin Health's mental health services.

Austin Health's Acquired Brain Injury Consultancy assists adults manage unwanted behaviours resulting from brain injury. This unique service has helped clients to achieve an average of 9–19 per cent reduction in a range of unwanted behaviours including aggression, impulsiveness and a lack of motivation. Carer distress levels have also improved.

A redesign program focused on improving the care and experience of patients with a neck or femur injury addressed issues such as pain management, time to theatre, prolonged fasting, de-conditioning and complications of care such as delirium. With an average length of stay of eight days for these patients, Austin Health is now the Health Round Table's number one exemplar hospital in Australia and New Zealand. The hospital readmission rate due to complications has dropped from 5.8 to 1.9 per cent.

The Wellness Centre has been established as a core service of the ONJCWC, reinforcing Austin Health's commitment to providing holistic healthcare to patients and families. The centre operates as a drop-in facility offering a range of group and individual services, including support programs, music and art therapy, and oncology massage.

About 300 staff, including 14 senior medical staff, have received training in redesign and implemented service improvements that have resulted in more timely and safer patient care. For example, a multidisciplinary team from the Surgery and Endoscopy Centre implemented fast-track discharge criteria for endoscopy patients.

Austin Health offers a broad range of hospital-avoidance and community-based care models, including: the Hospital in the Home program that in 2011–12 had more than 2,000 admissions; the Residential Care Outreach Program, which enables people to receive specialist care in their residential care facility; and the after-hours GP clinic co-located with the emergency department, which diverted 2,568 people from emergency in 2011–12.

Austin Health is, with Peninsula Health, the lead agency tasked with implementing electronic work flows in the move to a fully electronic health record across the Victorian public hospital system. Austin Health now has automated inpatient and outpatient prescribing, drug administration, radiology and pathology test ordering and reviewing.

Austin Health has also successfully implemented the first two phases of the Ambulance Arrivals Board, which are focused on communication of impending ambulance arrivals to ED and communication of ED capacity back to Ambulance Victoria.

The innovative work and commitment of staff and volunteers have all contributed to make Austin Health an outstanding metropolitan health service.

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Highly commended

The Royal Women's Hospital

The Royal Women's Hospital (the Women's) is a statewide tertiary hospital for women and newborns with complex needs, and a local hospital for women and newborns in inner north-west Melbourne. It has 210 beds and 2,158 staff.

In 2011–12, the Women's delivered 7,195 babies and provided 31,699 inpatient services and 155,554 outpatient appointments.

In 2011, a strategy was developed to improve the health of women and babies alongside targeted measures to address the persistent inequities in health outcomes experienced by marginalised and disadvantaged groups. As a result, the Right from the Start strategy is set to become a national and international benchmark for enhancing breastfeeding support in neonatal settings.

The Women's has also: implemented a project to raise awareness about the health impacts of family violence; developed an online decision-making guide for unplanned pregnancies; and established community advisory groups, many the first of their kind in Australia.

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Premier's Award for advancing healthcare – putting patients first

WINNER

Orygen Youth Health: Helping Young People Early (HYPE)
Program Team

Melbourne Health

Winner

Orygen Youth Health: Helping Young People Early (HYPE) Program Team

Melbourne Health

Helping Young People Early (HYPE) is a local, national and international leader in the development of evidence-based practice, research and training in borderline personality disorder (BPD) in young people. It was the first early intervention service for BPD in the world. HYPE's work to integrate clinical practice with research and advocacy has always put the needs of BPD young people first.

BPD is a severe mental disorder characterised by instability in relationships, moods, behaviour and sense of self. It is associated with devastating effects across a broad range of individual and community outcomes, including a suicide rate of 10 per cent.

BPD occurs in approximately three per cent of youth (5,000 youth in Orygen's catchment) and is common among child protection and youth justice clients. Despite this, little has been done to address BPD during its earliest stages, when there is maximum potential benefit to be gained. In fact, patients are commonly rejected from clinical services for being 'too difficult'.

HYPE is a program of Orygen Youth Health (OYH), the government-funded youth mental health service for western Melbourne. It runs three integrated programs: a frontline clinical program in the Victorian mental health system, research, and teaching, training and advocacy.

HYPE partners include North Western Mental Health, Orygen Youth Health, The University of Melbourne (Centre for Youth Mental Health), and headspace Western Melbourne and headspace National.

After extensive consultation during 1999–2002, HYPE developed an integrated, team-based treatment model that aims to deliver optimal effective treatment as early as possible.

HYPE has become a core clinical program of OYH, providing a unique early-intervention service that has treated more than 800 young people.

It provides consultation to all OYH programs, including triage, crisis, inpatient and community teams. The HYPE 'Acute-Liaison' position was developed in 2010 to help manage youth with BPD features accessing acute care, including those unable to access HYPE's direct care program. Agencies receiving regular support include Youth Justice, vocational services, drug and alcohol services, university and TAFE counselling services and youth counsellors.

Research has been a key plank in HYPE's local, national and international contribution. HYPE has attracted funding from the National Health and Medical Research Council and VicHealth, published the first randomised clinical trial of BPD early intervention, and has produced 47 scholarly publications (42 peer reviewed) since 2003.

HYPE's comprehensive training program in early intervention for BPD (including a curriculum-based two-year course, training videos and psycho-educational material) and cognitive analytic therapy has trained more than 3,000 mental health and allied clinicians locally, nationally and internationally.

The HYPE clinical program, under the leadership of Andrew Chanen and Louise McCutcheon, is now an internationally recognised centre of excellence and training. Currently, HYPE has a German post-doctoral psychiatrist trainee and a Canadian psychiatrist on a 12-month sabbatical.

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Highly commended

Orthopaedic Surgery by Design Team

Austin Health

Austin Health's Orthopaedic by Design project was prompted by a vision to become an exemplar hospital for the care of patients with a hip fracture. Conducted in 2010–11, the project has streamlined the patient journey to ensure patients receive pain relief promptly, get to surgery faster, are fasted for shorter periods and have a reduced length of stay.

In 2010, patients with a fractured hip had an average stay of 14 days. That year, 167 patients presented with a fractured hip.

All patients with a fractured hip now go to theatre within the best practice guidelines of 48 hours, with 60 per cent being operated on within 24 hours. The average wait time is between 25 to 30 hours, down from an average 80 hours.

The average stay is now eight days, making Austin Health the Health Round Table's number one in the group of Australian and New Zealand exemplar hospitals.

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Acute Ward team

Numurkah District Health Service

In the early hours of Sunday 4 March this year, the Acute Ward team of Numurkah District Health Service was faced with the immense task of continuing to provide acute clinical care while floodwater inundated the entire ward, operating theatre, urgent care, radiology and administration wing.

The team evacuated 11 acute inpatients into the adjacent high-care nursing home, pushing beds and wheelchairs through water already 5–10 centimetres deep.

Within 15 days, the Temporary Urgent Care Centre (TUCC) was established in the hospital car park. Consisting of four tent sections, it presented unique challenges that the TUCC staff met on every occasion.

This innovative model of care provided by the TUCC team treated 932 presentations between 19 March and 22 August, enabling care for Numurkah patients in their own town.

Leadership from Acute Ward staff in particular stands out from the exceptional work that is ongoing.

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Minister for Health's Award for achieving a highly capable & engaged workforce

WINNER

The Learning, Education, Training and Sustainability
program (LETS) team

East Grampians Health Service

Winner

The Learning, Education, Training and Sustainability program (LETS) team

East Grampians Health Service

The East Grampians Health Service (EGHS) Learning, Education, Training and Sustainability Program (LETS) addresses workforce capability in a rural health service. It was developed to overcome issues of future viability and service delivery associated with health workforce shortages in rural areas. The program has been in place for two years.

EGHS, a category C rural hospital, was facing significant workforce issues, particularly in key specialist areas of obstetrics, anaesthetics, dental, allied health and specialist nursing areas.

The organisation engaged with all stakeholders and reviewed local evidence to determine areas of highest need for EGHS and the wider Ararat community. Extensive consultation with Victorian universities and registered training organisations was undertaken to determine the requirements of a rurally located education centre. Stakeholder engagement was used to negotiate and plan education delivery, student placement models and to obtain funding.

As a result, EGHS established a learning, education and training centre, which opened in October 2011. Multiple strategies were implemented to build workforce locally through LETS.

Extensive collaboration with University of Ballarat has resulted in a Diploma of Nursing being delivered at EGHS in 2012. In the inaugural year, 20 students from the local community enrolled in the course. As part of the curriculum, these students also complete their clinical rotations on site.

The EGHS Building for the Future Foundation has established \$10,000 bursaries for staff to complete postgraduate education in high-priority areas. The Angela Laidlaw Scholarship is also offered annually to assist clinical staff to attend educational programs or centres of clinical excellence.

Partnerships with Ararat Medical Centre and Ballarat Health Service have ensured that EGHS is one of the few health services in rural Victoria that is building its obstetrics workforce.

