

Victorian Public Healthcare Awards

Showcase



Victorian Public Healthcare Awards

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Premier of Victoria

I am delighted to support Victoria's prestigious 2013 Victorian Public Healthcare Awards and I commend all the winners and finalists for their exceptional work and leadership in healthcare.

The depth and breadth of work undertaken in Victoria's world-class health system – whether it is delivered in acute, primary or specialist settings in rural, regional or metropolitan locations – is indeed of the highest calibre.

Victoria's healthcare agenda, articulated in the *Victorian Health Priorities Framework 2012–2022*, commits the Victorian Coalition Government and the healthcare sector to high-level improvements and innovation to deliver better and more sustainable healthcare for all Victorians.

The annual Public Healthcare Awards are a vital part of this work because they give us the chance to highlight and celebrate the exceptional efforts of our health service professionals and organisations to deliver on the framework's goals. Innovative, high-quality, patient-focused and sustainable healthcare is improving outcomes for patients and their families and setting the standard for healthcare into the future.

By conferring these awards, we are recognising Victoria's innovative, committed and exceptional individuals, teams and health services as we work to address the needs of patients with acute and chronic health conditions; collaborate to deliver a highly capable and engaged workforce; and undertake the reforms necessary to achieve the best outcomes available for patient's health and wellbeing.

One of the standout characteristics of Victoria's health system is the partnership and collaboration that occurs between health professionals, services, patients and their carers and family, all working together to provide a seamless service system with the patient at its centre.

The Alfred Health's winning entry in my 'Health Leader's Award for advancing healthcare – putting the patient first' exemplifies this commitment to excellence in patient-centred service provision, quality and safety, and working collaboratively. It demonstrates what can be achieved if we strive for better outcomes for patients, staff and organisations.

I congratulate all the winners and finalists. Their skills, dedication and achievements for the health and wellbeing of the Victorian community are to be applauded.



A handwritten signature in black ink that reads "Denis Napthine". The signature is written in a cursive, flowing style.

Dr Denis Napthine MP
Premier of Victoria

Minister for Health



The depth and breadth of Victoria's world-class healthcare is clearly evident in the entries received in the 2013 Victorian Public Healthcare Awards.

In particular, I'd like to acknowledge the people, programs and organisations who have been judged by their peers as the most outstanding.

The *Victorian Health Priorities Framework 2012–2022* sets out the government's agenda and key directions, and lays the foundations for Victorian healthcare now and into the future. These awards celebrate progress in the framework's priority areas and they demonstrate our commitment to partnering with the health sector to improve and enhance the health and wellbeing of all Victorians.

The diversity of the award-winning work showcased here demonstrates that great healthcare can be provided in all kinds of settings: rural and metropolitan, in multi-campus health services and small non-government organisations, by individuals, teams and collaborations between multiple agencies, and by private organisations as well as public health services.

I am particularly proud of the work the Victorian healthcare system has done to develop a highly capable and engaged workforce. My Health Leader's Award has four fine examples of how role redesign and new workforce models can lead to improved capacity and engagement, as well as exceptional outcomes for the community.

Their achievements stand as an inspiration for us all.

These awards celebrate both individual and collective successes. They provide an important opportunity for us to celebrate our efforts to foster a culture of excellence and innovation, quality and safety and leadership across the Victorian healthcare system.

Hon David Davis MP
Minister for Health

Minister for Mental Health



Mental illness and alcohol and drug misuse affect a large number of Victorian families.

The Victorian Government, in partnership with health services and the community, is committed to supporting the recovery of people with a mental illness and alcohol or drug addiction. We seek to give people access to the

best possible services, support and tools to get their lives back on track.

We do this by providing integrated services and working in collaborative partnerships to meet the needs of consumers. Services are engaging directly with consumers, their carers and other loved ones to ensure timely care and support.

The winners and finalists in the 2013 Victorian Public Healthcare Awards demonstrate the commitment to this approach in the mental health and alcohol and drug sectors over the past 12 months. Their work has delivered innovative solutions for better treatment and recovery programs that benefit thousands of Victorians.

The outstanding work undertaken by Barwon Health's Transformational Recovery Mentoring Initiative and Ballarat Health's Child and Youth Mental Health Service Redesign Demonstration Project shows the leadership needed to advance consumer-centred care into the future.

I commend all the entrants and encourage you to read about the outstanding work provided by Victoria's public healthcare system which aspires 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 winners and finalists of the 2013 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 reflects the Victorian Health Plan and the Victorian Government's commitment to achieving a strong health system underpinned by highly trained health professionals, delivering informed and informative services across the continuum of care.

The Awards recognise innovation and excellence in improving hospital and workforce capability, developing community-based health services, promoting healthy living, providing high quality healthcare information and patient-centred care and creating more effective healthcare outcomes for the Victorian community. The Awards recognise the quiet achievers and outstanding services and programs making our health system the best it can be.

Selecting the 2013 winners

The Awards Secretariat invites healthcare experts such as board members, chief executives, general managers, directors, clinicians, health researchers, quality managers, patient advocates, consumers, academics and policy advisors to assess the entries. In 2013 there were 102 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 2013 Victorian Public Healthcare Awards for their dedication and commitment to finding the best of the best in Victorian healthcare.



Judges at the 2012 Victorian Public Healthcare Awards gala ceremony, 21 November 2012

Judges

Chair of Judges

Hon Rob Knowles AO
Chair, Health Innovation
and Reform Council

Panel Chairs

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

Mr Peter Craighead
Chief Executive Officer
Latrobe Regional Hospital

Ms Georgie Crozier MLC
Parliamentary Secretary
for Health Parliament of Victoria

Ms Anna Green
Manager ICU Liaison Department
Western Health

Ms Wendy Hubbard
Executive Director - Sub-acute
& Community & Chief Allied Health Officer
Ballarat Health Services

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

Mr Demos Krouskos
Chief Executive Officer
North Richmond Community Health

Associate Professor Terry Laidler
Director Logical Ideas

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

Mr Robin Ould
Chief Executive Officer
The Asthma Foundation of Victoria

Dr Pradeep Philip
Secretary
Department of Health

Adjunct Associate Professor John Rasa
Chief Executive Officer
Networking Health Victoria

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

Mr Dan Weeks
Chief Executive Officer
West Gippsland Healthcare Group

Judges

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

Ms Briana Baass
Manager, Advisory
Ernst & Young

Dr Cathy Balding
Adjunct Professor,
La Trobe University / Director,
Qualityworks P/L

Associate Professor Ravi Bhat
Divisional Clinical Director/ Associate
Professor of Psychiatry Goulburn Valley
Area Mental Health Service/ Rural Health
Academic Centre

Ms Susan Biggar
Senior Project Officer
Health Issues Centre

Professor Christopher Bladin
Director, Department of Neurosciences
(Eastern Health) 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 Jo Bourke
Director Quality and Safety
Barwon Health

Ms Fiona Brew
Executive Director of Nursing
Maryborough District Health Service

Mr Harry Bryce
General Manager
Victorian Counselling
& Psychological Services

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 Thomas Callaly
Executive Medical Director
Barwon Health

Ms Amanda Cameron
Director of Nursing,
Midwifery & Clinical Services
Latrobe Regional Hospital

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

Mr Trevor Carr
Chief Executive Officer
Victorian Healthcare Association

Ms Amanda Charles
Risk Manager
Austin Health

Ms Julianne Clift
Director of Nursing
South West Healthcare

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

Dr Grant Davies
Acting Health Services Commissioner
Office of the Health Services
Commissioner

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 Hospital, Melbourne

Ms Frances Diver

Executive Director,
Hospital & Health Service Performance
Department of Health

Ms Andrea Doric

Intensive Care Service Projects
& Research Coordinator;
Clinical Deterioration CNC
Eastern Health

Ms Mary Draper

Chief Executive Officer
Health Issues Centre

Dr John Elcock

Director, Medical Services
Northeast Health Wangaratta

Dr Sue Evans

Head, Clinical Registry Unit,
School of Public Health
and Preventative Medicine
Monash University

Dr John Fabre

Principal Consultant
Serco Consulting/Hiser

Mr Peter Fitzgerald

Executive Director,
Strategy & Policy
Department of Health

Dr Simon Fraser

Senior Paediatrician
& Chief Medical Officer
Latrobe Regional Hospital

Ms Jacqi Gibson

Consumer Volunteer
Cystic Fibrosis Victoria Inc.

Ms Margaret Goding

Associate Director
Asia Australia Mental Health

Ms Louise Greene

Director Business Improvement
the ideal consultancy

Dr Sabine Hammond

Executive Manager,
Science & Education; Honorary Professor
Australian Catholic University/
The Australian Psychological Society Ltd

Ms Tanya Hendry

Manager Consumer Participation
& Patient Experience
Eastern Health

Dr Jane Hendtlass

Coroner
Coroners Court of Victoria

Dr Sophie Hill

Head, Centre for Health
Communication & Participation
La Trobe University

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 Sue Kearney

Manager, Health Promotion
Dental Health Services Victoria

Ms Sandra Keppich-Arnold

Associate Director of Nursing
& Operations, Alfred Health

Mrs Sue Kirska

Director of Pharmacy
Peter MacCallum Cancer Centre

Ms Nicole Kondogiannis

General Manager
Organisational Development
Doutta Galla Community Health Service

Mr Michael Krieg

Chief Executive Officer
St John of God Ballarat Hospital

Mr John Krygger

Chief Executive Officer
South West Healthcare

Mr Allan Layton

Life Governor and former Board
President, Alexandra District Hospital

Associate Professor Erwin Loh

Executive Director,
Medical Services, Innovation & Quality
Monash Health

Ms Deidre Madill

PR Manager
Echuca Regional Health

Mr Steven McConchie

Group Director,
Clinical Audit, Innovation & Reform
Epworth HealthCare

Ms Fiona McKinnon

Group Manager,
Allied Health and Community Programs
St Vincent's Hospital Melbourne

Professor John McNeil AM

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

Ms Jane Miller

Director, Strategy and Improvement
The Royal Children's Hospital

Ms Lyn Morgain

Chief Executive Officer
Western Region Health Centre

Ms Lauren Newman

Education Manager
Portland District Health

Mr Gregg Nicholls

Chief Executive Officer
MonashLink Community Health Service

Mr Ormond Pearson

Chief Executive Officer
Bass Coast Community Health Service

Adjunct Professor David Plunkett

Executive Director -
Acute Health / Chief Nursing
& Midwifery Officer, Eastern Health

Ms Merrin Pictor

Director of Primary Care
Echuca Regional Health

Ms Anne Robinson

Divisional Operations Director -
Medical and Critical Care
Goulburn Valley 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 Julie Russell

Director of Clinical Services
Kyabram and District Health Services

Ms Jacinta Russell

Clinical Business Manager & Manager
Pathology Services
Goulburn Valley Health

Mr Simon Ruth

Director - Services Victorian
AIDS Council

Mr Doug Scott

Executive Manager - Professional
Practice (Service Provision)
The Australian Psychological Society Ltd

Mr Andrew Smith

General Manager, Clinical
East Wimmera Health Service

Associate Professor Simon Stafrace

Director, Alfred Psychiatry,
Alfred Health/Adjunct Associate
Professor, Monash University

Ms Mary-Jane Stolp

Quality and Risk Manager
Catholic Homes

Mr Andrew Stripp

Chief Operating Officer
Alfred Health

Dr Michael Summers

Senior Policy Advisor Assistive
Technology Suppliers Australiasia Inc

Ms Anne-Maree Szauer

Director Integration and Development
Northern Metropolitan Medicare Local

Ms Valerie Thiessen

Director IT Projects & Business
Applications, Northern Health

Adjunct Professor Debra Thoms

Chief Executive Officer
Australian College of Nursing

Ms Therese Tierney

Chief Executive Officer
Bairnsdale Regional Health Service

Ms Felicity Topp

Chief Operating Officer
Peter MacCallum Cancer Centre

Mr John Turner

Chief Executive
Bentleigh Bayside Community Health

Ms Janney Wale

Consumer Volunteer

Mr John Walker

Director Communications
and Engagement
Northern Metropolitan Medicare Local

Associate Professor Tony Walker

ASM General Manager
Regional Services Ambulance Victoria

Ms Marg Way

Director, Clinical Governance
Alfred Health

Mr Andrew Way

Chief Executive Officer
Alfred Health

Ms Belinda Westlake

Information, Quality and Risk Manager
Moyne Health Services

Ms Jennifer Williams

Chief Executive
Australian Red Cross Blood Service

Ms Jane Williamson

Program Manager
Paediatric Integrated Cancer Service

Ms Janet Wood

Board of Management
Northern Metropolitan Medicare Local

Ms Pauline Wright

Executive Manager Families
& Communities
Bellarine Community Health



Premier's Awards

Primary health service of the year

Winner

Western Region Health Centre

Highly commended

Banyule Community Health

Highly commended

EACH Social and Community Health

Rural health service of the year

Winner

Rochester & Elmore District Health Service

Highly commended

East Wimmera Health Service

Highly commended

Moyness Health Services

Regional health service of the year

Winner

Barwon Health

Highly commended

Ballarat Health Services

Highly commended

Northeast Health Wangaratta

Metropolitan health service of the year

Winner

Eastern Health

Highly commended

Austin Health

Highly commended

Western Health

Health Leader's Awards

Premier's Award for advancing healthcare – putting patients first

Winner

Out of the dark: timely quality care - After Hours Working Group

Alfred Health

Highly commended

Maternal Fetal Medicine Centre

Mercy Public Hospitals Inc

Highly commended

Consumer Led Advance Statement Project Team

Western Region Health Centre

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

Winner

Nurse Endoscopy Service Initiation Team

Austin Health

Highly commended

The Allied Health Assistant Leadership Team

Alfred Health

Highly commended

Advanced Musculoskeletal Physiotherapy Competency Team

Alfred Health & Monash Health

Highly commended

Indigenous DA Trainee Program

Dental Health Services Victoria

Minister's Awards

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

Winner

Transformational recovery mentoring initiative

Barwon Health

Highly commended

Our time playgroup

Melbourne Health

Highly commended

Rumbalara Traditional Healing Centre

Rumbalara Aboriginal Cooperative Ltd

Secretary's Award for improving patient outcomes and patient experience

Winner

Dr Ken Armstrong

Bendigo Community Health Services

Highly commended

Closing the Gap film team:

Julia Blackshaw, Georgina Hanna and Dean Heta

Melbourne Health

Highly commended

The SMART Clinic -

a SMART partnership in managing palliative care patients

Western Health

Outstanding achievement by an individual or team in healthcare

Winner

Wellness and Supportive Care Team

Austin Health

Highly commended

Community Programs, Aboriginal Health Team

Banyule Community Health

Highly commended

Royal Melbourne Hospital

Code Stroke Team

Melbourne Health

Outstanding achievement by an individual or team in mental healthcare

Winner

Child and Youth Mental Health Service Redesign Demonstration Project

Ballarat Health Services

Highly commended

Early in Life Mental Health Service

Monash Health

Highly commended

Achieving an improvement in mental healthcare - a collaborative approach

Northern Health

Private hospital excellence

Winner

North Melbourne Dialysis Clinic

Diaverum Pty Ltd

Highly commended

Brunswick Private Hospital

Brunswick Private Hospital

Highly commended

Neuro-oncology Service

Cabrini Health

Health Lifetime Achievement Awards

Winners

Dr Eric Fairbank AM

Associate Professor Leslie Reti

Clinical Adjunct Associate Professor

Alison Mary Street AO

Healthcare Innovation Awards

Optimising the health status of Victorians

Gold winner

Antimicrobial Stewardship:
Improving the quality
of antimicrobial prescribing
Alfred Health

Silver winner

A healthy start to life -
the early years approach
Orbost Regional Health

Highly commended

The Life! Helping you prevent diabetes,
heart disease and stroke program
Diabetes Australia-Victoria

Excellence in supporting self-managed healthcare

Gold winner

Leaping the exercise paradox
for at risk consumers
North Yarra Community Health

Silver winner

Oral health service access
Monash Health

Highly commended

An aquatic approach to balance
retraining for falls prevention:
The Ai Chi based group 'Aquabalance'
Western Health

Excellence in person-centred care

Gold winner

Nocturnal in-centre haemodialysis
- the paradigm shift
St Vincent's Hospital Melbourne

Silver winner

A state-wide long term
follow-up program where survivors
of childhood cancer are the focus,
and their future the goal
Paediatric Integrated Cancer Service

Highly commended

Global mealtime guide
Western Health

Excellence in quality healthcare

Gold winner

Joint replacement surgery reviews
conducted by physiotherapists:
a safe and effective model
Melbourne Health

Silver winner

Victorian Stroke Telemedicine
Bendigo Project
The Florey Institute of Neuroscience
and Mental Health and Bendigo Health

Highly commended

Investigating practices relating
to malnutrition in Victorian
cancer services
Peter MacCallum Cancer Centre

Excellence in service provision

Gold winner

Active Lorikeets: early intervention
paediatric allied health services
Gippsland Lakes Community Health

Silver winner

End of Life Care Project
Kyabram and District Health Service

Highly commended

Supported conversation volunteers
St Vincent's Hospital Melbourne

Optimising healthcare through e-health & communications technology

Gold winner

Mobile wound care
Latrobe Community Health Service

Silver winner

Bridging the patient specimen labelling
gap using positive patient identification
for blood collection
Alfred Health

Highly commended

E-queuing at Austin Health
Specialist Clinics
Austin Health



An abstract geometric pattern featuring white dotted lines on a dark teal background. The background is covered in a grid of small, solid teal dots. Overlaid on this are various geometric shapes and lines formed by white dots. These include horizontal and vertical lines, right-angled corners, and several circular outlines. Some of the shapes are complete, while others are partial, creating a sense of movement and architectural structure. The overall effect is a complex, layered visual texture.



Primary health service of the year

WINNER

Western Region Health Centre

Primary health service of the year

Western Region Health Centre

Western Region Health Centre (WRHC) is a not-for-profit community health organisation that employs around 330 staff to deliver a range of services including community and allied health, medical, dental, counselling, mental health, health promotion and support and outreach to people and communities in Melbourne's west.

In addition, WRHC delivers innovative statewide programs such as the Refugee Health Nurse Coordination and Multiple and Complex Needs Initiative, as well as providing leadership through the Health Champions project in 14 local government areas (LGAs) across Victoria.

WRHC's operating budget for 2013–14 is \$32 million and the centre provides services to around 15,000 people each year.

The centre operates from 19 sites across six LGAs: Maribyrnong, Hobsons Bay, Brimbank, Melton, Wyndham and Hume. These areas include some of the most socially and economically disadvantaged areas in Victoria, as well as some of the fastest growing communities in Australia.

Providing services to disadvantaged communities and people who have difficulty accessing health services is a priority for WRHC.

WRHC coordinates the Refugee Health Triage service across the North & West Metropolitan Region to ensure appropriate health screening and referral to primary health services for asylum seekers released into the community on Bridging Visa E.

In July 2012 WRHC launched its Reconciliation Action Plan, and recently completed an Aboriginal Employment Action Plan which is already leading to an increase in Aboriginal staff at the agency through dedicated positions and traineeships.

WRHC participated in Gay and Lesbian Health Victoria's How2 training and has established a working group to ensure its services and practice are welcoming and provide a safe environment for quality healthcare.

WRHC also auspices the Zoe Belle Gender Centre's (ZBGC) Youth Suicide Prevention Project. The centre works in collaboration with ZBGC to increase professional knowledge and understanding of the needs and interest of gender-diverse people. WRHC has also undertaken research, in partnership with the Australian Institute for Primary Care and Ageing (LaTrobe University), aimed at better understanding the provision of primary healthcare to vulnerable clients.

Barkly Arts Centre, a WRHC service, delivers the Benchmark Program, which is a unique program of cultural outreach to young men from pan-African communities (predominantly South Sudanese). The program engages a large number of young men who have complex needs due to troubled histories as child soldiers and victims of war in the form of a mobile music program.

WRHC partners with consumers, carers, fellow healthcare providers, local, state and Commonwealth government agencies, as well as providers from other sectors such as education, transport, training, justice (legal) and housing.

An example of WRHC's collaborative work in this area is the organisation's leadership during the development of the Better Health Plan for the West which brought together 21 agencies, including councils, health providers and regional advocacy organisations.

Over the past two years, WRHC has undertaken a range of development projects to remove barriers to smooth healthcare journeys, particularly for those for whom access to health services is difficult or confronting. This includes a model of consumer co-design, which is currently being piloted in whole-of-life wellness plans.

From July 2012, WRHC also started reporting against its performance framework 50,000 lives to monitor performance against the WRHC strategic plan 2011–15. The 50,000 lives framework derives its name from the fact that in the coming three years WRHC will help around 50,000 people.

The Health Champions Project supports health promotion workers in 14 LGAs across metropolitan and rural Victoria. The project assists Healthy Together communities to recruit, train, support and celebrate the work of voluntary health champions.

WRHC creates networks through which health champions can support and learn from each other, access up-to-date and authoritative health information and be linked in with local and statewide organisations.

WRHC is also a strong advocate for the promotion of the proposed Brimbank Health and Education precinct, and together with the Centre for Ethnicity and Health and Health West, WRHC is involved in the Health Literacy Development Project aimed at building the health literacy capacity of health and community services.

Recognising the impact family violence has on the health and wellbeing of women, WRHC developed STAMP (Supporting Traditional African Mediators Program). The program works closely with community leaders from African Australian communities to strengthen families and prevent family violence. Following the success of this model, a new project, the Upscale Project, is being delivered with the Burmese community in the west.

The Victims Assistance and Counselling Program developed a psycho-educational DVD, Once Upon a Crime as an internal grant project. The animated DVD introduces different symptoms of acute stress disorder that may occur soon after a person has been a victim of crime. Once Upon a Crime is making a significant contribution to the recovery of victims of crime. It is currently being used across Australia and in training delivered by West CASA for counsellors working in Fiji and Vanuatu.

To assist self-management for people living with hepatitis C, WRHC provides the CHOICES group program run at Health Works. The program has improved service integration between Health Works and the Integrated Chronic Disease Management teams and promotes the principles of chronic disease self-management.

Through the community engagement plan Your Health Your Say, WRHC works to listen to and understand its community through a comprehensive range of participation and engagement strategies. The centre's extensive community engagement is contributing directly to the development of regional initiatives.

In total, WRHC's work provides health leadership and excellence in healthcare for the diverse communities it serves, including newly arrived and emerging communities, in a fast-growing area. WRHC's work demonstrates its commitment to working in partnership with other agencies and in collaboration with the community.

Contact

Lyn Morgain
Western Region Health Centre
E: lynm@wrhc.com.au



Highly commended

Banyule Community Health

Banyule Community Health (BCH) is a stand-alone community health service delivering services to the people of Banyule and surrounding areas from centres in West Heidelberg and Greensborough.

Located in the former Olympic Village at West Heidelberg, BCH has built strong connections and partnerships with one of the most marginalised communities in the state.

With an operating budget of \$12 million, 174 staff and over 60 volunteers, BCH works to address social determinants of health and to improve the health outcomes of the community through a diverse range of programs.

These programs run across the continuum of care and include general medical practice, allied health, drug and alcohol services, health promotion, counselling, gambler's health, mental health nursing, dental care and Aboriginal health.

BCH continues to work to engage the local community in healthcare provision from program development through to hiring and prevention strategies. Over the last twelve months the service has provided care to 13, 800 people.

Contact

Jim Pasinis
Banyule Community Health
E: jim.pasinis@bchs.org.au

EACH Social and Community Health

EACH Social and Community Health (EACH) has over 35 years of experience in providing leadership and excellence in social and community health services.

With an annual budget of \$46 million and a total of 725 staff, EACH's mission is to build healthy and inclusive communities.

EACH offers 150 programs including: mental health services; disability and older persons' services; employment and social enterprise; primary health, dental and children's services; counselling (alcohol and drug, gambler help, victims of crime, bushfire recovery); youth and family; housing; and health promotion.

In 2012–13, EACH provided services to more than 11,500 new consumers from 24 Victorian locations. The service also handled approximately 30,000 phone requests, received more than 15,000 referrals and managed more than 30,000 episodes of care.

In the past 12 months EACH has focused on strengthening its partnerships with Victorian communities. It has achieved a 22.6 per cent increase in Aboriginal and priority group clients, and exceeded six of 18 QICSA accreditation standards.

Contact

Peter Ruzyla
EACH Social and Community Health
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Rural health service of the year

WINNER

Rochester & Elmore District Health Service

Rural health service of the year

Rochester & Elmore District Health Service

Rochester & Elmore District Health Service (REDHS) is a progressive health organisation delivering excellence and innovation in quality person-centred care in Rochester, northern Victoria.

REDHS was established in November 1993 following the amalgamation of the Rochester and District War Memorial Hospital and the Elmore District Hospital. The organisation currently serves 6,500 people in the major townships of Rochester and Elmore as well as a number of smaller communities.

REDHS has an annual budget for 2013–14 of \$11.6 million and has recorded a surplus over the past three financial years.

REDHS employs 220 people who provide primary, acute and aged care services. This consists of 30 high-care and 30 low-care residential aged care beds, including one respite and 10 dementia-specific beds. Acute health services consist of 12 inpatient beds, including one palliative care bed, an urgent care centre and day procedure unit. An innovative and progressive primary care and community health service enables continuity of care across all services.

Over the last 12 months REDHS has launched its Strategic Plan 2013–16. The new plan outlines the five pillars to lead REDHS in the future as: people and culture; great care and service development; community engagement and partnerships; social, economic and environmental sustainability; and systems and business excellence.

In accordance with these goals, REDHS opened a new Education Hub in 2012. The Education Hub provides a positive learning environment for rural placements, ensuring students are more likely to return to the area as health professionals.

To enhance staff recruitment and retention, REDHS also runs the Northern Rivers Graduate Program (NRGP) and the Allied Health Assistant (AHA) Strategic Plan. The NRGP has led to three new graduates employed at REDHS, and the AHA plan has resulted in a fourth AHA.

With a focus on education, REDHS boasts the only nurses in regional Victoria to have completed a Certificate IV in Dementia Practice and over the past 12 months 15 enrolled nurses have expanded their scope-of-practice qualifications. Training extends to all REDHS staff with six board members and the chief executive officer completing a company directors course in the past 18 months.

Total student placement days have also increased by 51 per cent between 2011 and 2012, and are projected to increase by a further 21 per cent in 2013. To support these placements, REDHS has converted an existing house into staff and student accommodation.

The recent REDHS People Matter survey has validated these educational initiatives, with overall job satisfaction growing from 78 per cent in 2011 to 85 per cent in 2012.

A major flood event in 2011 resulted in 80 per cent of Rochester residences being inundated with floodwater and total evacuation of REDHS's newly redeveloped facility. In response to this devastating event, REDHS demonstrated leadership by providing responsive health services and both short- and long-term support to 217 families and 505 individuals.

Serving an area with an ageing population, REDHS's Transition Care Program (TCP) provides goal-orientated, time-limited and therapy-focused care to help older people at the conclusion of their hospital stay. Providing care in the REDHS hostel or people's homes, the TCP program enabled 100 per cent of community-based patients to regain their independence and remain in their homes, and increased the health literacy of all participants.

To ensure REDHS continues to provide effective service, along with two other rural health services and La Trobe University, the organisation is currently involved in an innovative research project to identify emerging health needs in the community.

REDHS prides itself on improving people's ability to better manage their own health by encouraging participation in their own care. REDHS supports a purpose built Men's Shed which over the past year has increased operation to five days per week.