Creating positive undergraduate student placements has been an integral part of the LETS vision, with staff undertaking preceptorship training to improve the quality of student placements.

In the past two years, EGHS has experienced a 52 per cent increase in undergraduate nursing placement days, a 133 per cent increase in the number of undergraduate medical student placements and a 59 per cent increase in allied health undergraduate student placements.

In 2012, for the first time, EGHS is hosting 36 final-year La Trobe University dental students who undergo a four-week placement at the EGHS Dental Clinic.

Within the first six months of LETS, the percentage of permanent staff with completed professional development plans has risen from 20 to 75 per cent. Staff are also encouraged to take active roles in the development of others, such as the chief executive officer mentoring two management interns from the Australasian College of Health Service Management.

These innovative activities ensure EGHS will continue to have a sustainable and capable workforce for the future.

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Highly commended

Patient-centred team-based ward rounds team: ticking all the boxes

Alfred Health

The goal of Alfred Health's structured interdisciplinary bedside round (SIBR) project is the provision of safer person-centred care by improving teamwork, optimising communication between multidisciplinary team members and actively involving patients and carers in their plan of care.

The Patient-Centred Team-Based Ward Rounds Steering Committee enacted the program in a Victorian Quality Council (VQC) communication pilot titled TeamSTEPPS®.

SIBR is a highly structured, patient-focused ward-round model developed at Emory University, Atlanta by Associate Professor Jason Stein, who inspired the intervention during a November 2010 visit.

The project has delivered multiple daily and operational benefits for patient care and clinical efficiency. It has created an environment receptive to the introduction of innovative care practices and is responsive to positive change.

SIBR and TeamSTEPPS® are introduced to all new staff during orientation. These processes are further developed during scheduled training sessions, and reinforced in everyday work practices.

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Maternity Services Education Program Team

The Royal Women's Hospital

The Royal Women's Hospital Maternity Services Education Program (MSEP) has been providing education in Victorian primary, secondary and tertiary services for the past six years. It includes four main programs: Pregnancy Care, Koori Maternity Services Pregnancy Care, Maternity Emergency, and Combined Maternity Emergency Program with Newborn Emergency Transport Service and Ambulance Victoria.

MSEP is a mobile program, committed to providing high-quality interdisciplinary education that is clinically focused, relevant and accessible onsite – particularly for rural and regional services. The team liaises closely with stakeholders to ensure program content is tailored to meet site-specific needs.

The program has been designed to engage with maternity care clinicians on a personal level to highlight risk management issues and identify areas for change that will improve care. Each program focuses on a team approach to clinical care to promote the best outcome for the mother and baby.

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Minister for Mental Health's Award
for delivering innovative alcohol
& drug or mental healthcare

WINNER

Reducing Risky Drinking Project Team:
Early intervention for later in life

Peninsula Health

Winner

Reducing Risky Drinking Project Team: Early intervention for later in life

Peninsula Health

Peninsula Health's Reducing Risky Drinking Project (RRDP) is Australia's first older adult-specific initiative to reduce the incidence of alcohol-related harm, and is an outstanding example of innovative alcohol and drug healthcare.

An evidence-based age-specific protocol is used to identify and engage with older adults who are at risk of experiencing alcohol-related harm. The RRDP successfully integrates a range of Peninsula Health's services and has screened more than 500 clients and engaged with 200 of those identified to be at risk.

International input was sought from the developers of an early intervention in Florida (the BRITE project) and a partnership established with the developers of the Alcohol-Related Problems Survey (ARPS) at UCLA.

The ARPS is an older-adult specific computerised screening tool that assesses risk of experiencing alcohol-related harm using 176 algorithms considering medical history, prescription and over-the-counter medication use, and functionality. A 40 per cent difference in measurement of a standard drink between Australia and the US meant that ARPS had to be recalibrated for Australia. An Australian version (A-ARPS) is now freely available online. The online format enhances access for rural and remote communities. A-ARPS is unique in Australia.

Direct consultation with older adults informed a range of engagement strategies: use of local media relevant to older people; development and dissemination of community education packages for older-adult specific issues such as medication interactions, health and dementia rather than alcohol; and establishment of a peer-based screening program in Frankston Hospital and Peninsula Health outpatient clinics using iPads to access the A-ARPS.

A partnership with the local GP division established an older-adult specific screening and referral process using the A-ARPS.

On completion of the A-ARPS, each individual receives a report outlining potential risks and reduction strategies. The results are provided to the RRDP coordinator, who follows up with a phone call to encourage further engagement.

More than 200 clients aged between 60 and 96, whose drinking placed them at risk of experiencing alcohol-related harms, have sought further engagement. Follow-ups were conducted at three and six months post-discharge.

On average, individuals who were provided with a brief intervention had halved their alcohol consumption by the three-month follow up. Half of these participants had also reduced their risk of experiencing alcohol-related harm, as assessed by the A-ARPS.

Participants are also screened for depression, anxiety and dementia and referred to community health counselling as appropriate.

The RRDP has provided increased community awareness through targeted media campaigns and provision of community education in relevant forums such as aged care facilities, clubs and awareness days.

The RRDP was a finalist in the 2012 Australian AOD Awards, and has received national and international media coverage. In November 2012, Peninsula Health will provide national training for GPs and other healthcare providers.

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Highly commended

MadCap Café Geelong and Fountain Gate Team

**Pathways Rehabilitation & Support Services Ltd
with Ermha Inc**

MadCap Café Geelong and Fountain Gate are not-for-profit social enterprises situated within Westfield shopping centres.

The mission of MadCap Cafés is social and economic inclusion. Social inclusion is about removing barriers and creating opportunities so that every Australian citizen can contribute to the best of his or her ability.

The program provides employment opportunities for people experiencing mental ill health by: focusing on what they can do and not what they cannot; increasing a person's involvement within the community they live in, in order to build their self-esteem and confidence; building work skills, including providing accredited training opportunities within a work context; and reducing stigma associated with mental illness.

MadCap Café Geelong and Fountain Gate support more than 2,000 people who suffer from a mental illness.

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PACT Team – Police and Community Triage

Southern Health with Victoria Police

The Police and Community Triage (PACT) project is a partnership between Victoria Police and the Mental Health Program at Southern Health. It has been operating for 17 months out of the Moorabbin Police Complex.

This partnership is leading the way in recognising the benefits of specialist services working with local police to provide early intervention and better supports for people with complex issues.

PACT seeks to engage people who are repeatedly coming to police attention due to being an offender, victim or demonstrating behaviour that has become a cause for concern. These are people experiencing complex issues (such as mental illness, homelessness, drug misuse, family violence). Police have difficulties responding effectively to this often at-risk and marginalised cohort, who require an integrated health and welfare response.

PACT works with these people to stabilise their immediate crises, assess their needs and make informed and supported referrals into the service system.

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Secretary's Award for delivering joined-up healthcare WINNER

DART-AMU Team: Direct Admission of
Referred Patients to the Acute Medical Unit

Alfred Health

Winner

DART-AMU Team: Direct Admission of Referred Patients to the Acute Medical Unit

Alfred Health

The Direct Admission of Referred Patients to the Acute Medical Unit (DART-AMU) program has worked for two years to improve pathways by linking external health carer referrals directly to the inpatient unit at The Alfred Hospital.

It is a collaboration between the Alfred Health General Medicine Leadership Group, the Redesigning Care Team and the General Practitioner Liaison Group.

Key team members include Harvey Newnham, Martin Keogh, Matthew Skinner, Andrew Hoiles, Judith Bushell, Josie Samers, Bonnie Ferguson, De Villiers Smit and Amy McKimm.

Emergency presentations of medical patients to Australian public hospitals enter the hospital almost exclusively through the emergency department (ED). This often leads to increased morbidity, overcrowding, excessive strain on ED staff and resources, long waiting periods, unnecessary handovers and duplication of work at each stage of the patient journey.

Since March 2010, through the establishment of the Acute Medical Unit (AMU) within the General Medical Unit (GMU), significant improvements to patient outcomes, experience and flow have been achieved.

The Alfred DART-AMU model provides hospital-based physician consultation and advice to general practitioners (GPs) and primary care teams in order to: minimise the need for patient admission or ED presentation; provide timely advice and real-time care plans consistent with patient symptoms; and enable medical patients who require admission (but not emergency resuscitation) to bypass attending the ED altogether.

DART-AMU provides a dedicated hotline telephone service for GPs and other community healthcare providers to connect directly with a general physician 'on-the-floor' at The Alfred.

This initiative was undertaken as one part of the Victorian Department of Health's Medical Inpatient Demonstration Project.

Hospital IT modifications, development of the data form, altered medical admissions processes, training for medical, nursing and ward staff, and development of ward escalation processes were all required. Engaging such a broad group of stakeholders to improve the patient's journey across the various elements of the system required persistence and team leadership.