REDHS also has a range of successful and practical programs aimed at chronic disease prevention and patient self-management including: Healthy Eating Activity and Lifestyle Program for people with type 2 diabetes or heart disease; Better Health Self-Management, for people living with a chronic disease; Fitness for Older Adults Program; and the Community Kitchen Program.

Improved service coordination at REDHS has provided streamlined person-centred care across all primary care services.

In partnership with a neighbouring aged care provider, REDHS has introduced the National Respite for Carers Program (NRCP) to provide centre- and home-based respite programs. Palliative care processes have also been thoroughly reviewed and improved over the past 12 months with residential aged care residents now supported to discuss end-of-life care plans with their families and staff.

Risks have been minimised with a new risk management framework implemented across the organisation in 2012. The initiative culminated in Report a Risk Week, where staff learned to use the risk matrix and reported risks from around the health service. A new REDHS Strategic Quality Plan has also been developed.

The past year has also seen improvements made in clinical and corporate governance at REDHS through improved data collection, analysis, trending and presentation formats.

Better internal efficiencies have allowed increased funds to be devoted to a range of programs. As a result, in 2012–13 REDHS achieved significant growth in day procedure unit (DPU) activity with an increase in surgical procedures of 119 per cent. The organisation also recorded a 28 per cent increase in primary care occasions of service (excluding flood related services) over the same period.

Embracing technological innovation, in 2012–13 REDHS initiated a major upgrade of residential aged care software system and business systems. The organisation also consolidated and expanded a range of e-health practices including video conferencing and telehealth services.

The growth in services offered at REDHS has been matched by growing recognition in the community.

The organisation's new slogan, 'REDHS – much more than a hospital' fittingly encapsulates REDHS's growing excellence in providing diverse, responsive and person-centred health services in rural Victoria.

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Highly commended

East Wimmera Health Service

East Wimmera Health Service (EWHS) is a vibrant, fully accredited, multi-campus health service situated in the north-west of Victoria.

EWHS is an amalgamation of three local hospitals and two bush nursing hospitals. It encompasses the townships of Birchip, Charlton, Donald, Wycheproof, and St Arnaud, with a total population of approximately 10,000 people.

Administering a \$23 million budget and with 355 staff, EWHS offers urgent care services at five sites, and acute medical beds and residential aged care beds at four sites.

Due to devastating flooding in 2011, the Charlton campus has been working out of a temporary site offering only urgent care during business hours. Construction of a new Charlton campus is currently underway, with a projected opening in September 2014.

EWHS is currently transitioning from its traditional bed-based service delivery model to a community-based preventative model of care. This change has led to the steady expansion of community-based services offered.

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Moyne Health Services

Moyne Health Services (MHS) is Victoria's oldest rural health service, established in 1849 in a four-bedroom cottage in the seaside hamlet of Belfast (now Port Fairy).

Port Fairy today is a busy tourist township year round, particularly in March during the Port Fairy Folk Festival. The regional population is also ageing, with almost 39 per cent of the population aged 60 or more.

MHS includes a 15-bed acute care hospital, a 30-bed nursing home, a 52-bed hostel and 42 community aged care packages. With annual revenue of \$12 million and 194 personnel, MHS had 50,501 admissions in 2012–13.

MHS continues to grow and deliver service excellence. In 2012–13 the service began planning for a new community health centre, obtained a state government grant to upgrade the nurse call communication system, and achieved ACHS accreditation from the Hospital and achieved Aged Care Standards Agency (ACSA) with a perfect score.

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Regional health
service of the year

WINNER

Barwon Health

Regional health service of the year

Barwon Health

Barwon Health is the largest regional health service in Victoria, playing an integral role in meeting the health needs of 350,000 people who live in the Geelong region. It employs more than 6,000 staff across 21 sites. Barwon Health also provides more complex, specialist health care to an additional 150,000 people in the wider region.

Barwon Health is the biggest employer in the region, and boasts a volunteer workforce exceeding 1,000 people. Care is provided through: a large, complex public hospital with over 400 in-patient beds and associated services; a further 100 subacute beds and services at the McKellar Centre; aged care services provided through the McKellar Centre and a satellite site; a total of 16 community-based sites; outreach clinics and home-based services. Barwon Health continues to have full accreditation across all areas of the organisation, including acute, subacute and aged care.

Financially, Barwon Health is a strong organisation with good leadership and fiscal management which has delivered a surplus for the third year in a row without sacrificing performance, quality or safety.

In the past year Barwon Health has demonstrated increased focus on improvement initiatives, working to identify and engage in improvements that are system-wide and sustainable, rather than overly project-oriented.

In addition to healthcare innovation and leadership, Barwon Health is also recognised as a leader in sustainability. A smarter approach to recycling at Barwon Health is resulting in less waste sent to landfill and less carbon being produced, with landfill waste cut from seven skips a day to three.

This approach has seen Barwon Health use the highly awarded Closed Loop Organics System. Under the system, recycled food waste is supplied to a local farm which in turn provides produce to FoodSkil – a social enterprise in the northern suburbs of Geelong that gives socially disadvantaged residents access to affordable, sustainable, fresh and healthy food.

The Barwon Health workforce is highly trained and supported across all levels of the organisation.

Organisational values play an important role and are reinforced at staff forums and meetings, and on murals and 'values posters'. Values and leadership skills are embedded in the recruitment and training of new staff. Assisting with training, Barwon Health has launched an online learning portal for new staff and has adopted the Harvard Manage Mentor program for managers.

Barwon Health works with the Northern Futures organisation to address long-term intergenerational unemployment in the northern suburbs of Geelong. The Northern Futures program recently saw five people trained and subsequently employed at the Barwon Health North Geelong campus as personal care workers (PCW) in aged care, and a further four PCWs are in training.

The past year has seen heightened focus on the role of clients. Barwon Health clients play a vital role in ensuring all publications and resources for patients are readable and accessible, and sit on committees to assist and guide the development of new programs and services. Barwon Health is also involved in a wide range of initiatives aimed at improving the health literacy of clients and the local community. This includes the Drug Action Week: Recovery Journeys Expressed art exhibition; the mental health Conversations That Matter series; regular mental health first aid workshops; Barwon Mental Health Week; Healthy Together Geelong; Blokes Day Out Festival; and Community Kitchens Network.

New models of care that promote self-management, particularly for chronic conditions, and incorporate health and wellbeing are currently being implemented. Successful programs include CDM-Net, a diabetes self-management program with over 5,000 clients participating in partnership with their GPs.

Barwon Health Mental Health, Drugs and Alcohol Services (MHDAS) supports client self-management by embedding the recovery philosophy of care across all service teams and has developed a truly integrated model of primary mental health care and primary care. Access to MHDAS has been made easier due to the co-location of four primary mental health services with Barwon Medicare Local's primary mental health services. Further, the MHDAS 'Lived Experience' (client and carer) Workforce helps to ensure more effective and inclusive service design.

To meet the needs of its large refugee population, Barwon Health has initiated a Refugee Health Nurse Program (RHNP) based at the Corio Community Health Centre. The program seeks to optimise the long-term health of refugees through disease management and prevention, and the development of referral networks and collaborative relationships with general practitioners and other health providers.

Looking to build on recent successes, Barwon Health has undertaken a number of new initiatives to improve the patient experience. The use of 'experience cards' has resulted in feedback from 2,283 clients. This feedback has been used to train and assess 515 staff in positive communication.

A partnership with Deakin University also led to a cohort of patients using technology to record vital signs in their own homes and transmit results automatically to trained nursing staff. By targeting clients with diabetes, the project has reduced emergency department presentations and empowered people in their own healthcare management.

The past year has seen Barwon Health increase collaboration across the region. Oncology staff now visit Hamilton both in person and via telehealth, Barwon Health ICU provides support to Hamilton and Warrnambool and the Barwon Health ED provides urgent care support for hospitals in Lorne and Apollo Bay. In addition to sharing clinical expertise, Barwon Health also shares non-clinical expertise in human resources and communications and marketing to smaller health service agencies in the region.

Barwon Health is acknowledged as a leader across Australia in the use of knowledge information and information technology. During 2012–13, Barwon Health expanded CISCO VXi infrastructure and is the first health service in South East Asia to use this innovative mobile technology.

Barwon Health's work in its region shows the demonstrable value in putting the patient at the centre of healthcare processes and actively collaborating with its partners and the community. It is an outstanding example of a regional health service.

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Highly commended

Ballarat Health Services

Ballarat Health Services (BHS) is the principal referral centre for the Grampians Region, covering a catchment of 48,000 square kilometres and providing services to almost 250,000 people.

With an annual budget of \$350 million and 3,849 staff, BHS provides a comprehensive range of health services, including acute, subacute, residential, community care, mental health and rehabilitation. BHS also supports other health services in the region by providing complex and specialist services.

The development of the BHS Strategic Plan 2013–16 and a master plan of facilities provide a sound basis for future planning and development. Work underway has already resulted in the completion of the Ballarat Regional Integrated Cancer Centre and an upgrade of the BHS power supply, with planning for a mother–baby unit, helipad, and 20-chair dental clinic, among other upgrades.

BHS continues to provide outstanding service to patients and in 2012–13 achieved 101.5 per cent of its acute patient target.

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Northeast Health Wangaratta

Northeast Health Wangaratta (NHW) is a 202-bed principal health service and major employer for the rural City of Wangaratta, serving a catchment of around 100,000 people.

NHW has a high level of self-sustainability and is a referral hospital for the Hume Region. It provides a wide range of services including a 24-hour emergency department, paediatrics, inpatient rehabilitation, home-based nursing, oncology, dialysis and residential aged care. In 2012–13, NHW employed 1,112 staff and managed a budget of \$103 million.

This year NHW celebrated 140 years as a regional health service, treating 20,833 patients in the emergency department, providing care for 16,534 inpatients, delivering 571 babies and performing 5,571 operations.

NHW also initiated a number of building and accreditation upgrades. The service achieved full accreditation under EQulP National and HACCC, completed purpose-built dental and outpatient clinics and commenced construction of a new day-procedure theatre and day-stay unit.

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Metropolitan health service of the year

WINNER

Eastern Health

Metropolitan health service of the year

Eastern Health

Eastern Health delivers clinical services to more than 750,000 people in the Eastern Metropolitan Region of Melbourne, through eight clinical programs in 29 locations.

Eastern Health provides a comprehensive range of high-quality acute, subacute, palliative care, mental health, drug and alcohol, statewide specialist, residential care and community health services.

With more than 9,000 staff and volunteers, Eastern Health manages an annual budget of \$750 million and delivers more than 800,000 episodes of patient care each year.

Eastern Health continues to grow as a benchmark metropolitan health service, providing high-quality, cost-effective and timely care to communities in the east.

Supporting this growth, in April 2013 Eastern Health launched its new three-year People Strategy focused on attracting, developing, engaging and retaining staff to strengthen the culture of the organisation. It also implemented an internal research grants program sponsored by the Eastern Health Foundation.

Eastern Health demonstrates a strong commitment to staff reward and recognition at a local and organisation-wide level. Annual awards are presented recognising outstanding performance, exemplary values and loyal service. As part of this initiative, casual staff numbers have been reduced to just 0.4 per cent of the total nursing workforce, an 83 per cent reduction since 2008–09.

Eastern Health works with two Medicare Locals to optimise region-wide planning priorities and in March 2013 Eastern Health launched its inaugural Strategic Clinical Service Plan after extensive community engagement and feedback.

To advance its commitment to closing the gap in health status and outcomes between Aboriginal and non-Aboriginal Australians, Eastern Health signed a Statement of Intent with local Aboriginal Elders at a joint meeting in August 2012. Since this meeting, 56 statements of intent have been installed (with local ceremonies) across all sites in Eastern Health.

Eastern Health has also both broadened its engagement with the Aboriginal community with 53 per cent of Aboriginal health visits now taking place at home or school.

Eastern Health is at the forefront of providing excellence in self-managed healthcare, which is demonstrated by the Victorian-first Brief Intervention Clinic at Maroondah Hospital for people who present with thoughts of self-harm. The clinic facilitates patient access to a range of community support services including accommodation, relationship counselling and financial assistance.

Eastern Health also offers an Integrated Diabetes Education and Assessment Service to empower people with type 2 diabetes to manage their general health and prevent diabetes complications.

As part of an innovative, school-based, health promotion and help-seeking program for Year 9 students on mental health and substance abuse, this year Eastern Health developed the highly acclaimed animated movie Under Construction which discusses adolescent brain development and the impact of alcohol and risky drinking.

Procedural innovation has led Eastern Health to redesign community pain management services to enhance the quality of life of terminally ill patients. This fast-tracking of emergency department patients to Eastern Health's palliative care pathway has effectively reduced first-visit waiting times for the pain management clinic by 43 per cent.

In addition to Eastern Health's Centre for Patient Experience, this year the service successfully introduced a 'mystery shopper' program to inform outpatient redesign, and initiated monthly patient and staff surveys in every ward.

Eastern Health has been working to address concerns identified in patient assessments about communication, noise and variability in meal quality. Initiatives include implementing new communication protocols and performance standards, commencing an in-house interpreter service, enhancing staff training and introducing iPad visual menus.

These changes have resulted in a marked increase from January 2012 to June 2013 in patient's positive feedback – from three per cent to 25 per cent of total feedback.

Eastern Health is continually improving access to the health service. An access management initiative in 2010 led to reduced average length of stays across acute, subacute and mental health inpatient programs.

This was strengthened with the implementation of the Eastern Health Integrated Access Unit based at Wantirna Health, and further improvements made to the interface between the emergency departments and the general medicine units. The new model for general medicine provides a seven-day service including daily senior decision-making ward rounds and daily multidisciplinary care-planning huddles to ensure all inpatients have a daily documented assessment and care plan.