Direct admission to the AMU is an attractive model of care for patients, their families and carers, minimises delay and duplication in the patient pathway and facilitates prompt patient treatment by appropriate clinicians. It avoids potential errors associated with multiple handovers and minimises patient deconditioning that may result from prolonged stays in the ED. It also avoids medication and other potential errors that could arise from the care of chronic complex patients in an environment not designed to deal with their ongoing care. Direct admission minimises ED overcrowding and costs, and the expenses involved in initial hospital entry.

The model also provides early expert physician advice by telephone even for patients who are not admitted, helping to keep these patients in their own environment under the care of their usual GP as much as possible.

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Highly commended

Orthopaedic Management Team

Barwon Health

Barwon Health is the largest regional public healthcare provider in Victoria. It formed the Orthopaedic Management Team in 2011, bringing together clinicians, surgeons, allied health and management to address the increased demand for orthopaedic services and to redesign end-to-end patient care. The focus was the continued improvement of the interconnectedness and interfaces between services.

The results have been significant, not only in reducing long waits on the elective surgery wait list, but in transforming the way information is communicated between carers throughout the patient's journey from referral to surgery to rehabilitation.

The centrepiece is the community services and rehabilitation pathway tool, which stays with the patient, provides key information and updates the patient on where they are on the discharge pathway.

The Orthopaedic Management Team has reduced the number of long-waiting patients from a high of 648 in September 2010 to a low of 230 by April 2012.

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Integrated Diabetes Education and Assessment Service Team

Whitehorse Community Health Service with Eastern Health

The Integrated Diabetes Education and Assessment Service (IDEAS) program provides joined-up healthcare for those with diabetes by integrating acute and community healthcare.

It brings together specialist endocrinology from Eastern Health and integrated chronic disease management expertise within Whitehorse Community Health Service in the one place, at the one time. The innovative funding model utilises Medicare Benefits Schedule-funded specialist medical services and core community-health funded health professionals.

Replication of IDEAS across the region was fundamental to planning this initiative and was a key consideration in service redesign, ensuring consistency of practice and equity of access for clients within their local area.

Outcomes include diversion of people with diabetes from outpatient clinics to community-health based service, provision of coordinated multidisciplinary care and establishment of a primary healthcare service setting in which to undertake research into effective diabetes care.

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Outstanding achievement
by an individual or team
in healthcare

WINNER

Molly Carlile

Austin Health

Winner

Molly Carlile

Austin Health

Ms Molly Carlile is the Manager of Palliative Care Services at Austin Health in Melbourne's north-east.

She has shown outstanding individual achievement for her work in palliative care, going above and beyond the call of duty to care for dying patients and promote the discussion of death and dying issues in our community.

At Austin Health, she is responsible for the 20-bed inpatient Palliative Care Unit (PCU), an acute consultancy team and the palliative care volunteer program that has 30 volunteers. In 2013, she will oversee the transition of palliative care services into the new Olivia Newton-John Cancer and Wellness Centre.

Ms Carlile has also been appointed as Austin Health's first Manager of Arts in Healthcare. This involves developing an integrated arts program for the new cancer centre.

Ms Carlile's achievements have involved a complete review and cultural shift, not only within palliative care services, but throughout Austin Health. This includes ensuring staff understand the philosophy of palliative care, the function of the unit, the provision of holistic care and the need for patients and their families to play a central role in planning their own care.

In carrying out these and all her activities, Ms Carlile has led a complete overhaul and refocus of Austin Health's palliative care services. For the organisation, her work has meant increased bed-day figures, staff who are more comfortable in their approach to dying patients and, most importantly, patients who can clearly articulate their wishes and needs so they can die in their place of choice.

Ms Carlile's impact goes well beyond Austin Health, however. Her passion is to overcome reluctance to discuss death and dying, both in the hospital setting and the broader community.

Ms Carlile has published two books: *Jelly Bean's Secret*, a children's book that introduces the concept of death by telling the story of a family's experience, and *Sometimes Life Sucks*, which addresses the complex needs of young adults when experiencing loss.

She was a Churchill Fellowship recipient, and has collaborated with author and playwright Alan Hopgood on the play *Four Funerals in One Day*, which has toured Australia.

After the play, Ms Carlile facilitates a community forum where the audience can ask questions of an expert panel. This is followed by a social gathering and afternoon tea or an evening with wine and cheese to ensure the conversations continue.

The Empty Chair, a second play by the duo, explores the impact of grief and dementia on a family and is touring nationally.

Ms Carlile is a regular community speaker, discussing death and dying issues. She frequently appears on television and radio and has presented at more than 60 conferences worldwide.

In London earlier this year, the International Journal of Palliative Nursing presented Ms Carlile with the Educator of the Year Award for her innovative work and commitment. This recognition adds to her 2009 Arts and Health Australia Award for Health Promotion and 2008 Churchill Fellowship.

Contact

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Highly commended

The Paediatric Liver Transplantation Service Team

The Royal Children's Hospital with Austin Health

The Paediatric Liver Transplantation (PLT) Service is the paediatric division of the Victorian Liver Transplant Unit (VLTU) – a collaboration between The Royal Children's Hospital (RCH) and Austin Health. Since 1995, 103 children (from birth–18 years) have received liver transplants at the RCH.

Prior to the establishment of the PLT Service, the health outcomes for children with liver failure were dire. Families had no choice but to seek treatment overseas or watch their child die.

The first PLT was performed at Austin Health in 1988. In 1993, the RCH was granted nationally funded status for PLT and, since 1995, all child patients have received clinical care and transplantation services at the RCH.

The number of transplants has increased from two in 1995 to 12 in 2012. Paediatric patients now constitute about 20 per cent of VLTU patients.

In March 2012, the team performed the first paediatric intestinal transplantation in Australia.

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Jeannette Kamar

Northern Health

Jeanette Kamar joined Melbourne's Northern Health in 1984 and worked as a registered nurse in a wide variety of clinical and managerial positions before establishing the Injury Prevention Unit at The Northern Hospital in 2009.

Ms Kamar is the key driver behind the organisation's improved outcomes in manual handling of patients, falls prevention, pressure-ulcer prevention and venous-thromboembolism prevention.

She helped develop procedures published in the Victorian *Best practice guidelines*, which have been adopted by many other health services.

The Northern Hospital falls-prevention program has attracted international delegations, and is the subject of a National Health and Medical Research Council randomised-controlled trial in six hospitals across Australia.

Due to the success of the injury prevention programs at Northern Health, Ms Kamar has participated in the development of a number of best practice guidelines and attended international conferences and educational events.

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Outstanding achievement
by an individual or a team
in mental healthcare

WINNER

Peri Partners: The Peninsula
Perinatal Mental Health Partnership
Peninsula Health

Winner

Peri Partners: The Peninsula Perinatal Mental Health Partnership

Peninsula Health

Since April 2011, the Peninsula Perinatal Mental Health Partnership has been working to address gaps in perinatal mental health in the region.

The three partners are Peninsula Health, Frankston and Mornington Peninsula Municipalities Maternal and Child Health Services, and Frankston Mornington Peninsula Medicare Local/Peninsula Division of General Practice.

Frankston and Mornington Peninsula contain a diverse urban and semi-rural population with some very low socio-economic areas and a lack of bulk-billing GPs.

Service mapping and gap analysis showed that universal screening for mental health issues did not occur in antenatal clinics. Some screening occurred in maternal and child health centres but it was not universal or evidence based.

A perceived lack of coordination and communication within and between services was also identified as a major barrier for women accessing appropriate support.

The partnership developed six referral pathways linking the services and to provide clear guidelines on care following screening. A GP guide was developed and is now sent to GPs with any referral to assist with care.

Universal screening, including Edinburgh Postnatal Depression Scale (EPDS) and psychosocial assessment, is now undertaken at antenatal bookings in clinics and maternal and child health centres, ensuring that all women receive the EPDS at least once in both the antenatal and postnatal period.

Peninsula Health Primary Mental Health introduced one session a week from May 2011 in the antenatal clinic to link women to GPs. GPs are given recommendations about a woman's mental health needs.

In addition, the partnership has trained more than 350 health professionals, including GPs and mental health clinicians, in perinatal mental health, the EPDS and the referral pathways to health professionals represented by the partners.

The project addresses gaps in service system and is providing an ongoing and sustained contribution to the field of perinatal mental health at a local level. The results confirm that many women previously at risk of missing out on perinatal mental healthcare are now consistently identified. The referral pathways and education are overcoming barriers within and between services by improving collaboration and communication. The GP guide is helping GPs to make appropriate referrals to specialist services.

The actions from the project are now incorporated into day-to-day service provision and governed by shared, agreed clinical practice guidelines. The ongoing 12-monthly education of health professionals has been integrated into a multi-service education calendar.

An article about the project was published in the *Australian Nursing Journal* and the project received a gold medal at the 2012 National THEMES (The Mental Health Services Conference) conference.

The actions of the partnership demonstrate outstanding achievement in mental healthcare.

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Highly commended

Orygen Youth Health Inpatient Unit Team

Melbourne Health

Orygen Youth Health Inpatient Unit (OYH-IPU) caters for people aged 15–25 who are experiencing their first episode of mental illness. It is the only youth inpatient unit of its type in Victoria.

Two major quality improvement strategies – the Productive Mental Health Ward project and the Experience-Based Co-design – have resulted in substantial benefits and significantly better outcomes for OYH clients, carers and staff.

In less than two years, the amount of time staff spend in direct care has risen from 30 per cent to 58 per cent. As a direct result, a decrease in aggression to staff of up to 70 per cent has been achieved in just one year.

The OYH-IPU team was awarded the 2011 North Western Mental Health (NWMH) Nursing Team of the Year Award.

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The MAPrc Women's Mental Health Clinic Team

Alfred Health with The Monash Alfred Psychiatry Research Centre

The Women's Mental Health Clinic (WMHC) is a second-opinion clinic for women with mental health issues, with a special focus on the impact of women's hormones on mental health.

The clinic was set up by the Monash Alfred Psychiatry Research Centre, and operates as a collaborative partnership between Monash University and The Alfred Hospital.

The clinic is designed with the needs of women in mind, and it continually seeks extensive input from consumers. The service model is unique in Australia as women's mental wellbeing, hormonal health and general physical health are considered in the one consultation.

The clinic is expanding rapidly. In 2010, 49 consultations were undertaken, rising to 86 from February to May 2012.

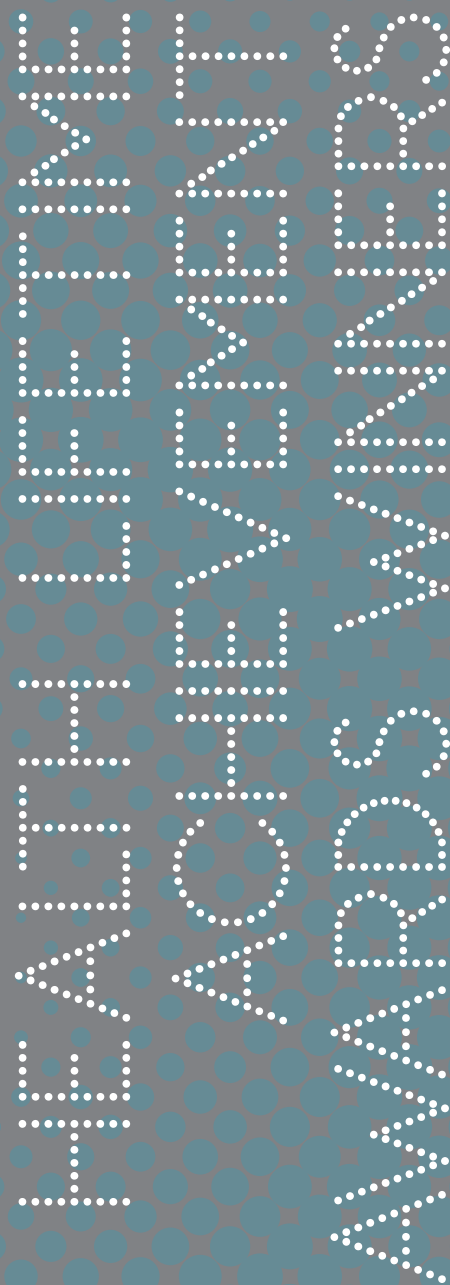
A monthly antenatal clinic is now run for women who will deliver their babies at the Sandringham Hospital site of Alfred Health.

The clinic has treated women from around the country, and also conducts consultations by telemedicine.

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Professor Frank Oberklaid
OAM

Frank Oberklaid OAM has spent almost 40 years with The Royal Children's Hospital (RCH), dedicating his career to improving children's health through research, early intervention and community-based programs.

RCH is the state's specialist paediatric hospital and is co-located with its campus partners Murdoch Childrens Research Institute and The University of Melbourne Department of Paediatrics. Professor Oberklaid holds key roles with all three organisations, and he embodies the epitome of the campus relationship and the important linkages between clinical care, research and education.

Professor Oberklaid's contribution to Australian society was recognised in 1998 when he was awarded the Medal of the Order of Australia. In 2003, he was awarded a Centenary Medal for outstanding leadership in community health.

He is well respected as an international expert in community child health with considerable reach and influence as an educator, teacher, researcher, clinician and advocate for improving the lives of children.

Professor Oberklaid's vision as founding director of RCH's Centre for Community Child Health (CCCH) was to ensure healthcare extended beyond hospital walls to the communities it serves.

He has ensured that community paediatrics is core to general paediatric practice and continues to provide leadership in advocacy bringing early intervention and family support to the forefront of discussion at state and federal government levels. Together with a number of eminent paediatricians in Australia, Professor Oberklaid has led the advocacy push for early childhood issues. This effort is perhaps best reflected in the Council of Australian Governments' consideration of an early childhood agenda for the first time.

Professor Oberklaid understands the power of research and training to extend and improve the reach of clinical care. The CCCH develops and manages national publications directed at general practitioners, community nurses, pharmacists, hospitals, childcare and other early childhood providers, with a quarterly combined circulation of 60,000.

After graduating from medical school in 1969, Professor Oberklaid quickly began carving out a career in child health. On his return from four years at Harvard, he changed the landscape of community child health in Victoria and, indeed across the country. He has personally set the standard of excellence in his field.

Professor Oberklaid established the RCH Department of Ambulatory Paediatrics and, for the first time, there were dedicated clinics for children with developmental and behavioural problems.

He led the department for 14 years, overseeing a new, community-based approach to paediatric medicine – a considerable shift from how hospitals had traditionally addressed child health. In 1994, he established the CCCH, holding the director role ever since.

As Chair of the Victorian Children's Council and a member of the Premier's Children's Council, he agitated for and won a dedicated area of government for children and early childhood, and a Minister for Children.

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Professor Lester J Peters
AM

Professor Lester Peters AM is recognised for his exceptional skills in the management of head and neck cancer patients. His considerable achievements in cancer research, clinical trials and radiation biology have benefited thousands of patients receiving radiation therapy as part of their care. He has been a national and international advisor and advocate, and an inspirational mentor for those following him.

Since 1995, Professor Peters has led the Division of Radiation Oncology at Peter MacCallum Cancer Centre.

He graduated from the University of Queensland Medical School in 1966 with the University Gold Medal, and subsequently added basic and translational research skills during a UK Fellowship at the prestigious Gray Laboratories.

His work with other researchers including H Rodney Withers revolutionised the understanding of the response of tumours and normal tissues to radiation. Professor Peters also excels in the clinical research arena, and has introduced a number of significant innovations in the management of head and neck cancer. He has held professorial positions at two world-class cancer centres: MD Anderson Cancer Centre in Texas and Peter Mac.

For the past 17 years he has played a leading role in radiation oncology in Victoria, in clinical, research, executive and advisory roles. As past dean of the Faculty of Radiation Oncology and a member of the council of the Royal Australian and New Zealand College of Radiologists (RANZCR), he worked as a powerful advocate for improvements in cancer care in Australia. He headed the development of the 2001 Tripartite National Strategic Plan for Radiation Oncology, which triggered the Baume Inquiry and the publication of *A vision for radiotherapy* (Australian Government 2002).

He was intimately involved in the establishment of the first 'single-machine unit' centre, Bendigo Radiotherapy Centre. The Victorian model has been adopted around Australia, linking new regional centres with established metropolitan services.

A key area that Professor Peters has actively promoted is the establishment and further refinement of the multidisciplinary approach to managing cancer patients.

On a personal level, Professor Peters has mentored numerous junior staff and staff in training in radiation oncology, many of whom are now recognised as leaders in their fields.

Recognition of his contribution to improved cancer care includes awarding of the Gold Medal of the American Society for Therapeutic Radiology and Oncology in 2003, the Gold Medal of RANZCR in 2001 and membership of the Order of Australia in 2001.

As the Chair of the Peter Mac Foundation, he has been harnessing philanthropic goodwill in Victoria, which has already led to noteworthy benefits for the community. This will continue to grow as the Victorian Comprehensive Cancer Centre Project comes to fruition.

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Professor Alan Wolff

Professor Alan Wolff MB BS (Monash), MD (Monash), DipRACOG, FRACGP, MBA, FACHSM, FRACMA has dedicated a lifetime of service to public healthcare in Victoria. Since 1984, he has been the Director of Medical Services and of the Emergency Department at Wimmera Health Care Group (WHCG) at Horsham, 300 kilometres north-west of Melbourne.

Professor Wolff has 30 years' experience in medical administration. His research interest is in clinical risk management and quality improvement methods and their implementation in hospitals. He has maintained his commitment to providing high-quality care and continually improving the standard of care throughout his career, including 20 years' experience developing and refining an integrated and sustainable quality improvement and risk management program in one hospital.