These innovations have freed the general medicine unit's capacity to treat an additional 128 patients per annum and reduced 24-hour emergency department stays from 566 in 2008–09 to zero in 2012–13.

Productivity and efficiency at Eastern Health have also improved over 2012–13. The four-year Economic Sustainability Strategy has resulted in more than \$81 million of financial improvement and a 2013–13 budget surplus of \$1.8 million.

Eastern Health has been a recognised leader in the provision of services in patient's own homes and their local community. This includes increasing own-home services (in the acute phase of care), increasing 'in reach' services to residential care facilities, and increasing access to HARP chronic care programs.

The past 12 months have also seen a significant increase in same-day acute care services at home and the expansion of access to 24-hour medical care.

Internal analysis indicates that Eastern@Home services save 50 per cent of the inpatient equivalent bed-day cost while achieving unequivocally higher levels of patient and family satisfaction.

Eastern Health continues to be a lead agency for the introduction of e-health initiatives. Eastern Health has introduced Cerner Millennium, an integrated electronic medical record. The service also uses SMS technology to send patient reminders, distributes radiology results on handheld devices, and provides nation-wide one-to-one text chat to enable specialist counsellors to provide timely service 24-hours a day.

Through its work in metropolitan Melbourne, Eastern Health provides healthcare leadership and excellence that demonstrate its commitment to the health and wellbeing of the metropolitan communities it serves.

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Highly commended

Austin Health

Austin Health is a major academic public health service providing healthcare, health professional education and research to the north-east of Melbourne, and a range of highly specialised services to the whole of Victoria.

Austin Health is one of Victoria's largest healthcare providers employing over 8,000 people and serving a local catchment population of approximately 1.28 million people with 965 beds across acute, subacute and mental health. It has a 2013–14 annual operating budget of \$750 million.

In 2012–13 the Austin Hospital emergency department was the busiest in Victoria with 73,454 people presenting. Over this period Austin Health treated 93,004 inpatients and 176,485 outpatients.

Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities. It also boasts a significant research commitment through Austin LifeSciences, attracting \$25 million in research grants in 2012–13.

Austin Health has a deserved reputation as an innovative, progressive and patient-focused health service.

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Western Health

Western Health provides healthcare to around 800,000 residents of a broad geographic area in the west and north-west areas of Melbourne.

Western Health employs more than 6,100 staff across three main hospital campuses, one day hospital, one transition care centre and one residential aged care facility.

Thousands of patients also receive Western Health services in community settings or in their homes.

Western Health covers one of the fastest growing and most socioeconomically, culturally, and age-diverse regions in the state. Over the past year Western Health has responded to a 15.4 per cent increase in births while simultaneously implementing evidence-based initiatives to increase support for older patients.

In 2012–13 Western Health managed 108,881 inpatient admissions, 172,540 outpatient visits, 122,830 emergency department presentations and 121,812 community and care coordination service appointments.

Western Health is strongly aligned with both The University of Melbourne and Victoria University and is committed to harnessing and adapting the best healthcare solutions from around the world.

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Premier's Award for advancing healthcare – putting patients first

WINNER

Out of the dark: Timely, Quality Care
– After Hours Working Group

Alfred Health

Winner

Out of the dark: Timely, Quality Care – After Hours Working Group

Alfred Health

Last year, the Alfred embarked on a hospital-wide initiative to ensure all patients receive timely, quality care (TQC) consistent with their clinical needs. As part of this initiative, 'the hospital at night' was identified as a key area of interest.

To develop a new model to influence change across the organisation at night, the TQC – After Hours Working Group (TQC – AH) was formed. It is a collaborative group of senior medical, nursing, educational and administrative staff.

This group conducted extensive preliminary work, detailed overnight observational assessments of staff workloads, data analysis, task and role profiling and comprehensive consultation. This work revealed that care at night was delivered by disparate staff, working as individuals rather than a coherent team, with poor communication, handover and paging practices.

Further, a culture among junior night staff of maintaining rather than progressing care was identified, with 'non-acute' tasks, procedures and investigations being left for the morning.

To address these issues, the TQC – AH developed and introduced a new model of care in February 2013, which included a new team structure and roles, processes to streamline care and centralisation of task management. An After Hours Clinical Lead (medical) and After Hours Clinical Operations Manager (nursing) were introduced to work together to effectively manage the hospital's resources and staff at night.

With experienced staff selected for the clinical lead and clinical operations manager, junior staff members were able to easily communicate with and detail issues and suggestions to senior staff overnight. The presence of senior staff overnight facilitated further training opportunities for junior staff in both the medical and nursing teams.

While 'the hospital at night' is only one component of TQC at Alfred Health, and improvements in care cannot be attributed to this initiative alone, it is already widely considered to be a success.

The average time spent in Emergency and Trauma Centre prior to admission has reduced by 41 minutes for patients arriving between 9 pm and 8 am and the average percentage of patients admitted within four hours has markedly improved. Handovers are now structured and meet all accreditation standards, and staff feedback has been overwhelming positive.

The TQC – AH has exemplified a team approach. Effective leadership has ensured TQC at night has staff engaged at every step. The result is a model that improves patient care, upskills the junior workforce and develops leadership skills in the consultants of tomorrow.

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Highly commended

Maternal Fetal Medicine

Mercy Hospital

Maternal Fetal Medicine (MFM) focuses on the care of women and their babies with complex medical, obstetric or fetal complications.

In 2005 Mercy Hospital for Women formalised the development of the MFM Centre. The centre was developed in recognition of the increasing complexity of the obstetric population, and the imperative to provide tertiary obstetric support to pregnant women with critical care, surgical or medical morbidities at Austin Health.

The vision for the MFM Centre is that advancing patient care depends not only on excellence in clinical practice, but a commitment to answering the research questions of today that will benefit the pregnancies of tomorrow, and prioritising the education of students and clinicians who will care for these future pregnancies.

This integration of professional domains has attracted some of the best trainees and MFM specialists to the centre, ensuring that the expectations of pregnant women today will continue to be met.

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Consumer-led Advance Statement Project Team

Western Region Health Centre

In 2011, Western Region Health Centre (WRHC) established a consumer consultant team consisting of five workers with a lived experience of mental illness.

In 2012, the team received an internal grant to explore the opportunities and challenges of implementing advance statements – written instructions that document an individual's preferences for treatment and care during a future mental health crisis or period of incapacity.

During their research, the team identified a lack of knowledge about advance statements in the community. Responding to this they developed an advance statement workshop informed by their first-hand lived experience of people with a mental illness.

The workshop places learning about advance statements in the context of stories told by people who Victoria's new Mental Health Act seeks to support.

WRHC's consultant team has shown outstanding leadership successfully and proactively introducing community members and practitioners to the advance statement workshop, ahead of the introduction of Victoria's new Mental Health Act.

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

WINNER

Nurse Endoscopy Service Initiation Team

Austin Health



Winner

Nurse Endoscopy Service Initiation team

Austin Health

The National Bowel Cancer Screening Program (NBCSP) saves up to 500 lives each year but it has also placed great pressure on waiting lists for colonoscopies at health organisations around Australia.

To relieve pressure on waiting lists, Austin Health has pioneered the introduction of Australia's first nurse-led endoscopy training package and service.

While advanced nurses perform colonoscopies in the USA and UK, this approach was not part of the medical culture in Australia where only doctors are qualified to perform this procedure.

To begin the process of change, Austin Health assembled an Endoscopy Advanced Practice Nurse (EAPN) Project Team to introduce a nurse endoscopy program that would produce excellent health outcomes for patients, gain strong support from clinicians and lead the way for other programs around Australia.

As a result of the EAPN team's efforts, Joseph Joman began as Australia's only trainee nurse endoscopist in August 2011.

Over the course of his training, Joseph successfully completed all of the competencies set by the EAPN team, undertook advanced training in endoscopic procedures and performed over 500 successful supervised colonoscopies.

In February 2013, Joseph began running his own patient lists and performing independent colonoscopies. Since June 2013, he has performed 88 independent colonoscopies, identifying 47 patients with polyps, 36 with adenomas and three with colonic cancers.

Patients undergoing the procedure with Joseph have experienced no complications. He has successfully detected bowel changes such as pre-cancerous polyps at a rate that is above average in the Austin's Endoscopy Unit. His 'successful completion' rate is also above average.

For patients in the nurse-led endoscopy service, time spent on waiting lists for colonoscopies has halved from around 16–20 weeks to eight weeks. The number of patients on the waiting lists is also lower and specialist gastroenterologists now have more time to help patients with more complicated conditions.

Feedback shows that patients also feel comfortable with nurses and this leads to better communication and education.

Austin Health has implemented changes to hospital policy and procedures to support the role of nurse endoscopists and Joseph leads a wide range of services including the education of staff across the hospital.

The Austin Health model is helping other hospitals to implement training for nurse endoscopists to reduce waiting lists across Australia. Joseph is now a resource for all endoscopy staff and a role model for new nurse endoscopy trainees in Victoria and Queensland.

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Highly commended

The Allied Health Assistant Leadership Team

Alfred Health

The Alfred Health Allied Health Assistant Leadership Team has led various initiatives to increase Alfred Health's allied health assistant (AHA) workforce since 2009.

Increasing AHA numbers is instrumental to improving the satisfaction, recruitment and retention of Allied Health staff by ensuring that non-complex tasks are undertaken by AHAs rather than by professional staff.

After pioneering methodology to scope, identify and quantify non-complex tasks being undertaken by allied health professionals, the AHA leadership team successfully restructured Alfred Health's workforce. As a result Alfred Health's AHA workforce grew by 36 per cent, to comprise 15 per cent of the total allied health workforce.

During this process, the workforce was engaged and consulted extensively, and changes were facilitated by natural attrition.

The Alfred Health Allied Health Leadership Team has led the way across Victoria in increasing the use of AHAs to meet growing patient demand and reduce the pressure on staff workloads.

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Advanced Musculoskeletal Physiotherapy Competency Team

Alfred Health and Monash Health

In mid-2012 Paula Harding, Jonathan Prescott (both Alfred Health) and Annie Pearce (Monash Health), formed a team to develop a workplace competency-based learning and assessment resource to support advanced musculoskeletal physiotherapy services within the Victorian public health sector.

To develop this tool, the team harnessed the contribution of physiotherapists from across Victoria, used an existing Monash Health competency framework and methods adapted from the vocational education and training sector.

The result, the Advanced Musculoskeletal Physiotherapy Competency Based Learning and Assessment Resource, includes: a competency standard for all advanced musculoskeletal physiotherapy services; a learning-needs analysis tool; self-directed learning modules; an adaptable learning and assessment plan; and all the assessment tools required to conduct the competency assessment.

This competency resource provides a more targeted and time-efficient approach to education, training and competency assessment. Its development has only been possible as a result of the outstanding leadership and collaborative approach undertaken by the team.

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Highly commended

Indigenous Dental Assistant Trainee Program

Dental Health Services Victoria

Dental Health Services Victoria (DHSV) is helping to 'close the gap' between the health outcomes of Aboriginal and non-Aboriginal people by supporting the recruitment of Aboriginal and Torres Strait Islander staff. This recruitment works to encourage more Aboriginal patients to seek dental care.

During August 2012, the DHSV Workforce Development team introduced the Indigenous Dental Assistant Traineeship Program. Initially DHSV looked to recruit three Aboriginal trainee DAs. This goal has been achieved and exceeded, with seven trainees now involved in the program.

Since the implementation of the program, the number of dental patients identifying as Aboriginal or Torres Strait Islander who are accessing care has increased by 30.9 per cent at the Royal Dental Hospital Melbourne, and 14.9 per cent statewide.

The DHSV team's innovative thinking has both provided a meaningful dental employment pathway and allowed more Aboriginal and Torres Strait Islander people to access care than ever before, working to close the gap in dental healthcare.

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

WINNER

Transformational recovery mentoring initiative
Barwon Health



Winner

Transformational recovery mentoring initiative

Barwon Health

Over the past two years the Barwon Health Mental Health, Drugs and Alcohol Service (MHDAS) has taken a unique approach to tackling the fundamental culture change required for recovery-oriented service delivery.

Through leadership displayed in the Recovery Mentoring Project, MHDAS has boldly challenged historical practice and the medical model.

The project has achieved transformation by engaging the Barwon Health workforce in a two-year conversation about recovery. During this time, teams were invited to design their own practice change.

The Recovery Mentoring Project had five main components: understanding the issues and resistance to change; training; recovery mentoring; self-directed service transformation; and stakeholder engagement.

It is important to note that the initial reaction to the 'recovery' agenda was met with almost unanimous resistance. Clinicians generally believed that they already worked within a recovery-orientation and that there was no need for change.

Since the project, the attitude change has been overwhelming. Over 200 staff, including all psychiatrists employed, have attended recovery-orientated service training.

The Barwon MHDAS executive's decision to engage the workforce in a self-directed change process is a unique approach. To do this, the executive wrote to all staff on two occasions to commit to the recovery agenda and to support staff to prioritise mentoring. The MHDAS leadership teams then implemented changes using behaviour-modelling and healthy debate as guiding principles. Imbedding recovery mentor groups within teams caused a ripple effect where ideas became routinely challenged between staff. This led staff to come to their own conclusions and embrace the change.

The leadership shown by the recovery mentors was exceptional. Despite initial resistance from their teams, recovery mentors became change agents for the service transformation.

The major barrier to cultural change was this resistance. The pre-survey indicated that resistance stemmed from fear and a lack of knowledge. These knowledge gaps were addressed by encouraging debate among staff, engaging staff in training and allowing natural leaders to emerge and mentor their teams.

The ripple effect of the project means that there is now a culture at Barwon Health that is ready to embrace the change required for recovery-oriented care. Staff across the service are changing practice to actively improve outcomes for patients.

The project has not only achieved a complete attitude change in staff who now constantly question the status quo, but has also led to fundamental change in the way patients interact with the service.