Professor Wolff's model has been implemented in Victorian, national and international hospitals, supported by a relevant evidence- and theory-based book, journal articles, lecturing and numerous presentations aimed at sharing his expansive knowledge for the enhancement of patient care.

Professor Wolff developed an adverse-event screening program at WHCG in 1989 that led to the establishment of the second clinical risk management unit in a hospital in Australia.

The Limited Adverse Occurrence Screening (LAOS) model was adapted from a US program, but with an emphasis on simplicity of screening criteria, low cost and the involvement of all medical staff. The program was evaluated in theses toward a master's degree in business administration and a doctorate in medicine. These evaluations have been described in numerous articles in *Australian Clinic Review*, the *Journal of Quality in Clinical Practice* and *The Medical Journal of Australia*.

In 2001, Professor Wolff wrote a clinical risk management manual with Sally Taylor, the clinical risk manager at WHCG, for the then Department of Human Services.

The LAOS program has been rolled out across 80 small hospitals in Victoria.

In 2000, Professor Wolff was a key driver in the establishment of the Clinical Pathway Program at WHCG, with results published in *The Medical Journal of Australia*. The program was jointly awarded the Minister for Health's Award for Improving Quality Performance at the 2010 Victorian Public Healthcare Awards.

In 2009, Professor Wolff and Ms Taylor wrote *Enhancing patient care: a practical guide to improving quality and safety in hospitals*, which is used in many hospitals and is a main text in university programs.

Over 20 years, the clinical risk model has been refined and developed. Professor Wolff's team was highly commended for team achievement in the 2009 Victorian Public Healthcare Awards.

He has also been involved in the Integrated Quality Management Model program, CHECK program, the Victorian Quality Council, the Department of Human Services' Clinical Risk Management Reference Group and Sentinel Events Review Sub-committee.

Professor Wolff lectures at Deakin University in Geelong and at Flinders University in Adelaide, and has also lectured in China.

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Optimising the health status of Victorians

GOLD WINNER

Monash University

Healthy Lifestyle Program for Australian Women (HeLP-her)

Gold winner

Monash University

Healthy Lifestyle Program for Australian Women (HeLP-her)

The Healthy Lifestyle Program (HeLP-her) is an innovative health prevention and promotion program developed by Dr Cate Lombard and Professor Helena Teede (Monash University, School of Public Health and Preventive Medicine). It is a low-intensity weight-gain prevention program for reproductive-aged women.

HeLP-her is one of the first successful, community-based prevention trials in women internationally and is being rolled out in the Victorian Prevention Community Model in regional communities. The multidisciplinary research team has demonstrated that HeLP-her can successfully be translated and implemented in other settings (ambulatory care, community-based clinics and now rural and regional settings), and in different populations (pregnant women and women with polycystic ovary syndrome).

Given the obesity epidemic, prevention of weight gain is one of the most critical public health priorities facing Australia.

The HeLP-her initiative aligns directly with the national policy agenda and Victorian Government activities including the Prevention Community Model and Health Promoting Communities. While obesity management typically focuses on intensive weight loss in individuals who are already overweight, HeLP-her instead focuses on preventing excess weight gain in all, consistent with primary prevention of chronic disease. It can be adapted for a range of settings in community, ambulatory care and hospital-based care.

HeLP-her targets younger women as a key population at high risk of future weight gain. The objectives reflect the needs of both key stakeholders and women in the community. Multidisciplinary health experts, school principals and consumers had input into the development of the program content and delivery. The initiative supports and enables consumer engagement.

A consumer focus was built into the program through a flexible implementation strategy designed to be effectively delivered by community health organisations. This allows participants to influence family and friends, thus impacting on a wider number of people. This will ensure the sustainability of the program to positively influence future generations.

HeLP-her is effective in a range of populations and settings and is a successful evidence-based low- to moderate-intensity intervention targeting reproductive-aged women. It has progressed from the original program to high-risk pregnant women in antenatal care settings and to the rural setting. Hence the Victorian multidisciplinary clinician researchers in this team (dietetics, exercise physiology and endocrinology) have played a leadership role in the public health arena with work recognised nationally and internationally. Cost effectiveness analyses are underway to assist wider implementation and resources for future implementation are being developed and rigorously tested.

The HeLP-her team at Monash University has been contracted by the Victorian Government to roll out HeLP-her across Victoria as an evidence-based lifestyle intervention in reproductive-aged women representing a key milestone in sustainability. The antenatal program is being implemented at Southern Health as Victoria's largest health care organisation and, internationally, China is also interested in the HeLP-her antenatal program.

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Silver winner

Eastern Health

Ambulatory Oncology Rehabilitation Program

The Eastern Health Ambulatory Oncology Rehabilitation Program (EHAORP) targets areas of need and demonstrates innovative practice in health promotion by addressing the longer-term physical and psycho-social ramifications of living with cancer.

While rehabilitation is considered an essential part of cancer care, a large number of people with cancer report unmet rehabilitation needs. At the time the EHAORP program began, Eastern Health was unable to identify any other comprehensive cancer rehabilitation services in the Victorian public health system.

Program content was developed by the oncology rehabilitation coordinator in collaboration with an interdisciplinary team. A variety of resources were used, including literature searches, publicly available information from experts such as the Cancer Council and the interdisciplinary team's professional knowledge and experience. Feedback from key stakeholders was actively sought. These included clinicians, clerical staff, patients, consumer representatives, executives and service providers such as St John of God, who shared their knowledge and experiences in setting up a similar program in the private sector.

The first participants in the EHAORP began in January 2011, and programs cycled every nine weeks with 10 participants in each program. Each group session consisted of one hour of exercise, followed by one hour of information. Information sessions were aimed at providing practical self-help strategies for participants and their carers, with the opportunity for individual consultation if required. Patient-centred discharge planning was done in consultation with each participant and included referral to community based programs or home exercise program as required.

Participants showed statistically and clinically significant improvements in endurance, walking speed, balance, arm and leg strength, and quality of life.

Training and procedure guidelines are being developed, with sustainability and the sharing of resources in mind. A number of Victorian healthcare providers, both public and private, are considering emulating the model. Plans are underway to increase the number of participants able to access the program.

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Highly commended

Incolink

Incolink diet and nutrition education

Incolink is a health promotion and intervention program that targets the eating habits of construction industry apprentices, who have been identified as eating largely unhealthy food while at work. High consumption of unhealthy foods is linked to poor health outcomes, including obesity, type 2 diabetes and cardiovascular disease.

As a joint initiative between unions and employers in the Victorian construction industry, Incolink used research data from apprentices at building sites and TAFEs to design a pilot health promotion intervention. This included: a cooking demonstration made available on YouTube; a *Healthy meals tips cookbook* that illustrates quick, easy and healthy meals; providing apprentices with cooler bags to encourage them to take their lunch to work rather than buying junk food; and a print campaign. Promising changes to dietary habits were recorded.

The project has acquired a high profile and significant support in the industry. Discussions are ongoing with industry parties on how to further put the findings into practice.

Contact

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Excellence in person-centred care

GOLD WINNER

Rural Northwest Health

Person-centred care in the Wattle Dementia Unit...and beyond

Gold winner

Rural Northwest Health

Person-centred care in the Wattle Dementia Unit...and beyond

Rural Northwest Health's (RNH) Wattle Crescent is a 15-bed secure dementia/memory support unit in Warracknabeal (Yarriambiack Shire). In 2010, RNH introduced an innovative person-centred care approach for residents living with dementia.

This approach is based on Montessori principles, shifting care away from disability and toward physical and emotional capability and supporting an intervention model based on rehabilitation principles. It included staff training supporting cultural change and skill acquisition, reorienting physical environments to focus on client ability and evaluation to support quality improvement and promote sustainability. Significant positive outcomes have led to this approach being applied to other areas across RNH.

Before the project was introduced, there were increased behavioural and psychological symptoms of dementia (BPSD) and high numbers of client-to-staff incidents of violence. Increased antipsychotic and antidepressant medications were being used to manage aggression (78 per cent of residents were on antipsychotics and 67 per cent on sedation in June 2011). A clinical approach to care involved staff making decisions for clients, potentially leading to increased dependency and yielding short-term efficiency. There were family complaints regarding quality of care.

The personal care approach aimed to: implement consistent use of evidence-based practice strategies across the Wattle workforce; deliver training that promoted strategies to minimise BPSD and promote cultural change; encourage involvement of family and friends; and improve outcomes for residents living with dementia.

The project introduced specialised training, upgraded physical environment and equipment, and introduced a rehabilitative therapist whose focus was supporting residents to undertake meaningful activities that maintained and improved capability. PCC training embraced strengths, families and meaningful activity. Montessori activities allowed residents to retain a number of skills to support remaining independence in activities of daily living.

The project supported consistent implementation of strategies addressing identified workforce skills gaps and embedded skills into practice. It delivered training to minimise BPSD and encouraged provision of an environment that supports, strengthens, provides social roles, meaningful activities and family involvement.