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Highly commended

Northern Area Mental Health Service: Our Time playgroup

Melbourne Health

Our Time is a supported playgroup for parents with a mental illness and their children aged zero to five years old.

This unique program is delivered by a mental health clinician, a parent support worker and a parent-peer leader with lived experience of mental illness.

Our Time is an initiative of the Northern Area Mental Health Service (NAMHS) and is delivered in collaboration with Anglicare Victoria.

Participants describe the playgroup as a special environment that is safe and non-discriminatory, where they do not feel judged or different. In this way, the playgroup improves parents' confidence and parenting skills, while also enhancing children's development by facilitating happy and sociable play.

The Our Time team have shown patience, persistence, and adaptability in the implementation and delivery of a playgroup that cleverly balances flexibility and structure. The positive mental health results for the participants are a credit to the team.

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Rumbalara Traditional Healing Centre

Rumbalara Aboriginal Cooperative Ltd

Rumbalara Aboriginal Cooperative is a leader in providing innovative, proactive, community controlled, accountable and culturally safe services to about 6,000 Aboriginal and Torres Strait Islander people living in the Hume and Loddon Murray regions in Victoria and into southern NSW.

Funded with a one-off grant from the Healing Foundation, Rumbalara's Traditional Healing Centre is designed to reduce the impact of unresolved intergenerational grief and trauma by reconnecting local Aboriginal people with their culture and proud heritage.

The project began in January 2011 and after extensive community involvement and consultation, the Healing Centre opened in May 2013.

From May–June 2013 the centre provided 144 relaxation massages, an ABFE session for five people and 14 men's and women's programs to 22 participants.

Rumbalara's Healing Centre has demonstrated outstanding leadership through its innovative and visionary approach to maximising outcomes through shared resources, and its commitment to using traditional healing approaches to reduce chronic mental health and substance abuse problems.

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Secretary's Award for improving patient outcomes and patient experience

WINNER

Associate Professor Ken Armstrong

Bendigo Community Health Services

Winner

Associate Professor Ken Armstrong

Bendigo Community Health Services

Associate Professor Ken Armstrong is the Senior Community Paediatrician at Bendigo Community Health Services (BCHS).

He has been at the forefront of children's health and wellbeing services for over 20 years, and is internationally recognised as a researcher, author, teacher and consultant.

His enduring devotion to children and their families and his advocacy on their behalf, particularly those who are vulnerable or at-risk, inspires and models how to effectively and compassionately respond to community needs.

His professional expertise in children's health, development and wellbeing is well documented. Despite his professional acclaim, from patients and colleagues at BCHS he is simply and affectionately known as Dr Ken.

His appointment to the position of Senior Community Paediatrician at BCHS in 2005 occurred at a time when BCHS was reviewing its strategy around early intervention for children in an under-resourced environment.

Within the first 12 months of Ken's appointment there was significant service development, rapid growth and an organisational shift in how BCHS related to families and their children.

Over the past eight years, Ken has been instrumental in the design, planning and implementation of BCHS as regional 'kidz space' where the health and wellbeing of children and their families comes first.

At BCHS Ken has worked tirelessly to assemble a multidisciplinary paediatric team, design and develop a multidisciplinary early assessment and diagnosis autism clinic, integrate referral pathways and protocols, and develop a business case to both secure program sustainability and ensure access and patient affordability.

As a result of his visionary work, members of the community have better access to specialist paediatric and interdisciplinary assessment and early intervention services. Furthermore, parents and families are meaningfully engaged in care through the BCHS family-centred practice model.

Ken's appointment has led to new pathways into teaching, learning, research and development that previously appeared impossible in a community setting.

Ken's patients and their families speak at every opportunity of the admiration they have for Ken as a person and caring professional. Parents appreciate Ken's understanding and knowledge but even more so, the sense of hope he imbues as parents face life-long learning about their children's needs, health and wellbeing.

The establishment of the child health service and all it has achieved would not have been possible without Dr Ken Armstrong. His leadership, direction and contribution in a region with an underserved community have provided outstanding results for children and families.

Contact

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Highly commended

Closing the Gap film team: Julia Blackshaw, Georgina Hanna and Dean Heta

Melbourne Health

Aboriginal and Torres Strait Islander people have unique health needs and cultural requirements. In recognition of these specific needs, Julia Blackshaw, Georgina Hanna and Dean Heta of The Royal Melbourne Hospital Allied Health Department came together to produce two important films.

Launched in March 2013 as part of national Close the Gap Day, the first film is aimed at the Aboriginal community. It demonstrates Melbourne Health's efforts to provide culturally safe care and empower Aboriginal people to be full partners in their own care. The second film, launched the same day, is aimed at engaging staff to be part of this positive change.

With limited experience, the three staff members involved worked tirelessly to produce a high-quality product. In doing so, they have strengthened relationships with the Aboriginal community, and engaged both the community and healthcare staff to improve the health outcomes of Aboriginal people.

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The SMART Clinic – a SMART partnership in managing palliative care patients

Western Health

Western Health (WH) and Mercy Palliative Care (MPC) provide care in the western metropolitan region of Melbourne, a culturally, socially and economically diverse growth corridor with a population of approximately 800,000.

In 2007 WH and MPC developed a successful outreach palliative care program. The program enables a WH palliative medicine consultant to provide care and advice to patients in their own homes or at the MPC clinic.

After consultation between WH and MPC, the collaborative SMART clinic (Symptom Management, Referral and Response Team) commenced in May 2012 at the Western Hospital, Footscray.

As a result, it is now commonplace for patients to be referred to the SMART clinic from oncology, referred and admitted to MPC and be seen by the WH palliative medicine consultant in their home.

This innovative approach allows people to avoid receiving palliative care in an acute hospital bed and instead receive end-of-life care at home according to their wishes.

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2023-2024

2023-2024



Outstanding achievement
by an individual or team
in healthcare

WINNER

Wellness and Supportive Care Team

Austin Health

Winner

Wellness and Supportive Care Team

Austin Health

Seizing the opportunity provided by the development of the Olivia Newton-John Cancer and Wellness Centre (ONJCWC), Austin Health's Wellness and Supportive Care Team in Cancer Services has pioneered the development and implementation of an innovative wellness program that recognises and reduces the impact of cancer on the individual and their family and carers.

Under the leadership of Christine Scott and Tammy Boatman, the past 12 months have seen the team launch a unique program to promote the physical, psychological, informational, social and spiritual wellbeing of people affected by cancer.

Numerous professional and patient consultations assisted the Wellness Team's identification of the top five previously unmet needs of cancer patients as fatigue, worry, pain, sleep and nervousness.

These findings form the basis for the ONJCWC Wellness Program, with core services including oncology massage and acupuncture, group support and exercise programs, music and art therapy, a cancer information and community engagement service and drop-in support. Tailored group programs also equip patients and carers with active management strategies.

Since the Wellness Centre's opening in July 2012, the team has supported over 10,000 visits. In 2012–13, as a direct result of the efforts of the wellness team, the number of professionally facilitated groups available for patients has more than doubled, with 60 group support programs and a total of 863 attendees. Remarkably, a recent survey of patients and carers demonstrated that 100 per cent of users felt they benefitted from the centre's services.

Ongoing fundraising support through grants and donations has ensured the continuation and expansion of the wellness program, with the professional team growing from five members to the present 13.

The wellness team has spent a focused 18 months establishing strong alliances with community partners, and team members have delivered a number of presentations at symposiums and conferences. More than 40 cancer services volunteers have also been trained over the last 12 months, helping to create a welcoming and supportive environment in the wellness centre.

The ONJCWC wellness team has overcome entrenched attitudinal and practical barriers to deliver a quality program. As a direct result of their outstanding work, wellness is now seen as an essential component of best-practice cancer care in Victoria.

The team's commitment to the integration of wellness with clinical cancer care will see effective, evidence-based complementary and supportive therapies continue to enhance the wellbeing of patients and families affected by cancer into the future.

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Highly commended

Community Programs, Aboriginal Health Team

Banyule Community Health

The Banyule Community Health West Heidelberg site provides stand-alone community health services in one of the most disadvantaged locations in Victoria.

In the last 18 months, the health service and the local Aboriginal community have established an Aboriginal Health Team to address access issues that had been identified.

During research and consultation, the Aboriginal community advised Banyule Community Health to collaborate with well-connected community members to reach out and support people to use the service.

As a result, the Aboriginal Health Team initiative began in January 2012 to facilitate Aboriginal employment and retention at Banyule Community Health.

The Aboriginal Health Team is the result of collaboration between Banyule Community Health and Aboriginal community leaders. It has led to a 16 per cent increase in the use of health services by the local Aboriginal community in 2012–13.

The Aboriginal Health Team has also generated sustainable employment and education opportunities within the Aboriginal community and promoted vital cross-cultural learning.

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The Royal Melbourne Hospital Code Stroke Team

Melbourne Health

In 2011, as part of a continuous improvement program, The Royal Melbourne Hospital began to reorganise the coordinated stroke response system with the aim of reducing door-to-needle times for stroke thrombolysis.

The key elements of the new system are pre-notification by Ambulance Victoria before the arrival of stroke patients in the emergency department. The stroke team and a member of the emergency department nursing staff then meet patients at triage and move straight to a CAT scan. Every other step in the process has also been streamlined.

As a result of the initiative, door-to-needle time was reduced from 43 minutes to 25 minutes in the first six months of operations, and to 20 minutes in the second six-month period.

This significant, life-saving benefit to patients has been achieved through the motivation of paramedics, emergency department staff, radiographers and the coordinated stroke team – all without any need to increase staff numbers or other resources.

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Outstanding achievement
by an individual or team
in mental healthcare

WINNER

Child and Youth Mental Health Service
Redesign Demonstration Project

Ballarat Health Services



Winner

Child and Youth Mental Health Service Redesign Demonstration Project

Ballarat Health Services

The Grampians Region Child and Youth Mental Health Service (CYMHS) Redesign Demonstration Project has achieved regional and systemic change across a number of clinical and non-clinical sectors.

Led by Ballarat Health Services and supported by 16 consortium agencies, the CYMHS Redesign Project implemented a range of reforms to deliver a mental health system that is more accessible, collaborative and focused on early intervention for infants, children and youth aged 0–25 years.

This four-year project has provided a unique opportunity to partner with young people, families, carers and the community, to implement innovative reform in the delivery of child and youth mental health services across the 48,000 square kilometre Grampians Region.

To replace the Child and Adolescent Mental Health Service, which closed in September 2011, the CYMHS launched two accessible, evidence-based, patient-centred and family-inclusive teams as part of the redesign project.

With extended hours of operation and earlier intervention, the Ballarat Health Services Infant and Child Mental Health Service (for people 0–14) and the Youth Mental Health Service (15–25), have resulted in a 37 per cent increase in referrals, a 36 per cent increase in mental health assessments and a 105 per cent increase in the number of infants, children and young people receiving treatment by Ballarat Health Services Mental Health Services.

In addition, a reallocation of resources has enabled a 25 per cent increase in clinical positions in the rural and remote Wimmera Region. This recruitment and retention of skilled staff has further increased access to mental health services in rural and remote communities.

Another key achievement of the project was the introduction of a formalised secondary consultation model within Ballarat Health Services Mental Health Services and continued investment in early intervention evident by the extension of the Cool at School Together program to kindergarten children.

The CYMHS project's region- and system-wide interagency service coordination model supports children, youth and their families with multiple and complex needs through a formalised system and culture that supports clinical and non-clinical organisations to cooperatively share information and undertake care planning. The project's cross-sector education and training has resulted in 803 individuals representing 36 organisations participating in the inter-sectoral workforce development program.

Ambitious in its scope, the CYMHS Redesign Demonstration Project has delivered many achievements to date. This project emphasises the importance of effective leadership capability, expertise and excellence in building a sustainable mental health system that maximises opportunities to intervene earlier to better meet the needs of children and young people aged 0–25 years.

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Highly commended

Early in Life Mental Health Service

Monash Health

Early in Life Mental Health Service (ELMHS) provides tertiary mental health services to infants, children, adolescents, youth (0–25) and their families in the Southern Metropolitan Region.

To ensure the continued provision of flexible and responsive mental health services to these demographics, ELMHS developed and implemented a new organisational and clinical model.

This model uses existing resources to provide services to the greatest number of young people and their families by shifting emphasis away from 'all or nothing' care coordination to instead focus on supporting, educating and mentoring the various community services already providing mental health and related services.

ELMHS now provides a wider-ranging and more integrated and coordinated tertiary service, while continuing to provide full care coordination for patients with complex presentations and shared care or guided care for others.

ELMHS' revised focus demonstrates an outstanding ability to innovative and collaborate to respond to broad needs in the community.

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Achieving an improvement in mental healthcare – a collaborative approach

Northern Health

The Northern Police and Clinician Emergency Response (NPACER) is an innovative collaborative patient-care improvement project developed between Northern Health, North West Mental Health, Victoria Police and Ambulance Victoria.

In mid-2012 NPACER was developed to deal with the significant and sustained increase in mental health presentations – particularly 'section 10' patients who present following apprehension by police – to the Northern Hospital emergency department.

This collaborative approach involves embedding an experienced CATT clinician with a uniformed police officer based at Epping Police Station. When police attend an incident involving someone who appears to be mentally ill, the clinician is able to conduct an immediate assessment to determine the most appropriate course of action.

To date this change in care and assessment has resulted in significant improvements to patient care and improved access for this marginalised group within the community. Further, the initiative has strengthened relationships and cooperation between the partner organisations.

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Private hospital excellence

WINNER

North Melbourne Dialysis Service

Diaverum Pty. Ltd.

Winner

North Melbourne Dialysis Service

Diaverum Pty. Ltd.

Diaverum is one of the world's leading providers of renal care with almost 20 years' experience, operations spanning 18 countries and a patient base of over 22,000. In Australia, Diaverum manages and operates seven clinics.