Training directly promoted and demonstrated the integration of PCC principles into everyday practice, supporting cultural change. Staff approaches, such as moving clients in wheelchairs because it is faster, had to change. The involvement of family and friends in PCC was encouraged, such as by creating a more home-like environment.

Positive outcomes were recorded in all areas.

Medication use fell. By February 2012, no residents were on antipsychotics and 22 per cent were on sedation. All resident behaviours of unmet need reduced from several times an hour to once or twice a day; several times a day to less than a week; and several times a week to never.

The person-centre care approach brought about significant changes in the physical environment with activities such as painting and gardening involving families and friends, and provision of individual materials such as pictures.

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Silver winner

Kyabram and District Health Services

Rural response: community and hospital midwifery (CaHM) model of care

Due to retirement and the inability to attract new obstetric GPs, Kyabram and District Health Services (KDHS) successfully researched, consulted and implemented a unique midwifery-led model of care to better engage and involve women in their own antenatal care and give birth locally.

In 2010, the KDHS operated a traditional obstetric service with obstetric general practitioners supported by hospital-employed midwives. Annually, 120 local women birthed at the health service.

KDHS learnt that GP obstetrician availability would cease in January 2011, endangering birthing services.

KDHS engaged an independent specialist midwifery consultant for the exploration and recommendation of a potential, sustainable midwifery model of care (MoC).

The result was the community and hospital midwifery (CaHM) MoC.

The program was implemented in January 2011. Forty women were provided with antenatal care at KDHS in the first year. Of these, 12 women (30 per cent) transferred care antenatally due to not meeting the strict low-risk birth framework. Transfers are not considered failures, but rather an indication of the model's commitment to ensure safety is of paramount importance. Twenty-three women (82 per cent) progressed to normal vaginal births at KDHS.



The CaHM midwives conduct holistic pregnancy care from antenatal, intra-partum and postnatal care. Any deviation from the low-risk criteria leads to discussion, referral and transfer if necessary. CaHM midwives share the on-call component. Hospital midwives act as second midwife in birth suite. They also provide inpatient post-natal care for CaHM women, as well as for women who need or choose to birth at Goulburn Valley Health and transfer back to KDHS post-partum.

The implementation of the CaHM program has allowed local women to birth locally. KDHS has been able to retain birthing services and midwives have been able to continue employment as midwives.

The most recent surveys revealed a 95 per cent positive response from clients and a 100 per cent staff positive response.

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Highly commended

Eastern Health

In the Patient's Shoes: the Eastern Health Patient Experience of Care program

Eastern Health's (EH) In the Patient's Shoes framework outlines a number of strategies that the health service has implemented to receive consumer and carer feedback.

The strategies include patient-experience trackers and leadership walk-rounds. These are conducted by the EH executive, senior leaders and managers, who speak to patients to hear about the care they are experiencing. Other key elements include Victorian Patient Satisfaction Monitor, patient complaints and compliments data, and a meal services.

Patient feedback and walk-round data are themed against 10 patient experience care standards.

The feedback strategies evaluate the service from a consumer and carer perspective and quarterly reports provide feedback to staff about areas of strength and areas for targeted improvement. Quotes from consumers and carers are included to give staff a meaningful sense of the patient's voice.

So far, improvements in communication and customer service, interpreter services and food services have been initiated.

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Excellence in quality healthcare

GOLD WINNER

Alfred Health

Innovative ambulatory very-low intensity
allogeneic stem cell transplantation program

Gold winner

Alfred Health

Innovative ambulatory very-low intensity allogeneic stem cell transplantation program

Alfred Health is improving outcomes for older patients with blood cancers by using clinical and practice innovations in stem cell transplantation.

Blood cancer incidence is anticipated to rise, imposing a challenge on the healthcare systems providing care for these patients. Stem cell transplantation is a treatment option for certain blood cancers, offering effective control and the possibility of cure.

Conventional allogeneic (donor) transplantation necessitates high-dose chemotherapy often combined with radiotherapy to prepare the patient for transplantation. The toxicity of this approach limits its suitability for older people, the group with the highest blood cancer incidence.

Available therapy results in very poor long-term survival for older acute myeloid leukaemia and multiple myeloma sufferers. These patients are traditionally considered unsuitable for conventional allogeneic stem cell transplantation due to unacceptably high complication rates and mortality.

To address this imbalance, Alfred Health has adopted a novel, very-low intensity approach to transplanting these patients, using minimal doses of pre-transplant preparative chemo-radiotherapy thereby avoiding traditional intensive and toxic high-dose strategies.

With excellent tolerability, these transplants are delivered in an ambulatory setting and, in most instances, completely avoid hospitalisation. The use of oral rather than intravenous chemotherapy resulted in avoidance of inpatient admission for treatment, and excellent disease-related patient outcomes have been achieved.

Sustainability of this initiative is ensured by exclusive use of existing resources and funding, documented feasibility, safety, improved patient outcomes and high consumer satisfaction.

Central to successful program implementation and associated supportive care guideline development was extensive stakeholder consultation and a coordinated multidisciplinary approach. The Leukaemia Foundation assisted with accommodation and transport to facilitate ambulatory care for patients residing a distance from the hospital.

Following the clear program evaluation findings of demonstrated feasibility, safety and effectiveness, the ambulatory very-low intensity allogeneic transplant program has been embedded within the transplant service at The Alfred. Delivering care to patients within an ambulatory setting has resulted in significant economic value in resource utilisation, particularly bed days. This facilitated a successful implementation of the program entirely within existing resources and funding – both personnel and infrastructure – and allows the ongoing provision of two very-low intensity transplants each calendar month. At present, this capacity meets the demand for both Alfred Health patients and those referred from the community, thereby continuing to improve access to potentially curative therapy for the increasing numbers of people diagnosed with otherwise incurable blood cancers.

All members of the multidisciplinary team involved in the implementation of the program and care of participants committed valuable time, expertise and enthusiasm to ensure the success of the program.

This innovative ambulatory allogeneic transplantation program is the first of its kind in Australia. It enhances access to potentially curative therapy for the increasing number of patients diagnosed with otherwise incurable blood cancers.

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Silver winner

Northern Health

Building capacity from within

Consumer feedback and a service review identified the need for continuous quality improvements and service redesign in Northern Health's (NH) outpatient diabetes services. There were several key drivers for change within various programs, including long waiting times and high levels of 'did not attend' rates for both new and review appointments. As well, patients were frequently unaware of the rationale for referral and not sure what to expect.

NH adopted a Lean Six Sigma® methodology using the model outlined by H De Koning and JP Verver (2006) with the aim of delivering more timely access to care of people with diabetes. This involves a multifaceted approach including the development of referral triage processes to ensure that patients with greatest clinical need are seen in a timelier manner by the health professional with the most appropriate skill set.

At the outset of the project, all referred patients were waitlisted to first see an endocrinologist. This was resulting in lengthy delays for access to the diabetes service. Evidence supported the notion that interventions provided by diabetes nurses, along with changes to the structure of care, improved care outcomes in an outpatient setting. Adapting this evidence, NH redesigned its intake process so that, at the completion of the trial, only 42 per cent of all patients needed to be referred to the endocrinologist because care was able to be delivered by other suitably qualified health professionals.



To improve consumer engagement, a member of the intake team called each newly referred person to make sure they were aware of the referral and discuss the services available and why they could be important for the person's health. In addition to more effective engagement with centre-based services, the Hospital Admission Risk Program implemented a home-visiting program to allow eligible patients to be seen in their own home.

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Highly commended

Southern Health

Cleaning innovations

Cleaning plays a critical role in preventing the spread of disease and providing quality care in all healthcare facilities.

In 2011, Southern Health, the largest public health service in Victoria, began a trial to examine the health, environmental and financial benefits of alternative cleaning methods. The trial consisted of replacing traditional cleaning methods using buckets, mops, chemicals and dorset cloths with microfibre cloths and steamers.

This initiative was supported by extensive research and education programs. Laboratory testing was used to validate that the new cleaning methodology killed common bacteria and viruses within the healthcare setting. Before the trial, two different cleaning methodologies were used: a one-step clean for basic cleaning and a two-step clean for strict-precautions rooms. Following the trial, all rooms are cleaned using one methodology, thus simplifying cleaning regimes.

Audits showed a five per cent improvement in cleaning standards as a direct result of the new cleaning practices.

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Excellence in
service provision

GOLD WINNER

The Royal Children's Hospital

The Gait Analysis Laboratory

Gold winner

The Royal Children's Hospital

The Gait Analysis Laboratory

The Royal Children's Hospital (RCH) has established the first Australian paediatric gait laboratory, delivering excellence in service provision and world's best clinical outcomes for children with cerebral palsy.

Gait analysis is a diagnostic and evaluative service used to determine the most effective treatments for children with a wide range of physical disabilities and conditions affecting the way they walk.

International evidence in the 1990s showed that Victorian children were experiencing poorer outcomes than those with access to clinical gait analysis.

Most of those who had presented to the hospital with toe walking ended up in the reverse and much worse problem of 'crouch gait' – walking with their knees and hips sinking downwards. Many were unable to sustain the effort of walking and opted to use wheelchairs instead. It became clear that clinical gait analysis played a major role in solving this particular problem and more generally informed the care and treatment of children with physical disabilities, especially spina bifida and cerebral palsy.

The hospital took on the challenge of developing the first purpose-built clinical paediatric gait laboratory in Australia.

The primary role of the laboratory is to provide objective assessment of children with physical disabilities impairing their gait. With a strong focus on patient-centred care, the information gathered in the laboratory supports parents and clinicians in advancing plans for various treatments to improve the gait which may include complex orthopaedic surgeries, rehabilitation programs and many other therapies.

The main cohort of patients is those with cerebral palsy, with about 120 new cases seen every year. However, there has been growing demand from other clinicians to use gait analysis on different populations. These include adolescents with hip disease and, increasingly, children with sports injuries.

Clinical gait analysis has opened the way to implement and develop new programs of medical, surgical and rehabilitative technologies for children with a wide range of disabilities.

Between 2005 and 2010, the team conducted the world's first randomised clinical trial of single-event multilevel surgery as a result of clinical gait analysis.

This study was published in the *Journal of Bone and Joint Surgery* in late 2011. The trial confirms that multilevel surgery based on clinical gait analysis achieves at least a 50 per cent improvement in walking ability. The overall results are the best yet reported.

A population-based study of the prevalence of severe crouch gait since the opening of the laboratory in 1995 showed the prevalence of severe crouch gait has been reduced from 25 per cent to an annual rate of 4 per cent or lower.

The laboratory is the first in the world to introduce 3D ultrasound as a routine measure to find joint centres more accurately and to monitor the effects of Botox injections on muscles.

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Silver winner

Western District Health Service

WDHS care coordination model

The difficulty in navigating healthcare for people with complex and chronic conditions is well recognised. Consultation at the Western District Health Service (WDHS) revealed that consumers were more impacted by navigation issues than any other issues, resulting in delayed or no access at all to services. About 30 per cent of clients were not accessing services early enough or at all.

The care coordination model (CCM) sought to overcome these issues by better managing service delivery to enhance integration between services. It has resulted in improved communication at transition points between services, consistent identification of needs and expanded care coordination for people with multiple needs. This has increased service access, client satisfaction and clinical outcomes. It has also shifted staff culture from a silo mentality to working as if they were one 'virtual organisation'.

The CCM aimed to address issues for people with complex and chronic conditions, specifically to improve communication at transition points of care, enhance the identification of needs and access to services, and expand care coordination for people with multiple needs who weren't being serviced by the Hospital Admissions Risk Program.

WDHS embedded consumer partnering from the start, including involvement in the vision setting, model development, staff engagement, process design, implementation and evaluation.



A phased approach was used to ensure achievable change. Consultation and planning occurred through work groups and forums with consumers, staff from across WDHS (acute, district nursing and primary care) and external agencies (Southern Grampians Shire and GPs). Consumer forums identified goals for service redesign, providing an effective way of focusing on achieving consumer needs.

Evaluation indicates a system that proactively identifies client needs, identifies those with complexity and provides coordinated care. This has been achieved across services, so that the care interface and information transition between acute, primary health, shire home and community care, and GPs have been significantly improved.

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Highly commended

Alfred Health

Advanced practice musculoskeletal physiotherapy services



The Alfred Physiotherapy Department has established three successful advanced-practice musculoskeletal physiotherapy services in partnership with the orthopaedic, neurosurgery, and emergency and trauma units.

These physiotherapy-led clinics include orthopaedic clinics and post-operative review clinics, neurosurgical screening clinics and post-operative review clinics, and emergency department primary contact musculoskeletal physiotherapy services.

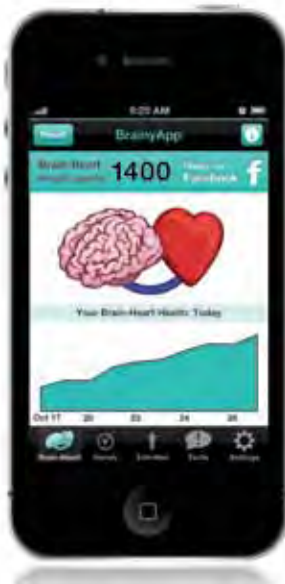
Nine musculoskeletal physiotherapists work across these services, providing a high-quality, sustainable model of care. Patients presenting with musculoskeletal conditions are seen by the physiotherapist instead of the traditional medical team. The significant number of patients diverted from medical lists has freed doctors to focus on more complex patients.

The patient journey has been improved with shorter waiting times, with patients seeing a surgeon only once screened and ready for surgical consultation, to enable fast conversion to surgery. Many patients are diverted from surgery to conservative management in the community.

These services have achieved excellent satisfaction rates from patients and staff.

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Optimising healthcare through e-health & communications technology

GOLD WINNER

Alzheimer's Australia

BrainyApp – using interactive technology
to facilitate dementia risk reduction behaviour

Gold winner

Alzheimer's Australia

BrainyApp – using interactive technology to facilitate dementia risk reduction behaviour

An increasing body of research suggests that certain lifestyle and health characteristics increase or decrease the risk of dementia, yet surveys reveal that many Australians are unaware of what they can do to reduce their risk. Importantly, there is very little awareness of the association with vascular risk factors, highlighting a need to educate the public that preventing or better managing vascular risk factors can reduce the risk of dementia.

BrainyApp, an innovative e-health smartphone and tablet application, was developed to increase awareness of dementia risk reduction among those in mid-life and younger. It provides customised tools on how to live a brain-healthy life and reduce the risk of dementia, and encourages ongoing health and lifestyle behaviour.

BrainyApp, the world's first dementia-risk reduction app, was developed in partnership with Bupa Health Foundation. It is based on Alzheimer's Australia's evidence-based dementia-risk reduction program, Mind Your Mind.

A project team, comprising experts from Alzheimer's Australia, Bupa Care Services and b2cloud, began development in May 2011 and the app was launched in November.

BrainyApp has several components. A brain-health survey assesses how brain-healthy a user is, based on a wide range of factors such as weight, diet and physical activity. A range of brain-health activities are divided into six categories: brain games, heart, body, diet, brain and habits.

The brain-heart health feature is a key element. It graphically shows the links between brain and heart health. Activities that increase points are encouraged – the higher the score, the healthier the brain and heart image appears. Scores and brain-heart graphic can be shared.

Another section provides interesting facts about the brain, dementia and brain-healthy activities. These may be shared, and a user can act on a particular fact with a related activity.

BrainyApp proved to be a highly successful project. Within 48 hours of its launch, there were more than 40,000 downloads, greatly exceeding the initial target of 2,000. It reached the number one position in Apple's App Store.

Due to international interest, BrainyApp was launched internationally on 28 November 2011.

Numerous requests for an Android version led to its launch on 23 July 2012.

There have been enquiries to translate BrainyApp into Spanish, Arabic, Dutch and Danish. A Spanish version is expected to be released later in 2012.

As at 22 August 2012, there have been a total of 223,361 downloads of BrainyApp. Ongoing marketing and promotion of the app continues in Australia and internationally.

The strength behind BrainyApp is that it is evidence-based and user-friendly. It generates awareness and facilitates the sharing of scores and information. It is a simple and engaging brain-health tool, allowing a user to rate and track their brain health.

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Silver winner

Western Health

OrthoAnswer – national orthopaedic patient resource

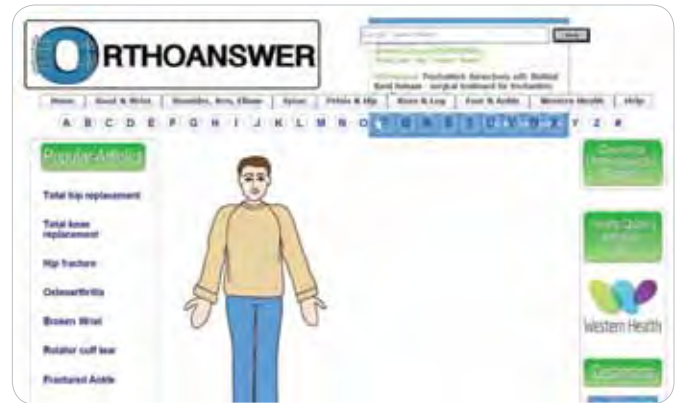
While the internet has the potential to revolutionise the delivery of medical care and information, there is growing concern about its unregulated nature and the poor quality and inconsistency of many websites that offer health information. Patients referring to 'Dr Google' may also feel a false empowerment to self-diagnose and treat, leading to potentially devastating results.

Those websites with factual medical information are often written using advanced medical language rather than plain English.