Diaverum's North Melbourne Dialysis Clinic is a 16-chair facility, which opened in 2009 as a result of strong local demand for dialysis services. From its inception, the clinic was built with the aim of implementing a nocturnal dialysis service.

Nocturnal dialysis is not a new innovation, as many patients perform this treatment themselves at home. A clinic-based nocturnal service, however, was not at this time available at any private dialysis facility in Australia.

Diaverum's North Melbourne nocturnal dialysis in-centre service has been of great benefit to patients. It offers flexibility to maintain employment, studies and family life and provides a warm and homely atmosphere to help patients feel 'at home' and relaxed during treatment.

The establishment of the nocturnal clinic required Diaverum to overcome several challenges including obtaining night staff, securing 24-hour access to the building, and gaining the support of referring nephrologists.

After a slow start, the number of patients at the clinic grew beyond capacity. In June 2012, a licence application was approved to increase the overnight bed numbers from eight to 16, and within a short time, the nocturnal shift was at capacity.

Over a seven-month period, the clinic investigated a range of quality-of-life indicators to assess nocturnal patients using the clinic. This investigation revealed that the nocturnal patients experienced significant positive improvements in their overall energy levels, appetite and quality of day, and decreases in their medication consumption.

These improved results have led to a range of beneficial flow-on effects. The increase in energy levels improved patients' financial situation, with some patients able to return to work. Increased appetite also led four-of-five surveyed patients to move closer to their ideal body weight, suggesting improved nutritional statuses.

By allowing daytime to be 'returned to normal' with non-productive sleep time used for haemodialysis treatment, patients reported significant improvements in the quality of their family life. Further, the need for antihypertensive medication was significantly reduced by using overnight dialysis.

Recognised by the company globally, the success of the North Melbourne clinic has led clinic-based nocturnal dialysis to become a strategic focus for Diaverum worldwide. Three countries have recently implemented a similar program and more Diaverum clinics in Australia are planning to offer the service.

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Highly commended

Brunswick Private Hospital

Brunswick Private Hospital

Brunswick Private Hospital was created from the complete transformation of an old and poorly run business, Vaucluse Private Hospital

After identifying a shortage of private rehabilitation beds in the outer northern and western suburbs, in 2009 the new leadership at Brunswick Private discontinued most of the acute services and aligned the business to rehabilitation and medical services.

In order to offer specialist rehabilitation a new gymnasium and hydrotherapy pool were constructed along with new patient rooms, reception and car park. The facility is now clean, bright and spacious, offering primarily single room accommodation.

While the hospital's physical transformation has been remarkable and provides visible evidence of changes, it is the business and cultural shift that has been the biggest achievement.

Under the new management, both patient and staff satisfaction have continued to improve. Brunswick Private now boasts a deserved and growing reputation for delivering rehabilitation services structured around the needs of the community.

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Neuro-oncology service

Cabrini Health

Cabrini is a not-for-profit private health service provided from six clinical sites in south-eastern Melbourne. Founded in 1948, it is owned by the Missionary Sisters of the Sacred Heart of Jesus.

Cabrini is the only private health service providing specialist, multidisciplinary neuro-oncology services from diagnosis to bereavement.

There are currently 65 patients who have primary, malignant brain tumours and complex needs in Cabrini's care. For each patient and their family, Cabrini's dedicated clinical nurse consultant coordinates multidisciplinary care.

Although only representing two per cent of primary malignancies in Australia, patients with malignant brain tumours have the highest potential years of life lost and a diagnosis brings heavy burdens to patients, families, carers, health systems and communities.

Cabrini's nurse consultant intervenes early to provide care to these patients. Cabrini is the only service in Victoria to visit patients in their homes, providing holistic and continuous care to patients and support to their families.

Contact

Neuro-oncology Service
Cabrini Health



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Dr Eric Fairbank AM

Dr Eric Fairbank has recently retired after working in palliative care at South West Healthcare since 1984. In this time he has made a huge contribution to palliative care not only in the Barwon-South Western Region but also throughout Victoria as a whole.

Dr Fairbank studied medicine at Melbourne University, graduating in 1968. He completed a two-year internship at the (then) Warrnambool and District Base Hospital before moving to Box Hill Hospital to undertake training in anaesthetics.

After two years working as a GP on Manus Island, Dr Fairbank settled in Warrnambool in 1974 where he took up a position as general practitioner in the Cambourne Clinic. Over the ensuing 39 years, Dr Fairbank has become a highly valued member of the community.

In 1984 Dr Fairbank was a founding member of the Cancer Support Team based at the Warrnambool and District Base Hospital. In 1986 he became Medical Director of Palliative Care and in 1989 took up the position of part-time Regional Palliative Care Medical Officer.

Dr Fairbank has maintained an ongoing interest in the wider palliative care movement. He was an early member of the Palliative Medicine Study Committee of the Anti-Cancer Council of Victoria (now the Palliative Medicine Group within The Cancer Council).

He has also been involved in the activities of Palliative Care Australia and Palliative Care Victoria from their beginnings. Similarly he was a foundation member of the Australian Society of Palliative Medicine and in the year 2000 was admitted as a Fellow of the RACP's Australasian Chapter of Palliative Medicine.

Dr Fairbank has written a number of important publications to assist medical practitioners, patients and their families. He also provides frequent palliative care presentations and tutorials in Victoria's south-west. He is always available to patients, family members, GPs, nursing staff and medical students. When consulted, Dr Fairbank will sit down and talk to people at their own level, in their own language.

Dr Fairbank sincerely practises what he preaches and is a champion of promoting health and wellbeing. He maintains a high level of physical fitness and jogs, cycles and swims.

Dr Fairbank's work has had a profound effect on the Barwon-South Western Region – on his colleagues, students, nurses, palliative care staff, volunteers, and most importantly on patients and their families. His work has helped shape the way palliative care is delivered in Warrnambool, and his influence is now felt nationwide and internationally.

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Associate Professor
Les Reti

Associate Professor Les Reti's commitment to Australian women's health and public health as personal physician, innovator and advocate is without peer.

A senior gynaecologist at The Royal Women's Hospital (the Women's), Dr Reti has committed himself to improving not just clinical obstetrics and gynaecology, but also the quality and safety of care, and the organisational aspects of clinical practice.

He is currently the Clinical Director Quality and Safety, and unit head of general gynaecology at the Women's, a senior lecturer at the University of Melbourne and an adjunct associate professor at LaTrobe University.

Since he graduated from the University of Melbourne in 1972, Dr Reti has become respected not only for his clinical expertise, but also for his dedicated leadership in improving the quality and safety of healthcare on local, state and national levels.

Dr Reti spent five years in academic obstetrics and gynaecology at the University of Melbourne and Leicester University in the United Kingdom before being appointed to the staff of the Women's in Melbourne in 1982. He became head of unit at the Women's in 1989 and from 1994–95 he was Chairman of the Gynaecology Staff.

In a 40-year career, Dr Reti has demonstrated a commitment to clinical excellence and the highest levels of patient care. Furthermore, his knowledge and compassion have seen him develop and champion some of Victoria's most successful and well-regarded women's health and wellbeing programs.

As an early adopter of quality and safety in Victorian healthcare, Dr Reti's innovative work with local, state and national groups and committees is tireless and passionate. His commitment to promoting, maintaining and improving quality and safety in healthcare has had a profound and enduring influence on healthcare at the Women's, across Victoria and nationally.

Few doctors have shown such a genuine and insightful understanding of the systemic issues that affect women, especially the most vulnerable women.

Dr Reti's 25-year dedication and commitment to preventing violence against women means that victim-survivors now have an established and recognised resource in CASA House, and a stronger voice with Victoria Police and authorities.

A man with an eye on the 'big picture' of health, Dr Reti has always involved himself above and beyond his area of clinical practice. He is renowned for his contribution to major reform – seeing systemic and societal problems and fixing them. Many in the community would not know Dr Reti, but most of us have benefited from his work.

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Clinical Adjunct
Associate Professor
Alison Street AO

Clinical Adjunct Associate Professor Alison Street is a haematologist and health leader currently based at Alfred Health. Her roles in haemophilia and haemovigilance were recognised in 2006, when she received an AO for services to medicine.

She served as deputy director and subsequently head of the Haematology Unit at Alfred Health, while at the same time she led the Ronald Sawers Haemophilia Centre (RSHC) – a statewide service for adults with hereditary bleeding disorders. She is best known for this role, which encompasses her greatest achievements in public health.

Alison Street exemplifies Alfred Health's reputation as a leader in healthcare delivery, improvement, research and education. The impact of her life's work on blood disorders was evidenced by a symposium held in her honour by Alfred Health last year.

Driven by scientific curiosity and a humanitarian commitment to improve care for her patients, she initiated advances in multiple aspects of the management of bleeding and clotting disorders. Her astuteness led to great developments in the fields of haemophilia, thrombosis and haemovigilance. Her care for her patients is legendary.

Alison's career coincided with the challenges brought about by HIV (and subsequently HCV) infection via blood transfusion. In the early days of HIV infection, her patients and their families were terrified of disclosure, and often felt that they could confide only in their clinicians. Alison and her staff provided both clinical and emotional support.

Alison seized on new treatments as they emerged in the mid-1990s. After successful negotiations with government, in February 1996 Alison infused a patient at Alfred Health with the first treatment in Australia of recombinant factor.

She was ahead of her time in recognising the value of a multidisciplinary approach to the treatment of haemophilia. She gradually acquired funding to grow her own diverse team. She sought a disease management model that would improve care for patients and minimise expense to the community of this costly disorder, long before the present era's emphasis on chronic disease management.

Given her gentle and unassuming manner, one might be surprised by the vigour and determination with which Alison approaches her work. She is dedicated to increasing awareness and understanding of haemophilia and its management, and spreading the message about the need to promote safe and effective practices.

Through her charismatic and transformational leadership, she has communicated her vision to clinicians and allied health professionals from a wide range of disciplines, blood services, other hospitals, and the community.

Contact

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Optimising the health status of Victorians

GOLD WINNER

Antimicrobial stewardship:
Improving the quality of antimicrobial prescribing
Alfred Health

Gold winner

Antimicrobial stewardship: Improving the quality of antimicrobial prescribing

Alfred Health

The emergence of antimicrobial resistance can have a significant impact on patient morbidity and mortality, yet studies suggest that up to half of the antimicrobial agents prescribed in hospitals are inappropriate.

Despite methods to address these concerns including restricting the use of specific antimicrobial agents and preparing prescription guidelines, antimicrobial resistance continues to be an issue.

In this context Alfred Health has developed a formal multidisciplinary antimicrobial stewardship program (ASP) as a sustainable approach to improve the prescription of antimicrobial agents.

Alfred Health's stewardship program launched in January 2011 after a comprehensive audit identified areas of inappropriate antimicrobial use. The program includes a web-based antimicrobial approval system and the appointment of a full-time antimicrobial stewardship pharmacist. Antimicrobial stewardship ward rounds were also simultaneously introduced to allow for rapid clinical patient review.

The ASP initiative has resulted in a reduction in the use of key classes of antimicrobial agents and improved antimicrobial prescriptions across The Alfred Hospital. It has also led to the development of clear consensus guidelines for the management of various conditions including surgical prophylaxis.

Importantly, the program also engaged junior doctors and improved their knowledge of and confidence when prescribing antimicrobials.

As a result of the initiative, between 10 January 2011 and 30 June 2012, 2,254 patients were identified for review by the antimicrobial stewardship team. An antimicrobial management recommendation was made for 35 per cent of these patients, with a total of 1,104 recommendations made.

In the ICU, total broad-spectrum antimicrobial use decreased immediately by 16.6 per cent when the intervention commenced, and in other hospital wards, total broad-spectrum antimicrobial use decreased by 9.9 per cent.

The ASP stewardship rounds were initially funded for a six-month trial period to ensure effectiveness and sustainability. Following successful implementation, ongoing, permanent funding was secured for the employment of a sessional infectious diseases physician and a full-time antimicrobial stewardship pharmacist.

The Alfred Health Stewardship Program represents excellence in healthcare and public health. The program is a sustainable approach to improve the prescription of antimicrobial agents to support patient-centred care. It incorporates elements of audit and feedback, policy review and prescriber and pharmacist education.

The program's multidisciplinary model of stewardship provides an active model of engagement with clinicians. This model recognises that the appropriateness of antimicrobial therapy may not be easily captured in written guidelines, and requires case-by-case review in partnership with clinicians.

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Silver winner

A healthy start to life – the early years approach

Orbost Regional Health

Setting children up early with the right care and good health leads them to live happier, healthier lives. Through its early years approach, Orbost Regional Health (ORH) has given children and families the opportunity to thrive.

ORH provides information and a connected care system to engage and empower all families in the region to effectively manage their children's healthcare. To do this ORH works collaboratively with care professionals and in partnership with families.

With its early needs approach, ORH has established both a care coordinator and a patient outreach position. These roles link families with high-needs children to the care system and facilitate parent-led care. As a result, over two years 15 at-risk families in the region have been supported and are now engaged in parent-led care planning.

A key aspect of this early needs approach is collaborative work with the Aboriginal community, who make up five per cent of the local population. The Koori Mums and Bubs group is a new initiative incorporating a playgroup and toddler gym that now has ten families attending weekly.

The collaborative and sustainable approach of Orbost's early years program means better use of resources and minimises intervention. The program has led to immunisation rates exceeding national averages, with 100 per cent immunisation in the Aboriginal community.



High levels of engagement with children and families has also improved children's development in the Orbost region, with an 18 per cent improvement in the region's Australian Early Development Index score.

ORH's early years approach recognises that to achieve generational improvement in health it is important to provide children with the best possible start to life. The approach provides accessible and culturally appropriate models of care for children and their families in the Orbost region and represents a great investment in the health of children in the community.

Contact

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Highly commended

The *Life!* Helping you prevent diabetes, heart disease and stroke program

Diabetes Australia-Victoria

Funded by the Victorian Government and coordinated by Diabetes Australia-Victoria, Life! is a type 2 diabetes (T2D) and cardiovascular disease (CVD) prevention program.

Launched in 2007, Life! supports Victorian adults who are at high risk of developing T2D and CVD to adopt a healthy diet and active lifestyle.

The program has successfully implemented a statewide evidence-based prevention program with over 36,000 referrals and 26,000 program commencements.

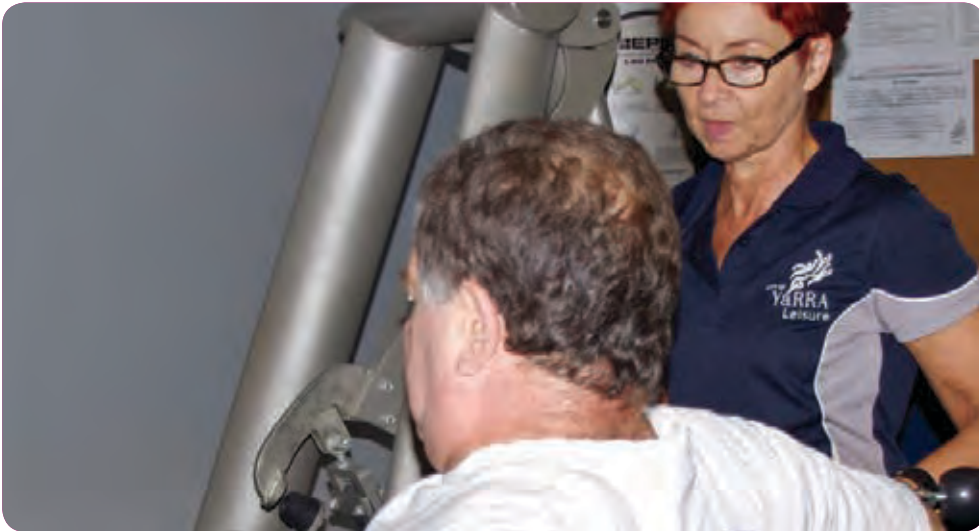
After completion of the intensive phase of the Life! course (two months), the average weight loss and waist circumference reduction in participants was 1.4 kg and 2.4 cm respectively. At the end of the course (eight months) these reductions increased to 2.2 kg and 3.5 cm, with telephone health coaching participants reporting similar results.

With the huge healthcare costs associated with both CVD and diabetes, the Life! program provides cost-effective prevention by empowering individuals to be responsible and skilled in making sustainable lifestyle behavior changes.

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Excellence in supporting self-managed healthcare

GOLD WINNER

Leaping the exercise paradox for at-risk consumers

North Yarra Community Health

Gold winner

Leaping the exercise paradox for at-risk consumers

North Yarra Community Health

The health benefits of physical activity are widely documented. That lower socioeconomic status communities are less likely to participate in physical activity is also increasingly apparent.

North Yarra Community Health (NYCH), in partnership with Yarra Leisure, has achieved an extraordinary leap in participation in physical activity by the most marginalised members of the community.

This has been achieved by removing expense and maximising flexibility, support and inclusion within mainstream gym programs. The partnership has introduced Yarra Leisure staff to local homeless, refugee and low-income populations, and provided these groups with access to mainstream exercise facilities.

Under the supported membership program, NYCH purchases a set number of attendances from Yarra Leisure per year. After a health interview with a physiotherapist, any NYCH client with a Health Care Card can be made an off-peak member of the leisure centre for three months.

There is no limit to the number of low-income residents that NYCH can register as members. For membership renewal, the residents must simply review their health goals with the NYCH physiotherapist. With their membership, participants are like any other member at the centre and are encouraged to attend a free induction session with the gym instructor. Where necessary, equipment and clothing is also supplied to significantly disadvantaged participants.

Over the initiative's initial 12 months, attendance grew remarkably among the lower socioeconomic status population, with over 6,000 attendances and 187 members. Yarra Leisure statistics also identified how often each participant attended, enabling effective health coaching designed to improve attendance.

To assess the initiative each participant completed the SF36 wellness survey on first joining and on all subsequent renewals. The survey provides a physical and mental health score, with a score of 50 denoting the average over a broad population.

Over the period of the initiative, participants' SF36 physical health scores rose from 43.6 to 49.4, and their mental health scores from 36.3 to 44.4. When participants who presented less than five times were removed from the analysis, the impact becomes even more marked, with physical health scores rising from 42.8 to 50.6 and mental health scores from 35.7 to 57.

Utilising pre-existing infrastructure and staffing, this sustainable model has achieved outstanding results using a simple, extremely cost-effective and readily transferable model. The initiative has resulted in a significant improvement in participant's physical and mental health by empowering people living with disadvantage to self-manage their own health and wellbeing.

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Silver winner

Oral health service access

Monash Health

Residents of supported residential services (SRS) are among Victoria's most disadvantaged citizens, with little disposable income, high levels of disability, chronic health issues and low social participation.

The oral health of many of these residents is significantly compromised by a history of poor oral hygiene practices, poor diets and polypharmacy.

The oral health initiative is a collaborative project developed to ensure that SRS residents are screened as to the status of their oral health.

Under the initiative, Medical and Allied Health Access or Eastern Region Mental Health Association workers assess SRS residents to determine their ability to manage oral hygiene practices and travel to receive treatment.

Residents who require further intervention and assistance with access are then assisted to attend dental clinics where treatment is provided and any further intervention scheduled.

Oral health education and information is also provided to SRS proprietors and staff so that they can support residents. This includes the distribution of modified oral health kits including tools such as electric toothbrushes for residents with disabilities.

Between 1 July 2012 and 30 June 2013, the initiative targeted ten SRS facilities in the Southern, Peninsula and Gippsland regions. Some 232 residents received screening and 171 residents were provided with oral health education. Furthermore, oral health education sessions were attended by 25 SRS staff and 203 oral health kits were distributed. More than 125 SRS residents were referred for dental treatment.



As a result of the initiative, the number of residents requiring treatment reduced from 92 per cent in 2011–12 to 45 per cent in 2013.

The effectiveness of the initiative was enhanced by using existing stakeholders in the facilities to develop trust between residents and oral health staff. This approach culminated in the establishment of a stakeholder group and agreed service model for providing dental healthcare to SRS residents.

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Highly commended

An aquatic approach to balance retraining for fall prevention: The Ai Chi based group 'Aquabalance'

Western Health

Annually, community-based rehabilitation at Western Health receives approximately 750 referrals for patients with balance-related conditions.

While evidence supports the use of aquatic physiotherapy to improve balance, prior to 2011 most of these patients were treated using land-based programs due to the lack of an existing balance-specific aquatic group.

In 2011 the need for such a group was identified. Ai chi, a water-based interpretation of tai chi to improve balance, was selected and the Aquabalance Team was formed.

To date, 42 Aquabalance participants have demonstrated excellent attendance, patient satisfaction and statistically significant balance improvements. Most importantly, seven participants have moved from a high falls risk category to low falls risk.

These improvements strongly support the use of Aquabalance as a fall prevention tool.

In this way, the Aquabalance group has effectively lessened the financial and service healthcare burden, and alleviated or reduced the pain and suffering that results from falls.

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Excellence in person-centred care

GOLD WINNER

Nocturnal in-centre haemodialysis
– the paradigm shift

St Vincent's Hospital Melbourne

Gold winner

Nocturnal in-centre haemodialysis – the paradigm shift

St Vincent's Hospital Melbourne

The benefits of extended-hours dialysis for patients with kidney failure or end-stage kidney disease are well known, with overnight home-based dialysis services becoming more common in recent years.

However, for patients who are socially or physically disadvantaged, dialysis at home is not an option. Their disadvantage denies them access to the better health outcomes and quality of life improvements made possible by overnight dialysis.

St Vincent's Hospital has responded to this inequity by developing Victoria's first public nocturnal in-centre haemodialysis service, known as NICH. Designed in partnership with patients, the first-year results of the program show measurable improvements for patients in both their quality of life and clinical status.

As the first program of its kind in Victoria, this initiative required significant planning and preparation. Once the small unit in St George's Hospital was identified as suitable for NICH there were several logistical issues to overcome including recruiting overnight staff, and ensuring bed-chairs were available for both day-time and nocturnal patients.

Once the NICH trial was underway, participating patients underwent a number of clinical and psychological analyses while on conventional thrice-weekly short-hours haemodialysis and again eight months after the switch to longer-hours NICH.

The results demonstrated that NICH resulted in marked clinical improvements in patients' blood biochemistry, cardiac function and blood pressure control, with a subsequent reduction in their medication requirement.

Importantly, results in self-perceived quality-of-life (QOL) measures showed that patients enjoyed improved QOL as a result of the NICH service, particularly in work performance, family life and perceived health.

The pilot program generated significant interest among local dialysis patients, with the service expanding to accommodate six patients. The unit now has capacity for two groups of seven patients to be dialysed overnight, and is supported by standard activity-based dialysis funding and infrastructure currently in place.

The St Vincent's Hospital NICH program provides best care for patients, providing an opportunity for optimal overnight dialysis for those whose social circumstances had previously made the option impossible. In the process, a paradigm shift by both patients and clinical staff at St Vincent's has been achieved.

Patients taking part in this unique program have sacrificed three nights at home a week in return for improved clinical outcomes and quality of life. The patients' overwhelming satisfaction with the service has underpinned both its continuation and recent expansion to accommodate growing patient demand.

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Silver winner

A statewide long-term follow-up program where survivors of childhood cancer are the focus, and their future the goal

Paediatric Integrated Cancer Service

There is increasing evidence that a significant proportion of survivors of childhood cancer will experience health problems later in life as a result of their disease or treatment.

Despite increased recognition of the potential late effects of childhood cancer treatment, acute health services have historically focused on diagnosis and treatment only, with no dedicated resources for programs tailored and individualised for survivors.

To meet the needs of childhood cancer survivors, an innovative, multidisciplinary, multi-site, statewide Long Term Follow-up Program (LTFP) has been implemented by the Paediatric Integrated Cancer Service (PICS).

The LTFP provides survivors with structured early intervention screening assessments that focus on early recognition of health or developmental concerns.

The program focuses on delivering personalised treatment and surveillance plans to support adolescents to manage their own care as they transition from the paediatric setting to self-care in community and adult services.

Following a 2007 model of care/business case, the first LTFP multidisciplinary clinics were implemented at The Royal Children's Hospital and Monash Health in 2008–09, and the program has now expanded to include 81 clinics.

The 'time alone' model was introduced to the LTFP in 2011. The model involves parents and adolescents meeting with healthcare professionals separately to promote young



people's health independence. Evaluation of the model shows that between 2011–12, 98 per cent of adolescents felt empowered and supported by the service.

Prior to implementation of the LTFP, survivors of childhood cancer did not have access to an adolescent-focused service dedicated to the surveillance and early intervention of late effects.

This risk-adapted, multidisciplinary program provides comprehensive medical and psychosocial screening for late effects while empowering and supporting young survivors.

The LTFP provides excellence in vision and equity in access where the adolescent cancer survivor is the focus, and their future is the goal.

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Highly commended

Global mealtime guide

Western Health

Babies and young children with significant swallowing problems are at-risk of malnutrition, dehydration, choking and compromised development.

Catering to one of the most culturally diverse catchments in Australia, in 2010 Western Health speech pathologists recognised additional challenges faced by culturally and linguistically diverse (CALD) families in assimilating prescribed food modifications into their native cuisine.

The *Global mealtime guide* was developed to provide a culturally sensitive approach to parent education in food modification by using a pictorial reference of common ethnic foods from six cultural groups, complemented by relevant cultural information.

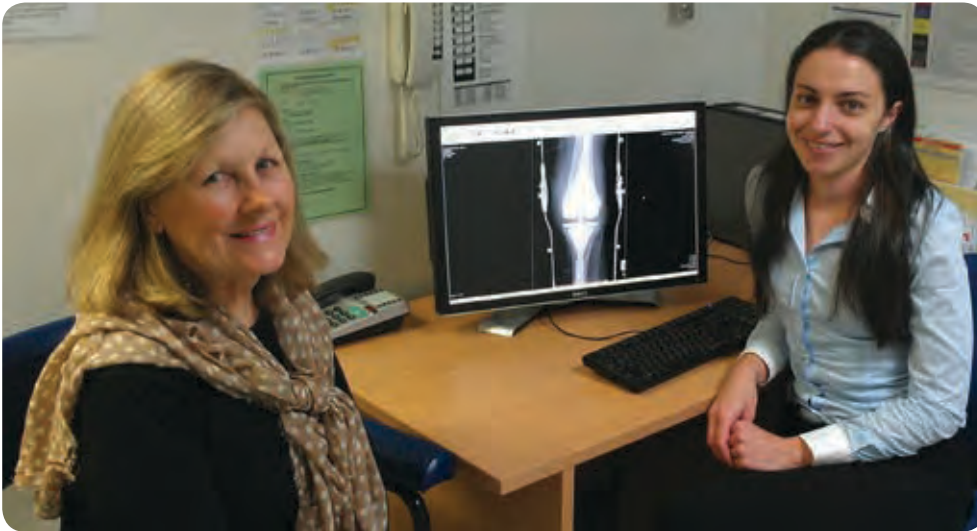
Following its introduction, 100 per cent of CALD families demonstrated understanding of appropriate food types and textures in their home cuisine, as opposed to just 20 per cent before the initiative.

Produced with a small budget, the *Global mealtime guide* is an invaluable, well-utilised resource at Western Health, positively impacting a large number of people in the community.

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Excellence in quality healthcare

GOLD WINNER

Joint replacement surgery reviews
conducted by physiotherapists:
a safe and effective model

Melbourne Health

Gold winner

Joint replacement surgery reviews conducted by physiotherapists: a safe and effective model

Melbourne Health

In July 2009, The Royal Melbourne Hospital (RMH) pioneered a physiotherapy-led postoperative joint replacement surgery (JRS) clinic. Implemented within a three-month period, the JRS clinic was established in response to a 2009 audit showing that postoperative hip and knee joint replacement patients at RMH were receiving inequitable follow up.