Orthoanswer.org is a collaborative interdepartmental volunteer project involving the Western Health orthopaedic department and medical students from The University of Melbourne, working with occupational therapists, physiotherapists, pharmacists and plaster technicians. The objective was to create a best practice patient-focused website, written in year 5–6 level English, created with the patients' needs and experiences in mind.

Hundreds of patients were interviewed and surveyed. Contributions from the occupational therapy and physiotherapy department helped create a comprehensive website containing 3,100 pages and 110 unique illustrations.

Posters were displayed in outpatients department. Pamphlets were developed so that treating doctors could recommend the website and also advise the patient of the correct diagnosis and recommended treatment.



The website receives more than 5,500 unique visitors per month.

The pamphlets have become part of the orthopaedic department's standard consent process.

The project has resulted in two invited keynote speaker plenary presentations at national conferences, five podium scientific paper presentations and four research articles currently undergoing submission to medical journals.

The significance and quality of the work has been recognised by the Australian Orthopaedic Association with \$90,000 of funding per annum to build a national system.

The website is continually developing and expanding with new content and images. With funding from the AOA to employ an e-learning coordinator, the stage is set for a nationwide uptake.

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Highly commended

Southern Health

iPad iCare field-testing project

The Southern Health Speech Pathology Department conducted an Australian-first field test of iPads as a therapy tool, communication support device and education tool. The project was conducted across five Southern Health sites over eight months.

The iPads were used by speech pathologists treating patients across the continuum of care including acute, subacute, inpatient and outpatient settings.

The iCare field-testing project was initiated in response to increased patient and family interest. Two additional drivers were a lack of published research and a multitude of applications. Speech pathology services identified a need to develop expert experience in iPad technology to provide patient-centred care.

The project identified barriers to iPad applications that warrant further consideration, including customising applications for clinical needs.

Overall, the trial demonstrated that mainstream technological advances can be adapted to increase participation in patients' healthcare, increase access to information and provision of therapy, and have positive impacts on functional decline.

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Excellence in supporting self-managed healthcare

GOLD WINNER

Diabetes Australia-Victoria

Pictorial self-management guides:
a simple solution for low health literacy

Gold winner

Diabetes Australia-Victoria

Pictorial self-management guides: a simple solution for low health literacy

Pictorial self-management guides are a unique suite of resources that target key diabetes self-management behaviours. Two-thirds of Australian adults have inadequate health literacy, which leads to poor self-care and health outcomes. People from Aboriginal and Torres Strait Islander and culturally diverse communities experience greater disadvantage in this regard.

To address the issue, Diabetes Australia–Vic (DA–Vic) consulted extensively with community members, health professionals and ethno-specific organisations to develop the guides, which make health information easy for everyone to understand.

The guides use photographic images and minimal words to depict appropriate foods, signs and symptoms, and desired behaviours. Demand for the pictorial guides has far exceeded expectations. They have proven to be a suitable resource for people with diabetes to explain complex self-management messages and overcome the barriers of low literacy.

The objectives of the project were to develop resources to educate people who have difficulty understanding written health information, and engage them in self-management; and to improve the health literacy of people with diabetes, particularly those from non-English speaking and Aboriginal and Torres Strait Islander communities. Literature and clinical guidelines were reviewed to ensure that methods and information were evidence-based and appropriate, and consumers and health professionals were consulted to ensure that all information was culturally appropriate, easily understood and relevant.

Key diabetes self-management behaviours and messages were identified for each of four booklets – healthy eating, exercise, foot care and general diabetes management.

Information was included from the most current nutrition, physical activity and diabetes management guidelines by the National Health and Medical Research Council and the Department of Health and Ageing.

The booklets were developed in English and distributed to consumers and health professionals working in the community for comment and changes were made accordingly.

The content, images and foods were then adapted for the culturally and linguistically diverse communities with the highest diabetes prevalence: Aboriginal and Torres Strait Islanders, Italian, Greek, Arabic, Vietnamese and Chinese.

The booklets were translated into five languages and printed in September 2011; the Aboriginal and Torres Strait Islander booklets were completed in February 2012.

Health professionals and consumers have provided extremely positive feedback about the pictorial guides.

The *Healthy eating* guide has been the most popular, with four reprints of the English version totalling 60,000 copies distributed in two years. By July 2012, more than 45,000 copies of the translated guides had been distributed since their launch in September 2011.

Interest and requests for the pictorial guides have come from interstate and overseas. Diabetes Australia state organisations in Western Australia and Queensland have adopted the guides. Images from the *Healthy eating* booklet have been adapted into a poster for nutrition classes in New Zealand.

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Silver winner

Peninsula Health

Better assessment – better health

Best practice chronic disease management requires client-centred, interdisciplinary care within a coordinated framework.

A Peninsula Health chronic disease working group gap analysis found staff and teams were predominantly working within their disciplines and programs. It also identified duplication and gaps within assessment practices that correlated with previous internal surveys revealing limited cross-referrals between disciplines and programs.

Further findings showed a lack of true client/carer involvement in the assessment process, diverse assessment practices between disciplines and programs, duplication of assessment, and lack of agreed protocols to guide and embed a systematic approach to chronic disease assessment and self-management across programs and disciplines.

In response, the Broader Needs Assessment (BNA) project was developed to assist clinicians meet the needs of clients with chronic disease/complex needs by improving the identification of their needs beyond the presenting issue, in a structured and systematic way. This was achieved by developing a client-centred tool with a strong focus on social determinants, lifestyle and behavioural risk factors. Consumers were engaged in the development and evaluation of the BNA template through working groups, surveys and completion of the Wagner assessment of chronic illness care tool.

A training session was conducted for 23 service providers involved in the pilot. This session highlighted a lack of knowledge relating to available internal services, leading to development of a resource guide outlining service description and referral criteria to support appropriate referral pathways.

Results show the BNA has enhanced person-centred care for clients with chronic disease/complex needs and has resulted in clearer identification of the clients' broader needs. Importantly, the BNA also assesses the clients' readiness and interest in change.

The BNA tool is now standard practice at Peninsula Health. A modified version has been adopted by Frankston City Council and the Mornington Peninsula Shire Home and Community Care assessment workers.

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Silver winner

The Royal Children's Hospital

Supporting parenteral nutrition administration at home for children with intestinal failure

The Royal Children's Hospital (RCH) is helping children with intestinal failure to better manage self-care by providing support for their families to provide parenteral nutrition at home.

Intestinal failure is a clinical condition resulting from massive bowel resection and/or functional bowel disorders. It is associated with a high mortality rate (20–30 per cent), and the care for survivors is complex and resource intensive. Typically, children with IF require parenteral nutrition to survive.

Parenteral nutrition (PN) is the provision of nutrients and fluid directly into the vein, bypassing the gut. The number of patients with intestinal failure (IF) has increased (around 20–40 new cases a year in Australia). Although these numbers seem relatively small, IF has a major impact on mortality, morbidity and quality of life, and the resources needed to support these children are enormous: from \$150,000 to more than \$1 million per patient each year.

Prior to the RCH Clinical Nutrition Program, children who needed PN had to stay in hospital – in some cases for more than seven years, only leaving to attend school, then returning to hospital to receive their PN. By default, these children were raised by nursing and medical staff.

The RCH established the Clinical Nutrition Program in 1993 and, within the first six months, three parenteral–nutrition dependent 'residents' were discharged, dramatically enhancing the lives of these children and their families, as well as saving more than \$800,000.

The RCH supports all children and adolescents from Victoria, Southern NSW and Tasmania requiring home parenteral nutrition. There has been a steady increase in annual prevalence from one in 1992 to 13 in 2012. The RCH supports more patients on home parenteral nutrition than any other paediatric hospital in Australia.

The outcomes of patients receiving long-term parenteral nutrition at the RCH are equivalent to the best and largest home parenteral nutrition programs around the world.

The program is recognised as providing excellence in the clinical management of patients with intestinal failure and influenced the decision to develop the Australian Intestinal Transplantation Program in Melbourne.

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Highly commended

Albury Wodonga Health

MY HEALTH, MY LIFE! Facilitating change management by embedding an ICDM interdisciplinary service model

In 2007, the Upper Hume Primary Care Partnership (UHPCP) participated in a statewide self-management mapping exercise that showed few staff had understanding of or training in self-management approaches. Additionally, there were no specific chronic disease self-management (CDSM) group programs in the Upper Hume catchment.

To address this, Albury Wodonga Health – Wodonga (AWH-W) Hospital Admission Risk Program team developed MY HEALTH, MY LIFE! (MHML!), an innovative CDSM program designed to reorient clinical practice towards self-management and engage rural and regional populations in self-management practices. MHML! comprises four group sessions followed by individual health coaching over six months. It is suitable for people at risk of developing chronic health conditions through to those with chronic and complex needs.

After a successful pilot, funding was secured from the Department of Health to trial MHML! in the Hume Region. This trial has led to further health services conducting MHML!

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