Tackling this issue, the clinic has markedly improved both outpatient access to orthopaedic consultation and the quality of postoperative care at RMH following hip and knee replacement surgery. At the JRS clinic an orthopaedic surgeon conducts the initial six week patient post-operative review and a physiotherapist conducts subsequent reviews at three, six and 12 months (and then annually thereafter). This use of credentialed physiotherapists in the place of surgeons has proven to be resource and cost effective.

To support physiotherapists in their expanded role the clinic is colocated with the orthopaedic clinic to facilitate immediate surgical input when required. The RMH physiotherapy department has also supported the up-skilling and regular professional development of physiotherapists at the clinic.

Importantly, relevant data gathered from the JRS clinic has been successfully integrated into the existing RMH orthopaedic unit database, facilitating the distribution of automated general practitioner letters, and allowing patients the ability to view visual displays of their progress.

Between October 2009 and September 2012, 1,124 reviews have been offered to 508 patients at the RMH JRS clinic. This includes 1,017 clinic consultations and 107 mail-out reviews.

In addition to utilising physiotherapists in place of orthopaedic surgeons, the clinic has also minimised inappropriate requests for radiographs, resulting in further resource and cost effectiveness.

Patient satisfaction and confidence in postoperative care has risen as a result of improved access to care, reduced waiting times and timely correspondence between GPs and the clinic.

The physiotherapy-led JRS clinic at RMH demonstrates the successful implementation of a sustainable and accessible model of care that meets the needs of patients following hip and knee joint replacement surgery. In the future, the service aims to provide patients living in rural Victoria the opportunity to be reviewed (when appropriate) via tele-consultations or mail-out.

The service has proven effective and efficient in delivering high standards of patient care informed by current research and complying with international standards.

The positive and collaborative interdisciplinary relationship between RMH's physiotherapy and orthopaedic departments has enabled the expansion of the advanced practice physiotherapist skillset to deliver more efficient and effective patient-centred care.

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Silver winner

Victorian Stroke Telemedicine Bendigo Project

The Florey Institute of Neuroscience and Mental Health and Bendigo Health

The Victorian Stroke Telemedicine (VST) Bendigo project, is a ground breaking initiative for enhancing the delivery of evidence-based stroke care to patients, irrespective of their geographical location.

VST is a virtual system linking doctors and patients at Bendigo Health to a network of stroke specialists. Clinical decision-making is enhanced by providing real-time audiovisual clinical consultations with access to brain images.

The program is interdisciplinary, involving hospital clinicians, IT personnel, government, researchers and industry in the use of stroke telemedicine.

A strong educational program is included for ambulance and hospital clinical staff and general practitioners, as well as a community-awareness campaign to raise knowledge about stroke and the importance of attending hospital urgently.

From 2010–12 VST has achieved a nearly twofold increase in patients receiving thrombolysis, the most beneficial and effective form of stroke care, from eight per cent in 2010 to 13 per cent in 2011–12, exceeding international best practice of 10 per cent.

Over this period substantial improvements were achieved for stroke investigations with a 29-minute average reduction in CT scanning, an average door-to-needle time reduction of 16 minutes, and fewer inter-hospital transfers.

These results are particularly significant as health economic data shows that for every minute a stroke patient is treated earlier with thrombolysis, their disability is reduced by approximately 1.5 days.



Importantly, VST's audiovisual technology can also be used for tele-consultations for other acute medical conditions, therefore encouraging greater use and acceptance of telemedicine.

The VST initiative has received accolades from the clinical and academic community in stroke and public health, with much interest from interstate and remote hospitals.

The initial VST program investment represents excellent value and its success has led to substantial federal and state government funding for the program at an additional 15 Victorian hospitals over the next five years.

Contact

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Highly commended

Investigating practices relating to malnutrition in Victorian cancer services

Peter MacCallum Cancer Centre

Cancer-related malnutrition is a significant supportive care problem in the cancer population, often poorly recognised and therefore untreated.

In March 2012, collaborating dietitians from 15 health services consented, screened and assessed malnutrition prevalence in cancer patients. This cross-sectional study is the largest known of its kind worldwide, and revealed that 31 per cent of Victorian cancer patients were also suffering from malnutrition.

During the study surveys to assess existing nutrition systems and practices, Victorian Admitted Episode Dataset (VAED) analysis, and the development of a new consumer resource were completed.

This project has provided vital cancer malnutrition data in Victoria, as well as information on risk factors and outcomes which will help identify patients who could benefit from nutrition intervention.

The recommendations produced assist health services tackling cancer malnutrition by providing insights into organisational and clinician practices. Importantly, the recommendations also increase the availability of standardised malnutrition information for cancer patients and health professionals.

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Excellence in service provision

GOLD WINNER

Active Lorikeets – early intervention paediatric
allied health services

Gippsland Lakes Community Health

Gold winner

Active Lorikeets – early intervention paediatric allied health services

Gippsland Lakes Community Health

Active Lorikeets (AL) is a Gippsland Lakes Community Health (GLCH) program successfully delivering speech pathology (SP) and occupational therapy (OT) to pre-school children.

The program delivers screening and treatment for speech, language and/or fine motor difficulties for children identified as developmentally vulnerable via pre-school, home therapy programs and individual therapy.

The development of AL was facilitated by GLCH research showing long waiting times for paediatric SP and OT in East Gippsland, a community markedly more developmentally vulnerable than other localities.

Speech and language delay or fine motor skill deficits can lead to difficulties for children in learning and socialisation at school and beyond. The risk of future literacy problems is greatest in four to seven year olds. Poor psychosocial health in developmentally delayed children has also been found to be a common comorbidity.

Between 2010 and 2013, fifteen local kindergartens accepted the invitation to participate in AL. At these kindergartens, allied health assistants (AHAs), under the guidance of allied health professionals (AHPs) and with the consent of parents, screened children identified as at risk of developmental delay.

Children were then recommended for participation in AL preschool group therapy program, or provided a home therapy program and/or one-to-one intervention with an OT and/or SP.

Evaluation of AL undertaken in 2013 shows that the program increased therapy opportunities for children with developmental delay, and improved the capacity of families to develop their child's communication and fine motor skills.

Further, the AL program resulted in a reduction of waiting times for access to paediatric OT and SP from 30 days in mid 2010 to eight days at the end of 2012.

Significantly, the AL model developed by GLCH uses the emerging workforce of AHAs working under the supervision of AHPs.

This model relieves pressure on AHPs and addresses rural skills shortages in Gippsland Lakes area. The extensive upskilling and use of AHAs is an effective, affordable service model and has increased community access by 150 per cent with no increased cost.

AL is an innovative way to deal with some common service delivery issues faced by rural health services. It has grown to become an example of excellence in service provision and workforce development. It has enabled GLCH to become a pioneer in creating quality resources and training opportunities for other health services across Victoria.

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Silver winner

End of Life Care Project

Kyabram and District Health Services

In 2012, Kyabram and District Health Services (KDHS) undertook a project to educate and support staff, families and healthcare professionals in end-of-life care in order to provide quality, person-centred healthcare.

An internal audit of expected inpatient deaths highlighted the need for improvement in this area, specifically in understanding patients' wishes, providing end-of-life care information and producing advance care plans.

To facilitate the project, KDHS self-funded an end-of-life care coordinator for six months to undertake research and consultation to prepare and deliver end-of-life care education, and implement advance care planning.

This culminated in the end-of-life care clinical review framework (the EOLC Pathway).

The EOLC Pathway affirmed the value of accountability through peer review and community participation and facilitated evidence-based practice and patient-centred end-of-life care.

This process identified new strategies and resulted in increased family participation in advance care planning, new staff and family end-of-life care resources, improved family and caregiver loss and grief support, and improved staff knowledge and confidence.

Based on these improvements, KDHS has employed a permanent EOLC Coordinator.

The role includes coordinating an EOLC Committee, continuing staff education, developing resources and ensuring advance care planning continues to take place across the facility and community.



The EOLC Pathway continues to strengthen staff awareness of the importance of integrated care philosophy and drive innovation and learning at the local level through knowledge transfer and the translation of evidence to everyday practice.

Built on a set of core values that supports quality care at the end of life, the EOLC Pathway has the potential to improve care of terminal patients as well as the relationships between clinicians, medical staff and carers/families at the bedside of terminal patients at home, in hospital or in residential aged care settings.

Contact

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Highly commended

Supported Conversation Volunteers

St Vincent's Hospital Melbourne

St Vincent's Hospital Supported Conversation Volunteers Program (SCVP) uses trained volunteers to provide opportunities for patients with acquired communication difficulties to have social conversations.

Of the 14 patients who participated in the six-week pilot program in 2011, all reported they both enjoyed the program and that their confidence in communicating increased.

As a result, the program has been extended from stroke patients at Fitzroy to also include wards at the St George campus.

To date, 11 volunteers have been recruited and participated in the program and there are currently six active supported conversation volunteers.

The initiative has been achieved through the investment of staff time to provide training and coordination to volunteers, develop guidelines and resources, and evaluate the program.

In total, 66 patients have participated in the SCVP resulting in 363 conversations with volunteers. The program is highly valued by patients, families, volunteers and St Vincent's Hospital staff.

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Optimising healthcare through e-health & communications technology

GOLD WINNER

Mobile wound care

Latrobe Community Health Service

Gold winner

Mobile wound care

Latrobe Community Health Service

With around 433,000 Australians affected by wounds annually, at an annual cost of \$2.6 billion, wound management accounts for a large percentage of Home and Community Care (HACC) services.

In 2010 Latrobe Community Health Service (LCHS), a major provider of healthcare across the Gippsland Region, received funding to address this issue.

Gippsland's large geographic area and significantly ageing population required LCHS to find an innovative, mobile and cost-efficient service model to improve clinical wound management access and outcomes.

These requirements led to the adoption of Mobile Wound Care (MWC).

MWC enables nurses to enter the clinical details of their patients' wounds, including digital photos, into a web-based program. If specialist support is required, electronic referral can be made to the regional nurse consultant (RNC). The RNC can then access the electronic record, reply and make clinical recommendations almost immediately.

This access to specialists eliminates the need for multiple calls and visits to patients, providing more effective and economical wound treatment.

LCHS targeted the provision of MWC regionally to HACC and public residential aged care sector (PRACS) patients and residents.

From April 2010 to March 2013, MWC reduced wound healing duration in LCHS patients by 43 per cent, as well as reducing travel costs associated with nursing visits, and creating significant savings in nursing staff time.

Furthermore, as a result of better tracking and communication, MWC led to a reduction in consumables costs by \$50 per wound and improved clinical skills through the standardisation of regional clinical practice.

Although MWC's primary focus is remote consultancy, it also collects patient, wound, and treatment data. This enables the extent and profile of wounds in the Gippsland Region to be measured – the first time such data has been routinely, prospectively collected by the Department of Health.

Through its data collection capacity MWC has developed into a collaborative research project between Monash University, LCHS, the Victorian Department of Health, HSA Global, Fujitsu and the HACC program.

This research has facilitated skill development in all participating organisations and enhanced collaboration across the region, including between LCHS and Monash University – a partnership which will lead to future research collaborations.

MWC represents a unique effort to provide remote consultancy to regional clientele while monitoring treatment and cost outcomes for health services and patients. It has resulted in improved care and expertise in collecting data and will inform future discussions about a national wound care minimum dataset.

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Silver winner

Bridging the patient specimen labelling gap using positive patient identification for blood collection

Alfred Health

Wrong blood in tube (WBIT) is an issue in many pathology laboratories and can have catastrophic consequences.

Many systems exist to help manage pathology collection and reduce error, but ultimately a manual matching process when collecting patient blood specimens results in an unacceptable known risk.

To address this issue, in 2011 the Alfred Pathology Service (APS) selected a point-of-care specimen identification and labelling module known as the Cerner Bridge Specimen Collection Module (Bridge).

Bridge assists patient identification and specimen labelling and helps automate the receipt of hundreds of ward-collected samples.

This is done by enabling the download of electronic orders to bedside pathology collectors. Together with barcode reading PDAs, portable printers and wireless infrastructure, Bridge then allows positive patient identification to be made by scanning a patient's unique wristband, matching the order and printing tube labels at the point of collection.

Using these methods, Bridge has eliminated WBIT collection errors at APS.

In contrast, in the 19-month period before Bridge, the Alfred had a WBIT incidence of 58, with 10 of these incidents attributed to APS staff error.

The Bridge project took six months to implement and is currently used to collect 200–300 patient blood specimens per day.



As a result of Bridge, the central specimen reception process at APS is more streamlined, allowing specimens to reach the laboratories faster.

Bridge is a cutting-edge solution addressing the most basic, fundamental process in the patient journey – the labelling of patient blood specimens.

It is a new initiative in Australia and one of only a handful implemented worldwide. The project has enhanced patient safety and is a testament to the collaboration and goodwill that can be fostered around a great idea.

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Highly commended

e-Queuing at Austin Health Specialist Clinics

Austin Health

Austin Health is the first health service in Victoria to introduce an electronic queue management system (e-Queue) to address wait time issues.

Initial planning for the e-Queue project began in February 2012 and the e-Queue system went live in October 2012, targeting 10 crowded clinics with the longest wait times.

At these clinics, the e-Queue system has improved both the clinician and patient experience by reducing wait times, increasing patient privacy and ensuring the ongoing integrity of patient records.

Now that the system has been validated and has strong clinical support, the e-Queue system will be progressively implemented at other Austin Health clinics.

The e-Queue system has driven change in practices and scheduling to provide a better patient experience and quality of care.

The rollout of this early-stage project has also ensured patients in clinics with the most need have benefited most from the e-Queue system.

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